

## MEASURING SEMI-PROJECTIVELY EMOTIONAL ATTITUDES TOWARDS MILD AND SEVERE MENTAL RETARDATION

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### Introduction

This study employs a semi-projective measure to assess emotional reactions to the mildly mentally retarded, severely mentally retarded and the physically disabled.

Using a questionnaire as a source of data we found that while the greater favouritism to the mildly handicapped extended to all three attitude components, cognitive, emotional and behavioural, people expressed more positive attitudes to mental handicap, both to mild and severe, on the emotional dimension than on the behavioural and cognitive dimensions (Weller and Aminidav, 1989). This study examines the nature of the affective component. Specifically, we examined positive and negative affect; that is, are there differences in the way these groups are liked and disliked?

While the literature has shown that the physically disabled are preferred over the retarded (Ashman, 1984; Furnham and Pendred, 1983; Wisely and Morgan, 1981), only a few studies examined

whether there were differences in attitudes towards the mildly and the severely retarded (Gottlieb and Siperstein, 1976; Jones, 1974; Jones and Goffried, 1962; Jones, Goffried and Owens, 1966). These studies were based on nonrandom samples of students (usually education majors) and none controlled for social class and sex which are often related to attitudes toward mental retardation. The failure of the researchers to specify whether the person is mildly mentally retarded or severely mentally retarded is particularly serious, for where descriptive information is not available, it is unclear what the subject's conception is of a retarded person. Gottlieb and Siperstein (1976) contended that the primary reason why data on mental retardation cannot be easily synthesised in a meaningful fashion is due to the failure of the investigator to specify the referent to whom subjects are asked to respond.

Most studies on attitudes toward the retarded employ questionnaires as the research instrument. (Two other frequently used methodological approaches

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are sociometric studies and picture ranking). The limitations of the questionnaire together with the failure to specify the degree of retardation may explain the lack of consistent findings in the area of attitudes toward mental retardation. For example, the findings are inconsistent regarding the effects of sex, social class and religion on these attitudes.

The current study examines sentiment towards the mildly retarded, the severely retarded, and the physically handicapped. It seeks to overcome the limitation of earlier research in the following ways:

- (1) The use of a semi-projective measure of attitude assessment, an adaptation of the Family Relationship Test (Anthony and Benc, 1957), measuring specifically emotional reactions to the retarded;
- (2) A random sample of 360 adults;
- (3) Control for a number of possible confounding variables: social class, sex, country of origin, and degree of religiosity;
- (4) Location in Israel, unlike the other studies undertaken in the United States.

Another objective of this study is to examine the effect of country of origin, namely Israeli Jews of Western, Yemenite and Iraqi origin, on their affective reaction to retardation and physical disabilities.

There is a fundamental difference in attitudes towards disabilities between Eastern and Western cultures. In Western cultures rehabilitation is valued since a high regard is accorded for all life, without regard to age, sex, social class,

physical or mental ability. Its scientific orientation towards illness views mental retardation as subject to professional treatment. In contrast, in Middle Eastern cultures less value is placed on individual life, with the consequence of little concern for the disabled. Attitudes toward the impaired are fatalistic. Disability is often regarded as punishment from heaven, emanating from the spirits, or caused by an evil eye. Persons steeped in an Eastern cultural system are less likely to expect anything from the disabled, whereas persons with a Western value orientation expect the disabled to function at maximal capacity.

Two studies (Mandel *et al.*, 1969; Margalit, 1979) found differences in the attitudes of Eastern and Western parents of disabled children. One study (Palgi, 1962) reported differences in the perception of parents of handicapped children belonging to three Eastern ethnic groups. No study compared attitudes of ethnic group members who did not have a disabled child.

## Method

### Sample

In each of the four cities in the centre of the country, we recorded the names of all parents of third and fourth grade school children enrolled in the public school system. This system encompasses orthodox and non-orthodox schools (private religious schools, attended by the ultra orthodox were excluded). The names of the parents were then classified according to their country of origin - Jews of Western descent, Jews

of Iraqi descent, and Jews of Yemenite descent. Only parents who both belonged to the same ethnic group were included. Parents belonging to other Eastern countries of origin were excluded. Also excluded were families who had a retarded member. The list was further classified according to the father's occupation as listed in the school records. Blue collar occupations were considered as lower class and white collar occupations were coded as middle class.

