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ABSTRACT

Attitudes of 499 intellectually average elementary grade children toward educable mentally retarded (EMR) pupils were studied, and replicated 4 months later, in schools serving and not serving EMR pupils. Both sets of findings indicated that attitudes toward EMR pupils were most favorable when the raters had little school contact with the EMR children. The second purpose of the study was to test the prediction that well adjusted non-EMR pupils would express more favorable attitudes than poorly adjusted children. The results did not support this prediction. (DB)

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Attitudes of intellectually average children toward EMR pupils were studied, and replicated four months later, in schools serving and not serving EMR pupils. Both sets of findings indicated that attitudes toward EMR pupils were most favorable when the raters had little school contact with the EMR children. The second purpose of the study was to test the prediction that well adjusted nonEMR pupils would express more favorable attitudes than poorly adjusted children. The results did not support this prediction. The findings were discussed in terms of the difficulties of the contact hypothesis to predict attitudes toward retarded persons.

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The role of contact as an influence on intellectually average people's attitudes toward the mentally retarded has been studied by several investigators. The results of these studies have been inconclusive. Jaffe (1966) found that adolescents who reported they had contact with mentally retarded persons expressed more favorable attitudes that individuals who indicated they did not have contact. Strauch (1970), however, did not find that social contact results in the expression of more favorable attitudes among his adolescent group of normally intelligent subjects. Cleland and Chambers (1959) and Sellin and Mulchahay (1965) studied the effects of contact (by means of an institutional tour) on changing college students attitudes' toward mentally retarded individuals. Both sets of investigators found that contact affected attitude change, but that the direction of change was both positive and negative. Some subjects expressed more negative attitudes after the tour while others became more positive.

A limitation of the Strauch and Jaffe studies was the failure to specify the nature of the contact reported by the subjects.

Quite possibly, the conflicting findings of the two studies could have resulted from different amounts of contact, the person whom the contact was with, e.g., a sib, friend or classmate (Bell, 1962), or whether the contact was volitional or forced (Gottlieb and Strichart, 1972). Although Cleland and Chambers and Sellin and Mulchahay controlled the contact variable during the course of their experiment, information was not available regarding the amount, nature and volitional quality of any prior contacts.

In another series of studies, where opportunities for contact were assumed to be differentially available, Gottlieb and his colleagues studied the social acceptance of retarded children by their nonretarded peers (Goodman, Gottlieb and Harrison, 1972; Gottlieb and Davis, in press; Gottlieb and Budoff, in press). A consistent finding of these studies was that integrated former special class children are not more socially acceptable to their intellectually average peers than those who remain in segregated classes. In fact, the opposite appears to be true; the integrated pupils are less acceptable. The sociometric data from a series of studies indicates that increased contact in school between retarded and nonretarded children results in less favorable attitudes by the latter toward the former.

The first purpose of this study was to replicate the sociometric finding regarding the relationship between opportunities for social contact and attitudes toward mentally retarded school children. The second purpose of this investigation was to replicate Gottlieb's (1969) findings among Norwegian children that

well-adjusted students express more favorable attitudes toward the retarded than do children who are poorly adjusted. Following Rogerian theory (Rogers, 1959) which maintains that well-adjusted people (as measured by the discrepancy between their ideal selves and their selves) tend to express more favorable attitudes toward others, Gottlieb found that well-adjusted second through ninth grade Norwegian school children were more tolerant than poorly-adjusted individuals of EMR children in special classes. In the present study, the intent was to determine whether well-adjusted normally intelligent school children are more accepting of other children in general and of segregated mentally retarded children in particular.

In this investigation, two predictions were advanced. The first was that nonEMR children attending schools with no EMR children would express more favorable attitudes than nonEMR pupils in schools with EMR children. Second, it was predicted that well-adjusted children, as measured by their discrepancy score between their self and ideal self, would express more favorable attitudes toward children in general and toward EMR children in particular.

STUDY I

Method

Subjects

A sample of 284 intellectually average (nonEMR) white children was selected from all three elementary schools in a rural, largely low income New Hampshire town. Males and females were equally represented and all subjects attended "grades three through six." Although the schools operated on a nongraded basis, the children

were selected for this study if their CA was equivalent to that of third through sixth graders. All children in this CA range were included as subjects.

The three schools differed considerably in physical structure and the way in which the curriculum was implemented. One school, with a total population of 300 children, 88 of whom were subjects in this study, had no interior walls. Nineteen EMR children attended this school, some of whom were integrated full time into the regular education program while others were integrated part time or not at all. Regardless of the degree to which the EMR children were integrated, however, all of them were visually and physically accessible to the school's nonEMR student population. Because of the physical arrangement of this particular school building, i.e., it did not have interior walls, the nonEMR children were able to observe at all times the behaviors of the EMR children. The special education program in this school had been in existence for five years. Until the year in which the study was conducted, there were a minimum of thirty EMR children enrolled in the program, many of whom were moderately handicapped. During the year of the study, however, only 19 students were enrolled in the special education program. The remainder were transferred to another school in town.

