

AN ABSTRACT OF THE THESIS OF

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Title: COMMUNITY ATTITUDES TOWARD TRAINABLE MENTALLY HANDICAPPED

INDIVIDUALS

Abstract Approved: Philip A. Brough

This study was developed to discover community attitudes toward the trainable mentally handicapped individuals. Nine areas in Southeast Kansas were the location for the distribution of a questionnaire relating to these attitudes. The questionnaire itself contained fifteen multiple-choice questions and also asked participants to state their age, occupation, sex, and economic status.

Of these nine locations, each area received 150 surveys. These were conducted and distributed through the area high school students. One thousand three hundred fifty questionnaires were handed out while 728 were actually returned.

From the nine communities interviewed, three of them had trainable classrooms in their locality. The other six areas did not have these facilities. The findings were compared between the two groups to discover if either area had more positive feelings and attitudes toward the trainable individual than the other.

The data concerning the study was analyzed and tabulated. It was found that there was a definite relationship between the attitudes of the areas with the trainable rooms and the attitudes of the areas without the trainable classrooms. The attitudes of those locations with trainable rooms scored higher, thus having more positive feelings than the other type of locations. The locations without the trainable rooms did, however, score positive feelings but the scores were not as high as the first group.

Also discovered was the fact that females had higher positive feelings toward the retarded than did the males. This was true in all communities. Economic status had no relationship to more positive scores. It was also found that occupations did not have much to do with higher positive attitudes. Various professions scored higher while others scored lower. There was no detectable difference. The age factor also did not make a difference toward more positive feelings.

Many teachers and professional persons could gain valuable knowledge from this study. It shows reasons for attitudes in the various locations and could be beneficial to those having an area similar to the one in this study. If attitudes are discovered, then actions can be taken to improve the education of the public toward the mentally retarded population.

COMMUNITY ATTITUDES TOWARD TRAINABLE  
MENTALLY HANDICAPPED INDIVIDUALS

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the Department of Psychology  
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by  
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## Chapter 1

### INTRODUCTION

The objective of this chapter is to present information pertaining to the relationship between the attitudes of communities with classrooms for the trainable mentally handicapped and the attitudes of those communities not having these facilities. Discussion also includes the need and importance of this study as well as the actual statement of the problem, the purpose, the null hypothesis and the assumptions of the study. Variables apparent in the study and definitions of unfamiliar terms are described and contained in this section.

### THEORETICAL FORMULATION

In recent years there has developed an increasing concern directed toward our mentally handicapped population. People have been made more aware and outraged as well as confused and compassionate for these mentally deficient individuals. This awareness has been made possible through better education and better media coverage. Braginsky and Braginsky view public documentaries as the instruments that have moved people from just concern to immediate action.<sup>1</sup> It is out of this concern and action of the present century that has led investigators to search for the reasons and motives that drive the public to desire to help our

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<sup>1</sup>Benjamin M. Braginsky and Dorothea D. Braginsky, "The Mentally Retarded: Society's Hansels and Gretals," Psychology Today, VII (March, 1974), 95.

mentally handicapped population. Studies in this area have neglected to uncover various communities' attitudes toward the mentally retarded group. Further investigations are definitely needed to discover how people react and why they react as they do toward the mentally handicapped.

Beebe has also acknowledged the national awakening of our country toward our mentally retarded citizens. These citizens are being deprived of their rights as well as services that could enable them to become fuller individuals.<sup>2</sup> Why are these citizens being discriminated against? Are there existing attitudes that cause our mentally handicapped to be deprived? Therefore, the increasingly persistent need arises to discover why the mentally retarded are being discriminated against and if this discrimination exists in all communities. Evidently, some communities have attitudes that dominate the treatment of their mentally deficient population. Thus, it seems imperative these attitudes be studied and reviewed.

#### THE PROBLEM

Attitudes of communities toward their mentally retarded population may vary from location to location. Do these attitudes vary according to the exposure one community may have experienced with the trainable mentally retarded group? If a community has a trainable mentally retarded (TMR) classroom, are their attitudes more positive toward the mentally retarded (MR) individuals than a community that has

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<sup>2</sup>N. Lorraine Beebe, "How All Parents Can Help Our Country's Mentally Retarded Youngsters," Parents Magazine, XLIX (November, 1974), 28.

no such class or population? Will the community with no exposure have more negative attitudes toward the trainable individuals? These questions are some that have developed from the need for continuing research in the area of public attitudes toward the mentally retarded citizens.

In order to discover and uncover these answers, surveys must be conducted on both types of communities. On this basis, community attitudes toward the trainable mentally retarded children were tested to determine if having a TMR classroom in that community had significant influence on the attitudes of that particular community.

#### Statement of the Problem

Is there a significant relationship between the attitudes of communities with trainable mentally handicapped classrooms in their communities and the attitudes of communities that do not have trainable mentally handicapped classrooms in their geographical area?

#### Statement of the Hypothesis (Null Form)

There is no significant difference between the attitudes of communities with trainable mentally handicapped classrooms and the attitudes of communities that do not have trainable mentally handicapped classrooms.

#### Assumptions of the Study

Basic assumptions concerning this study have been made. These assumptions need to be clarified and described for the reader to understand fully the intent of this research.

1. The communities being surveyed represented one geographical location in the state of Kansas, not a widespread location.

2. These communities all possessed mentally handicapped citizens and therefore could be questioned concerning this population.

3. Attitudes can be measured and described through a questionnaire designed for this study.

4. The questionnaire relating to this study was distributed to a random sampling of approximately one hundred persons per community. There were nine locations involved.

5. The sampling will honestly answer the questionnaire and return it for tabulation.

#### Purpose of the Study

The purpose of this study was to determine if attitudes toward the trainable mentally handicapped differ between communities with TMR classrooms and those who did not have these facilities. It was further desired to discover how these attitudes differed according to the amount of exposure one had to the TMR population. The results of this study should indicate how these attitudes correspond to the location of the TMR classroom.

#### Significance of the Study

In previous years, the mentally retarded have been grossly mistreated. They have been locked away like animals, inhumanly treated and cared for as well. But the current urgency of society to treat the MR population justly and humanely leads to the importance of this study.<sup>3</sup> If attitudes are discovered that constitute the reasons and motives of

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<sup>3</sup>Braginsky and Braginsky, loc. cit.

treatment of these citizens, then society is pointed in the direction of permanent humane treatment. Thus, the MR population can be viewed as human beings instead of freaks or animals.

Lack of exposure to a situation or problem can lead one to draw unjust or false conclusions. The significance of this study is to investigate if these unjust conclusions exist. Through the efforts of discovering community attitudes toward the TMR people, a beginning can be towards developing positive feelings about all MR citizens. By polling various attitudes, education processes can be instigated to provide better and more complete knowledge of the TMR population. If false conclusions are apparent in our society, then actions definitely need to be started to educate our society.

Every person in our world has his own personality and individuality. This is true of our MR population as well. However, sometimes these citizens cannot express themselves due to the expectations or limitations placed on them by society. Attitudes a community has toward the MR can definitely influence his actions.<sup>4</sup> He may be forced to live up to standards set by that community or he may also be made to lower himself to their expectations. Thus, arises the importance of finding these expectations and attitudes of the community. The TMR child needs to be himself, to be his own person but society plays a major role in shaping his behavior. Therefore, the need to discover society's positive or negative feelings for these individuals is imperative.

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<sup>4</sup>Beebe, loc. cit.

## DEFINITION OF TERMS

A layman probably will not be able to interpret this study unless various terms and definitions are clarified. Therefore, several terms are defined so that interpretation and readability will be clear and easy.

Trainable Mentally Retarded

The trainable mentally retarded child usually has an IQ range of approximately 35-55. More important than IQ is the functioning level. These individuals are capable of learning only very limited academic endeavors. However, much can be accomplished through programs of training in self-care and simple vocational skills.<sup>5</sup>

Trainable Mentally Handicapped

This term is used interchangeably with trainable mentally retarded. They mean the very same thing.<sup>6</sup>

Mentally Deficient

Individuals with below average intelligence.

TMR Classroom

A classroom equipped to teach only the trainable mentally retarded. There is usually no other type of student in the room.

