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AUTHOR Goodman, H.; And Others
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ABSTRACT

Twenty intermediate and 16 primary grade children were administered sociometric questionnaires to determine their social acceptance of three groups of children: normal children, educable mentally handicapped who were integrated into the academic routine of a nongraded school, and educables who remained segregated in a self-contained class. Results were felt to show that both integrated and segregated educable mentally handicapped were rejected significantly more often than normal children, that younger children are more accepting of others than older children, that boys express more overt rejection than girls, and that integrated educables are rejected more than segregated ones by boys but not by girls. The conclusion was advanced that regardless of intellectual level, the labelling of certain children as retarded may affect the expectations that normal children maintain for them; and that the same behaviors that lead to rejection when exhibited by normals may not result in social rejection when exhibited by children classified as mentally handicapped. (Author/CD)

STUDIES IN LEARNING POTENTIAL

SOCIAL ACCEPTANCE OF EMRS INTEGRATED INTO A NONGRADED ELEMENTARY SCHOOL

by

H. Goodman, J. Gottlieb, and R. H. Harrison

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Abstract

20 intermediate unit and 16 primary urit nonEMRs equally divided between the sexes were administered sociometric questionnaires to determine their social acceptance of three groups of children: nonEMRs, EMRs who were integrated into the academic routine of a nongraded school, and EMRs who remained segregated in the nongraded school's only self-contained class. The results indicated that both integrated and segregated EMRs are rejected significantly more often than nonEMRs, that younger Ss are more accepting of others than older Ss, that male Ss express more overt rejection than females, and that integrated EMRs are rejected significantly more often than segregated ones by male Ss but not by females.

SOCIAL ACCEPTANCE OF EMRS INTEGRATED INTO A NONGRADED ELEMENTARY SCHOOL[1, 2]

H. Goodman, J. Gottlieb, and R. H. Harrison

An unresolved issue in the field of special education is the determination of the most effective model to educate mildly mentally retarded (EMR) children. Educational models range from the segregated special class to the fully integrated--no special treatment--setting, with various compromises in between. A partial integration setting where academic segregation is combined with non-academic integration is an example of such compromise. The assessment of the social acceptability of EMRs to their normal peers has frequently been employed as one of several criteria to evaluate the effectiveness of educational models for the retarded.

The literature on the social acceptability of EMRs in different educational placements has been plagued by numerous methodological approaches and diversified findings, as noted by Cegelka and Tyler (1970). Some of the methodological questions which have contributed to this state of affairs are: 1) Who are the judges--the EMRs' retarded peers, their normal peers, or their teachers? 2) With whom are EMRs being compared--with normals or EMRs, in the same or different classes? 3) What are the criteria of acceptability--degree of liking, degree of rejection, or degree of indifference? Other variables such as the presence of physical stigmata in EMR children, and the age and sex of the judges and those being judged have further complicated the issue. Irrespective

of the methodological considerations raised, no single educational model has been found to be clearly superior for fostering positive social attitudes and relations between EMRs and their regular class peers. As a result, various models are being initiated on an experimental basis in an effort to fill this void.

The present study evaluated one of these experimental models, the nongraded elementary school. In this type of school which is concerned with vertical rather than horizontal organization (Goodlad & Rehage, 1962), all children, including EMRs, are integrated into a variety of flexible groupings depending on the child's competence in different subject matter areas. Thus, a nine year old child may be reading first grade level materials, but working on mathematical concepts usually presented in fourth grade. Each child's strengths and weaknesses are reflected in the educational plan the teachers determine for him. In the nongraded school in which this study was conducted, many children are scheduled for tutorial work in remedial reading and speech, and for psychotherapy. Thus, the children maintain more complex individualized instructional schedules than is customary in the graded classroom model.

In this suburban school with a total student body of approximately 140 children, the integration experiment has been functioning for four years. The number of integrated EMRs has never exceeded ten during any one year. In addition, eight EMRs, CA 11 - 13 years, are in a segregated special class housed in the school building.

It was hypothesized that the nongraded school should enhance the social acceptability of EMRs since there is no stigmatizing effect

of being in a special class for part of the day, as there is in the partial integration model. The EMRs are in a home room with their age mates enabling normals to interact maximally with them. Since exposure has been found to relate to favorable attitudes (Jaffe, 1966), the social status of EMRs was expected to be reflected accordingly. In addition, although the teachers know the identity of the integrated EMRs, presumably the children do not. The availability of in-class remedial work for all children accustoms them to the fact that any of their peers could require "special" help. As all children have access to individual remedial help, such circumstances may minimize the stigma attached to inadequate academic performance, even in this suburban middle class school.