In sum, respondents were stratified according to the city of residence, religiosity (orthodox or nonorthodox), country of origin (Western, Iraqi, Yemenite), and social class (lower, middle). From the total population of 2127, we selected a nonproportionate stratified sample of 360 students according to the above variables, and also by sex. There were 120 subjects in each of the three ethnic groups. In these, 60 belonged to the lower social class and 60 to the middle social class. Each social class included 30 men and 30 women. Seventy-five percent of the sample was nonorthodox and 25 percent was religious, following the estimated proportion of orthodox to nonorthodox in the general population. Ninety respondents were selected from each of the four cities. Within each subgroup respondents were selected by random sampling.

### *Instrument*

This is an adaptation of the Anthony and Bene (1957) Family Relationship Test, designed to disclose inner

feelings towards one's family.

The original test consists of 20 cardboard figures representing people of various ages from infancy to old age. They are sufficiently ambiguous to allow a person to select figures which represent each family member including him or herself. The figures are attached to cardboard houses with slots on the top.

In the original form, the subject received 86 cards containing statements reflecting feelings of love and hate as well as attitudes towards parental overprotectiveness, with the request to place every card in the relevant slot.

In the current study we selected three boxes, each with an attached ambiguous figure taken from the original. On one was written, Severely Mentally Retarded; on the second, Mildly Mentally Retarded; and on the third, Physically Handicapped.

Fifty-four statements from the original 86 were chosen. They represent nine emotional scales\*, four of which indicate positive sentiment, four negative sentiment and one overprotection (see below).

These nine categories, with representative items, are:

1. Mild positive feelings: "This person is very kind-hearted." "This person always helps others."
2. Strong positive feelings: "I would like this person to kiss me." "I would like this person to like me more than any others."
3. Positive feelings of mother: "Mother spends most of her time with this person." "Mother thinks this person is

\* Two scales, Maternal and Paternal Rejection were not found in the original, but added by Frankel (1964) based on research in the United States and Israel. It should also be noted that not all of the original scales were included in this study.

- the most successful one in the family."
4. Positive feelings of father: "Father really spoils this person." "Father really loves this person."
  5. Mild negative feelings: "This person makes me very angry." "At times this person has no patience."
  6. Strong negative feelings: "I would like to kill this person." "At times I hate this person."
  7. Negative feelings of mother: "Mother is always ready to punish this person." "Many times mother does not pay attention to this person."
  8. Negative feelings of father: "Father is always ready to believe bad things about this person." "Father is always ready to punish this person."
  9. Maternal overprotection: "Mother always worries that this person doesn't eat enough." "Mother always worries that this person is not dressed warmly enough."

This last scale, Overprotection, deals with concern for the type of disability. While on one hand this scale is seemingly positive, concern for the disability may imply the reverse - the person with this disability is in greatest need. Although we consider this scale as measuring negative feelings, its results will be presented separately from the four explicitly negative scales.

The respondents placed each of the 54 items into one of the three boxes: Severely Mentally Retarded, Mildly Mentally Retarded, Physically Handicapped. Each of the respondent's nine scale scores is based on the percentage of items of a given scale assigned to each of the three disabilities. For example, the

first scale, Mild Positive Feelings, consists of six items. If the subject placed three of these items in the physical disability box, two items in the mild retardation box and one item in the severe retardation box, he would receive a score of 50 for physical disability, 33 for mild retardation and 17 for severe retardation.

We did not offer the subjects a definition of mental retardation, for one of the objects of the study was to determine their knowledge of mental retardation. They were requested to complete a 14 item scale on their knowledge of mental retardation as well as reply to an open-ended question, "what is mental retardation?". The most frequent type of response to the latter question concerned intellectual ability (e.g., "low I.Q."). The next frequent type of response referred to causes of mental retardation (e.g., "genetic", "mother fell down when pregnant"). There is no doubt that the subjects were clear as to what is mental retardation.