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<sup>5</sup>Herbert J. Grossman, Manual of Terminology and Classification in Mental Retardation (173d rev.; Baltimore, Maryland: Garamond/Pridemark Press, 1973), pp. 121-164.

<sup>6</sup>Ibid.

## LIMITATIONS OF THE STUDY

Various limitations have been placed on this survey. The major limitation dealt with the representation of the different communities involved. Random selection was desired through contacting the various high schools and allowing the English classes to conduct interviews with residents of their communities. Approximately twenty to twenty-five students were asked to interview from five to ten residents in that area. Therefore, one hundred or more community members were sought for their views in each area. Many factors influencing attitudes toward the mentally retarded were obtained. However, limitations were placed on the number of participants. It is hoped that a correct representation of each community was involved. Such factors as sex, age, education, and economic status greatly affected the attitudes of the different communities. The survey was designed to include all these factors but it could be possible not all attitudes were evaluated due to the random selection.

Another limitation was the questionnaire itself. People were expected to answer honestly and to the best of their ability. But, unfortunately, some people may not have done so. Thus, the questionnaire was limited to the extent that participants needed to respond honestly.

Still a further limitation was the fact that many of the people asked to respond failed to turn in their questionnaire, thus resulting a shortage of answers from some of the locations. To compensate for this problem, many clubs were then contacted and asked to help distribute the surveys. Thus, follow-up efforts were made in various communities to obtain the desired number of interviews. Other efforts also involved



house-to-house interviews as well as organizations conducting the surveys.

## Chapter 2

### REVIEW OF RELATED LITERATURE

The purpose of the following chapter was to present all material that deals with the subject of attitudes toward mentally retarded persons. These are public attitudes, professional attitudes, and parental attitudes.

#### PUBLIC ATTITUDES

In 1976, Gottlieb and Superstein conducted a study that was concerned with describing the mentally retarded accurately so that participants could evaluate their attitudes effectively. The investigators established that the description one has of the topic beforehand definitely influenced the attitudes recorded. Their study found that attitudes towards a mildly retarded person (defined beforehand as such) definitely were more positive than the attitudes of those who had no description other than a retarded person. The attitudes toward the mildly retarded were more positive than toward the severely retarded. The outcome of this research expressed the need for an accurate description of the term "mentally retarded" before attitudes could accurately be assessed.<sup>7</sup>

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<sup>7</sup>Jay Gottlieb and Gary N. Superstein, "Attitudes Toward Mentally Retarded Persons: Effects of Attitude Referent Specificity," American Journal of Mental Deficiency, LXXX (January, 1976), 376-381.

Additional research by Gottlieb and Corman revealed many people interchanged the term "mentally retarded" with the term "slow learner". Most perceived them to mean the same. In this same study, the majority of the people surveyed had positive, accepting attitudes toward retarded children. This group also agreed labeling a child MR encouraged isolation. However, it was also their belief the best placement for the MR child was in the special classroom. Many felt having a retarded child in a normal class would hamper progress of the normal children. Another attitude expressed through this study was the belief that most MRs look different from others. Nevertheless, many respondents did not express negative feelings toward the MR. It was noted that the younger participants possessed more positive feelings than the older ones.<sup>8</sup>

Hollinger and Jones conducted a study that dealt with the labels "slow learners" and "mental retardate". It was found of the 114 random respondents, most had little knowledge of either term. There was greater acceptance of the slow learner term than of mental retardate.<sup>9</sup>

Another public attitude was expressed in the study performed by English and Palla. They discovered public opinions were much more negative toward the severe retardate than toward the mildly retardate.<sup>10</sup>

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<sup>8</sup>Jay Gottlieb and Louise Corman, "Public Attitudes toward Mentally Retarded Children," American Journal of Mental Deficiency, LXXX, No. 1 (1975), 72-80.

<sup>9</sup>Chloe S. Hollinger and Reginald L. Jones, "Community Attitudes Toward Slow Learners and Mental Retardation: What's in a Name?" Mental Retardation (February, 1970), A-23.

<sup>10</sup>William R. English and David A. Palla, "American Institute for Mental Studies," Training School Bulletin, LXVIII, No. 1 (1971), 55-63.

Another survey dealt with the question "Does increased contact affect attitudes?". This survey found that the higher degree of contact the more positive the attitudes. It was also discovered that females had more knowledge about MRs thus having the more positive feelings. High school subjects felt more negative possibly due to lack of contact. Attitudes were changed in relation to age, related experiences and knowledges.<sup>11</sup>

Still another study by Gottlieb confirmed some of the previous attitudes. It was discovered females had more favorable ones than males and the younger set expressed more positive reactions to the MR group. The level of education was also found to correlate with favorable feelings. However, there was no difference among the various economic levels. It was also found in this study that exposure did not necessarily produce favorable attitudes. The most predominate view of the public toward a MR person was that of a Mongoloid or a physically damaged person. Many were not even aware that mild retardation existed.<sup>12</sup>

The effects of an institutional tour on college students was studied in another survey. A pretest was conducted and divided the students into groups of two, those with positive views of the retarded and those with negative views. After the tour, a posttest was performed. It indicated the tour had significantly positive effects on the

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<sup>11</sup>Reginald W. Higgs, "Attitude Formation--Contact or Information?" Exceptional Children, XLI, No. 7 (1975), 496-497.

<sup>12</sup>Jay Gottlieb, "Public, Peer and Professional Attitudes Toward Mentally Retarded Persons," Studies in Learning Potential, IV, No. 78 (1974).

participants. Ones who had previously developed negative feelings confirmed more positive feelings after the tour.<sup>13</sup>

A different survey was conducted by Prothers and Ehlers concerning the effects of knowledge about mental retardation upon students' attitudes. Each student was instructed in four units of mental retardation in which a pretest and posttest was given for every unit. After this instruction, the students were asked to measure their concepts of the average person, themselves, and the mentally retarded. The results indicated more positive attitudes toward the average person and themselves than toward the mentally retarded person. Further results showed more positive feelings about themselves than the average person.<sup>14</sup>

A different phase of public attitudes toward the retarded dealt with the sexuality of the MR. One study found public attitudes toward sexuality in MRs divided into three categories: (1) the subhuman, (2) the child/innocent, and (3) the developing person. Most of these people combined the attitudes of subhuman and the developing person when describing the mentally retarded person in respect of reproduction. It was also discovered these attitudes may be modified or changed by knowledge of mental retardation, experience with the MRs, age, and maturity.<sup>15</sup> Another report indicated the lack of knowledge and ignorance toward the

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<sup>13</sup>Arnold LeUnes, Larry Christensen, and Dennis Wilkerson, "Institutional Tour Effects on Attitudes Related to Mental Retardation," American Journal of Mental Deficiency, LXXIX, No. 6 (1975), 732-735.

<sup>14</sup>Jon C. Prothers and Walter H. Ehlers, "Effects of Knowledge of MRs Upon Social Work Students' Attitudes," American Journal of Mental Deficiency, LXXIX, No. 1 (1974), 83-86.

<sup>15</sup>Murry Morgenstern, "Community Attitudes Toward Sexuality of the Retarded," Human Sexuality and the Mentally Retarded (New York: Brunner Mazel, 1973), pp. 157-162.

social and sexual needs of the retarded. The public continually neglected and ignored the persistent emotional and sexual needs of the MR.<sup>16</sup>

#### PROFESSIONAL ATTITUDES

Payne and Murray researched principals' attitudes toward the integration of the mentally retarded into regular classes. Their findings indicated suburban and urban principals had different feelings toward MR integration. The urban principals were more reluctant to do so while the suburban ones were willing. It was also noted the four types of impairments most likely accepted were visually impaired, hard of hearing, physically handicapped, and learning disabled. The mentally retarded were one of the ones least accepted.<sup>17</sup>

Clergymen were a second area in which attitude surveys toward the retarded had been recorded. This particular study found college education the only factor which greatly influenced the ministers' knowledge of mental retardation. Other factors that influenced the clergys' attitudes were recency of graduation and experience with MRs. The most positive attitudes were among those who had received training in pastoral counseling.<sup>18</sup>

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<sup>16</sup>Editorial, "A Right To Love?" Lancet, 1972, pp. 1057-1058.

