

A report on the .

SUMMER 1962
SURVEY OF INFORMATION AND ATTITUDES
REGARDING MENTAL RETARDATION IN MINNESOTA

Conducted for

The Minnesota Association for Retarded Children
and the Minnesota Department of Public Welfare

by

Social Issues Research, Inc.
Minneapolis, Minnesota

FOREWORD

The study reported here is the summer 1962 statewide survey of information and attitudes regarding mental retardation in Minnesota. The study was conducted by Social Issues Research, Inc. of Minneapolis, and sponsored by the Minnesota Association for Retarded Children and the Minnesota Department of Public Welfare.

The survey was planned by personnel of the three agencies; field work and data analysis were performed by Social Issues Research, Inc. The study was executed according to specifications of the 1962 memorandum of agreement between the Department of Public Welfare and Social Issues Research, Inc.

TABLE OF CONTENTS

Page

Foreword

Statement of the problem 1

Purpose of the study 2

Description of the sample. ••••• 3

BASIC DATA ANALYSIS

I. a Explanation of basic data presentation.....••••• 5

 b Summary of basic data findings 5

II. Level of understanding: What mental retardation meant to people. . 8

III. Level of information: What people knew about mental retardation. . 17

IV. Nature of attitudes: What people thought about mental retardation. 45

V. Nature of attitudes: The image of the retardate •••••-• 67

SPECIAL DATA ANALYSIS

VI. a Explanation of special data presentation • ••••• 73

 b Summary of special data findings •••• ••••• 73

VII, Index of opinion leadership • 76

VIII. Mass media usage patterns 105

IX. Observations 118

APPENDIX

- A. Personal and social characteristics of respondents
- B. The survey questionnaire

Statement of the problem

Social agencies long have been confronted with the problem of how to effectively reach the community with information designed to alter the misconceptions which frustrate each agency's endeavors to generate understanding and support for its services.

To enable the planning and execution of long-range community education programs, one recognizes a need for intelligence gathered through research in the field. To determine which actions are required to carry out programs with the greatest economy of effort and the maximum chances for success, it is necessary to discern, first, the nature of information peculiar to various community strata and., second, the variety of attitudes that characterize those strata.

Beyond these principal objectives, the prospects of heightened community awareness and support are enhanced when specialized intelligence is obtained. Research, particularly in the areas of psychology and of mass communication, has demonstrated that there is limited justification for assuming a direct relationship between the sheer volume of information disseminated and (1) level of information or (2) attitude conversion.

Thus, to learn generally what people know or think does not furnish complete bases upon which to build an efficient public information-attitude conversion program. Rather, it also is necessary to determine:

Which persons are the influential (public opinion leaders) with respect to current events, and what the demographic, information, and attitude characteristics are that distinguish the influential and the non-influential, as related to the topic under study.

Whether the influential and the non-influential can be distinguished by the frequency and quality of their attention to the mass media of communication.

Some general, positive relationships are known to exist among degrees of opinion leadership, levels of media usage, and exposure to serious information. Beyond these associations, specific data are needed to relate these characteristics for Minnesota adult men and women, with implications for enhancing community receptivity and understanding of the problems inherent in serving the needs of the mentally retarded in this state.

The major purpose of the survey was to discern what salience the problem of mental retardation has for the people of Minnesota. The prominence of mental retardation in people's lives is depicted by various measurements designed to reflect the general information and attitudinal patterns characterizing 900 Minnesota residents. Specialized areas of interest also were included in the questionnaire which had the following objectives:

1. To determine what people understand mental retardation to mean.
2. To learn the amount and content of information people have had about mental retardation in recent months prior to the study.
3. To determine what information people have regarding the availability of community and state services for the retarded.
4. To rank the perceived importance of a variety of services for the retard*:
5. To find out the extent to which different people participate in activities on behalf of the mentally retarded, and with which agencies,
6. To learn the prevalence of individual associations with retardates, the nature of the association, and the degree of familiarity.
7. To discern the accuracy and inaccuracy of knowledge pertaining to the causes of mental retardation.
8. To infer predispositions of various kinds of people vis-à-vis several aspects of mental retardation—e.g., the conceptualized retardate, the usefulness and competence of retardates, exposure to retardates.
9. To contrast the "image" of the normal person and the retarded person, as well as the perceived frequency of deviate behavior in each group.
10. To gauge community acceptance of programs to permit or prevent retardates to have children.
11. To determine the patterns of opinion leadership among respondents, and to relate opinion leadership to information and attitudes about mental retardation.
12. To observe how people use the mass and specialized media of communication in which they are most likely to be exposed to social problems content, and to relate media usage to degrees of opinion leadership.
13. To obtain data on the personal and social characteristics of respondents in order to describe the sample and compare differences among various groups.

Description of the sample

The sample of 900 respondents for this July-August, 1962 survey was obtained by area probability methods. That is, the probability (chance) that any metropolitan area, small city area, or rural non-farm and farm area would be included in the sample was proportionate to its population size. Thus chance factors and population dispersion determined the geographic location of sampling areas, as well as the designation of housing units within which interviews were to be obtained.

However, selection of specific respondents at the final (interviewing) stage was achieved according to sex-age quotas based on the proportions of men and women in various age groupings in the population. Included in the sample were 439 men (49%) and 461 women (51%). The sex-age breakdowns for the sample are shown below in Table 1.

TABLE 1¹

PERCENTAGES OF MEN AND WOMEN IN DIFFERENT AGE GROUPS
IN THE SAMPLE OF 900 MINNESOTA ADULT RESIDENTS

<u>Age classifications:</u>	Men	Women	Total
21-29 years old	18%	20%	19%
30-49 years old	42	40	41
50 or more years	40	40	40
	100%	100%	100%
	(N:439)	(N:461)	(N:900)

Comparisons of the sample figures with the figures shown below in Table 2 revealed that the sample outcome was a close approximation of United States Census figures reported for Minnesota in 1960²

¹ The number of respondents reported for each column in this and in following tables is designated by the "N:" symbol.

² Comparisons of the sample and the census figures for men and women in different age groups in separate populations (metropolitan, small city and rural areas) in the state, also revealed little or no differences among the two sets of data. So figures are reported only by sex and age breakdowns.

TABLE 2

-4-

PERCENTAGES OF MEN AND WOMEN IN DIFFERENT AGE GROUPS
AS REPORTED IN THE 1960 CENSUS FIGURES FOR MINNESOTA

<u>Age classifications:</u>	Men	Women	Total
21-29 years old	17%	18%	18%
30-49 years old	42	40	41
50 years or more	41	42	41
	100%	100%	100%
	(N:979,793)	(N:1,021,394)	(N:2,001,187)

In interpreting the data presented herein, the reader is reminded that the sample, for practical reasons, does not satisfy all criteria for a true probability sample—since the specific respondent, within a designated housing unit, was selected by the interviewer. The sample of 900 respondents approximates the probability model, and sample estimates are made on the basis of probability theory.

In the following text, where the difference between responses of, say, men and women, young people and older folks, city residents and rural dwellers was of such a magnitude that it met the usual criteria for statistical significance (the .05 or the .01 levels), that difference often is reported in a less technical manner as "significant" or as "real." Where a difference was not found to be statistically significant, it means that the difference between responses of, say, men and women could have resulted due to chance variations among respondents.

Statistically significant differences are reported in the footnotes as Chi-square values (differences among a variety of response frequencies), or as Z-values (difference between two percentages). Where Z-values are reported for several categories it is because categories were combined into two groups—those above the median response and those falling below the median cutting point for the distribution of responses.

Finally, where columns in various tables total to more than 100% it is because some respondents offered more than one coded comment in answering the question.

BASIC DATA ANALYSIS

Explanation of basic data presentation

On the following pages of this general descriptive portion of the report, data are presented for most items in the questionnaire. Omitted items are those concerning patterns of media usage and degrees of opinion leadership, which, for the most part, constitute the second portion of the report.

Discussion here concerns the responses of persons when analyzed by their sex, age group, and place of residence. The detailed response breakdowns are not presented in the body of the text, rather they are attached as pink pages to each section for which they have relevance.

Summary of basic data findings

Over two-fifths of the respondents understood the phrase "mentally retarded" to describe someone who was mentally deficient. About one-fourth of the people said it described mental ineptitude, and about one-fifth of the respondents were confused as to the meaning.

More than half of the respondents could not recall hearing or reading anything about mental retardation in the several months preceding the survey, or made only vague mentions as to what they had heard or read.

Personal contact was seen to be the most efficient source of information in conveying facts about the retarded.

Forty percent of those interviewed mentioned state institutions and hospitals as services available for the retarded. Another 24% mentioned public school classes, and 28% could give no answer when asked which state and local service were available for the retarded.

Altogether, about one-third of the sample could not specify a state or local service for the mentally retarded.

Nearly two out of every five respondents rated special classes to educate and train retardates as the most important service needed for the retarded.

About one-fourth of the interviewees saw research as the essential service for the retarded.

Foster homes for children of retarded parents were rated as the least important service by 44% of all respondents.

Roughly seven out of ten respondents had never taken part or helped out in a program or drive on behalf of the mentally retarded.

Of the 27% of the people who had participated in programs or drives, about one-half said their participation was by way of contributions to fund drives.

More than eight-tenths of all people in the sample said they had personally-known of someone who was mentally retarded.

Over half of those respondents knew more than two retardates.

About one-third of those respondents said the retardate they knew best was a boy; another third said they knew of a retarded girl.

Over one-third of the time, the retardate known was either a neighbor or related to a neighbor. Somewhat less than one-fifth of the sample mentioned had a relative or a member of the immediate family who was mentally deficient.

Of those who knew retarded, about six respondents out of every ten said they knew a retarded person either very well or fairly well.

When asked what were the causes of mental retardation, about one-fifth of all people could not offer an answer.

Roughly one-third of the sample mentioned general birth injuries/defects as causes of retardation; another 28% claimed that heredity was a causal factor.

Of those mentioning heredity as a cause, more than two persons in five opined that it was ancestral inheritance and not received directly from the parents. On the other hand, one-fifth of the interviewees said the parents were retarded.

Just under three-fourths of the respondents either disagreed or strongly disagreed that the mentally retarded are extra large for their age.

About seven out of ten respondents disagreed or strongly disagreed with the notion about caring for retarded people at home.

Considerably over half of the sample expressed some kind of agreement with the view that mentally retarded people look different from other people.

Respondents were fairly evenly divided in their opinions as to whether the mentally retarded were mentally ill.

Nearly two-thirds of the interviewees felt that the mentally handicapped could learn to live normal lives.

The prospects of keeping retardates in institutions found disagreement with 55% of the sample.

Eighty-five percent of Minnesotans disagreed with the belief that parents of retardates also were mentally retarded.

Three out of four people disagreed that retardates are called morons.

More than two-thirds of those interviewed thought that most mentally retarded people would make good or fair employees.

About three out of four people thought that most retardates would make good or fair neighbors; and a comparable number said the retarded would make good or fair citizens.

But, two-thirds of the sample said the retarded would make poor parents; and well over half of the respondents thought that the retarded would be poor husbands or wives.

Seventy percent of those questioned agreed either wholly or partially with the idea of treating mental retardates at regular hospitals.

Just under nine-tenths of the respondents stated that the mentally retarded definitely should not be allowed to drink liquor.

Three-fourths of the sample said retardates should not be allowed to drive a car.

Almost half of those taking part in the study would not permit retardates the right to vote for president.

It was the opinion of 75% of the sample that the mentally handicapped should be allowed to attend downtown movie theaters; however, most qualified their answer by saying some guardian should accompany the retardate.

About three-fourths of the respondents thought that it was permissible for mentally deficient to play on public playgrounds; but again the majority felt that some kind of supervision was necessary.

Seven out of ten respondents would let retardates swim at public beaches; and most of these people stressed that some kind of surveillance was necessary.

Seventy-five percent of the Minnesota residents in the survey said that it was a poor idea to permit mentally retarded people to have children.

Of those who thought it was alright for some retardates to have children, most said this should be the case when the mental trait would not be inherited.

Of those who thought it was a poor idea for the retarded to have children, well over half said the children would inherit deficient mental characteristics.

More than one-third of the respondents thought it was a poor idea to sterilize the retarded so they couldn't have children.

Just about half of the respondents agreed that sterilization was a good idea for some or most retardates.

Of those objecting to sterilization, about three-fourths objected for moral or religious reasons.

Of those favoring a total or a partial sterilization program for the retarded, most people were concerned about the hereditary aspects of retardation.

Not quite half of those interviewed felt that retardates were involved in some undesirable sexual act either often or now and then; though another third of the people thought that retardates were seldom engaged in sexual misconduct.

Finally, Minnesotans were very evenly divided in their opinions as to which person, the normal or the retarded person, would be more likely to commit some kind of undesirable sexual act.

Level of understanding: What mental retardation meant to people

Early in the questionnaire, following a short series of "warm-up" questions, respondents were asked to describe in their own words what they understood the phrase "mentally retarded" to mean. In recording the verbatim commentary offered for this free-response question, interviewers were instructed to probe for additional comments in order to yield as much of the color and intensity of responses as possible.

Comments then were subjected to a content analysis by meaningful categories. That is, similar responses were classified, say, as pertaining to the physical ineptitude of mental retardates. The classification scheme devised on the basis of respondents' comments was rather elaborate. This was done to offer some idea as to the range and flavor of answers.

When asked what "mentally retarded" meant to them, the largest number, 43% of all respondents, replied that this phrase described people who suffered from some kind(s) of mental deficiency. That is, people who were without "all their faculties who had "low I.Q.'s," or whose "minds are not developed as well as their bodies." When respondents were compared by their metropolitan, small city, and rural place of residence, it was found that people living in metropolitan areas (47%) around the state were significantly more likely, than their rural counterparts (38%), to describe retardates in terms of the mental handicaps imposed on them.¹

When contrasted by age, analysis revealed significant differences among the overall response patterns for persons in the upper age brackets and for those in the two younger categories. About one-third of the respondents 50 years or older, as compared with nearly half the respondents in both the 21-29 range and in the 30-49 category, included in their comments some reference to retardates¹ mental limitations²

¹ Statistically significant at the .05 level, $Z = 2.43$.

² Statistically significant at the .01 level, Chi-square = 13.3 at 2 d.f.

Of interest to the sponsors of the survey is the fact that more than four-tenths of the people who were interviewed made, among other remarks, some kind of more or less correct reference to the mental limitations of retardates. It would seem, then, that for many Minnesotans the phrase "mentally retarded" had some initial meaning. As was seen above, however, this higher level of understanding appeared among the persons living in metropolitan areas and in the younger age groups, than among persons in rural areas and in the older age groups.

Examples of the kinds of comments coded as a reference to mental deficiency are:

"It is an IQ of less than eighty, or in that vicinity."

"Someone who is below average in IQ. That's all I can think of."

"People who aren't too smart."

"One whose mind hasn't developed fully."

"Someone who has grown physically but not mentally."

"The brain is not developed."

"Someone who doesn't have the mental ability that another person has - he has a low IQ."

"Someone not capable of doing what is specifically required of a certain age group."

"Some person whose brain didn't develop with their body."

"It means that one's mind isn't up to average,"

The second most frequent response, offered by 23% of all persons in the sample, revolved around the mental incompetence of the retarded. Comments of this variety painted a picture of the retardate either as a "slow learner" or as someone who was "incapable of learning." Where people lived was related to whether these types of answers were given. Unlike the earlier finding for comments about mental deficiency, here it was found that persons living in rural Minnesota areas (28%) were more likely to characterize retardates as mentally inept than were those living in metro-

politan areas (18%).¹

As verbatim comments listed below indicate, the tenor of remarks equating mental retardation and mental ineptitude was somewhat less sympathetic to the retardate than were the usual comments referring to his mental capacities. Of import was the fact that these comments were significantly more likely to emerge from the rural respondent group – both farm and non-farm.

Typical comments are:

"People who are slow, or can't learn at all,"

"Someone who is slow at learning or won't learn."

"People who are unable to comprehend the meaning of things."

"They can't learn as well – they're slow."

"They can't learn like others do."

"There are mentally retarded children who don't have the ability to grasp as well as other children,"

"Hard for them to learn – they're kinda dumb."

"Slow, backward."

"Hard for them to learn, they can't grasp things like an ordinary child, can't learn as well."

"They don't grasp things as quickly as a normal child – that is, learning."

"Slow learners, it takes them longer to learn even simple things,"

As shall be seen throughout this section, similar response categories are presented as constituting a "syndrome" in the non-medical sense. Responses concerning the retardate's mental inabilities (deficiency plus ineptitude) were combined as one syndrome. Also in this grouping were other comments, made by 6% of all persons, relating to the perceived sub-normality of the retardate. These comments depicted the mentally retarded as people who could not "do the things normal people do" or who "are not normal,"

¹ Statistically significant at the .01 level, $Z = 3.22$.

When these were combined with the other two categories, one finds that 12% of all comments had to do with the mental ineffectiveness of persons thought to be "mentally retarded."

Among respondents' various comments, the third most frequent description of the retardate caricaturized him as someone who generally was irresponsible. That is, someone who "cannot properly support himself," "cannot earn a living," or who "cannot take care of his financial duties." Fifteen percent of all persons in the sample offered this type of response. No differences were found when people were compared by sex, age, or place of residence. Typical comments are:

"It means a person who suddenly or over a period of time, can't handle their own affairs or compete with society. They are unable to mingle with people in general or hold down a competitive position,"

"They are not capable of facing the problems of the everyday world,"

"They are unable to make decisions for themselves."

"When you are disabled ~ can't work,"

"Anyone who cannot sufficiently take care of himself - intellectually unable to care fully for himself."

"People who are incompetent to care for themselves," "Someone who would be unable to care for himself," "A person who can't take care of their own business." "Someone who wouldn't be able to take care of themselves," "It's a person who can't handle his financial responsibilities."

The fourth most popular kind of comments pertained to the "necessity" of having to care for the mentally retarded. Fourteen percent of all respondents, in telling what "mentally retarded" meant to them, mentioned the problems involved in "taking care of" or "helping" the retarded, or remarked that the retarded need "special care and training." These responses were offered with comparable frequency among older and younger folks, men and women, and metropolitan, small city, and rural residents. The kinds of

comments coded as need help/care are:

"They need help. Someone in the community should help them more to help themselves."

"Someone who needs medical attention."

"Someone who needs special care."

"They can't go to public schools. They need special care."

"They need help."

"A child needs patience and help."

"They need care to help them along. They don't get along the way they should."

"They need guidance, they need to be taught the right from wrong to be able to live in our society,"

"I feel that they are disabled people that need help."

Allied to comments regarding the irresponsible nature of retardates and the need for helping or caring for them were a few comments (2%) concerning the "need" for placing the mentally retarded in institutions. Here again, the foregoing three categories were combined to form a syndrome of consents relating to the need for supervision of retardates. When all responses are totaled, one finds that nearly one-third of all comments have something to do with the need for supervising the activities of the mentally retarded.

Fifth in the number of total responses were comments indicating confusion of mental retardation with a variety of mental illnesses. One out of every ten respondents said "mentally retarded" persons were those who were "senile," "insane," "sick," "mentally ill," and the like. Typical comments are:

"People who are mentally unbalanced."

"They are mentally sick."

"Mentally incompetent or ill."

"Someone sick who needs professional attention."

"When they get aged and get a little senile and can't do their own

thinking."

"Hell, they are mentally ill." "Mentally and physically ill." "They are unbalanced through a stroke or something."

Where respondents confused mental retardation with various physical handicaps, their comments were coded separately. In all, 8% of people in the sample erroneously equated retardation with physical disabilities. That is, for some respondents, "mentally retarded" was understood to apply to people who were "crippled," "diseased," "deaf," or "mute."

In combination, 18% of all responses fell into a syndrome called confusion with other symptoms.

Since all other kinds of comments appeared with less frequency, they are presented here in various combinations. That is, where two or more categories generally seemed to relate to a common meaning, they constituted a separate response syndrome.

One general response pattern was that which had as a common core pertinence to the causes of mental retardation. In this syndrome were coded those comments referring to the occurrence of retardation due to (1) birth "defects," "injury," and "damage;" (2) heredity and congenital "transmission" and (3) post-birth "accidents" and "sicknesses." In all, 14% of the people in the sample mentioned causes of mental retardation in response to the question about what they understood "mentally retarded" to mean.

Another syndrome emerged for all comments having to do with respondents' personal reactions to retardates. Fourteen percent of all interviewees made (1) disparaging remarks - "they're nutty," "not all there," "off their rockers," "sick in the brains;" (2) expressions of sympathy - "it's a pity," "it's sad," "I feel sorry for them;" or (3) expressions of fear - "I'd be afraid to be with one," "they scare me,"

One out of every 10 responses was classified as indicating persons who

exhibited some degree of knowledge about various aspects of mental retardation. This syndrome included those who correctly said (1) there were several stages or degrees of mental retardation - "they're not all alike;" (2) some retardates could be trained and educated "some can be taught," "many are trained, but only to a certain level;" (3) retardation was not due only to heredity - "it's not all inherited;" or (4) retardation was not the same as insanity/mental illness -- "it's wrong to say they're insane."

The final response syndrome included comments about physical manifestations of the mentally retarded. These kinds of responses were coded for 5% of all people in the sample. They were concerned with (1) the physical ineptitude of retardates -- "they're clumsy," "can't do the things normal people can do," or (2) physical descriptions of retardates - "they have cerebral palsy," "look like cretins," "mongoloids," or "are epileptics."

Other responses were classified as miscellaneous, i.e., comments about state services, the burden on society to care for retardates, and the don't know/no answer responses.

Table 3 is presented below as a summary of broad classifications of respondents' answers to the question asking what "mentally retarded" meant to them. The response syndromes are ranked according to frequency of mentions.

TABLE 3

RANKED PERCENTAGES OF COMMENTS CLASSIFIED BY BROAD CATEGORIES INDICATING WHAT THE PHRASE "MENTALLY RETARDED" WAS UNDERSTOOD TO MEAN TO RESPONDENTS

<u>Respondents' comments were related to;</u>	<u>Total comments</u>
RANK:	
1. Mental ineffectiveness of retardation	72%
2. Need for supervision of activities	31%
3. Confusion with other symptoms	18%
4. Causes of mental retardation	14%
5. Personal reactions to retardates	14%
6. Knowledge about mental retardation ¹	10%
7. Physical manifestations of retardates	5%
3. Miscellaneous remarks	5%

From the above table it is evident that when people were asked to describe what the phrase "mentally retarded" meant to them, they were likely to respond diversely. Obviously, not all comments were confined to descriptions of the retarded. Rather, people articulated many unanticipated aspects of mental retardation. Frequently, diffused commentary indicates a lack of understanding. This notion was partially supported by an analysis of the kinds of information obtained from respondents. Although it was stated earlier (see page 9) that "for many Minnesotans (43%) the phrase 'mentally retarded' had meaning," the meaning alluded to does not imply complete grasp. In fact, even those persons referring more or less correctly to the mental limitations of the retarded usually were coded as making some other mention(s), which often could be described either as (1) a clear misunderstanding or (2) a vague supposition. This was particularly true for older folks and rural inhabitants.

¹ These consents were of a more sophisticated variety, and respondents were given credit for possessing indisputably accurate bits of information about the mentally retarded.

Furthermore, only one out of every ten persons in the sample was given credit for an indisputably accurate bit of information about various aspects of mental retardation. This compared rather unfavorably with the larger numbers of people that made incorrect reference to causes, capacities, abilities, symptoms, or physical *manifestations* pertinent to mental retardation.

The summary point, then, seems to be that although many Minnesotans could meaningfully apply the concept of retardation to some kind of mental incapacity, most Minnesotans could not go beyond the initial application. When pressed for further comment, they generally were vague and even inaccurate. At best, the indication was that in the state of Minnesota there was (in July and August, 1962) a rather low level of understanding of the meaning of "mentally retarded."

TABLE II-1

What "Mental Retardation" Meant to Respondents

	AGE			RESIDENCE			SEX		GRAND TOTAL
	21-29	30-49	50 and Over	Rural	Small City	Metro	Men	Women	
Mentally deficient	48%	49%	34%	38%	43%	47%	43%	43%	43%
Mentally inept	19	26	22	28	24	18	22	24	23
Physically inept	4	2	2	2	1	5	1	5	3
"Not normal"/"not average"	5	6	6	5	8	5	6	5	6
Irresponsible	19	12	16	15	15	15	15	15	15
Birth defects/injury/brain damage	9	9	4	2	4	13	6	8	7
Heredity/congenital	4	4	2	2	4	3	4	3	3
Accidents/sickness	3	6	2	1	4	6	4	4	4
Various stages or degrees	1	3	3	2	3	4	2	4	3
Need help/care	13	12	16	12	16	14	13	15	14
Can be trained/educated	3	3	5	3	4	4	3	5	4
Need to be in institutions	2	2	2	2	2	2	2	2	2
Confusion with mental illnesses	10	9	11	11	9	9	11	9	10
Confusion with physical handicaps	10	5	9	7	11	6	8	8	8
Various physical descriptions	2	2	1	1	2	3	2	2	2
Burdens on society	1	2	1	1	1	3	2	1	2
Comments on services	1	1	1	1	1	1	1	1	1
MR is not hereditary	-	1	*	*	-	1	1	*	*
MR not insanity/mental illness	2	1	3	1	3	2	3	2	2
Disparaging remarks	3	5	9	9	7	4	9	4	6
Expressions of sympathy	3	3	8	7	4	3	3	7	5
Expressions of fear	2	2	4	3	2	3	3	3	3
Nothing/don't know/no idea	2	1	3	3	3	1	3	1	2
	166%	166%	164%	156%	175%	172%	167%	170%	168%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

Level of information: What respondents knew about mental retardation

As mentioned, a primary concern of the 1962 summer survey, of the salience of mental retardation for people in Minnesota was to obtain some measure of the extent to which respondents indicated having information about the nature of mental retardation, the programs on behalf of the retarded, services for retardates, persons afflicted with mental handicaps, and causes of those afflictions.

The first measure taken was in the form of a question asking respondents what content they had "heard or read" in the last several months prior to the study. Answers ranged from specific information, say, about the incidence of retardation, to evasive generalities. Comments were coded for the sources of the information-- interviewers were instructed to deliberately probe for source designations-- and they are presented in this section for the sources mentioned.

1. Lack of information; Respondents hearing and reading nothing

Among all people in the sample, the striking finding was that 40% indicated having heard or read nothing about mental retardation in the several months before the survey. Other than the "know-nothings" were the responses of 13% of the people who could offer no more than a vague "I read something somewhere, but I can't remember just what."

"When these two responses are combined, one sees that 53% of all respondents were unable (in July and August, 1962) to report hearing or reading specific information about mental retardation in the past "several months."

Although, as outlined in the "statement of the problem" (page 1), there is no emphatic relationship between disseminated information and information in take, there is a direct relationship, of course, between possession of information and understanding of something. This relationship, coupled with the fact that over half the people in the sample could not demonstrate possession of concrete knowledge (in the "last several months") about retardation, supports the earlier observation that, in Minnesota, there is a low level of understanding of the meaning of mental retardation.

Interestingly enough, the persons having the least specific information were those between the ages of 21-29 years. Fifty-eight percent of these respondents said they (vaguely) "heard or read something somewhere" or "heard read nothing," This compares with 50% of people 30-49 years old, and 54% of people 50 years old or older making the same kind of responses. The differences among these age groups, however, did not meet the usual criteria for statistical significance, and thus could have been the product of chance.

When analyzed separately, there was one significant relationship between respondents ages, and whether they could not answer the question at all. That is, younger people {47%} were more likely, than were people in the middle age range {31%}, to say "nothing" when asked what they had heard or read about mental retardation.¹

Too, a significant relationship appeared when respondents were contrasted by their sex and whether they had specific information about mental retardation. Forty four percent of the men, as compared with 37% of the women, indicated having no information.²

Of probable interest to the sponsoring agencies of this study is the finding that women and people in the middle age group were more likely to indicate having specific information about mental retardation, than were men and younger people-Table III-1.

2. Source of information: Importance

Television (including mentions of specific programs and commercials) was the most frequently mentioned source for information. More than one out of five respondents indicated hearing something about mental retardation on television. Thirteen percent said they got information through personal contacts. Another 12% pointed to newspapers as their source of information, and 10% said they got information from general and specific magazine articles. In the table form, the sources

¹ Statistically significant at the .05 level, Z= 2.18.

² Statistically significant at the ,05 level, Z= 2.22.

for information about mental retardation ranked in descending order of importance appear as:

TABLE 4¹

SOURCES OF INFORMATION ABOUT MENTAL RETARDATION
RANKED IN ORDER OF DESCENDING IMPORTANCE

Respondents information sources are;	Total responses
RANK:	
1. Television	23%
2. Personal contact	13
3. Newspapers	12
4. Magazines ²	10
5. Radio	4
6. Specialized media (brochures, direct mail)	1
<u>Mentioned no sources of information</u>	<u>53</u>
	11655
	(N:900)

3. Source of information; Broadcast media

A total of 27% of all responses indicated that people obtain information about mental retardation either from television and radio per se or from television and radio programs or commercials. These comments were offered by 159 respondents, or 18% of the sample. It is for these 159 respondents that comments are discussed now—Table III-2.

More than half the respondents indicating the broadcast media as sources of information about mental retardation could offer no more than empty vagaries or were confused, when asked what they had heard or read. Another 26% mentioned

¹ In this table, the percentages reported for both radio and for television include comments about each medium in general, as well as whether a program or a commercial was mentioned. The percentages reported for magazines and for newspapers include general and specific mentions.

² About half the comments pertaining to specific mentions of magazine articles referred to a story in Reader's Digest current at the time of the survey.

hearings something about fund drives on behalf of the retarded, and about the need for money and staff people. Typical comments were "they always need money," And 14% of the respondents talked about reading or hearing information concerning the state or local education and training programs for retardates.

Inspection revealed no real differences among respondents when compared by sex, age, or place of residence.

4. Source of information: Print media

Although a total of 22% of all source designations were for print media, a lesser number (or 19%) of respondents comprised the actual bases for these comments. It is for these 168 respondents that comments now are presented,

Of the 168 persons designating the print media as sources for information about mental retardation, 44% gave no specific indication of the content read, or confused information about some other affliction with information about mental retardation.¹

Twenty-seven percent of these respondents said they read something about the training, education, and care programs for the retarded. Of these persons, one-third were women and about one-fifth were men. This relationship between respondents sex and whether they mentioned reading about state and local programs for the retarded was not significant. Another 22% gave evidence of reading stories about fund drives and staff and money problems in the print media – Table III-2.

