THE RELATIONSHIP BETWEEN AGGRESSION AND
PARENTAL CONTACT IN INSTITUTIONALIZED
MENTALLY RETARDED MALES

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By

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CHAPTER I

INTRODUCTION

Nature of the Problem

This study is concerned with the effects of parental contact on institutionalized mentally retarded males. It is designed to determine if there is a relationship between parental contact and the amount of overt aggression expressed by the child in the institution. It is also designed to determine if there is a relationship between the child's sociometric status and the aggressive behavior he expresses.

Institutionalization of a child not only brings new problems and adjustments for the child, but it also brings many new problems and adjustments for the parents. The attitude of the parents both before and after the child is institutionalized is vitally important to the child's emotional growth. The parent's role in the emotional growth of the child does not end with the placement of the child in an institution.

Little attention has been given to the factors which may make it difficult for parents to maintain or develop meaningful ties with their retarded child who is in an institution. By contrast, considerable study has been made of the impact on the family when a retarded child lives at home (10), of the
style of family organization and its effect on a family's ability to cope effectively with this strain (11), of the influence of different religious (45) or racial patterns (42), and the impact on siblings of varying ages and both sexes (12). Today there is a renewed emphasis on the family as a vital force in determining the child's sense of identity—of who he is and where he comes from. This renewed emphasis on the family has presented a growing dilemma for parents who have severed this tie.

Research on the variables affecting the family before and after the severing of these family ties has been concentrated in limited areas. Little has been done to discover the variables affecting the initial and subsequent adjustments of the child in the institution. Even less has been done to analyze the relationship between the child's behavior subsequent to institutionalization and his new and different relationship with his parents. It is hoped that this study will contribute to the knowledge in this area.

The term mental retardation in this study is defined as an intellectual deficiency and a lack in other functions that are a result of this low intellectual development. The causes of this low intellectual development encompass genetic factors, brain disease, and injury (9, pp. 140-141). There has been an increasing tendency in the area of mental retardation to classify the child according to his present and potential intellectual ability. There has been an increasing
use of the terms educable, trainable, and untrainable instead of moron, imbecile, and idiot respectively.

Related Research

The degree of emotional stability obtained by the retarded child is largely determined by the attitudes of the parents toward the child. It is, therefore, important to understand the factors that affect the parent's attitudes toward the child. The behavior of the institutionalized retarded child must be investigated with an understanding of the roles that are played by the parents, the institution, and the child's peers at the institution. The primary interest of the present study is the effect of parental contact on the behavior of the institutionalized mentally retarded child, and the specific behavior under investigation is overt aggression.

The Parents of Mentally Retarded Children

Winegold (43) emphasized the importance of the retarded child's first contact with society in the form of the family group. Winegold stated that parents must act positively or the child is doomed. Thurstone (41) has also emphasized the attitudes and emotional reactions of parents of retardates as of crucial importance in planning for the child's effective treatment and rehabilitation. Workers in the field of mental retardation tend to believe that the handicapped child's
attitude regarding himself and his handicap is in major part determined by parental reactions toward the child and his disability (22, p. 556). There appears to be a definite need for those who work with mentally retarded children to be aware of parental reactions toward the child and his disability, and the possible effects of such attitudes on the social and emotional development of the child.

In general, the initial impact of awareness of having a retarded child brings with it a period of shock, bewilderment, anxiety, fear, guilt, and disbelief. This is frequently followed by a time during which the parents vacillate between unrealistic despair and equally unrealistic hope. The parents run from one "expert" to another in the search for someone who can give authoritative denial to the bitter facts. At the very least, feelings of realistic sorrow and disappointment are inevitable.

The kind of adjustment which the parents make depends on a great many variables that are both internal and external. Aside from the many personality and socioeconomic factors which are involved, some degree of relationship appears to exist between the parents' intellectual level of functioning and the quality of the acceptance that the child achieves. In general, the lower intellectual groups appear to be somewhat better able to accept the fact of the retardation. Such families experience less serious or long-lasting emotional disturbance. These families usually do not have
high intellectual ambitions for their children. Since many are themselves largely dependent on social agencies, hospitals, and clinics, the child's inability to get along in the world without constant supervision and external assistance is not in itself a source of deep concern.

