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Date August 7, 1973

A REVIEW OF LITERATURE: A THEORY OF DENIAL AND PASSING - A DEFENSE UTILIZED BY THE MENTALLY RETARDED IN SPECIAL EDUCATION CLASSES

by

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TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Statement of the Problem	4
	Purpose of this Study	4
	General Question to be Answered	5
	General Procedure	5
	Limitations	6
	Definition of Terms	6
	Summary	7
II	REVIEW OF RELATED LITERATURE	9
	Introduction	9
	Stigma	9
	Self-Concept	15
	Denial and Passing	27
	Summary	36
III	DISCUSSION	38
	Formulation of a Theory	38
IV	SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	52
	Summary	52
	Conclusions	55
	Recommendations	56
BIBLIOGRAPHY		57

LIST OF TABLES

TABLE		PAGE
I	Percentage of Subjects Who Would Accept Certain Anomalies In Persons in Specific Situations	12
II	Percentages of Subjects Who Would Accept Certain Anomalous Persons in Specific Situations.	13
III	Affective Responses and Self-Perceptions of Negro 3-Year-Olds and 7-Year-Olds in The Doils Test.	18
IV	Self-Concept of 42 EMR and 49 Intellectually Normal Adolescents as Measured by the Tennessee Self-Concept Scale.	24

ABSTRACT

A review of literature was conducted to determine the possible existence and utilization of "denial" and "passing" by mentally retarded individuals in special education classes. Denial in this case, refers to the conscious blocking out of the existence of their own retardation and passing refers to their subsequent attempts to appear normally intelligent.

The research available points to a process which could lead to denial and passing and in some cases, has done just that. First, there exists a stigma surrounding mental retardation. Research shows that the stigma is cruel, threatening, and pervasive. Secondly, the mentally retarded are well aware of this stigma and experience it with a sense of humiliation and defensiveness. The stigmatizing feedback is externalized by these individuals, resulting in a devaluated self-image. Finally, the stigma is so threatening and debilitating that the retarded individual cannot come to accept himself in terms of that stigma. He does not accept that he is lacking the mental capacity to manage his own life. Therefore, the retarded individual denies that he is retarded and then tries to pass as a normally intelligent person. Thus he is spared the humiliating and devaluating attitudes of others and can therefore, maintain his self-esteem and integrity.

CHAPTER I

INTRODUCTION

In the library on this campus, as in most libraries across the country, there exists a good many books dealing with mental retardation. With few exceptions, however, most of the books deal with the clinical aspects of retardation - causes, evaluations, programs, and volumes of statistics. The bulk of this research is the result of the realization that mental retardation is a serious and growing problem. However, despite this realization, one area of retardation has gone relatively untouched, namely, how the retarded perceive and react to their retardation.

> Although the human tragedy surrounding mental retardation is understood only too well by those persons whose lives have been touched by it, few other people are fully aware of the magnitude or character of the problem that is mental retardation (6:1).

The newest reports on the prevalence of mental retardation, estimate that there are approximately six million mentally retarded individuals in this country today (6:1, 19:1, 32:1). This statistic has been broken down in a number of ways which shed some light on the magnitude and character of mental retardation.

1. Approximately 5 percent of the retarded are in institutions, while the rest remain in their own communities (19:1).

2. Of these six million retardates, 89 percent of them are only mildly retarded, 6 percent are moderately retarded, 3.5 percent are severely retarded, and 1.5 percent are profoundly retarded (27).

3. Approximately 3 percent of our school population is mentally retarded (33:3).

4. Every year, an estimated 126,000 babies are born who will be mentally retarded (33:3).

5. Mental retardation possibly disables the largest number of children of any childhood disease or condition (33:0).

6. The combined total of persons with cerebral palsy, rheumatic heart disease, and those who are blind, equals only one half of the number of mentally retarded (33:3).

7. The cost of mental retardation can be estimated in dollars - it costs near a billion dollars in public funds alone - but the human cost can never be calculated (6:2).

There has been a growing tendency, among students of mental retardation, to depart from the view that retardation is a static, irreversible, and incurable

condition. Instead, many have come to see retardation as a dynamic process subject to change, even cure at times, subject to the social and cultural demands of society, and able to be ameliorated through proper therapeutic processes.

"Mental retardation is neither a unitary thing nor a disease entity, but rather is frequently a resultant of multiple causation, not the least of which is educational and social deprivation" (33:5). It is becoming more common to speak of an individuals' retardation as relative to cultural standards and the acceptability of the retardate by his own particular society. There are over one hundred known "causes" of mental retardation, and the label, mental retardation, covers all causes and types of retardation. For example, the term mental retardation applies to those individuals who are so severely physically disabled and intellectually disabled that they are confined to cribs where they can do nothing more than vegetate. It applies as well to those persons who have no physical defects and whose intellectual abilities, although inadequate for some tasks, are perfectly adequate for all other tasks (6:2).

Knowing the incidence of mental retardation and having some concept about its etiology is only half the battle. The other half is understanding the psychology of

retardation from the perspective of the retardate himself and the significant others in his life. How does the retarded individual perceive himself in relation to the significant others in his life? (By significant others I mean his family, relatives, neighborhood friends, and those people he meets in school - teachers and classmates.) Finally, how does the retarded person react to these perceptions? While there is certainly some research on these questions, there is surely not enough.

Statement of the Problem

The problem of this study will be to examine research and related literature in the area of mental retardation in order to determine whether retarded individuals in special education classes could be denying their retardation and then trying to pass as normally intelligent.

Purpose of this Study

The formulation of a theory of denial and passing as used by mildly retarded individuals in special education classes is necessary before an appropriate instrument can be designed to determine whether, in fact, such a process does exist and if it does, what are the effects upon the

individuals who utilize denial and passing. This, in turn, would reduce the void in our knowledge about the psychology of retarded individuals.

General Question to be Answered

The first question to be answered is whether or not there exists a stigma that surrounds mental retardation. Secondly, if there exists such a stigma, does the retarded individual perceive it? Finally, if such a stigma exists, and if the retarded individual does perceive it, how do they react to it?

General Procedure

A review of related literature is used as a basis for obtaining information needed in this study. The material will be selected from professional journals in the fields of education, mental retardation, psychology, and sociology; from handbound publications; and from U. S. government publications. The material gathered will then be used as a basis for a subjective analysis by the researcher.

Limitations

The population of this study is limited to the mentally retarded in special education classes.

Definition of Terms

These terms are used throughout the paper: mental retardation, denial, passing normally intelligent, stigma and self-concept.

Mental retardation. The American Association on Mental Deficiency adopted the following definition in 1961: "Mental retardation refers to sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." Because this paper is concerned with those retarded children in special education classes, only borderline (I.Q. 70-84), mildly (I.Q. 55-69), and possibly moderately (I.Q. 40-54) retarded individuals, who attend special education classes, are included in this study.