<sup>17</sup>Reed Payne and Charles Murray, "Principals' Attitudes Toward the Integration of the Handicapped," Exceptional Children, XLI, No. 2 (1974), 123-5.

<sup>18</sup>Dwayne D. Peterson, "More Than Knowing Clergymen: Their Attitudes Toward and Knowledge of the Mentally Retarded," Mental Retardation, VIII, No. 2 (1970), 24-26.

Nurses' attitudes toward the mentally retarded were surveyed by Moores and Grant. They discovered different levels of staff held different views ranging from optimistic to pessimistic. The majority agreed that only a few of the higher MRs could ever hold a job. The majority also agreed it was unwise to have untrained staff work with the retarded. Most of the nurses doubted if very many of the MRs could understand and use money.<sup>19</sup>

Research about attitudes of teachers toward the mentally retarded was sketchy and confusing. However, one study did state special education teachers did not express more favorable attitudes toward the retarded than regular classroom teachers.<sup>20</sup>

#### PARENTAL ATTITUDES

Attitudes of TMR parents were influenced by attitudes around them. Community views played a major role in influencing these parents. Given the choice of placement for their TMR child, the majority chose home care.<sup>21</sup>

A study by Roith proved that most parents of MR children were able to discuss their feelings sensibly. A large majority of those interviewed admitted they had no guilt feelings. Half of the respondents stated their initial reaction was shock. Twenty-five percent still

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<sup>19</sup>Brian Moores and G.W.B. Grant, "Nurses Expectations for Accomplishment of Mentally Retarded Patients," American Journal of Mental Deficiency, LXXX, No. 6 (1976), 644-649.

<sup>20</sup>Gottlieb, loc. cit.

<sup>21</sup>Robert B. Egerton and Marvin Karno, "Community Attitudes Toward the Hospital Care of the MR," Mental Retardation, V (1972), 3-5.

believed the condition of their child could be cured. While some parents accepted the situation, the other had disbelief or negative feelings. However, over the years, the majority (94 percent) accepted the child emotionally. As for placement of the child, only 25 percent preferred to care for the child at home. Most of the parents expressed fear or adverse opinion from others. A surprising attitude was that only half of the parents thought getting together with parents of other mentally retarded children would be helpful.<sup>22</sup>

Another study indicated parents of MR children are still accepted as a part of the community in spite of the child.<sup>23</sup> The child made no difference as to the parents fitting into society.

In some families, the MR child had a positive effect on the family and added to the cohesion of the family unit. The parents' initial reaction was mourn. However, if the parents can overcome their feelings of resentment the child can fit into the family very well.<sup>24</sup>

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<sup>22</sup>A. I. Roith, "The Myth of Parental Attitudes," Advances in the Care of the Mentally Retarded (Baltimore, Maryland: Williams and Wilkins, 1973), pp. 221-224.

<sup>23</sup>Arnold Birenbaum, "The Recognition and Acceptance of Stigma" (paper presented at the Eastern Sociological Society Fortieth Annual Meeting, New York, April 10, 1970).

<sup>24</sup>Joan Bicknell, "A Place in the Family," Deficience Mentale/Mental Retardation, XX, No. 4 (1970), 20-21.



## Chapter 3

### METHODS AND PROCEDURES

Discussed in this chapter are the methods and procedures used to investigate the attitudes of communities in Southeast Kansas toward the trainable mentally retarded. The population involved and the sampling procedures utilized are also described. A discussion is also included on the questionnaire and its development, the design of the study, the collection of the data, and a description on the methods that were used for the statistical analysis of the data have been included in this chapter.

### POPULATION AND SAMPLING

The area in Southeast Kansas that was chosen to be surveyed consisted of five counties. These were Allen, Anderson, Neosho, Wilson, and Woodson. In these five counties, there were various small towns and communities, the largest of which had a population of approximately eleven thousand. Nine communities were chosen to be surveyed on the basis of locality and size. The nine communities interviewed included Chanute, Erie, St. Paul, Yates Center, Altoona-Midway, Moran, Iola, Humboldt, and Thayer. Each of the five counties (contained in the ANW Special Education Cooperative) was represented.

Of the nine areas surveyed, only three communities--Chanute, Humboldt, and Yates Center--had trainable classrooms for the retarded located in them. The other areas of Thayer, Iola, Erie, St. Paul,

Altoona-Midway, and Moran had no such facilities. However, trainable retarded individuals were located all over the surveyed area and were being bused to designated trainable facilities.

The population of the entire nine communities consisted of mostly middle to lower income families, many of which were farmers. Thus, many of the areas were small in size, ranging from three hundred in population to the largest of eleven thousand.

The sample size was composed of 150 persons selected from each of the nine localities. A total of 1,350 surveys were distributed to all the areas. The surveys were conducted in several different fashions. The most common way used to interview was through a high school teacher from each town. This teacher, mostly in the English department, was contacted and agreed to have his or her class conduct the interviews in the selected location. In the cases where a teacher could not be secured, various community clubs and organizations were contacted and helped perform the interviewing.

In the selection of the population to complete these interviews, X stratified random sampling procedures were employed. Each interviewer was asked to conduct fifteen surveys. However, exceptions were made due to the availability of the interviewers. Nevertheless, of these fifteen interviews one survey was to be conducted with a small business person. Another was to be completed by a professional person, such as a doctor, lawyer, teacher. A third was to be conducted with a local leader of any organization. Still another was to be completed by a local government official. Two more were to be completed by a farmer and his wife. The last eight composing the total fifteen were to be conducted with any townspersons of either sex. However, there were to be two persons from

the 20-34 age group, two from the 35-44 age group, two from the 45-55 age group and lastly two from the over 55 age group. The person interviewed was also requested to state his address, occupation, sex, economic status, and his age.

From this type of stratified random sampling, a vast number of varied people were questioned. The many varied answers and opinions were obtained and tabulated.

### INSTRUMENTATION

The questionnaire was designed to obtain information concerning attitudes of various communities toward the trainable mentally handicapped individual. A total of fifteen questions were compiled for this survey. The composition of the questions ranged from the definition of the retarded person, the class placement as well as home placement of such persons, and the acceptance of the trainable individual in society. The persons completing the survey were asked first to identify their present definition of the trainable person. A choice of possible answers was provided. Some of these choices had negative connotations while there were also positive implications available. Next, the person was asked to state where or if he had had contact with a trainable person.

At this point in the questionnaire, an accurate definition according to Grossman of the trainable handicapped individual was given. The person completing the form was then asked if this definition differed from their original one. The questions then led into the attitudes of placement of a TMR child and of a TMR adult in relation to home and class. A checklist of characteristics was then provided. The person was to check any or all traits he felt were applicable to all trainable

retardates in general. There was also a question dealing with the idea of the TMR in relation to physical appearance. The questions that followed surveyed the attitudes of acceptance into the community for both the trainable adult and the trainable child (see Appendix, p. 49).

Various attitudes were covered by the entire questionnaire. Acceptance of the retarded individual into the community as well as acceptance of the retardate as a person was dealt with through several questions. Also, opinions toward the trainable child and trainable adult were mentioned and compared. The survey sampled attitudes of the physical appearance of the TMR as well as mental capacity. All in all, the survey contained questions of many varied aspects of the trainable individual. These aspects resulted in many opinions being expressed that many people probably had not thought about or possibly were afraid to express.

#### DESIGN OF THE STUDY

This study was designed to discover if attitudes toward the trainable mentally handicapped differed between communities with trainable classrooms for the retarded and those communities without these types of facilities. It was also desired to obtain knowledge about individual attitudes in relation to their occupation, sex, age and economic status. On this basis, this research could possibly serve to provide information on the importance of educational programs for the public concerning the subject of mental retardation.

Several variables were studied in this project. The first independent variable in this study dealt with the different locations of the surveyed communities. Chanute, Humboldt, and Yates Center all had

TMR classes while Thayer, Erie, Iola, Moran, St. Paul and Altoona-Midway did not have these classes. The second variable or the dependent variable was the attitudes of the population of these areas which were measured according to the responses they gave to the items on the questionnaire.

Age, sex, occupation, and economic status were all the moderator variables or the second independent variables. This study also sought to investigate if any of these factors had any affect on the attitudes of the participants.

