

PUBLIC IMPRESSIONS
of the
MENTALLY RETARDED

ABSTRACT

of a
Survey of Public Information and Attitudes
Regarding Mental Retardation In Minnesota

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PUBLIC IMPRESSIONS OF THE MENTALLY RETARDED

by

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Introduction

Social agencies have long had the problem of effectively disseminating information designed to alter public misconceptions which hinder widespread understanding and support for their services.

Astute planning and execution of long range education programs require more than administrative intuition. There is also a need for intelligence gathered through research. Learning what the intended recipients and the general public know and think about a particular service provides basis for carrying out information programs with the greatest economy of resources and the maximum chances for success.

In the summer of 1962, the Medical Services Division of the Minnesota Department of Public Welfare joined with the Minnesota Association for Retarded Children in sponsoring a state-wide survey of public information and attitudes regarding mental retardation. A principal aim of the study, conducted by Social Issues Research, Inc. of Minneapolis, was to establish a working research model. Although some of the data may have relevance only for Minnesota, the results briefly described here have national application.

The Sample

The metropolitan, small city, rural non-farm and farm sample areas were selected by area-probability methods. Specific housing units were designated for interviews by a systematic random procedure. Selection of the 900 respondents was achieved according to sex-age quotas based on the proportions of adult men and women in various age groupings in the population. Included in the sample were 439 men (49%) and 461 women (51%).

Information About The Retarded

Level of Understanding

Most of the 900 Minnesotans had a limited understanding of mental retardation. Only one person in ten demonstrated specialized information about retardation, as compared with one-fifth of the people who directly confused retardation with other mental and physical disorders. Further, many respondents erroneously alluded to the origins of mental handicaps and to the kinds of physical and mental capabilities of the retardates.

Over two-fifths of the people interviewed related retardation to some kind of mental subnormality. They understood the retarded to be persons who had developed physically but were limited mentally. Although their initial conception of the retardate was accurate, their understanding was superficial. In further conversation, these people frequently made remarks indicating misunderstandings or vague suppositions.

Although each respondent's comments were first multiple-coded into a detailed classification scheme, related comments eventually were grouped by broad content areas. The most common descriptions of the retarded pertained to their mental *ineffectiveness*. Such comments, offered by 72% of the sample, concerned the mental deficiency, incompetence, or non-normality of retarded persons—"people with low IQs," "underdeveloped minds," "not capable of doing what is required of a certain age group," "slow," "backward," "can't learn at all," "can't do things normal people do."

About one-third of the respondents mentioned the *irresponsible* nature of the retarded, and the need for supervising their activities—"they're unable to make decisions," "they can't handle their financial responsibilities," "incompetent to care for themselves," "they need help," "someone should help them to help themselves," "should be placed in institutions," "need special care and training."

Eighteen percent of the sample *confused* mental retardation with other mental and physical disorders—"senile," "sick," "mentally unbalanced," "insane," "mentally ill," "crippled," "diseased," "deaf," "mute."

Fourteen percent of all respondents described a variety of *causes* of mental handicaps—"birth defects," "brain damage," "high fever," "heredity," "bad blood," "weak genes," "accidents," "poor home care," "providence."

Personal reactions to the retarded, 14% of the sample, included disparaging remarks and expressions of sympathy or fear—"off their rockers," "nutty," "not all there," "sick in the brains," "I feel sorry for them," "they're to be pitied," "it's sad," "I'd be afraid to be with one," "they scare me."

One adult in ten exhibited *specialized knowledge* of various aspects of mental retardation—"there are several degrees of retardation," "some can be taught," "some of them are educable," "many are trained to work, but only to a certain level," "it's not all inherited," "it's wrong to say they are insane."

Finally, when asked what they understood about the mentally retarded, 5% of the sample referred to the *physical* ineptitude or manifestations of the retarded—"they're slovenly," "slow moving," "clumsy," "have cerebral palsy," "look like cretins," "mongoloids," "are epileptics."

Sources of Information

Over half the people in the sample had heard or read nothing, or were unable to report hearing or reading specific information about mental retardation in the several months preceding the interview. Among those having information, television was the most frequently mentioned source, personal contact was second, and newspapers third. Specialized media (pamphlets, brochures, and direct mail) simply were not important as sources.