Denial is a defense mechanism utilized by an individual whereby he consciously blocks out some painful reality and substitutes a more pleasant "reality" in its place. For the purposes of this paper, denial refers to

the retarded indivuals act of denying that he/she is or ever was retarded.

Passing is the behavior that results from the retarded individuals' denial of his retardation. It is behavior that is directed towards both concealing retardation and seeming to be normally intelligent.

Normally intelligent does not refer to I. Q. as much as it means the ability to copy with everyday situations adequately.

Stigma is an attribute, assigned by others that is deeply discrediting and very extensive.

Self-concept refers to the image an individual has of himself in relation to how others view him and he, in turn, views them.

Summary

There are over six million retarded people in this country today. Almost all of those six million live in their own communities - usually our communities. Many people have a vague notion about what is mental retardation and what are its causes and treatments. Even fewer than that have any feeling about what it is like to be retarded - how the retarded see the world, others, and themselves.

Therefore, the retarded are regarded as a little frightening, creepy, repulsive, sad, etc. and as such, are often isolated from most other normal people. This paper will hopefully lend some light on the psychology of retardation and help the "normals" see their way.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

This chapter deals with the research and related literature on the question of whether some mentally retarded individuals deny their retardation and try and pass as "normal." Specifically, the review of literature is presented in the major headings of stigma, self-concept, and denials and passing.

Stigma

Given that each retarded individual must handle problems unique to his handicap and personality, there remains one problem all retardates must cope with, namely, the stigma attached to mental retardation. Mental retardation, in this society, often foredooms a person to many humiliating failures and disappointments. The scorn of other "normals" results in feelings of confusion, failure, and frustration for the retarded person since those others only seem to see the retardates failures, not his accomplishments (18:310). According to R. B. Edgerton, to find one's self regarded as a mental retardate is to be

burdened with a shattering stigma. Indeed, it is the ultimate horror for those who are retarded. No other stigma is quite so basic as mental retardation in that an individual, who is labeled as such, is thought to be completely lacking in the basic ability to manage his own life. The retarded person is, by definition, incompetent to handle his own affairs. To "normals," once a retardate, always a retardate. Therefore, the retarded individual is left with no cure, no hope, and no future (6:205-207). Their own words best describe how the stigma weighs down on them:

> [A man] There's problems from being in that place. [an institution for the retarded] I mean with the people you meet. They take me as if I'm not a smart person. That's what makes me so provoked. And I mean they act like I don't understand things, which I do understand things. That's a terrible thing; I'd never do that to anybody. I don't know why I have to suffer like this. Sometimes I'd rather be dead than have people act like I'm not a smart person (6:206).

Thus the stigma of being adjudged mentally retarded is viewed as a critical and dominating factor on the lives of the retarded.

Erving Goffman, author of Stigma, wrote that the stigmatized individual tends to hold the same beliefs about himself that we do, namely that his deepest feelings about what he is may be that he is a normal person, a human

being who deserves a fair chance. However, just because there may be something wrong with some part of him, he is treated as if he and his stigma are one in the same. As such, the stigmatized person can find little acceptance for those qualities which make him a unique human being (11:7). Goffman goes on to say:

> The attitudes we normals have towards a person with a stigma, and the actions we take in regard to him, are well known since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human (11:5).

Not quite human. Those three words sound pretty harsh and maybe a little exaggerated, don't they? Dorothea and Benjamin Braginsky, who completed a study of the self-attitudes of mentally retarded youth in an institution for the retarded, had this to say about the stigma surrounding retardation:

> A second belief, intimately related to the first, is that persons afflicted with mental retardation are not only different from other persons but are less than human, existing at some point lower on the phylogenetic scale than the rest of mankind (3:17).

It seems indeed bizarre that a so called "enlightened society" such as ours should place such emphasis on an I.Q. test. "To use this test score to define the basic natures of the child (or adult) and to determine the fate of his life shows, in the very least, an irresponsible attitude towards the child (3:68).

Besides being cruel and humiliating, the stigma of retardation is also pervasive. It begins early in life, usually when a child begins school, and continues throughout his life, extending it to every aspect of living. The denial, for a mentally retarded individual, of a fair hearing, of employment, of legal rights, and other opportunities can be observed over and over again (3:68). In a study which compared the acceptability of different handicapped or disabled persons in certain social situations, the retarded did not fare very well. In a study, ninety-four subjects were asked to rank ten handicaps in respect to desirability as a friend and as a self-affliction. Also the subjects filled out a social distance questionnaire. The following tables indicate their findings:

TABLE I

PERCENTAGE OF SUBJECTS WHO WOULD ACCEPT CERTAIN ANOMALIES IN PERSONS IN SPECIFIC SITUATIONS

Rank order choice of friend		Rank order choice of affiliation	
Anomaly	Mean Rank	Anomaly	Mean Rank
Amputee	1.99	Amputee	2.25
Blind	2.27	Stutterer	2.57
Wheelchair	2.76	Harelip	2.71
Harelip	3.56	Wheelchair	3.52
Stutterer	3.81	Blind	4.52
Deaf mute	4.89	Deaf mute	4.54
Cerebral palsied	6.07	Mentally ill	5.90
Mentally ill	6.42	Cerebral palsied	6.49
Retarded	6.69	Homosexual	6.63
Homosexual	7.44	Retarded	7.18(29:95)

In respect to having a friend afflicted with one of these ten disabilities, the retarded were ranked 7th. As far as having one of these disabilities themselves, the subjects would last of all want to be retarded. The table below reflects the results of the social distance questionnaire. The results are clear.

TABLE II

PERCENTAGES OF SUBJECTS WHO WOULD ACCEPT CERTAIN ANOMALOUS PERSONS IN SPECIFIC SITUATIONS

Anomaly	Percentages					
	Would marry	Would have as a friend	Would work with	Would live in same neighborhood	Would speak to	Would live in same country
Amputee	18.18	79.79	90.90	95.95	98.98	100.
Wheelchair	7.21	79.38	92.78	97.93	98.96	100.
Blind	16.12	77.41	89.24	95.69	100.	100.
Harelip	8.24	69.07	80.41	87.62	98.97	98.97
Stutterer	7.14	65.30	74.48	83.67	96.93	100.
Deaf mute	10.41	53.12	66.66	80.20	94.79	100.
Cerebral Palsied	1.03	38.14	50.51	65.97	88.65	100.
Retarded	00.00	23.95	30.20	54.16	86.45	100.
Mentally ill	2.10	28.42	37.39	45.26	70.52	97.89
Homosexual	1.01	17.17	27.27	45.45	71.71	98.98
						(29:93)

The study concluded that the common denominator for the last acceptable disabilities - mentally ill, the retarded, and the homosexual - was the social stigma attached to each

handicap (29:94). These results surely do not paint a very bright picture for the retarded as far as social acceptability and interpersonal relationships are concerned.