#### DATA COLLECTION

Instructions concerning administration of the questionnaire (see Appendix, p. 49) were developed to accompany each survey. These two pages informed the administrators of the survey of their duties as well as the principal of the investigation. Included were the investigator's background, concern and involvement in the field of special education. Information stressed the complete anonymity of names.

The instructions and the surveys were delivered to each location during the month of March, 1977. Since the questionnaire consisted of fifteen multiple-choice items, the time allowed for completion was 21-30 days. The surveys were all collected by the investigator at the various high school locations involved.

#### DATA ANALYSIS

The data collected in this study were based on the total points obtained by all items on each questionnaire. As each question had multiple-choice items, each response was given a point value from one to

five points. The response having the number one value was the most negative answer while the response rating the value of five was considered the most positive answer. The other responses ranked from two to four points, depending on their degree of negativeness or positiveness. A value of two points was considered slightly negative while three was neutral and four was ranked as slightly positive.

For the analysis of these data, the  $\chi^2$  (chi-square) statistical tool was used. Also, the contingency coefficient was calculated to determine if any degree of relationship existed between the independent and the dependent variables.

### Chi-Square ( $\chi^2$ )

One of the most powerful nonparametric statistical tools is the chi-square test. The value of chi-square is figured on the basis of the number of responses (observed frequencies) compared to the value of the number of expected responses (expected frequencies). From this analysis of data, chi-square can be used to determine if there is a significant relationship between the responses of the two groups of communities, those with TMR rooms and those without TMR classes. In addition, the moderator variables (age, sex, occupation, economic status) were also investigated to discover if these factors had any significant relationship with the participants.

The formula<sup>25</sup> used for figuring the value of chi-square was:

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<sup>25</sup>N. M. Downie and R. W. Heath, Basic Statistical Methods (4th ed.; New York: Harper and Row, Publishers, 1974), p. 188.

$$x^2 = \frac{\sum (O_f - E_f)^2}{E_f}$$

where,  $\Sigma$  = summation operator

$O_f$  = observed frequencies

$E_f$  = expected frequencies

The observed frequencies ( $O_f$ ) are based on the total number of participants in each category. The expected frequencies ( $E_f$ ) for each cell are figured by the row sums multiplied by the column sums, then divided by the total number of respondents (N), or  $E_f = (\text{row sum}) (\text{column sum})/N$ .

A chi-square table must be used in testing the null hypothesis against the value obtained for chi-square. The degrees of freedom must be considered when using a chi-square table. The degrees of freedom are figured by taking the number of rows minus one multiplied by the number of columns minus one, or,  $df = (r-1) (c-1)$ .

For this research, .05 level of significance was chosen to test the null hypothesis. The sample fact, or the test statistic, was interpreted by whether it fell into the established critical region or not. Thus, if the calculated value of chi-square was larger than or equal to the tabled value of chi-square at the .05 level of significance, chances were ninety-five times out of one hundred the large calculated chi-square value was not due to just sampling error. If the obtained value of chi-square was larger than the expected, the null hypothesis warranted rejection.

The Contingency Coefficient (C)<sup>26</sup>

To measure the degree of relationship between the dependent and independent variables, the contingency coefficient was used. The value of chi-square was essential to the determination of the contingency coefficient. The formula for the contingency coefficient was:

$$C = \frac{x^2}{N + x^2}$$

where,  $x^2$  = obtained value of chi-square

N = total number of participants



## Chapter 4

### ANALYSIS OF DATA

Presented in the following chapter is the conclusive data in relation to the attitudes of communities in Southeast Kansas toward the trainable mentally retarded individuals. The data included pertains to locality, sex, age, economic status, and occupations of the surveyed group. For better understanding of the data, two divisions, the analysis of the respondents and the statistical analysis of the data, have been selected to use.

### RESPONSE ANALYSIS

A total of 1,350 questionnaires was distributed to nine different communities in Southeast Kansas. Each location received 150 instruments. A total of 728 questionnaires was collected for a percentage return of 55 percent. The analysis of these responses has been divided into separate headings as earlier indicated. Follow-up attempts were made in some of the areas to secure more completed questionnaires than were returned. These attempts included house-to-house interviewing as well as contacting various clubs and organizations in those particular areas.

The Altoona-Midway community returned 8 of their questionnaires for a 5 percent return. The Chanute locality returned 75 or a 50 percent return. In Erie, 84 were turned in accounting for a 56 percent return. Humboldt returned 143 for a 95 percent return. Iola turned in 117 or a 78 percent return. Moran had 80 that responded to the questionnaire

resulting in a 53 percent return. St. Paul responded to 71 of the surveys or 47 percent of the community responded. Thayer had 100 returns amounting to 67 percent return. Yates Center had 50 respond out of 150, which represented 33 percent of returns. A summary of these returns has been tabled below according to each location.

Table 1

Community Selection, Original Number of Questionnaires Selected, Number of Responses and Percentage of Returns

| Community selection | Number selected | Number returned | Percent return |
|---------------------|-----------------|-----------------|----------------|
| Altoona-Midway      | 150             | 8               | 5              |
| Chanute             | 150             | 75              | 50             |
| Erie                | 150             | 84              | 56             |
| Humboldt            | 150             | 143             | 95             |
| Iola                | 150             | 117             | 78             |
| Moran               | 150             | 80              | 53             |
| St. Paul            | 150             | 71              | 47             |
| Thayer              | 150             | 100             | 67             |
| Yates Center        | 150             | 50              | 33             |
| Total               | 1,350           | 728             | 55             |

#### Type of Community

Of these nine communities, three localities--Chanute, Humboldt and Yates Center--had trainable mentally handicapped classrooms. The other six locations did not have these facilities. The communities with the TMR classes responded to 268 questionnaires out of 450 distributed. The percentage return for these locations was 59 percent. The other

communities without the TMR rooms returned 460 surveys out of 900 for a return of 51 percent. A summary of these returns has been tabled below according to the type of community.

Table 2

Community Classification, Number of Questionnaires Distributed,  
Number of Responses and Percentages of Returns

| Type of community             | Number distributed | Number returned | Percent return |
|-------------------------------|--------------------|-----------------|----------------|
| Locations with TMR classes    | 450                | 268             | 59             |
| Locations without TMR classes | 900                | 460             | 51             |
| Total                         | 1,350              | 728             | 55             |

#### Age of Respondents

Included in the questionnaire was an item requesting the participant to state his age. Four categories (20-34 age group, 35-44 age group, 45-55 age group, and over 55 age group) were used to determine this characteristic. A total of 696 respondents checked this item.

20-34 age group. For this age group, it was found that 287 or 41.2 percent of the participants were of this age group. Altoona-Midway had three respondents in this category for .4 percent. Chanute recorded 32 in this age group or 4.6 percent. Twenty-eight respondents from Erie checked this age for 4 percent. Humboldt showed 40 in this group or 5.7 percent. Fifty-four participants in Iola were of this category or 7.8 percent returned the instrument. In Moran, 49 of the 20-34 age returned it or 7 percent. St. Paul had 27 in this group for 3.9 percent return. Thayer returned 38 or 5.5 percent were of this category.

Sixteen respondents in Yates Center were of the ages 20-34 for a 2.3 percent return.

35-44 age group. In the second category, respondents whose ages were 35-44 totaled 164. This was equivalent to 23.6 percent of the returns. Altoona-Midway recorded one in this category or .1 percent. Thirteen in Chanute were of this age group or 1.9 percent. Erie had 20 participants in this division for 2.9 percent. In Humboldt, 33 respondents were in this age group resulting in 4.8 percent. Twenty-six persons from Iola checked this category or 3.8 percent. Moran recorded 15 (2.2 percent), and St. Paul had the same number. Thirty-two (4.6 percent) participants in Thayer were of these ages. Lastly, in Yates Center, 9 persons (1.3 percent) were of the ages 35-44.

45-55 age group. This division was the third category in which a total of 148 (21.3 percent) participants checked. Of this 148, none were from the Altoona-Midway community. Four persons in Chanute were of this age group or 3 percent. Forty-one respondents from Humboldt checked this category resulting in 5.9 percent. Iola had 24 participants of these ages (3.4 percent). Nine of the responses from Moran were in this division or 1.3 percent. While St. Paul had 16 (2.3 percent), Thayer recorded 21 (3 percent). Yates Center had 12 respondents check this group (1.8 percent).