The more intelligent parents, however, appear likely to suffer more acutely under the impact of the tragedy. They tend to belong to higher educational and socioeconomic levels and are apt to place a greater emphasis on intelligence in their own value-systems. A genuine acceptance of a child who is inferior in this respect becomes especially difficult for them. In addition, the disparity between the achievements of their retarded child and those of the other children in the family is usually extremely obvious. So, too, are the many social and interpersonal problems involved in the relationships of the retarded child with other children in the neighborhood (31).

Many parents may feel the birth of a mentally defective child suggests a taint in the family stock—a question as to the purity of the family blood strain, referred to by Stone (38) as the "symbolic meaning" of the defective child to his parents. Sheimo (36) noted that parents of defective children seek a negative answer to the question, "Is our child's mental retardation due to his heredity?" Sheimo inferred that the uncertainty as to whether or not a child is congenitally defective may explain why parents often go from one
doctor to another seeking a definite answer to the origin of the deficiency (44).

It is reasonably safe to say that, apart from the specific factors which influence a parent's ability to accept and to adapt to the situation, the arrival of a retarded child brings to any family very difficult and very real problems. In the face of such realistic emotional tragedy, the use of psychological defense mechanisms is not necessarily pathological. Denial may serve a constructive function if it is employed chiefly to spare the individual from too profound and too sudden shock, delaying a more realistic acceptance until he is better prepared to cope with the situation. Denial, however, may become extremely complicated, and even develop into delusional proportions, distorting judgment in other areas. Many parents go to a clinic with the belief that their child's major, if not only problem, lies in the area of speech. Sheimo (36) stated that parents' denial of the child's deficiency seemed to be an important element in their defense mechanism and very necessary in the maintenance of their self-esteem. Most psychologists and social workers agree that parents are resistant to accepting the fact that their child is mentally retarded. Stone (38) noted that some parents refused to recognize that certain characteristic behavior in their child was abnormal, and these parents tended to state that causes other than mental retardation were responsible for deviation in the child's
behavior. Often a part of the defense set up by parents is a refusal to recognize the limitations of any treatment. The reaction of still other parents as observed by Thorne and Andrews (40) is to abandon the child as quickly as possible, that is, to place him in a state institution and make no further effort to contact the child.

Mead (29) pointed out that in competitive American society, a mother may not feel free to love her child completely unless he measures up to his contemporaries. The experts then berate her because she does not love her child enough. Thus, she is faced with conflicting desires—cultural acceptance, and complete acceptance and love of her defective child. When an only child proves to be mentally defective the frustration of the parents may be increased since, as Grebler (18) pointed out, parents often feel their own lives go on after death in their offspring.

The tremendous blow to the self-esteem which the birth of a retarded child sometimes brings is more readily understood in the context of the neurotic pride of accomplishment and feelings of fulfillment of societal expectations with which many pregnancies become invested. In an already self-depreciating individual, the feelings of worthlessness may increase to the point of suicidal fantasies, if not to actual suicide. Here, the child is regarded as an externalization, demonstrating to the world the parent's self-concept of basic inferiority. Rationalizations, often extremely
remote, may then occur in order to preserve the threatened ego-structure. Commonly, the parent searches for an "explanation" for the situation which will preserve the self-esteem and absolve the individual from feelings of guilt. A mother may thus attribute the child's retardation to a minor illness or accident which occurred during pregnancy, and maintain this belief in spite of all evidence to the contrary. The blame may also be projected onto someone else who is thought of as having damaged the child—frequently the delivering obstetrician. There is also a tendency for the parents to blame each other for the tragedy, which leads to endless recriminations, accusations, and counteraccusations. Unfortunately, constructive mutual support between the parents is a relatively rare happening. More often the situation becomes a springboard for bringing to the fore hitherto repressed mutual antagonisms. The growing disparity between the parents then tends to feed upon itself, and within a relatively short period of time, a highly complicated framework of suspiciousness, fear, distrust, hostility, and ensuing guilt develops.