How does the stigma surrounding retardation effect retarded children in special education classes? Research indicates that the child's self-concept becomes more negative upon placement in special classes. In one such study, while the researcher did not establish a cause and effect relationship between stigma and a lowering in self-concept, listen to some of the response of some of the youngsters when asked what they thought about being in special education classes:

> [A high school student]. . . I don't tell them [friends] I'm in special classes. I didn't care last year [junior year] but I do now because these people make fun of me (24:447).

Another said:

> I don't like to see some of the [regular] students come in here because they're my friends and I don't want them to know I'm here (24:448).

To this writer, those quotes certainly suggest an awareness and fear of the stigma (and consequences) of retardation. Another study conducted in special education classes, concentrated on stigma and stigma management by a group of high school boys. In that study, seventeen of the

twenty-three subjects lied about being in special education classes, saying they were in regular classes. When asked why they had lied, the subjects said that they answered that way in order to avoid ridicule, being made to feel different, and being made fun of by others. These same boys stated that being in special education classes also affected their freindships with other regular students, made it difficult to keep a girl friend, hurt their chances for employment, and made them generally unhappy (17:560).

Self-Concept

According to Kenneth Gergen, a person's self-concept is based, for the most part, upon feedback that he receives from significant others in his life. As such, over time, an individual comes to think of himself in terms of how others behave towards him. For example, to be treated by one's family as incompetent or incapable will eventually result in that individual seeing himself in the same way (10:41). From this writer's point of view, this theory of the development of a self-concept has special implications for the retarded. Since most mentally retarded individuals are more dependent upon others for help than are nonretarded persons, they would be even more vulnerable to the feedback

of others. Thus, if the feedback received is, for the most part, negative, then we would expect the retarded person to develop a negative self-concept or find some defense mechanism with which to protect himself. Gergen talks about much the same thing when, drawing upon Carl Roger's theory of unconditional positive regard, he says:

> When regard is conditional, the person beings to insulate himself conditionally - finding himself acceptable only if he meets certain cirteria. When self-evaluation is conditional, the person defends against seeing himself in certain ways. He may distort his perceptions of self, avoid noticing certain of his actions, and most important, be more defensive in social relationships. Since, others may "show him up for what he is," he may avoid close contacts. In effect, others are viewed as threats (10:67).

A stigma represents, obviously, conditional regard. As such, part of the self-concept of a retarded person may include defenses against being recognized as being mentally retarded, the enemy being the "normal" population. This encompassing defensiveness has been documented in another group of stigmatized individuals - the Blacks. Thomas Pettigrew, in his book on the American Negro, notes that most young Negroes (ages 9 to 14) view the world as a far more dangerous and hostile place than do their White counterparts. The source of this perception is racism, which is certainly a stigma (26:11). Pettigrew goes on to say that because

some Blacks perceive the world as a hostile place, they feel isolated from that environment and the people in it. Therefore, they have a hard time relating to people. He goes on, "Intimately associated with the impairment of the individual's acceptance and understanding of himself" (26:7). As far as this writer is concerned, this situation could be related to that of the mentally retarded. Their relationships with others are impaired not only by the stigma of retardation, but by the actual handicap itself. Therefore, if Pettigrew is correct, their acceptance and understanding of themselves would be impaired.

The "Dolls test," conducted by K. B. and M. P. Clark in 1958, offers more insight into the self-concept of stigmatized individuals such as the mentally retarded. In their study, the Clarks presented 253 Negro children, between the ages of three and seven, with both white and brown dolls and asked them to answer some questions. The first question was designed to make sure the children could distinguish between the colors of the dolls. Secondly, the Clarks asked each child which doll was the "nice doll," which was a "nice color," which doll "looks bad," and which one they would like to play with best. Finally, each

child was asked, "Give me the doll that looks like you." The results are as follows:

TABLE III

AFFECTIVE RESPONSES AND SELF-PERCEPTIONS OF NEGRO 3-YEAR-OLDS AND 7-YEAR-OLDS IN THE DOLLS TEST

Instruction and Choices	Responses	
	3-Year olds	7-Year olds
"Give me the doll that looks bad."		
Colored doll	68%	43%
White doll	19	17
No choice	13	40
"Give me the doll that looks like you."		
Colored doll	36	87
White doll	61	13
No choice	3	0

(as cited in, 21:158)

The evidence of an internalized, negative self-image is clear: 68 percent of the three year olds saw the brown doll as "bad" and 61 percent denied that the colored doll looked like them. "These data strongly suggest that the majority of the younger Negroes denied their own skin color in order to avoid the painfully low self-esteem associated with its accurate perceptions" (21:158). While this study will be cited again in the next section of the paper, suffice it to say here

that in this writers opinion, if this test were administered to retarded individuals, using dolls that were designated as "normal" and "retarded"(or something like that), we would see much the same results. As such, it seems probable that part of the self-concept of a retarded individual may include an internalized, negative self-image that is denied in order to avoid the pains of a low self-esteem.

Actually measuring the self-concept of a mentally retarded person is not easily done. Besides the actual mental deficiency of the retardate, that often prevents him from expressing himself clearly enough, most of the testing measurements have been developed for use with normally intelligent children. Therefore, self-concept measures for the retarded have had to have been developed from scratch or some instrument has had to have been modified. This has surely hindered the amount of research that deals directly with determining the self-concept of the mentally retarded. However, there are some studies which give some insight into how a mentally retarded individual perceives his experiences and how they are incorporated into his self-concept.

Dorothea and Benjamin Braginsky provide a great deal of insight into the thoughts of mentally retarded children

who have been institutionalized. The data was gained by questioning the children about how they felt about themselves and by some testing to determine modal attitudes and beliefs. Their findings and conclusions centered around three questions - how the retarded view themselves, how they viewed "normals," and how they dealt with "normals." Their first major finding, one that will be dealt with more extensively in the next section, was that 93 percent of those children they interviewed (N=75), denied that they were retarded. While others in the institution might be retarded, these 93 percent each stated they did not know why they were there or that they were there for other reasons (3:14). The second major finding revolved around the fact that these children felt that "outsiders" thought they were more stupid than they were, that everyone has a little something wrong with them, and that many "outsiders" were more disturbed than they were (3:105). The Braginskys' attribute these attitudes to the childrens' reaction to the stigma of retardation and its consequences for the retarded. Therefore, denying they are retarded, the children lash out at the "normals," who have labeled them as such, by saying that they (the normals) are disturbed. The third major element that the Braginskys found operating in the

self-concept of these children was their frequent use of manipulation. Utilizing the Mach scale, developed by Christie (1962), which measures the manipulative orientation of a person, in this case, a retardate, they found that the children scored fairly high. The Braginskys conclude:

> An examination of the responses to the items presented makes it evident that the retardates maintain more cynical, mistrustful, and manipulatively-oriented attitudes than either staff group. For example, 89% of the retardates (as compared to 12% of the professional staff and 22% of the aides) argue that "the best way to handle people is to tell them what they want to hear." Moreover, an overshelming majority of the retardates, agreed to these items: "Never tell anyone the real reason you did something unless it will be helpful to you.", "It is hard to get ahead without cheating.", and "It's a smart thing to be nice to important people." (3:52).

