

PRIMARY SCHOOL CHILDREN'S PERCEPTIONS AND  
UNDERSTANDINGS OF MENTAL RETARDATION

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How we perceive our environment becomes perhaps the chief psychological resource for our actions. Perception is the precursor of thought and thought the precursor of action. In a study of the perception of teachers by children, reported in 1978, Jackson pointed out how children's academic performance was influenced by their perception. Serot and Teevan (1961) noted that the child reacts to his perception of the situation and not directly to the situation itself.

Jackson (1974) reported some findings from a study of neighbourhood attitudes towards a Down's syndrome boy living in their midst and noted that three quarters of the adults would in general speak to the young person, two thirds felt uneasy when near the child and two thirds thought the child should be institutionalized though he was coping adequately.

Recently Voeltz (1980) has reported a study of the attitudes of children towards handicapped peers. It was noted that upper elementary age children, girls, and children in schools with most contact with severely handicapped peers expressed the most accepting attitudes.

This present study sought to examine children's perceptions of the mentally retarded as distinct from delineating derived underlying factors as a result of a factor analysis. Critical weighting has

been placed on these perceptions as a basis for intervention strategies.

#### METHOD

##### Subjects

A 63 item, two choice perception scale was administered to 1667 children in and around the metropolitan area of Hobart in Tasmania.

The sample consisted of all third through to sixth grade pupils in six primary schools. The age range was from 8 to 12 years. The schools were chosen so that all the social strata differences within the city would be represented. In order to do this we used the Australian Government Schools Commission Report on Disadvantaged and Advantaged schools. This report was commissioned by the Australian Government for the purposes of funding to schools in greatest need. Its chief criteria for classification was parental job rating, mean reading ability and mean I.Q.

Permission was obtained from the principals of the schools to administer the survey anonymously to all the children in grades three to six. Integration into the normal stream of education is a policy which the education department deems to be a responsible aim. At this stage however there are separate special schools and some special classes within schools. Thus the average child in the primary school will not have been confronted formally with the question of accepting children who are mentally handicapped. Apart from this there were no other selectional factors which were operating. However because we had an index of disadvantage we were able to select those schools which were the most advantaged and those which were the most disadvantaged and make a comparison of the children's responses.

One school, as part of its policy, had made a special attempt to make contact with and exchange visits with a school for moderately mentally retarded children. This provided a small contrasting sample to do some preliminary work relating to contact as a variable.

##### Instruments and Procedure

As indicated a questionnaire consisting of 63 items involving a YES/NO response format was designed. The questionnaire was designed to tap 'ordinary' children's perceptions and stereo-types towards six areas of mental handicap. These were, (i) their perception of the learning abilities and competencies of the mentally handicapped child (Items 1, 5, 6, 11, 30 and 34), for example, *Can mentally handicapped children usually learn to read?* (ii) their perception of the personal attributes of mentally handicapped children. For example, *Do mentally handicapped children usually keep themselves just as clean and tidy as children like you?* (48) (Items 3, 21, 26, 28, 29, 33, 37, 40, 44, 46, 48, 50, 51, 52, 54, 56, 57, 60, 61 and 63); (iii) their wish for more contact with the mentally handicapped (Items 8, 12, 14, 24, 38, 41, 45 and 53). An example of this area is *Would you be willing to play with mentally handicapped children?* (14). (iv) A fourth area which the questionnaire tapped was that of deviance and mental handicap (Items 4, 10, 13, 18 and 25). An example in this area was, *Do mentally handicapped children steal more than children like you?* (10); (v) The fifth area probed dealt with normal children's perceptions of the degree that mentally handicapped children should exercise over their own lives (Items 2, 7, 15, 19, 20, 22, 27, 36, 39, 43, 47, 49, 55, 58, 59, 62). Question 43 is illustrative of this area, *Should mentally handicapped children usually be able to obtain a driver's licence when they are old enough?*; (vi) The final area of concern which the questionnaire probed was the perceived causes of mental handicap (Items 9, 16, 31, 35 and 42). Question 9 illustrates this area, *Can you become mentally handicapped if you play with mentally handicapped children?*

The final wording and forced choice technique of YES/NO responding was arrived at after a pilot sample of sixty children was tested.

A manual of instructions was designed for the test administrators. This was designed so that teachers could be utilized. The survey booklet contained an introductory note about mentally handicapped children, a note about anonymity and some practice questions which clarified the child's ability to follow instructions. Finally children were told they could take as long as they liked and that there were no right or wrong answers.

The schools were surveyed over a two week period using staff from the department of Special Education and teachers. The tests were administered to a group, the class size of which was generally not more than twenty five.

#### Validity and Reliability of the Instrument

Items were constructed as a result of familiarity with the kinds of things children say about the handicapped. Perceived prevailing stereotypes, perceptions and attitudes were phrased into the question form. Face validity was therefore high. It was not possible to get an outside validity measure in the usual sense. Validity of responding was measured by the degree of agreement between a series of virtually paired identical items. The results of this analysis showed that there was an overall 88 percent of respondent consistency. For example, Question 3 asked, "Do mentally handicapped children usually need more sympathy and understanding than children like you?", and Question 61 asked, "Do mentally handicapped children usually need more love and attention than children like you?". It would be predicted that if they said YES on Question 3 they would almost certainly say YES on Question 6.

Items with a highly similar meaning produced high consistency across schools and across grades (88%). Items with similar but less

identical meaning produced less consistency as would be predicted.

#### Statistical Analysis

Since the chief aim of the authors was to derive perceptions and stereotypes of mentally handicapped children, the notion of factor analyzing the data was rejected. By taking aspects of the sample such as the responses from children in the disadvantaged and advantaged areas, an analysis based on this variable was possible. Again, because of some evidence that younger children's perceptions and older children's perceptions might differ, an analysis based on the perceptions of children at grade 3 and grade 6 level was possible as well as an opportunity to examine changes in perception across age. A further analysis based on sex and perception was also made.

Because the questions were presented to a large sample and they were of the dichotomous type it was legitimate to use a chi-square test to analyze the differences for significance.

A separate analysis was done for many of the questions. The reason for doing this was that a significant proportion (50%) of the questions probed more in areas of knowledge and information which, if correct or incorrect, would have important implications. An example of this is Question 42, *Can children like you become mentally handicapped if their brain is damaged in an accident?* To this question over 91 percent of the sample replied NO. One of the first bases therefore of any integration program would be to ascertain those areas of ignorance and misinformation.

Analysis in terms of Advantage and Disadvantage and in terms of Young (grade 3) and Older (grade 6) proved to be fruitful areas of investigation. Analysis in terms of Sex however proved to be unfruitful.

## RESULTS

The results will be presented and discussed under the various headings which conceptualized the areas probed by the questionnaire. Where a range of percentages is reported, for example, between 70 and 90 percent, this refers to the percentage in grade 3 and the percentage at grade 6 level.

### 1. Perception and Stereotypes of the Learning Ability and Competencies of Mentally Handicapped Children

It is clear from the data in this area that normal children have an ambiguous perception of the mentally handicapped child's learning abilities. They virtually all categorically assert that they do not learn to do things more slowly and do not need to have things explained to them more carefully, which indicates that mental functioning is not easily perceived by primary school children (see Graphs 11 and 34). However when it comes to the perception of a more overt response such as "Can they learn to read?" (Graph 6), there is a significant difference between the younger advantaged children's perception of this phenomenon and their older counterparts. In addition the younger advantaged and disadvantaged perceive this significantly differently. Significantly more disadvantaged younger children say they will learn to read but this difference peters out at grade 6 level. We interpret this to mean that the younger children in disadvantaged schools have come from situations which are more tolerant of individual differences in the hurly burly of life.

### 2. Perceptions of Personal Attributes

Twenty one items relating to current stereotypes of mentally handicapped children were used to obtain responses in this area. Such words as 'confident', 'healthy', 'happy', 'natural', 'spastic' were used.

The results indicate that for 55 percent of the items in this section the majority of the sample held negative stereotypes or perceptions of the mentally handicapped. On one quarter of the items the majority of the sample held accurate perceptions of the stimulus dimensions probed and on the remaining quarter the sample held neither strongly negative or positive perceptions.

Inaccurate perceptions were illustrated by such responses as, "They don't need more love and attention" asserted by 90 percent (Graph 61); "They do need more sympathy and understanding" (95%, Graph 3).

They are seen as unfriendly (85%, Graph 50); not able to keep themselves clean and tidy (76%, Graph 48). The disadvantaged, however, are much surer of this than the advantaged and differ in that significantly more of the latter think they are unable to keep themselves clean and tidy. They were categorically seen as not needing a nice home (97%, Graph 12) which confirms their earlier perceptions about placement.

In fact, none of the perceptions of personal attributes was accurate. On a personal basis, therefore, such negative or inaccurate stereotypes would distance the normal group from the mentally handicapped.

### 3. The Perceived Control That the Mentally Handicapped Should Have Over Their Own Lives

Seventeen questions probed the stereotypes and perceptions held by normal children regarding the degree of control, independence and normalization the mentally handicapped should have over their own lives. In general the picture was negative. Of the 17 questions, eleven were responded to in such a way as to reveal strong negative stereotypes. One of the first questions asked was, *Should the mentally retarded live in special homes and hospitals?* The bulk of children at grade 3 level responded with a NO (5% disadvantaged,

25% advantaged). However by the time they reached grade 6 level this had reversed itself with 65 to 70 percent saying YES, they should (Graph 2). This would seem to mean that as they get older they more freely reflect societal stereotypes.

They were perceived as not having the right to visit places like normal children (70%, grade 3 to 90%, grade 6; Graph 17). It was said that they should not be allowed to mix with children like the respondents (65%, grade 3 to 90%, grade 6; Graph 19); that they should not work in ordinary jobs upon leaving school; did not need to be looked after more (a categorical 90% of all pupils) (Graph 39); have nothing to live for, 90 percent asserted; should not compete for jobs with normal people (though this rose from 60 percent at grade 3 saying YES to 70 percent at grade 6 saying NO); they should have to pay taxes (88%) and finally should not be allowed to vote (90%).

This portrays a rather dismal picture for the mentally handicapped in our community when such stereotypes and perceptions prevail. In general it was found that they do not believe that the mentally handicapped should be treated like normal children and people but rather should receive special treatment, being deprived of the opportunities and advantages of life but yet expected to take the dross of life at the same time.

#### 4. Desire for More Contact with the Mentally Handicapped

An analysis of the perceptions and stereotypes in relationship to the "more contact" categories in general revealed negative perceptions. Normal primary school children did not wish to visit special schools (85-92% NO, Graph 24); they did not wish to learn more about mentally handicapped pupils (80-90% NO, Graph 38); most do not want their parents to tell them more about the mentally handicapped; most felt uncomfortable when talking to the mentally handicapped; between

70 and 92 percent would not be willing to look after them.

#### 5. Perception of Deviance of Mentally Handicapped Pupils

It is interesting to note that virtually all the normal children perceive the mentally handicapped as cheating more but not stealing more (Graphs 10 and 18). This difference reflects an observation in life in general that people usually cheat more than they steal. When they were asked whether they could be relied upon to do the right thing or not there was no really strong feeling. However, significantly less disadvantaged children said YES than the advantaged across all grades.

#### 6. Perceptions of Causes of Mental Handicap

There was a gross misperception of the causes of mental handicap. Five questions attempted to probe perceptions and knowledge in this area and it was clear that there was virtually no appreciation of how a child could become mentally handicapped. Primary school children believe that a mentally handicapped child could not be born into anyone's family. This view was influenced by whether the child was in grade 3 or grade 6, significantly more grade 6 children saying that you could not! This was true for both advantaged and disadvantaged children (Graph 35). Secondly they believe you cannot become mentally handicapped if you have an accident and your brain is damaged. This view was expressed by 90 percent of the sample, advantage, disadvantage or age not being discriminating factors (Graph 42).

They overwhelmingly held the view that you could become mentally handicapped if you played with a mentally handicapped child, and it made no difference whether the child came from the advantaged or disadvantaged group, or whether the respondent was in grade 3 or grade 6 (Graph 9).



Further, it was their view that mentally handicapped children are not that way because their brain is affected in any way (Graph 16). A question relating to whether they were mentally handicapped because of something their parents did interestingly revealed no stereotype in any direction, all responses being around chance.