Pre-existing wishes, desires, and hopes may now become the basis for apparently justified demands and claims with features of righteous indignation and retribution prominent. Feelings of martyrdom, with neurotic expectations of reward, may further complicate the picture. Hitherto repressed hostility tends to break through and is supported by
rationalizations. When the repressed hostility is directed toward the retarded child himself, it may be masked by over-concern, over-indulgence, and over-protection on the part of the parent.

The use of the retarded child, in the service of the neurotic needs of the parents is sometimes stated quite explicitly by the parents themselves. Many parents have observed that, after all, there are advantages in having a retarded child, which other children cannot provide. The parents may point out, for example, that the child can never grow up and leave them, or that because of the child's helplessness they will always have a purpose in their own lives. A more dramatic example is provided by the mother who said, "Nobody in the world ever really needed me except this one little child. Thank God that he will need me forever." On the other hand, some parents respond with increasing tendencies toward depersonalization, detachment, and withdrawals. Some of them feel as if it was all happening to somebody else. Others tend to withdraw from society into the protection of their homes. A symbiotic dependence may also develop between the parent and the child which, in the extreme, is felt to be the only relationship which is real (31, 41, 43).

The Parents and Institutionalization

The family is so vitally important that any substitute for the child's own home is viewed cautiously. When
circumstances make it necessary to take a child out of the home, it is accepted as second-best arrangement (31, 41, 43). Whenever a child is placed in an institution, it usually means, therefore, that an overwhelming reason to place the child away from home has confronted his family. The implications of this decision—to parents, to others in the family, and to the child himself—are profound. The assumption is usually made that the family will continue to think of itself as the continuing and primary touchstone for the child, yet this does not occur automatically. Parents usually make the decision to place a child in a residential institution with mixed feelings.

In the weeks following the departure of the child, there comes a letdown, a period of release and relief alternating with nagging doubts about the necessity of placing the child in an institution after all. When this ambivalence exists and persists, it is difficult for the parent to behave consistently and spontaneously toward others, toward the child, toward his brothers and sisters still at home, and toward the staff of the training school.

This basic story is affirmed by most parents who have placed a child in an institution. Almost without exception, there is a note of apology in their voices when they reveal that their son or daughter is away at a school or home. There is a hesitancy lest they be judged and found wanting in faith or patience (31).
Parents who have placed a child in an institution are unable to get support for their decision from locally organized groups of parents. Most of the meetings are concerned with interpreting the needs of retarded children to the public and to the development of community programs for the retarded. The parent whose child is away soon realizes that the day schools, camps, and workshops which the organization is working toward will not profit the child in the institution.

Even if things go well in the absence of the child, an illogical, but nonetheless real, doubt may be felt which might be something like, "We shouldn't have it so good. We don't deserve this relief." Before the placement, the parents may feel, "We don't deserve to have him at home. He might spoil chances for the other children."

When these ambivalences, misconceptions, and conflicts are present, they are bound to influence behavior. Such feelings may make it hard for the parents and children to visit the training school. A parent may make promises which he knows he cannot keep and may blame the rules of the institution, the staff, the physician, or the social worker for his own failure to follow through.

It might work in another way. Parents would not dare to speak up about the defects of the institution lest in some way the child's situation there be affected adversely. Parents also might not dare to become thoroughly acquainted with the institution lest they find it so clearly undesirable
that they would have to face the fact that placing the child there was unsuitable. Parents cannot admit the weaknesses of the institution to themselves (31).

The Role of the Institution

The foregoing statements relate primarily to the attitude of the parents toward placement of a child in an institution. Current emphasis on the role of the institution as a training center, not a terminal placement, has complicated the picture rather than simplified it for parents. Placing a child in an institution is no longer considered a lifetime decision. In the last decade, recognition that retarded children do grow and can be taught has become evident. This implies that the needs of the retarded, like those of all other children, are not fixed and static. As they change over the years, new demands on both the family and the institution emerge. A different plan for the child may be indicated as the child grows and his needs change. For the first few years, family life may be desirable; at a later time, schooling available only in the institution may be needed, after which the young adult will return home.

