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SELF-CONCEPT OF THE MALE MENTAL RETARDATE

AT PARIBAUT STATE HOSPITAL

by
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This study of the self-concept of one hundred nineteen mentally retarded residents living in a state institution was done to increase the knowledge of what these residents think about themselves, the environment in which they live, and their future. Of special interest were the effects that level of intelligence, percentage of life spent in the institution, age at admission, and number of significant days off the institution grounds per year had on the residents' answers to certain questions about themselves.

A similar study done at Clover Bottom Hospital and School in Donelson, Tennessee, in 1961 served as the stimulus and guide for this study.²⁰ The interview schedule used was a slightly modified version of the one used in the Clover Bottom study. The impetus for the Clover Bottom study was a study done by Weinstein on the self-image of the foster child.²¹

²⁰Reino R. Aho, et. al., "The Self Image of the Mental Retardate at Tennessee Clover Bottom Home" (unpublished Master's Thesis, University of Tennessee, (Knoxville) 1961), pp. 1-168.

²¹Eugene A. Weinstein, The Self-Image of the Foster Child (New York: Russell Sage Foundation, 1960), pp. 21-23.

An attempt was made to interview all of the males living in Faribault State Hospital who were born after June 1, 1904, and before June 1, 1954, and who met the following criteria: Caucasian, ambulatory, no severe hearing loss or visual defect, ability to speak in at least short phrases, residence on an open ward, no diagnosis of mental illness, diagnosis of mental retardation, and an I.Q. score of 35 or above. The study group of one hundred nineteen was arrived at after elimination of twenty-two residents from the original one hundred forty-one. Four were excluded by their refusal to be interviewed. Five were eliminated because of an unwillingness or inability to complete the entire interview schedule. Thirteen were away from the institution for various reasons. The study group represented 12 per cent of the total male population who were the least physically and intellectually handicapped.

No test for reliability of the residents' responses was made. Tests of statistical significance (chi-square) were applied only to certain areas. The major variables used in this study were found to be unrelated.

Major findings related to the variables are summarized as follows:

I. Findings related to I.Q.

- A. Residents with higher I.Q. levels were better able to respond with specific answers than were those of lower I.Q. levels.

- B. Being able to understand the function of the institution was positively correlated with I.Q.
- C. Recognition of differences between residents and people outside the institution was positively correlated with I.Q.
- D. Recognition of differences between the resident himself and the people outside the institution was negatively correlated with I.Q.
- E. With higher I.Q. there was less feeling that their family cared about them.
- F. Recognition of intellectual impairment in other residents was positively correlated with I.Q.
- G. As I.Q. increased, so did the desire to live elsewhere.
- H. There was no clear relationship between I.Q. level and why the resident wanted to go where he wanted to go and how he would get there.
- I. Recognition of age and maturity level was positively correlated with I.Q.
- J. Cognizance of a difference between himself and other residents was negatively correlated with I.Q.
- K. As I.Q. increased, the resident was less likely to consider himself a "good" person.

II. Findings related to percentage of life spent in the institution.

- A. Those spending over one half of their life in the institution were less accurate in knowing their age and maturity level than those spending less than one half of their life in the institution.
- B. As percentage of life in the institution increased, the residents' accuracy of family image decreased.
- C. As percentage of life in the institution increased, awareness of intellectual impairment for their own as well as others' admission increased.
- D. As percentage of life in the institution increased, feelings of self-worth tended to decrease.
- E. As percentage of life in the institution increased, awareness of differences between themselves and people on the outside increased and were seen more in terms of freedom.
- F. As percentage of life in the institution increased, residents saw themselves more like other residents.
- G. Residents who had spent over one half of their life in the institution had less desire

to leave. However, this group continued to show a high percentage of residents with a desire to leave the institution.

- H. As percentage of life in the institution increased, the resident saw less chance of getting out.
- I. As percentage of life in the institution increased, there was a decrease in family orientation emphasis on choice of living place.
- J. Recognition of the institution as a place of residence was positively correlated with percentage of life spent in the institution.

III. Findings relating to age at admission.

- A. The younger the resident was at admission, the more likely he was to see intellectual impairment as the reason for admission.
- B. The older the resident was at the time of admission, the more likely he was to see behavior as the reason for admission.
- C. The younger the resident was at time of admission, the more likely he was to see himself similar to the other residents.
- D. The older the resident was at time of admission, the more likely he was to see the institution as home.

E. The younger the resident was at time of admission, the less accurate was his family image, but the more likely he was to see his future in the hands of his family.

F. The younger the resident was at time of admission, the less likely he was to want to live somewhere else.

G. The older the resident was at time of admission, the more likely he was to see himself as different from the other residents.

H. The older the resident was at the time of admission, the less likely he was to believe that people on the outside could do things he could not do.

IV. Findings relating to the number of significant days off the institution grounds per year.

A. Residents with "high" number of significant days off the grounds per year:

1. Had an increased feeling of self-worth.
2. Saw their family as a greater resource.
3. Were more aware of differences between people in the community and the residents in the institution.
4. Were less dissatisfied with living in the institution.