#### Across Categories Observations

There were a series of striking differences between the responses of the younger children and the older children in some of their perceptions as might be expected on a developmental interactional exposure model. This is illustrated by reference to two such instances:

Q. 21 Are they anything like you?

Q. 26 Are mentally handicapped children usually spastic as well?

In both these instances there was a dramatic change across grades from NO to YES in Q. 21 and from YES to NO for Q. 26. Two questions relating to control followed the same major shift. Question 2 asked, "Should mentally handicapped children usually live in special homes or hospitals?"

At grade 3 level for Question 2 the response was strongly YES but by grade 6 it was strongly NO.

A second phenomenon was noted in respect to a few items in which there was a striking downward trend. This is illustrated by the responses to Question 36 and Question 1. Question 36 asked, "Should all mentally handicapped children who leave school have to work in special work places where they can be supervised?" The grade 3 children began strongly by asserting NO (80%), but by the time we reach grade 6 the picture had reversed, 60 percent saying YES.

Question 1 which asked whether mentally handicapped children could learn to do many things, revealed a slide from 80 percent of the younger advantaged group saying YES to 30 percent at grade six level.

A final phenomenon which was revealed by these data related to the striking differences between the advantaged and the disadvantaged in their stereotypes in some areas only. The responses to Question 13 and 58 reflect this most dramatically.

Question 13 asked, "Can the mentally handicapped usually be relied upon to do the right thing?"

The majority of the advantaged said YES, whereas the majority of the disadvantaged said NO.

Question 58 relating to whether they should pay taxes showed this major disparity between the two groups, both said YES they should, but a significantly greater number of the disadvantaged said YES.

#### SUMMARY

This paper has attempted to examine the perceptions and stereotypes that normal primary school children hold in respect to the mentally handicapped. Mental handicap is not a visible and easily describable entity. It is only observable through the overt responses of subjects. In order to orient the subjects to the notion of mental retardation the authors had a brief introductory paragraph which read, "You are going to be asked to think about and give answers to a number of questions about mentally handicapped children. Sometimes these children are called mentally retarded or slow learners". Their responses clearly show that they hold some many serious misperceptions of the personal attributes, the learning abilities and the probability of deviance amongst the mentally handicapped. They

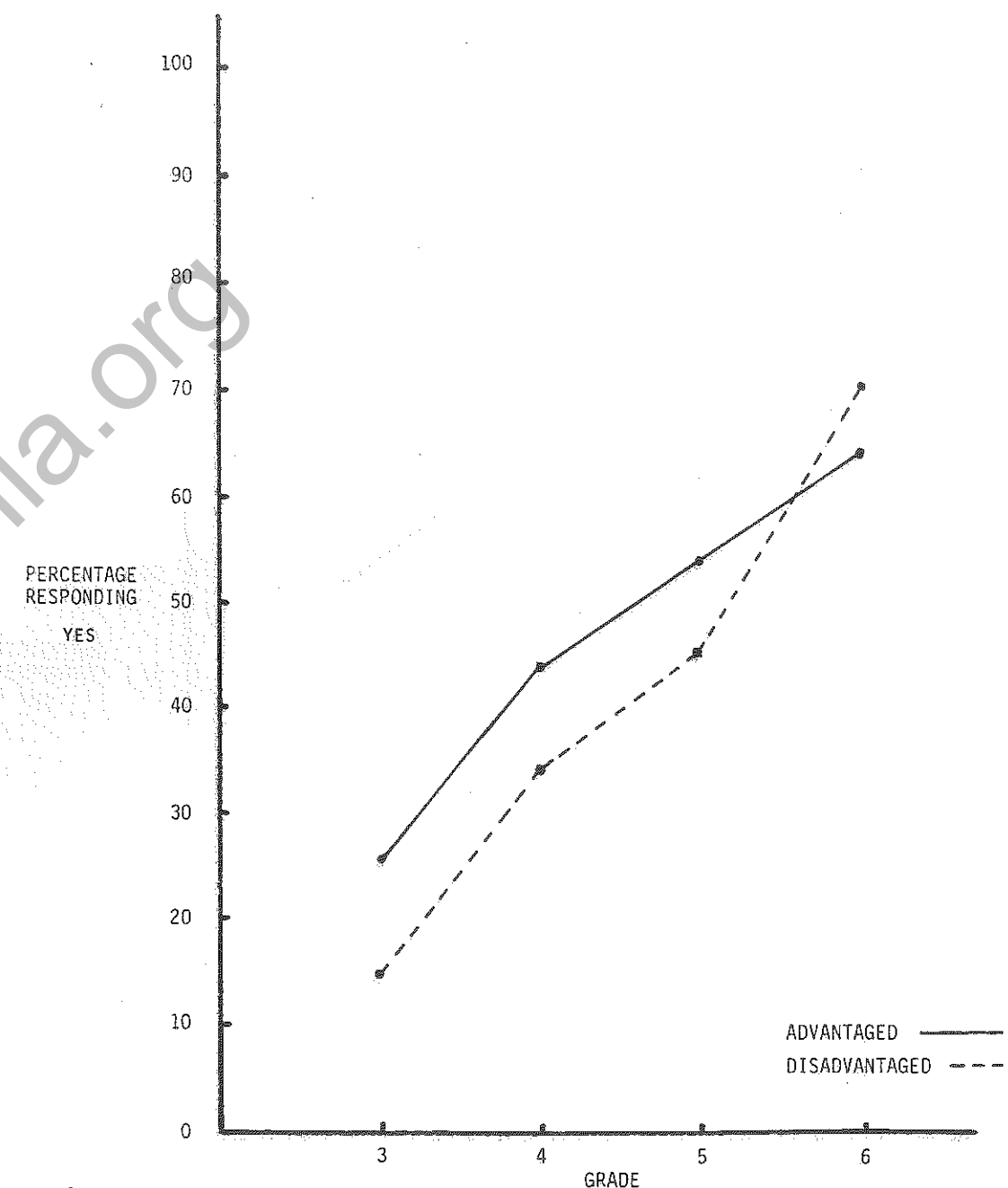
did not express any desire for closer contact with or knowledge about the mentally handicapped and believed that they should not have the same freedom to exercise control over their own lives as ordinary people.

Their knowledge and perceptions of causes were rather frightening. It is a matter of urgency that a facet of the educational curriculum be set aside for a consideration of individual differences in such a way as to make children familiar with less fortunate peers. This may be done with increased contact, films and booklets. This latter form is one which we are pursuing.

#### REFERENCES

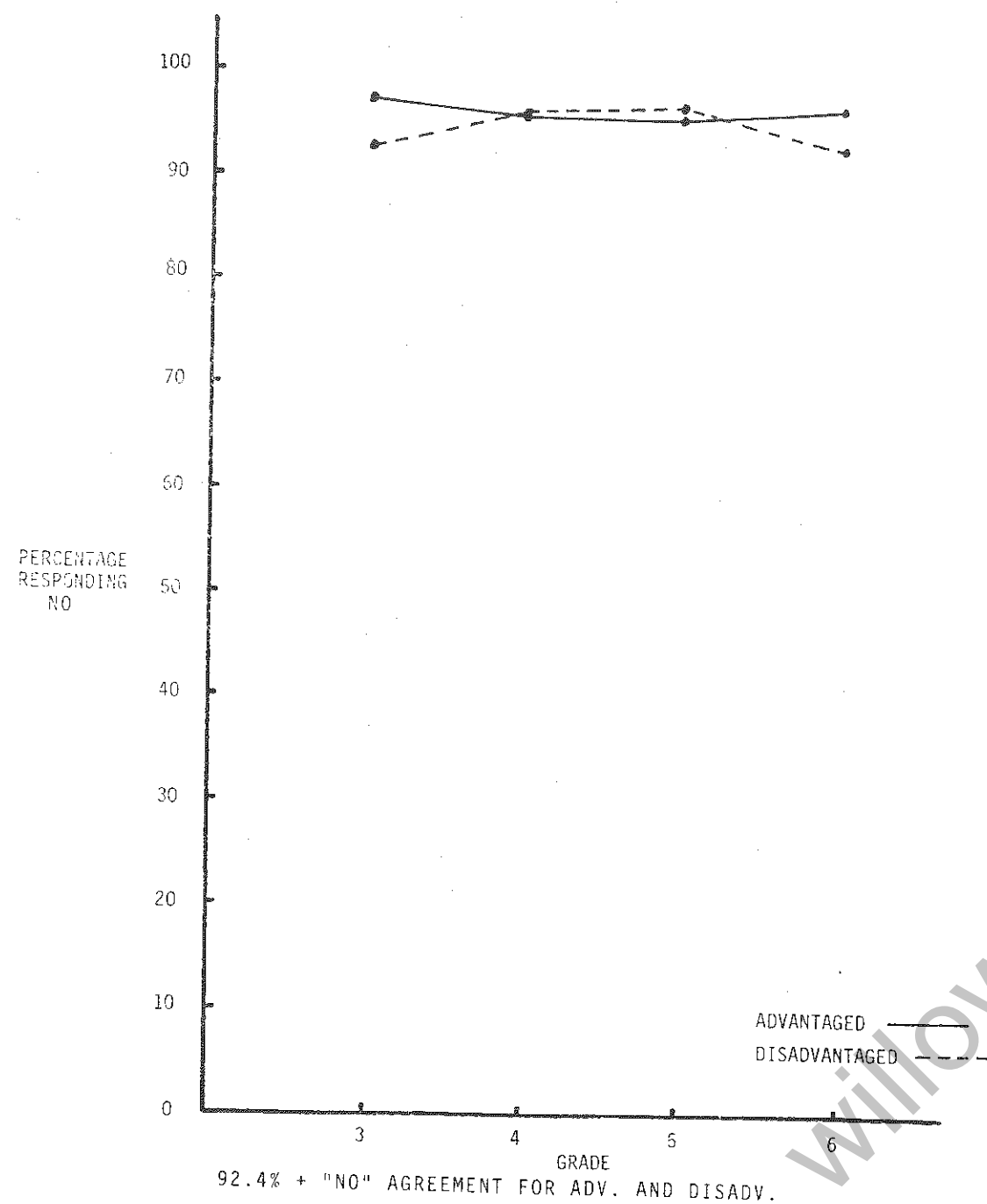
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- Jackson, M.S. Goodies and Baddies: How Children See Teacher. Hobart: Cat and Fiddle Press, 1978.
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- Voeltz, L.M. Children's attitudes toward handicapped peers. American Journal of Mental Deficiency, 1980, 84 (5), 455-464.