An aspect of the issue of finding suitable educational models is to determine the most propitious time to implement them. Is integration into a nongraded school best for the EMR during his first few school years, or is it advisable to wait until the fourth or fifth grades before integrating him? Will the younger EMR be more favorably received by his peers than the older EMR? Although one study did not find the age of the evaluator to be a significant differential determinant of attitudes toward special class retardates (Gottlieb, 1969), there was a tendency for second and third grade nonEMRs to express more tolerant attitudes than fourth through seventh graders. Gottlieb's data appear to support the view that the early integration of EMRs would be to their advantage.

In this investigation, the social acceptance of EMRs was examined in relation to the sex of the rater. This variable was

included for consideration because previous research has resulted in conflicting findings. Clark (1964) reported that normal IQ females are more tolerant of EMRs than normal IQ males. Gottlieb (in press) did not find this sex difference among Norwegian children. Jaffe (1966) observed that girls express more favorable attitudes when measured by an adjective check list but that there were no significant differences as a function of sex when the semantic differential was employed to measure attitudes.

This study, then, investigated the social acceptance of EMRs who were integrated into a nongraded school as it might relate to the age of their placement and the gender of the nonEMR judge.

METHOD

Subjects

Twenty male and twenty female normal IQ children equally divided between the primary (first, second and third grades) and intermediate (fourth, fifth and sixth) units of a suburban elementary school comprised the initial sample of this investigation. Subjects were randomly sampled from among the school's population of 123 nonEMR children. Of this latter group of children, 54 were in the primary unit and 69 in the intermediate unit. Subjects ranged in age from approximately six to twelve years.

Instruments

The Peer Acceptance Scale, an experimental sociometric instru-

ment[4], was used to obtain social status scores. The instrument booklet contained five pages of seven rows per page. Each row consisted of three sets of stick figures. From left to right on the booklet page, these figures represented: 1) two children playing ball together, 2) two children at a blackboard, and 3) two children with their backs toward each other. These figures were respectively labelled, "friend," "alright," and "wouldn't like."

Procedures

During individual testing sessions, each subject was read a list containing the names of children in his unit (primary or intermediate) by one of two experimenters. Each subject in the primary unit was presented a list containing the names of six EMRs (4 boys, 2 girls) interspersed among the names of 29 nonEMRs. The six EMRs were integrated into the primary unit. Four such lists of 35 names were randomly generated in order to include as many nonEMR children as was possible. However, in each list, the names of the same six EMRs appeared. Similar procedures were employed for generating four lists of names for intermediate unit children. Three of the four lists contained 39 names while the fourth contained 37. Included among these were the names of four integrated (1 boy, 3 girls) and eight segregated (5 boys, 3 girls) EMRs. The segregated EMRs were enrolled in the school's only self-contained classroom.

The experimenter read a list of names to each subject and asked him if he knew or ever had heard of each child on the list. The list was then read a second time but now included only those

names with whom the subject indicated he was familiar. Two primary level male subjects and one primary level female were discarded from any subsequent analysis of their data since they didn't know any of the EMRs. Data on an additional primary level female who indicated that she knew only one of the EMRs was also discarded in order to obtain proportional cell frequencies.

Each subject was asked to state how he felt about each name read by circling the appropriate stick figure: "friend," "alright," or "wouldn't like."

Responses to the categories (friend, alright, wouldn't like) and groups (normal IQ, EMR) were tabulated separately for the factors of sex of rater and unit (primary, intermediate). Scores were computed as the proportion of children selected within a category relative to the total number of children within a group whom the subject indicated he knew or had heard of. For example, if a subject stated that he knew five EMRs and he then selected two of the five as friends, his score in the "friend" category for the EMR group was .40. Similarly, if he knew 20 nonEMRs and "wouldn't like" five of them, his score in this category for the nonEMR group was .25.

RESULTS

Analyses of variance were computed separately for each of the three categories. Within each analysis, the sex of the rater and the unit were treated as the between subjects effects, while

the group factor (normals, EMRs) was considered as the within subjects effect (Lindquist, 1953).

An analysis of the "friend" category revealed two significant main effects. EMRs were chosen as friends less often than normals ($F = 14.88$, $df = 1/32$, $p < .01$), and primary unit subjects selected more peers (irrespective of IQ status) as friends than did intermediate subjects ($F = 7.59$, $df = 1/32$, $p < .01$). The same general response pattern emerged for the "wouldn't like" category. EMRs were not liked significantly more often than normals ($F = 4.88$, $df = 1/32$, $p < .05$), while intermediate unit subjects were more rejecting than primary ones ($F = 9.13$, $df = 1/32$, $p < .01$).

A significant sex x group interaction appeared on the "alright" category ($F = 6.77$, $df = 32$, $p < .05$). Additional analysis of this interaction revealed that nonEMR boys and girls accept their normal IQ peers as being alright equally often, but that girls accept EMRs as being alright significantly more so than boys ($t = 5.37$, $df = 32$, $p < .01$). A summary of the means appears in Table 1.