Over 55 age group. The last classification recorded a total participation of 97 responses for 13.9 percent return. Of these 97 responses, none were from the Altoona-Midway community. Nine persons from Chanute checked this age or 1.3 percent. In Erie, 14 (2 percent) persons were over 55 years old. Humboldt recorded 29 (4.2 percent) in

this age group. Iola had 9 (1.3 percent) and Moran had 4 (.5 percent). Twenty-seven respondents from St. Paul or 1.6 percent checked this item. While Thayer had 9 (1.3 percent), Yates Center recorded 12 (1.8 percent).

The table on the following page (Table 3) summarizes the findings of the data in relation to the ages of the participants. It is divided so all responded to age groups are recorded by communities.

#### Sex of the Respondents

Another item on the questionnaire requested the participant to state his sex. A total of 662 respondents gave this information. Three hundred seven of the participants were male, while 355 respondents were female. Therefore, the male returns accounted for 46.4 percent and the female returns totaled 53.6 percent. Table 4, p. 30, states the percentages of each sex from each community.

#### Economic Status of the Respondents

One item asking the participant to give his economic status was also included on the questionnaire. He was to respond either lower, middle, or upper depending on his own income. The total number of responses to this item tallied 684. The lower status claimed 61 (8.9 percent) responses, the middle category had a overwhelming number of replies, 598 (87.4 percent) and the upper status recorded only 25 (3.7 percent) responses. The breakdown of each category for each community is shown by the table appearing on page 30, Table 5.

Table 3

Community and Age Group Classification According to  
Number and Percentage of Responses

| Community      | 20-34       | 35-44       | 45-55       | Over 55    | Total       |
|----------------|-------------|-------------|-------------|------------|-------------|
| Altoona-Midway | 3 (0.4%)    | 1 (0.1%)    | - (0.0%)    | - (0.0%)   | 4 (0.5%)    |
| Chanute        | 32 (4.6%)   | 13 (1.9%)   | 4 (0.5%)    | 9 (1.3%)   | 58 (8.3%)   |
| Erie           | 28 (4.0%)   | 20 (2.9%)   | 21 (3.0%)   | 14 (2.0%)  | 83 (11.9%)  |
| Humboldt       | 40 (5.7%)   | 33 (4.8%)   | 41 (5.9%)   | 29 (4.2%)  | 143 (20.6%) |
| Iola           | 54 (7.8%)   | 26 (3.8%)   | 24 (3.4%)   | 9 (1.3%)   | 113 (16.3%) |
| Moran          | 49 (7.0%)   | 15 (2.2%)   | 9 (1.3%)    | 4 (0.5%)   | 77 (11.0%)  |
| St. Paul       | 27 (3.9%)   | 15 (2.2%)   | 16 (2.3%)   | 11 (1.6%)  | 69 (10.0%)  |
| Thayer         | 38 (5.5%)   | 32 (3.0%)   | 21 (3.0%)   | 9 (1.3%)   | 100 (14.4%) |
| Yates Center   | 16 (2.3%)   | 9 (1.3%)    | 12 (1.8%)   | 12 (1.8%)  | 49 (7.1%)   |
| Total          | 287 (41.2%) | 164 (23.6%) | 148 (21.3%) | 97 (13.9%) | 696         |

Table 4  
Number and Percentages of Each Sex Responding  
in Each Community

| Community      | Number of<br>males | Number of<br>females | Total       |
|----------------|--------------------|----------------------|-------------|
| Altoona-Midway | 2 (0.3%)           | 2 (0.3%)             | 4 (0.6%)    |
| Chanute        | 15 (2.3%)          | 30 (4.5%)            | 45 (6.8%)   |
| Erie           | 41 (6.2%)          | 43 (6.5%)            | 84 (12.7%)  |
| Humboldt       | 68 (10.3%)         | 70 (10.6%)           | 138 (20.9%) |
| Iola           | 58 (8.8%)          | 51 (7.7%)            | 109 (16.5%) |
| Moran          | 33 (5.0%)          | 42 (6.3%)            | 75 (11.3%)  |
| St. Paul       | 31 (4.7%)          | 37 (5.6%)            | 68 (10.3%)  |
| Thayer         | 42 (6.3%)          | 50 (7.6%)            | 92 (13.9%)  |
| Yates Center   | 17 (2.6%)          | 30 (4.5%)            | 47 (7.1%)   |
| <b>Total</b>   | <b>307 (46.4%)</b> | <b>355 (53.6%)</b>   | <b>662</b>  |

Table 5  
Number and Percentages of Each Economic Status  
According to Each Community

| Community      | Lower            | Middle             | Upper            | Total       |
|----------------|------------------|--------------------|------------------|-------------|
| Altoona-Midway | - (0.0%)         | 4 (0.6%)           | - (0.0%)         | 4 (0.6%)    |
| Chanute        | 6 (0.9%)         | 47 (6.9%)          | - (0.0%)         | 53 (7.8%)   |
| Erie           | 6 (0.9%)         | 75 (11.0%)         | 2 (0.3%)         | 83 (12.1%)  |
| Humboldt       | 11 (1.6%)        | 122 (17.9%)        | 10 (15.0%)       | 143 (21.0%) |
| Iola           | 8 (1.2%)         | 102 (14.9%)        | - (0.0%)         | 110 (16.1%) |
| Moran          | 5 (0.7%)         | 71 (10.4%)         | 1 (0.1%)         | 77 (11.2%)  |
| St. Paul       | 4 (0.6%)         | 62 (9.1%)          | 3 (0.4%)         | 69 (10.1%)  |
| Thayer         | 14 (2.0%)        | 75 (11.0%)         | 8 (1.2%)         | 97 (14.2%)  |
| Yates Center   | 7 (1.0%)         | 40 (5.8%)          | 1 (0.1%)         | 48 (7.0%)   |
| <b>Total</b>   | <b>61 (8.9%)</b> | <b>598 (87.4%)</b> | <b>25 (3.7%)</b> | <b>684</b>  |

### Occupations of the Respondents

Another item on the questionnaire requested the participant to state his occupation. A total of 653 responses was received on this item. The occupations given were then classified into nine major categories. The largest category was the professionals (lawyers, teachers, doctors, etc.) with 121 responses (18.5 percent). The second largest division was the laborers with 114 responses for 17.5 percent. Next was the housewife category, having 107 responses (16.4 percent). Farmers and businessmen tied for fourth and fifth with 90 responses each or 15 percent each. The sixth classification was the secretaries, 41 responses or 6.3 percent. The division following with 40 responses (6.1 percent) was the students. Government officials ranked next with 22 answers for 3.4 percent. The retired category came in last with 12 responses (1.8 percent). An entire summary of all occupations from each community is tabled on the following page, Table 6.

### STATISTICAL ANALYSIS

In analyzing the responses from the questionnaires received for the 728 participants of the various locations, the chi-square was the most appropriate. Also used was the contingency coefficient to determine the degree of relationship between the independent and dependent variables and the moderator variables as well.