#### Q.2 SHOULD MENTALLY HANDICAPPED CHILDREN USUALLY LIVE IN SPECIAL HOMES OR HOSPITALS?

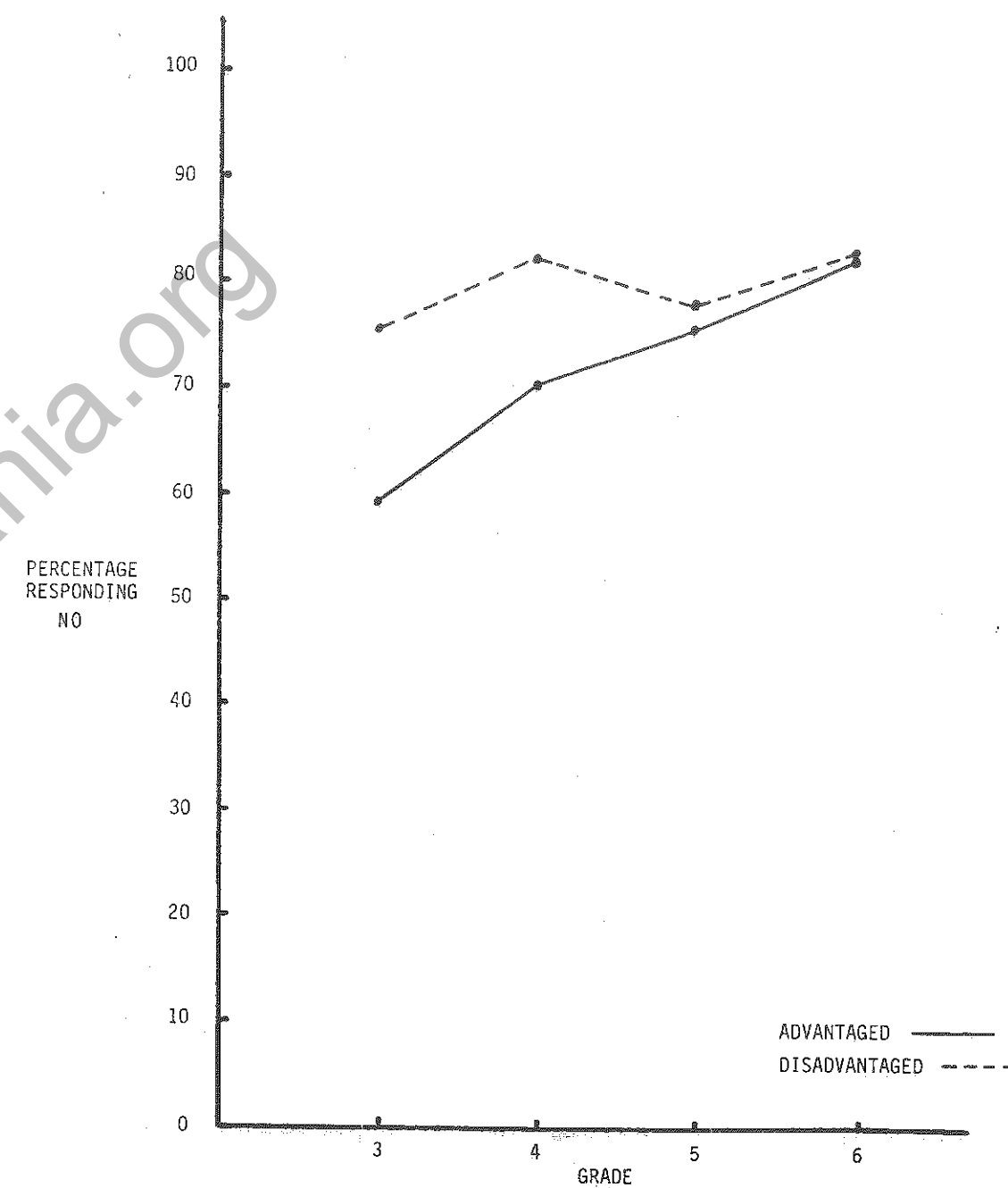


SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDES 3,4.  $p < 0.04$   
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV., AND  
 ADV. + DISADV.  
 $p < 0.001$

Q.3 DO MENTALLY HANDICAPPED CHILDREN USUALLY NEED MORE SYMPATHY AND UNDERSTANDING THAN CHILDREN LIKE YOU?



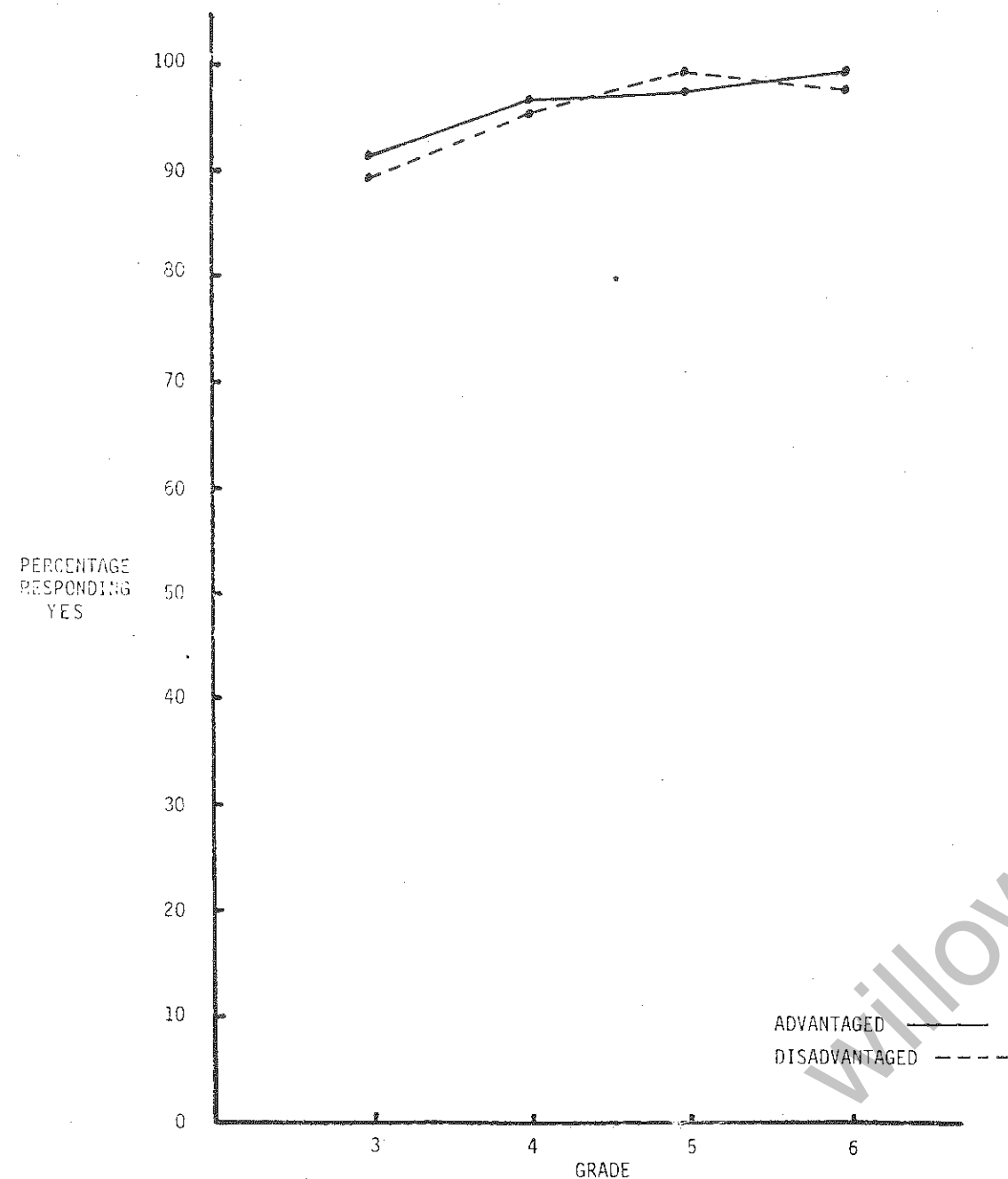
Q. 6 CAN MENTALLY HANDICAPPED CHILDREN USUALLY LEARN TO READ?



SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDES 3,4  $p < 0.008$   
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV. AND ADV. + DISADV.  
 $p < 0.0003$

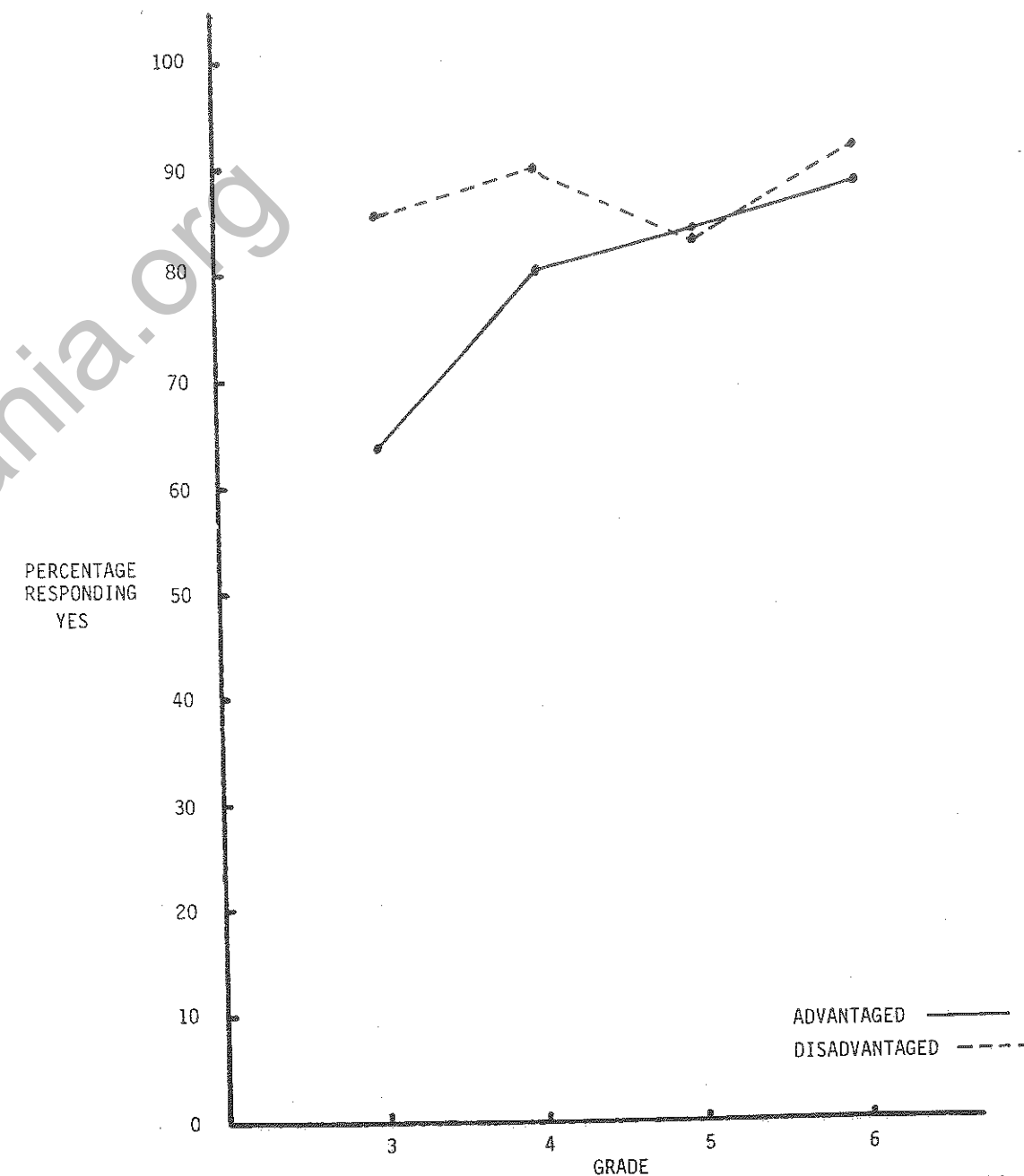


Q.9 CAN YOU BECOME MENTALLY HANDICAPPED IF YOU PLAY WITH MENTALLY HANDICAPPED CHILDREN?