These findings point toward the idea that retarded children feel they must protect themselves at all times by maintaining superficial relationships aimed at pleasing others. These findings are supported by a similar study done by Edgerton (1967).

In 1963, Guthrie, Butler, and Garlow, conducted a study to determine the personality differences between mentally retarded girls who had been institutionalized and those who had not. The study was designed to try and discover what personality factors were associated with an inability to function in a community and therefore, what

factors allowed a mentally retarded girl to stay in her community. Two female groups, one from an institution and one from special education classes, were selected and were comparable in age, I.Q., and economic background. Each female was read the items from the Laurelton Self-Attitude Scale, the Hostility Scale, and the Social Value-Need Scale (14:554). The authors, in summarizing their findings, conclude:

> It is clear that girls who are in an institution have particularly negative self-attitudes, they regard themselves as worthless and as dominated by their own needs. They do not admit that they are angered by situations that would normally anger people. They admit that others have an unfavorable attitude towards them and that they, in a sense, despise themselves (14:547).

Since this paper is interested in the mentally retarded who are in special education classes, not institutions, what can be inferred about these girls from the study noted above? It seems fair to assume that the noninstitutionalized girls have a more positive self-concept than the institutionalized girls, that they conform more to societys' value system, that they are more open in expressing their feelings of anger, and finally, that they don't admit that others may view them in an unfavorable way. It is the writer's opinion that these self-expressed attitudes could very well be

the result of these girls denying their retardation and then trying to pass as "normal." This assumption is born out by another study by Guthrie, Butler, and Garlow (1961), in which they found several patterns of self-attitudes among the retarded (as cited in 13:42). They found:

> Constellations of positive self-attitudes formed around denial of shortcomings, assertion of being as good as others and denial of mistakes. Negative attitudes were organized about themes which emphasized being hateful, or shy, or useless, or unloved (13:43).

Being popular, friendly, conforming, and not being ignored, isolated, dominant, and angry are also important to the retarded individual. These needs center about the retardates relationship to others upon whose goodwill and favorable attitude they seem extraordinarily dependent. In fact, it is suggested that the most important achievements for the retarded are to be considered by others and to avoid criticism (13:46).

How did the self-concepts of the retarded compare with those of "normal" persons? In a study of Collins, Burger, and Doherty, (1970), the self-concepts of forty-two educable mentally retarded (EMR) young people, who attended high school special education classes, and forty-nine intellectually normal young people were compared(4:286-287).

The Tennessee Self-Concept Scale was used as a measure of self-concept. The results were as follows:

TABLE IV

SELF-CONCEPT OF 42 EMR AND 49 INTELLECTUALLY NORMAL ADOLESCENTS AS MEASURED BY THE TENNESSEE SELF-CONCEPT SCALE

Variable	Mean	SD	t
Self-criticism			
Retarded	31.92	6.62	
Nonretarded	36.95	5.27	-4.03**
Identity			
Retarded	113.19	11.84	
Nonretarded	112.61	11.80	-3.79**
Self-satisfaction			
Retarded	95.64	11.62	
Nonretarded	98.04	13.61	-.90
Behavior			
Retarded	104.52	11.57	
Nonretarded	107.61	11.32	-1.28
Physical self			
Retarded	67.64	7.16	
Nonretarded	67.81	6.79	-.12
Moral-ethical self			
Retarded	62.28	7.37	
Nonretarded	66.10	8.33	-2.29*

TABLE IV (continued)

Variable	Mean	SD	t
Personal self			
Retarded	61.64	8.52	
Nonretarded	61.91	7.15	-.17
Family self			
Retarded	60.95	7.82	
Nonretarded	64.89	11.60	-1.87
Social self			
Retarded	60.54	6.60	
Nonretarded	67.51	6.84	-4.87**
Total positive			
Retarded	313.23	27.68	
Nonretarded	323.95	43.81	-1.37
Row Variability			
Retarded	22.33	6.31	
Nonretarded	18.93	5.82	2.67**
Column variability			
Retarded	29.88	9.14	
Nonretarded	30.20	9.62	-.16
Total variability			
Retarded	52.21	13.68	
Nonretarded	49.14	11.89	1.15
Distribution			
Retarded	122.34	30.52	
Nonretarded	106.46	21.80	2.88**

*p less than .05 (two tailed).
**p less than .01 (two tailed. (4:286)

The EMR subjects had significantly lower self-criticism scores than the nonretarded subjects. The nonretarded youth were not as defensive and had a significantly more open attitude and were more willing to accept self-criticism. The nonretarded subject was significantly more sure of his identity. Although the EMR youths were less satisfied with themselves than were the nonretarded subjects, this difference did not reach significance. Neither group was positive about the way they perceived themselves nor about the way they acted. Both groups had negative perceptions about their bodies. The nonretarded subjects had significantly more positive perceptions of their moral-ethical self than did the retarded adolescents. The subjects in both groups tended to have negative perceptions about their personal worth and adequacy as persons. The retarded subjects had significantly more negative perceptions of their family-self. They (the retardates) also had significantly more negative perceptions of their social self than did the nonretardates. The difference between these groups on the total positive score was not significant, but there was a trend for the nonretarded subjects to have higher positive scores (4:286-288). The authors conclude:

> The previously described significant subtest differences, coupled with the lack of a significant difference for the total positive score, suggests that the effects of mental retardation are not global, but are specific to various aspects of the self-concept (4:288).

In summary, the research and related literature point towards the assumption that, on the whole, mentally retarded individuals have a more negative self-concept than do their normally intelligent counterparts. Since the self-concept is developed largely from the feedback that the feedback that the individual has received from others throughout his life, it seems probable that a negative self-concept is the result of negative feedback from others. Thus, it is possible that a cause and effect relationship exists between the stigma of retardation, as reflected in the behavior of "normals" toward a mentally retarded person, and the formation of a negative self-concept.

Denial and Passing

This third section deals with what the writer feels is a crucial aspect of many retarded person's lives - denial of their retardation and their efforts to "pass" within their communities as normally intelligent people.