### Location of the Communities

The chi-square test was utilized to determine if a significant relationship existed between the attitudes of the communities that had trainable mentally handicapped classrooms and those communities that did not have trainable mentally handicapped classrooms. For this



Table 6

Occupations and Number of Responses and Percentages  
of Returns of Each Community

| Communi-<br>nity   | Housewife  | Business  | Profes-<br>sional | Govern-<br>ment | Secre-<br>tary | Laborer    | Student  | Farmer    | Retired  | Total      |
|--------------------|------------|-----------|-------------------|-----------------|----------------|------------|----------|-----------|----------|------------|
| Altoona-<br>Midway | --(0.0%)   | --(0.0%)  | 4(0.6%)           | --(0.0%)        | --(0.0%)       | --(0.0%)   | 1(0.1%)  | --        | --       | 5(0.7%)    |
| Chanute            | 7(1.0%)    | 6(0.9%)   | 18(2.7%)          | 1(0.1%)         | 3(0.5%)        | 6(0.9%)    | --       | 4(0.6%)   | --       | 45(6.9%)   |
| Erie               | 15(2.3%)   | 9(1.4%)   | 16(2.4%)          | 3(0.5%)         | 7(1.0%)        | 9(1.4%)    | 4(0.6%)  | 17(2.6%)  | 2(0.3%)  | 82(12.6%)  |
| Humboldt           | 27(4.1%)   | 23(3.5%)  | 21(3.2%)          | 5(0.8%)         | 6(0.9%)        | 21(3.2%)   | 3(0.5%)  | 23(3.5%)  | 7(1.0%)  | 136(20.9%) |
| Iola               | 13(2.0%)   | 32(4.9%)  | 13(2.0%)          | 5(0.8%)         | 9(1.4%)        | 21(3.2%)   | 2(0.3%)  | 8(1.2%)   | 1(0.1%)  | 104(15.9%) |
| Moran              | 8(1.2%)    | 1(0.1%)   | 11(1.7%)          | --              | 3(0.5%)        | 19(2.9%)   | 27(4.1%) | 5(0.8%)   | --       | 74(11.3%)  |
| St. Paul           | 18(2.7%)   | 15(2.3%)  | 9(1.4%)           | 3(0.5%)         | 2(0.3%)        | 9(1.4%)    | --       | 11(1.7%)  | --       | 67(10.3%)  |
| Thayer             | 12(1.8%)   | 5(0.8%)   | 14(2.1%)          | --              | 9(1.4%)        | 24(3.7%)   | 2(0.3%)  | 27(4.1%)  | 2(0.3%)  | 95(14.5%)  |
| Yates<br>Center    | 7(1.0%)    | 7(1.0%)   | 15(2.3%)          | 5(0.8%)         | 2(0.3%)        | 5(0.8%)    | 1(0.1%)  | 3(0.5%)   | --       | 45(6.8%)   |
| Total              | 107(16.4%) | 98(15.0%) | 121(18.5%)        | 22(3.4%)        | 41(6.3%)       | 114(17.5%) | 40(6.1%) | 98(15.0%) | 12(1.8%) | 653        |

comparison, the total number of positive and negative scores were calculated and tabled. In order for a score to be considered positive, the total number of points obtained by the individual on the questionnaire must have been 45 or higher. The negative scores were those equalling 44 or lower. The entire range of all the scores began at 27 and ended at 74. The lowest score possible was 15 while the highest was 75.

From the 728 respondents of the questionnaire that gave their community, 667 (91.6 percent) had positive scores. Sixty-one participants or 8.4 percent recorded negative scores. The chi-square table of observed and expected frequencies has been shown in Table 7 below.

Table 7

Chi-square and Contingency Coefficient Values Determined from the 728 Responses of the Various Communities Surveyed in Relation to Positive and Negative Scores

| Type of community             | Number of positive scores | Number of negative scores | Total |
|-------------------------------|---------------------------|---------------------------|-------|
| Locations with TMR classes    | 260* (245.5)**            | 8 (22.5)                  | 268   |
| Locations without TMR classes | 407 (421.5)               | 53 (38.5)                 | 460   |
| Total                         | 667                       | 61                        | 728   |

\* $O_f$  = observed frequencies

$$x^2 = 16.16$$

$$df = 1$$

\*\* $E_f$  = expected frequencies

$$C = .14$$

A chi-square value of 16.16 was calculated from the statistical analysis of this part of the questionnaire. Using one degree of freedom ( $df = 1$ ), the tabled value of  $x^2 \geq 3.84$  was needed to reject the null hypothesis at the .05 level of significance. Because the obtained

chi-square value was greater than the tabled value, the null hypothesis was rejected.

It was concluded that the observed frequencies were significantly different from the expected frequencies. Thus, this difference was too large to be attributed to chance alone. Therefore, there was a significant relationship between the independent variable (the communities with TMR rooms and the communities without these classes) and their response (dependent variable) on the entire questionnaire. The degree of relationship between these two variables was determined by the contingency coefficient to be .14 ( $C = 0.14$ ).

In the preceding chi-square table (Table 7) it can be observed that neither the attitudes of the locations with the TMR classes or the locations without these rooms met the expected frequencies. The locations with the trainable classes had more positive scores than expected while the locations without these facilities had less positive scores than expected.

#### Age of Participants

The chi-square test was also used to determine if a significant relationship in attitudes existed between the age groups of the respondents. These age groups were 20-34, 35-44, 45-55, and over 55. Again, the positive and negative scores were calculated and recorded to test this difference.

Of the 696 participants that stated their age, 640 (91.9 percent) responded positively. Fifty-six, or 8.1 percent, of the total participants indicated they had negative feelings toward the trainable retarded

persons. The observed and expected frequencies for the chi-square test have been calculated in Table 8.

Table 8

Chi-square and Contingency Coefficient Values Determined from 696 Participants of Various Age Groups Surveyed in Relation to Positive and Negative Scores

| Age group | Number of positive scores | Number of negative scores | Total |
|-----------|---------------------------|---------------------------|-------|
| 20-34     | 268* (263.9)**            | 19 (23.1)                 | 287   |
| 35-44     | 151 (150.8)               | 13 (13.2)                 | 164   |
| 45-55     | 133 (136.1)               | 15 (11.9)                 | 148   |
| Over 55   | 88 (89.2)                 | 9 (7.8)                   | 97    |
| Total     | 640                       | 56                        | 696   |

\* $O_f$  = observed frequencies

$x^2 = 2.02$

df = 3

\*\* $E_f$  = expected frequencies

C = .05

The obtained chi-square value of 2.02 was figured for this aspect of the questionnaire. The tabled  $x^2 \geq 7.82$  was needed to reject the null hypothesis at the .05 level of significance for three degrees of freedom (df = 3). Since the obtained value of chi-square was only 2.02, the null hypothesis was retained.

The observed frequencies and the expected frequencies did not differ very much. Therefore, there was not a significant relationship between the independent variable (the ages of the respondents) and the dependent variable, in this case the attitudes of the participants. The contingency coefficient (C = .05) of .05 indicated the degree of relationship between the two variables.

### Sex of the Respondents

In determining if a significant relationship existed between the sex of the participants and their attitudes, the chi-square test was also utilized. The positive and negative scores were tabulated and recorded for use in this test.

From the answers on the questionnaire, it was found that a total of 662 persons completed this item. Six hundred thirteen people, or 92.6 percent, indicated positive feelings toward the retarded. Forty-nine persons or 7.4 percent had negative responses. The observed and expected frequencies for the chi-square test have been calculated and shown below in Table 9.

Table 9

Chi-square and Contingency Coefficient Values Determined from the 662 Responses in Relation to Positive and Negative Scores with respect to the Sex of the Participant

| Sex of the participant | Number of positive scores | Number of negative scores | Total |
|------------------------|---------------------------|---------------------------|-------|
| Males                  | 275* (284.3)**            | 32 (22.7)                 | 307   |
| Females                | 338 (328.7)               | 17 (26.3)                 | 355   |
| Total                  | 613                       | 49                        | 662   |

\* $O_f$  = observed frequencies

$$x^2 = 8.99$$

$$df = 1$$

\*\* $E_f$  = expected frequencies

$$C = .11$$

The obtained value of chi-square was figured to be 8.99 for this item. The tabled value  $x^2 \geq 3.84$  was needed to warrant rejection of the null hypothesis at the .05 level of significance. Thus, since 8.99 was greater than the tabled amount, rejection of the null hypothesis was indicated.

It can be concluded that the observed frequencies differed significantly from the expected frequencies. The male responses were less positive than expected and had more negative scores than expected. The females had more positive scores than anticipated while having less negative scores than expected. Chances were 95 out of 100 that this discrepancy was due to other factors than just random sampling error. There was a significant relationship between the attitudes of the respondents and their sex. The contingency coefficient ( $C = .11$ ) indicated the degree of this relationship.

#### Economic Status of the Participants

On the questionnaire, the participants were asked to state their economic level in relation to lower, middle, and upper. A total of 684 persons answered this item. Of these 684 responses, 629 or 91.9 percent had positive attitudes. Fifty-five (8.1 percent) responded negatively. The number of positive and negative scores were calculated. The observed and expected frequencies were tabulated and indicated by the table appearing on the following page.