5. Source of information: Personal contact

Some 12% of the sample respondents provided the bases for comments indicating personal contacts as a source of information about mental afflictions. Of these 110 people, a smaller percentage (15%) than those percentages evident for broadcast and print media were unable to specify what it was they had learned.

¹ A significant relationship was established between respondents sex and whether they could remember nothing about the print media read. But, since this category was combined with comments indicating confusion, the difference is not shown above. The difference between the percentage of men (45%) and the percentage of women (30%) who could not specify the content read was statistically significant at the .05 level, $Z = 2.01$.

Thirty-eight percent of these respondents knew something personal and specific about retardates themselves—that is, something about "families, case histories, personal training, and education." Another 29% offered comments about training, education, and care programs for the retarded, and 15% mentioned hearing about fund drives and staff-money needs. On the other hand, only 18% of the people did not remember what it was they learned about mental retardation through personal contacts, or were confused about their information—Table III-2.

6. Sources of information: Summary

Generalizations drawn from comparisons of the data obtained for different information sources indicate that:

- a) More people mentioned television than any other medium as a source of information about mental retardation. Personal contact was second.
- b) More people (especially men) designating the mass media, than those mentioning personal contacts, offered vague comments about what it was they allegedly had heard or read.
- c) More people designating the mass media, than those mentioning personal contacts, said their information consisted of knowledge of fund drives and contribution appeals on behalf of the mentally retarded, and the needs for more staff and money.
- d) The specialized media of communication (brochures, pamphlets, and direct mail) were not important as sources of information.
- e) Personal contact seemed to be the most effective means of communicating aspects about mental retardation. For one thing, proportionately more people mentioning personal contact could remember the specific content of their information. For another thing, a larger percentage of them had specific information about retardates.
- f) Few respondents remembered hearing or reading anything about mental retardation concerning the incidence of it, the kinds of research on it, or programs other than education and training programs.

Table 5 below offers comparisons of the most frequently mentioned communication media for various kinds of information about mental retardation, as related by 47% of the 900 respondents .¹

¹ Although broadcast media were designated by 18% of the respondents, print by 19%, and personal contacts by 12% (a total of 49%), some of these respondents offered comments for more than one of the three media. Percentages here are not totaled because they do not represent the answers of all respondents.

TABLE 5

RESPONDED REPORTING THE KIND OF INFORMATION
ACQUIRED FROM VARIOUS MEDIA SOURCES

<u>Kind of information:</u>	<u>Percentage of people using various media sources</u>		
	<u>Personal Contacts</u>	<u>Print Media</u>	<u>Broadcast Media</u>
Something about retardates	38%	1%	4%
Training, education, care programs	29	27	14
Fund drives, staff and money needed	15	22	26
Vague, confused, or no comments	<u>18</u>	<u>44</u>	<u>52</u>
	(N:110)	(N:168)	(N:159)

Level of information: State and local services available

Respondents were asked to describe "what kind of services" for the retarded they knew to be available in their own communities and in the state. Responses were coded according to a classification of services furnished by the Department of Public Welfare.

"When a respondent correctly identified an existing state or local service, it was counted as such. What is more, if in a series of identifications he incorrectly identified one service or another, that incorrect identification was not counted. Thus, only when a respondent failed to correctly identify a single service was his response recorded as erroneous.

As Table III-3 shows on the following pink pages, a combined total of 31% of all respondents were unable to identify a single state or local service for the retarded, or offered only vague answers- without properly identifying a service.

When respondents were compared by their ages and whether they offered the "don't know" type of response, it was found that persons in the medium age (30-49) range were least likely to offer empty comments, or conversely, to be more likely to demonstrate having definite knowledge of a variety of state and local services.¹

¹ Statistically significant at the .05 level, Chi-square = 6.2, at 2 d.f.

The most frequently identified services were state institutions and hospitals. Forty-two percent of the 900 people in the sample said they knew of various institutions or hospitals for the retarded around the state. The best known institution was the state school and hospital at Faribault, second in total mentions was Brainerd, and Owatonna received the third largest number of mentions. There was a certain amount of confusion about state institutions for the retarded, however, in that many persons erroneously alluded to state institutions for the retarded at Rochester, St. Peter, and Hastings. Furthermore, many people received credit for a correct response merely by saying "state institutions" or "state hospitals" which, although accepted, was not indicative of real information about existing services.

Nearly one-quarter of all people in the sample knew of special classes for retarded children in public schools. In analyzing response patterns among different age groups, it was found that both men and women in the 30-49 year age group were more likely than persons of other ages to know about public education programs for the retarded.¹ This, of course, could be interpreted as reflecting the large number of parents with school-age children who comprised the 30-49 age group. Still another significant relationship was found among the responses of people who knew of public school classes, when they were compared by place of residence. In particular, larger proportions of people in small cities (31%) and in rural areas (25%) than in metropolitan areas (18%) knew of classes for the retarded in the public schools in their areas.²

This finding seems to speak to the principle of heightened community awareness often attributed to residents in smaller urban and rural areas. Yet, it is interesting to note that rural folks were somewhat less informed as to the existence of public school classes in their areas. Probably, this was the case because of the lesser prominence of such services in the hinterland school districts.

¹ Statistically significant at the .05 level, Chi-square = 8.7, at 2 d.f.

² Statistically significant at the .001 level, Chi-square = 13.9, at 2 d.f.

Services for the retarded accounting for the third largest number of total mentions were those which were coded as day schools, nurseries, and day care centers. In all, 13% of those interviewed said they knew of these services in the areas in which they lived and around the state. Slightly more people in metropolitan areas {16%} and in smaller cities (15%), than those from the rural areas (8%), talked about day schools and the like.

On the basis of the above findings, then, men and women in the middle age bracket and residents of smaller cities were more likely to give evidence of being knowledgeable about the availability of state and local services for the mentally retarded.¹

Special case: Length of residence and knowledge of services

Beyond the basic analysis, it was thought to be interesting to compare what respondents knew of the availability of services and their length of residence in a given community or area.

Respondents were grouped by three classifications, those living in a community (area) from less than one to five years, those in residence from five to ten years, and those in residence 10 years or more in the same community (area).

Emerging from a comparison of respondents' length of residence and their knowledge of the availability of services was a real relationship between (1) lack of knowledge and (2) living in a community less than 5 years. Whereas 22% of the people living in an area 5-10 years could not identify a single state or local service for the retarded, a significantly larger percentage (34%) of those in residence less than 5 years were unable to do so.² Twenty-seven percent of those in residence more than 10 years could not identify a single service, but the difference between this group and either of the other groups was not significant.

¹ By subtracting the vague and erroneous answers from the total number of responses offered in each age group, it can be seen that the 30-49 year old people made 1.22 correct identifications per respondent. The 21-29 group made .97 correct identifications per respondent, and the 50 years of more group made .96.

² Statistically significant at the .01 level, $Z = 3.28$.

Length of residence also was related to whether respondents knew about public school classes for the retarded. In particular, a significantly larger percentage (32%) of those in residence 5-10 years, than those in residence less than 5 years (17%), mentioned classes in the public schools.¹ One-quarter of those in residence more than 10 years also mentioned classes, but the difference between this and the other two groups was not statistically significant.

Further analysis of the three groups revealed that, although no significant relationship was established, a slightly larger percentage of those living in a community 5-10 years were in the 30-49 year-old age range. The earlier finding about the relationship between age (30-49) and likelihood of mentioning public school classes, coupled with the probable higher incidence of children of grade school and high school age in these respondents families, would seem to indicate that the greater degree of awareness was due, in part, to a higher potential for exposure—via the school—age child.

It is not a startling concept that newer residents in any community are likely to have a lower level of information about any community service—and the relationship between lack of knowledge about services for the retarded and residency of less than 5 years supports this. On the other hand, the fact that more than a quarter of those respondents in residence more than 10 years were unable to identify a local or state service for the retarded does not seem too surprising either. In this group it was found that slightly more respondents were 50 years old or older, and probably less likely to have children of school age. What is more, the overall lack of knowledge exhibited by this group (regarding services for the retarded) is consistent with the belief that people confine their interests as they get older.

Special case: People's ratings of services needed

This section in the report is devoted to people's priority ratings of which services were needed for the retarded in Minnesota. Respondents were handed a card on which was a list of six services. Two separate versions, each with a

¹ Statistically significant at the .05 level, $Z=2.26$.

different randomized ordering of services, were used to guard against people's tendency to choose the first items in a list, Respondents were instructed, first, to designate the service they considered "most important" in terms of the taxpayers' money and the needs of the retarded. Then they were asked to select the "second most important" service needed for the retardate. And, finally, they were asked to pick the "least important" service—Tables III-3b, 3c, 3d.

1. The most important service

Special classes to educate and train the retarded was chosen as the most important service by 37% of the sample. Research on the causes of retardation received the second largest number of first-place votes, from almost a fourth of the respondents. Whether a respondent designated research as the vitally needed service was found to be related to his age, although not to his sex or residence. The percentages of young (30%) and medium age (25%) people picking research were significantly larger than the percentage of older people (18%) saying the same.¹

Institutions, selected by 17% of the respondents, had the third largest number of mentions. Counseling services for parents of retarded children and job-training centers each received 10% of the first place ratings, and only 2% of all respondents selected foster homes for children of retarded parents as the most important service needed in Minnesota.

2. Second most important service

Ratings of the "second most important" service needed for the retarded in Minnesota were similar to the ratings of most important services. Education again was first, 27%; and research was second, 22%; but parent counseling received the third largest number of mentions, 17%. Another 16% picked job-training centers, 13% chose institutions, and only 4% designated foster homes as the second most important service needed,

Whether respondents picked special classes as the second most important service was related to their sex, age, and residence. Thirty-two percent of the women,

¹ .01 level, Chi-square = 12.7 at 2 d.f.

as compared with a significantly smaller percentage of men (23%), selected education and training classes as the second most important service.¹ A substantially larger percentage of small city people (33%) than rural residents (22%), designated classes.² And young (33%) and medium age (31%) respondents were significantly more likely, than older folks (21%), to indicate classes as the second priority state service for the retarded.³

3. Least important service

An overwhelming number of people (44% of the sample) rated foster homes for children of the retarded as the "least important" state service needed. From that figure the drop off in ratings was sharp—15% said job-training, 14% said institutions, and another 12% specified counseling services as least important services. Only 7% of the sample picked research as unimportant, and a smaller percentage (3%) rated classes as the least important kind of service needed.

* * * * *

For the sake of comparison, an overall ranking of services was obtained by combining the number of first and second mentions, and then subtracting the number of least mentions for each service. This final, comparative ranking is shown in Table 6—see next page.

¹ .05 level, Z= 2.36.

² .01 level, Z= 2.93.

³ .01 level, Chi-square 9 12.7 at 2 d.f.

TABLE 6

COMPARATIVE RANKING OF THE IMPORTANCE OF VARIOUS SERVICES AS DETERMINED FROM RESPONDENTS' "FIRST," "SECOND," AND "LEAST" IMPORTANT RATINGS

<u>Importance of service needed for the retarded;</u>	<u>Total number of mentions</u>
RANK:	
1. Special classes to educate and train the retarded.....	553
2. Research to learn about the cause of retardation	356
3. Institutions to care for the retarded	146
4. Counseling services for parents of retardates	125
5. Centers where the retarded can learn job skills • • * • •	98
6. Foster homes for children of retarded parents	338

The comparison illustrates the extremely low priority that people assigned to the need for foster homes to care for the children, of retarded parents in Minnesota. The prominence of classes for the retarded and research on the causes of retardation is striking, although, it should be noted, both "education" and "research" are prestigious activities and people frequently gravitate toward responses thought to be prestigious. Institutions, counseling services, and job-training programs received comparable and relatively low ratings.

Thus, only two services were accorded any real importance by Minnesota residents. Efforts to appeal for public support of these programs probably would be fruitful. The perceived need for counseling programs and the like was weak. It is doubtful that people, as determined by their ratings, would easily be incited to action on behalf of these services. Foster homes for children were judged to be virtually non-essential, and, as things stood in the summer of 1962, appeals on behalf of this service would generate little or no support. Level of information;

Participation in programs for the retarded

People were asked if they or any member of their family had ever "helped out" or "taken part" in a program or drive on behalf of the mentally retarded.

Overall, 73% of the respondents said "no" or "don't know." Among the remaining 27% who said "yes," there were important differences of age, and of place of residence.

First, a significantly larger percentage (33%) of respondents between the ages of 30 and 49 said "yes," than did the percentages of respondents in the younger (23%) and the older (24%) age categories.¹

Second, metropolitan area residents (33%) were more likely to say they (or some member of the family) helped out or took part in a program for the retarded, than were rural (23%) and small city respondents (26%).²

Since information and attitudes concerning some area, say, mental retardation, is associated with involvement (participation), the sponsors of this study should be concerned about the fact that only about one out of four people in the sample testified to helping out or taking part in a program or a drive on behalf of the mentally retarded. Level, of information: Extent of participation in programs

Any attempt is incomplete that parallels amount of information with amount of participation unless there is some measure of the extent to which people participate in activities on behalf of the mentally retarded.

Of the 247 respondents (27%) saying they—or a member of their family—helped out in a program or drive, just about half said their participation was limited to contributions to fund drives. A few of these people later were disqualified in analysis, since it was evident that they had confused some other program with contributing funds to help the retarded. As such, 48% of the people who said they participated in a program or drive for the retarded said this participation was by way of giving money to a fund drive.³

¹ Statistically significant at the .05 level, Chi-square = 8.4 at 2 d.f.

² Statistically significant at the .05 level, Chi-square = 8.9 at 2 d.f.

³ Table III-4 (pink pages) shows the "How Respondents Participated" answers for all 247 respondents saying "yes" to the question dealing with participation, although analysis excluded those who were confused with respect to programs in which they had participated.

When respondents were contrasted by age and place of residence and whether they contributed to drives on behalf of the retarded, important differences appeared. Statistical tests of these differences were based on the number of respondents who did not confuse their activities.

Among the responses in different age groups, 64% of those 50 years old or older, as compared with 43% of the 30-49 year olds and 28% of the 21-29 age group, talked of making contributions. The magnitude of difference among the groups was significant¹

Living in rural areas also was associated with whether people said they (or a family member) made contributions to fund drives for mental retardation. Although 41% of people in the metropolitan areas and 48% of those in small cities said they contributed money, a noticeably larger percentage of rural Minnesotans (59%) also said they participated in this manner.²

Another, more positive form of participation in programs on behalf of the retarded was volunteered by roughly one-third of all respondents—collecting money for fund drives.

Although no sex difference was found, age was correlated with fund drive collection. As seen by their responses, the younger the person, the more likely he was to say he—or some family member—helped collect fund.³ Furthermore, whether a respondent took an active part in collecting money was associated with living in metropolitan areas. A much larger percentage of people in metropolitan areas (40%) than in rural areas (22%), aided in the collection of funds for the retarded.⁴ In the middle of this percentage spread were small city residents (31%), but their answers were not significantly unlike those given by either the big city or rural area people.

¹ Statistically significant at the .001 level, Chi-square = 15.88 at 2 d.f.

² Statistically significant at the .05 level, Chi-square = 6.0 at 2 d.f.

³ Statistically significant at the .05 level, Chi-square = 6.7 at 2 d.f.

⁴ Statistically significant at the .05 level, Z = 2.53.

By way of summarizing the above findings, it was seen that urban people and those 30-49 years old, regardless of sex, were most likely to have taken part in programs/drives on behalf of the retarded. When asked in which ways they had participated, contributions to fund drives were more frequent among respondents in increasing age groups, and in areas of decreasing urbanization. A complete reversal was noted, however, among respondents saying they—directly or indirectly—participated in collecting money for fund drives.

Thus it was learned that younger, metropolitan people were most likely to actively participate on behalf of the retarded, while their older and rural counterparts had more passive roles. However, there were no differences among respondents and whether they engaged in other, more specialized activities. Level of information: Familiarity with retardates

How much information people have about the area of mental retardation and the problems in serving the needs of the retarded would, at first blush, seem related to whether they have personally known of another individual thought to be retarded. On this assumption, an essential part of the 1962 Minnesota survey was a block of questions dealing with whether, and the extent to which, respondents were familiar with a retardate.

Overall, 83% of the respondents said they, themselves, knew someone "thought to be mentally retarded."

Whether people knew a retardate was not dependent on their sex or age. On the other hand, it was found that people living in rural areas (88/6) and in smaller cities (87%) were much more likely to know of someone mentally defective, than were metropolitan residents (77%) ¹ Table III-5.

Next, respondents who said "yes" to knowing of a retardate were asked how many persons they knew who were afflicted with a form of mental retardation. Overall, 23% of these people indicated knowing one retardate; 18% knew of two retarded

¹ Statistically significant at the .001 level, Chi-square = 17.2 at 2 d.f.,

persons; 17% mentioned three; and 11% mentioned knowing four mentally retarded persons. Of particular interest, however, is the fact that 14% of those knowing retardates said they knew nine or more retardates.

Younger people (34%), more so than respondents in the 30-49 age range (18%) and in the 50-plus group (23%), were significantly more likely to say they knew one retardate.¹ In contradistinction, then, people 30 years old or older were acquainted with more than one retardate.

When contrasted by place of residence, many more persons living in the metropolitan areas (32%) than those in smaller cities (22%) and in rural areas(16%), said they knew but one person whom they thought to be mentally retarded.²

As was the case with participation in programs on behalf of the retarded, another relationship between younger people and metropolitan residents emerged vis-a-vis some aspect of exposure (information) to the mentally retarded. In this instance, younger respondents and metropolitans were more likely, than were others in the sample, to be found to have (1) not known a retardate, or to have (2) not known more than one retardate.

Third in this series of questions was to ask respondents to consider only the retarded person best known to them man, woman, boy, girl. Here a variety of sex differences were found with respect to the person respondents said they knew best. Specifically, a great many more men (30%) than women (13%) knew other³ men who were retarded.⁴ But women (39%) were much more likely than were men (28%) to name a retarded boy.⁴ Further, women were more likely to know a retarded girl best (35%), than were men (27%).⁵ Equal percentages of men and women (13%) mentioned best knowing a retarded woman among the persons they knew who were thought to be mentally handicapped.

¹ Statistically significant at the .001 level, Chi-square = 14.1 at 2 d.f.

² Statistically significant at the .001 level, Chi-square = 18.4 at 2 d.f.

³ Statistically significant at the .001 level, Z = 5.61.

⁴ Statistically significant at the .001 level, Z = 3.29.

⁵ Statistically significant at the .05 level, Z = 2.16.

No relationships among age or place of residence were found regarding the kind of retarded person that respondents knew best.

A fourth question in the series sought to determine the relationship of the retardate to the person designating him. Well over one-third of those knowing retardates designated a neighbor as the retardate they knew best. Another 23% said the retardate was a friend of the family, and 13% said their contact was with a casual acquaintance.

Only 6% of these respondents said a member of their family was afflicted with mental retardation—and thereby the person they knew best. And 16% of them designated a relative as the retardate with whom they were most familiar.

Combined, 22% of those knowing retardates designated one relative or another as the retardate known best to them. This was opposed to 78% of those mentioning neighbors, friends, acquaintances, co-workers, and pupils, and patients—Table III-6.

Younger people (27%) were less inclined to designate a neighbor as the retardate known best to them, as compared with larger percentages of men and women in the 30-49 age group (39%) and in the older age group (34%). Tests showed this particular response distribution was statistically significant.¹

A real relationship also existed between place of residence and the relationship of the retardate. Rural people (29%) were significantly more likely to volunteer that the retardate best known to them was a relative or a member of the family, than were residents of the sample's small cities (17%) or metropolitan areas (18%).²

A final item in the series was a rating scale on which respondents placed themselves in terms of how well they felt they knew the retardate about whom they had been talking. The alternatives were "very well," "fairly well," "not too well," or "not well at all."

¹ .01 level, Chi-square = 6.6 at 2 d.f.

² .001 level, Chi-square = 14.2 at 2 d.f.

Twenty-seven percent of those knowing retardates rated knowing "very well" the particular retardate to whom they had been referring. Another 35% said "fairly well," 26% said "not too well," and only 12% said they really did not know the retardate well.

Although there was no sex difference, a significantly large percentage of respondents in the 50-plus age bracket gave the highest rating when evaluating how well they knew someone who was mentally retarded. One-third of these people said "very well," as compared with 25% and 21% of the mid-range and the youngest groups respectively.¹

According to their median responses, rural or small city residents were no more apt to say they knew a retardate "very well" or "fairly well," than were those living in the metropolitan districts.

* * * * *

A certain consistency was evident in the overall responses to the five questions posed in this series, on the extent to which respondents were personally familiar with someone thought to be mentally retarded.

First, people in the smaller communities and rural areas were more likely to personally be exposed to a retardate, than were their big city counterparts. This was not an unusual relationship, however, in view of the hypothesis that suggests there is a kind of heightened "neighborliness" in the smaller city (narrower social horizons) than in the bustling metropolis. The finding, though, does contradict the conception of the rural "isolate" which in light of instantaneous and accessible modern communication media is rapidly becoming attenuated.

Not only were small town and rural people more likely to know a retardate, but they were noticeably more likely to have had multiple contacts.

Respondents' sex was important only in relation to the kind of retarded person known best. Men, for example, knew other men. Women were more likely to mention knowing children, both boys and girls.

¹ .05 level, Chi-square = 7.5 at 2 d.f.

The rural-older pattern was further enhanced by respondents answers concerning the relationship of retardates best known to them. Here it was found that younger people were less exposed to neighbors who were mentally retarded, than were people in the middle and older age ranges. Moreover, rural residents were significantly more likely than metropolitan, and even small city residents, to indicate best knowing a retarded relative or family member.

The notion about heightened personal involvement in situations where social exposure is limited to potentially fewer persons (particularly in rural areas) was supported, in addition, by the finding that rural respondents were more likely to know a retardate "very well," than even those people living in smaller cities. In conjunction with this was the result showing older people more likely, than younger people, to say they knew a retardate "very well." Level of information; Causes of retardation

A final information question sought to get at respondents notions about the causes of mental retardation. Further, if in his remarks a person mentioned some kind of cause related to "heredity" or "inheritance," he was asked if people seemed to inherit mental afflictions because their parents also were retarded--Table III-7-8.

About one-third of all respondents could be no more specific in their answer than to say, rather generally, that the "most common cause" of retardation was some kind of "injury," "defect," or "accident" at birth. When contrasted by sex, 28% of the men and 36% of the women offered these general comments. This difference between the larger number of women than men mentioning general birth injuries, and the like, was highly significant.¹

Besides women, younger people and metropolitan residents were disposed to volunteering general injuries at birth as a common cause of retardation. Equal percentages (38%) of both the under-50 age categories, as compared with 23% of those in the over-50 age group, offered these kinds of comments.² The differences among

¹ .01 level, $Z = 2.65$.

² .001 level, Chi-square = 21.7 at 2 d.f.

the 40% of the metropolitan residents, the 26% of the rural, and 29% of the small city respondents making these responses, also was highly significant.¹ Examples of comments pertaining to general birth injuries are:

"Birth defect"

"Birth injuries"

"I believe the biggest reason would be through accident at birth."

"Some claim it happens during birth."

"Birth damage"

"Brain damage due to birth injury?"

"It seems that it is caused by a birth defect or an injury at birth."

"Birth accidents"

Heredity—both directly from the parents or through generational strains—was the second most frequently mentioned cause of retardation, by 28% of all 900 respondents. Although age or place of residence was not related to whether this "cause" was stipulated, there was a real relationship between respondents' sex and whether heredity was mentioned. That is, a significantly larger percentage of men (32%), than women (24%), offered this kind of comment.² Typical remarks are:

"It could be inherited from retarded parents."

"Well, as far as a child is concerned the cause is heredity."

"Heredity"

"The cause is probably from a hereditary weakness."

"Medical science has no way of knowing other causes except inheritance from parents,"

"It could run in the family."

"At times it is inherited."

"Inherited characteristics—it's just inherited from lineage."

Tied for the third greatest number of mentions were childhood diseases/illnesses and accidents and poisoning—both offered by 18% of all respondents.

¹ .001 level, Chi-square = 18.J at 2 d,f.

² .01 level, Z = 2.86.

People in the 30-49 year age group (23%) offered diseases and illnesses, as a cause of retardation, much more frequently than did younger (13%) and older (15%) respondents. The overall discrepancy in this response pattern reached significance.¹ Examples of these responses are:

"Protracted illness"

"Sickness or disease"

"High fever during childhood"

"Brain damage that conies from a severe illness."

"It is developed through some childhood sickness."

"Developed because of an illness"

"A childhood disease like scarlet fever and also some forms of measles."

"Some sicknesses or severe children's diseases."

Among persons saying that childhood accidents and poisonings were commonly responsible for mental retardation, the percentage of older people was substantially less (14%) than were percentages of younger people (21%) and those in the 30-49 year age range (22%), In combination, these response frequencies were significantly unlike each other.² Typical comments are:

"Sometimes a serious fall will cause retardation."

"It could come from a bad fall where they hurt their head,"

"Accidents as in childhood"

"When someone is hit on the head."

"Through an accident"

"Some sort of accident—an automobile or a boating accident, or a severe fall from a high place—that causes an injury to the brain."

The sixth-ranked comment was that mothers' prenatal illnesses often resulted in later mental retardation among children. One out of ten people in the sample mentioned various kinds of pregnancy problems (German measles, etc.) as causes of

¹ .01 level, Chi-square • 11.7 at 2 d.f.

² .05 level, Chi-square = 9.3 at 2 d.f.

retardation, but these responses were not characteristic of any particular group when respondents were contrasted by sex, age, and residence. Some comments are:

"It is something that happens during pregnancy—that is traced back to certain diseases."

"Disease in the mother before the child is born makes something happen to the genes before the child is born."

"Prenatal brain injury"

"If the mother doesn't take care of herself during pregnancy the child can be retarded."

"Prenatal care is the only thing I've heard even a little bit about." "I think disease of some kind during pregnancy can cause it," Before going into the ways in which responses seemed to "cluster" by syndromes, it is important to call attention to the fact that almost one out of every fifth person in the sample (19%) was unable to offer at least one "cause" of retardation.

Among these people, older folks appeared in a significantly larger proportion (23%); than did young people under 30 years of age (14%).¹

In analysis, responses were grouped according to one element common to each kind of response. In all, five response syndromes were contrived, as well as a miscellaneous group. Rather than being ranked according to their frequency of occurrence, each syndrome is presented here at the point at which it appears in the life cycle, as a cause of retardation.

First, would be the comments relating to heredity. This syndrome included the answers pertaining to (1) incompatible parental physiology "bad blood," "change of life," "defective genes;" (2) gene damage—"externally caused" and/or "due to radiation;" (3) inheritance "runs through generations," "they get it from their parents;" and (4) incest—"cousins having relations." Overall, 35% of the respondents singled out one of the above four factors as a "cause" of retardation.

Next in the life development of the child were comments related to pre-birth problems, offered by 16% of all respondents, such as (1) illnesses during

¹ .05 level, Z= 2.22.

pregnancy—"German measles," "pregnancy problems," "glandular disorders;" (2) injuries during pregnancy—"falls," "internal damage;" and (3) venereal diseases—"syphilis."

Another response syndrome, at-birth problems, included those comments, by 44% of all respondents, about (1) birth conditions--"hemorrhages," "abortion;" (2) brain damage--"brain damage at birth;" (3) birth injuries--"defects," "accidents," or "something goes wrong."

Post-birth problems, mentioned by 36% of the sample, constituted a fourth group in which there were causes attributed to (1) diseases and illnesses- "high fever," "brain fever," "sickness;" and (2) accidents and poisoning--"knock on the head," or "kid drinks iodine."

Finally, 28% of all respondents made a comment that was categorized as external conditions. That is, when people said retardation was caused by (1) excessive indulgence—"sinful living," "dopey living," "too much drinking and smoking;" (2) daily tensions—"grief," "strain," "shock," or "too much worrying;" (3) predetermined—"act of God," "it just happens that way;" and (4) environmental conditions--"parental neglect," "improper care," or "ignoring the child."

Other miscellaneous responses were too scattered and infrequent for reporting here.

The hierarchy of response syndromes is shown in Table 7, where groups are new ranked according to total percentage of mentions—see next page.

TABLE 7

RANKED PERCENTAGES OF COMMENTS CLASSIFIED BY
BROAD CATEGORIES INDICATING WHAT PEOPLE THOUGHT
TO BE THE "CAUSES" OF MENTAL RETARDATION

<u>Respondents' comments were related to:</u>	<u>Total comments</u>
BANK:	
1. Problems at birth	44%
2. Problems after birth	36
3. Heredity	35
4. External conditions	28
5. Don't know/no answer	19
6. Problems before birth	16
7. Miscellaneous causes	4

From the foregoing discussion, it is apparent that many Minnesotans—one-fifth of the respondents—could not even venture to guess which kinds of conditions frequently will cause mental retardation. What is more, more than one-quarter of the people in the sample linked mental retardation with the kinds of environmental factors ("act of God," "sinful living," "parental neglect," "too much worrying") which have not, as yet, been sufficiently demonstrated to be "causes" of mental retardation.

Off-setting the above findings, of course, was the fact that most people demonstrated some kind of knowledge! about factors related to the causation of retardation* However, it must be borne in mind that, in general, the nature of these comments indicated a pervasive ambiguity about what are known to be causes of retardation. For example, many people offered either "heredity," "birth injuries," "German measles," or "brain damage" as their only comment—despite interviewer probing for embellishment. Others abstractly talked about "brain fever," and the like, as causes. Others indicated defective chromosomes or genes, but related these in lay fashion to the "change in life," "mixed blood," "bad blood," and the like.

As evidenced by the general poverty of comments and the absence of specificity, it seems that (July-August, 1962) there was little sophistication among Minnesota residents as to the causes of mental retardation.

Special case: Heredity

If, in his comments, a person alluded to heredity as a cause of mental retardation, he was asked (in a separate question) whether he primarily thought people inherited their retardedness from retarded parents or normal parents—Table III-8,

Of the 253 persons mentioning the inherited nature of retardation, well over two-fifths of them (44%) said retardates inherited their affliction not from their parents, but from their ancestors. Although there were no real differences by the usual criteria for statistical significance, larger percentages of young people (45%) and people in the 30-49 year age range (51%), than in the older age group (38%) mentioned generational transmission of mental traits. On the other hand, slightly more rural people (51%), than small city (36%) and metropolitan (54%) residents, said retardation was a genetic characteristic.