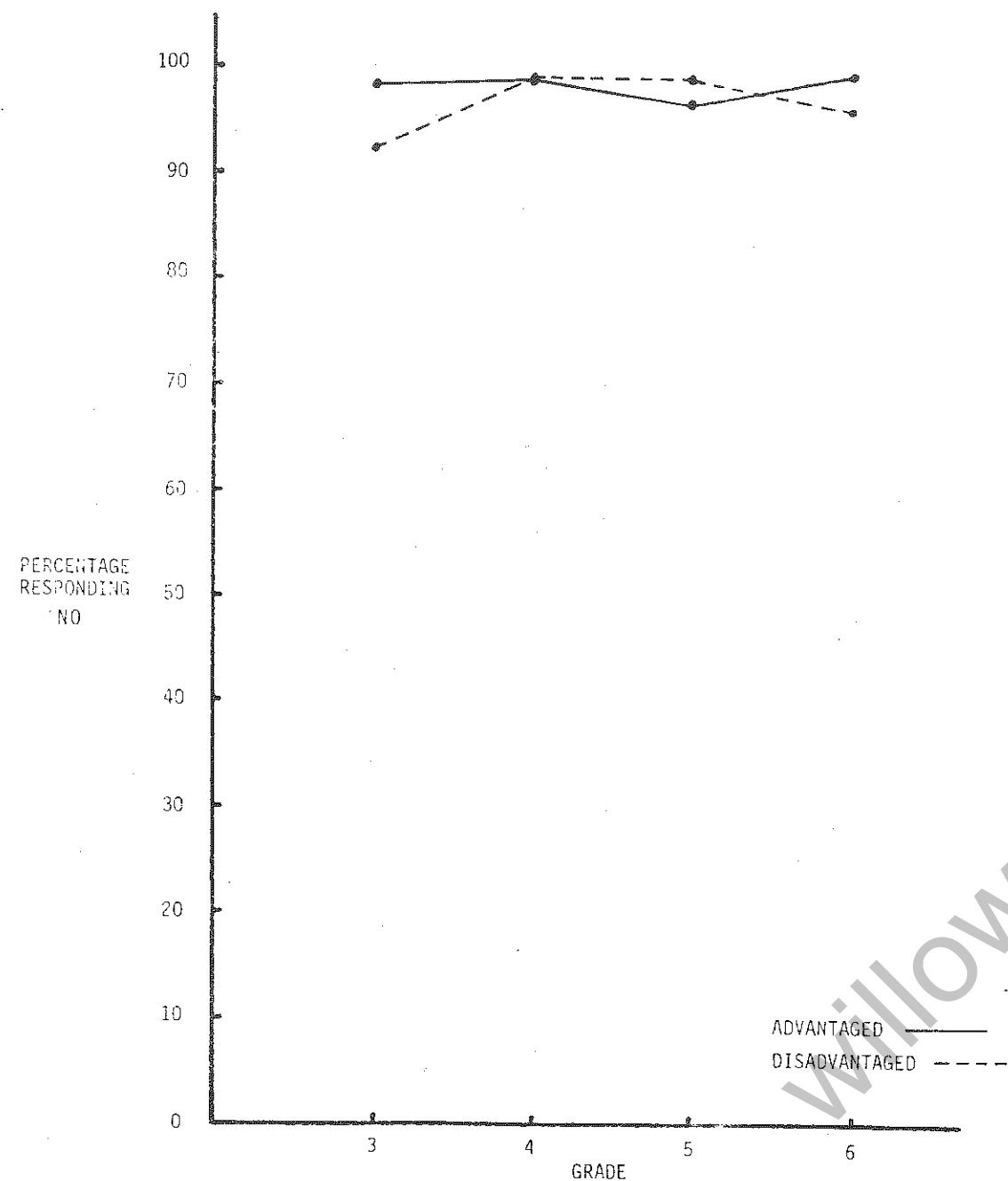
89.3% + "YES" AGREEMENT BETWEEN ADV. AND DISADV. AT GDES 3,4,5,6  
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV. AND ADV. + DISADV.  
 $p < 0.01$

Q.10 DO MENTALLY HANDICAPPED CHILDREN STEAL MORE OFTEN THAN CHILDREN LIKE YOU?



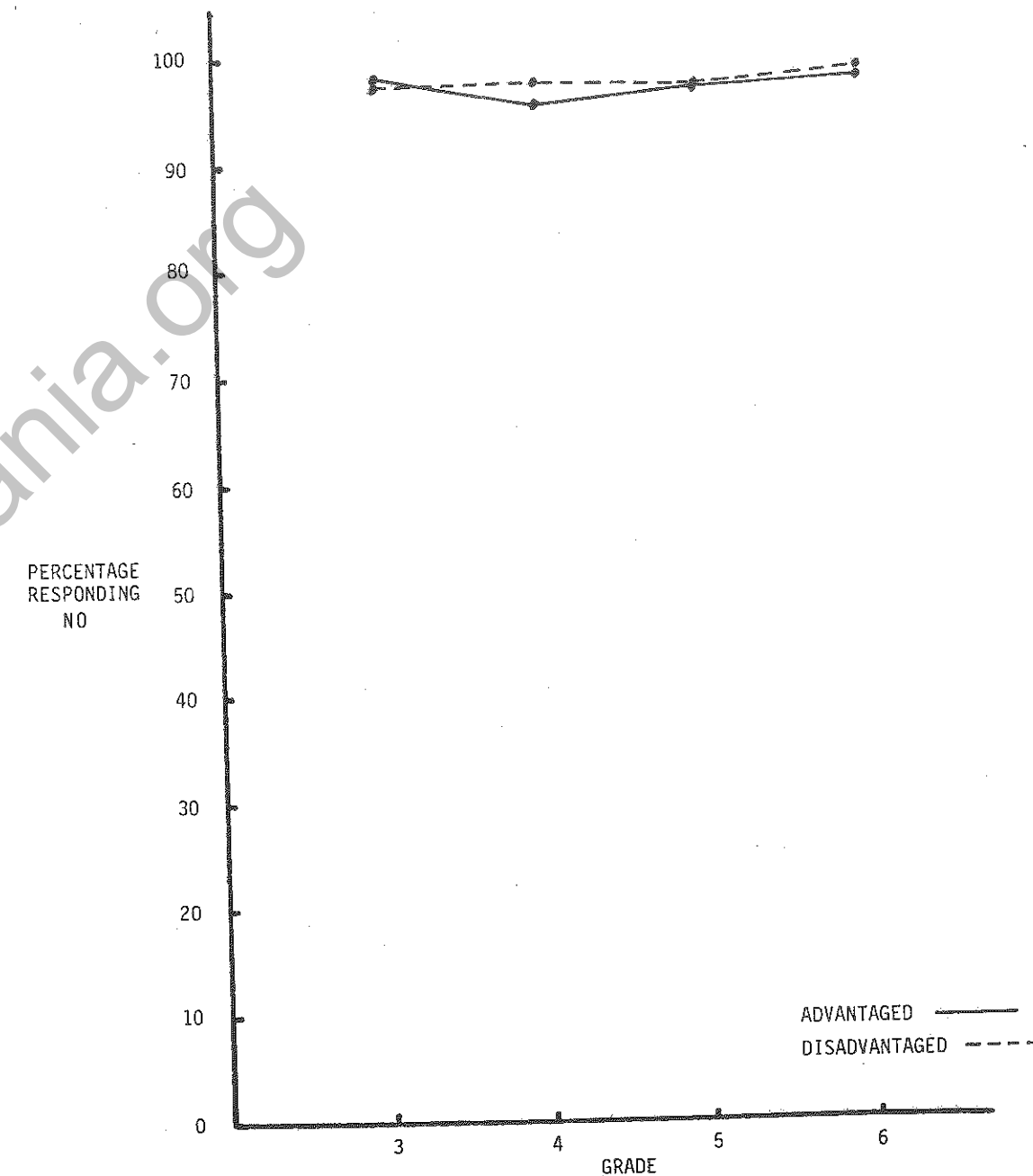
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDES 3,4.  $p < 0.003$   
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV. AND ADV. + DISADV.  
 $p < 0.0002$

Q.11 DO MENTALLY HANDICAPPED CHILDREN USUALLY LEARN TO DO THINGS MORE SLOWLY THAN CHILDREN LIKE YOU?



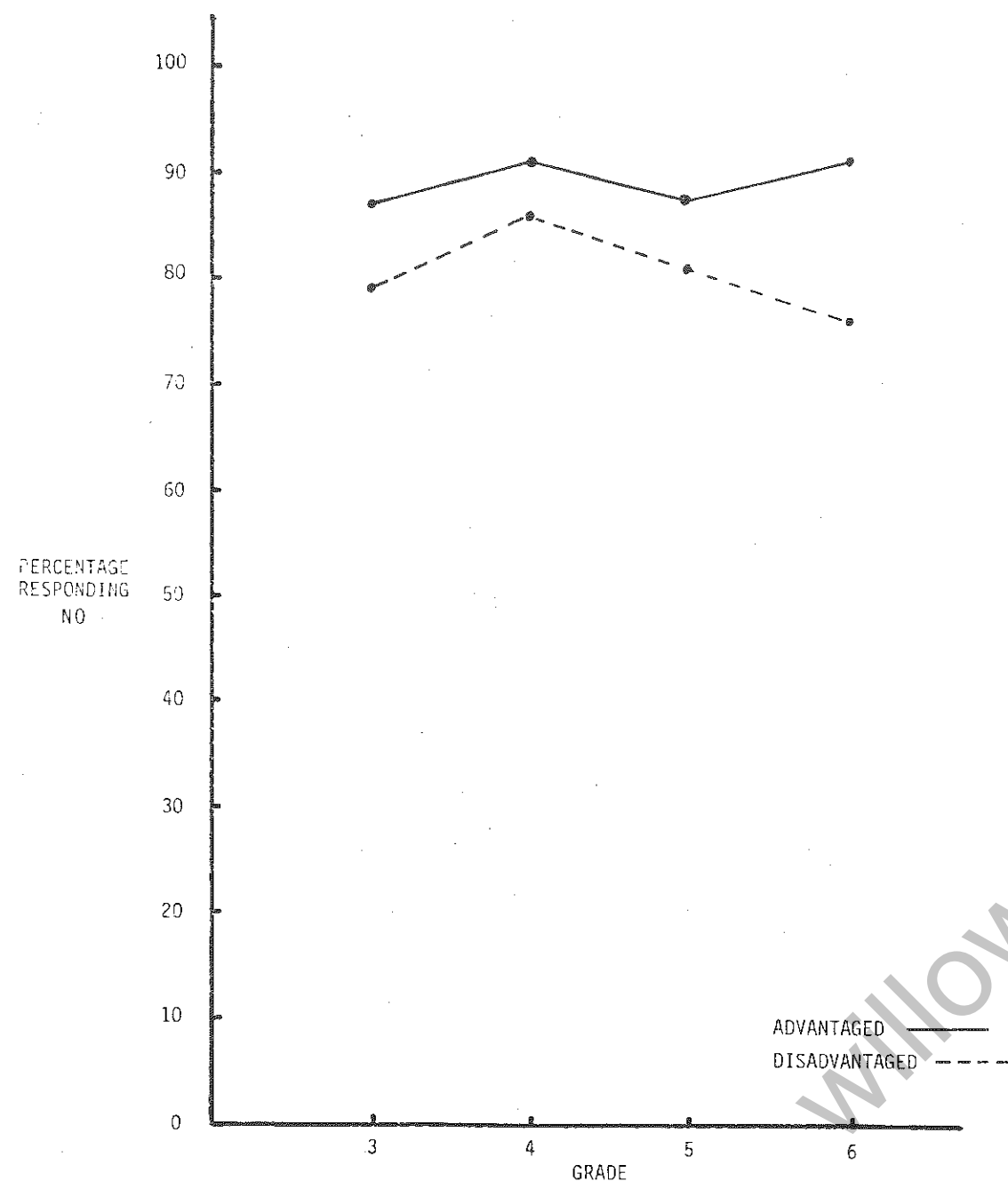
92.1% + "NO" AGREEMENT FOR ADV. AND DISADV. AT GDES 3,4,5,6  
SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV. + DISADV.  
 $p=0.03$