This second school contained one special class housing 12 mildly and moderately retarded children. There were also seven mildly retarded children integrated full time into regular classes. The special education program in this school existed for two years prior to this study. The integrated EMR children, although

identified as being retarded for fiscal reimbursement purposes, were not identified as EMR to the other children who presumably were unaware of their "special" status. Consequently, the special education program in this school was predominantly segregated and the opportunities for contact between retarded and nonretarded children were limited.

The third school in this study, from which 112 subjects were queried regarding their attitudes, did not accommodate EMR children and did not have a special education program. Therefore, no opportunity for contact existed between normal and retarded children within the school setting.

Instruments and Procedures

Five rating scales were employed, one for each of the following concepts: "I Am," " I Would Like To Be," "Kids In My Class Are," "Mentally Retarded Children Are," "Mentally Retarded Children Think They Are." Each five point rating scale was composed of the same 10 pairs of adjectives which had been selected from among the most discriminating items in a previous study (Gottlieb, 1969). The adjective pairs included: happy-sad; clean-dirty; strong-weak; pleasant-unpleasant; honest-dishonest; friendly-unfriendly; good-looking-ugly; quiet-noisy; kind-cruel; good-bad. The position (left-right) of the ten adjective pairs was randomly varied on each of the five questionnaires.

All subjects were asked to respond to the ten adjective pairs on each of the five scales. The "I Am" scale was always presented first because responding to questions about oneself is an easier and more concrete task than responding about others.

"Mentally Retarded Children Think They Are" scale was administered last because this was the most difficult concept to which the children were required to respond. The remaining three scales were randomly varied during each administration.

All five scales were administered during one half-hour session to intact class-size groups. Two examiners conducted each testing session, one to present the instructions and the other to walk around the room to ensure that the instructions were being followed properly by the subjects. Subjects were encouraged to ask the meaning of any adjective and explanations were offered. During the administration of the scales to the third grade subjects, the examiner read each adjective pair to the group and waited for the subjects to respond before proceeding to the next pair.

STUDY II

A replication, employing identical procedures to those described previously, was conducted four months later using third and fourth grade children attending school in an upper middle class suburban town. One hundred fourteen subjects who attended a school that housed a segregated special class and 101 students from a school with no such class participated as subjects. The subjects were selected from intact classes.

Scoring

For each adjective pair, a score of one was assigned to the least favorable response and five to the most favorable rating. Favorability was defined by each student's response to the

adjective pair on the "I Would Like To Be" questionnaire. For example, if S indicated he would like to be noisy, that was considered the favorable end of the continuum. If he wished to be quiet, quiet was assigned a score of five. All but four students defined favorability in the socially desirable direction. Two of the four rated noisy and the remaining two aspired to be dirty.

The range of total scores for each scale was ten to fifty. The difference between each student's scores on the "I Would Like To Be" and " I Am" rating scales was used as the level of adjustment. Poor and well-adjusted categories of subjects were determined by rank ordering this difference score and categorizing each subject by whether he was above or below the median for his class.

Results

The first prediction, that children in schools not having EMR pupils would express more favorable attitudes, was tested in Study I in a two-way analysis of variance design (School X Grade) with scores to the questionnaire "Mentally Retarded Children Are" employed as the dependent measure. Of concern to this report was the significant main effect for School ($F = 7.92$, $df = 2/269$, $p < .001$). Inspection of the means in this analysis, which are presented in Table I, indicates that attitudes toward retarded children were most favorable in the school not having retarded children. Mean attitude scores in the two other schools were similar.

Almost identical results were obtained in the replication with upper middle class children. Attitudes toward mentally retarded

children were more favorable in the school not having retarded children ($F = 3.82$, $df = 1/107$, $p < .05$). Means and standard deviations for these data also appear in Table I.

Another way to assess attitudes toward the retarded is to compare them to a standard, such as the attitudes one holds toward the children in his class. In such an analysis, the primary concern is the nature and magnitude of the interaction between school and the difference in attitude scores toward one's classmates and mentally retarded children. A three-way analysis of variance was computed for the Study I data (School X Grade X Attitude Scales) with the last factor being a within groups factor. Three significant effects were evident: an Attitudes main effect ($F = 39.74$, $df = 1/263$, $p < .001$); a School main effect ($F = 3.15$, $df = 2/263$, $p < .05$; a School X Attitudes interaction ($F = 7.26$, $df = 2/263$, $p < .001$). Inspection of the relevant means in Table I also indicates that using attitudes toward one's classmates as a standard, children in schools not having EMR children express significantly more favorable attitudes toward retarded children.

Again, an identical pattern of findings emerged from the replication. A significant School X Attitudes interaction ($F = 11.173$, $df = 1/105$, $p < .002$) indicated that attitudes were more favorable in the school that did not have EMR pupils.