About one-fifth of the respondents said retardates inherited their handicaps directly from their parents, and metropolitan and small city residents were somewhat more likely to say this, than were rural people.

Another 5% of the respondents said parents probably were not retarded, 15% said parents could be either normal or retarded, and 12% could not give any answer. Other responses varied among categories related to (1) body chemistry—4%; (2) incest—3%, and (3) adverse environments—3% Level of information; Conclusions about awareness of mental retardation

Throughout the foregoing sections, a major theme was developed concerning the positive associations between knowledge about something (mental retardation) and the degree of personal involvement. Various findings supported this notion—e.g., length of residence was related to knowledge about services, personal contact communication provided more people with specific information about retardates, active

participation in programs for the retarded was limited and so was the amount of general information people had about retardation.

Perhaps a more convincing demonstration of the above principle is obtained by noting the associations among familiarity with retardates (involvement) and understanding, knowledge, and participation. This was provided by a brief comparison of two groups of respondents, (1) those who knew a retardate "very well"--201 people--the "high" group and (2) those who did not know a retardate plus those who knew a retardate "not well at all"--154 people--the "low" group.

These two groups were contrasted by what they understood "mentally retarded" to mean; by whether they had heard or read information in the "last several months; by whether they knew which state of local services were available; by whether they had participated in programs on behalf of the retarded; and by what they thought--were the causes of retardation.

1. Familiarity and understanding

The "high" and "low" groups were contrasted first by their answers to the question about the meaning of the phrase "mentally retarded." A significantly larger percentage of respondents in the "high" group (46%), than those in the "low" group (34%) said to them the phrase described someone mentally deficient.¹ It may be recalled that responses equating defectiveness and retardation were said to indicate "some initial meaning" on the part of the persons making them (see page 9).

2. Familiarity and information in-take

The two groups of respondents--those who knew a retardate "very well," and those who did not know a retardate at all or "not well at all"--then were compared with respect to whether they had heard or read any information about mental retardation in the several months prior to the study. A far larger percentage of those in the "high" group (68%), than those in the "low" group (45%), said they had

¹ .05 level, $Z = 2.15$.

acquired some kind of information (in past months) about retardation. This difference between "high" and "low" groups sensitivity to information about retardation, was highly significant.¹

3. Familiarity and knowledge about services

There was a real relationship between knowing a retardate "very well" and whether people gave sufficient proof of correctly knowing where and what state and local services were available. Whereas 51% of the "low" group respondents knew of services for the retarded, a significantly larger percentage of "high" group respondents (80%) knew about the kind or the location of such services.²

4. Familiarity and participation in programs

Another important difference was noted between those who were very familiar with retardates and those who were not familiar, when they were contrasted by whether they had "taken part" or "helped out" in programs or drives for the retarded. Specifically, the difference between the 35% of "high" group people and the 17% in the "low" group, that reported some kind of participation in programs, was highly significant.³

5. Familiarity and causes of retardation

Finally, both groups were compared by their answers about the "common causes" of retardedness. In two instances, causes were reported more frequently in the "high" group than in the "low" group. In particular, a significantly larger percentage of people who were "very" familiar with retardates (33%), than those who were unfamiliar with retardates (22%), mentioned birth defects and injuries as causes,⁴ In addition, childhood diseases and accidents were much more frequently offered as causes by people who knew retardates well (21%), than by people not knowing retardates (10%). This difference reached a high level of statistical significance.⁵

¹ .001 level, Z = 4.42.

² .001 level, Z = 5.63.

³ .001 level, Z = 3.86.

⁴ .05 level, Z = 2.23.

⁵ .01 level, Z = 2.76.

The positive degree of association between personal involvement and awareness of mental retardation is dramatically illustrated by the above comparisons. It is well to note, furthermore, that in each of the above comparisons, the responses of people who knew retardates "fairly well" and "not too well" fell somewhere between the two extreme groups.

Exposure to the area of mental retardation or to the problems involved in meeting the needs of the retarded is inextricably linked to (1) whether and (2) to what extent people have had close personal associations with retardates. The more remote the association, the less is understanding, information intake, knowledge, and participation. It must be added, however, that participation—for example—may be independent of personally knowing a retardate. But, whenever someone is personally involved in something, in one way or another, his sensitization to it is enhanced.

TABLE III-1

What Respondents Have Heard or Read About Mental Retardation

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Broadcast, television	20%	21%	20%	19%	19%	23%	21%	20%	20%
Broadcast, radio	1	2	3	2	2	2	2	3	2
Programs	3	4	1	2	3	3	3	3	3
Advertisements	4	3	1	*	3	4	3	1	2
Newspaper, general	5	10	12	7	7	14	10	10	10
Newspaper, specific	-	2	3	2	3	1	2	2	2
Magazine, general	2	6	5	5	4	5	4	6	5
Magazine, specific	5	7	4	6	5	5	5	5	5
Pamphlets/handouts	2	1	*	1	2	1	1	1	1
Personal contacts	16	14	11	14	11	13	9	17	13
Vague/heard or read something	11	13	13	12	15	11	12	13	13
Nothing/don't recall	47	37	41	42	40	39	44	37	40
	116%	120%	114%	112%	114%	120%	116%	118%	116%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE III-2

Source of Information: Broadcast Media

Something about retardates	3%	3%	5%	2%	5%	5%	3%	5%	4%
Statistics/incidence of MR	3	3	2	-	5	3	4	1	3
Training/education/care/programs	7	14	18	13	22	9	11	16	14
Research/medicine	3	4	3	4	5	3	4	4	4
Staff/money for MR programs	13	4	10	6	12	8	6	10	8
Fund drives/MR need funds	26	16	16	27	17	12	16	20	18
Confusion with other afflictions	7	4	3	4	5	5	5	4	4
General/vague/nothing	40	53	46	44	32	61	51	45	48
	102%	101%	103%	100%	103%	106%	100%	105%	103%
	(N:30)	(N:68)	(N:61)	(N:52)	(N:41)	(N:66)	(N:79)	(N:80)	(N:159)

TABLE III-2 (cont'd.)

Source of Information: Print Media

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Something about retardates	-%	1%	-%	2%	-%	-%	-%	1%	1%
Statistics/incidence of MR	-	-	4	6	-	-	1	2	2
Training/education/care/ programs	13	25	35	21	32	30	22	33	27
Research/medicine	-	14	7	13	5	8	7	10	9
Staff/money for MR programs	4	14	17	15	17	11	17	10	14
Fund drives/MR need funds	13	7	7	11	7	5	5	10	8
Recreational/camping programs	-	1	3	-	2	3	1	2	2
Confusion with other afflictions	13	7	4	2	15	5	7	6	7
General/vague/nothing	57	40	29	38	27	43	45	30	37
	<u>100%</u>	<u>109%</u>	<u>106%</u>	<u>108%</u>	<u>105%</u>	<u>105%</u>	<u>105%</u>	<u>104%</u>	<u>105%</u>
	(N:23)	(N:73)	(N:72)	(N:53)	(N:41)	(N:74)	(N:82)	(N:86)	(N:168)

Source of Information: Personal Contact

Something about retardates	29%	45%	35%	42%	33%	37%	39%	38%	38%
Statistics/incidence of MR	4	-	3	5	-	-	3	1	2
Training/education/care/programs	46	22	27	30	21	33	22	32	29
Research/medicine	-	8	8	5	8	7	6	7	6
Staff/money for MR programs	8	6	11	14	4	5	11	7	8
Fund drives/MR need funds	13	4	8	2	17	7	6	8	7
Recreational/camping programs	-	-	3	-	-	2	3	-	1
Confusion with other afflictions	-	6	-	-	13	-	6	1	3
General/vague/nothing	13	14	16	9	17	19	14	15	15
	<u>113%</u>	<u>105%</u>	<u>112%</u>	<u>107%</u>	<u>113%</u>	<u>110%</u>	<u>110%</u>	<u>110%</u>	<u>110%</u>
	(N:24)	(N:49)	(N:37)	(N:43)	(N:24)	(N:43)	(N:36)	(N:74)	(N:110)

TABLE III-3

Local and State Services Thought to be Available

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
State institutions/hospitals	45%	43%	40%	44%	44%	40%	42%	43%	42%
Other state services	5	7	5	7	4	5	6	6	6
Diagnostic centers/clinics	5	6	3	3	3	6	5	4	5
Private homes (rest/foster)	3	4	3	6	1	3	2	5	4
Private and religious schools	2	1	2	1	1	3	2	2	2
Day schools/day care	10	16	11	8	15	16	11	14	13
Special classes (public school)	20	29	20	25	31	18	20	26	24
Vocational guidance/workshops	2	7	3	3	2	7	3	6	5
Camping/recreational/YMCA	1	2	2	*	3	2	1	3	2
Associations	2	5	3	3	5	4	3	4	4
General community services	2	2	2	1	2	3	1	2	2
Vague mentions	2	2	3	2	-	5	2	3	3
Nothing/don't know	31	23	32	27	28	29	30	26	28
	<u>130%</u>	<u>147%</u>	<u>129%</u>	<u>130%</u>	<u>139%</u>	<u>141%</u>	<u>128%</u>	<u>144%</u>	<u>140%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE III-3b

Most Important Service Needed for the Retarded

	<u>AGE</u>		<u>50 and Over</u>	<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>		<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Special classes to educate/train	36%	41%	35%	37%	33%	40%	37%	37%	37%
Research to learn about causes	30	25	18	22	26	22	26	21	23
Foster homes for children of MR	1	2	3	3	2	1	2	2	2
Counseling parents of retardates	9	9	11	11	10	9	9	10	10
Institutions	16	15	19	15	21	16	16	18	17
Centers where retarded can learn jobs	8	8	12	11	7	11	9	11	10
All important	-	-	2	1	1	1	1	1	1
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE III-3c

Second Most Important Service Needed for the Retarded

Special classes to educate/train	33%	31%	21%	22%	33%	28%	23%	31%	27%
Research to learn about causes	27	22	20	25	17	23	21	24	22
Foster homes for children of MR	2	2	8	5	6	3	5	4	4
Counseling parents of retardates	16	20	14	15	12	21	17	16	17
Institutions	12	12	14	14	14	11	15	10	13
Centers where retarded can learn jobs	10	13	21	18	16	14	18	14	16
All important	-	-	2	1	2	*	1	1	1
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE III-3d

Least Important Service Needed for the Retarded

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Special classes to educate/train	2%	2%	5%	5%	1%	3%	4%	2%	3%
Research to learn about causes	4	7	9	6	9	6	8	6	7
Foster homes for children of MR	48	46	40	42	43	46	42	46	44
Counseling parents of retardates	16	12	11	16	12	10	11	14	12
Institutions	12	15	12	13	9	17	14	13	14
Centers where retarded can learn jobs	15	16	14	12	19	14	16	14	15
All important	2	2	9	6	7	4	5	5	5
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE III-4

Respondent has Taken Part in Program or Drive for Mentally Retarded

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	23%	33%	24%	23%	26%	33%	26%	29%	27%
No	74	61	72	73	68	63	68	68	68
Don't know	3	6	4	4	6	4	6	3	5
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

How Respondent Participated

Fund drive contribution	28%	43%	63%	59%	48%	41%	52%	44%	48%
Fund drive collection	45	35	23	22	31	40	28	36	32
Volunteer work (school/church)	5	3	5	3	2	6	3	5	4
Volunteer work (other)	8	6	2	1	9	5	4	5	5
Professional (teaching)	2	2	3	3	3	3	4	2	3
Professional (care)	5	2	1	1	3	3	1	4	2
Attended speeches/meetings	-	2	1	1	-	2	1	2	1
Member of MR association	2	2	1	3	2	1	3	1	2
Confused MR with something else	8	8	6	8	9	6	9	6	7
	<u>103%</u>	<u>103%</u>	<u>105%</u>	<u>101%</u>	<u>107%</u>	<u>107%</u>	<u>105%</u>	<u>105%</u>	<u>105%</u>
	(N:40)	(N:120)	(N:87)	(N:73)	(N:58)	(N:116)	(N:115)	(N:132)	(N:247)

TABLE III-5

Respondent has Known a Retardate

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	79%	86%	81%	88%	87%	77%	81%	85%	83%
No	19	13	16	10	12	22	16	14	15
Don't know/no answer	2	1	3	2	1	1	3	1	2
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Number of Retardates Known by Respondents

One	34%	18%	23%	16%	22%	32%	21%	25%	23%
Two	23	17	17	19	15	20	17	19	18
Three	17	18	17	18	17	17	16	19	17
Four	9	12	10	11	14	8	12	9	11
Five	3	6	6	6	3	6	5	6	6
Six	6	10	11	11	12	6	11	8	9
Seven	-	2	1	1	2	1	1	1	1
Eight	-	1	1	1	1	*	1	1	1
Nine or more	8	16	14	17	14	10	16	12	14
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:136)	(N:317)	(N:294)	(N:281)	(N:195)	(N:271)	(N:355)	(N:392)	(N:747)

*less than 1%

TABLE III-6

Retardate Respondent Knew Best

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Man	19%	21%	23%	25%	19%	19%	30%	13%	21%
Woman	12	14	13	14	14	11	13	13	13
Boy	36	34	33	29	38	35	28	39	34
Girl	33	31	30	31	28	34	27	35	31
No answer	-	*	1	1	1	1	2	-	1
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:136)	(N:317)	(N:294)	(N:281)	(N:195)	(N:271)	(N:355)	(N:392)	(N:747)

Relationship of Retardate

Neighbor	27%	39%	34%	35%	34%	36%	34%	36%	35%
Friend of family	25	22	22	19	22	26	22	24	23
Casual acquaintance	12	12	15	15	15	10	14	12	13
Person at work	4	3	3	1	5	4	4	2	3
Relative	20	13	18	21	14	12	15	17	16
Member of immediate family	6	6	5	7	3	6	5	6	6
Pupil/patient	6	4	3	1	6	6	5	3	4
Other/no answer	-	1	-	1	1	-	1	*	*
	<u>100%</u>								
	(N:136)	(N:317)	(N:294)	(N:281)	(N:195)	(N:271)	(N:355)	(N:392)	(N:747)

How Well Retardate is Known

Very well	21%	25%	33%	30%	22%	27%	27%	27%	27%
Fairly well	36	37	31	35	36	34	34	35	35
Not too well	28	27	23	24	27	27	26	26	26
Not well at all	15	11	13	11	15	12	13	12	12
No answer	-	-	*	*	-	-	*	-	*
	<u>100%</u>								
	(N:136)	(N:317)	(N:294)	(N:281)	(N:195)	(N:271)	(N:355)	(N:392)	(N:747)

TABLE III-7

Causes of Mental Retardation

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Defective/incompatible genes	7%	5%	4%	4%	4%	7%	4%	6%	5%
Externally caused gene damage	1	1	-	1	1	-	*	1	*
Hereditv	24	27	30	30	28	26	32	24	28
Incest	3	2	2	2	3	1	3	1	2
Mother's illnesses/prenatal	14	11	8	9	13	10	8	12	10
Mother's injuries	5	5	4	5	4	4	5	4	4
Venereal disease	1	2	2	1	1	3	2	1	2
Unusual birth conditions	3	4	2	2	2	4	2	3	3
Brain damage/injury	11	12	5	8	8	11	9	10	9
General birth injuries/defects	38	38	23	26	29	40	28	36	32
Childhood disease/illness	13	23	15	17	19	18	17	18	18
Accidents/poisoning	21	22	14	18	18	19	18	19	18
"Sinful living" (drinking, smoking)	3	4	6	6	6	3	5	4	5
Nutritional deficiencies	-	1	2	1	2	1	1	2	1
Tension/worry/grief	9	7	11	9	7	9	10	7	9
"Act of God"/"just happens"	7	6	7	8	8	5	7	7	7
Poor environmental conditions	6	6	8	9	6	5	8	6	7
"Not inherited"	3	1	2	2	2	2	1	2	2
Lack of certain blood chemicals	-	1	-	-	*	*	1	-	*
Glandular imbalance	-	*	*	*	*	-	1	-	*
Don't know/no answer	14	16	23	20	21	16	19	18	19
	183%	193%	168%	179%	182%	184%	181%	181%	181%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE III-8

Reasons Given When Respondent Indicated
Heredity as a Cause of Mental Retardation

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Parents are retarded	21%	16%	24%	15%	25%	24%	18%	23%	21%
Parents not retarded	5	3	6	8	5	1	4	6	5
Parents either retarded or normal	14	18	12	11	19	15	16	13	15
Not parents, other generations	45	51	38	51	36	44	42	47	44
Incompatible body chemistry	5	3	5	4	6	3	5	4	4
Inter-family marriages	-	4	4	2	5	3	1	6	3
Poor environmental conditions	-	4	3	3	2	3	4	1	3
Don't know/no answer	15	8	15	13	8	13	15	8	12
	105%	107%	107%	107%	106%	106%	105%	108%	107%
	(N:42)	(N:100)	(N:111)	(N:97)	(N:64)	(N:92)	(N:142)	(N:111)	(N:253)

Nature of attitudes: What people thought about mental retardation

In striving to obtain measurements of people's attitudes toward the retarded a variety of attitude rating scales were used. One block of attitude items provided a five-position continuum of the intensity with which respondents held various popular beliefs about the retarded. Another seven-step rating scale (the "semantic differential") sought respondents' comparisons of the image of the "normal" person with that of the retarded person.

Still another series of attitude questions was used in an attempt to have respondents evaluate the social worth of the retardate, and a final series asked for people's "yes-no" reactions to several items concerning public activities in which retardates might engage.

Beyond these, single attitude questions were asked, in conjunction with each other, about specific issues involving the retarded. Mature of attitudes; Extent of agreement with popular beliefs

Each respondent was read a list of statements and asked to indicate the extent to which he agreed or disagreed with the individual statements. The five response alternatives were "strongly agree," "agree," "don't know," "disagree," and "strongly disagree" - Table IV-1. In analyzing the agree-disagree ratings, statistical tests were performed in a manner whereby the median cutting point in the total response distribution was used to separate respondents into two groups - usually those in agreement versus those in disagreement with the statement, with the "don't know" responses added to either side of the median where appropriate.

The eight attitude items included in this series are presented below individually. For each statement, the amount of "agreement" (A) and "disagreement" (D) is shown for all respondents, and response differences are summarized for respondents when compared by sex, age, and place of residence. "Don't know" responses are not shown for any item.

1. Retardates are extra large for their age - (A-20%) (D-71%)

Although there were no differences by respondents' sex or residence, significantly larger percentages of young people (82%) and people in the middle age group (76%), than older people (60%), were in disagreement with this statement.¹

2. Retardates should be cared for at home - (A-20%) (D-71%)

Again, there were no sex or residence differences, but significantly higher percentages of young (85%) and "middle" age (75%) people disagreed with this item, than did older people (60%).²

3. Retardates look different from other people - (A-55%) (D-41%)

Women (61%) were significantly more likely than men (47%) to agree that retardates look different from other people.³ Further, the older the person, the more likely he would agree with the statement. The difference among young people (38%), middle group people (51%), and older people (67%) was highly significant.⁴ And, finally, rural (57%) and small city (62%) were more likely, than metropolitan respondents (49%), to agree that retardates look different.⁵

4. Retardates are mentally ill - (A-40%) (D-51%)

Women (57%), more so than men (46%), disagreed with this statement.⁶ And young people (61%) and people in the middle age group (59%) were significantly more likely to disagree, than were older folks (39%).⁷

5. Retardates can learn to live normal lives - (A-64%) (D-28%)

There were no differences among respondents when compared by sex, age, or residence.

¹ .001 level, Chi-square = 32.1 at 2 d.f.

² .001 level, Chi-square = 41.0 at 2 d.f.

³ .001 level, Z = 4.04.

⁴ .001 level, Chi-square = 42.9 at 2 d.f.

⁵ .01 level, Chi-square = 10.9 at 2 d.f.

⁶ .001 level, Z = 3.39.

⁷ .001 level, Chi-square = 37.0 at 2 d.f.

6. Retardates should be kept in institutions - (A-35%) (D-55%)

No one group of respondents was found to be substantially different from any other group, in the extent to which they agreed or disagreed with the idea of institutionalizing retardates.

7. Retardates had mentally retarded parents - (A-8%) (D-85%).¹

Women (31%) were significantly more likely, than were men (21%), to strongly disagree than most retardates had mentally retarded parents.² And, older people (21%) were much less likely to strongly disagree, than were people in the middle age range (32%) combined with younger people (28%).³

8. Retardates are called morons - (A-13%) (D-74%)

As was frequently the case with other items, sex was unrelated to whether respondents agreed or disagreed that retardates are called morons. There was, however, a real relationship between the extent to which respondents disagreed with this item and their ages, as well as their residence. Specifically, real differences were found among the percentages of younger people (86%), medium age people (77%), and older people (66%) that strongly disagreed with this concept.⁴ Too, metropolitan people (80%) were more likely, than small city (72%) and rural (70%) respondents, to strongly disagree about equating retardates with "morons"⁵

* * * * *

The following schematic presents a summary description of the various relationships that emerged in this series of eight attitude items, regarding certain beliefs having both lay and professional currency.

¹ This was not the median division, but so many people disagreed that the median cut actually was between "disagree" and "strongly disagree." Statistical tests were computed by this latter split among respondents.

² .01 level, Z = 3.41.

³ .01 level, Chi-square = 11.5 at 2 d.f.

⁴ .001 level, Chi-square = 29.2 at 2 d.f.

⁵ ,05 level, Chi-square =8.8 at 2 d.f.

TABLE 8¹

SCHEMATIC SHOWING RESPONDENTS "MORE LIKELY" TO AGREE OR DISAGREE WITH VARIOUS ATTITUDE ITEMS — ACCORDING TO TESTS ON MEDIAN RESPONSE DISTRIBUTIONS

	RESPONDENTS	
	More likely to agree	More likely to disagree
<u>Most mentally retarded people:</u>		
1. are extra large for their age	over 50 years	under 50 years *
2. should be cared for at home	over 50 years	under 50 years *
3. look different from other people.	women * over 50 years * rural-small city*	men under 30 years metropolitan
4. are mentally ill.	men over 50 years *	women * under 50 years
5. can learn to live normal lives,	(no difference)	(no difference)
6. should be kept in institutions.	(no difference)	(no difference)
7. had mentally retarded parents	men over 50 years	women * under 50 years *
8. are called morons	over 50 years rural-small city	under 50 years * metropolitan *

(The above table shows only real relationships. More than half of all respondents may have disagreed with a given item - "mentally ill" - but where there was a real difference as to which group men vs. women -- was more likely to disagree, the other group was, conversely, more likely to agree.)

¹ The asterisks (*) in the schematic are used to designate the respondents for whom the "more likely to agree" or "more likely to disagree" relationship was found.

Nature of attitudes ; Ratings of the social worth of retardates

To get some idea of the extent to which Minnesotans considered retardates to be "socially useful," a five-item series of attitude questions was administered as a separate part of the questionnaire. Respondents were asked their favorable or unfavorable evaluations of retardates as prospective employees, neighbors, citizens, parents, or marriage partners. Ratings were in terms of "good," "fair," and "poor" – Table IV-2.

In computing tests of sex, age, and residence relationships among various respondents' answers, the "don't know" answers were discarded, since it could only have been an arbitrary judgment as to the position of the "don't know" responses on the "good-to-poor" continuum. Furthermore, in no case did the exclusion of the few "don't know" answers affect the nature of the response distributions. In the previous section the testing situation was different because "don't know" was the mid-point of the two-direction "Agree-disagree" continuum. Here, however, responses gradate only in one direction so tests were computed only for those who answered the questions. Good (G), fair (F), and poor (P) scores are shown for all respondents.

1. The kind of employees that retardates would make – (G-22%) (F-47%)
(P-24%)

Young people {31%} were significantly more likely; than older people (17%), to rate retardates as "good" employees. Medium age people (22%) were in the middle of this response pattern.¹ Too, the "good" ratings by metropolitan residents (27%) proportionately were much higher than the same ratings made by rural people (15%). The percentage of small city residents (22%) saying "good" was between the other two groups, and the overall response distribution was statistically significant.²

¹ .01 level, Chi-square = 12,2 at 2 d.f.

² .001 level, Chi-square = 16,8 at 2 d.f.

2. The kind of neighbors that retardates would make — (G-23%) (F-51%)
(P-16%)

Young people (31%) gave a higher percentage of "good" ratings, than did the middle age group respondents (24%) and older respondents (18%).¹ A much greater percentage of metropolitan people (33%) said retardates would make "good" neighbors, than did small city (20%) and rural (13%) respondents.²

3. The kind of citizens that retardates would make — (G-26%) (F-46%)
(P-18%)

Again, young people and metropolitan residents offered significantly more "good" ratings than did people over 50 years of age, and rural-small city residents. Thirty-seven percent of people under 30 years, as compared with 26% middle group people and 19% older people, rated retardates as "good" citizens.³ And one-third of the metropolitan residents, versus about one-fifth of both the small city and rural respondents, said "good."⁴

4. The kind of parents that retardates would make — (G-7%) (F-20%) (P-65%)
Women (24%) were significantly less likely, than men (31%) to say most retardates would make "good" or "fair" parents.⁵ Younger people (45%) were much more likely to rate retardates as "good-fair" parents than were people in the medium age group (26%) and in the over-50-year group (20%).⁶ Finally, a significantly lower percentage of metropolitan residents (57%) made "poor" ratings, than did small city (69%) and rural (70%) respondents,⁷

¹ .01 level, Chi-square = 10.2 at 2 d.f.

² .001 level, Chi-square = 36.8 at 2 d.f.

³ .01 level, Chi-square = 13.2 at 2 d.f.

⁴ .001 level, Chi-square = 15.8 at 2 d.f.

⁵ .05 level, Z = 2.21.

⁶ .001 level, Chi-square = 32.8 at 2 d.f.

⁷ .05 level, Chi-square = 6.8 at 2 d.f.

5. The kind of husbands and wives that retardates -would make — (G-9%)
(F-20%) (P-65%)

Once again, response differences were found among younger, metropolitan people, and older, non-metropolitan respondents. In particular, younger people (40%) were much less likely, than medium age (56%) and older (60%) people, to think that retarded persons would make "poor" husbands and wives. ¹ Too, metropolitan respondents (49%) did not rate retardates as "poor" husbands and wives, as frequently as did smaller city residents (56%) and rural residents (60%).²

* * * * *

The following schematic presents a summary of the relationships found among respondents' ratings of the "social usefulness" of the mentally defective.

TABLE 9³

SCHEMATIC SHOWING RESPONDENTS "MORE LIKELY." TO GIVE A FAVORABLE OR UNFAVORABLE EVALUATION OF RETARDATES— ACCORDING TO TESTS OF MEDIAN RESPONSE DISTRIBUTIONS

Rating mentally retarded people as:

1. employees.....
2. neighbors.....
3. citizens.....
4. parents.....
5. husbands or wives.

-----RESPONDENTS-----	
More likely to be favorable	More likely to be unfavorable
under 30 years * metropolitan *	over 50 years rural
under 30 years * metropolitan *	over 50 years rural
under 30 years * metropolitan *	over 50 years rural-small city
men * under 30 years metropolitan	women over 30 years * rural-small city *
under 30 years metropolitan	over 30 years * rural *

¹ .001 level, Chi-square = 30.7 at 2 d.f.

² .05 level, Chi-square = 7,9 at 2 d.f.

³ The asterisks (*) in the schematic are used to designate the respondents for whom the "more likely to be favorable" or "more likely to be unfavorable" relationship was found.

Nature of attitudes; Approval or disapproval of public activities

Respondents were given a series of items dealing with various public activities about which they might feel retardates should or should not be permitted to engage in. The items were selected in such a way as to yield some measure of the permissiveness people felt regarding social exposure to retardates, and the social competence of retardates - Table IV-3.

Again, the median cutting point was used for statistical analysis of differences in the total response distribution for each item. Response categories were "yes" (Y), "qualified yes" (QY), and "no" (N). In the analysis, "don't know" responses were retained as the continuum position between "qualified yes" and "no".

1. Retardates should be treated at regular hospitals -- (Y-35%) (QY-35%) (N-27%)

When median response sets were compared, for this "exposure" question, it was seen that folks over 50 years of age (27%) were significantly less likely, than the medium age group (42%) and the younger group (39%), to give a positive "yes" as to whether retardates should be treated at regular hospitals.¹ Too, metropolitan people (41%) said "yes" far more frequently than either small city (28%) or rural (33%) residents.²

2. Retardates should drink liquor - (Y-1%) (QY-8%) (N-89%) Almost everyone opposed letting retardates drink liquor. Although some answers reflected a general disapproval of liquor, the overall responses indicated an overwhelming negative attitude with respect to "competent" drinking by retarded persons. Older people (965) were strongest in their opposition. Although most young people (82%) and medium age people (81%) also expressed disagreement, the age difference was significant.³ Rural respondents (93%) and small city

¹ .001 level, Chi-square = 17.9 at 2 d.f.

² .01 level, Chi-square = 11.7 at 2 d.f.

³ .001 level, Chi-square = 30.4 at 2 d.f.

residents (90%) were more likely to say "no" than were metropolitan people

(83%).¹ Finally, substantially more women (93%), than men (84%), were opposed to retardates drinking liquor.²

3. Retardates should drive cars – (Y-2%) (QY-20%) (N-75%)

Although there were no sex or residence differences, older people (81% said "no") had significantly more verbal doubts, than did medium age (70%) and young people (66%) , about the "competence" of retardates to drive.³

4. Retardates should vote for president – (Y-15%) (QY-31%) (N-48%)

People over 50 years of age (54% said "no") were more likely to doubt the "competence" of retardates to vote for president, than were young people (40%) and people in the middle age group (44%).⁴ One-half of both the rural and the small city residents said "no," compared with a significantly smaller percentage of metropolitan people (42%).⁵

5. Retardates should attend downtown movie theaters – (Y-32%) (QY-43%) (N-20%)

In reacting to this "exposure" item, 39% of the young people and 37% of the people in the medium group said "yes." These were significantly higher than the 24% of the people over 50 that expressed unqualified permissiveness.⁶ The percentage of metropolitan people (41%) saying "yes" also was much larger than the percentage in both the small city (25%) and the rural (28%) group.⁷

6. Retardates should play on public playgrounds — (Y-27%) (QY-47%) (N-23%)

This item was designed to combine both the "exposure" and "competence" as-

¹ .001 level, Chi-square = 16.0 at 2 d.f.

² .001 level, Z = 3.41.

³ .001 level, Chi-square = 25.7 at 2 d.f.

⁴ .01 level, Chi-square = 11.5 at 2 d.f.

⁵ .05 level, Chi-square = 5.2 at 2 d.f.