Denial is a defense mechanism. Whether we are aware of it or not, each of us uses defense mechanisms to help protect our self-image. Don E. Hammachek wrote:

> Defense mechanisms help us preserve our integrity and sense of personal worth when we find ourselves in ego-involved stress situations. . . The protection of self from possible devaluation and thus from anxiety is the very essence of the defensive functions of these mechanisms (15:17).

Defense mechanisms are best understood by understanding the objective they serve, which is the maintenance of the worth and integrity of the individual. It is only when we can conceive of the self as a active, dynamic self which is struggling to maintain itself, that we can understand the use of defense mechanisms to change the so-called "facts" so that they fit our personal needs (15:18). One kind of defense mechanism is denial. Sometimes a person can avoid disagreeable realities by ignoring or refusing to acknowledge them. Mahl defines denial as the "unconscious destortion of perceptions of external stimuli that arouses unpleasant emotions" (21:155). Mahl identified one reason for the use of denial:

> One of the most devastating results of social discrimination is that members of minority groups may internalize the derogatory values and attitudes of the majority and regard themselves as inferior or worthless. When they do, the perception in themselves

> of these characteristics. . . is the basis for a marked loss of self-esteem. One way out is to deny the perceptions of these characteristics in oneself (21:157).

This contention seems to be born out by a study cited earlier in this chapter, namely, the Clark Doll study. In this study, young Negro children denied their own skin color.

Finally, according to Mahl, there are actually two different kinds of denial. One type involves denial in the sense that the individual honestly does not acknowledge some undesirable characteristic in himself and the other is a verbal and cognitive denial of something even though the denial is contrary to his true feelings (21:155). For example, a person could deny that they were retarded because they really believe they are not stupid, not incompetent, not different. Therefore, they could not possibly deserve the rejection and humiliation that others direct towards them. On the other hand, a retarded individual could deny that they were retarded, even though they know they are, because they simply cannot stand the ridicule, the hurt, and the humiliation that retarded individuals are subjected to.

In a 1970 study by McKinnon, mentally retarded students in special education classes were questioned

about how they felt about their placement in those classes. A high percentage of the students replied that they disliked other members in the class. They were especially anxious about some of the other pupils' behavior that they described as explosive, unpredictable, or nutty. McKinnon concluded that their anxiety might be related to the denial or similar characteristics in themselves (20:302).

The Braginsky study, cited earlier in this chapter, also dealt with the question of denial. The Braginskys asked retarded individuals whether they thought of themselves as retarded. Ninety-three percent of those interviewed denied that they were retarded and gave other reasons for being in the institution, such as bad behavior or that their parents did not want them (3:14). Unfortunately, besides pointing out the impact of the stigma of mental retardation, the Braginskys do not attempt to explain how it was possible for 93 percent of those subjects interviewed to deny they were retarded, when they were, in fact, in an institution for the retarded.

Probably the most extensive study of the use of denial by the retarded and their attempt to "pass" as normally intelligent, was conducted by Edgerton. Edgerton and his staff set out to examine some of the ways in which

mildly retarded persons manage their lives and their handicap. The subjects of the study consisted of ex-patients from a California state mental institution. In introducing the process of denial and passing, Edgerton points out that in our everyday affairs, we regularly and easily accuse ourselves of stupidity. We joke about our I.Q.'s and so on. Usually we mean little by the remarks and so no one suffers very much (6:144). He goes on:

> For an ex-patient of an institution for the mentally retarded, however, matters are very different. The ex-patient must take his intelligence very seriously, for he has been accused and found guilty of being so stupid that he was considered incompetent to manage his own life. As a consequence he has been confined in an institution for the mentally incompetent. This research has shown, and common sense would agree, that such an accusation of stupidity has a shattering impact. The stigma of having been adjudged a mental retardate is one which the ex-patients in this study reject as totally unacceptable. Hence, their lives are directed toward the fundamental purpose of denying that they are in fact mentally incompetent. These former patients must at all times attend to the practical problems of seeming to others to be competent and of convincing themselves that this is so. The label of mental retardation not only serves to lower one's self-esteem to such a degree of worthlessness that the life of a person so labeled is scarcely worth living. Thus, the "moron" who is released from Pacific State Hospital must "deny," must "pass" with himself. He cannot, and he does not accept the official "fact" that he is, or ever was, mentally retarded (6:145).

When release comes from the institution, according to Edgerton, the patients experience it in the sense that it

is justice which is long overdue. Patients frequently saw their release as confirmation of the error that was made in diagnosing them as retarded. It also represents their chance to live and be like "normal" persons (6:147). However, upon release, it becomes necessary for the ex-patient to somehow cover his past to avoid being discovered as retarded. Often, this concealment was accomplished by telling the "real" reason they were in the hospital such as nerves, alcoholism, criminal offenses, need of education, etc. The following represent just a couple of typical excuses:

> Well, the hospital was good in some ways - I made friends with the girls, but I really didn't belong with those other patients. [Why?] Well, they're mental, you know. Low mental (6:148-149).

And:

> I don't miss the institution. I should have been put out of there years ago; they shouldn't have kept me in there like they did. That's what I think. They kept me too long. I only went there "cause I was nervous," but they kept me so long I got worse. They ruined my life. Those people in that institution was much worse than me. I'm just as good as anyone in there or anybody I've seen on the outside (6:148)

Concealment of the ex-patient's reason for being in the institution is only the beginning of the very low process of denying and passing - for dealing with the practical problems of seeming-to-be-normal. The practical problems

of everyday life had to be solved, as every patient saw it, because failure to do so would lead to forcible return to the hospital. Also, everyday demands must be coped with because of the patients' unwillingness to be seen as mentally retarded. The attempt to "pass" is extensive, touching all areas of a person's life. For example, in looking for a job, an employer rarely hires an individual who is unskilled and mentally retarded. Therefore, the ex-patient must somehow conceal this discrediting information about himself. The following quote is fairly typical:

> [A man] I can't get a job because the application always asks where you worked for the last ten years. What can I do? I can't leave it blank, and if I lie, they always find out and then they don't want me. I'm good at a lot of work if they let me do it my way (6:152).

Finding a job is not so easy, so imagine how much more difficult it is to find a mate, says Edgerton. Getting married is very important to the retardates not only because of the help and companionship that comes with a marriage, but because it represents their new found freedom and normalcy (6:153). Also, ex-patients have difficulties in management of material possessions. For one thing, they lack the ordinary souvenir of a normal past. When the ex-patients leave the hospital, they do

not have any souvenirs to display to the outside world. Therefore, they must accumulate some pictures, books, momentos of past trips, etc. Also, former patients do not usually receive lots of mail, and because receiving mail is part of everyday living, often the ex-patients house is littered with mail addressed to "occupant" or cluttered with real or fradulent letters. Also, although owning a car is a symbol of success, it is something only a very few ex-patients will ever own or operate (6:156). The final area in which ex-patients are challenged to pass is in interpersonal relationships. Says Edgerton:

> Of all the ways in which the ex-patients' competence is challenged, none is more serious than the multiple demands that are posed in interpersonal relations. Here the ex-patient must contend with demands for intellectual skills that he does not possess. In an effort to produce the competencies demanded, the retardate must often dissemble, lie, or fake in most ingenious fashion. Here, in its most classic form, we see "passing." And here we also see the constant danger of failure, disclosure, and shame (6:162).