Personal contact was the most effective means of communicating information about retardates themselves, and about the training, education, and care programs for the retarded. Newspapers and magazines were typically mentioned as sources of information about programs, fund drives, and the lack of personnel and money. The broadcast media had most utility as sources of information about fund drives.

Knowledge of Services

Nearly one-third of all interviewees could not identify a single state or local service for the retarded. State institutions and hospitals were named by 42% of the sample, but there was evidence of some confusion with institutions for the mentally ill. Nearly one-fourth knew about special classes in the public schools, and 13% mentioned day schools, nurseries, and day care centers. Other services received few mentions.

Ratings of Services

When shown a list of services for the retarded, well over one-third of the 900 Minnesotans interviewed rated special classes to educate and train the retarded as the "most important." Research on the causes of retardation received top ratings from nearly one-fourth of the people in the sample. Institutions were rated the most important service by 17%; counselling services and job-training centers each received 10% of the first ratings; and foster homes for children of retarded parents were selected by 2% of all respondents.

Ratings of the "second most important" service were similar to the first ratings. Thus, it was not surprising that 44% of all respondents rated foster homes for children of retarded parents as the "least important" service needed in Minnesota.

Participation in Programs

About three-fourths of the adults in the sample could not recall ever "helping out" or "taking part" in a program or drive on behalf of the mentally retarded. Of those participating in programs, about half said their involvement was limited to fund drive contributions. Another one-third reported that they had collected money in fund drives. Other forms of volunteer or professional participation were mentioned by only a few people.

Familiarity with Retardates

Despite their limited understanding of mental retardation, more than eight-tenths of those interviewed said they knew someone thought to be retarded. Of those knowing retardates, 23% knew one retarded person; 18% knew two; 17% mentioned three; and 11% knew four retarded persons. At the extreme, 14% of the sample said they had some kind of personal contact with nine or more retardates.

Of those knowing retardates, 35% said the retardate best known to them was a neighbor; 23% designated friends of the family; 13% knew a casual acquaintance; and 22% said a relative or family member was retarded.

Finally, among those knowing a retarded person, 27% said they knew him "very well;" 35% said "fairly well;" 26% said "not too well;" and 12% said "not well at all".

Causes of Retardation

One out of every five persons interviewed could not even speculate about the causes of mental retardation. Further, more than one-fourth of the respondents linked mental afflictions with the kinds of environmental factors ("sinful living," "too much worrying") not yet accepted as causes of retardation.

Although most respondents possessed some knowledge of the causes of retardation, their comments revealed a pervasive ambiguity. Complications at birth were cited by 44% of the sample as common causes of mental handicaps. In this broad category were references to birth conditions, injuries, and brain damage—"hemorrhages," "abortion," "brain damage at birth," "defects," "accidents," "something goes wrong."

Post-birth complications, mentioned by 36% of the people, were causes attributed to diseases and illnesses, and accidents and poisonings—"high fever," "brain fever," "sickness," "fall down stairs," "knock on the head," "kid drinks iodine," "childhood accidents," "scarlet fever," "protracted illnesses."

References to heredity included those comments, by 35% of the interviewees, pertaining to incompatible parental physiology, externally caused gene damage, inheritance, and incest—"bad blood," "change of life," "defective genes," "runs in the family for generations," "inherited from lineage," "due to radiation affecting the genes," "they get it from their parents," "cousins having relations."

Twenty-eight percent of those interviewed also thought that the origins of retardation were in external conditions such as excessive indulgence, daily tensions, predetermination, and environmental conditions—"too much drinking and smoking," "sinful living," "dopey living," "grief," "strain," "shock," "too much worrying," "act of God," "it just happens that way," "parental neglect," "improper care," "neglecting the child."

Finally, 16% of the sample mentioned pre-birth causes of retardation such as illnesses or injuries during pregnancy, and venereal diseases—"German measles," "poor prenatal care," "disease in the mother before the child is born," "pregnancy problems," "glandular disorders," "serious falls," "internal damage during pregnancy," "syphilis."