⁶ .001 level, Chi-square = 16.9 at 2 d.f.

⁷ .001 level, Chi-square = 18.3 at 2 d.f.

pects of social behavior. As expected (from a pretest of the questionnaire), many respondents qualified their affirmative answer by saying, "Yes, so long as they are properly supervised." Older people (19%) were far more reluctant to give "yes" replies, than were medium age people (33%) and younger people (31%).¹ Metropolitan people(35%) displayed more permissiveness as a group, than did snail city (20%) and rural (24%) respondents saying "yes."²

7. Retardates should swim at public beaches — (Y-26%) (QY-43%) (N-27%)
Swimming at public beaches constituted a second "exposure-competence" attitude item. According to their "yes" and "qualified yes" responses, men (74%) were less reluctant to allow retardates to swim at public beaches, than were women (64%).³ Also, younger people (75%) and medium age people (77%) gave proportionately more affirmative answers, than did people over 50 years of age (58%).⁴ Finally, metropolitan people (76%) were more in favor of allowing retardates to swim at public beaches, than were rural respondents (62%). Small city residents (68%) were about in the middle of this significantly different response pattern.⁵

* * * * *

As anticipated, many respondents qualified their affirmative answers when reacting to these various attitude items. When answering an "exposure" item (hospitals and movies), many people mentioned that retardates had as "much right" as other persons, but they wondered, for example, whether hospitals had the necessary facilities to treat retardates. "Competence" items elicited comments about the inability of retardates to handle themselves as voters, drivers, or drinkers. And "exposure-competence" items evoked comments about the need for

¹ .001 level, Chi-square = 18.4 at 2 d.f.

² .001 level, Chi-square = 17.7 at 2 d.f.

³ .001 level, Z = 3.78.

⁴ .001 level, Chi-square - 33.7 at 2 d.f.

⁵ .001 level, Chi-square " 15.5 at 2 d.f.

supervision of retardates on playgrounds and beaches.

The following schematic presents a summary description of respondents¹ reactions to questions concerning possible social behaviors in which retardates might engage.

TABLE 10 ¹

SCHEMATIC SHOWING RESPONDENTS "MORE LIKELY" TO APPROVE OR DISAPPROVE OF RETARDATES ENGAGING IN VARIOUS PUBLIC ACTIVITIES—ACCORDING TO TESTS ON MEDIAN RESPONSE DISTRIBUTIONS

	RESPONDENTS	
	More likely to approve	More likely to disapprove
<u>Retardates should be allowed to:</u>		
1. be treated at regular hospitals.	under 50 years * metropolitan *	over 50 years rural-small city
2. drink liquor.	men under 50 years metropolitan	women * over 50 years * rural *
3. drive cars	under 50 years	over 50 years *
4. vote for president.	under 50 years metropolitan	over 50 years * rural-small city *
5. attend downtown movie theaters, . . .	under 50 years * metropolitan *	over 50 years rural-small city
6. play on public playgrounds.	under 50 years * metropolitan *	over 50 years rural-small city
7. swim at public beaches.	men * under 50 years * metropolitan *	women over 50 years rural

¹ The asterisks (*) in the schematic are used to designate the respondents for whom the "more likely to approve" or "more likely to disapprove" relationship was found.

Nature of attitudes: Summary of three attitude scales

One impression is clear throughout the entire presentation of people's reactions to three separate scales: there was a striking dissimilarity of responses when Minnesotans were contrasted by age and by residence.

Repeatedly, significant differences distinguished the attitudes of younger and older respondents, and the attitudes of metropolitan and non-metropolitan residents. Typically the older the respondent, the less favorable was his perception of the retardate. Likewise the more countrified the respondent, the less favorable was his perception.

More often than not, respondents' sex was unrelated to the direction of their attitudes toward the retarded. Where relationships were found, however, it was seen that women were more likely than men to say the retardate was not mentally ill nor did he have retarded parents. Yet, women also were more inclined to picture the retardate as distinctive in appearance, and incompetent with liquor, at the swimming beach, and as a parent.

Disregarding for the moment the age, sex, and residential differences among respondents, let us construct a summary profile of the retardate as viewed by a majority of Minnesotans. As measured by the extent of respondents' agreement, approval, and favorability, the retardate typically:

1. is not the same as a moron and does not have retarded parents; but he may or may not be mentally ill
2. is not extra large for his age; but he looks different from other people
3. can learn to live a normal life but he should not be cared for at home nor should he be kept in an institution; nor should he drink or drive, and he probably should not be allowed to vote
4. is, at least, a fair employee, neighbor, and citizen; but he would not make a good parent or marriage partner
5. can be allowed to play on public playgrounds and swim at public beaches, as long as he is properly supervised; has the right to attend movie theaters, if properly accompanied; and should be treated at regular hospitals, if facilities are adequate.

A second impression gleaned from the attitude ratings is that: there was marked ambivalence among respondents, and in some instances there was contradic-

tion, in their feelings toward the retarded.

The equivalence of mental retardation and emotional disorder (both here and in an earlier section--page 12) by about half the sample points up the need for definition, since it was not a product of the technical knowledge that one condition might be present with the other. The seriousness of the confusion surrounding retardation is underscored by people's inability to verbalize the relationships between retardation and moronic intelligence. People did not conceptualize the moron as a higher-level classification of sub normality, rather they resisted the term as--several respondents put it--"a dirty word."

Respondents' refusal to link most retardates to retarded parents probably reflects a general awareness that there is not simply a one-to-one etiological relationship between parent and child. However, the quality of this awareness may seem somewhat counterfeit in light of later comments about whether retardates should have children (see page 59).

Ambivalence occurs when respondents moved from abstract to specific considerations of the retarded. For example, most people agreed that the retardate can learn to live a normal life--an abstract concept. Yet, they would deny him specific phases or "normal" living--e.g., living at home, drinking, driving, voting.

Many respondents rated the retardate as a good-fair citizen. But when questioned about a specific civic action, about half could not accept the retardate as a responsible voter.

The retardate fared pretty well when being rated as an (abstract) employee, neighbor, or citizen; but respondents emphatically protested his taking the role of parent or spouse--concepts about which they have more feeling.

Abstractly, the retardate was thought to look different from other people. Yet, when focusing on a particular aspect of his appearance, people disagreed that he was extra large for his age.

Evident in people's attitudes was a contradiction concerning where the retardate was to learn to live his normal life. Apparently, "keeping" retardates in institutions was not humanely compatible with many respondents' thinking. But when confronted with the specific alternative, most people also rejected the idea of keeping the mentally handicapped at home. Especially younger people did not see the home as an adequate environment for meeting the needs of the mentally retarded,

A third impression taken from responses to the attitude items is that: respondents tended to conceive of the retardate as a kind of second-class citizen. That is, consistent in people's answers was the "right" of the retardate to attend movies, play on playgrounds, and swim at public beaches. Whereas no one would deny him the right to play or swim, most people would prefer him to exercise these rights only while under close supervision. In the case of playgrounds and beaches, of course, most people expressed concern for his safety; but in the theater most people were concerned about what the retardate would do, if not properly accompanied and restrained.

The retardate would not be denied his right to regular hospital treatment, so long as the hospital had adequate facilities to control and supervise his activities, as well as meeting his particular needs.

Nature of attitudes: Whether retardates should have children

When asked whether it was a "good" or a "poor" idea for the mentally retarded to have children, three-fourths of the respondents said it was a poor idea. Only 2% of the sample agreed that it was a good idea for "most" retardates. Another 16% felt that having children was permissible for "some" retardates, since they differed by their competence for rearing children—Table IV-4.

People over 50 years of age and non-metropolitan residents were much more resistant to the idea of retardates having children, than were their younger, metropolitan counterparts. Although 64% of the younger people and 74% of the 30-49 year olds thought it was a poor idea for retardates to have children, a significantly larger percentage of older folks (83%) said the same.¹ The difference among the percentages of rural (84%), small city (76%), and metropolitan residents (68%), that gave negative responses, also was highly significant.²

Whether the respondent said that retardates having children was a good or a poor idea, he was asked his reasons for answering as he did. These reasons are discussed below for those who said (1) "good idea for most," (2) "good idea for some," or (3) "poor idea"—Table IV-5.

First, of the 21 persons in the sample fully endorsing the idea of mentally retarded people having children, about half said they felt heredity would play no part in passing mental deficiencies onto the off-spring. Another one-third replied that it was everyone's "moral" or "religious" right to have a family. Others said children were an essential part of a person's "normal" life.

Second, of the 141 respondents who qualified their agreement, 30% were of the opinion that it was proper for "some" retardates to have children as long as the affliction could not be passed onto the children. In the same vein, 7% of the people talked about the cause of affliction as the medical basis for deciding if retardates should have children.

¹ .001 level, Chi-square = 35.0 at 2 d.f.

² .001 level, Chi-square = 18.3 at 2 d.f.

One out of every five respondents felt that each person had the right to live as close to a normal life as possible. Thus, where the retardate was known to be "capable," they would not negate his right to reproduce. Often appended to this kind of response was the remark that, in cyclic fashion, "normal" children would help retardates lead "normal" lives. Only 8% of the respondents said having children was the moral or religious right of each individual. Yet, of course, their answer had already eliminated some retardates from enjoying that right.

Whether retardates should have children depends on the degree to which they are retarded, was given as a reason by one-fourth of the respondents. Another 3% of the interviewees said having children depended on the amount of training given retardates to equip them for properly raising a family.

A good number of people, 27%, said the rationale for some retardates having children was provided where the parents could financially support and care for the family. The percentage of women (35%) was significantly above the percentage of men (20%) making this comment.¹

Finally, of the 679 people saying the mentally retarded should not have children, well over half pointed to heredity as the restricting factor. Frequently these comments dwelled on the impropriety of creating greater problems by "bringing more of them into the world." People over 50 years of age (60%) were much more likely to comment about "heredity" and "selective breeding," than were those in the 30-49 age bracket (54%) and young people (44%).²

A shade under two-fifths of the respondents objected to retardates having children, since they doubted the ability of the parents to financially support the family. There was a real relationship between age and concern with the monetary position of retarded parents. Older folks (32%) and those in the medium

¹ .05 level, Z - 2.09.

² .05 level, Chi-square = 8.9 at 2 d.f.

age range (40%) were not as likely to talk about money problems, as were young people (53%).¹

Mentally handicapped people would make poor parents, and thereby an unfair disadvantage would be imposed upon the children, was the response of about one-fifth of the 679 respondents. Another 4% of the responses were concerned with the unfair expense to society, if retardates were allowed to have children that they would be unable to care for.

* * * * *

In sum, a vast number of respondents questioned the wisdom and even the propriety of permitting the mentally retarded to have children. Most of these people offered "heredity" as their objection. Among those who stipulated various conditions under which some retarded might have children, "heredity" again was the important reservation.

Another potent argument raised against letting retardates bear offspring, was their alleged inability to responsibly meet their financial and familial obligations. Nature of attitudes; Whether retardates should be sterilized

An inquiry about whether it was a "good" or "poor" proposal to sterilize retardates to prevent them from having children, revealed a good deal of ambivalence among Minnesota residents. Appreciably over one-third of those interviewed said it was a "poor" idea, but about a quarter of the people said this was a "good" idea for most retardates, and a comparable number (23%) said it was a good plan for some. Another 14% of the sample could offer no opinion or would give no answer.

Whether people thought that sterilization was a poor solution was firmly related to their sex, age, and place of residence. Specifically men, non-rural residents, and people under 50 years of age rejected the idea of sterilization to arrest child-bearing among the mentally retarded.

¹ .001 level, Chi-square = 14.5 at 2 d.f.

The difference between the percentage of men (42%) and the smaller percent age of women (32%) objecting to sterilization, was highly significant.¹ Among various groups, young people (51%) and those between 30 and 49 years (42%) were significantly more in opposition to sterilization, than were older people (24%).² And when respondents were compared by residence, it was seen that equal percentages of metropolitan and small city residents (40%), as compared with a smaller percentage of rural people (30%), objected to sterilization of retardates.³

In all, 233 people thought sterilization was a good plan for "most" of the retarded. Of this number, more than six respondents in ten would use sterilization in order to protect future generations from inheriting deficient mental traits. Older people (66%) and medium age people (60%) were more likely to come up with this kind of reasoning, than were young people (42%).⁴

About a fifth of the respondents mentioned the inability of retarded parents to adequately provide for the financial needs of a family. Young people (46%) were noticeably more concerned about the monetary aspects of having children, than were the middle (12%) and oldest (18%)⁵ age groups. An additional 10% of the people felt that, unless the retarded were controlled by sterilization, society ultimately would have to carry the burden of supporting the family as well as the individual retardate.

Eleven percent of those favoring sterilization of retardates reasoned that retardates would make poor parents, and would inhibit the normal development of the child. Another 4% expressed pity for the family "heartbreaks" and "suffering" that would result if retardates were permitted to have children.

About a tenth of the people commented on the necessity of controlling the

¹ .01 level, $Z = 3.11$.

² .001 level, Chi-square = 37.6 at 2 d.f.

³ .01 level, Chi-square = 10.7 at 2 d.f.

⁴ .05 level, Chi-square = 5.3 at 2 d.f.

⁵ .001 level, Chi-square = 14.3 at 2 d.f.

"animal instincts" of retardates, and of the need for protecting society from those "unable to handle themselves." Another 1% said it was immoral for retardates to marry.

Of the 206 people favoring a sterilization program for "some" retardates, about one-third said sterilization should apply in those cases where mental afflictions were inherited. A comparable 32% of the respondents indicated that sterilization was desirable where the degree of retardation was so severe as to destroy the capacity for normal social and physiological behaviors. And, 4% thought sterilization appropriate where the cause of the handicap prevented training the retardate for normal "functioning."

A sizeable number of people (16%) favored sterilization of retardates who could not support or care for children. Another 13% of responses were favorable to sterilization of those retardates who would not make good parents. And 3% mentioned the eventual expense to society as a reason for having a "prudent" sterilization plan.

Six percent condoned sterilization of retardates who constituted a danger to society. And 2% said the mentally retarded should not be allowed to marry, but those who were permitted to marry should be sterilized as a precaution against having "subnormal" children. These comments were amplified by 5% of the respondents saying sterilization should be used when the retardate's religion allows it.

Of the 328 respondents who felt sterilization was a "poor" idea, about three-fourths objected on the basis of moral and religious beliefs. Specifically, 33% said sterilization was antithetic to "God's will" and the "divine" plan of nature. Eight percent questioned whether the moral or legal power should be given anyone to prevent another individual from having a family. Many people (17%) referred to sterilization as a violation of their religious beliefs. And another 15% of the people merely stated that they did not believe in sterilization per se.

Interestingly enough, a significantly larger percentage of men (38%) than women (26%) were critical of sterilization on the grounds that everyone had the

moral and religious "right" to have children,¹

Among those respondents saying they didn't believe in sterilization per se, was a significantly higher percentage of metropolitan residents (21%) than rural residents (8%).²

A total of 8% of all respondents said they were against sterilization either because the mentally retarded could have "normal children," or because the retarded were capable of living "normal lives." Another 7% objected to sterilization on the strength of the argument that retardates should not marry anyhow.

Twelve percent of the sample said sterilization was a poor solution because research eventually would produce an answer to the causes of mental defectiveness.

* * * * *

When asked their opinions about a plan to sterilize the mentally retarded in order to prevent them from having children, nearly half the respondents supported the idea with varying degrees of conviction. Another 37% objected to the proposal. And 14% would not give an opinion. Had this latter group been induced to answer, it is not too unlikely that the overall response pattern might have altered considerably.

Most of those favoring sterilization for the retarded said the possibility was too great that children would inherit deficient mental traits. Equal percentages of respondents (32%) favoring sterilization for "some" retardates, said either the retarded should be sterilized if the affliction was hereditary, or if the degree of retardation was so extreme that the retardate was incapable of "normal" social and physiological behavior.

A little less than three-fourths of those opposing sterilization had disagreements founded in various moral or religious beliefs. Of these, the greatest number said their objection was on the basis of man's moral or religious "right" to have children.

¹ .05 level, Z = 2.18.

² .01 level, Z = 2.60.

Nature of attitudes: The frequency and likelihood of sexual misconduct

Immediately following the questions about children and sterilization, respondents were asked "how often" they thought retarded people committed "some kind of undesirable sexual act." Response categories were "often," "now and then," "seldom," or "never." Again, talking about a touchy subject proved too difficult for many respondents and, as a result, 15% of them would offer no opinion about the sexual behavior of retardates. As one might expect, older people (22%) were far more reluctant than young (9%) and medium age (13%) people to discuss sexual misconduct. As such, the difference was significant among the number of people saying "don't know" or not answering the question.¹

For the rest of the sample, 11% thought that retardates "often" were involved in undesirable sex acts. The number of respondents saying "never" was only 3% of the sample. Comparable percentages of people said "now and then" (36%) and "seldom" (35%). The frequency with which respondents perceived retardates to be involved in sexual misconduct was found to be related to the sex, age, and residence of the respondents.

The younger the person, the less frequent were retardates pictured as indulging in undesirable sexual behaviors. The difference was significant among the percentages of young (49%), medium age (42%), and older (30%) respondents saying "seldom" or "never."² Men (42%) were significantly more likely than women (34%) to envision the typical retardate engaging in undesirable sex acts only "seldom" or "never."³

Finally, metropolitan people (40%) and rural residents (42%) were more likely to see the retarded as "seldom" or "never" deviating from sexual norms, than were their small city (32%) counterparts.⁴

Subsequent to the question about the perceived frequency of sexual miscon-

¹ .001 level, Chi-square = 18.0 at 2 d.f.

² .01 level, Chi-square = 10.6 at 2 d.f.

³ .01 level, Z = 2.89.

⁴ .05 level, Chi-square = 6.8 at 2 d.f.

duct, respondents were asked their opinions as to which person was "more likely" to commit some kind of undesirable sexual act—the "normal person" or the "retarded person." About 17% of the sample refused or could not answer the question, but no real differences were noted among various respondent groups.

People were quite evenly divided in their opinions as to who was the more frequent sexual offender. Whereas 26% of the respondents picked the "normal" person as the more likely offender, 28% thought the retarded person was the most likely of the two. Still another 29% could not choose between the two, and said the likelihood was equal for both.

Young (35%) and medium age (28%) people were much more likely to nominate the normal person as the probable sex deviate, than were older people (18%).¹ And women (32%) picked the retarded person as the offender much more often than did men (24%).²

* * * * *

A good number of respondents, usually older folks, would not or could not talk about the sexual behavior of the mentally retarded. Those who did answer the two questions about undesirable sexual acts were rather evenly divided in their opinions as to the frequency and the likelihood of retardates engaging in sexual misconduct.

Older people, small city residents, and women were most likely to depict the mentally retarded as "often - now and then" involved in some kind of sexual promiscuity. Moreover, women showed a tendency to think that retardates were more likely to commit some undesirable act than were normal people. The younger the respondent, on the other hand, the more likely he was to think that normal people had the greater likelihood of participating in devious sexual behaviors.

¹ .001 level, Chi-square - 18.1 at 2 d.f.

² .01 level, Z - 2.61.

TABLE IV-1

Intensity of Attitudes toward the Mentally Retarded:

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
<u>Extra Large for Age</u>									
Strongly agree	1%	2%	3%	2%	3%	3%	2%	3%	3%
Agree	8	16	23	21	18	14	17	18	17
Don't know	9	6	14	7	8	12	10	8	9
Disagree	67	64	56	62	63	59	61	62	61
Strongly disagree	15	12	4	8	8	12	10	9	10
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Should be Cared for at Home</u>									
Strongly agree	1%	1%	2%	2%	*%	1%	1%	1%	1%
Agree	10	14	29	19	17	21	22	17	19
Don't know	4	10	9	8	7	10	8	9	9
Disagree	66	61	51	59	59	57	57	59	58
Strongly disagree	19	14	9	12	17	11	12	14	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Look Different from Other People</u>									
Strongly agree	4%	9%	11%	10%	14%	5%	6%	11%	9%
Agree	34	42	56	47	48	44	41	50	46
Don't know	3	2	6	4	1	5	4	4	4
Disagree	55	43	24	37	34	41	44	32	37
Strongly disagree	4	4	3	2	3	5	5	3	4
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE IV-1 (cont'd)

<u>Are Mentally Ill</u>	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Strongly agree	1%	5%	5%	6%	2%	4%	4%	4%	4%
Agree	30	29	45	38	37	32	42	29	36
Don't know	8	7	11	9	8	10	8	10	9
Disagree	48	49	33	42	47	39	38	47	42
Strongly disagree	13	10	6	5	6	15	8	10	9
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Can Learn to Live Normal Lives</u>									
Strongly agree	5%	4%	5%	4%	4%	6%	4%	5%	4%
Agree	60	61	59	60	56	62	60	60	60
Don't know	5	7	10	9	7	7	8	7	8
Disagree	27	25	23	25	29	22	25	25	25
Strongly disagree	3	3	3	2	4	3	3	3	3
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Should be Kept in Institutions</u>									
Strongly agree	1%	1%	1%	2%	9%	2%	1%	1%	1%
Agree	34	29	33	38	31	27	32	31	31
Don't know	8	10	11	10	6	13	10	11	10
Disagree	45	49	45	44	50	47	47	46	47
Strongly disagree	9	8	7	6	4	11	7	8	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-1 (cont'd)

<u>Had Mentally Retarded Parents</u>	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Strongly agree	1%	1%	2%	3%	*%	1%	2%	1%	1%
Agree	5	5	10	6	10	6	10	5	7
Don't know	3	4	11	8	4	7	7	7	7
Disagree	63	58	56	58	62	56	60	56	58
Strongly disagree	28	32	21	25	24	30	21	31	27
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Are Called Morons</u>									
Strongly agree	*%	1%	*%	*%	1%	*%	1%	1%	1%
Agree	8	14	13	12	16	11	12	13	12
Don't know	6	8	21	18	11	9	12	13	13
Disagree	56	55	51	52	53	55	52	55	53
Strongly disagree	30	22	15	18	19	25	23	18	21
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE IV-2

Ratings of Mentally Retarded People as:

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
<u>Employees</u>									
Good	31%	22%	17%	15%	22%	27%	23%	21%	22%
Fair	46	46	49	52	43	46	49	45	47
Poor	19	24	26	27	28	18	22	25	24
Don't know	4	8	8	6	7	9	6	9	7
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Neighbors</u>									
Good	31%	24%	18%	13%	20%	33%	21%	24%	23%
Fair	51	53	51	60	51	45	54	50	51
Poor	10	15	18	17	18	13	16	15	16
Don't know	8	8	13	10	11	9	9	11	10
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Citizens</u>									
Good	37%	26%	19%	21%	20%	33%	25%	26%	26%
Fair	49	50	42	49	49	42	48	44	46
Poor	9	17	24	21	19	16	19	18	18
Don't know	5	7	15	9	12	9	8	12	10
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-2 (cont'd)

<u>Parents</u>	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Good	11%	6%	6%	6%	4%	10%	9%	5%	7%
Fair	34	20	14	18	21	22	22	19	20
Poor	49	66	71	70	69	57	62	67	65
Don't know	6	8	9	6	6	11	7	9	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Husbands or Wives</u>									
Good	13%	9%	6%	5%	4%	14%	10%	7%	9%
Fair	37	24	19	23	28	23	26	23	24
Poor	40	56	60	60	56	49	52	57	54
Don't know	10	11	15	12	12	14	12	13	13
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-3

What the Mentally Retarded Should Be Allowed to Do:

Be Treated at Regular Hospitals

Yes	39%	42%	27%	33%	28%	41%	34%	37%	35%
Qualified yes	33	30	40	39	35	31	35	34	35
Don't know	1	2	5	3	4	2	3	3	3
No	27	26	28	25	33	26	28	26	27
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-3 (cont'd)

<u>Drink Liquor</u>	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	3%	1%	1%	2%	*%	2%	3%	4%	1%
Qualified yes	12	11	2	4	8	11	10	5	8
Don't know	3	4	1	1	2	4	3	2	2
No	82	84	96	93	90	83	84	93	89
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Drive a Car</u>									
Yes	4%	3%	1%	1%	1%	4%	4%	1%	2%
Qualified yes	25	23	14	19	21	20	22	18	20
Don't know	5	4	1	2	4	3	2	4	3
No	66	70	84	78	74	73	72	77	75
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Vote for President</u>									
Yes	20%	17%	11%	11%	14%	20%	18%	12%	15%
Qualified yes	35	33	28	33	31	30	33	30	31
Don't know	5	6	7	6	5	8	5	8	6
No	40	44	54	50	50	42	44	50	48
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE IV-3 (cont'd)

<u>Attend Downtown Movie Theaters</u>	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	39%	37%	24%	28%	25%	41%	35%	30%	32%
Qualified yes	46	43	41	43	48	40	40	45	43
Don't know	2	5	5	5	6	3	4	5	5
No	13	15	30	24	21	16	21	20	20
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Play on Public Playgrounds</u>									
Yes	31%	33%	19%	24%	20%	35%	30%	24%	27%
Qualified yes	50	45	48	48	52	44	48	47	47
Don't know	2	2	4	3	4	2	3	3	3
No	17	20	29	25	24	19	19	26	23
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)
<u>Swim at Public Beaches</u>									
Yes	29%	32%	19%	22%	20%	34%	30%	23%	26%
Qualified yes	46	45	39	40	48	42	44	41	43
Don't know	3	3	6	4	4	3	3	5	4
No	22	21	36	34	28	21	23	31	27
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-4

Should Mentally Retarded People have Children

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Good idea for most	4%	3%	1%	2%	2%	3%	3%	2%	2%
Good idea for some	26	18	8	9	17	21	17	14	16
Poor idea	64	74	83	84	76	68	73	78	75
No opinion	6	5	6	4	5	8	6	5	6
Refused	-	-	1	1	*	-	1	1	1
No answer	-	-	1	*	-	*	*	-	*
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-5

Reasons Given Where Respondent Said:Good Idea for Most

Trait won't be inherited	57%	40%	75%	72%	50%	40%	50%	56%	53%
Its a moral/religious right	14	30	-	14	50	40	33	33	33
Should live normal lives	29	30	25	14	-	20	17	11	14
	<u>100%</u>								
	(N:7)	(N:10)	(N:4)	(N:7)	(N:4)	(N:10)	(N:12)	(N:9)	(N:21)

*less than 1%

TABLE IV-5 (cont'd)

Good Idea for Some

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
If it isn't hereditary	30%	28%	37%	37%	18%	31%	34%	26%	30%
A moral/religious right	5	10	7	6	8	8	12	3	8
If can support/care for them	32	21	33	33	18	29	20	35	27
Depends on the cause	2	9	10	6	5	8	5	9	7
Depends on degree of MR	27	25	26	30	18	29	26	26	26
Depends if mate is normal	2	3	3	-	3	4	4	2	3
Depends on training	-	4	3	-	5	3	5	-	3
If can lead normal lives	20	25	10	17	37	14	21	20	21
	<u>118%</u>	<u>125%</u>	<u>129%</u>	<u>129%</u>	<u>112%</u>	<u>129%</u>	<u>127%</u>	<u>121%</u>	<u>125%</u>
	(N:44)	(N:67)	(N:30)	(N:30)	(N:38)	(N:73)	(N:76)	(N:65)	(N:141)

Poor Idea

Its hereditary	44%	51%	60%	57%	53%	54%	56%	53%	55%
It isn't right/moral reasons	-	*	1	*	1	*	*	1	*
Can't support/care for them	53	40	32	36	37	43	39	39	39
Unfair to kids/poor parents	22	20	17	18	18	20	15	22	19
Expense/care on society	1	4	5	2	3	6	5	3	4
Shouldn't marry	2	1	3	1	2	2	1	3	2
No answer	1	2	3	3	4	2	2	3	2
	<u>123%</u>	<u>121%</u>	<u>121%</u>	<u>117%</u>	<u>116%</u>	<u>127%</u>	<u>118%</u>	<u>124%</u>	<u>121%</u>
	(N:110)	(N:272)	(N:297)	(N:267)	(N:171)	(N:241)	(N:319)	(N:360)	(N:679)

*less than 1%

TABLE IV-6

Should Mentally Retarded People be Sterilized

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Good idea for most	14%	23%	36%	31%	26%	22%	22%	29%	26%
Good idea for some	22	24	22	24	21	23	22	24	23
Poor idea	51	42	24	30	40	40	42	32	37
No opinion	12	10	14	12	11	13	11	13	12
Refused	1	1	4	3	2	2	3	2	2
No answer	-	-	*	*	-	*	*	-	*
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-7

Reasons Given Where Respondent Said:Good Idea for Most

Would be passed on to kids	42%	60%	66%	65%	55%	62%	65%	59%	61%
To control their instincts	-	10	1	2	7	4	5	3	4
Can't support/care for kids	46	12	18	19	16	21	14	22	19
Unfair to kids/poor parents	13	13	10	9	17	9	10	12	11
Dangerous to society	4	8	6	9	2	6	2	10	6
Expense/ care on society	17	13	7	6	14	13	8	12	10
Would save suffering	4	4	2	4	2	3	3	3	3
Shouldn't marry	-	-	1	-	2	-	-	1	*
No answer	-	1	2	1	2	1	1	1	1
	<u>126%</u>	<u>121%</u>	<u>113%</u>	<u>115%</u>	<u>117%</u>	<u>119%</u>	<u>108%</u>	<u>123%</u>	<u>115%</u>
	(N:24)	(N:84)	(N:125)	(N:99)	(N:58)	(N:76)	(N:97)	(N:136)	(N:233)

*less than 1%

TABLE IV-7 (cont'd)

Good Idea for Some

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
If it is hereditary	29%	33%	32%	33%	30%	31%	33%	30%	32%
Religious/moral reasons	-	1	1	1	2	-	2	-	1
If can't support/care for kids	18	16	14	21	17	10	10	20	16
If wouldn't be good parents	16	13	10	14	17	9	12	13	13
Depends on degree of MR	29	36	28	28	26	38	32	31	32
If expenses/care on society	5	3	3	3	7	2	4	3	3
If a danger to society	3	3	10	10	7	1	7	5	6
If allowed to marry	3	2	3	1	2	4	-	5	2
If religion allows it	3	7	4	3	4	7	5	5	5
Depends on the cause	-	6	4	4	2	5	2	6	4
If would make condition worse	-	1	-	-	2	-	1	-	*
No answer	-	1	-	-	2	-	1	-	*
	<u>106%</u>	<u>122%</u>	<u>109%</u>	<u>118%</u>	<u>118%</u>	<u>107%</u>	<u>109%</u>	<u>118%</u>	<u>114%</u>
	(N:38)	(N:89)	(N:79)	(N:78)	(N:47)	(N:81)	(N:97)	(N:109)	(N:206)

Poor Idea

A moral/religious right	28%	37%	28%	34%	28%	35%	38%	26%	33%
Who has power to decide that	18	11	5	12	2	10	9	8	8
Against my religion	16	18	17	18	22	14	16	19	17
Don't believe in sterilisation	17	14	13	8	11	21	15	14	15
They shouldn't marry	5	7	11	7	9	6	6	9	7
Research might find a cure	13	12	13	15	14	10	11	14	12
Might have normal children	8	4	6	4	6	6	5	5	5
Can lead normal lives	3	4	-	-	7	2	1	5	3
Could make condition worse	3	1	3	4	2	1	2	3	2
Sex drive is slight	1	-	-	-	1	-	1	-	*
No answer	6	3	8	6	6	3	6	3	5
	<u>118%</u>	<u>111%</u>	<u>104%</u>	<u>108%</u>	<u>108%</u>	<u>110%</u>	<u>110%</u>	<u>106%</u>	<u>110%</u>
	(N:88)	(N:153)	(N:87)	(N:95)	(N:90)	(N:143)	(N:182)	(N:146)	(N:328)

TABLE IV-8

How Often Retardates Thought to be Involved in Undesirable Sexual Acts

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Often	8%	8%	15%	10%	12%	10%	6%	15%	11%
Now and then	34	37	33	31	40	35	36	36	36
Seldom	45	39	27	38	29	37	38	32	35
Never	4	3	3	4	3	3	4	2	3
Don't know/no opinion	8	12	21	16	15	14	15	15	15
No answer	1	1	1	1	1	1	1	*	*
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE IV-9

Who Respondent Thought was More Likely to Commit an Undesirable Sexual Act

Normal person	35%	28%	18%	25%	22%	28%	27%	24%	26%
Both about the same	24	30	30	31	29	26	30	27	29
Retarded person	25	26	31	25	30	29	24	32	28
No opinion/don't know	15	15	18	17	17	15	16	16	16
Refused	1	1	2	1	2	2	2	1	1
No answer	-	*	1	1	-	*	1	-	*
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

Nature of attitudes; The "image" of the retardate

This section summarizes the results of administering a series of rating scales to the 900 respondents. The rating scales were selected in cooperation with the sponsoring agencies, who were interested in studying the popular conceptions of the mentally retarded among Minnesota residents. In setting up this portion of the study, an attempt was made to contrast the ways and the extent to which people's perceptions of the mentally retarded were like-or different from their overall images of the "normal person."