One major part of this passing, is the avoidance to any public association with other retardates. Such associations could be highly discrediting to the ex-patient. However, to associate with "normals" is really dangerous also because of the high possibility of being discovered. Most ex-patients cope with this situation by being passive

and very quiet. Ex-patients believed that if they said nothing, no one would know they were different (6:163). Another obvious problem is the retardates inability to read and write on anything but a rudimentary level. Often, a retardate is called upon to read things in public - menus, signs, newspapers - and to fill out forms. The most typical response of retardates faced with such situations, according to Edgerton, is to say that they've forgotten their glasses (6:164). Probably the most difficult social problem a retardate faces is the problem of numbers. Numbers are an important part of everyday living - pieces, dates, times, phone numbers, addresses, and money, all intrude upon the everyday functioning of the retarded individual. In order to pass, the retarded individual must find little tricks or ways of finding the information they need without looking stupid (6:165). About denial, Edgerton writes:

> It should now be apparent that the ex-patients meet some challenges to self-esteem well and others not so well; they pass in some circumstances and not in others; they "get by" in some instances but by no means in all. As a result they cannot fail to realize that their competence in many aspects of everyday life is clearly less than that of the normals with whom they must associate. Such a realization is potentially devastating to their self-esteem, and if the integrity of the self is to be maintained, imputations of stupidity must be denied. The process of denial is continuous (6:169).

For the most part, the ex-patients give the appearance of having successfully denied their retardation to themselves. One way in which they do this is by turning their institutional past to good use. They say and appear to really believe, that they are a little less competent than normal people because they have been wrongly confined to an institution. This excuse is widespread; it serves any need and serves it well. Some typical responses follow:

> [A man] All my problems in making good on the outside is due to just one thing - I don't get no schooling at all in that colony. How can you make good without no schooling? (6:170)

And:

> [A man] I'm real nervous and I can't always do things as good as other people, but I'd be all right if they had let me out of that institution. Anybody would get nervous in that place (6:170).

Summary

The research cited in this chapter indicates that there exists a social stigma surrounding mental retardation. It also indicates that the mentally retarded, who are in institutions and in special education classes, are not only aware of this stigma but also, react to it. The research and related literature also points out that the mentally retarded, in general, have a more negative

self-concept than do nonretarded individuals, in general. Some of the research points directly to a cause and effect relationship between the stigma and a negative self-concept. Finally, there is strong research that indicates that many institutionalized retarded individuals do not and cannot accept their retardation and as such, defend themselves by denying that they are retarded and then trying to pass as normally intelligent. However, as far as this writer can ascertain, there is no such research on denying and passing for retarded individuals in special education classes. Another problem is that the research is unclear as to on what level this denial occurs - do they really not believe that they are retarded or do they simply deny it in order to escape the stigma and its consequences? This question needs an answer.

CHAPTER III

DISCUSSION

Formulation of a Theory

Society has established a manner of categorizing people and has attributed certain characteristics thought to be normal and ordinary to members of each category. Therefore, we come to anticipate certain characteristics and behavior from members of each class. Society leans on these anticipations, transforming them into expectations, and finally, into righteously presented demands (11:2). "Typically, we do not become aware that we have made these demands or are aware of what they are until an active question arises as to whether or not they will be fulfilled" (11:2). When a person is encountered, who possesses an attribute that makes him different from others in his possible category, he is reduced in our minds to a tainted, discredited individual. "Such an attribute is a stigma, especially when its discrediting effect is very extensive; sometimes it is also called a failing, a shortcoming, a handicap"(11:3). The term stigma, therefore, refers to an attribute that is deeply discrediting. The fact that it is discrediting comes, it seems, from those who utilize

stereotyping when they are confronted with a person about which they have no personal knowledge. Their preconceived notions about what kind of person this is, often dictates their response to that person.

Another important aspect of a stigma is whether the stigmatizing attribute that the individual possesses is visible or not. Those individuals who possess visible stigmatizing attributes, such as physical deformities, are automatically discredited. Those individuals who possess undesirable attributes that are neither known by others nor are easily discernible at first, are those who run the risk of being discredited. Some examples of this second type of stigma are imprisonment, addiction, alcoholism, homosexuality, unemployment, mental defects and suicides. Says Goffman:

> . . . an individual who might have been received easily in ordinary social intercourse possesses a trait that can obtrude itself upon attention and turn those of us whom he meets away from him, breaking the claim that his other attributes have on us. He possesses a stigma, an undesired differentness from what we had anticipated (11:5).

Goffman further states:

> The attitudes we normals have towards a person with a stigma, and the actions we take in regard to him, are well known, since these responses are what benevolent social action is designed to soften and ameliorate. By definition, of course, we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination,

> through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma theory, an ideology to explain his inferiority and account for the danger he represents. . . We use specific stigma terms such as cripple, bastard, moron in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning. We tend to impute a wide range of imperfections on the basis of the original one (11:5).

The above quote is rather lengthy but, in this writer's opinion, it states bluntly and beautifully, the nature of a stigma.

For the stigmatized individual, his beliefs about himself are often the same as ours about ourselves. He may feel like a full-fledge human being, that he is normal, and that others are the ones who are not quite human. Yet, he may perceive, quite accurately, that others do not really accept him nor are they ready to make contact on equal grounds. Thus, it seems as if the central feature of a stigmatized person's life is acceptance. Those who come in contact with him fail to extend him the respect and regard which the uncontaminated aspects of his social identity deserve. He often expresses this same denial by recognizing that some of his attributes warrant it (11:7-9).

Mental retardation is surely one kind of stigma. One society places tremendous emphasis on general intellectual competence. Therefore, to be found wanting in

mental capacity certainly discredits an individual in the eyes of others. In fact, according to the research, few other handicaps have warranted the extensive discredit and humiliation that retardation has (29). The scorn of other "normals" results in feelings of confusion, failure, and frustration for the retarded person since others only seem to see the retardates limited abilities, not his accomplishments. To "normals," once a retardate, always a retardate. Therefore, the retarded person finds little hope for acceptance as a whole person, who just happens to have a handicap.