Similarly, we did not define mild and severe retardation, for one of the objects of the study was to see whether the respondents distinguish between the two levels of retardation. While we cannot claim that all the respondents employed the same criteria in dividing between the severely and the mildly mentally retarded, not one of them had a problem with this distinction.

## Results

Table I presents the mean score for each of the nine scales according to type of disability. Table II presents the results of the two-way analysis of variance, for

**TABLE I**  
**Nine Scale Scores Measuring Negative and Positive Feelings toward Mildly Retarded, Severely Retarded and Physically Disabled.**

	POSITIVE FEELINGS*			NEGATIVE FEELINGS**			
	Mild Retardation	Severe Retardation	Physical Disability	Mild Retardation	Severe Retardation	Physical Disability	
Mild Positive	43.0	11.8	45.1	Mild Negative	17.9	26.7	54.4
Strong Positive	30.7	8.6	60.2	Strong Negative	13.3	61.4	21.3
Positive Feelings by Mother	31.1	29.2	41.7	Negative Feelings by Mother	22.8	58.9	17.9
Positive Feelings by Father	31.9	24.8	41.7	Negative Feelings by Father	21.9	59.3	17.0
				Over-protection***	17.7	57.5	25.0

\* Higher numbers indicate more positive feelings  
 \*\* Higher numbers indicate more negative feelings  
 \*\*\* This scale does not necessarily measure negative feelings

each of the nine scales, where the main factors were country of origin and type of disability. The scales are grouped according to Positive Feelings and Negative Feelings, with the Overprotection scale reported separately.

Examination of Table II shows that none of the scales were significant according to country of origin. In fact, only one of the scales even approached significance, Rejection by Mother, with a  $p = 0.07$ . Thus country of origin is not at all related to attitude towards type of disability. However, on six of the nine scales, there was a significant interaction between country of origin and type of disability; and for four of these scales, the significance level was .001.

Table II shows that Type of Disability was significant at the .001 level or better for each of the nine scales. That is,

people express different attitudes towards the mildly retarded, the severely retarded and the physically disabled.

Table I allows us to determine which type of retardation is most rejected or most accepted. First, the positive scales. For the first positive scale, Mildly Positive Feelings, the mildly retarded (43.0) and the physically disabled (45.1) receive similar scores. The severely retarded receive a much lower score (11.8). The respondents were much more positive as far as the mildly retarded and the physically disabled were concerned than they were with the severely mentally retarded.

On the Strongly Positive Feeling scale, the respondents favoured much more the physically disabled (60.2) than the mildly retarded (30.7), both of whom were better liked than the severely retarded (8.6).

**TABLE II**  
**ANOVA Summary of the Nine FRT Scales according to two main factors:**  
**Country of Origin and Type of Disability**

	POSITIVE FEELINGS							
	Mildly Positive		Strongly Positive		Positive by Mother		Positive by Father	
	F	p	F	p	F	p	F	p
Country of Origin	1.41	-	1.17	-	.21	-	.68	-
Type of Disability	121.13	.001	274.82	.001	13.10	.001	22.22	.001
Interaction	5.82	.001	7.46	.001	1.18	-	.54	-
	NEGATIVE FEELINGS							
	Mildly Negative		Strongly Negative		Rejection by Mother		Rejection by Father	
	F	p	F	p	F	p	F	p
Country of Origin	.02	-	1.78	-	2.77	.07	1.42	-
Type of Disability	158.21	.001	355.02	.001	257.06	.001	301.36	.001
Interaction	7.91	.001	3.21	.05	.98	-	2.62	.05
	OVERPROTECTION							
	F	p						
	F	p						
Country of Origin	.39	-						
Type of Disability	197.21	.001						
Interaction	8.71	.001						

For the scale, Positive Feelings of the Mother, the physically disabled were better liked (41.7) than the mildly retarded (31.1) or the severely retarded (29.2) who receive similar evaluations.

For the last positive scale, Positive Feelings of the Father, the physically disabled received the most positive score (41.7) followed by the mildly retarded (31.9), followed by the severely retarded (24.8).