The reason for inclusion of the "normal person" concept was, of course, the fact that it provided a frame of reference within which to interpret the mentally retarded person's "profile." It was a base line for comparisons.

All scales are shown in Table 11. They are a type of measure developed in elaborate studies of the way in which this device, called the "semantic differential," can be used to measure the meanings which different concepts have for people.¹ In presenting the 7-step scale results, the scales are arranged in the same random order in which respondents encountered them. But the "negative" pole always is at the left, and the "positive" pole is at the right on the continuum. In the questionnaire, the polar extremes were alternated.

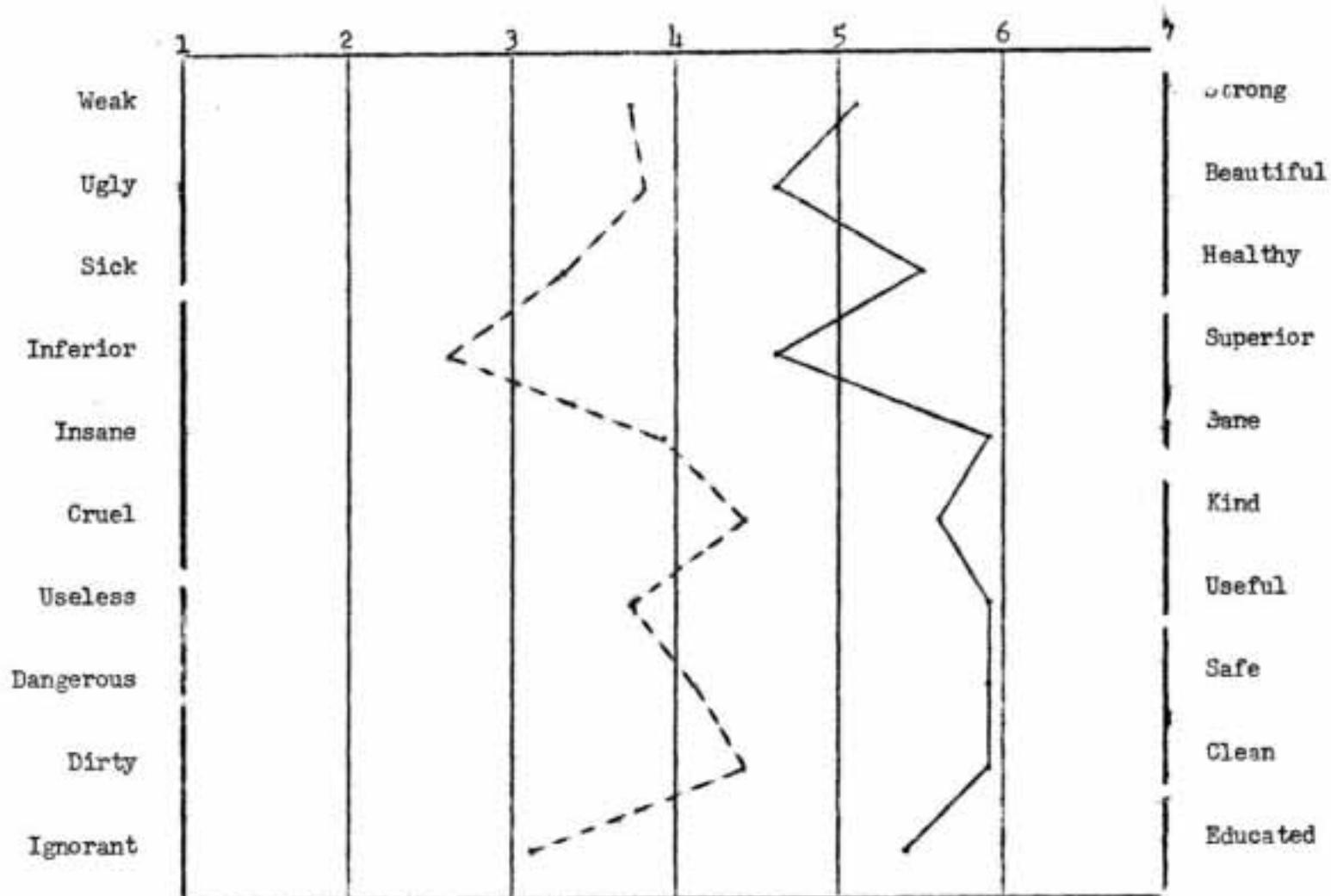
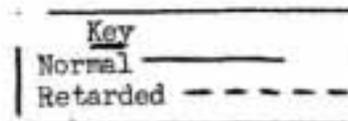
Only a cursory glance at the profiles for normal and retarded people (Table 11) reveals substantial differences in the meanings of these terms as rated by 900 Minnesotans. In no instance was there overlap between the two concepts. For each scale, there was a significant discrepancy between the rating for normal people and that for retarded people. For example, the ratings on the "ugly-beautiful" scale constituted the smallest difference between the profiles for normal and retarded people, yet this difference was of statistical significance.²

¹ Charles E. Osgood, et.al., The Measurement of Meaning, Urbana: 1957.

² The usual univariate tests of significance were not applicable for analysis of differences between the two concepts since there was a lack of independence of ratings by each individual. Thus the Wilcoxon Matched-Pairs Signed-Ranks Test was used to account for the direction and magnitude of rating differences. On each scale the difference between the ratings for normal and retarded people attained at least the .05 level of statistical significance.

TABLE 11

Respondents' Ratings of Normal and Retarded People



Although one intuitively might have predicted that the word pairs were of such a nature so as to be disadvantageous to the retarded person, the point of the investigation was to determine just how different the comparisons would be. The important finding was, of course, that the difference on each scale was a real difference. There was not a single dimension along which respondents were willing to equate their conception of the retarded person with their image of the so-called normal person. Rather, where their conception of the normal person was favorable, their conception of the retardate usually was unfavorable.

Using the fourth position at the top of the schematic (Table 11) as the "neutral" mid-point on the overall negative (1) to positive (7) continuum, the relationships perhaps are easier to see.

First, in no instance was the normal person rated below the neutral point, and only on two dimensions did respondents rate him close to neutral. In particular, the normal person was not much more "beautiful" than he was "ugly." Nor was he much more "superior" than "inferior." On the other hand, he was somewhat stronger than he was weak; and was impressively "healthy," "sane," "kind," "useful," "safe," "clean," and "educated."

As far as the retarded person was concerned, only in two instances was he rated clearly above the neutral point. He was positively perceived to be "kind" and "clean"--though the normal person was perceptibly more kind and more clean--and the retardate did appear to be slightly more "safe" than "dangerous." On the negative side, he was just a little "weak;" and slightly more "ugly" than "beautiful," "insane" than "sane," and "useless" than "useful." Even sharper was the sample's impression of the retardate as "sick," "inferior," and "ignorant."

Although on each word-pair scale the retarded person was placed in a comparatively poor light vis-à-vis the normal person, it was necessary to determine on which scales he came out poorest. The average rating differences on all scales are rearranged in Table 12 to show the ranking of differences in descending order of magnitude.

TABLE 12

RANKED DIFFERENCES IN AVERAGE RATINGS OF NORMAL AND RETARDED
PERSONS ON A VARIETY OF SEMANTIC DIFFERENTIAL SCALES

<u>Word pairs:</u>	<u>Average rating</u>		<u>Amount of difference in ratings</u>
	NORMAL	RETARDED	
RANK:			
1. Educated-ignorant	5.4	3.1	2.3
Useful-useless	5.9	3.7	2.2
Healthy-sick	5.5	3.3	2.2
Superior-inferior	4.6	2.6	2.0
Sane-insane	5.9	3.9	2.0
6. Safe-dangerous	5.9	4.1	1.8
7. Clean-dirty	5.9	4.4	1.5
8. Strong-weak	5.1	3.7	1.4
9. Kind-cruel	5.6	4.4	1.2
10. Beautiful-ugly	4.6	3.8	.8
	(N: 900)		

From the above table it can be seen that the retardate compared least favorably with a normal person when he was being evaluated according to common social values (education, utility, health, and stability). But when he was being evaluated by his physical characteristics, he approached relatively closer to the image of the normal person.

It would seem that respondents were not hesitant to downgrade the capacities of the retardate, when comparing him with their conception of normal capacities, but were more reluctant to castigate him for personal characteristics.

In particular, when compared with the normal person, the mental retardate was very likely to be perceived as ignorant, useless, sick, inferior, and insane. Yet, less emphatic, there also was an unfavorable image of the retardate as: more dangerous than the normal person; somewhat dirtier, weaker and crueler; and slightly uglier.

Tables V-1, 2, and 3 show the semantic differential profiles of normal and retarded persons when respondents' ratings were compared by their sex, age, and place of residence. Taking these comparisons separately, it is seen that:

1. Sex

Women generally rated both normal and retarded people somewhat more favorably than did men. This was particularly true on the concepts of health, sanity, utility, cleanliness, and education. Only on the concept of superiority were women less favorable than men to both the normal and the retarded person.

Concerning the image of the retardate, men and women had comparable ratings on the ugliness and the dangerousness of the retarded. And women perceived him to be relatively weaker, more inferior, and somewhat crueler than did men by their ratings.

2. Age

Considering all concepts, there was a definite tendency for older people (over 50) to rate the normal person more favorably and the retarded person less favorably, than did the respondents in the other two age groups. Conversely, the youngest age group usually turned up with more favorable ratings for the retarded and less favorable ratings for normal people, than did their elders in both age groups. These sets of ratings were consistent with many previous results—i.e., older people were more hostile toward the retarded than were younger people. In the semantic differential situation, hostility takes the form of widest discrepancy in ratings of normal and retarded concepts by older folks, as compared with a convergence of concepts among younger people. People in the 30-49 year age group gave ratings usually somewhere between the separate scale ratings of the two extreme age groups.

3. Residence

Metropolitan and rural residents gave comparable ratings to the normal person, and typically were more favorable than were small city residents. The people in the smaller cities saw the normal person as relatively less strong, less healthy, less superior, less kind, and less useful than did people in the other

two residential groups. The major differences in the small city ratings of the retarded person were that small city residents conceived the retardate to be uglier, more insane, crueler, and more dangerous, than did metropolitan and rural respondents.

Metropolitan residents gave the retardate the most favorable ratings on strength, appearance, health, sanity, utility, safeness, cleanliness, and education. But, metropolitan people also rated the retardate as more inferior than did the other two residential groups.

Overall, it generally can be said that metropolitan people were more favorable in their evaluations of both the normal and the retarded concepts, and small city people were least favorable in their ratings. Rural respondents were more likely to give ratings similar to metropolitan ratings of normal people, and ratings similar to small city ratings of retarded people—with the notable exceptions of parallel ratings with metropolitan residents on the kindness and safety of retardates.

TABLE V-2

Ratings of Normal and Retarded People
By Respondents in Different Age Groups

Key
21-29 ———
30-49 - - - -
50 and over ·····

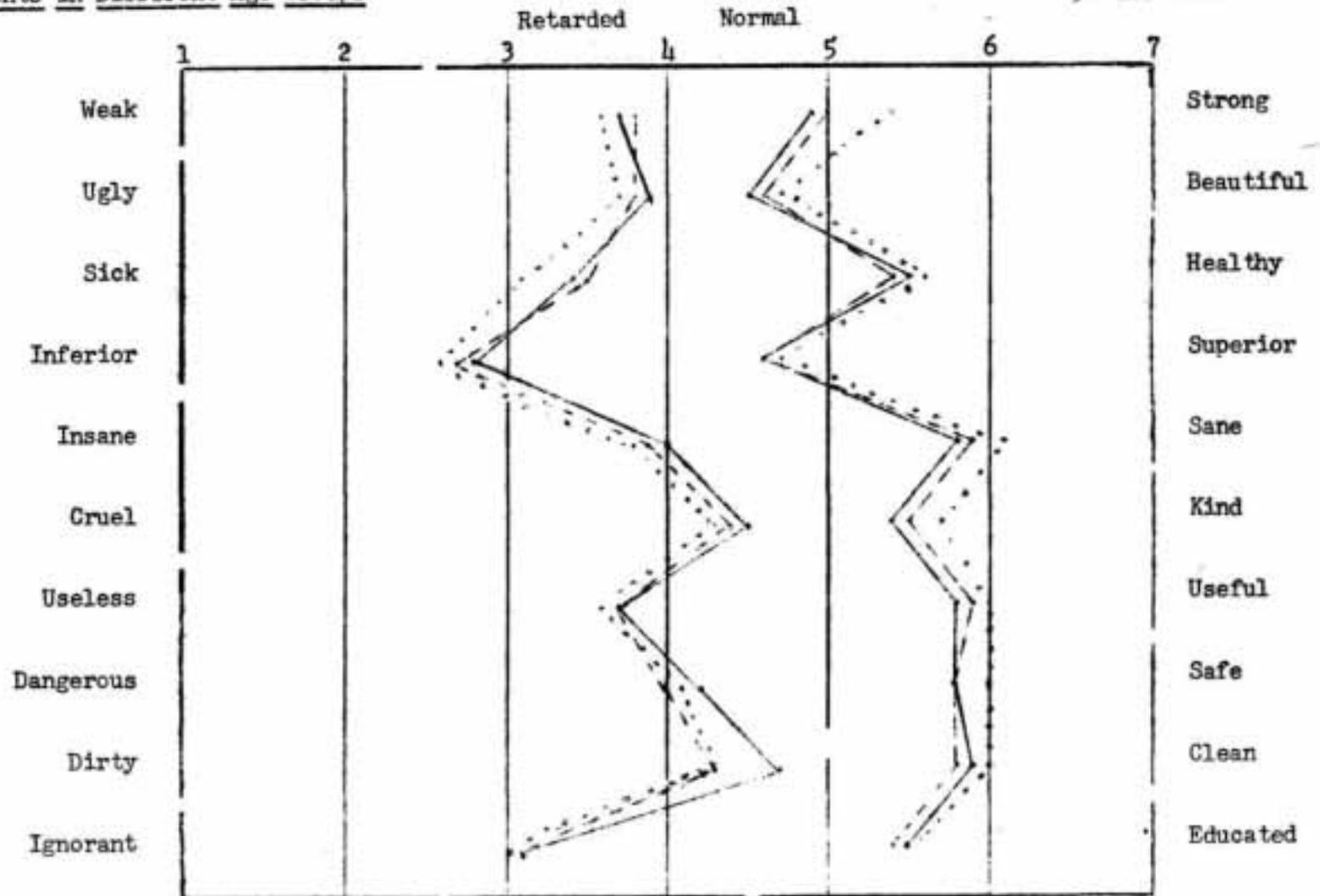


TABLE V-3

Ratings of Normal and Retarded
People by Respondents' Residence

Key
Rural _____
Small City - - -
Metropolitan ·····

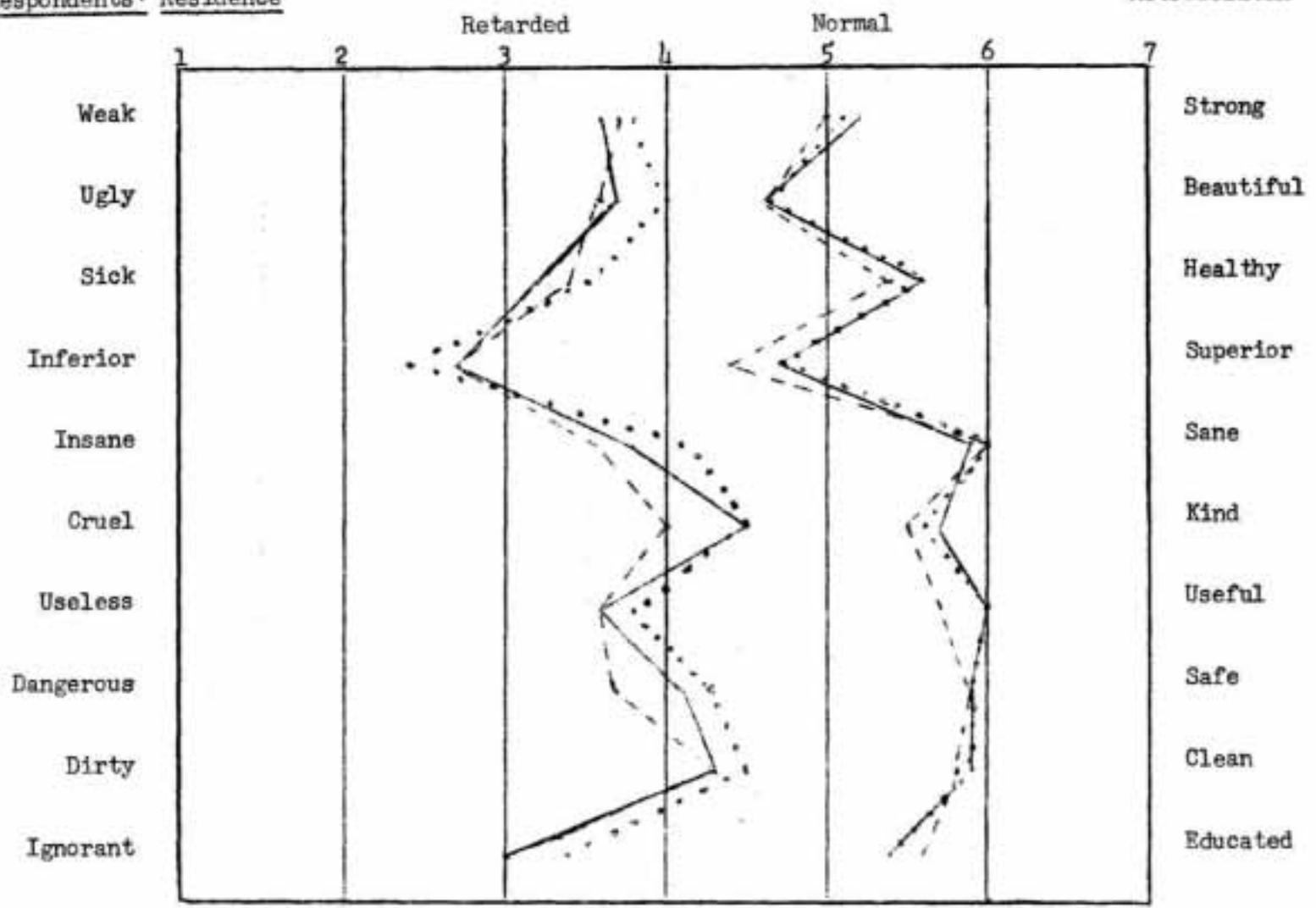


TABLE V-1

Mean Ratings of Normal People

	AGE			RESIDENCE			SEX		GRAND TOTAL
	21-29	30-49	50 and Over	Rural	Small City	Metro	Men	Women	
Strong...Weak	4.9	5.0	5.4	5.2	5.0	5.1	5.1	5.1	5.1
Beautiful...Ugly	4.5	4.6	4.7	4.6	4.6	4.6	4.6	4.7	4.6
Healthy...Sick	5.5	5.4	5.6	5.6	5.4	5.6	5.4	5.6	5.5
Superior...Inferior	4.6	4.6	4.7	4.7	4.4	4.7	4.7	4.6	4.6
Sane...Insane	5.8	5.9	6.1	5.9	6.0	6.0	5.9	6.0	5.9
Kind...Cruel	5.4	5.5	5.7	5.7	5.5	5.6	5.5	5.7	5.6
Useful...Useless	5.8	5.9	6.0	6.0	5.7	6.0	5.9	6.0	5.9
Safe...Dangerous	5.8	5.8	6.0	5.9	5.9	5.9	5.8	6.0	5.9
Clean...Dirty	5.9	5.8	6.0	5.9	5.8	5.9	5.8	6.0	5.9
Educated...Ignorant	5.5	5.4	5.5	5.4	5.6	5.4	5.3	5.6	5.4

Mean Ratings of Retarded People

Strong...Weak	3.7	3.8	3.6	3.6	3.7	3.8	3.8	3.7	3.7
Beautiful...Ugly	3.9	3.8	3.7	3.7	3.6	4.0	3.8	3.8	3.8
Healthy...Sick	3.4	3.5	3.2	3.2	3.4	3.5	3.3	3.4	3.3
Superior...Inferior	2.8	2.7	2.6	2.7	2.7	2.4	2.7	2.5	2.6
Sane...Insane	4.0	3.9	3.8	3.8	3.6	4.1	3.7	4.0	3.9
Kind...Cruel	4.5	4.4	4.3	4.5	4.0	4.5	4.5	4.3	4.4
Useful...Useless	3.7	3.7	3.6	3.6	3.6	3.8	3.6	3.7	3.7
Safe...Dangerous	4.2	4.0	4.1	4.1	3.7	4.3	4.1	4.1	4.1
Clean...Dirty	4.7	4.3	4.3	4.3	4.3	4.5	4.2	4.5	4.4
Educated...Ignorant	3.2	3.2	3.0	3.0	3.0	3.4	3.1	3.2	3.1

Explanation of special data presentation

Supplemental to the basic data collection were two separate sections in the questionnaire concerning the extent of respondents' opinion leadership and mass media usage. Special analyses were performed with these data in order to yield: (1) a description of respondents at the high and low levels of opinion influence and media usage; (2) a contrast of the quality of understanding peculiar to respondents in these disparate groups; (3) a comparison of the kind of information possessed at the high and low levels; and (4) a measure of attitudes characteristic of these two groups of respondents.

The basic sex, age, and residence breakdowns again are presented immediately following appropriate sections. The broad data comparisons were not, however, the basis for analysis in this second portion of the report, so they are not included in the text. Rather, a public opinion leader index was constructed from respondent answers to special questions. Particular characteristics of the high and the low group on that index are described herein.

For age, sex, and residence comparisons on a given opinion-leader or media-usage question, the reader is referred to Table VII-1 and Table VHI-1,2,3,4,5,6, and 7 on the pink pages. Differences evident in those tables, of course, also are reflected in the index.

Summary of special data findings

Two "opinion leadership" items were used to discriminate among three groups of respondents--high, middle, and low opinion influential. Comparisons were made of the two extreme groups. In all, 25% of the respondents were designated as opinion leaders, and 41% were designated as non-opinion leaders.

In constructing the demographic profile of the opinion influential, it was found, first, that the opinion leader usually is a man.

The older the person, the less likely he is to be self-designated as a leader of public opinion.

Opinion influential were found operative at three residential strata--rural, small city, and metropolitan--in Minnesota.

Characteristically, the opinion leader has a higher level of formal education than does the non-opinion leader.

Professional people and other kinds of "white collar" workers typically are more often the self-designated leaders of public opinion, than are non-professional and "blue collar" workers. What is more, the housewife is quite likely to be classified as a non-influential.

People in the \$7,000 or more annual income bracket are much more likely to be opinion leaders than are those with lower family incomes,

A person's political affiliation or his religious preference is not related to whether he qualifies as an opinion leader.

Opinion leaders are much more likely to be formal group members, than are non-leaders. Moreover, the influential is likely to be found in fraternal/social, professional, and public affairs groups.

Comparable percentages of influential and non-influential (about half) said they visited with friends and relatives at least 2-3 and as many as 4-5 times a week

When asked about the meaning of "mentally retarded," the influential is more likely to relate mental deficiency to the nature of retardation, and to relate birth defects, heredity, and accidents to the causes of retardation, than is the non-leader. Further, the influential is more likely to possess specialized information about the retarded whereas the non-influential is more likely to be confused about retardation

In looking for associations among various information-exposure items and opinion leadership, it was found that the influential is more likely to acquire information about the retarded than is the less influential respondent.

With respect to specific information, the influential is more familiar with, at least, three causes of retardation than is the non-influential. Too, the non-influential shows more inability to answer the question about causes.

The opinion leaders in the sample demonstrated more knowledge of the availability and location of state and local services for the retarded, than did the non-opinion leaders.

Non-influential are significantly less inclined to participate in programs or drives on behalf of the retarded, than are the influential.

The influential was found to be more likely to personally know a retardate, than was the non-influential. Further, influential has more multiple contacts with retardates.

There is no difference between leaders and non-leaders of public opinion in the extent to which they are familiar with retardates.

The two groups were contrasted by their attitudes toward the mentally retarded, and it was seen that the influential is more disposed to disagreeing with the notion that retardates are extra large for their age.

Neither group could be differentiated by their attitudes about taking care of retarded people at home. Most respondents disagree with this idea.

There was much dissimilarity in the responses of opinion leaders and non-leaders regarding whether retardates look different from other people. The influential is more inclined to disagree with this item.

Influential are more likely to disagree that retardates are mentally ill.

Opinion leadership is not related to whether respondents think the retarded can learn to live normal lives (most agree).

Proportionately more influential resist the idea of institutionalizing people.

Most people disagree that retardates had mentally retarded parents, and there is no difference between the responses of opinion leaders and non-leaders.

About three-fourths of the sample disagree that retardates are called morons, and influential are slightly more likely to be in disagreement here.

Opinion leaders and non-opinion leaders in Minnesota were contrasted by the frequency and quality of their attention to mass and specialized information media. The first finding was that the influential is regularly reading more newspapers, than is his less influential friend.

On any given day it seems that the opinion influential will be more likely to read a newspaper, than will the non-influential.

There is a real relationship between reading "a lot" or "some" public affairs newspaper stories and whether respondents qualified as leaders of public opinion.

Opinion leaders are likely to be watching TV news programs on a given day.

There is a slightly greater tendency among opinion leaders to watch more television news programs, than is true for non-leaders.

Whether people watch television public affairs programs is directly related to whether they are opinion leaders.

The number of TV public affairs programs seen on a given day, however, is not associated with opinion leadership or non-leadership.

Whether people listen to radio newscasts on a given day is positively related to their status as opinion influential.

There also is a significant relationship between the number of radio newscasts listened to and whether respondents are opinion leaders.

Regarding the more specialized information media, there is a noticeably greater likelihood that opinion leaders, than non-opinion leaders, are regularly attentive to weekly news magazines.

Opinion influential are much more likely to read non-fiction books about world affairs, history, business, government, and the like, than is the non-influential.

Finally, there is a firm association between attendance at public lectures and speeches and opinion leadership.

Index of opinion leadership

Two items developed in a major study of opinion leadership^{1/} and validated in many later studies, served, in combination, to discriminate among three groups of respondents. According to their answers to (1) whether they had been asked their advice or opinion recently about some current event in the news, and (2) the likelihood with which they would be asked their opinions about current events, respondents were distinguished as "high," "middle," and "low" opinion influential.

In setting up the study, it was hypothesized that a core group of Minnesotans might be uncovered as the most "useful" target audience for communications about mental retardation. It was thought that these people—the opinion leaders—would be substantially different from the non-opinion leaders in terms of various demographic, information, and attitude characteristics. By and large, it was supposed that these influential would have a relatively high level of understanding and would be more favorable in their attitudes toward the retarded. Therefore, they were envisioned to be the persons most sensitive to messages about retardation, and most likely to function as "voluntary" communicators in a public information program on behalf of the mentally retarded.

In constructing the index of opinion leadership, respondents first were sorted into two groups: those who answered "yes" to the question about whether they had been asked for a recent opinion; and those who said "no" or could not answer the question. Then the two groups were run against their answers to the question about the likelihood of being asked their opinions.

Designated as opinion leaders were those who said "yes" to the first question, and "more likely"- "same as others" (upper median categories) to the second item. Non-opinion leaders were those who first said "no"- "don't know," and then said "less likely"- "don't know" (lower median categories). Middle group respondents were those who answered the first and second question in combinations of opposite direction.

^{1/} Katz, Elihu, and Lazarsfeld, Paul F., *Personal Influence* (Glencoe: Free Press, 1955).

In all, 227 respondents were designated as opinion leaders; 304 were classified in the middle group; and 369 were found to be non-opinion leaders on the index.

In the presentation of opinion leadership data, the influential (opinion leader) is contrasted with the non-influential (non-opinion leader). Comparisons were desired for these two groups, since it was considered essential to know the demographic, information, and attitude distinctions between those probably most likely and those probably most unlikely to personally transmit information about the mentally retarded. The demographic nature of opinion leadership¹

Information first needed about opinion leadership is the personal and social characteristics of respondents classified as leaders and non-leaders. The following data seek to answer: "Who is the opinion influential?"