If a respondent mentioned "heredity" when talking about the causes of mental retardation, he was asked whether he thought retardates inherited their affliction from retarded or normal parents. Of the 253 persons mentioning heredity, well over two-fifths said the retardation was inherited from ancestors, not parents. About one-fifth thought it was transmitted directly from the parents, and 15% said either case was true. Other comments were scattered, and 12% could not answer the question.

General Awareness of Retardation

A positive association was found between awareness of mental retardation and the degree of respondent's personal involvement. Those persons judged to have a "high" degree of familiarity with retardates, as compared with those judged to have a "low" degree, were more likely to exhibit an advanced level of understanding of retardation, to have specific information about the retarded, to know of state and local services, to participate in programs or drives, and to know some of the causes of retardation.

Attitudes Toward The Retarded

Agreement with Popular Beliefs

In seeking measures of people's attitudes toward the retarded, a variety of attitude rating scales were used. One block of items sought to differentiate the extent to which respondents agreed or disagreed with popular beliefs about the retarded.

About one-fourth of the respondents agreed (or strongly agreed) that retardates are extra large for their ages. Considerably over half expressed some kind of agreement with the notion that mentally retarded people look different from other people.

About seven out of every ten respondents objected to caring for retardates at home. On the other hand, a good deal more than half of the sample disagreed with the idea of keeping retardates in institutions, and nearly two-thirds felt that the retarded could learn to live normal lives.

Of the 900 Minnesotans surveyed, slightly more than half disputed the statement that the retarded are mentally ill; three-fourths disagreed that retardates are called morans; and more than eight of ten disagreed with the belief that most retardates have retarded parents.

Social Utility

To get some idea of the extent to which Minnesotans considered the retarded to be "socially useful," respondents were asked to evaluate the retarded as employees, neighbors, citizens, parents, and marriage partners. Most people felt that the retarded had little utility as parents or as husbands and wives—as the following table shows.

Rating Retardates As:	Don't				Total
	Good	Fair	Poor	Know	
Employees	22%	47%	24%	7%	100%
Neighbors	23%	51%	16%	10%	100%
Citizens	26%	46%	18%	10%	100%
Parents	7%	20%	65%	8%	100%
Husbands or Wives	9%	24%	54%	13%	100%

Social Exposure and Competence

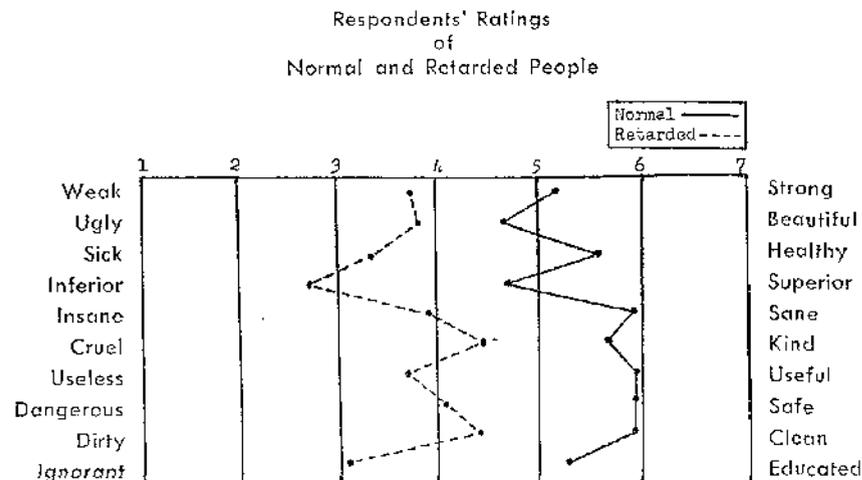
Respondents also were given a series of items dealing with exposure to and the social competence of retardates. Many respondents qualified their answers. For example, those who agreed that retardates should be allowed to attend movie theaters frequently spoke of the desirability of a "guardian" going along. Many people also said retardates had a right to hospital treatment, but wondered if regular hospitals would have "proper" equipment. And although many felt the retarded should be allowed to go to public beaches and playgrounds, they also commented on the need for supervision of handicapped persons.

Respondents were not critical in their evaluations of the social competence of the retarded—drinking, driving, voting—as the next table shows.