The obtained value for chi-square was 3.03. The tabled value for chi-square at the .05 level of significance with two degrees of freedom was  $\chi^2 \geq 5.99$ . Thus, the null hypothesis was retained because the chi-square value was less than the tabled value. That is, there was no significant relationship between the attitudes of the respondents and their economic status. The contingency coefficient was calculated to be .06 ( $C = .06$ ), indicating the degree of relationship between the two variables.

Table 10

Chi-Square and Contingency Coefficient Values from the 684 Respondents of Positive and Negative Scores with Respect to the Economic Status of the Participant

| Economic status | Number of positive scores | Number of negative scores | Total |
|-----------------|---------------------------|---------------------------|-------|
| Lower           | 53* (56.1)**              | 8 (4.9)                   | 61    |
| Middle          | 554 (549.9)               | 44 (48.1)                 | 598   |
| Upper           | 22 (22.9)                 | 3 (2.0)                   | 25    |
| Total           | 629                       | 55                        | 684   |

\* $O_f$  = observed frequencies

$\chi^2 = 3.03$

df = 2

\*\* $E_f$  = expected frequencies

C = .06

#### Occupations of the Participants

Another item on the questionnaire requested the respondent to state his occupation. A total of 653 persons completed the question. Of this 653, 605 (92.6 percent) had positive attitudes while 48 or 7.4 percent had negative feelings. The observed and expected frequencies were determined and appear on the next page in Table 11.

The obtained value for chi-square was 12.37. The tabled value  $\chi^2 \geq 15.51$  was needed to warrant rejection of the null hypothesis at the .05 level of significance with eight degrees of freedom. Since 12.37 was less than the tabled amount, retention of the null hypothesis was indicated.

The observed and expected frequencies differed minutely, thus there was no significant relationship between the attitudes of the participants and their occupations. The contingency coefficient (C = .13) indicated the degree of this relationship.

Table 11

Chi-Square and Contingency Coefficient Values from 653 Participants  
of Positive and Negative Scores in Relation to  
Their Occupations

| Occupations  | Number of<br>positive scores | Number of<br>negative scores | Total |
|--------------|------------------------------|------------------------------|-------|
| Housewife    | 101* (99.1)**                | 6 (7.9)                      | 107   |
| Business     | 89 (90.8)                    | 9 (7.2)                      | 98    |
| Professional | 115 (112.1)                  | 6 (8.9)                      | 121   |
| Government   | 22 (20.4)                    | -- (1.6)                     | 22    |
| Secretary    | 36 (37.9)                    | 5 (3.0)                      | 41    |
| Laborer      | 108 (105.6)                  | 6 (8.4)                      | 114   |
| Student      | 37 (37.1)                    | 3 (2.9)                      | 40    |
| Farmer       | 88 (90.8)                    | 10 (7.2)                     | 98    |
| Retired      | 9 (11.1)                     | 3 (.9)                       | 12    |
| Total        | 605                          | 48                           | 653   |

\* $O_f$  = observed frequencies

$\chi^2 = 12.37$

df = 8

\*\* $E_f$  = expected frequencies

C = .13

### Summary

The only two items that did have a significant relationship between their two variables were the locations of the communities and the sex of the participants. The locations with the TMR classes did have significantly higher (more positive scores) than were expected. The locations without the trainable classes had less number of positive scores than was expected. The negative scores of both the groups were also different than expected. While the communities with the classes had less negative scores than expected, the other locations had more. The



location of a community did play a part in the attitudes of its population toward the trainable handicapped person. The sex of the respondents also had a significant difference in relation to the responses. While the males responded less than expected in the positive scores, the females responded more than was expected. The negative scores were just the opposite. The males had more negative scores than was expected while the females had fewer. Thus, the sex of the respondent did have a significant effect on the positiveness or negativeness of attitudes.

## Chapter 5

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Chapter 5 contains the last elements of the study: the summary, recommendations and conclusions. Discussion includes relevance of the research as well as practical applications of the findings.

#### THE SUMMARY

The study was developed to discover community attitudes toward the trainable mentally handicapped individuals. Nine areas in Southeast Kansas were the location for the distribution of questionnaires relating to these attitudes. The questionnaire itself contained fifteen multiple-choice questions and also asked the participants to state their age, occupation, sex, and economic status.

Of these nine locations, each area received 150 surveys. These were conducted and distributed through the area high school students. One thousand three hundred fifty questionnaires were handed out while 728 surveys were actually returned.

From the nine communities interviewed, three of them had TMR classrooms in their locality. These were Chanute, Humboldt, and Yates Center. The other six areas did not have these facilities. The six included in this group were Altoona-Midway, Erie, Iola, Moran, St. Paul, and Thayer. The findings were compared between the two groups to discover if either area had more positive feelings toward the TMR than the other.

The data concerning the study showed a significant relationship between the attitudes of the two groups. The area with the TMR classrooms did consistently score higher means by several points in all areas of comparison. This group ranked from one to three points higher in total averages based upon location, age, sex, occupation, and economic status. Since the score difference was small, it was concluded the localities with the TMR classes had slightly more positive attitudes toward the TMR persons than did the communities without these classes. The locations without the rooms did, however, score positive attitudes although the scores were a few points lower than the first groups'.

It was also found that females had higher positive feelings toward the retarded than did the males. This was true in all locations. Economic status had no relationship to more positive scores. Occupations also did not have much to do with higher positive scores. Various professions scored high while others scored lower. There was no detectable difference. The age factor also did not make a difference in scores.

#### RECOMMENDATIONS

Trainable teachers from other communities could profit by studying this project and its findings. Insight into the public could be provided as well as techniques for handling them. If the feelings of the population are made known, it seems much easier to deal with them. Although this study is from a certain area, the data provided possibly could be transferred to other areas similar to the one here. Several parents of retarded children were interviewed and completed a questionnaire. Thus, parental views were obtained. These views could

help the trainable teacher serve the needs of their children as well as the needs of the parents better. Also, the teacher could become a valuable asset in educating the public about retardation if needed.

Administrators and directors of a cooperative might also benefit from this project. The findings obtained and attitudes discovered might indeed well apply to their own location, if similar to the one surveyed. Since many cooperatives contain a wide area and a percentage of them will be farming communities, most of the data of this study could well be of interest to them. Insight into public education concerning special education might be obtained.

Students in the field of special education would also find the data included of interest. It could serve very useful to them and could contain pertinent information into the attitudes of the communities in which they may be teaching. The public's views would provide them with useful knowledge concerning the students of these areas.

### CONCLUSIONS

As a result of this investigation, various conclusions were made. Many different attitudes were uncovered, thus offering several practical applications for use of the obtained information.

The first conclusion pertained to the localities involved. Although the areas with the TMR rooms as well as the communities without these classes both had positive attitudes, there were several communities that had curiously frequent, low, negative scores. These areas were Erie and Thayer. Both the locations with these low scores were very small, farming localities. The attitudes from these areas tended to be negative, "hide the retarded in the closet", type of

feelings. This fact was indicated by written responses of participants. Various individuals stated that TMR persons were incapable of participating in community affairs. From these responses, the distinct and urgent need for public education in these areas about retardation was very apparent. Many people had no concept of trainable retarded persons, what they were or of what they were capable. A program to educate these communities about retardation would greatly aid these remote locations.

The second conclusion dealt with the responses of the females versus the males. The females consistently scored much higher and more positive scores than did the males, thus projecting the females of these areas had more positive attitudes toward the retarded than did the males. More females were interviewed than males making more views of the females being expressed than the males. However, females seemed much more aware and better informed toward the retarded than males, possibly because of the large percentage of women in education. A larger number of women were also present at the clubs and organizations interviewed, giving the impression females were more interested and involved than the men. Thus, from these observations arises the need for the education and involvement of the males in matters concerning retardation. A program to inform them about retardation, what it is and whom it concerns, would seem to greatly be of benefit to the males of these locations.

On the whole, of all nine locations together, positive attitudes prevailed. This was an outstanding fact. Because of the positive feelings indicated, it has been assumed much information about the retarded has been absorbed by most of the population. In the last few

years, the nation has been made increasingly aware of the plight facing our mentally handicapped citizens. Thus, many people have been educated on the subject through various sources, such as the newspapers, magazines, television, movies and radio. Only a short time ago, much more negative feelings probably would have been obtained. So although a few communities still are lacking information about retardation, much educating has been done in some areas.