1. Sex

Opinion leadership was found to be firmly associated with the sex of respondents. As Table 13 shows, a much larger percentage of men than women qualified as opinion leaders.

TABLE 13
RESPONDENTS' SEX AND OPINION LEADERSHIP

	<u>Men</u>	<u>Women</u>
Opinion leaders	49%	29%
Non-opinion leaders	<u>51</u>	<u>71</u>
	100%	100%
	(N: 280)	(N: 316)

The difference between the percentage of men (49%) and women (29%) was highly significant.² Thus, the first dimension of the profile of the opinion influential emerges as: men are more likely to be opinion leaders than are women.

¹ In several tables in this section, degree of opinion leadership is not the independent variable, so the number of respondents in each column will vary according to which characteristic of the sample is considered to be independent. The dependent variable always is shown at the side of the table, and the independent variable at the top of the table. Simply stated, one characteristic (A) is thought to "depend" on another characteristic (B)--which, in turn, is said to be "independent" of the first (A).

² .001 level, Z= 4.93.

Whether a respondent was classified as an opinion leader was dependent on his age. Typically the older the person, the less likely he was to be an opinion leader—Table 14.

TABLE 14
RESPONDENTS AGE AND OPINION LEADERSHIP

	<u>21-29</u> <u>years</u>	<u>30-49</u> <u>years</u>	<u>50 years</u> <u>or more</u>
Opinion leaders	40%	44%	31%
Non-opinion leaders	60	56	69
	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:115)	(N:247)	(N:234)

As the above table shows, the percentages of young (40%) and medium age (44%) opinion leaders were a good deal larger than that for older folks (31%).¹ The overall response distribution reveals another characteristic of the influential: he is more likely to be under 50 years of age, than is the non-influential,

3. Residence

Where respondents lived was found to be unassociated with opinion leadership. Classified as opinion leaders were 36% of the rural respondents, 36% of the small city residents, and 42% of the metropolitan people in the sample. Therefore: the influential is likely to appear with comparable frequency at all three residential strata,

4. Education

By the median cutting point on the overall response distribution for educational attainment, high and low education groups were compared by the degree of opinion leadership exhibited in each. Education was seen to be highly correlated with opinion leadership, as Table 15 shows.

¹ .01 level, Chi-square = 9.3 at 2 d.f.

TABLE 15
 RESPONDENTS' EDUCATION AND OPINION LEADERSHIP

	<u>High median education</u>	<u>Low median education</u>
Opinion leaders	49%	20%
Non-opinion leaders	51	80
	<u>100%</u>	<u>100%</u>
	(N:369)	(N:227)

When respondents with as much as 1-2 years of high school (the low education group) were contrasted with those having more than 2 years of high school training (high), a real relationship was found for opinion leadership. The 49% of the upper education group rated as opinion leaders was significantly larger than the 20% of those in the low education group receiving the same rating.¹ With this finding, another dimension of the influential emerges: he characteristically has a relatively high level of formal education,

5. Occupation

A comparison of respondents' occupations indicated important differences among the frequencies with which opinion influential and non-influential appeared in various occupation groups. For convenience of format, occupations are presented in Table 16 as the "dependent" characteristic (see footnote, page 77 for brief discussion of dependent and independent variables).

¹ ,001 level, Z= 7.02.

TABLE 16

RESPONDENTS' OCCUPATIONS AM) OPINION LEADERSHIP

<u>Occupations;</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Professional, technical, and kindred workers	24%	5%
Farmers and farm managers	4	11
Non-farm managers, officials, proprietors	7	3
Clerical and kindred workers		
Sales	8	5
Craftsmen, foremen, and kindred workers		
Operatives and kindred workers	9	3
Private household workers		
Service workers (except private household)	5	6
Laborers, except farm and mine		
Laborers, farm and mine	3	6
Widows, retired, social security, unemployed		-
Students	2	
Housewives		2

Looking at the above table, one might reasonably expect opinion leadership differences within the professional and the housewife "occupations." Indeed, when professionals were compared with all other occupations, there was a markedly greater tendency among professionals to be rated as opinion leaders—Table 17.

TABLE 17

PROFESSIONAL OCCUPATIONS AND OPINION LEADERSHIP

	Professional occupations	All other occupations
Opinion leaders	73%	33%
Non-opinion leaders	27 100% (N:74)	67 100% (N:522)

Nearly three-fourths of the professional group qualified as opinion influential, compared with one-third of those in other occupations.¹ On the other hand, when housewives were contrasted with all other occupations, they were found to have a much greater likelihood of being classified as non-influential Table 18.

TABLE 18

HOUSEWIVES AND OPINION LEADERSHIP

	Housewives	All other occupations
Opinion leaders	26%	46%
Non-opinion leaders	74	54
	100%	100%
	(N:235)	(N:361)

The difference was very significant between the smaller percentage of housewives (26%), and that of other occupations (46%), classified as opinion leaders.²

Since the bulk of the 74 professionals were classified as opinion leaders and most of the 235 housewives as non-leaders, these two occupations were abstracted from the overall distribution. The remaining occupations were split into two parts—the "white collar" and the "blue collar" workers.³ These two groups were then contrasted by the number of opinion leaders in each, as Table 19 shows.

TABLE 19

WHITE AND BLUE COLLAR OCCUPATIONS AND OPINION LEADERSHIP

	White collar occupations	Blue collar occupations
Opinion leaders	40%	24%
Non-opinion leaders	60	76
	100%	100%
	(N:111)	(N:176)

¹ .001 level, Z = 6.61.

² .001 level, Z : 4.76.

³ The "white collar" group was comprised of (1) non-farm managers, officials, and proprietors; (2) clerical and kindred workers; and (3) sales personnel. The so-called "blue collar" group consisted of (1) farmers and farm managers; (2) craftsmen, foremen, and kindreds; (3) operatives; (4) service workers; (5) all laborers; as well as (6) students, widows, the retired, and the unemployed.

Two-fifths of the "white collar" people were designated as opinion leaders, and about one-fourth of the "blue collar" workers were classified the same. This pronounced relationship between "white collar" employment and opinion leadership reached a rather high level of statistical significance.¹

In summary, a comparison of occupations showed interesting relationships. It was seen that although 28% of all opinion leaders were housewives, housewives actually were significantly less likely, than members of other occupations, to qualify as opinion influential. Rather, the number of housewives in the influential group merely reflected their great (but not disproportionate) representation in the sample. In contrast, the attributes of opinion leadership that were revealed in an occupation analysis showed that: professional people and other kinds of "white collar" workers typically are more often the self-designated leaders of public opinion, than are non-professional and "blue collar" workers.

6. Income

Respondents were divided into median income groups. The low income group was made up of those 377 people reporting annual family incomes less than \$6,999. The 219 high income respondents were those with incomes over \$7,000 annually. Higher income was found to have a real relationship with opinion leadership—Table 20.

TABLE 20

FAMILY INCOME AND OPINION LEADERSHIP

	<u>High median income group</u>	<u>Low median income group</u>
Opinion leaders	50%	31%
Non-opinion leaders	50	69
	<u>100%</u>	<u>100%</u>
	(N:219)	(N:377)

Half the people in the high income group, as compared with a third of those in the low income group, were self-designated as opinion influential. This difference reached a great level of significance.² Thus, in Minnesota it seems that:

¹ .01 level, Z = 3.01.

² .001 level, Z = 4.49.

people in the \$7,000-plus income brackets are more likely to be opinion leaders than are those with lower family incomes,

7. Political affiliation

When Democrats, Republicans, independents, and other persons were compared by the number of opinion leaders among them, no relationships were found to exist between political affiliation and public opinion influence. Among the opinion leaders, 40% were Democrats, 34% were Republicans, 22% were "independents," and 4% gave other answers. Among the non-opinion leaders, the respective percentages were: 42%; 28%; 24%; and 6%,

8. Religious preference

Opinion leaders were no different from non-opinion leaders with respect to their religious preferences. Among the opinion leaders, 69% were Protestants, 25% were Catholic, 2% were Jewish, and 4% gave other answers. Among non-influential the respective percentages were similar.

9. Group membership

Whether a respondent was classified as an opinion influential was found to be related to whether he belonged to any organizations—civic groups, clubs, lodges, unions, and the like—Table 21.

TABLE 21
GROUP MEMBERSHIP AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Belong to groups	85%	68%
Do not belong to groups	15	32
	<u>100%</u>	<u>100%</u>
	(N:227)	(n:369)

The percentage of opinion leaders (85%) was significantly greater than the number of non-opinion leaders (68%) saying they belonged to some kind of organization.¹ Another characteristic of the opinion influential is: he is more likely to

¹ .001 level, Z = 4.50.

be a member of some formal group, club, lodge, or organization of one variety or another, than is the non-opinion leader, 10. Specific group membership

A natural question following a discussion of group membership is: which groups do the opinion leaders belong to? When the 193 influential and 253 non-influential belonging to groups were contrasted by the organizations in which they said they were members, important relationships developed—Table 22.

TABLE 22 ¹

SPECIFIC GROUP MEMBERSHIP AND OPINION LEADERSHIP

Groups belonged to:	High opinion leadership	Low opinion leadership
Fraternal/social	45%	28%
Church/religious	51	55
Professional	13	2
Public affairs	42	32
Trade associations/unions	11	12
Farm associations	6	4
Business	4	2
Veteran/patriotic	18	21
Cultural/aesthetic	3	*
Public service	16	8
Hobby	10	9
Miscellaneous	—	1
* less than 1%	225%	175%
	(N:193)	(N:253)

As surmised by their answers, opinion leaders (45%) were much more likely, than non-influential (28%), to be members of fraternal and social groups.² Furthermore, the opinion influential was found with much greater frequency in the

¹ Percentages in this table total to more than 100% because some respondents offered more than one comment. Also, only those respondents are represented who said they were members of some formal organization.

² .001 level, Z = 3.80.

professional groups, than was his non-influential counterpart. The difference between the 13% of opinion leaders and 2% of non-opinion leaders belonging to professional bodies was of great significance.¹ Finally, a significantly-larger percentage of influential (42%) than non-influential (32%) reported being members of public affairs organizations.²

Although influential were found in relatively large numbers in other kinds of groups—religious, trade, patriotic, public service, hobby—there was no greater tendency among them to be in such organizations, than there was for non-influential. Per respondent, opinion leaders each mentioned belonging to 2.3 groups, and non-opinion leaders each mentioned 1.8 groups.³

Therefore, pertaining to group membership: the influential is more likely to be a member of a fraternal/social, professional, and public affairs group, than is the non-influential; what is more, he typically belongs to more groups of all varieties.

¹ .001 level, Z = 4.57.

² .05 level, Z = 2.18.

³ Examples of groups coded as fraternal/social are:

Masons, Elks, Rotary, Shriners, Sports and Athletic clubs, Toast masters, Bowling leagues, Eastern Star, Alumni associations, Moose, Optimists, Country clubs, and fraternities and sororities.

Examples of groups coded as professional are:

American Medical Association, American Association of University Professors, National Officer-Manager Association, Minnesota Press Club, Radio-TV News Directors Association, American Dental Association, American Institute of Banking, and American Society of Parasitologists.

Examples of groups coded as public affairs are:

League of Women Voters, NAACP, Citizen's League, DFL, Republican, American Civil Liberties Union, Parent-Teachers' Association, and Legislative Commission on Human Rights.

Examples of other groups are:

Public Service- Red Cross, Alcoholics Anonymous, Civil Defense;
Trade Union- AFL-CIO, Police Federation, Musicians Union;
Business- Chamber of Commerce, Goodwill Industries;
Church or Religious- Knights of Columbus, Ladies Aids & Guilds;
Veteran-Patriotic- American Legion, VFW, National Guard;
Cultural-Esthetic- Great Books Club, Theater Groups, Symphony Assn;
Hobby- Garden Clubs, Bridge Clubs, Dance Group, Classic Car Club;
Miscellaneous- Prospectors, Emra.

11. Social visitations

A final demographic comparison of opinion leaders and non-opinion leaders was based on an abbreviated measure of the gregarious-ness of each group. The measure was obtained in the form of a question asking respondents "how often" they informally "got together" with friends or relatives. Members of respondents¹ immediate families were not accepted by the interviewers as legitimate informal social visitations.

No relationship was found between frequency of "getting together" and opinion leadership. Among the influential, 52% said they visited with friends and relatives at least 2-3 times a week or as much as 4-5 times a week. This was comparable with the 48% of the non-influential saying the same,

In summary, many extreme and interesting differences were noted in the demographic composition of the opinion leader and the non-opinion leader groups. Compared with his less-influential friend, the opinion leader was a rather elite individual in his community.

Of prime importance for the sponsors of this survey is the finding that opinion leaders appeared *with* similar frequency among the three residential strata—metropolitan, small city, and rural—in the sample. Also it was seen that opinion leaders were no more likely, than non-opinion leaders, to be differentiated according to their political affiliation, religious preferences, or their frequency of informal social interaction.

The first three revelations are consistent with data reported for some other studies of opinion influentials.¹ The fact that opinion leaders in the Minnesota survey are operative throughout various residential, religious, and political spheres does not negate the principle of wanting specific information on the

¹ For example, see Bernard R. Berelson et al., Voting: A Study of Opinion Formation During a Presidential Campaign, Chicago: University of Chicago Press, 1954. Katz and Lazarsfeld, op.cit.

target audiences for communiqués about mental retardation. In fact, these findings brighten the prospects that a community education program on behalf of the retarded can afford sufficiently broad appeals so as to transcend "class" lines in order to reach persuasive individuals among separate religions, the two major parties, and in rural, small town, or metropolitan areas. It frequently is in these spheres that "class" identification is strong and emotional. As such, opinion leaders must be reached at all religious, political, and residential levels to increase the probability that communication will be successful.

Contrary to expectations, no difference was found between opinion influential and non-influential with respect to the extent of gregariousness exhibited by each. It was hypothesized that opinion leaders would more frequently get together with friends and relatives on an informal basis. The lack of distinction between the two groups is not restrictive, however. Although it was thought that opinion leaders would testify to a higher degree of informal social interaction, it should be recalled that over half of the self-designated influential visited with friends and relatives at least 2-3 times a week and as much as 4-5 times a week. This, in itself, is a relatively high level of social exposure, and is valuable information for those interested in having communiqués about retardation personally carried to the community.

Concerning the relationships that developed for demographic characteristics and opinion leadership, the following schematic summarizes the profiles for leaders and non-leaders of public opinion on "current events in the news,"

TABLE 23¹

DEMOGRAPHIC PROFILES OF OPINION LEADERS AND NON-OPINION LEADERS

Demographic Characteristics:	Non-opinion	Opinion leaders more likely are:	Opinion leaders more likely are:
1. Sex		male*	female
2. Age		less than 50 years old*	50 years old or more
3. Residence		no difference	no difference
4. Education		3 years high school to more than 4 years college*	no years grade school to 2 years high school
5. Occupation		professional* "white collar"*	housewife* "blue collar"
6. Income		\$7,000 to more than \$15,000 per year*	00,000 to as much as \$6,999 per year
7. Political affiliation		no difference	no difference
8. Religious preference		no difference	no difference
9. Group membership		group member*	non-group member
10. Specific group membership		fraternal/social* professional* public affairs* others-no difference	others-no difference
11. Social visitations		no difference	no difference

¹ Asterisks (*) in the schematic are used to designate the respondents for whom the significant, "more likely" relationship was found.

Level of understanding and opinion leadership

The influential thus far has been differentiated from the non-opinion influential by the demographic characteristic peculiar to each. Regarding mental retardation, the next step was to discern: What did the influential understand "mentally retarded" to mean?

Estimates of the levels of understanding- among opinion leaders and non-opinion leaders were obtained by an analysis of both groups' responses to the open-end question about the meaning of "mentally retarded." Tests were computed for specific comments, and for the syndrome classifications derived from the initial content description of responses.¹

Among the specific comments, a real relationship was found for opinion leaders and whether comments were offered about the mental defectiveness of retardates. The difference was highly significant between the 49% of the opinion leaders and the 37% of the non-opinion leaders referring to some aspect of retardates mental limitations.²

References to mental deficiency"- yielded the only difference found among specific reactions to the phrase "mentally retarded." When responses were grouped by syndromes, however, several interesting relationships emerged. For example, non-opinion leaders were significantly more likely, than were opinion leaders, to

¹ The reader is reminded of the make-up of each syndrome: (1) mental ineffectiveness-comments about retardates' mental deficiencies, ineptitude, and sub-normality; (2) supervision of activities-comments about retardates' irresponsibility, the need for caring for them, and need for institutionalizing them; (3) confusion-comments that confused retardation with insanity or physical defects; (4) causes-comments about birth injuries/defects, congenital transmission, and childhood accidents or sicknesses; (5) personal reactions-comments expressing fear, sympathy, or contempt; (6) knowledge-indisputably accurate comments about degrees of retardation, retardates' rehabilitation potentials, disclaiming heredity as the only cause, and distinctions between retardation and other illnesses; (7) physical manifestations-comments about the physical incapability's and appearances of retardates; and (8) miscellaneous-comments about services, burdens on society, and no answers. See Section H., Level of understanding; What mental retardation meant to people (pp. 10 -1b).

² .01 level, $Z = 3.01$.

confuse mental retardation with insanity, senility, deafness, muteness, and the like. About *two* of every ten non-influential were confused about mental retardation. This compared with about one of every ten influential indicating befuddlement.¹

In reverse of the above finding, opinion leaders were much better equipped with accurate bits of sophisticated intelligence about the mentally retarded, than were non-leaders. This knowledge difference between influential (15%) and non-influential (5%) reached an exceedingly high level of significance.² Too opinion leaders made proportionately more references to the causes of mental afflictions, than did non-leaders. A real difference appeared between the 22% of the influential and the 13% of the non-influential mentioning birth injuries, defects, heredity, accidents, and diseases as causes of mental deficiencies.³

The following table summarizes the ranked percentage distributions of opinion leaders and non-leaders across all response syndromes.

¹ .05 level, $Z = 2.36$.

² .001 level, $Z = 4.24$.

³ .01 level, $Z = 2.69$.

RANKED PERCENTAGES OF COMMENTS BY OPINION LEADERS
AND NON-OPINION LEADERS INDICATING WHAT "MENTALLY
RETARDED" GENERALLY WAS UNDERSTOOD TO MEAN

<u>Comments were related to;</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
RANK:	75%	70%
1. Mental ineffectiveness of retardates		
2. Need for supervision of activities	35	28
3. Causes of mental retardation	22	13
4. Confusion with other symptoms	11	19
5. Personal reactions to retardates	12	15
6. Knowledge about mental retardation	15	5
7. Miscellaneous remarks	7	4
8. Physical manifestations of retardates	3	5
	(N: 227)	(N: 369)

Although respondents' top - of - mind descriptions of the "mentally retarded" typically were vague, opinion leaders exhibited a degree of understanding higher than that of the less-influential sample members. The influential was much more likely to relate mental deficiency to the nature of retardation; and to relate general birth defects, heredity, and accidents to the causes of retardation. Whereas the influential also was more likely to possess specific information about the retarded, the non-influential was more likely to confuse retardation with other afflictions.

In short, as opposed to the non-opinion leader, the opinion leader was discovered to be more sophisticated in his understanding of the meaning of mental retardation. Level of information and opinion leadership

Having sketched the demographic nature of the opinion leader and described his relative understanding of mental retardation, it next was asked: How likely

is it that the influential will have information about the retarded?

It was reasoned that the basis for predicting which people will be most susceptible to the information about the retarded could be provided by comparing respondents' inclinations to:

1. hear or read something about retardation;
2. have information about the causes of retardation;
3. know of various services for the retarded;
4. participate in programs or drives on behalf of the retarded;
5. personally know a retardate;
6. have multiple contacts with retardates;
- and 7. know at least one retardate quite well.

These separate "information" and "exposure" items were abstracted from the questionar are, and the response distributions were contrasted for opinion leaders and non-opinion leaders.

1. Information in-take

The chance that "something" about mental retardation was heard or read in the last several months prior to the study, was related to opinion leadership. Specifically, it was found that nearly three-fourths of the influential had heard or read "something", as compared with about one-half of the non-influential. Table 25 shows the relationship between information in take and opinion leadership.

TABLE 25

INFORMATION IN TAKE AND OPINION LEADERSHIP

	Opinion Leaders	Non-opinion leaders
Heard or read something about mental retardation	74%	51%
Heard or read nothing about mental retardation	26%	49%
	100% (N: 227)	100% (N: 369)

The difference between the proportion of leaders and the smaller proportion of non-leaders, hearing or reading some content about mental retardation, was very significant.¹ Thus, the first information characteristic of the influential is: he is more likely to acquire information about the mentally retarded, than is the non-influential.

2. Information about causes

When people were given codes for correctly identifying causes of mental retardation, it was accepted as demonstration of specialized knowledge. Opinion leadership was found to be positively associated with knowing causes of retardation, as seen in Table 26. In interpreting the table, the reader is cautioned to recall that responses about the causes of retardation generally were vague.

TABLE 26
SPECIFIC INFORMATION AND OPINION
LEADERSHIP

<u>Mentioned as causes of retardation;</u>	Opinion leaders	Non-opinion leaders
General birth injuries/defects	37%	28%
Childhood accidents/sicknesses	22	14
Heredity/congenital transmission	41	21
Don't know/no answer	11	23
	(N: 227)	(N: 369)

Thirty-seven percent of the influential, compared with a lesser 23% of the non-influential, mentioned a variety of birth injuries/defects.² A significant difference also was seen between the 22% of leaders and the smaller 14% of non-leaders naming post-birth accidents and illnesses as causes.³ What is more, the 41% of the influential talking about hereditary causes of retardation was

¹ .001 level, Z = 5.46.

² .05 level, Z = 2.32.

³ .05 level, Z = 2.50.

significantly larger than the 21% of the non-opinion leaders saying the same¹

Turning things around, non-leaders (23%) gave many more "don't know" answers or could not answer the question, than was true for opinion leaders (11%).²

Evident above is the fact that in three instances opinion leaders were significantly more likely to mention separate causes of retardation, than were non-opinion leaders. Conversely, non-leaders were more likely to be unable to answer the question. Another dimension added to the concept of the opinion leader is that: he is more likely to have specific information about the causes of retardation, than is the non-influential.

3. Knowledge of services

If respondents knew of the availability of state and local services for the retarded, they were considered to have another kind of specialized information. Whether people knew about various services was seen to be correlated with opinion leadership. As Table 27 shows, eight out of ten opinion leaders mentioned (by name or location) a service for the retarded, as compared with two-thirds of the non-influential.

TABLE 27

KNOWLEDGE OF SERVICES AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Knew of services	80%	67%
Did not know of services	20 <u>100%</u> (N: 227)	33 <u>100%</u> (N: 369)

The discrepancy was highly significant between the 33% of non-leaders and 20% of opinion leaders that were not able to correctly identify at least one service.³ Thus: the influential is much more likely to know about services for the retarded, than is the non-influential.

¹ .001 level, Z = 5.29

² .001 level, Z = 3.75.

³ .001 level, Z = 3.56.

4. Participation in programs

Besides the degree and content of their information, respondents' general exposure to the mentally retarded was hypothesized to be a major ingredient in their selective perception of communiqués about the retarded. It was necessary to learn, therefore, if opinion leaders and non-opinion leaders were different with respect to general exposure to the retarded.

Of importance was the finding of a firm relationship between degree of opinion influence and participation in programs or drives—Table 28 •

TABLE 28
PARTICIPATION AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Had participated in some program or drive	36%	23%
Had not participated in a program or drive	<u>64</u> 100%	<u>77</u> 100%
	(N: 227)	(N: 369)

Well over one-third of the influential, compared with less than one-fourth of the non-influential, testified to actively participating or contributing to a program or drive on behalf of the mentally retarded. The difference was very significant.¹ As such, another facet of the opinion leader is that: he is more likely to be exposed to retardation through programs or drives, than is the non-opinion leader.

5. Acquaintance with retardates

Perhaps the most important kind of exposure to retardation is to personally know of a specific retardate. Although a vast proportion of all people in the sample knew retardates, opinion leaders were far more likely to have had personal contacts, than were non-leaders—Table 29.

¹ ,001 level, Z = 3.34. There were no differences between opinion leaders and non-leaders as to the ways in which they participated in programs or drives.

ACQUAINTANCE WITH RETARDATES AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
personally knew of a retarded individual	92%	78%
Did not personally know of a retarded individual	<u>8</u> 100% (N: 227)	<u>22</u> 100% (N: 369)

The highly significant difference between the percentages of opinion leaders (92%) and non-opinion leaders (78%) reveals that; the influential is more likely personally to know a retardate.¹

6. Multiple contacts with retardates

As contrasted with the non-influential, not *only* was the opinion leader more likely to know an individual retardate, but he also was more likely to know of more than three retarded persons—Table 30,

TABLE 30

MULTIPLE, CONTACTS AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Knew more than 3 retardates	58%	31%
Knew 1, 2, or 3 retardates	42	69
	100% (N: 227)	100% (N: 369)

The high degree of significance reached by the difference between the 58% of the opinion leaders and the 31% of non-leaders shows that: the opinion influential characteristically knows more retardates, than does his less influential friend.²

7. Familiarity with retardates

It was expected that a proportionately greater number of opinion leaders,

¹ .001 level, Z = 4.31.

² .001 level, Z = 6.14 on test of median response groupings.

than non-leaders, would know individual retardates "very well" and "fairly well" (median categories). However, this was not the case. Although there was a somewhat stronger tendency among opinion leaders, than exhibited by non-leaders, to know retardates "very well"- "fairly well," the difference did not meet the usual criteria for statistical significance—Table 31

TABLE 31 ^{1/}

FAMILIARITY WITH RETARDATES AND OPINION LEADERSHIP

	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Know a retardate "very well" or "fairly well"	66%	58%
Knew a retardate "not too well" or "not well at all"	<u>34</u> 100%	<u>42</u> 100%
	(N: 208)	(N: 288)

The difference between the 66% of influential and the 58% of the non-influential, that were most familiar with individual retardates, approached significance but fell somewhat short of the .05 level². So it can be said only that: there is a slight chance that the opinion leader will be better acquainted with retardates, than will the non-influential,

* * * * *

In anticipating the study, it was posited that the current-events type of opinion influential would exude a comparatively high degree of information about and exposure to the mentally retarded. Analyses of the influential and non-influential responses to several questionnaire items consistently supported the hypothesis.

The individual who qualifies as a leader of public opinion more frequently has general information, possesses specific information, participates in activities, is acquainted with individual and multiple numbers of retardates, and is

¹ The number of cases represents only the people knowing retardates.

² Not significant, .09 level, Z = 1.70.

somewhat more familiar with individual retardates. It is not unreasonable to predict that he is the person most likely to attend to future communication about the mentally retarded.

The following schematic summarizes the relationships between opinion leadership and information about the mentally retarded,

TABLE 32¹

INFORMATION PROFILES OF OPINION LEADERS AND NON-OPINION LEADERS

Information Characteristics:	Opinion leaders are more likely to mention:	Non-opinion leaders are more likely to mention:
1. Information in-take	hearing-reading something about retardation*	hearing-reading nothing about retardation
2. Causes of retardation	birth injuries/defects* accidents/sicknesses* heredity/congenital* others-no difference	don't know/no answer others-no difference
3. Services for retarded	knowing of services*	not knowing of services
4. Participation in activities	participating in programs and drives*	not participating in programs and drives
5. Personal acquaintance	knowing a retardate*	not knowing a retardate
6. Multiple contacts	knowing more than 3 retardates*	knowing 1, 2, or 3 retardates
7. Familiarity ^{2/}	knowing retardates very well-fairly well	knowing retardates not too well/not well at all

¹ It is well to repeat the caution about the relationships shown in this schematic and in similar ones. Although more than half of all respondents may have known a retardate, when one group—opinion leaders—is "more likely" to know retardates, the other group—non-opinion leaders—conversely is "more likely" not to know retardates.

Asterisks (*) in the schematic are used to designate the respondents for whom the significant, "more likely" relationship was found.

² Did not meet usual criteria for statistical significance.

Nature of attitudes and opinion leadership

Many interesting facets of opinion leadership have been uncovered, that hold implication for those concerned with raising the general level of community understanding of the problems of the mentally retarded. Yet, it is not sufficient merely to describe various demographic and information characteristics of the public opinion leader. Rather, it is of necessity that we inquire: What does the influential think about the retarded?

Among the several attitude items used in the questionnaire, eight of them were selected as the means by which influential and non-influential could be distinguished by their attitudes pertinent to the retarded. The items chosen were those originally used in pilot studies conducted by one of the sponsoring agencies prior to this survey. That is, the agree-disagree scales applying to different popular and professional beliefs about the retarded.¹

1. Large for age

A test performed on the median responses revealed a definite association between opinion leadership and whether people thought the retarded typically were extra large for their age. Table 33 shows this association.

TABLE 33
RETARDATE ARE EXTRA LARGE FOR THEIR AGE
AND OPINION LEADERSHIP

<u>Scale rating:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Agree/strongly agree plus don't know	23%	34%
Disagree/strongly disagree	77	66
	100%	100%
	(N:227)	(N:369)

More than three-fourths of the opinion leaders disagreed or strongly disagreed with the belief that retardates are oversized. This compared with two-thirds

¹ Tests were based on the median response groupings for each attitude item. Usually respondents were split among those who agreed in varying intensities, and those who disagreed in varying intensities. The "don't know" response was the mid-point on the response continuum, and typically was combined with the smaller median group.

of the non-leaders saying the same, and was a significant difference between the two groups. For the influential, then, it appears that he is less likely to believe retardates are extra large, than is the non-influential.

2. Cared for at home

Respondents could not be distinguished by their attitudes as to whether retardates should be cared for by the family at home. About 30% of both the public opinion leaders and non-leaders strongly agreed or agreed with the item, and about 70% expressed varying levels of negativism. As such, it seems that: the influential and the non-influential are similarly disposed to reject the notion about caring for retardates at home.

3. Look different

Most non-influential agreed, one way or another, that retardates look different from other people. The dissimilarity of responses of opinion and non-opinion leaders is evident in Table 34.

TABLE 34

RETARDATES LOOK DIFFERENT FROM OTHER PEOPLE
AND OPINION LEADERSHIP

<u>Scale rating:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Agree/strongly agree	50%	62%
Disagree/strongly disagree plus don't know	<u>50</u>	<u>38</u>
	100%	100%
	(N:227)	(N:369)

The difference was significant between 62% of the non-influential and 50% of the influential agreeing with the concept that retardates are physically distinctive.² Another attitude characteristic of the influential is that: he is much less inclined to think that retardates are unusual in appearance, than is the non-influential.