**Summary of Positive Feelings Scales:** On each of the four scales, the physically disabled are more liked than

either the mildly or severely retarded. On each of the four scales, the mildly retarded are more liked than the severely retarded (although on the scale, Positive Feelings by Mother, the difference is slight).

On the first negative scale, Mild Negative Feelings, the physically disabled received the largest proportion of negative feelings (54.4) followed by the severely retarded (26.7), followed by the mildly retarded (17.9).

On the Strongly Negative Feelings scale, the severely retarded received the

largest number of negative feelings (61.4), followed by the physically disabled (21.3), followed by the mildly retarded (13.3).

On the scale, Negative Feelings by the Mother, it is the severely retarded who received the majority of negative feelings (58.9) with the mildly retarded (22.8) and physically disabled (17.9) receiving similar but much lower scores.

The results of the scale, Negative Feelings by the Father, was similar to that of the previous scale: the severely retarded received the majority of negative feelings (59.3), with the mildly retarded (21.9) and physically disabled (17.0) receiving considerably less negative statements.

The Overprotection Scale results are similar to those of the above three scales. The severely retarded are seen as in need of most protection (57.5), followed by the physically disabled (25.0) and the mildly retarded (17.7).

**Summary of the Negative Feelings Scale:** With one exception, the severely retarded are not only disliked more than the mildly retarded and the physically disabled, they are about 300% - 350% more disliked. They are also seen (in the same proportion) of needing more protection. The findings are not clear with regard to the difference between the mildly retarded and the physically disabled.

**Summary of Positive and Negative Feelings:** The pattern of the results of the nine scales is fairly consistent. The physically disabled are liked the best, the severely retarded the least, with the mildly retarded in-between.

**Summary of Interactions:** Interactions were found for six of the nine scales. The interactions seem to be focussed on the Iraqi - physical disability cell. While the pattern is not completely consistent, there seems to be a tendency for Israelis of Iraqi origin to be more negative to the physically disabled than the two other ethnic groups.

### *The Effects of Class, Sex and Religiosity*

To examine the effects of social class, sex and religiosity on attitudes towards disability, we conducted four 3-way ANOVAs for each of the nine scales. In these analyses two of the three main effects, type of disability and country of origin, remained constant and either country of origin, social class, sex, or religiosity served as the third main effect.

Neither country of origin, social class, sex or degree of religiosity was significant on any of the nine scales. On two of the scales, Mild Positive Feeling and Mild Negative Feelings, there was a significant interaction ( $p = .05$ ) between social class and type of disability, and on two scales, Mild Negative Feelings and Strong Negative Feelings, there was a significant interaction ( $p = .05$ ) between religion and type of disability. No consistent trend was found for the interactions.

## **Discussion**

The major findings of the study are that people hold more favourable attitudes toward the physically disabled than to the retarded and are more favourable to the mildly retarded than to

the severely retarded. Since the preference for the physically disabled over the mentally retarded has been well documented in the literature, we will restrict our discussion to a distinction almost always overlooked by researchers: the differential sentiment towards the mildly and the severely retarded.

The findings have a serious implication for research on attitudes toward mental retardation. In virtually every study the investigator asks the respondent to relate to a mentally retarded person without specifying the level of retardation. Some respondents may relate to a mildly mentally retarded person while for others "mentally retarded" may evoke the image of a severely retarded individual. It is possible that one segment of the population will more likely think of a mildly retarded person while the conception of another segment will be that of a severely retarded person. Will the images evoked by the term "mentally retarded" be the same for men and women, lower class and middle class, religious and nonreligious? This failure to specify the referent would seem to be a confounding factor in attitude research on mental retardation. It may explain why the findings are inconsistent with regard to such factors as sex and social class.