Q. 12 DO MENTALLY HANDICAPPED CHILDREN NEED A NICE HOME WITH GOOD PARENTS JUST THE SAME AS CHILDREN LIKE YOU?



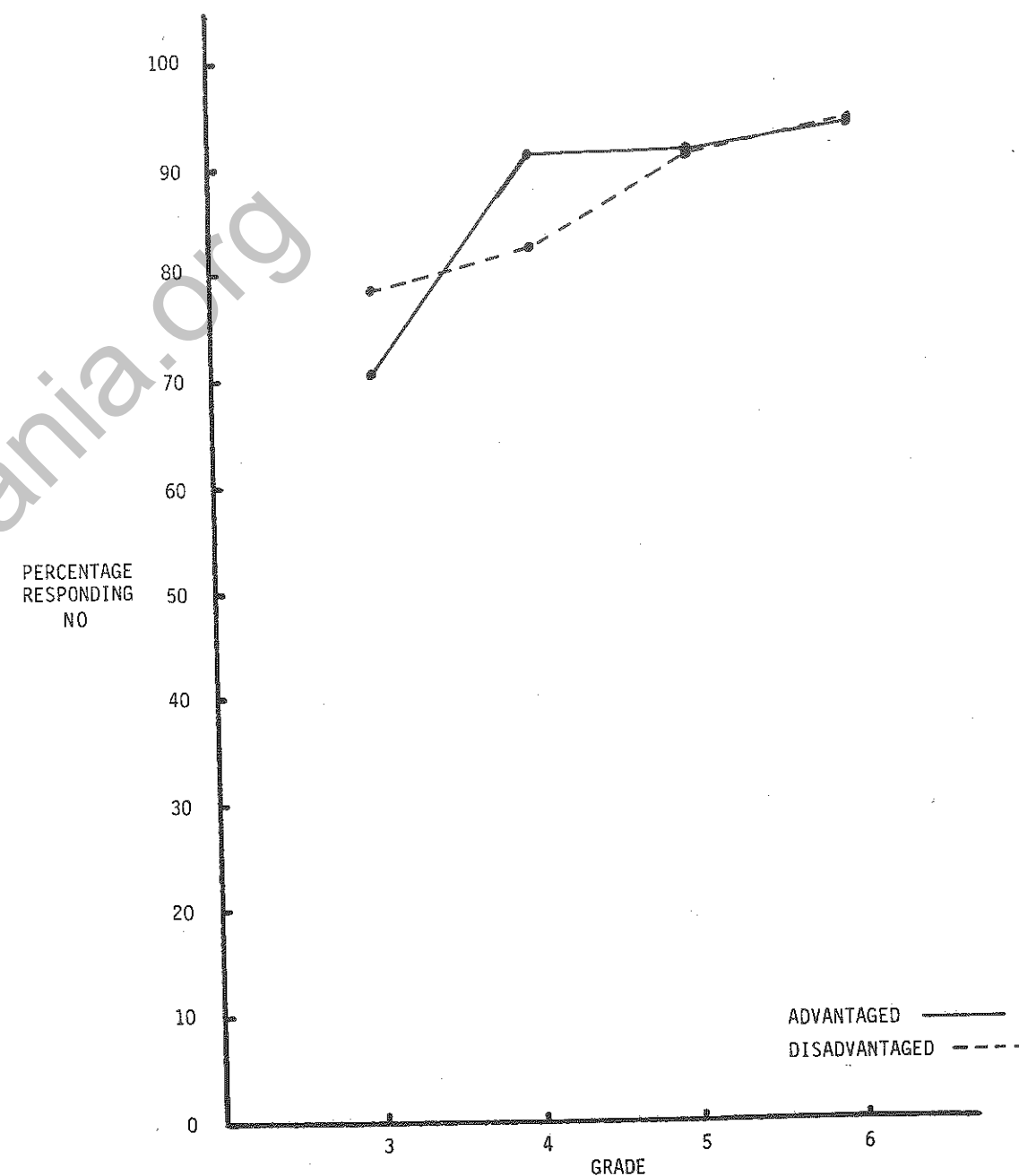
95.5% + "NO" AGREEMENT FOR ADV. AND DISADVANTAGED AT GDES 3,4,5,6

Q. 16 ARE CHILDREN MENTALLY HANDICAPPED BECAUSE THEIR  
BRAIN HAS BEEN AFFECTED IN SOME WAY?



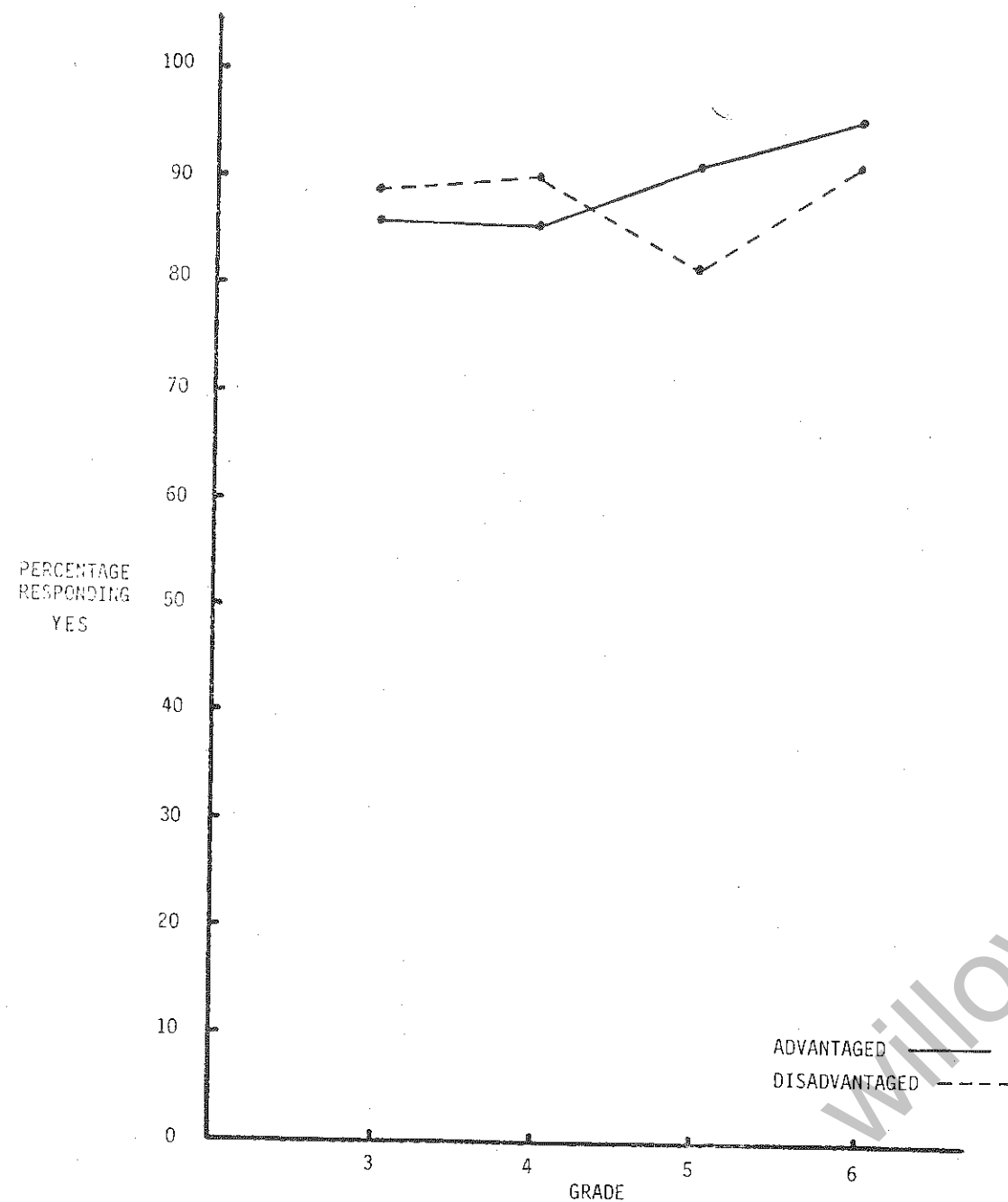
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDE 6  $p < 0.001$   
76.3% + "NO" AGREEMENT FOR ADV. AND DISADV.

Q. 17 SHOULD MENTALLY HANDICAPPED CHILDREN BE ALLOWED  
TO VISIT ALL OF THE PLACES CHILDREN LIKE YOU  
VISIT?



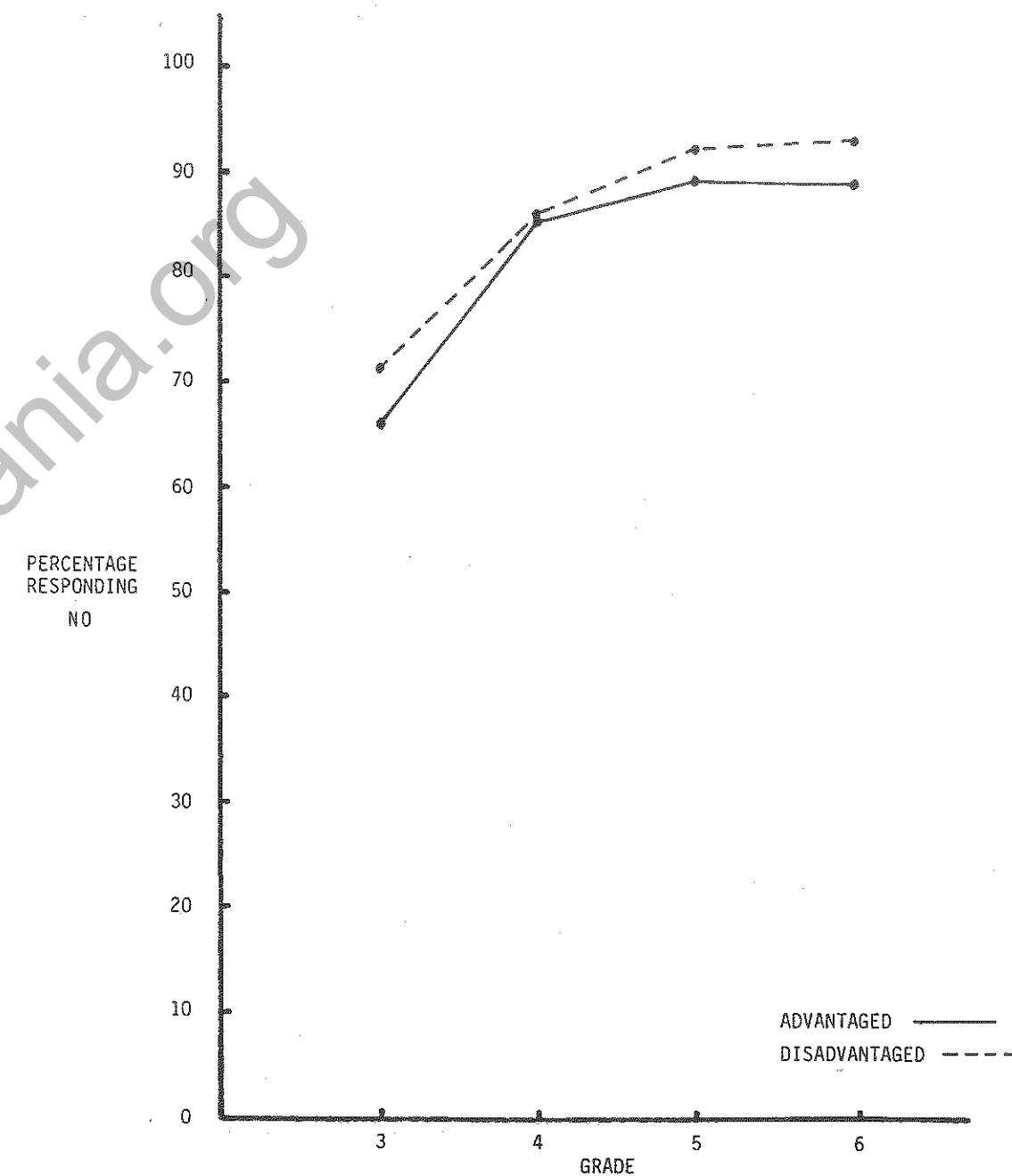
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDE 4  $p = 0.006$   
SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV. AND  
ADV. + DISADV.  $p < 0.0001$

Q.18 DO MENTALLY HANDICAPPED CHILDREN USUALLY TRY TO CHEAT OR OUTSMART CHILDREN LIKE YOU?