¹ .01 level, Z = 2.66.

² .01 level, Z = 2.88.

4. Mentally ill

Whether the retardate was said not to be mentally ill was related to opinion leadership—Table 35.

TABLE 35
RETARDATE ARE MENTALLY ILL
AND OPINION LEADERSHIP

<u>Scale rating:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Agree/strongly agree plus don't know	41%	55%
Disagree/strongly disagree	59	45
	<u>100%</u>	<u>100%</u>
	(N:227)	(N:369)

The discrepancy between the percentages of opinion leaders (59%) and non-opinion leaders (45%) reached a high level of significance. For the influential, then, it seems that: there is a greater likelihood, than there is for non-influential, that he disagrees with the idea that the retarded are mentally ill.

5. Live normal lives

Whether respondents thought that retardates could learn to live normal lives was found to be independent of degrees of opinion leadership. Most people, 61% of the leaders and 66% of the non-leaders, strongly agreed or agreed with the question. Thus, it was found that: the influential could not be distinguished by his attitude about the normal life potentials of retardates.

6. Keep in institutions

Respondents' reactions to the concept that most retardates should be kept in institutions were associated with their qualifications as opinion influential. Table 36 shows that leaders were more likely, than non-leaders, to oppose the principle of institutionalization.

¹ .01 level, Z = 3.27.

TABLE 36
 RETARDATE SHOULD BE KEPT IN INSTITUTIONS
 AND OPINION LEADERSHIP

<u>Scale rating:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Agree/strongly agree plus don't know	40%	50%
Disagree/strongly disagree	60	50
	<u>100%</u>	<u>100%</u>
	(N:227)	(N:369)

Six out of ten influential disagreed when asked if they thought that most retardates should be kept in institutions. Half of the non-opinion leaders also disagreed, but the difference between the two groups proved to be significant.¹ Another attitudinal dimension of the influential is that: he is more likely to resist the concept of institutionalizing retardates, than is the non-influential.

7. Retarded parents

No distinction appeared between opinion and non-opinion leaders regarding the extent to which they agreed or disagreed with the belief that most retardates had retarded parents. As explained in an earlier section (page45), the median cutting point on this overall response distribution was drawn between strongly disagree and all other ratings. Among the influential group, 28% strongly disagreed that retardates usually were the products of retarded parents, and 72% gave other answers—the preponderance of which were "disagree" ratings. The spread of answers among non-influential was comparable—26% strongly disagreed, and 74% gave other ratings. The finding is that: the influential and non-influential are nearly equally prone to strongly reject the belief that most retardates had retarded parents.

¹ .05 level, Z= 2.46,

8. Called morons

Opinion leadership was only slightly related to the extent to which respondents agreed or disagreed with the notion equating retardates with morons. The percentage difference between responses of leaders and non-leaders did not fulfill the usual requirements for statistical significance. Nonetheless, it was of sufficient magnitude to merit attention here.¹ It was found that 19% of the influential disagreed in varying intensities with calling retardates "morons." This compared with 12% of the non-influential also disagreeing.

It can be speculated only that: there is somewhat higher likelihood that opinion leaders, more than non-opinion leaders, will not equate retardates with morons.

* * * * *

The opinion influential characteristically has more favorable attitudes, than does the non-influential, toward the mentally retarded. This is concluded on the basis of both groups' responses to eight attitude items,

The permissiveness illustrated by the fact that the influential is more likely to dispute the necessity of keeping most retardates in institutions, reflects his generally favorable impressions of the retarded. In particular, he is much less likely--than is the non-influential to believe that the retarded are oversized, physically distinctive, or mentally ill. His greater reluctance to confine the retardate probably stems, in part, from his feelings that the retarded are less threatening, grotesque, or irresponsible than many popular fictions would have it.

The schematic profiles presented in Table 37 constitute a summary of the definite attitudinal relationships that distinguished the opinion leader's perception of the mentally retarded, from that of the non-opinion leader.

¹ Not significant, .07 level, $Z = 1.84$

TABLE 37

ATTITUDE PROFILES OF OPINION LEADERS AND NON-OPINION LEADERS

Beliefs about the retarded:	Opinion leaders are more likely to say:	n-opinion leaders are more likely to say:
1. Extra large for age	disagree/strongly disagree*	agree/strongly agree plus don't know
2. Should care for at home	no difference	no difference
3. Look different	disagree/strongly disagree*	agree/strongly agree plus don't know
4. Are mentally ill	disagree/strongly disagree*	agree/strongly agree plus don't know
5. Can live normal lives	no difference	no difference
6. Keep in institutions	disagree/strongly disagree*	agree/strongly agree plus don't know
7. Had retarded parents	no difference	no difference
8. Are called morons ¹	disagree/strongly disagree	agree/strongly agree plus don't know

¹ Did not meet usual criteria for statistical significance.

TABLE VII-1

If Respondent Was Asked Advice or Opinion Recently

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	37%	38%	26%	33%	32%	32%	38%	27%	33%
No	60	57	70	60	66	64	57	69	63
Don't remember	3	5	4	7	2	4	5	4	4
No answer	-	-	*	-	-	*	-	*	*
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Respondent is Likely to be Asked His Opinion

More likely	19%	18%	15%	17%	15%	18%	23%	11%	17%
Same as others	31	36	35	30	34	40	37	33	34
Less likely	46	41	43	49	43	36	35	49	43
Don't know	4	5	7	4	7	6	5	6	6
No answer	-	*	*	*	1	*	-	1	*
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

Mass media usage patterns

In addition to a description of the Minnesota opinion influential, it was desired to obtain certain kinds of measurements by which opinion leaders could be distinguished in terms of their mass media consumption habits.

If, indeed, the so-called leaders of public opinion comprise the target audience for communiqués about mental retardation, they must be viewed in light of the nature and frequency of their exposure to the communication media.

To this point it has been demonstrated that the opinion influential characteristically (1) has a more sophisticated understanding of mental retardation, (2) has a higher level of information about and exposure to the mentally retarded, and (3) has more favorable attitudes toward the retarded, than does the non-influential. These findings have great import for those interested in broadening community understanding of mental retardation—a core group has been uncovered that is highly likely to be a persuasive force in shaping community opinions.

Simply by learning which people in the community are most sensitive to the retarded, and are most likely to influence public perceptions, does not guarantee that these people can be reached. Rather, further intelligence is required about the influential media-usage behavior. It is only with the assurance that the opinion leader attends to the mass and specialized information media, that speculation is appropriate about the prospects for reaching him with messages of behalf of the retarded.

In this section, the opinion and the non-opinion leader are contrasted by the likelihood that each will use the various communication media. Questionnaire items dealt with exposure to newspaper, television, radio, and magazine news content, as well as book-reading behavior and attendance at public lectures—Tables VIII-1, 2, 3, 4, 5, 6, and 7.

1, Number of newspapers read regularly

Although the 1962 Minneapolis newspaper strike still was in effect in late July and early August, interviewers were instructed to ask respondents how many

newspapers they regularly read. Then they inquired whether the Minneapolis Star or Tribune were among those papers (not shown on the questionnaire). Mentions of the Minneapolis papers were accepted as newspapers "regularly read." There was a noticeable difference between opinion leaders and non-leaders with respect to the number of papers read—Table 38.

TABLE 38
NUMBER OF PAPERS READ AND OPINION LEADERSHIP

<u>Number of papers read:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
0 - 1 paper read	39%	54%
2 - 6 papers read	<u>61</u> 100%	<u>46</u> 100%
	(N: 227)	(N: 369)

Sixty-one percent of the sample influential said they regularly read as few as two and as many as six daily and weekly newspapers. This compared with 46% of the non-influential reading the same number of papers, and the difference was highly significant between the two groups.¹ From a test of the median answers of leaders and non-leaders, it is likely that: the influential is much more likely, than the non-influential, to read more than one newspaper. 2. Read paper yesterday

Despite the fact that some respondents may have said they were not "regular" readers, all were asked if they read any newspaper the day prior to the interview.² A definite relationship was established for opinion influence and whether

¹ .001 level, Z = 3.63.

² The reasoning behind this question was that it was thought to be easier for people to remember specific recent behavior. If respondents had been asked if they "usually" read papers or "how often" they read a paper during a week's time there would be a strong likelihood of confusion. However "yesterday" could have been atypical. That is, those who usually read may not have read that specific day; and those who usually do not read may have read that day. With the number of respondents in both groups, the "atypical" errors would tend to cancel each other out, thereby still producing a relative level of readership that is typical of each group. The same logic influenced the wording of subsequent questions about attention to radio and television news.

people answered "yes." Table 39 shows this relationship.

TABLE 39
 READ A NEWSPAPER AND OPINION LEADERSHIP

<u>Read paper yesterday:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	69%	55%
No	<u>31</u> 100%	<u>45</u> 100%
	(N: 227)	(N: 369)

Opinion leaders and non-opinion leaders were easily differentiated by "yesterday" newspaper readership. The difference was highly significant between the 69% of the leaders and the 55% of the non-leaders testifying to having read a newspaper.¹ New intelligence about the influential, then, reveals that: he is much more likely to read a newspaper on a given day, than is the non-influential.

3. Read public affairs content

Among those people saying they read a newspaper the day prior to the interview, there was a real association between opinion leadership and median reading of stories about business, government, politics, and the like. Most opinion leaders said they had read "a lot" or "some" of the public affairs type of stories in the paper, as is seen below.

TABLE 40^{2/}

PUBLIC AFFAIRS NEWS CONTENT AND OPINION LEADERSHIP

<u>Amount of stories read:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Read a lot/some	78%	37%
Read not too many/ not many at all	<u>22</u> 100%	<u>63</u> 100%
	(N: 157)	(N: 204)

¹ .001 level, Z - 3.37.

² The "N's" in this table are based on those people who read a paper "yesterday."

the people reading a paper "yesterday," 78% of the opinion leaders and 37% of the non-opinion leaders self-perceived reading "a lot" or "some" of the public affairs stories available.¹ The relationship between reading serious news content and opinion leadership indicates that: the influential typically has a greater appetite for such news than does the non-influential.

4. Watched TV news programs

Whether people watched television news programs the day before the interview was dependent on the extent to which they were opinion leaders—Table 41.

TABLE 41
TELEVISION NEWS PROGRAMS AND OPINION LEADERSHIP

<u>Watch TV news:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	56%	45%
No	<u>44</u> 100% (N: 227)	<u>55</u> 100% (N: 369)

The discrepancy between the percentage of opinion influential (56%) and non-influential (45%) was significant.² The finding indicates that: the opinion leader is more likely, than is the non-opinion leader to watch television news broadcasts on a given day.

5. Number of TV newscasts seen

Median answers to a question about the number of television newscasts seen the day before the interview, showed that proportionately more influential (52%), than non-influential (41%), watched two-six news programs. The difference, however, was not acceptable by the usual standards for statistical significance, though it was close.³ Thus, it can be ventured only that: the influential is somewhat more likely to see more television newscasts per day, than is

1/ .001 level, Z = 7.65.

2/ .01 level, Z = 2.67.

3/ Not significant, .07 level, Z = 1.82.

the non-influential who watches those programs.

6. Watch TV public affairs programs

According to answers to a question asking if respondents had watched television public affairs programs (business, government, politics) the day preceding the interview, there was a direct relationship between opinion leadership and viewing these kinds of programs. Although as Table 42 shows, few people had seen such programs.

TABLE 42
TELEVISION PUBLIC AFFAIRS PROGRAMS AND OPINION LEADERSHIP

<u>Watch TV public affairs:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	24%	9%
No	<u>76</u>	<u>91</u>
	100%	100%
	(N: 227)	(N: 369)

Some one-fourth of the opinion leaders, compared with about one-tenth of the non-leaders, watched a television public affairs program "yesterday." Despite the limited viewing, the difference reached a high level of significance.¹ So, another characteristic of the opinion influential is that: he is more likely to watch television programs of a public affairs nature, than is the non-influential,

7. Number of TV public affairs programs

Given the small number of public affairs programs available on television's "typical" day, it was not too surprising to find no distinction between the extent to which leaders and non-leaders had seen such programs. About one-third of the influential had seen more than one such program, as compared with less than one-fourth of the non-influential. With the small number of respondents reporting public affairs viewer ship, this difference was inconsequential.

8. Listen to radio newscasts

The probability that respondents would have heard a radio news broadcast

¹ .001 level, Z = 4.77

"yesterday," was positively related to their status as opinion leaders—Table 43.

TABLE 43
LISTENED TO RADIO NEWSCASTS AND OPINION LEADERSHIP

<u>Listened to radio news:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	63%	46%
No	<u>37</u> 100%	<u>54</u> 100%
	(N: 227)	(N: 369)

Whereas 63% of the opinion leaders listened to radio news "yesterday," a significantly smaller percentage of non-leaders (46%) could say the same.¹

A further dimension of opinion leadership is that: the influential is far more likely to be exposed to radio news content, than in the non-influential.

9. Number of radio newscasts

As was the case with the number of public affairs news stories read, and somewhat with the number of television news programs seen, a significant relationship developed between opinion leadership and the number of radio newscasts heard. Table 44 shows this relationship.

TABLE 44^{2/}
AMOUNT OF RADIO NEWS AND OPINION LEADERSHIP

<u>Number of radio newscasts:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
1 - 2 programs	54%	68%
3 or more programs	<u>46</u> 100%	<u>32</u> 100%
	(N: 143)	(N: 171)

Somewhat under half (46%) of the opinion leaders, compared with about one-

¹ .001 level, Z =3.96,

² The "N's" in this table are based on those people who listened to radio news "yesterday."

third of the non-leaders, said they heard more than three radio news programs the day before the interview. This difference was significant.¹ Still another characteristic of the influential is that: there is a greater likelihood that he will be listening to more radio newscasts on a given day, than will his less influential colleague.

10. Read weekly news magazines

Respondents were asked which, if any, weekly news magazines they regularly read. References to Life, Look, Post, Reader's Digest, and the like were discounted. Only the standard news magazines (Time, Newsweek, U.S. News and World Report) were accepted. Whether people read these latter magazines was inextricably bound with the extent to which they were opinion leaders, as Table 45 shows,

TABLE 45
READ WEEKLY NEWS MAGAZINES AND OPINION LEADERSHIP

<u>Read news magazine:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	46%	14%
No	$\frac{54}{100\%}$	$\frac{86}{100\%}$
	(N: 227)	(N: 369)

A great many more opinion leaders, than non-leaders, acknowledged being regular readers of weekly news magazines. The difference between the 46% of leaders and the 14% of non-leaders saying "yes" was of great significance.² Among other features of the influential is the fact that: he is much more inclined to read serious news magazines, than is the non-influential,

11. Read non-fiction books

How likely people were to have read a non-fiction book in the six months prior to the study, depended on whether they were opinion leaders. Table 46 presents this relationship.

¹ .05 level, Z=2.54.

² .001 level, Z=8.65.

TABLE 46
 READ NON-FICTION BOOKS AND OPINION LEADERSHIP

<u>Read a Serious Book:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	46%	12%
No	<u>54</u> 100%	<u>88</u> 100%
	(N:227)	(N:369)

As the table shows, sample influential were consumers of non-fiction books—about world affairs, history, business, government, and the like. The difference between the 46% of the leaders and the 12% of the non-leaders saying "yes," was highly significant.¹ Another aspect of opinion leadership is that: the influential is much more likely to read books of a serious nature, than is the non-influential.

12. Attend public lectures

A final measure of mass and specialized media habits was obtained by a question asking whether people had gone to public lectures or talks in the past year. Interviewers were instructed to record any questionable answer, so that a later judgment could be made in the survey office. In so doing, references to, say, union meetings and garden club meetings were disqualified. There was a greater tendency among opinion leaders to attend "legitimate" public programs, than was true for non-influential Table 47.

TABLE 47
 ATTENDED PUBLIC LECTURES AND OPINION LEADERSHIP

<u>Went to lecture:</u>	<u>Opinion leaders</u>	<u>Non-opinion leaders</u>
Yes	59%	19%
No	<u>41</u> 100%	<u>81</u> 100%
	(N:227)	(N:369)

¹ .001 level, Z = 9.41.

If people showed any disposition to go to public lectures, it probably was because they were influential in shaping public opinion. Nearly six of ten influential, compared with about two out of ten non-influential, went to what qualified as a "lecture" or "talk" in the past year. As the final dimension of his media consumption habits, it is seen that: the influential is far more likely to show up at a public lecture, than is the non-influential,

* * * * *

The public opinion leader is a heavy consumer of mass and specialized media fare. Not only is he frequently attending to the media, in comparison with people who are not opinion leaders, but he selects content of a serious nature. The following schematic serves as a summary of the information media habits of the influential—Table 48 see next page.

¹ .001 level, 2 = 10.03.

TABLE 48 ¹

COMMUNICATION MEDIA PROFILES OF OPINION LEADERS AND NON-OPINION LEADERS

Media habits:	Opinion leaders are more likely to:	Non-opinion leaders are more likely to:
1. Number of newspapers read	read 2-6 papers*	read 0-1 papers
2. Read paper yesterday	read paper*	not read paper
3. Read public affairs content	read a lot/some*	read not too many/ not many at all
4. Watched TV news programs	see news*	not see news
5. Number of TV newscasts ²	see 2-6 programs	see 1 program
6. Watch TV public affairs	watch TV public affairs*	not watch TV public affairs
7. Number TV public affairs	no difference	no difference
8. Hear radio newscasts	hear radio news*	not hear radio news
9. Number of radio newscasts	hear 3-9 programs*	hear 1-2 programs
10, Read weekly news magazines	read news magazines*	not read newsmagazine
11, Read non-fiction books	read non-fiction*	not read non-fiction
12, Attend public lectures	[attend lectures*	not attend lectures

Synthesis: Opinion leadership and media usage patterns

To the extent that the public opinion influential and the heavy consumer of the information media are the same person, chances of reaching the influential are greatly enhanced.

The foregoing discussion presents a strong case in support of the notion that, indeed, one nearly can equate opinion leadership with high media consumption. The evidence presented there showed the opinion leader far out-stripping the non-opinion leader with respect to the frequency of his attention to the

¹ The asterisks (*) in the schematic are used to designate the respondents for whom the significant, "more likely" relationship was found,

² Did not meet usual criteria for statistical significance.

media generally, and the quality of his attention specifically.

The premise, from which the opinion leadership index was constructed and thought to be useful, was that: the person found to be a persuasive force in transmitting ideas and giving advice about "current events in the news" most likely would be the person also giving advice and opinion pertinent to mental retardation, A second assumption under girding this research was that: the opinion leader would have to evolve as a heavy consumer of the information media before he could be realistically designated as the target member of the audience for communiqués about the retarded.

To this point, the differences between the media-usage profiles of the influential and the non-influential have demonstrated associations between opinion leadership and attention to the media. The degree of each relationship, of course, has not been specified. To more clearly define, then, the positive correlations of opinion influence and media usage, the following table presents a summary description of the extent to which opinion leadership was found to be associated with each media activity.

TABLE 49¹

CORRELATIONS OF OPINION LEADERSHIP AND MEDIA USAGE

<u>Specific media activity:</u>	<u>Degree of correlation with opinion leadership</u>	<u>Level of significance</u>
1. Read 2 or more newspapers	.25	.001
2. Read a newspaper yesterday	.20	.001
3. Read "a lot-some" public affairs stories	.46	.001
4. Watched television news yesterday	.16	.01
5. Watched 2 or more TV news programs	.20	non-significant
6. Watched TV public affairs yesterday	.36	.001
7. Watched 2 or more TV public affairs programs	.20	non-significant
8. Heard radio newscast yesterday	.28	.001
9. Heard 3 or more radio newscasts	.24	.05
10. Read weekly news magazine	.52	.001
11. Read non-fiction book in last 6 months	.64	.001
12. Attended public lecture in last year	.64	.001

From the analysis summarized in Table 49 one can easily infer that opinion leadership was found to be, in most cases, significantly correlated with higher levels of media activity.

Of interest is the "specialized" media habits. That is, there was more association between opinion leadership and newspaper public affairs readership (.46), television public affairs viewing (.36), news magazine readership (.52), non-fiction book readership (.64), and public lecture attendance (.610, than there was for "basic" mass media usage—reading the paper, listening to radio, watching television. This is not surprising, certainly, because even the most passive

¹ The associations between various media activities and opinion leadership were estimated by Tetra choric Correlation Coefficients since the problem involved the correlation of traits for which there were judgments of mere presence or absence but no scaled measurement of them.

In interpreting the correlations here, the reader is reminded that a "perfect" correlation of two variables would be 1.00. Also, the significance of the correlations was affected by the number of people on which the correlations was based.

user of the mass media is likely to read a paper, listen to the radio, and the like.

Communication research¹ has shown that relatively few people display specialized interest in the serious or "hard core" news found in public affairs stories, articles or programs, books or lectures. These activities, however, are the forte of the influential. There is little doubt, therefore, that the influential, as a "quality" consumer of the media, will exert more effort to be informed (subscribe to magazines, read books, attend lectures), than will the non-influential. In this regard, then, he appears to be not only *the* most profitable target for communiqués about mental retardation (inasmuch as this constitutes serious news), but of all Minnesotans he is most likely to seek this type of information.

¹ For examples, see:

Angus Campbell and Charles A. Metzner, "Books, Libraries, and Other Media of Communication," in *Public Opinion and Propaganda*, Daniel Katz, et.al. (eds.), New York: 1954, pp. 243-62.

Paul F. Lazarsfeld and Patricia Kendall, "The Communications Behavior of the Average American: Some Tables," in *The Process and Effects of Mass Communication*, Wilbur Schramm (ed.), Urbana: 1955, pp. 69-70.

TABLE VIII-1

Newspaper Read Regularly

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	91%	93%	91%	88%	94%	94%	93%	90%	92%
No	9	7	9	12	6	6	7	10	8
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Number of Newspapers Read Regularly

One	48%	42%	42%	39%	51%	42%	41%	46%	44%
Two	36	35	36	33	35	39	39	32	36
Three	13	17	15	18	11	15	14	16	15
Four	3	4	3	5	2	2	4	3	3
Five	-	1	2	2	1	1	1	2	1
Six	-	1	2	3	-	1	1	1	1
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:157)	(N:341)	(N:327)	(N:282)	(N:212)	(N:331)	(N:408)	(N:417)	(N:825)

TABLE VIII-2

Read Newspaper Yesterday

Yes	56%	60%	59%	58%	65%	55%	62%	56%	59%
No	44	40	41	42	35	45	38	44	41
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE VIII-2 (cont'd)

Amount of Public Affairs News Read

	AGE			RESIDENCE			SEX		GRAND TOTAL
	21-29	30-49	50 and Over	Rural	Small City	Metro	Men	Women	
A lot	16%	18%	19%	15%	20%	19%	22%	13%	18%
Some	36	43	31	39	34	37	36	38	37
Not too many	29	22	30	27	24	28	26	27	26
Not many at all	19	17	20	19	22	16	16	22	19
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:96)	(N:218)	(N:213)	(N:187)	(N:147)	(N:193)	(N:270)	(N:257)	(N:527)

TABLE VIII-3

Watched TV News Programs Yesterday

Yes	44%	49%	53%	44%	53%	53%	49%	50%	50%
No	56	51	47	56	47	47	51	50	50
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Number of TV News Programs Watched

One	67%	62%	43%	58%	56%	51%	55%	55%	55%
Two	27	26	38	30	31	32	31	32	31
Three	3	9	10	7	8	10	10	7	8
Four	3	1	6	4	2	5	3	4	4
Five	-	1	1	-	1	1	*	1	1
Six	-	1	2	1	2	1	1	1	1
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:76)	(N:179)	(N:191)	(N:140)	(N:119)	(N:187)	(N:217)	(N:229)	(N:446)

*less than 1%

TABLE VIII-4

Listened to Radio News Yesterday

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	55%	58%	49%	57%	57%	49%	59%	49%	54%
No	45	42	51	43	43	51	41	51	46
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Number of Radio Newscasts Heard

One	27%	34%	37%	41%	30%	28%	35%	31%	33%
Two	19	29	30	24	31	27	28	25	27
Three	17	16	15	18	16	13	16	16	16
Four	18	7	7	8	9	11	9	10	9
Five	5	5	3	3	5	6	4	5	5
Six	5	6	3	2	6	6	4	6	5
Seven	1	*	2	1	1	1	1	1	1
Eight	3	1	1	2	1	2	1	2	1
Nine or more	5	2	2	1	1	6	2	4	3
	<u>100%</u>								
	(N:95)	(N:214)	(N:175)	(N:182)	(N:128)	(N:174)	(N:257)	(N:227)	(N:1484)

*less than 1%

TABLE VIII-5

Watched TV Public Affairs Programs Yesterday

	AGE			RESIDENCE			SEX		GRAND TOTAL
	21-29	30-49	50 and Over	Rural	Small City	Metro	Men	Women	
Yes	12%	12%	20%	17%	18%	13%	16%	14%	15%
No	88	88	80	83	82	87	84	86	85
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Number of TV Public Affairs Programs Watched

One	75%	83%	70%	70%	88%	69%	75%	74%	74%
Two	15	13	13	13	10	18	12	15	14
Three	-	4	10	9	2	7	6	8	7
Four	10	-	3	4	-	4	3	3	3
Five	-	-	4	4	-	2	4	-	2
	<u>100%</u>								
	(N:20)	(N:45)	(N:73)	(N:53)	(N:40)	(N:45)	(N:72)	(N:66)	(N:138)

TABLE VIII-6

Read Any Non-fiction Books

Yes	31%	26%	16%	23%	20%	25%	26%	21%	23%
No	69	74	84	77	80	75	74	79	77
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Attended Any Public Lectures

Yes	30%	40%	26%	40%	30%	27%	33%	33%	33%
No	70	60	74	60	70	73	67	67	67
	<u>100%</u>								
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE VIII-7

Weekly News Magazines Read Regularly

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	30%	25%	26%	18%	29%	32%	31%	22%	26%
No	70	75	74	82	71	68	69	78	74
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Which News Magazines Read Regularly

Time	73%	59%	47%	48%	62%	60%	62%	51%	57%
Newsweek	35	37	34	31	37	37	35	36	36
US News and World Report	27	29	42	41	35	28	31	36	33
Reporter	2	1	1	-	-	3	1	1	1
Other	2	3	2	3	2	4	4	2	3
	139%	129%	127%	123%	136%	131%	133%	126%	130%
	(N:52)	(N:91)	(N:93)	(N:58)	(N:65)	(N:114)	(N:135)	(N:102)	(N:237)

Observations: The flow of communication

In the early 1940's, investigations of voting behavior produced a theory that ideas frequently flow from the mass media to certain opinion influential who, in turn, direct those ideas to less active segments of the community.¹

The concept of the opinion leader was amplified in later research with the result that present theory holds that opinion leaders are not citizens apart from the populace, nor is opinion leadership a trait exclusive to a select group of people. Rather, there are opinion leaders operative in a variety of communication settings who are integral parts of the daily milieu of interpersonal relationships.

Probably the best description of the opinion leader is that he is a group leader playing a key communications role. He has been found to be most sensitive to the mass media. He absorbs information selectively, interprets it in light of his own personality, and passes it on to other members of his group. This process has commonly been called the "two-step flow of communication." The demonstration of this communication process working in the community has broken down the image of society as a mass of disconnected individuals linked with the mass media, but not with each other.²

Opinion influence is largely concentrated within class strata, rather than flowing across class lines. Simply stated, the influential are found to be fairly evenly distributed among the different social strata and asserting leadership in a horizontal direction. However, different kinds of people serve as opinion leaders for different kinds of communications. That is, the influential for marketing news is not the influential for news about public affairs.

In this survey, an attempt was made to ferret out the public opinion influential in the realm of "current events in the news"—public affairs. It was suggested that the kind of influential interested in serious news content, and giving

¹ Paul F, Lazarsfeld, Bernard Berelson, and Hazel Gaudet, *The People's Choice*, New York: Columbia University Press, 1948.

² Elihu Katz, "The Two-Step Flow of Communication: An Up-To-Date Report on an Hypothesis," in Public Opinion Quarterly, Vol. XXI, No. 1, 1957, pp. 61-78.

advice and opinions about such content, would be the person most likely to be sensitive to information about the mentally retarded. Thus, he would be the one most likely to transmit information about the retarded.

On the other hand, it was of interest to discern which individuals in the state would be least likely to be interested in or to carry information about the mentally retarded to others. So the two groups—the influential and the non-influential—were contrasted by several demographic, information, attitude, and media characteristics.

The results of the survey lend considerable weight to the body of theory concerning the efficacious communication role of the opinion leader. Briefly, it was found that the influential was far more attentive to the mass and specialized information media, than was the person who was not an influential for public opinion about serious news content. In showing that the influential was most sensitive to the media, it was seen that he: read more newspapers; was more likely to read a newspaper on a given day} read more public affairs content in newspapers; was more likely to see a television news broadcast; saw slightly more television newscasts; was more likely to watch television public affairs programs; was more likely to hear a radio newscast; and heard more radio news programs.

It also was found that the influential was much more sensitive to the more specialized communication media—he was more likely to read weekly news magazines, to read non-fiction books, and to attend public lectures. In sum, he actively sought public affairs information beyond the usual mass media fare.

The probability that a communiqué about mental retardation will reach the opinion leader is far greater than the chance that the non-opinion leader will hear or read it. Truly, then, the influential—on the surface of it—is the target for an information program about mental retardation. In reality, the non-influential—again on the face of things—is a poor target. It is the contention here that messages directed to those persons designated as non-leaders of opinions about public affairs would have little effect. Rather, the information program should concen-

trate on trying to reach the influential among all other persons in the state.

Such a plan is an economy of effort and resources, and it holds the maximum chances for success. It is doubtful that the non-influential will perceive such specialized information. Therefore it is sensible to appeal to the opinion leader, and activate him to perform his normal role in the "two-step" flow of communication in informing his less influential friends,

Above it was stated that "on the surface" the opinion leader is the target for information about the retarded. If frequent and quality attention to the mass media were the only credentials of the opinion leader, there would be no justification for claiming him to be the most useful designee for communication about mental retardation. Rather, the influential must be known to be favorably disposed to the retarded before there can be confidence that he will attend to and be interested in information about the retarded.