Insert Table 1 about here

Further consideration of the above data indicated the need to examine the three categories simultaneously. It is entirely possible that the findings for the "wouldn't like" category are simply a restatement of the results for the "friend" category, rather than being independent of them. Therefore, a trend analysis of the difference in proportions between normals and EMRs across

categories was undertaken. These analyses are presented in Table 2 and indicate two significant findings. The significant linear categories main effect and the absence of a significant quadratic main effect indicate that the three categories form an approximately linear continuum so that normals are chosen more than EMRs as "friends" and less than EMRs as "wouldn't like." They are chosen approximately equally often as "alright."

The significant quadratic category x sex interaction (F = 4.34, df = 1/32, $p<.05$) indicates that girls tolerate, rather than accept or reject, EMRs more than boys do.

Insert Table 2 about here

Although the previous analyses were confined to a comparison of regular grade children and integrated EMRs, an equally compelling question concerns the social acceptance of these two groups in relation to the segregated EMRs. Are EMRs in self-contained classrooms accepted to the same degree as their integrated and normal peers?

The relevant data to examine this question were analyzed in two-way analysis of variance designs. In these analyses, intermediate unit boys versus girls comprised the between factor while the three groups (normal, integrated EMR, segregated EMR) constituted the within factor. Separate analyses were computed for each of the three categories.

Two significant findings emerged for the "friend" category, a sex x group interaction (F = 4.14, df = 2/36, $p<.05$) and a group

main effect ($F = 7.57$, $df = 2/36$, $p<.01$). The significant interaction indicated that male raters do not differentiate among the three groups in the proportion of "friend" choices they assign, but female judges favor the normals over both the integrated EMRs ($t = 4.29$, $df = 18$, $p<.001$) and the segregated ones ($t = 5.48$, $df = 18$, $p<.001$). The female raters did not significantly differ in their degree of liking for EMRs as a function of the latters' group status.

Comparable findings appeared for the "wouldn't like" category. Here, too, a significant sex x group interaction ($F = 4.16$, $df = 2/36$, $p<.05$) and a significant main effect for groups ($F = 4.41$, $df = 2/36$, $p<.05$) were obtained. Tests for simple effects of the interaction revealed that girls did not single out any one of the groups for prominent rejection, but boys reject the integrated EMRs more than the segregated ones ($t = 2.56$, $df = 18$, $p<.05$). Integrated EMRs are also rejected more than normals ($t = 3.40$, $df = 18$, $p<.01$) by male raters.

A significant sex x group interaction emerged for the "alright" category ($F = 4.00$, $df = 2/36$, $p<.05$). Further analysis of this finding indicated that girls do not differentiate the three groups on this cateogry. Boys, however, view normals as being more "alright" than integrated EMRs ($t = 2.71$, $df = 18$, $p<.02$). No significant differences were obtained in the male judges' expressed perceptions of the two EMR groups, nor did these raters significantly differentiate between normals and segregated EMRs on this category.

DISCUSSION

The main findings of this study are as follows: 1) NonEMRs accept EMRs less often and reject them more often than they do other nonEMRs. 2) Young nonEMRs are more accepting of other children than older nonEMRs. 3) Sex differences in patterns of rejection are apparent. Girls express their rejection by not selecting EMRs as friends while boys are prone to use the "wouldn't like" category to express their rejection. 4) Integrated EMRs are rejected significantly more often than segregated EMRs by male raters but not by females.

Although the generalizability of our data is seriously constrained by the small sample size, nevertheless, our findings are consistent with other reports (e.g., Johnson and Kirk, 1950) that EMRs are rejected more often and accepted less often than normals. Thus, even in an educational environment in which every attempt is made to integrate the EMR children, EMRs still are not socially accepted by nonEMRs as well as their normal peers. Possibly, our data confirm Johnson's (1950) finding that EMRs are rejected primarily as a result of their behavioral problems rather than for their academic limitations. Unfortunately, the present data do not allow us to examine this issue with greater rigor.

There are, however, other possible explanations for the greater rejection of EMRs. The first of these is the fact that all the EMRs in the study samples were bussed in from other neighborhoods.

The remaining children in the school were all community residents. Thus, it is possible that the EMRs were labelled as being different not on the basis of school-designated class placement, but rather because they lived in a different neighborhood and did not have the opportunity to cultivate friendships with nonEMRs during after-school hours. A second possible explanation for the EMRs having been less favorably accepted than their nonEMR peers concerns the visibility of the supportive educational services offered the retarded children. The integrated EMRs' academic routine includes regularly scheduled sessions with the remedial tutor NonEMRs, on the other hand, visit the tutor on a sporadic basis as a need arises. Consequently, the possibility exists that there is a stronger association between the integrated EMRs and the utilization of specialized remedial services than for the normals' need for these supports.