Since, by definition, the retarded person has trouble managing his own affairs, the stigma is also pervasive. For the retarded child who is not institutionalized, it affects their relationship with their parents, their school days when they are often isolated in special classes with other retarded children, their chances of employment, their interpersonal relationships with normally intelligent persons, and obviously, their general happiness.

Given the severity and pervasiveness of the stigma that surrounds mental retardation, it seems inconceivable that retarded individuals, with the possible exception of the severely and profoundly retarded, do not perceive the

stigma associated with their condition. Granted, the degree of retardation may be slight enough to conceal from others most of the time, but there are very few retarded individuals who admit their retardation to others when they do not have to. The research strongly indicates that retarded individuals in institutions and in their own communities are very much aware of the debilitating attitudes that other normals hold toward them. Much of the literature has tested this awareness by measuring the self-concept of mentally retarded persons. Self-concept, remember, refers to the image an individual has of himself in relation to how others view him and how he, in turn, views them. Since most others treat him as a stigmatized individual and he, in turn, perceives this rejection and humiliation and internalizes it, it is not surprising that those retarded individuals, who have been tested, reflect a much more negative self-concept than do their normally intelligent counterparts. In study after study on the self-concept of retarded individuals, the fact that they have come to view themselves in the same stigmatizing way as others view them is evident.

There is other evidence which indicates that retarded individuals perceive the stigma associated with their handicap. The Braginsky's study, cited in the last chapter,

measured the modal attitudes of retarded children in an institution. Their findings coincide with Goffman's contention that many stigmatized individuals have feelings of being normal and certainly undeserving of the rejection and humiliation they receive at the hands of normals (11:7). Also, the Braginsky's found that their retarded subjects were more cynical, mistrustful, and manipulative than the normally intelligent staff. This would indicate that they are aware of how others perceive them as stigmatized individuals, that they react negatively to the stigma, and then try and avoid the consequences of the stigma by manipulation (3:52). Another interesting study, done by the Clarks, concluded that Negro children viewed the color of their skin (a stigma) as "bad" and had internalized this feeling, resulting in a low self-concept (21:158). These results could be inferred to the situation of a retarded individual who has internalized the negative feedback from other "normals" and has therefore, a lowered self-esteem.

Specifically related to mentally retarded children in special education classes, the research seems to indicate that they are aware of the stigma associated with their retardation (4:13; 24:17). The retarded individual's self-concept becomes more negative upon placement in

special education classes. He is segregated into classrooms with other retarded children, some of whom are physically disabled and/or more retarded than he is. This could only serve to confirm that he is indeed different than most other children. (There is the argument that because a child may be less retarded and/or physically deformed than others in his class, he will develop a more positive self-concept. However, this possible increase in self-concept must be weighed against those times when the child is not in class but rather, is surrounded by normally intelligent people - family, other children at the school, neighborhood children, etc.) The placement in these special classes, in itself, also presents the mentally retarded child or young person with problems. Other normally intelligent children ridicule the retarded; it affects the relationship between retarded and nonretarded friends, it limits the retarded's contacts with normally intelligent children, and it even hurts their chances of employment. How could a child fail to perceive these effects of the stigma of retardation? Granted, these effects may be more severe in some schools than in others, but the research indicates that the stigma and its effects exist and are experienced, to some degree, by many mentally retarded children.

How do stigmatized individuals react to their stigma? There are only a few studies, as cited in Chapter II, to help answer this question. Generally, however, the studies point toward a defensive reaction to a stigma. Defense mechanisms, according to Hammacheck:

> . . . help us preserve our integrity and sense of personal worth when we find ourselves in ego-involved stress situations. . . The protection of self from possible devaluation and thus from anxiety is the very essence of the defensive functions of these mechanisms (15:17).

Defense mechanisms, then, serve to maintain our sense of worth and self-esteem when it is threatened. One type of defense mechanism is denial. Denial refers to the conscious blocking out of certain painful and unpleasant realities by an individual. Actually, there can be two types of denial. One involves, for instance, denial in the sense that the individual honestly does not acknowledge some undesirable characteristic in himself. The other type is a verbal and cognitive denial of some undesirable characteristic even though the denial is contrary to the individual's true feelings about himself (21:155). For example, a person could deny that they are retarded because they sincerely believe that they are not stupid, not incompetent, not different. As such, they could not possibly deserve the

rejection and humiliation that other "normals" heap upon him. On the other hand, a retarded individual could deny that they were retarded, even though they know they are, because they simply cannot stand the ridicule, the hurt, and the humiliation that the retarded are subjected to. None of the studies researched in this paper attempted to designate at what level denial takes place. It is a question that needs an answer, especially in testing for denial among stigmatized individuals.

The related literature provides some discussion and examples of denial by persons with a stigma. Mahl identifies probably the major reason for denial. He states:

> One of the most devastating results of social discrimination is that members of minority groups may internalize the derogatory values and attitudes of the majority and regard themselves as inferior or worthless. When they do, the perception in themselves of these characteristics is the basis for a marked loss of self-esteem. One way out is to deny the perceptions of these characteristics in themselves (21:151).

This contention seems to be born out of the Clark study, cited earlier. In this study, young Negro children denied their own skin color.

The Braginsky and the Edgerton studies are the only studies, that this writer could find, which dealt with denial by retarded individuals. The Braginsky's studied

children in an institution for the retarded. Edgerton's research involved older patients who had been released from an institution for the retarded. By questioning their subjects, the Braginskys' found that 93 percent of those interviewed, denied that they were retarded and gave other reasons for being in the institution (3:14). In his study, Edgerton found that over 90 percent of the subjects in his study denied that they were retarded (6:145). Besides pointing out the shattering impact of the social stigma of mental retardation, the Braginskys do not have any other explanation for the fact that 93 percent of their subjects denied their retardation when they were, in fact, in an institution for the retarded! Edgerton provides us with some insight into this phenomena, however. He states:

> This research has shown, and common sense would agree, that such an accusation of stupidity has a shattering impact. The stigma of having been adjudged a mental retardate is one which the ex-patients in this study rejected as totally unacceptable. Hence, their lives are directed toward the fundamental purpose of denying that they are in fact mentally incompetent . . . Patients frequently viewed their release as confirmation of the error that was made in diagnosing them as retarded (6:145-147).

Thus, it seems as if retarded patients in an institution are able and do deny their retardation because they believe they are not retarded and that some mistake has been made or that they are there for some reason other than retardation.