People read and see those things which are amenable to their dispositions, and they deliberately or unconsciously avoid or distort information about subjects in which they have no interest, about which they are ignorant, or toward which they feel antipathy. This is the process of selective perception—seeing and hearing only what we want to see or hear. Furthermore, people also tend selectively to retain sympathetic material more accurately and longer than unsympathetic material.¹

If the influential were not interested in, were ignorant about, or were hostile toward the retarded, the chance that he will pay attention to such information is no better than that of anyone else feeling the same way. What is more, his chance is less than that of someone with more favorable predispositions toward

¹ For examples, see:

Charles F. Cannell and James C. MacDonald, "The Impact of Health News on Attitudes and Behavior," in *Journalism Quarterly*, XXXIII, 1956, 315-23.
Dorwin Cartwright, "Some Principles of Mass Persuasion: Selected Findings in Research on the Sale of United States War Bonds," in *Human Relations*, II, 1949, 253-67%
Shirley A. Star and Helen 21. Hughes, "Report of an Educational Campaign: The Cincinnati Plan for the United Nations," in *American Journal of Sociology*, L7, 1950, 389-400.

the retarded.

As it turned out, however, the public affairs opinion influential, when compared with the non-influential, was seen to be more interested in mental retardation, had better understanding and was more informed about the mentally retarded, was more frequently exposed to the retarded, and was more sympathetic toward the retardate.

Interest in mental retardation is inferred from participation in programs or drives on behalf of the retarded. Well over one-third of the influential had participated in some activity for the retarded, as compared with less than one-fourth of the non-influential. Thus, the influential was more likely to be exposed to retardation through participation—reflecting greater interest.

The influential was found to be more sophisticated in his understanding of retardation, than was the non-influential. He more frequently was able to relate to the nature and to the causes of retardation. What is more, the influential possessed specific information about the retarded, whereas the non-influential was more apt to confuse retardation with other afflictions.

As opposed to the non-leader of public affairs opinion, the opinion leader was more likely to have a higher overall information intake, to know specific causes, and to know about the availability and location of services for the retarded in Minnesota.

He also exhibited a higher degree of exposure to the retarded. Specifically, he was more likely to personally know at least one retardate, and to have multiple contacts. Too, he was somewhat more inclined to say he knew a retardate "very well" or "fairly well."

His attitudes toward the retarded were markedly more favorable. In particular he was more likely to disagree that the retarded are oversized, look different, are mentally ill, should be kept in institutions, or are called morons. Disagreement with any of the foregoing items was accepted as a mark of favorableness toward

retardates, regardless of the technical accuracy of application to the retarded or the beliefs of professionals in this field.¹

The reasons for designating the public affairs opinion influential as the primary target for an information program about retardation, now are more clear. Not only is it more probable that the influential will appear in a media situation, but he is likely to be sensitive to messages about retardation.

On the other hand, given the nature of his predispositions toward the retarded and the comparative infrequency of his attention to the media, the non-opinion leader for public affairs should, for the most part, be ignored by those communicators trying to optimize the number of persons effectively reached per unit cost.

Ignoring a segment of the population, with the expectations that opinion leaders can be stimulated to assume the role of communicators on behalf of the retarded, is a difficult concept for some to accept. But it seems to be a wise decision unless, of course, those sponsoring the information program have unlimited resources to underwrite huge expenditures to effectively reach decreasing numbers of people. That is, as knowledge and favorability decrease across various social strata, the number of proselytes also decreases. Finally, at the lowest level of information-attitudes regarding the retarded, there is a deviant minority of people—the "know nothings"—who simply will not take in information or change their attitudes no matter how strong the appeals or voluminous the material disseminated.²

¹ Technically, of course, many retardates are classified by degrees of moronity, but the nefarious connotations of this word for respondents revealed that disagreement with the application of the word was a demonstration of favorability. Likewise, although many professionals wish to see the retarded placed in the community, others feel the institution usually is more appropriate. Regardless of the professional viewpoint, disagreement with the concept of institutionalization was accepted to reflect a favorable disposition of the respondent.

² For examples, see:

Eunice Cooper and Helen Dinerman, "Analysis of the Film Don't be a Sucker¹: A Study in Communication," in Public Opinion Quarterly, XV, 1951* pp 243-64.

Arthur A Lumsdaine and Irving L Janis, "Resistance to Counter Propaganda Produced by One-sided and Two-sided 'Propaganda' Presentations," in Public Opinion Quarterly, XVII, 1953, pp 311-18.

The "know nothings" are likely to be people who are particularly firm in their beliefs, and who have already withstood the arguments that have convinced most others. Certainly, not all non-influential found in this study are members of minorities that are peculiarly resistant to change. However, it is probable that the "know nothings" are among the non-opinion leaders. Since persuasive mass communication is more successful in reinforcing existing attitudes than in producing conversions, the attempt to convert non-leaders essentially would be futile.¹

Attitude conversion, more often than not, seems to be a group phenomenon. People are more likely to alter their attitudes where there is group pressure for conversion.² The opinion leader is instrumental in leading the group toward change within limits defined by group norms, or in bringing group norms into play to resist change. Most change, however, is minor. Usually opinion leaders act as mediators between the group and the mass media in a role that finds him passing along the kind of information which is consistent with group values, and which acts to reinforce existing group attitudes.

As was seen, attitudes characterizing the non-opinion leaders for public affairs were more likely to be negative, than the attitudes peculiar to opinion leaders. This implies that the opinion leader's peers probably already hold more favorable attitudes toward the retarded, and therefore dissemination of information and pressure for increased favorability of attitudes toward the retarded is to be more easily accomplished.

¹ For examples, see:

Eunice Cooper and Marie Jahoda, "The Evasion of Propaganda," in *Journal of Psychology*, XXIII, 1947, pp. 15-25,

Samuel H. Flowernan, "The Use of Propaganda to Reduce Prejudice: A Refutation," in *International Journal of Opinion and Attitude Research*, III, 1949, pp.99-108.

Herbert H. Hyman and Paul B. Sheatsley, "Some Reasons Why Information Campaigns Fail," in *Public Opinion Quarterly*, XI, 1947, pp. 412-23.

² For examples, see:

Wilbur Schramm, *The Process and Effects of Mass Communication*, Urbana: University of Illinois Press, 195k, pp. 3-26. Katz and Lazarsfeld, op.cit., p.67.

On the other hand, non-leaders would seem to be members of groups with comparatively negative existing attitude sets. As such, the transmission of information in this setting is impeded, and there is little pressure for attitude change. Rather, to maintain present group values, it is likely that there would be resistance to and distortion of messages about the mentally retarded.

* * * * *

The essence of the foregoing observations has been that the non-opinion leaders for public affairs should be discounted as comprising an important part of the audience for messages about mental retardation. Instead, it was strongly urged that an information program for the retarded concentrate on trying to reach and activate the public affairs opinion influential in Minnesota.

The rationale was that the opinion leader already has a relatively high level of conditioned interest and a favorable disposition toward the retarded, which are two ingredients known to produce increased exposure to communications about a given topic. These considerations lead to the premise that the influential can more easily be activated to carry information to group members in the community.

Observations; The target audience

Comparisons of the demographic characteristics of the influential and the non-influential revealed many important distinctions, which are presented here in summary.

The public affairs influential characteristically is male, less than 50 years old, lives in metropolitan, small city, and rural areas, has at least a complete high school education, is a professional and/or "white collar" worker, has a relatively high income, is a member of either political party, belongs to any religious denomination, is a member of a formal group, especially belongs to fraternal/social, professional, and public affairs groups, and is socially oriented.

The public affairs non-influential characteristically is female, over 50 years of age, lives in metropolitan, small city, and rural areas, did not finish high school, is a housewife or a "blue collar" worker, has less than \$7000 family

income, is a member of either political party, belongs to any religious denomination, is not a formal group member, and is socially oriented.

Of course, communicators are not likely to discount, say, all women as targets for information about the retarded. It should be apparent, however, that while many women may notice information about the retarded, more men actually will do something about that information--pass it along to others producing a secondary effect of the message.

Continuing the example of women, it is likely that a particular phase of the community information program is to be specifically designed to appeal to women. In that case, the messages that would be most fruitful would be those that are sent to younger women (under 50), women who are high school and college graduates, women in families where the chief wage earner is a "white collar" worker, women with a higher family income (over \$7000), or women who are active in formal organizations like the PTA or the League of Women Voters.

Specific information about recipients at the end of the communication chain is either difficult or costly to obtain. Nonetheless, concentration on any dimension(s) of public affairs opinion leadership is likely to heighten the efficiency of a community information program. Daily, the typical American citizen is exposed to roughly 1500-2000 messages from labor unions, government agencies, business concerns, advertising campaigns, church groups, political parties and the like. The competition for the public's attention is increasing, and people are, of necessity, getting more selective in what they choose to attend to. The smallest particle of information available about the intended audience for retardation communiqués is valuable.

APPENDIX

TABLE A-1

Length of Residence in Community

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
0-5 years	49%	26%	11%	18%	14%	31%	25%	24%	24%
5-10 years	9	24	6	9	19	15	12	16	14
10 or more years	42	50	83	73	57	54	63	60	62
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-2

Length of Residence at Present Address

0-5 years	77%	44%	20%	30%	44%	47%	41%	40%	41%
5-10 years	8	26	11	13	23	16	16	18	17
10 or more years	15	30	69	57	33	37	43	42	42
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-3

Number of People in Household

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
One	1%	1%	16%	8%	6%	6%	4%	10%	7%
Two	8	7	45	24	20	23	24	20	23
Three	25	15	20	19	18	20	20	19	19
Four	24	22	10	15	20	18	17	18	18
Five	23	25	5	14	22	14	18	13	16
Six	11	15	2	9	7	10	9	9	9
Seven	3	8	1	5	4	5	4	5	4
Eight	2	4	*	3	2	2	2	3	2
Nine	2	2	*	2	-	1	1	2	1
Ten or more	1	1	1	1	1	1	1	1	1
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-4

Home Ownership

Own	64%	87%	88%	87%	87%	76%	82%	83%	83%
Rent	36	13	12	13	13	24	18	17	17
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-5

Educational Attainment

	<u>Age</u>			<u>Residence</u>			<u>Sex</u>		<u>Grand Total</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
0 through 8 years	2%	14%	52%	36%	27%	18%	29%	25%	27%
1-2 years of high school	6	8	13	11	10	8	8	11	10
3-4 years of high school	55	46	20	33	39	42	33	42	38
1-2 years of college	12	14	7	9	10	13	11	10	11
3-4 years of college	16	9	4	6	7	11	8	9	8
More than 4 years of college	8	9	4	4	8	8	10	4	7
Business school	1	1	1	1	1	1	1	1	1
Trade school	2	1	*	1	*	1	1	1	1
Nurses training	1	*	-	*	*	*	-	1	*
	103%	102%	101%	101%	103%	102%	101%	104%	103%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE A-6

<u>Respondent's Occupation</u>	<u>Age</u>			<u>Residence</u>			<u>Sex</u>		<u>Grand Total</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Professional, Technical and Kindred	11%	14%	8%	8%	14%	12%	16%	7%	11%
Farmers and Farm Managers	3	7	13	23	2	-	17	-	9
Managers, Officials, Proprietors	3	4	5	5	4	3	8	1	4
Clerical and Kindred workers	5	3	4	3	3	6	5	3	4
Sales	5	8	4	3	6	8	10	2	6
Craftsmen, Foremen, and Kindred	7	7	11	4	12	11	18	1	9
Operatives and Kindred Workers	8	6	5	5	5	8	12	1	6
Private Household Workers	-	-	-	-	-	-	-	-	-
Service Workers	2	5	5	3	4	5	5	4	4
Laborers (except farm and mine)	3	2	1	1	3	2	3	1	2
Laborers, farm and mine	1	1	*	1	1	-	1	-	*
Students	7	*	-	1	1	3	2	1	1
Widows, Retired and Unemployed	2	1	8	3	5	4	3	5	4
Housewives	43	42	36	40	40	38	-	74	38
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE A-7

Respondent is Chief Wage Earner

	AGE			RESIDENCE			SEX		GRAND TOTAL
	21-29	30-49	50 and Over	Rural	Small City	Metro	Men	Women	
Yes	41%	51%	58%	53%	50%	52%	95%	11%	52%
No	59	49	42	47	50	48	5	89	48
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-8

Chief Wage Earner's Occupation

Professional, Technical and Kindred	20%	17%	8%	9%	17%	17%	16%	12%	14%
Farmers and Farm Managers	7	13	23	41	4	*	18	14	16
Managers, Officials, Proprietors	9	10	10	10	11	8	8	11	10
Clerical and Kindred Workers	6	6	7	4	5	10	5	8	7
Sales	11	11	7	6	11	13	10	9	10
Craftsmen, Foremen, and Kindred	18	19	18	10	23	23	19	19	18
Operatives and Kindred Workers	15	10	9	8	10	13	11	9	10
Private Household Workers	1	-	-	-	*	-	-	*	*
Service Workers	5	6	8	6	7	8	6	8	7
Laborers (except farm and mine)	5	5	4	2	8	4	4	5	4
Laborers, Farm and Mine	1	2	2	2	2	1	1	2	2
Widows, Retired and Unemployed	1	1	4	2	2	3	2	3	2
Students	1	-	-	-	*	-	*	-	*
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE A-9

Political Affiliation

	<u>Age</u>			<u>Residence</u>			<u>Sex</u>		<u>Grand Total</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Democrat	42%	41%	42%	40%	40%	43%	38%	44%	41%
Republican	28	29	33	28	37	28	30	31	31
Other party	-	*	-	-	*	-	-	*	*
Independent	24	26	21	27	18	25	29	19	24
Undecided	6	2	1	3	2	2	1	4	2
Refused	-	2	3	2	3	2	2	2	2
No Answer	-	-	*	-	*	-	-	*	*
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-10

Religious Preference

Protestant	66%	70%	70%	77%	67%	62%	70%	68%	69%
Catholic	28	26	23	20	30	29	24	28	26
Jewish	2	2	2	-	1	4	2	2	2
Other	3	1	1	1	2	2	1	2	1
None	1	1	3	1	-	3	3	-	1
Refused	-	-	1	1	-	*	1	-	*
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE A-11

Family Income Group

	<u>Age</u>			<u>Residence</u>			<u>Sex</u>		<u>Grand Total</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Less than \$3,000	6%	5%	30%	21%	13%	11%	13%	18%	15%
\$3,000-4,999	24	15	22	30	14	15	20	19	20
\$5,000-6,999	37	32	19	22	32	30	29	26	28
\$7,000-9,999	23	29	19	15	25	23	20	21	21
\$10,000-14,000	7	11	8	6	10	11	11	7	9
\$15,000 and over	1	1	3	4	*	5	3	4	3
Don't know/no idea	1	1	3	1	2	3	1	3	2
Refused	-	3	3	1	4	2	3	2	2
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

TABLE A-12

Union Membership

Have never belonged	70%	60%	66%	78%	59%	55%	50%	78%	65%
Have belonged, but not now	13	22	20	15	22	22	23	16	19
Belong now	17	18	14	7	19	23	27	6	16
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

*less than 1%

TABLE A-13

Group Membership

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
Yes	62%	88%	70%	80%	76%	71%	78%	74%	76%
No	38	12	30	20	24	29	22	26	24
	100%	100%	100%	100%	100%	100%	100%	100%	100%
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

Groups Belonged to

Fraternal/social	38%	40%	32%	32%	42%	38%	39%	35%	37%
Church/religious	40	54	63	65	59	42	44	66	55
Professional	5	7	4	4	5	8	7	4	6
Public affairs	25	55	17	35	38	36	29	43	36
Trade associations/unions	19	14	9	5	15	20	23	3	13
Farm associations	-	5	9	14	-	1	8	3	6
Business	2	6	1	3	3	3	6	1	3
Veteran/patriotic	7	23	18	26	20	11	26	12	19
Cultural/aesthetic	1	2	2	1	2	2	2	2	2
Public Service	7	13	8	14	8	9	11	10	10
Hobby	11	8	10	10	12	7	2	16	9
Miscellaneous	1	-	1	-	1	*	*	1	*
	156%	227%	174%	209%	205%	178%	197%	196%	196%
	(N:107)	(N:323)	(N:253)	(N:258)	(N:172)	(N:252)	(N:341)	(N:341)	(N:682)

*less than 1%

TABLE A-14

Frequency of Visiting with Friends or Relatives

	<u>AGE</u>			<u>RESIDENCE</u>			<u>SEX</u>		<u>GRAND TOTAL</u>
	<u>21-29</u>	<u>30-49</u>	<u>50 and Over</u>	<u>Rural</u>	<u>Small City</u>	<u>Metro</u>	<u>Men</u>	<u>Women</u>	
4-5 times a week	18%	14%	18%	18%	20%	12%	11%	21%	16%
2-3 times a week	35	30	31	33	34	29	32	31	32
Once a week	31	35	32	31	31	37	37	29	33
Once every 10 days	3	5	2	4	3	3	3	4	3
Once every 2 weeks	7	7	6	6	6	8	8	6	7
Once every 3-4 weeks	4	6	6	6	4	7	6	6	6
Once every 2 months	1	1	1	1	-	1	1	1	1
Once every 3 months or longer	1	2	4	1	2	3	2	2	2
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>
	(N:172)	(N:368)	(N:360)	(N:321)	(N:225)	(N:354)	(N:439)	(N:461)	(N:900)

SOCIAL ISSUES RESEARCH, INC
Summer 1962 Minnesota Study

C1
C2
C3 _____ Case No.

C4
C5 _____ Area No.

C6 _____ Date of Interview

C7 INTERVIEWER CHECK:

- 1 _____ man
2 _____ woman
3 _____ 21-29 years old
4 _____ 30-49 years old
5 _____ 50 years or more
6 _____ farm interview
7 _____ small town
8 _____ small city
9 _____ metropolitan area

INTRODUCTION: Hello . . . I'm an interviewer for a public opinion survey.
We're doing a study of current issues in Minnesota.

Is there a _____ in this household _____ to _____ years of age?
(sex)

IF YES: May I speak to (him)(her)?
REPEAT INTRODUCTION

TIME INTERVIEW BEGINS:

C8 About how long have you lived in this community (area)?

- 1 _____ less than 1 year
2 _____ 1-5 years
3 _____ 5-10 years
4 _____ 10 years or more

How long have you lived at this address?

- 6 _____ less than 1 year
7 _____ 1-5 years
8 _____ 5-10 years
9 _____ 10 years or more

C9 As you may know . . . one current issue in Minnesota concerns the care of
C10 MENTALLY RETARDED people.

In your own words, what does the phrase "mentally retarded" mean to you?

SUGGESTED PROBES: What do you mean by . . . ?
Any thing else?

C11 In the last several months . . what have you heard or read about
 C12 mental retardation?

PROBE FOR WHAT THEY HEARD AND HOW THEY HAPPENED TO HEAR IT

C13 As far as you know, what kind of services are available around here and
 in the state . . to help mentally retarded people?

PROBE: Any others? _____

C14 Have you, or any member of your family, ever helped out . . or taken part
 in a program or drive for the mentally retarded?

- 1 yes
- 2 no
- 3 don't know/not sure

IF YES: What was that? _____

Now I'm going to read you a few statements which may or may not describe
most mentally retarded people. When I read the statement, just tell me
 if you STRONGLY AGREE . . AGREE . . or DISAGREE . . or STRONGLY DISAGREE
 with the statement.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
" <u>Most</u> mentally retarded people:"					
C15 1. are extra large for their age. . .	1	2	3	4	5
2. should be cared for at home. . .	6	7	8	9	0
C16 3. look different from other people	1	2	3	4	5
4. are mentally ill	6	7	8	9	0
C17 5. can learn to live normal lives .	1	2	3	4	5
6. should be kept in institutions .	6	7	8	9	0
C18 7. had mentally retarded parents. .	1	2	3	4	5
8. are called morons.	6	7	8	9	0

REPEAT THESE CATEGORIES SEVERAL TIMES

C19 Have you, yourself, ever known of a person who was thought to be mentally retarded?

IF NO-DON'T KNOW:
SKIP TO C22

- R ___ yes
- X ___ no
- 0 ___ don't know/not sure

IF YES: How many people have you known who are mentally retarded?

CIRCLE: 1 2 3 4 5 6 7 8 9 or more

C20 Taking only the person you know best, is that person a man . . . woman . . . boy . . . or girl?

- 1 ___ man
- 2 ___ woman
- 3 ___ boy
- 4 ___ girl

Is (he)(she) a neighbor around here, related to a friend of your family, related to you, or what?

- 5 ___ related to neighbor (anyone in that area)
- 6 ___ related to friend of family
- 7 ___ related to casual acquaintance
- 8 ___ related to person at work
- 9 ___ related to respondent

IF FAMILY:
SKIP TO C22

- 0 ___ member of respondent's immediate family
- X ___ other answers: _____

C21 How well would you say you know (him)(her) . . . very well, fairly well, not too well, or not well at all?

- 1 ___ very well
- 2 ___ fairly well
- 3 ___ not too well
- 4 ___ not well at all

C22 Turning to another subject now . . . are there any morning, evening, or weekly newspapers that you or the other people in this household subscribe to . . . or read regularly?

- R ___ yes
- X ___ no

IF YES: How many do you get? -- CIRCLE: 1 2 3 4 5 6 or more

C23 Did you have a chance to read a paper yesterday?

- 1 ___ yes
- 2 ___ no

IF YES: In yesterday's paper there were some stories about business, government, politics, and things like that . . . how many stories like that did you read -- a lot, some, not too many, or not many at all?

- 3 ___ a lot
- 4 ___ some
- 5 ___ not too many
- 6 ___ not many at all

C24 Did you happen to watch any news programs on television yesterday?

R yes
X no

IF YES | How many TV news programs did you watch?
CIRCLE 1 2 3 4 5 6 7 8 9 10 or more

C25 Did you watch any TV public affairs programs -- about business, government, politics, that sort of thing?

R yes
X no

IF YES | How many TV public affairs programs did you watch?
CIRCLE 1 2 3 4 5 6 7 8 9 10 or more

C26 Did you listen to any newscasts on radio yesterday?

R yes
X no

IF YES | How many radio newscasts did you hear?
CIRCLE 1 2 3 4 5 6 7 8 9 10 or more

C27 Do you, yourself, regularly read any weekly news magazines . . . Time, Newsweek, or U.S. News and World Report?

R yes
X no

IF YES | Which ones?
1 Time
2 Newsweek
3 U.S. News and World Report
4 Reporter
5 other: _____
(name of magazines)

C28 In the last six months, have you had a chance to read any non-fiction books . . . like books about world affairs, history, business, government, or things like that?

R yes
X no

During the last year, have you gone to any public lectures or talks?

1 yes
2 no

C29 About how often do you get together with your friends or relatives?

- 1 4-5 times a week
- 2 2-3 times a week
- 3 once a week
- 4 once every 10 days
- 5 once every 2 weeks
- 6 once every 3-4 weeks
- 7 once every 2 months
- 8 once every 3 months or longer

Do you belong to any organizations . . like civic groups, clubs, lodges, church groups, unions, the PTA, vatoran's clubs, or groups like that?

- R yes
- X no

C30

IF YES

Which one(s)? _____

PROBE: Any others? . . Bowling leagues? Theater groups?

C31 Has anyone you know . . asked your advice or opinion recently about some current event in the news?

- 1 yes
- 2 no
- 3 don't remember

Compared to other people you know . . would you say you are more likely . . or less likely to be asked your opinion about some current event in the news?

- 5 more likely
- 6 about the same as others
- 7 less likely
- 8 don't know/can't say

INTERVIEWER SAYS: Here's something a little bit different now. I'm going to let you do the writing for a minute or two.

SUGGESTED PROCEDURE IS TO HAND RESPONDENT YOUR NOTEBOOK OR CLIPBOARD OPENED TO PAGE 6, THIS GIVES HER SOMETHING TO WRITE ON.

AS YOU HAND OVER NOTEBOOK, TALK FROM THE INSTRUCTION CARD

HOW I MIGHT USUALLY DESCRIBE A MENTALLY RETARDED PERSON

EXAMPLE:

Happy () () () () () (X) () Sad

INSTRUCTIONS:

1. Put a single checkmark in only one of the spaces along each line . . . as close to either word on the line as you wish.
2. Work quickly, giving your first impression. Don't puzzle over any single item . . . but be sure not to mark any of the items.

FILL IN ITEMS BELOW:

Strong	()	()	()	()	()	()	Weak
Ugly	()	()	()	()	()	()	Beautiful
Healthy	()	()	()	()	()	()	Sick
Inferior	()	()	()	()	()	()	Superior
Sane	()	()	()	()	()	()	Insane
Cruel	()	()	()	()	()	()	Kind
Useful	()	()	()	()	()	()	Useless
Dangerous	()	()	()	()	()	()	Safe
Clean	()	()	()	()	()	()	Dirty
Ignorant	()	()	()	()	()	()	Educated

Now . . here is a list of services for the retarded in Minnesota. In terms of spending the taxpayer's money . . which would you say is the most important service needed for the retarded? -- just give me the letter.

- C52 1. (most important service) _____
(letter)
- ASK: → 2. Which is the next most important service? _____
C53 (letter)
- C54 3. Which is probably least important? _____
(letter)

As far as you know, what kind of employees would most mentally retarded people make . . good employees, fair employees, or rather poor employees?

What kind of _____, good, fair, or poor?

C55

(employees)

	GOOD	FAIR	POOR	DON'T KNOW
(employees)	1	2	3	4
neighbors	5	6	7	8
citizens	1	2	3	4
parents	5	6	7	8
husbands or wives	1	2	3	4

C56

parents

C57

husbands or wives

For one reason or another, some people feel there are certain things that mentally retarded people shouldn't do . . while others don't seem to feel that way.

In your opinion, should most retarded people:

C58

1. attend downtown movie theaters? . . .

C59

2. be treated at regular hospitals? . . .

3. play on public playgrounds?

C60

4. swim at public beaches?

5. drink liquor?

C61

6. drive a car?

7. vote for president?

	DEFINITE YES	QUALIFIED YES	NO	DON'T KNOW
1. attend downtown movie theaters? . . .	1	2	3	4
2. be treated at regular hospitals? . . .	5	6	7	8
3. play on public playgrounds?	1	2	3	4
4. swim at public beaches?	5	6	7	8
5. drink liquor?	1	2	3	4
6. drive a car?	5	6	6	8
7. vote for president?	1	2	3	4

C62

What would you guess to be the most common causes of mental retardation?

C63

PROB: Any other causes? _____

64 You just mentioned "heredity" as a cause of mental retardation. Why do people seem to inherit their retardedness . . . is it because their parents are retarded, or are their parents normal, or what?

ASK EVERYONE

65 There is some talk about whether or not mentally retarded people should have children. Do you think it is a good idea or a poor idea for most mentally retarded people to have children?

- 1 ___ good idea for most
- 2 ___ good idea for some
- 3 ___ poor idea
- 4 ___ no opinion
- 5 ___ refused

66 Why do you feel that way? _____

65 Do you think it would be a good idea to sterilize most mentally retarded people so they wouldn't have children, or wouldn't you favor that idea?

- 6 ___ good idea for most
- 7 ___ good idea for some
- 8 ___ poor idea
- 9 ___ no opinion
- 0 ___ refused

67 Why do you feel that way? _____

68 How often do you think most mentally retarded people commit some kind of undesirable sexual act . . . often, now and then, seldom, or never?

- 1 ___ often
- 2 ___ now and then
- 3 ___ seldom
- 4 ___ never

68 Who do you think is more likely to commit some kind of undesirable sexual act . . . a normal person, or a mentally retarded person?

- 5 ___ normal person
- 6 ___ both about the same
- 7 ___ retarded person
- 8 ___ no opinion
- 9 ___ refused

369 RECORD RESPONDENT'S SEX: → R male
X female

369 How many people, including yourself, live at this address?

CIRCLE 1 2 3 4 5 6 7 8 9 10 or more

370 Do you own your own home, or are you renting it?

R own
X rent

What is the name of the last school you attended? DO NOT RECORD ANSWER

370 What was the last grade you completed in school?

- 1 0 through 8 years
- 2 1-2 years of high school
- 3 3-4 years of high school
- 4 1-2 years of college
- 5 3-4 years of college
- 6 more than 4 years of college
- 7 other:

371 What is your age?

372 _____
(exact age)

IF AGE IS REFUSED,
WRITE "R" BEFORE
YOUR ESTIMATE.

373 Have you ever been a member of any union?

IF YES

Do you belong to one now?

- 1 no
- 2 yes, but don't belong now
- 3 yes, belong now

374 What is your job . . . your occupation?

(RECORD THE SPECIFIC OCCUPATION)

375 Are you the chief wage earner in the family?

- 5 yes
- 6 no

375

IF NO

What is the chief wage earner's occupation?

(RECORD THE SPECIFIC OCCUPATION)

76 In politics, do you consider yourself a Democratic-Farmer-Laborite, or a Republican, or a member of some other party?

- 1 DFL
- 2 Republican
- 3 other party -- which party? _____
- 4 independent (vote for the man)
- 5 undecided
- 6 refused

77 Whether or not you go to church regularly . . what is your religious preference?

- 1 Protestant
- 2 Catholic
- 3 Jewish
- 4 other religions _____ (religion)
- 5 none
- 6 refused

78 Here's a card showing different income groups. (HAND RESPONDENT INCOME CARD) Just give me the letter of the group your family is in.

- A less than \$3000
- B \$3000 - \$4999
- C \$5000 - \$6999
- D \$7000 - \$9999
- E \$10,000 - \$14,999
- F \$15,000 and over
- G don't know/no idea
- H refused

TO BE COMPLETED BY INTERVIEWER

Respondent's name: _____

Respondent's address: _____

Respondent's phone number: _____

377
378
379 0017

Interviewer's signature upon completion of interview

TIME INTERVIEW ENDED:

INTERVIEWER INSTRUCTION CARD USED WITH PAGES 6 & 7

**HAND NOTEBOOK TO
RESPONDENT, SAYING:**

Notice that you are asked to indicate how you would
usually describe a "normal" person.

Let's read the instructions together, and you'll
see what I mean.

READ INSTRUCTIONS ALOUD

1. Put a single checkmark in only one of the spaces
along each line . . . as close to either word on
the line as you wish.
2. Work quickly, giving your first impression.
Don't puzzle over any single item . . . but be
sure not to skip any of the items.

HAND RESPONDENT PENCIL

Here is a pencil to work with . . . just let me
know when you are done.

WHEN RESPONDENT FINISHES PAGE 6, TURN TO PAGE 7

Now do the same thing as before . . . only here,
you are indicating how you would usually describe
a "mentally retarded person."

Remember, just one checkmark per line, and
just your first impression.