Rott (1971) notes that the severely retarded were always identified, even in the most primitive societies. They were virtually always denigrated, and sometimes killed. Mild retardation is a modern phenomenon - a result of Western societies' emphasis on academic success. Severe mental retardation is often viewed

in the context of the medical model that considers it pathological, whereas mild mental retardation is a stigmatization resulting from failure to fulfill societal expectations in a number of areas, particularly in school. Friedson (1965) sees retardation as a form of deviant behaviour, with severe mental retardation being considered incurable, causing the person to deviate from societal norms. Mild retardation is viewed as not causing the person to deviate from society's norms and therefore more acceptable. This is consistent with Festinger's (1954) theory of social comparison, which avers that the more deviant are more rejected. Scott (1969) and Lofland (1969) maintain that the severely mentally retarded create feelings of fear and threat; they are seen as strange, creating a feeling of a need to be protected from them. All these perspectives lead to the same conclusion, the more retarded are more rejected.

Another major finding was that the severely retarded are much more disliked than the mildly retarded when the respondents were asked to express negative feeling than when asked to express positive feelings (although here too the severely retarded were more disliked than the mildly retarded). Perhaps when asked to express positive feelings, the respondents were better able to control their feelings, giving the socially correct response. When expressing their negative feelings, however, they reacted by expressing their true feelings. Stated somewhat differently, people are generally very negative toward the severely retarded. It is only in the positive statements that the interviewees were able to

somewhat temper their core negativism by their cognition that they should be more positive.

We did not find any sex, social class, religiosity or ethnic effects on attitudes toward mental retardation.

While most studies have shown women to be more positive than men on attitudes towards mental retardation (eg. Fiedler and Simpson, 1987), there are other studies which show the reverse or no difference (eg. Furnham and Pendred, 1983). The failure to find sex difference is not inconsistent with previous findings.

The failure to find social class effects is consistent with the inconsistent findings in this area. Some studies find the lower class more positive (eg. Klebanoff, 1966), some find the middle class more positive (eg. Phelps, 1965), while others show no difference (eg. Cohen, 1963).

There was no strong foundation for assuming differences between the two Eastern groups, Iraqi and Yemenite, and thus the lack of difference between these two groups is not unexpected. However, we anticipated, but did not obtain, a significant difference between the attitudes of Israelis of Western origin and Israelis of Eastern origin.

Had we found a social class effect, without the ethnic effect, we would not have had any difficulty in explaining this result. Because of the overlap in Israel between country of origin and social class, when social class is controlled, ethnic differences disappear or are significantly diminished (Weller, 1974). This was exemplified in recent studies on breast-feeding (Tzuriel and Weller, 1986) and

on marital satisfaction (Weller & Rofe, 1988). However, class effects were likewise not found.

The literature was primarily based on immigrants or their children who, were partly, if not largely, raised outside Israel. All our sample, on the other hand, was born in Israel. Thus to the extent that the posited attitudes existed in the first generation - and we note that there are but few studies in Israel on attitudes towards mental retardation (and most of these with small and nonrandom samples) - these differences appear to have disappeared in the "melting pot" of Israel. Exposed to many common experiences and cultural themes, the entire Israeli population is subjected to many unifying influences. For example, everyone - including women - must serve in the army; for many years there was only one television channel, so that everyone watched the same programmes; there is compulsory education, and everyone attends the same schools with a uniform curriculum.

Finally it is refreshing to report that the current findings employing a questionnaire approach yielded similar results to those based on a questionnaire given to the same population, for both the Jordan questionnaire (Weller and Aminidav, 1989) and the Family Relation Test showed the severely retarded to be more rejected than the mildly retarded. Far too frequently the literature reports diverse findings when different measures are employed. For example in a study examining the attitudes of Israeli Jews to Arabs, different feelings were reported when the measure was based on the

social distance scale than when based on the semantic differential scale (Weller and Rofo, 1981).

## Summary

Emotional attitudes towards the mildly mentally retarded, severely mentally retarded and physically disabled are examined by means of a semi-projective test, an adopted Family Relationship Test, with special attention given to the effects of country of origin in Israel on these attitudes. The effects of social class, sex and religiosity were also studied. The random sample consisted of 360 adults in the Tel-Aviv area. The findings indicate that the physically disabled are liked the best, the mildly mentally retarded next and the severely mentally retarded the least. Neither country of origin, social class, sex or religiosity significantly affected any of the nine scales.

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