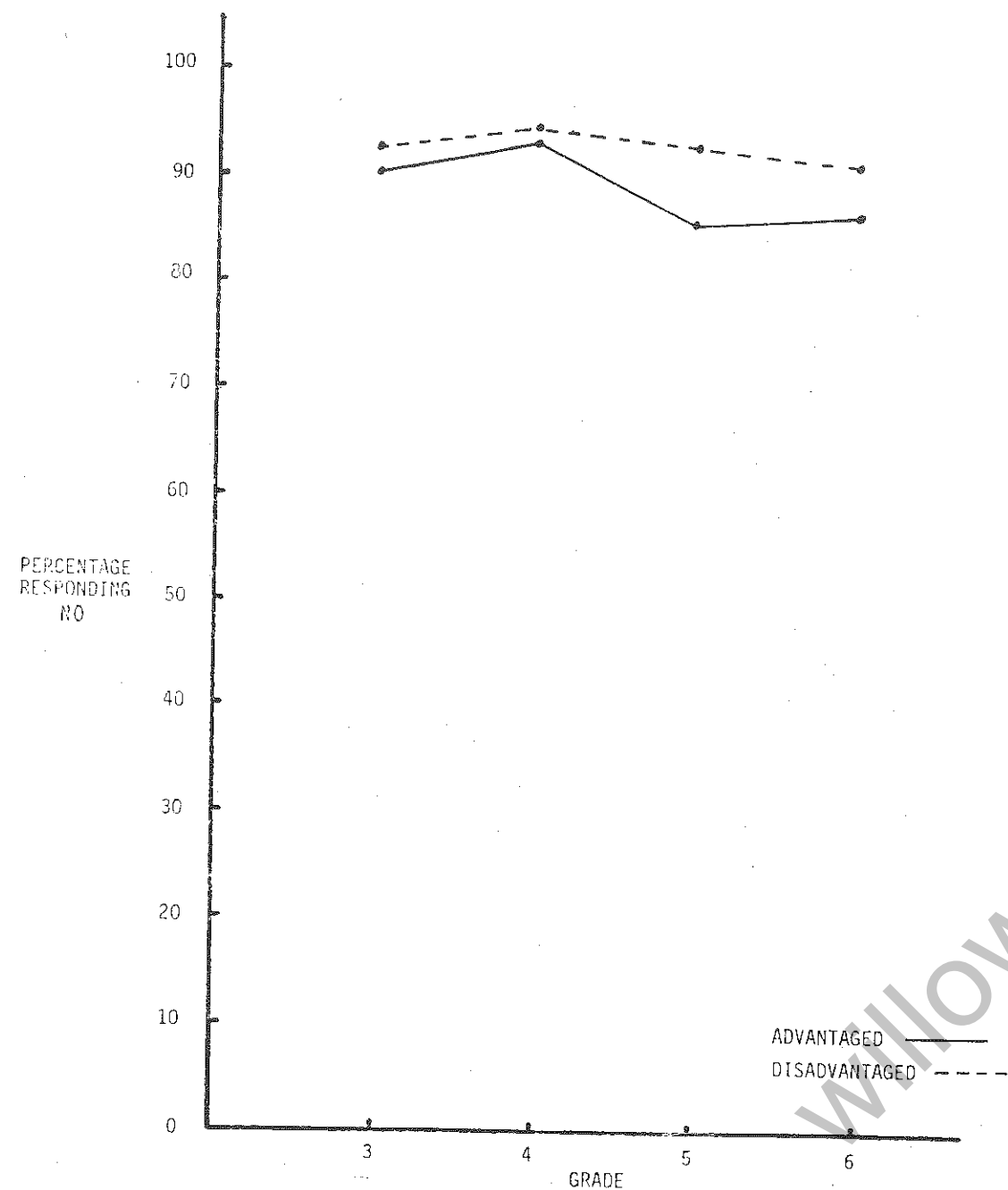
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDE 5  $p = 0.0003$   
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV. AND ADV. + DISADV.  $p = 0.01$

Q.19 SHOULD MENTALLY HANDICAPPED CHILDREN BE ALLOWED TO MIX WITH CHILDREN LIKE YOU?



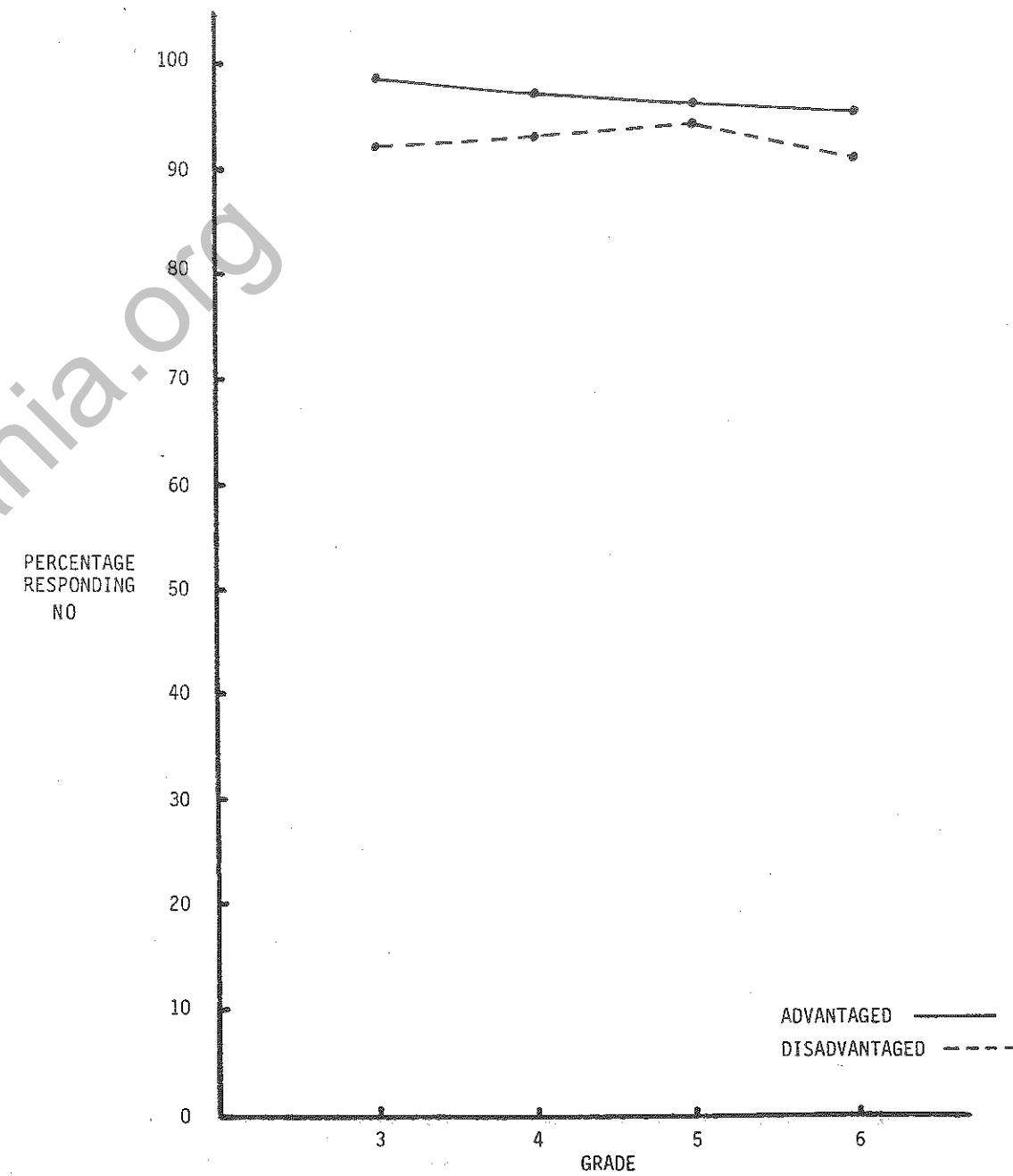
66% + NO' AGREEMENT BETWEEN ADV. AND DISADV. AT GDES 3,4,5,6  
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV. AND ADV. + DISADV.  $p < 0.0001$

Q.24 WOULD YOU LIKE TO VISIT SPECIAL SCHOOLS FOR MENTALLY HANDICAPPED CHILDREN TO LEARN ABOUT AND UNDERSTAND THESE CHILDREN?



SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDE 5  $p = 0.01$   
 85.3% + "NO" AGREEMENT FOR ADV. AND DISADV.

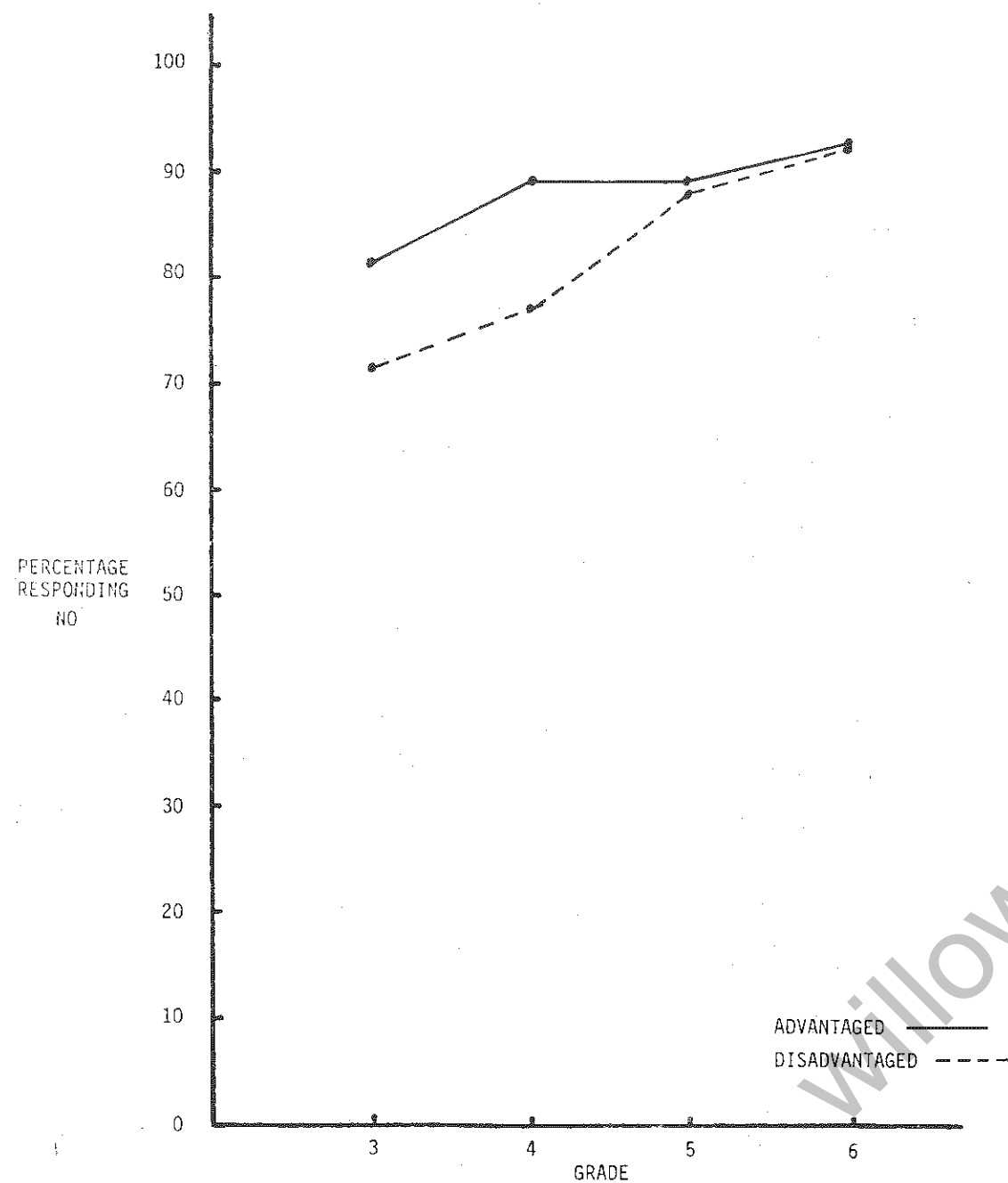
Q.34 DO YOU NEED TO EXPLAIN THINGS MUCH MORE CAREFULLY WHEN YOU ARE WITH MENTALLY HANDICAPPED CHILDREN?



91.1% + "NO" AGREEMENT FOR ADV. AND DISADV.