The fact that primary unit children are more accepting and less rejecting of their peers offers partial support for Gottlieb's (1969) findings that second and third grade Norwegian children tend to be more positively disposed to special class children than fourth through seventh graders. However, the present data extend this finding to include all children. That is, younger children are more tolerant of their peers, whether normal or EMR, than older children. This may result from the fact that older children attend to more subtle features of their environment (Hemmindinger, 1960) than younger children. As such, older children may have a more clearly defined conception of those aspects of their peers that displease them.

The present data indicate that girls are more likely than boys to tolerate EMRs. This would appear to be consistent with the view that girls by virtue of their prescribed sex roles, have a need to be nurturant (Mischel, 1970). Since girls did not view their peers as "friends" significantly more than boys, a more plausible interpretation would be that girls have a need to avoid an appearance of non-nurturance. The fact that girls and boys are equally likely to rate normal IQ children as "alright" but that girls rate EMRs "alright" more than boys do may also be explained by the possibility that it is not socially desirable to actively reject certain children who are "different". Since girls, more than boys, have been found to exhibit behaviors which are socially desirable (Crowne and Marlowe, 1964), they (girls) may be prone to tolerate EMRs so as to maintain the aura of presenting a socially acceptable facade.

With regard to the issue of the relative acceptance of integrated versus segregated EMRs, the data for the intermediate unit do not indicate that an integrated educational placement is conducive to greater social acceptance of EMRs. On the contrary, male raters rejected integrated EMRs significantly more often than segregated ones. As there was no segregated EMR class for comparison at the primary level, at present the issue regarding the interaction between age of placement and educational model as it affects social acceptance remains unresolved.

It is of interest to speculate on the possible reasons for the

greater rejection of integrated EMRs. It may be that regardless of intellectual level, the labelling of certain children as retarded may affect the expectations that nonEMRs maintain for them. In other words, nonEMRs may accept more readily deviant behaviors when the behaviors are manifested by children who are clearly defined as being deviant. Integrated EMRs, on the other hand, who are not labelled as retarded may be expected to conform to the behavioral standards of nonEMR children. The failure of the integrated EMRs to adhere to these standards may result in their social rejection. In short, nonEMRs may shift their criteria for acceptable behaviors in other children when they are labelled retarded. The same behaviors which lead to rejection when exhibited by nonEMRs may not result in social rejection when manifested by children who are classified as retarded.

These findings raise many questions regarding the effects of social contact upon intergroup relations. What other variables interact with social contact to influence social acceptance? What is the relationship between amount of contact and degree of acceptance? Is voluntary social contact essential for the development of favorable attitudes or may social contact between normal and EMR children be imposed. Perhaps various activities designed to improve the retardate's social status, such as those described by Chennault (1967) and Rucker and Vincenzo (1969), may be a necessary addition to an integration program.

Although in this study a nongraded educational model did not

result in improved acceptance of EMRs, other variables encompassing social adjustment remain to be examined. Included among these are the self-concept, attitudes toward school, and classroom behaviors of EMRs. These issues are presently being studied by the investigators.

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FOOTNOTES

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[3]12 Maple Avenue, Cambridge, Massachusetts 02139.

[4]The authors wish to thank Dr. Robert Bruininks for providing the instrument.

TABLE 1

MEANS FOR PROPORTIONS OF SOCIOMETRIC CHOICES

	Intermediate Boys			Intermediate Girls		
	FR	AL	WL	FR	AL	WL
EMR	.117	.242	.642	.100	.517	.383
Normal	.194	.440	.367	.281	.387	.332
	Primary Boys			Primary Girls		
EMR	.275	.475	.250	.229	.625	.146
Normal	.344	.416	.239	.371	.491	.138

FR - friend

AL - alright

WL - wouldn't like

TABLE 2

TREND ANALYSIS FOR DIFFERENCES IN PROPORTIONS

FOR SOCIOMETRIC CHOICES FOR NORMALS AND EMRS

Source	SS	df	MS	F
Within Subjects	5.950	72		
Trials				
Linear	.818	1	.818	20.45**
Quadratic	.107	1	.107	1.18
Trials x Unit				
Linear	.139	1	.139	3.48
Quadratic	.080	1	.080	----
Trials x Sex				
Linear	.005	1	.005	----
Quadratic	.395	1	.395	4.34*
Trials x Unit x Sex				
Linear	.040	1	.040	1.00
Quadratic	.138	1	.138	1.52
Error				
Linear	1.288	32	.040	
Quadratic	2.940	32	.091	

* $p < .05$

** $p < .01$