The family, therefore, has to be ready to let the child go, and at the same time, to be willing to assume a receiving posture again. Unlike the severing of dependent ties through normal adolescence, these parents may have to take the young adult back. The normal young adult son or daughter may return
to his parents in a new role as a friend and more-or-less equal, or in the role of a dependent child still needing their guidance and protection.

Many retarded children no longer spend their entire lives in the institution. There will, however, continue to be those so severely damaged that they will need hospital or custodial care all of their lives. For many others, the institution itself must change. It must become a dynamic place with a program which can grow as the resident changes and grows. If this is to come about, the institution must develop a different relationship with the community. The institution no longer can attempt to answer everything, since certain necessary services may be available on a more skilled or efficient basis outside its gates. Instead of attempting to reproduce within the institution all of the varied services a child may need throughout his life, the institution, too, will have to reach out to the family. These factors influence the thinking of the family, and pose new problems for the staff of the institution as well (31, 41, 43).

The Child and the Institution

The major difference between the retarded child and his normal peer rests in the retarded child's ego limitation. This limitation seriously interferes both with his capacity to obtain through his own efforts optimal needed satisfaction and with his capacity to meet environmental demands. He needs
to depend much more on help from others than does the normal child. To the extent that he is surrounded by lenient, supportive adults, he may make an adequate emotional adjustment. To the extent that important adults are inconsistent in their attitudes, overly demanding, undependable, and non-supportive of his efforts, the retarded child's needs emerge with greater urgency. When he finds the demands made upon him confusing or impossible to meet and when his necessarily limited accomplishments are unappreciated or ridiculed, certain behaviors may become intensified.

When such a child is institutionalized certain behaviors may appear in order to assure stability and maintain status. The child may show a need to control, to withdraw from situations, and to rely on stereotyped responses. Not all retarded children use these modes to a significant degree, but these symptoms are more readily exploitable for such purposes than in normal children (23). Robertson (33) took movies of a two-year-old in a hospital, which shows the process by which a child settles in. The child is initially resistant and negative and refuses the attention of nurses and staff, but finally becomes docile and manageable. If the docile and withdrawn behavior continues for any length of time without the frequent and regular appearance of the parents, the child could be seriously damaged by the deprivation. This could result in profound personality changes which would mean that the child would make only superficial
contacts with others, not daring to invest himself closely in another. The child's good behavior in the absence of his parents might be partly to prove that he is good enough to go home, and partly to hide from himself how desperate he feels. The child may try to protect himself from further painful departures by appearing not to care. At this point it is important for the child to receive support from parents, teachers, siblings, and other important persons so that he may feel much less threatened by his inabilities. Inability does not need to lead to a feeling of shame and nonacceptance of the child. Accepted children, although they may intellectually lag far behind their chronological peers, are able nondefensively to admit to, and not be threatened by, lack of knowledge and skill. The retarded child is able to lead a comparatively happy, nonanxious and, within his limitations, a productive life. Frequent, regular visits not only assure him that he still has a mother and a father, but help him release his anxious feelings which otherwise can remain frozen within him too long, causing real disturbance. Continued reassurance from his parents gives the child a knowledge of who he is and the will to live and grow.

Most institutions restrict visiting hours stringently. Many forbid visits at all for the first six weeks or more. After such a period a child may become unreachable.

The behavior of children who leave the institution to come home for a visit is frequently puzzling to the parents.
Usually the retarded child will test out his parents with behavior which is demanding and requires the greatest ingenuity to handle. It is difficult to keep the retarded child in line and at the same time give him reassurance that he belongs and is valued for himself alone (8).

A study done by Stein and Longenecker (37) pointed out important discrepancies among the kinds of achievement expected by own parents and parent substitutes on three scales: authoritarian-control, hostility-rejection, and democratic attitudes. Own mothers and psychiatric staff members were least in favor of authoritarian-controlling attitudes while house-mothers and attendants were most in favor. The high and low scoring groups were less consistent for the other two scales. The scales were positively correlated with age and negatively correlated with education. This study pointed out important discrepancies among the kinds of achievement expected by own parents and parent substitutes of different ages and educational backgrounds. These discrepancies among the kinds of achievement expected by own parents and parent substitutes create serious communication problems because effective treatment requires active cooperation among these different persons.