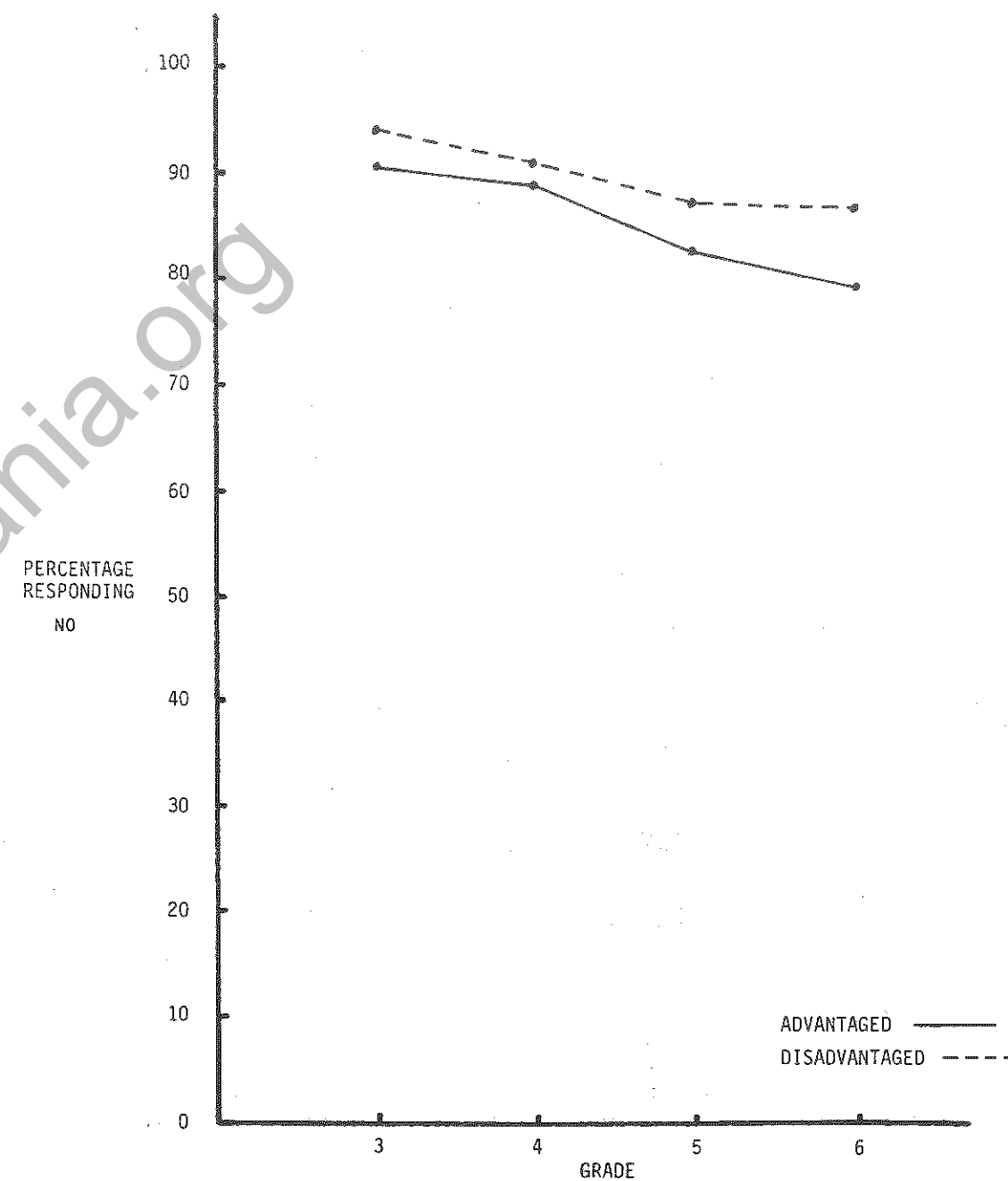


Q.35 CAN A MENTALLY HANDICAPPED CHILD BE BORN INTO ANYONE'S FAMILY?



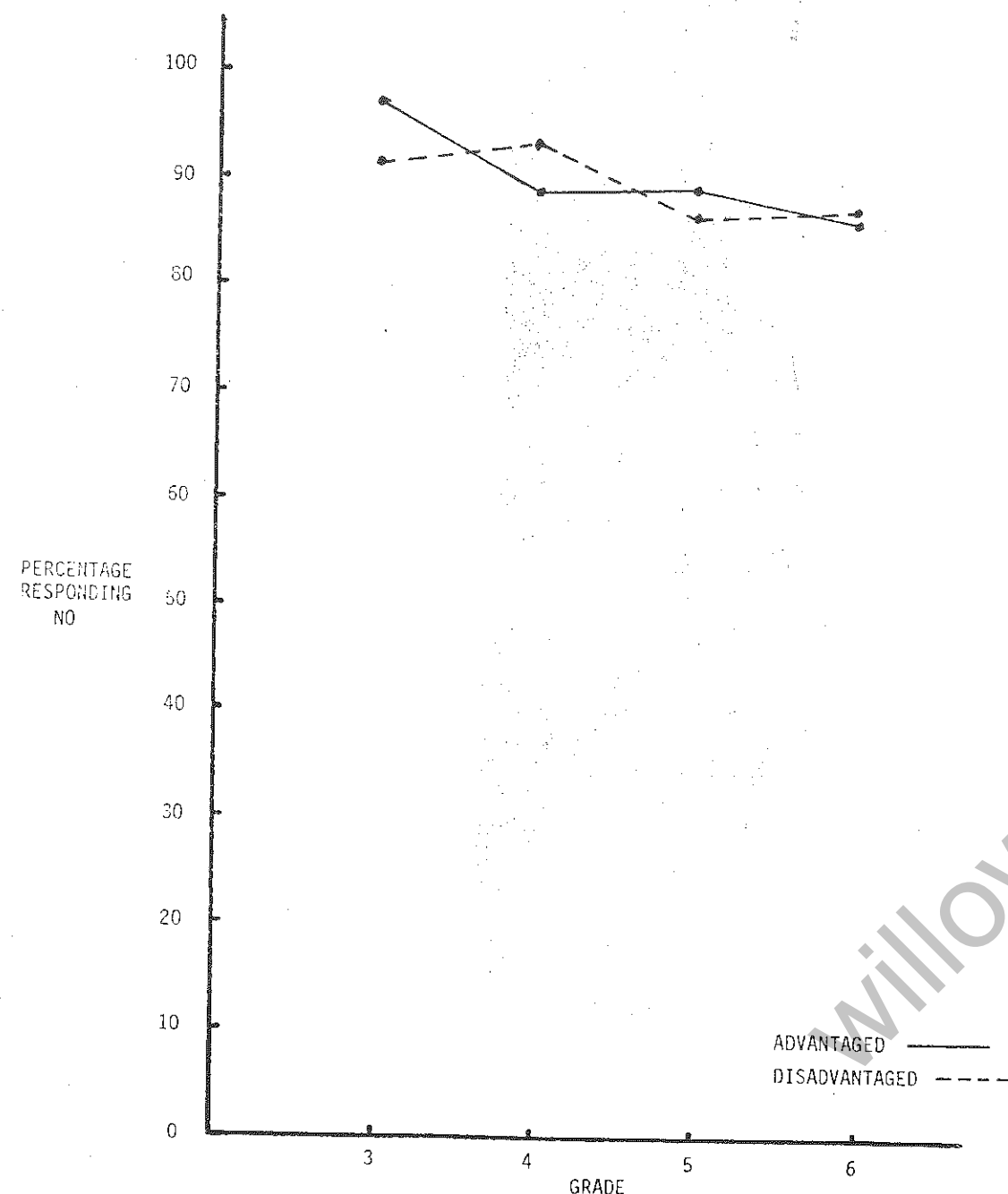
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDE 4  $p = 0.0004$   
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV. AND ADV. + DISADV.  
 $p < 0.006$

Q.38 WOULD YOU LIKE TO LEARN ABOUT MENTALLY HANDICAPPED CHILDREN AT SCHOOL?



79.6% + "NO" AGREEMENT FOR ADV. AND DISADV.  
 SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV., DISADV., AND ADV. + DISADV.  
 $p < 0.03$

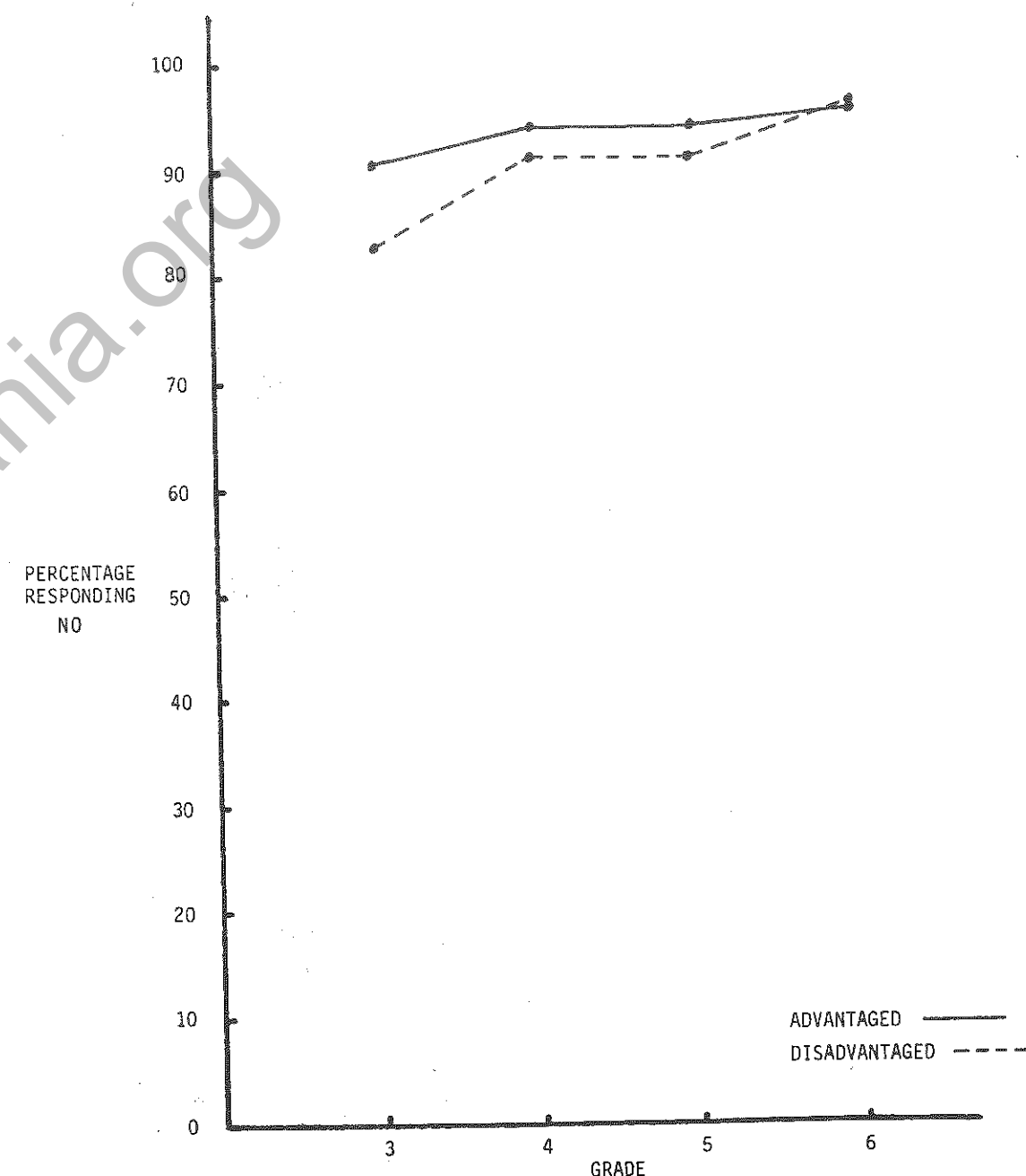
Q.39 DO ALL MENTALLY HANDICAPPED CHILDREN NEED TO BE  
LOOKED AFTER MORE THAN CHILDREN LIKE YOU?