5. Were more family oriented in terms of the future.
6. Were less likely to see any difference between themselves and the people in the community.

B. Residents with "low" number of significant days off the grounds per year:

1. Were more aware of intellectual impairment as a reason for admission.
2. Had a greater awareness of the institution as their place of residence and home.
3. Saw themselves as being less capable than people living in the community, particularly in the area of intellectual ability and freedom.
4. Were more aware of differences between themselves and people in the community.
5. Were more self-oriented in considering the future.
6. Felt more forgotten by their families.

The major over-all findings are summarized as follows:

- I. The majority of the residents were aware of three basic elements differentiating themselves from others: name, age, and family image.

- II. There was a general feeling of self-worth and "goodness" as a person.
- III. The institution was perceived as neither the place where they lived nor was it their home.
- IV. The majority of the residents wanted to be somewhere other than in the institution and for self-oriented reasons.
- V. Many of the residents believed they will be able to leave the institution some day.
- VI. What has happened to them in the past and what will happen in the future was not within their control.
- VII. The resident was basically aware of his difference from people outside the institution. However, the reported differences were not substantially in the area of intellectual impairment. He was less likely to see or admit difference between self and outsiders than he was to see or admit difference between residents in general and outsiders.
- VIII. Most residents had a poor understanding of the function of the institution.
- IX. As I.Q. and percentage of life in the institution increased, the resident was better able to assess why admission to the institution took place.

The focus of institutional care for the retarded has moved from simply providing custodial care for them, to habilitation. Certain findings of this study point to areas of continued weakness in the habilitation process. When one looks at the findings in the areas of function of the institution, differences between resident and peers or outsiders, reason for admission, and the future, as seen by the resident, it appears that the resident, has only a vague understanding of what institutional placement is all about and his role in it. This indicates a need for making a clear, concise, understandable contract with the resident. He needs to be involved in and informed about not only what the short range goals are for him, but what these short range goals are building towards. Instead of telling the resident meaningless things such as, what ever happens is up to him, or that he must follow the rules, he must be engaged in seeing that if he wants "E" to happen he must do "A," "B," "C," and "D." There needs to be a more focused purposeful approach to helping the resident recognize and accept, in general, the responsibility for his actions.

In addition to realizing that the resident has the right to reject any treatment plan, his probability of accepting the plan can be increased if he feels some part in its development, has a realistic picture of his own limitations, and how the institution can and cannot help.

In general, this requires a breaking down of barriers to allow the resident, whenever possible, a greater role in determining what the goals are, and how they are to be reached. For the resident to be included in such a process in a positive way, he needs to have a realistic understanding of what is possible for him, as an individual, and how the institution can help.

The findings in relation to significant days off the institution grounds per year indicate that those residents who spend one or more days per month with a regular visitor, whether it be family or friend, are more positively oriented to the institution, and see this "family" as a resource. This supports efforts to encourage face-to-face contact with "significant others" from outside the institution's environment. Doing this in a manner to make purposeful use of this "outsider's" influence on the resident seems the next logical step, i.e., invite them to staffings regarding "their" resident, and encourage them to be involved in the implementation of the treatment plan in specific ways within what is possible for them to do.

Portions of what is presented above are practiced by the staff at F.S.H. The findings of this study give validation to what is being practiced and point out the need for additional investment in these practices and their expansion to fullest potential.

Two additional conclusions based on the findings of this study are: For the areas of self-concept examined

in this study, age at admission was the least influential variable. Residents with higher levels of intelligence tend to be more defensive regarding their retardation. This tends to be primarily in the area of denial.

The findings in this study are primarily basic data upon which further exploration may be built. To make optimal use of the findings in this study, exploration of what kind of self-concept is most habilitating for the retardate living in the institution in terms of what goals are being strived for, needs to be done.

Suggestions for further study include a study as to what kind of self-concept is most habilitating for the retardate. This would probably need to be a long term study extending over perhaps a minimum of five years. The variables examined in this study are those over which institution staff have no, or only minimum, control. How does the resident's involvement in institution programs, individual attention on a regular basis from a specific staff person or persons, work assignments, and education programs effect self-concept? How does the self-concept of the so called "problem" resident differ from the "good" resident? What effect does the sex of the resident have on self-concept? A factor analysis on the items dealing with similarities and differences might indicate some conflicts the resident has in this area.