The cooperative, in which all nine communities were located, can be benefited by the findings of this study. It concluded various localities had the need for education for the public concerning retardation. Also indicated was the need for a program aimed at the education of the males of the locations informing them about retardation in general. Now the cooperative has the information of the whereabouts of these negative attitudes and proceedings can be started to educate the public.

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## APPENDIX

This questionnaire is designed to measure the attitudes of various communities toward the trainable mentally retarded children and adults located in these areas. Included in this study are the communities of Chanute, Erie, Humboldt, Iola, Yates Center, St. Paul, Altoona-Midway, Moran and Thayer. I plan to compare the attitudes of the communities with trainable classrooms to the attitudes of those without these classes. However, this is not possible without the help and cooperation of you high school students. I would like for each of you to conduct fifteen interviews each. I realize this sounds like hard work but I have several reasons for needing this amount from ten students from each area. Only through extensive surveys can I discover all the attitudes of many different kinds of people. Thus fifteen interviews apiece is important to tabulate the varied answers. I do have a list of people that I want each of you to include in your interviews. They are as follows:

One small businessman or woman (grocery store owner, druggist, cafe owner, etc.)

One professional person (either sex, a lawyer, doctor, dentist)

One local leader such as Lions Club, Kiwanis, Jaycees.

One woman club leader (garden club, sorority, Professional Business Club)

One local government official (commissioner, mayor, city clerk)

One farmer and his wife

One townsperson of each sex in the following age groups (a total of eight persons):

20-35

36-44

45-55

Over 55

Hand the first part of the survey to the person being interviewed and let him fill it out. Then read the second part of the questionnaire carefully to each person. Do not let them fill it out by themselves as there are questions I want answered in the order they appear. Have the person pick only one of the answers provided unless otherwise stated. If their answer does not fit into any of the ones provided, please write their answer down beside that question and I will decide what to do. Thank you all for your help and cooperation.

This survey was designed to measure the attitudes of the various areas served in the counties of Anderson, Allen, Neosho, Wilson, and Woodson that compose the ANW Special Education Coop toward the trainable mentally retarded citizen. The results will be used in a research paper prepared to tabulate your answers. Your name will at no time be given and the answers you give will be held in strict confidentiality. The questionnaire was developed by a special education teacher in her efforts to acquire her MS degree.

Please fill in the following information:

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Sex: \_\_\_\_\_

Please check only one each in the following two items:

Economic Status: Lower\_\_\_\_\_ Middle\_\_\_\_\_ Upper\_\_\_\_\_

Age: 20-34\_\_\_\_\_ 35-44\_\_\_\_\_ 45-55\_\_\_\_\_ Over 55\_\_\_\_\_

Please check only one of the answers provided:

\_\_\_\_\_ A TMR is someone who looks very retarded and has no mental capacity at all. He is unable to function in society whatever and serves no purpose to himself or others.

\_\_\_\_\_ A Trainable Mentally Retarded is someone who has limited mental capacity but does offer productiveness to society. He is capable of some learning. He eventually will be able to lead a semi-independent life with the proper training and guidance.

\_\_\_\_\_ A TMR is someone who drools constantly and is unpleasant to be around. He looks retarded and acts very different from his normal peers. One is afraid of what he might do.

\_\_\_\_\_ A TMR is a slow learner. He is able to learn academic subjects such as math, reading and so on. However, he is slower to catch on and therefore behind his age in learning.

2. My experience with the retarded child or adult has been based on:

\_\_\_\_\_ My relation has one such person.

\_\_\_\_\_ My neighbor has had such a child or there has been a retarded person in the neighborhood.

\_\_\_\_\_ I have only seen a retarded person downtown and have not known one personally.

\_\_\_\_\_ I have seen a special education class.

\_\_\_\_\_ I have had them visit my employment.

\_\_\_\_\_ I have seen or known a retarded person through my church.

\_\_\_\_\_ I have never seen or known any such person.

\_\_\_\_\_ I have such a child or adult myself.

AT THIS POINT, I WOULD LIKE TO READ TO YOU AN ACCURATE DESCRIPTION OF THE TMR CHILD OR ADULT. THEREFORE AFTER THIS DESCRIPTION, YOU WILL KNOW THE KIND OF RETARDED PERSON WE ARE TALKING ABOUT.

THE TRAINABLE MENTALLY RETARDED PERSON USUALLY HAS AN IQ RANGE OF APPROXIMATELY 35-55. MORE IMPORTANT THAN IQ IS THE FUNCTIONING LEVEL OF THESE INDIVIDUALS. THEY ARE CAPABLE OF LEARNING ONLY LIMITED ACADEMIC ENDEAVORS (SIMPLE MATH, SIGHT READING OF SIGNS AND SUCH). HOWEVER, MUCH CAN BE ACCOMPLISHED THROUGH PROGRAMS OF TRAINING IN SELF-CARE AND SIMPLE VOCATIONAL SKILLS.

3. Does this definition differ from your original idea of the trainable mentally retarded person?

\_\_\_\_\_ yes

\_\_\_\_\_ no

\_\_\_\_\_ in some ways yes, in other ways no

4. I feel the best placement of the TMR child for educational purposes is:

\_\_\_\_\_ in a regular institution

\_\_\_\_\_ in the special self-contained classroom

\_\_\_\_\_ in the regular class

\_\_\_\_\_ in the regular class but with individual help

\_\_\_\_\_ in the special class but integrated into the regular class when possible

5. I feel the best place for the TMR adult is:

\_\_\_\_\_ with his parents if possible

\_\_\_\_\_ in the regular institution

\_\_\_\_\_ in a small village for the retarded

\_\_\_\_\_ in sheltered housing (supervised)

\_\_\_\_\_ on his own

6. From the five following traits or characteristics, check the ones you feel describe the trainable retarded. Check as many as you think apply.

\_\_\_\_\_ childlike

\_\_\_\_\_ unclean

\_\_\_\_\_ dangerous

\_\_\_\_\_ talk funny

\_\_\_\_\_ friendly

7. From this group of adjectives, check the ones that you feel apply to TMRs. Again check as many as you think apply.

\_\_\_\_\_ dull, lifeless

\_\_\_\_\_ talkative

\_\_\_\_\_ express individuality (all are not alike)

\_\_\_\_\_ immoral

\_\_\_\_\_ cannot talk

8. From these traits, pick the ones that you feel apply to TMRs.

\_\_\_\_\_ physically strong

\_\_\_\_\_ independent (can do things on their own)

\_\_\_\_\_ have poor health

\_\_\_\_\_ tend to wander off

\_\_\_\_\_ different looking

9. Physically speaking, my idea of the TMR is:

\_\_\_\_\_ All TMRs look different from normal people.

\_\_\_\_\_ Some of them look normal but not all of them.

\_\_\_\_\_ No TMRs look different.

\_\_\_\_\_ TMRs look alike.

\_\_\_\_\_ TMRs look like all other retarded people.

\_\_\_\_\_ All retarded people look different.



10. Would you accept a trainable adult as a boarder in your house?

- No, under no circumstances.
- Possibly, only if a close relative.
- Possibly, for a relative or a friend.
- Probably yes, but with some doubts.
- Definitely yes.

11. Would you invite a trainable adult to your church, club, or organization?

- No.
- I would think about it.
- Probably, if I knew the adult.
- I would not hesitate to do so.

12. Would you let your child play with a young trainable retarded child?

- No, under no circumstances.
- Probably not.
- Only if I supervised the play.
- Yes, if I could check on them once in a while.
- Yes, with no limitations.

13. Would you let your child play with an adult TMR?

- No, under no conditions.
- Probably not.
- Only if I supervised the play.
- Yes, if I could check on them once in a while.
- Yes.

14. Would you let a boarding house for the retarded be opened in your neighborhood?

\_\_\_\_\_ No.

\_\_\_\_\_ Probably not.

\_\_\_\_\_ Maybe.

\_\_\_\_\_ Yes.

\_\_\_\_\_ Yes and I would be a supporter.

15. Would you seek out the friendship of a TMR adult at work or at church?

\_\_\_\_\_ No.

\_\_\_\_\_ Probably not.

\_\_\_\_\_ Possibly if others did.

\_\_\_\_\_ Yes if others did.

\_\_\_\_\_ Yes.