86.3% + "NO" AGREEMENT FOR ADV. AND DISADV.  
SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR ADV. AND ADV. + DISADV.  
 $p = 0.01$

240

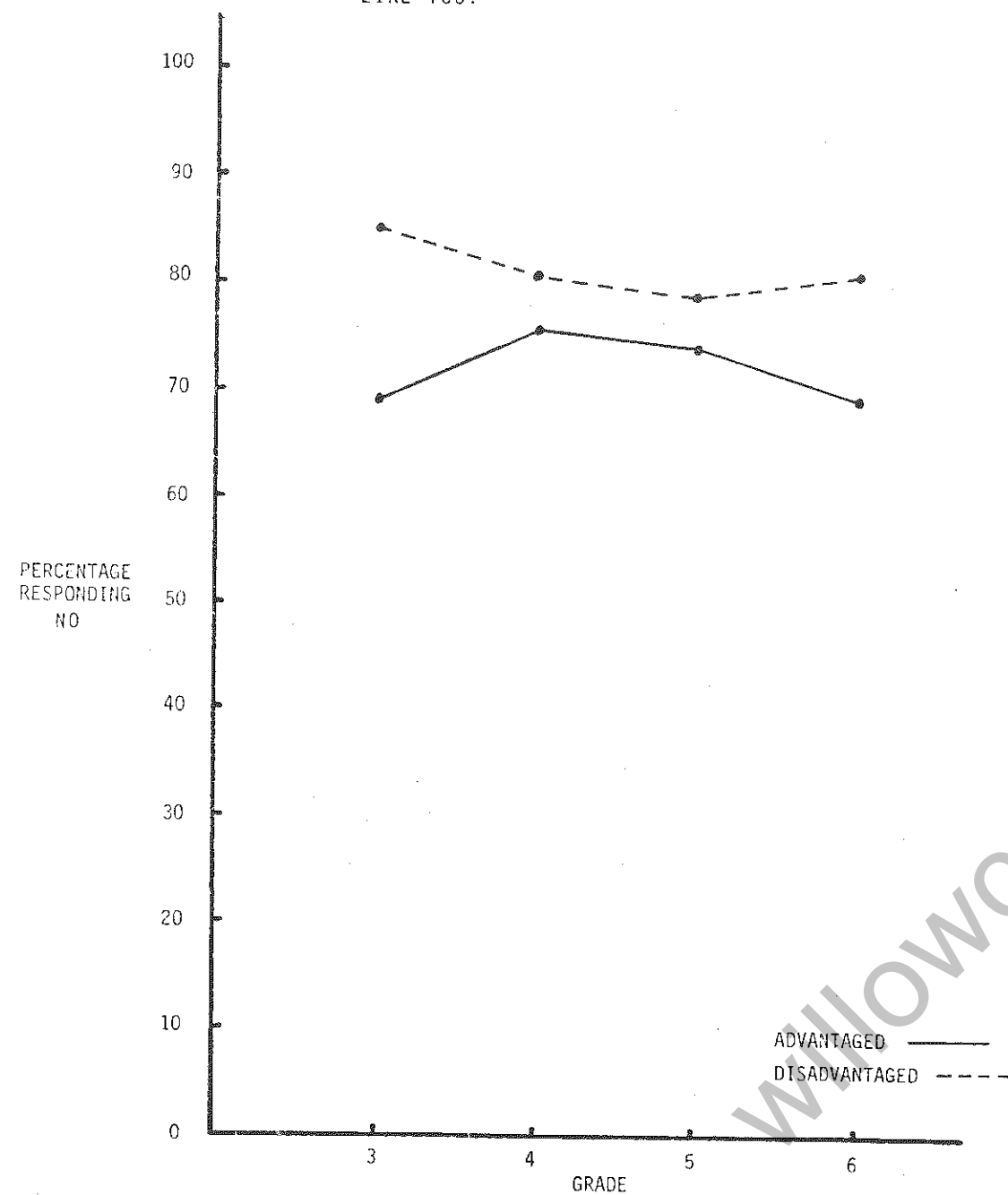
Q.42 CAN CHILDREN LIKE YOU BECOME MENTALLY HANDICAPPED  
IF THEIR BRAIN IS DAMAGED IN AN ACCIDENT?



83.3% + "NO" AGREEMENT FOR ADV. AND DISADV.  
SIG. DIFF. BETWEEN GDE 3 AND GDE 6 FOR DISADV. AND  
ADV. + DISADV.  
 $p = .0001$

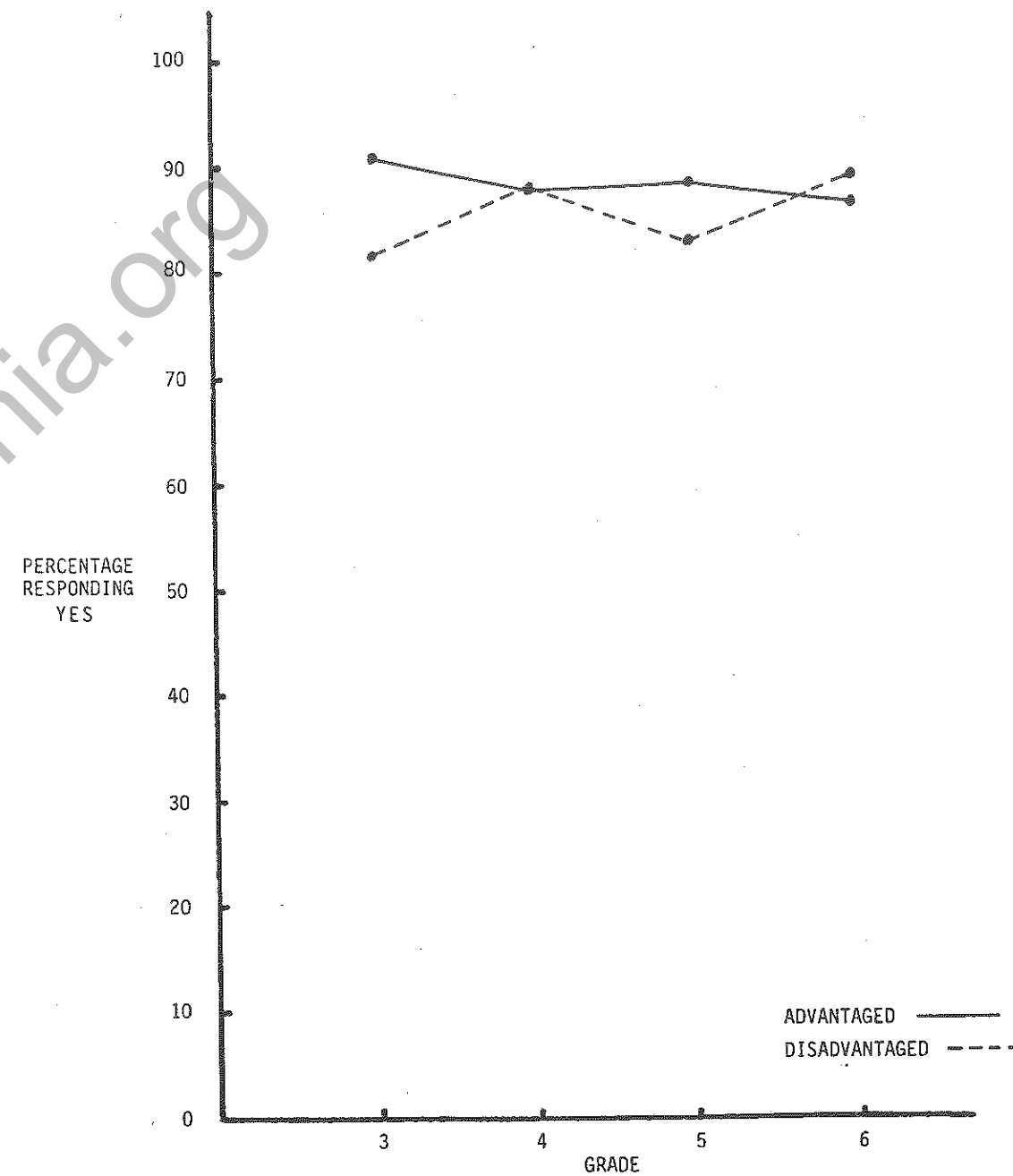
241

Q. 48 DO MENTALLY HANDICAPPED CHILDREN USUALLY KEEP THEMSELVES JUST AS CLEAN AND TIDY AS CHILDREN LIKE YOU?



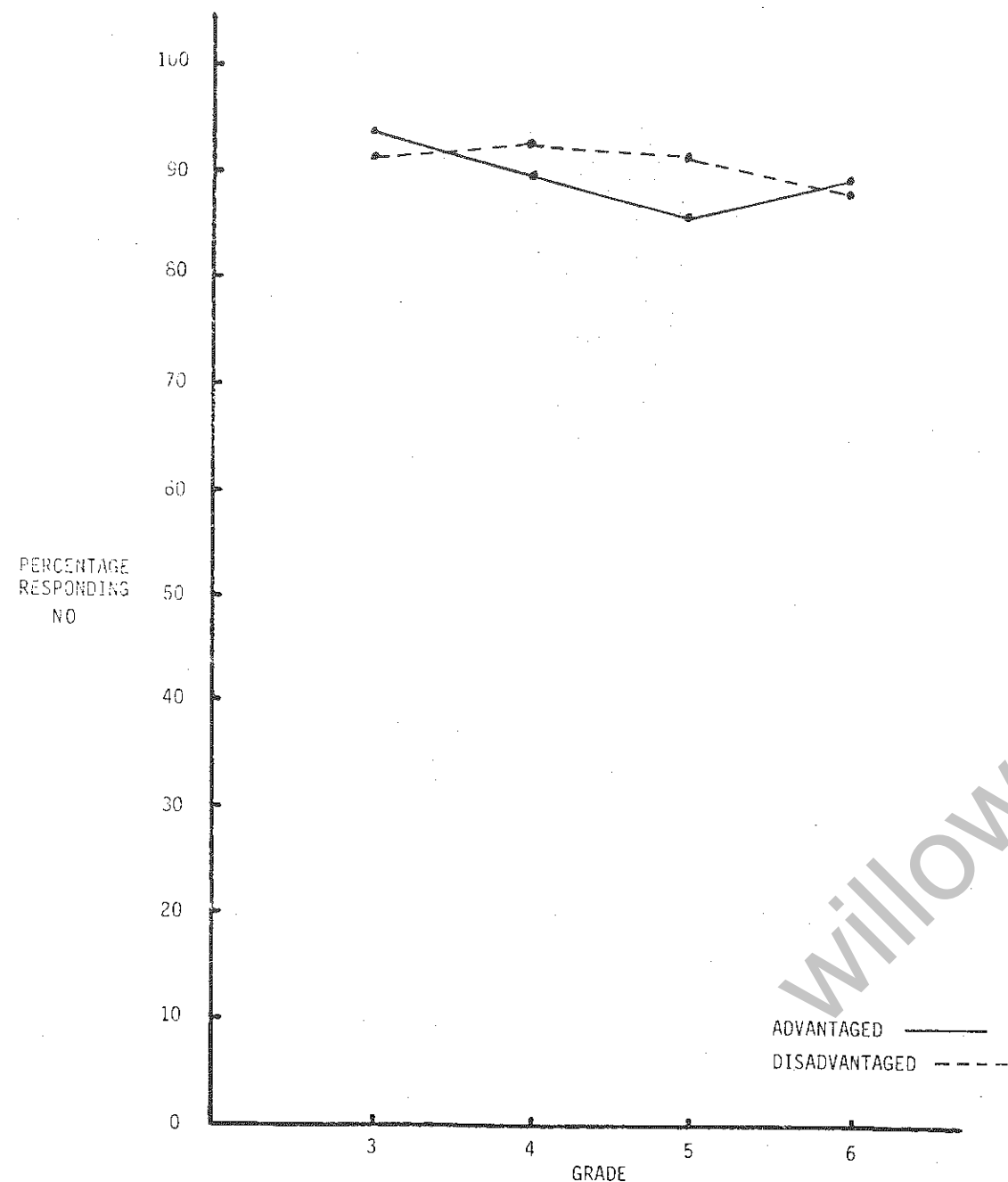
SIG. DIFF. BETWEEN ADV. AND DISADV. AT GDES 3,4,6  
 $p < 0.02$

Q.50 ARE MENTALLY HANDICAPPED CHILDREN USUALLY UNFRIENDLY TO CHILDREN LIKE YOU?



81.8% + "YES" AGREEMENT FOR ADV. AND DISADV.

Q.61 DO MENTALLY HANDICAPPED CHILDREN USUALLY NEED MORE LOVE AND ATTENTION THAN CHILDREN LIKE YOU?



86.0% + "NO" AGREEMENT FOR ADV. AND DISADV.

## PARENT TRAINING FOR BEHAVIOURAL EARLY INTERVENTION :

"FOR BETTER OR FOR WORSE"

Jura Tender and David Sullivan

Counselling Guidance & Clinical Services, Victoria

### A WORD OF CAUTION

A focus on the benefits of early intervention on the one hand, and on the other, the effectiveness of utilizing parents as agents of change for their children has in recent years resulted in a proliferation of early intervention programs aimed at parents. However, a review of parent education programs concludes that "the criteria for successful early intervention procedures have not yet been met by parent training programs, although, the approach would appear to have much to offer in this area". (Griffin, 1979, 24).

Parent training varies along a number of dimensions including aims, ideology, intensity, focus, duration and expectations of outcome. It seems indisputable however that early intervention is intended to ensure that the child whose development is delayed increases the rate at which he acquires developmental skills. Hence if parent training is the intended means to this end, the dimensions of parent training must facilitate the achievements of the early intervention objective.

In this respect, the aim of parent training must be to teach, not merely support. The ideology must be based on behavioural learning theory, not merely of a therapeutic nature. The intensity of the training must be along the continuum between unstructured informal coffee group and professional takeover. The focus of parent