APPENDIX A

INFORMATION FROM THE HOSPITAL RECORD

A. IDENTIFYING INFORMATION

1. NAME: _____ BUILDING _____
(Last) (First)
2. BIRTHDATE: _____ AGE: _____
3. DATE OF ADMISSION: _____
4. AGE AT TIME OF ADMISSION TO FARIBAULT STATE
HOSPITAL _____
5. PERCENTAGE OF LIFE SPENT IN INSTITUTION _____
6. FATHER'S NAME _____ LIVING _____ DEAD _____ DK _____
7. MOTHER'S NAME _____ LIVING _____ DEAD _____ DK _____
8. KNOWN NUMBER OF SIBLINGS _____
(Brothers) (Sisters)
9. DIAGNOSIS _____

B. PSYCHOLOGICAL TESTING

11. M.A. _____ IQ _____ TEST _____ DATE _____

C. SIGNIFICANT TIME SPENT OFF INSTITUTION GROUNDS

13. AVERAGE NUMBER OF SIGNIFICANT DAYS OFF INSTITUTION
GROUNDS PER YEAR _____

APPENDIX B

1. What is your name? _____
2. How old are you? _____
3. Which of these are you? Boy _____
Man _____
4. What is your father's name? _____
Correct _____ Incorrect _____ DK _____
5. What is your mother's name? _____
Correct _____ Incorrect _____ DK _____
6. Where do they live? _____
Correct _____ Incorrect _____ DK _____
7. Do you have any brothers and sisters?
Yes _____ No _____ DK _____
Correct _____ Incorrect _____ DK _____
8. (If yes) How many? (If patient is unable to say ask
for names) _____
9. Have you ever gone to school?
Yes _____ No _____ DK _____
10. Where? _____
11. (If not Institution school) Why did you stop going to
school? Or why didn't you go to school? _____

12. Where do you live? Faribault State Hospital (Specify)
Other (Specify) _____
DK _____
NR _____

13. What kind of place is Faribault State Hospital? _____
 Jail _____ School _____
 Home _____ DK _____
 NR _____
 Other (Specify) _____

14. Where is your home? Faribault State Hospital _____
 (Specify) _____
 Other _____
 None _____
 DK _____
 NR _____
15. Why do you think you came to Faribault State Hospital?

16. Would you like to live somewhere else?
 Yes _____ No _____ DK _____ Other _____
17. (If yes) Where? _____
 Why? _____

18. (If no) Why do you want to stay here? _____

19. What do you like about Faribault State Hospital? _____

20. What don't you like about Faribault State Hospital? _____

21. Will you always live here? Yes _____ No _____ DK _____ NR _____
22. Why? _____

23. Some people live in Faribault State Hospital. Some people live outside. What kind of people live in Faribault State Hospital? _____

24. Are the people who live outside Faribault State Hospital different from the people who live in Faribault State Hospital?
Yes _____ No _____ DK _____ NR _____
25. (a) If yes, how, why, or in what way? _____
(b) If no, how are they the same? _____
26. Are you usually happy? Yes _____ No _____ DK _____ NR _____
27. Can people who live outside Faribault State Hospital do things you cannot do? Yes _____ No _____ DK _____
28. If yes, what kind of things? _____

29. Do most people like you? Yes _____ No _____ DK _____
30. Why do people come to live in Faribault State Hospital?

31. Does your family care about you?
Yes _____ No _____
DK _____ NR _____
Specific person _____
Think so _____
Other _____
32. Are you different from the other people who live in Faribault State Hospital? Yes _____ No _____ DK _____ NR _____
33. If yes, in what way? _____

34. Are you different from people who live outside Faribault State Hospital? Yes _____ No _____ DK _____ NR _____
35. If yes, in what way? _____

36. What do people who live outside Faribault State Hospital think about people who live here? _____

37. Are they right? Yes _____ No _____ DK _____
38. Do you have any friends here? Yes _____
 No _____ DK _____
39. If yes, who are your friends?
 Patients _____
 Staff (specify position) _____
 Other (specify) _____
 DK _____
40. Do most of your friends live in the hospital or outside the hospital?
 In the hospital _____
 Outside hospital _____
 DK _____
41. Who do you love most in all the world?
 Faribault State Hospital (specify) _____
 God _____
 Other (specify) _____
 No one _____
 DK _____
42. If God, what person?
 Faribault State Hospital (specify) _____
 Other _____
 No one _____
 DK _____
43. Who loves you most in all the world?
 Faribault State Hospital (specify) _____
 God _____
 Other (specify) _____
 No one _____
44. If God, what person?
 Faribault State Hospital (specify) _____
 Other _____
 No one _____
 DK _____
45. Are you usually unhappy? Yes _____ No _____ DK _____ NR _____
46. Do you like the way you look? Yes _____ No _____
 DK _____ NR _____ Other (specify) _____

47. What do (don't) you like about the way you look? _____

48. What things do you like about yourself? _____

49. Are you a good person? _____

50. Tell me something nice about you? _____

51. What one thing would you like to do most? _____

52. If you were worried about something, whom would you talk to about it?

Staff (position) _____

Relative (specify) _____

Patient _____

Other (specify) _____

DK _____

53. If you were not living here would you have a job?

Yes _____

No _____

DK _____

Other _____

(a) If yes, what kind of job? _____

(b) If no, why not? _____

54. If you could do whatever you wanted to do right now, what would you do? _____