Sociometric Studies of Children

Although sociometric results vary from group to group, there are some common patterns. To begin, Moreno (32) pointed
out the tendency for more group members to occupy the lower sociometric status positions than the higher sociometric positions, thus giving an uneven distribution of sociometric choices. Sociometric results show no difference in the degree of acceptance of either sex among their peers; therefore, there are an equal percentages of boys and girls who are socially neglected or isolated. This uneven distribution will remain when the number of choices allotted to a sociometric criterion are increased. Those students occupying a high status position will receive an undue proportion of new choices and the majority of the isolates will remain unchosen (2).

Sociometric choices between girls and boys can be limited by the criterion that is chosen. The choice may be dependent upon a particular activity. Some institutions promote a separation of the sexes such as separate playgrounds for boys and girls, and encouraging boy-girl competition in the classroom.

A mutual choice occurs when two group members choose each other on the same sociometric criterion. The degree of socialization among the group members is determined by the number of mutual choices in a group. Usually the low sociometric status categories are occupied by pupils without mutual choices. This happens because the low status members tend to choose high status members, who in turn choose high status members. Low status group members, therefore, do not have their choices reciprocated. It has also been noted that relatively few mutual choices are between members of the
opposite sex. The average boy or girl has two mutual friends among his classmates. Moreno's hypothesis that girls tend more toward socialization than boys is supported by the fact that there is a greater tendency of girls to form mutual pairs. It appears that this tendency is greatest during the adolescent period, where the difference between boys and girls in mutual choices is the greatest (19).

The interpersonal environment is a powerful determinant of development, and along with this notion is that the interpersonal environment of the child is composed predominately of peer group relations. Both of these factors are important in educational and institutional settings. Any given interpersonal environment may be assessed as facilitative or restrictive of development. Thus, against school and institutional standards of training, achievement, and performance, it is important to know the extent to which the peer environment rewards or penalizes members differentiated on abilities. Dentler and Mackler (8) hypothesize a persisting relationship between mental ability and sociometric status. Clampitt and Charles (4) studied 164 mentally retarded children using three sociometric choices for eating, playing, and working. The correlation between the sociometric choices and Stanford-Binet IQ was .34. Dentler and Mackler (6) obtained a .50 Pearson correlation between the Porteus Maze scores and sociometric status for twenty-nine mentally retarded children. Farber and Marden (12) used seventy-seven mentally retarded
children and sociometric choice of three best friends. The correlation between the sociometric status and Stanford-Binet was a .40 Spearman correlation. Hays (21) used only one sociometric choice of best friend and correlated it with the Stanford-Binet for 127 mentally retarded children. Hays obtained a biserial correlation of .43. McDaniel (26) used the WISC and one sociometric choice for four questions: "Who would you like to sit next to at lunch? Who would you like to sit next to at a movie? Who would you like to play with? Who would you like to work with?". With fifteen mentally retarded children McDaniel obtained a .35 Spearman correlation. Sutherland, Butler, Gibson, and Graham (39) used two choices for seven different situations. Using the Stanford-Binet on 205 children he obtained a .34 Pearson correlation. Gronland (20) pointed out, however, that little has been done to develop measures of the kinds of abilities that might be assumed to have particular relevance as determinants of status.

Hays (21) studied a group of female retardates whose IQ's ranged from 50 to 70. He used only one sociometric choice for the question, "Who is your best friend?". Hays found mutual choice based more closely to MA than to IQ or CA. Some isolated groups existed on the basis of length of residence. Sutherland (39) found mutual choice related to age when his subjects were females with IQ's ranging from 20 to 70.

Bayley (1) found mothers of high status children tended to be more warm, understanding and accepting than those of
lower status children. Lower status children's mothers tended to be more controlling, irritable, and punitive.