The second prediction, that well-adjusted children would express more favorable attitudes, was tested in a three-way analysis of variance design (School X Grade X Adjusted category) for the Study I data. In the first analysis, scores on the "Kids In My

Class Are" scale were the dependent measure. A significant adjustment main effect appeared ($F = 10.85$, $df = 1/239$, $p < .002$) which indicated that well-adjusted children express more favorable attitudes toward their classmates than did poorly-adjusted children. However, when the same analysis was employed with scores on the "Mentally Retarded Children Are" scale as the dependent measure, no significant differences emerged. Means for these data appear in Table 2.

Two-way analyses of variance (School X Adjustment category) were computed separately for the replication with upper middle class suburban children using these two dependent measures. No significant differences appeared on either analysis. There was a tendency in both analyses for well-adjusted children to report more favorable attitudes than poorly-adjusted children. For the "Children In My Class Are" scale, the F value for the Adjustment main effect was 3.62 ($df = 1/101$, $p < .06$) while the F value for the "Mentally Retarded Children Are" scale was 3.09 ($df = 1/103$, $p < .08$).

Discussion

The findings of the two studies clearly indicate that attitudes toward retarded children are less favorable when regular class children have opportunities for social contact with them. When regular class children are able to observe EMR children either in regular or special classes, their attitudes are less favorable than when they are unable to observe EMR pupils and respond stereo-typically to attitude questionnaires.

These findings are similar to those reported previously which indicated that reintegrated EMR pupils do not enjoy a more favorable social position than segregated children (Goodman, et al., 1972; Gottlieb & Davis, in press; Gottlieb & Budoff, in press).

Thus, the so-called "contact" hypothesis, which leads to the prediction that integrating retarded and non-retarded pupils will result in more favorable attitudes by the latter toward the former, was not supported. What is evident is that merely integrating EMR children without offering support and explanation to them, as well as their peers, is unlikely to result in greater acceptance. When the contact hypothesis was advanced to predict attitude change after racial integration, it was hypothesized that favorable attitude change would result only when the two races were able to interact under equal status conditions (Allport, 1954). Integrated retarded children may enjoy equal status with intellectually average ones only insofar as they share a common class placement. As long as academic competence remains a valued trait, EMR children may never have equal status with normal children.

Similarly, reintegrating EMR pupils into regular classrooms without providing appropriate explanation, and support to the classroom teacher may only serve to reinforce many teachers' initial reluctance to accept them in their classes, which, in turn, could adversely affect the EMR pupil's social status among his peers (Lapp, 1957). The fact that teachers harbor increasingly negative views after having had experience with retarded children

in their classes, has been documented in recent studies (Alper and Retish, 1972; Shotel, Iano, and McGettigan, 1972).

Many areas of concern regarding the reasons why EMR pupils are perceived negatively remain to be studied. For example, what are the sources of prestige that are viewed positively by mentally typical children? If athletic competence is one source of such prestige, are athletically competent EMRs the recipients of more favorable attitudes than incompetent children? Is athletic competence of sufficient prestige value to counterbalance academic incompetence as an influence on attitudes and social status? One effort in this direction found that attitudes toward EMR pupils at play were more favorable than they were toward EMR pupils in class (Gottlieb, 1969). Was this because EMR children are seen as more competent at play than in class?

Another series of questions regards the characteristics of mentally normal children who posit unfavorable attitudes toward the retarded. Who are the children who reject other children? Although the findings of this investigation did not support entirely Gottlieb's (1969) previous findings that well adjusted children express more favorable attitudes toward others, the data leaned in this direction. What other rater variables are associated with rejecting attitudes toward retarded persons?

Finally, what are the implications for the retarded child of being socially rejected? Although EMR children are victims of less favorable attitudes when there are opportunities to interact with nonEMR pupils, what are the alternatives? Does the retarded child prefer the interaction, and the accompanying rejection, to no interaction at all?

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Table 1

Means and Standard Deviations for Two Attitude Questionnaires

	SCHOOL		ATTITUDE QUESTIONNAIRE	
			"MR' children are . . ."	"Children in my class are . . ."
STUDY I:	Integrated EMR Pupils	$\bar{X}$	31.43	33.98
		SD	6.17	6.29
		N	87	84
	Segregated EMR Pupils	$\bar{X}$	30.64	35.20
		SD	6.54	5.97
		N	84	84
	No EMR Pupils	$\bar{X}$	34.06	34.95
		SD	6.82	5.86
		N	110	109
REPLICATION:	Segregated EMR Pupils	$\bar{X}$	30.60	36.75
		SD	5.52	5.17
		N	58	56
	No EMR Pupils	$\bar{X}$	33.02	34.51
		SD	7.24	6.79
		N	51	56

Table 2

Means for Two Questionnaires by Adjustment Categories

	Questionnaire		Well Adjusted	Poorly Adjusted
STUDY I	"Kids in my class are ...."	$\bar{X}$	36.04	33.68
		N	115	148
	"MR kids are . . . "	$\bar{X}$	32.57	31.45
		N	118	149
REPLICATION	"Kids in my class are ..."	$\bar{X}$	36.47	34.46
		N	60	45
	"MR kids are . . ."	$\bar{X}$	32.70	30.50
		N	62	45