Should Retardates:	Qualified			Don't Know	Total
	Yes	Yes	No		
Attend movie theaters	32%	43%	20%	5%	100%
Be treated at regular hospitals	35%	35%	27%	3%	100%
Play on public playgrounds	27%	47%	23%	3%	100%
Swim at public beaches	26%	43%	27%	4%	100%
Vote for President	15%	31%	48%	6%	100%
Drink liquor	1%	8%	89%	2%	100%
Drive a car	2%	20%	75%	3%	100%

The Image of the Retardate

A series of seven-position rating scales (the "semantic differential") was administered in an attempt to measure the meanings which the concepts of the "normal person" and the "retarded person" had for respondents. When profiles were compared for the two concepts it was found that in no instance did they overlap. For each word-pair scale there was a significant discrepancy between the higher rating (more favorable) for normal people and the lower rating for retarded people. The average ratings on all scales are shown below.



Should Retardates 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, and 16% felt that having children was permissible for *some* retardates—depending on their level of competence to rear children.

Of the few people endorsing the idea of the mentally retarded having children, about half said heredity would play no part in transmitting mental deficiencies to the off-spring. Another one-third said it was everyone's moral or religious right to have a family.

Of the 141 respondents who gave qualified agreement, 30% said it was proper for some retardates to have children as long as the affliction had no hereditary base. Another large group of people, 27%, said retardates should be allowed to have children if the parents could financially support and care for the family. And about one out of five respondents felt that retardates had the right to live as close to a normal life as possible.

Finally, of the 679 people opposed to the mentally retarded having children, well over half pointed to heredity as the negating factor. In this group there were frequent comments about the impropriety of creating more problems for the world, and the need for selective breeding. A shade under two-fifths of the sample objected on the basis of the inability of retardates to support a family. Another one-fifth of the respondents said mentally retarded parents would impose an unfair disadvantage on the children.

Should Retardates be Sterilized

Appreciably over one-third of those interviewed said it was a "poor idea" to sterilize retardates to prevent them from having children. About a quarter of the people said it was a "good idea" for *most* retardates, and another quarter said it was a "good idea" for *some* retardates.

Of the 233 people favoring sterilization of *most* retardates, more than six respondents in ten spoke of the need to protect future generations from inherited deficiencies. Another one-fifth of these respondents sanctioned sterilization because of the inability of retardates to provide for the financial needs of a family. An additional 10% felt that, unless the retarded were controlled by sterilization, society would ultimately have to carry the burden of supporting the family as well as the individual. Another 11% favored sterilization because they thought retarded parents would inhibit the normal development of their children. A comparable number mentioned the necessity for controlling the "animal instinct" of the retarded.

Of the 206 people favoring sterilization of *some* retardates, about one-third said sterilization was necessary only in those instances where the mental affliction was hereditary. Another one-third favored sterilization when the degree of retardation was so severe as to destroy the capacity for normal social and physiological behaviors. A sizeable number of people, 16%, desired sterilization of retardates who could not support or care for children. Another 13% favored a sterilization program for retardates who could not be good parents. Other responses were scattered. Among the reasons given were that the eventual expense to society, the danger to society, and permission from the church justified a prudent program of sterilization.

Of the 328 people objecting to sterilization, about three-fourths objected on the basis of moral and religious beliefs, or what they did not believe in sterilization *per se*. A few respondents opposed sterilization because they felt retardates either were capable of having normal children or capable of living normal lives. And 12% of the respondents objected to sterilization because they thought research would provide an eventual solution.

Frequency and Likelihood of Sexual Misconduct

About one-tenth of the sample felt that retardates "often" were involved in undesirable sexual acts, as compared with 3% saying "never." Comparable percentages of people said "now and then," 36%, and "seldom," 35%. Fifteen percent of the sample, however, would offer no opinion about the sexual behavior of the mentally retarded.

Subsequent to the question about the perceived frequency of sexual misconduct, respondents were asked which person—the normal or the retarded—was “more likely to commit some kind of undesirable sexual act. A sizable number, 17% of the sample would not answer the question. Among those responding to the inquiry, there was a fairly even division of opinion. Whereas 26% of the respondents picked the normal person as the more likely offender, 28% said the retarded person was the more likely of the two. Another 29% could not choose between the two, saying the likelihood was equal for both.