Edgerton devotes a good deal of space in his book to the process of "passing." Passing seems to go hand-in-hand with the denial of retardation. Basically, if a retarded person denies his retardation, on either of the two levels mentioned earlier, he must try and pass as "normally intelligent." A retarded person cannot keep denying his retardation without trying to conceal it from himself and others. Otherwise, the painful and humiliating attitudes of others will continue to plague him. After all, it is these discrediting attitudes of the normally intelligent that lead to the retardates defensiveness and possible use of denial in the first place. The attempts to pass is extensive, touching most areas of the retardates' lives. They must conceal that fact that they were ever in an institution for the retarded or they must create another reason for their confinement, other than retardation. Also, the employer will rarely hire a person who is unskilled and mentally retarded. Other areas such as marriage, managing money, owning and driving a car, and making new normally intelligent friends, must be managed in a manner that does not reveal their mental handicap. The everyday demands for adequate reading, writing, and using numbers often causes a retarded person, who is trying to pass, great problems.

The retarded person must find ways to get the information ne needs or use little tricks (so as not to appear stupid). About passing and denial, Edgerton writes:

> It should now be apparent that the ex-patients meet some challenges to self-esteem well and others not so well; they pass in some circumstances and not in others; they "get by" in some instances but by no means in all. As a result they cannot fail to realize that their competence in many aspects of everyday life is clearly less than that of the normals with whom they must associate. Such a realization is potentially devastating to their self-esteem, and if the integrity of the self is to be maintained, imputations of stupidity must be denied. The process of denial is continuous (6:169).

For the purpose of this study, it must be theorized whether specifically, retarded individuals in special education classes utilize denial and then attempt to pass as normally intelligent persons.

As far as this writer can ascertain, there are no studies that deal with whether retarded individuals in special education classes use denial and then try to pass. As such, any such conclusions must be generalized from other related studies. The Braginsky and Edgerton studies have documented the use of denial by institutionalized retardates. It does not seem unrealistic to infer that if some institutionalized retardates find it necessary to deny their retardation, that some retarded in special education classes find it just as

necessary. Both groups have surely felt the effects of the stigma associated with their condition - from parents, relatives, teachers, the institution staff, from normally intelligent peers. We know the institutionalized retardates must have experienced the debilitating attitudes of others or why else would they deny their retardation? Both groups also have lower self-concepts, which also points towards their awareness of the negative feelings other "normals" hold for them. Both groups have been placed in special facilities for the retarded. Either institutionalization or placement in special classes cannot come as anything less than a tremendous blow and threat to their self-esteem and integrity. Institutionalization is discrediting in itself, it is another stigma. Special class placement is just as discrediting in that the retarded are isolated from the rest of the school population and even more, are isolated within the school so that their stigma is clearly visible to all other students. It is true that some of the subjects in the Braginsky and Edgerton studies had lower I.Q.'s than we might expect to find in the special education retarded. However, their feelings and attitudes are still just as valid as the retarded with the higher I.Q.'s. Actually, it might be hypothesized that less retarded an individual

is, the more likely it is that he will deny and conceal his retardation and then try and pass as normal. He can do so because he is more competent than the more retarded individuals. Therefore, it is possible that retardates in special education classes are more motivated and adept at denying and passing than are their institutionalized counterparts.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Society has established a system of categories into which we all can fit, if we meet the ordinary and normal expectations that go with each category. Therefore, if an individual possesses some attribute which is not considered as normal, he is quickly labeled as being different and even undesirable. This attribute is called a stigma. Depending upon how visible the stigmatizing characteristic is to others, the stigmatized individual is the recipient of the hurtful, humiliating, frustrating, and devaluating attitudes of others. The stigma of mental retardation, in fact, has invoked perhaps the strongest reaction of any of the other stigma. This is so, according to the research, because the retarded are often thought to be less than human. It has not been that long since many deformed and retarded persons were locked away in rooms or basements because of the disgrace associated with their handicap and because people were afraid of them since they were thought to be less than human, certainly not "normal." This society places tremendous emphasis on intellectual competency and those who lack this competency are forever scorned.

The research indicates that many mentally retarded persons are aware of the devaluating attitudes of others towards themselves. How could they not be aware? Moreover, many retarded individuals apparently internalize this negative feedback and in turn, come to view their stigmatizing characteristic as other "normals" have. This process has been documented a number of times when the self-concept and attitudes of the retarded have been tested. The research indicates that those retarded persons, who have been tested, have a more devaluated self-concept than do their normally intelligent counterparts. Self-concept refers to the image a person has of himself, largely based upon the feedback from significant others and how he, in turn, views this feedback. As such, if the feedback is negative and/or conditional and if the retarded individual perceives this feedback accurately and internalizes it, it follows that the self-concept would be devaluated. According to this writer's research, this certainly seems to be the case. Other studies, such as the Clark Doll Study, seem supportive of this contention.

At the same time, the retarded individual's beliefs about himself are often the same as ours. That is, he may strongly believe that he is a normal, full-fledged human being who deserves the respect and acceptance of others.

The mentally retarded are well aware of their limitations but are just as well aware of their capabilities and accomplishments. As such, there must probably exist a conflict between the acceptance they expect in spite of their handicap and the acceptance that is withheld because of their handicap. How do the retarded resolve this conflict? This paper contends, and there is research to support, that some retardates utilize the defense mechanism of denial. Now remember, there probably exist two levels of denial. First, there are those who deny their retardation because they really do not believe that they are retarded - they are not as stupid and incompetent as others believe and therefore, certainly don't deserve the devaluating attitudes of others. Secondly, there are those who will deny their retardation, even though they know they are retarded, simply to escape from hurtful and humiliating attitudes of "normals." If denial is utilized, at least at the second level, the retarded person must also learn to "pass." That is, he must find ways to appear as normally intelligent so that his retardation is not discovered. As the literature points out, passing is an extensive and continual process. It demands, everyday and in every way, mental competency that the retardate may

simply not possess. Therefore, the retarded person is forced to learn tricks and covers in order to compensate for what they lack intellectually. This passing is accompanied by the day by day denial to themselves and others of their retardation.

Conclusions

The following are the conclusions yielded by this study:

1. There exists a widespread stigma surrounding mental retardation. This stigma is, by definition, devaluating and threatening to the self-esteem of the stigmatized individual.

2. Many mentally retarded individuals are very much aware of the attitude other normals hold toward them because of their stigma. These attitudes are apparently internalized and become part of the retardates self-concept.

3. In order to maintain their self-esteem and integrity, the mentally retarded may utilize defense mechanisms. The research indicates, and this paper supports, that one such defense mechanism is denial and passing. That is, many retardates may deny that they are retarded and then try and pass as normally intelligent.

4. There probably exists two levels of denial. At one level, the retarded person denies his retardation because he really believes that he is not retarded. On the other level, the retarded individual denies his retardation, even though he knows that he is retarded, in order to escape the stigmatizing attitudes of others.

Recommendations

The following recommendations are made as a result of this study:

1. More research needs to be conducted in the area of how the retarded view themselves, their handicap, and the world.

2. An instrument should be designed that would determine whether denial and passing is being utilized by retarded individuals in special education classes and how this defense mechanism affects them.

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