Dentler and Mackler (?) studied twenty-nine newly arrived boys at a state institution for the mentally retarded. Their mean age was 9.6, and mean IQ was 56. Using sociometric choices Dentler found that group status initially correlated highly and positively with mental ability, social initiative as measured by observed frequency of attempted contacts with peers, and restriction of contact as measured by frequency of aide discipline. In the second month of cottage life, following severe restriction by aides, these relationships changed; the abler, hence more frequently restricted boys, experienced a decline in status.

McNeil (27) studied emotionally disturbed and delinquent children at a "fresh air camp". Counselor ratings supported the impression of different patterns of aggression with different implications. Children who initiate fights tend to swear, call names, sulk, and become aggressive in competitive games. They were neither more accepted nor rejected by the nonaggressive children.

French (14) gave a group of eight to ten year old children the Aggression Sociometric Index and a rejection measure that combined role concept rejection and nurturance rejection into one score of perceived rejection by each parent. French found a positive relationship between peer-perceived aggression and perceived rejection by the parent. A significant
correlation was found between aggression and rejection by father and rejection by both father and mother. French also found aggressive activity often motivated by a desire for attention.

In Dayan's (5) study of adaptive behavior and socio-metric status among the mentally retarded there was a high agreement with the generalization that individual adaptive behavior is positively and significantly associated with rejected status. Gordon's (17) investigation of normal children found that aggression in childhood can be reduced by the arousal of the affiliation motive.

**The Child and Aggression**

Aggressive or hostile behavior is not only nonintegrative behavior, but it is behavior that is learned directly from the environment. Meyer (30) found aggression to be related to a lack of parental closeness, understanding, responsiveness, and democracy. Aggressive and hostile behavior, thus, are more likely to develop in homes which show neglect or isolation, lack of acceptance, and arbitrary discipline. Glueck (16) studied 500 persistently delinquent boys and compared their family relationships to those of a group of nondelinquent boys. Glueck found that the delinquent boy's home lacked supervision, the exercise of control, and democracy in the disciplinary methods used. The continuing frustration in the home and the lack of dependable affection
seemed to predispose the delinquent boys to anger, mistrust, and hostility. McCord (25) contrary to Glueck's study, found that aggressive children were more closely supervised by their parents. McCord's study agreed with Glueck's that the children were exposed to inconsistent methods of discipline, the mothers were dominant, and the parents were punitive but placed low demands on the child. Mandel (28) found that aggression may indicate a need for contact with others. Finney (13) found that maternal nurturance lessens the child's pessimism and passive aggression. Buss (3) noted if frustration continues or the individual is confronted with a succession of frustrating situations stemming from the same source, anger gradually blends into hostility.

How aggression is measured depends upon which theory one adopts as underlying the dynamics of behavior. One theory is instinctual and drive oriented and the other is based on a general theory of action and learning. Researchers who have used the action theory tend to use social behavioral measures. Those theorists who lean toward the instinctual view have tended to emphasize the use of projective techniques. One such projective technique is the Thematic Apperception Test which has been disappointing for relating to overt aggression. Sanford (34) and Glueck (16) both found that needs reflected in fantasy were not significantly manifested in real behavior. Likewise, Lipman (24) failed to find any difference between
the overtly hostile children and the model children, on the Rosenzweig Picture-Frustration Test.

The action theory makes no assumption about any internal instigator that must be uninhibitedly tapped. It presumes that whole classes of aggressive acts are learned as responses to many different stimulus situations. By stimulus generalization these acts come to be evoked by great ranges of stimulus, both internal and external, including those that are symbolic or have imaginal qualities only. Measurement in this case depends on the strength of specifically defined aggressive actions in specifically defined stimulating conditions. Adequate reliability is established if stable and theoretically meaningful relationships can be found between a given measure of aggression and some past experience or concurrent situation. The latter of these two theoretical approaches as presented by Sears (43) will be the foundation of this study.

The literature cited above is relevant to the present study in that it gives an indication of the need for such an investigation and it offers some implications as to what might be expected in the results. This study is undertaken to provide a basis for further research in this area.

Purpose of the Study

The institutionalized mentally retarded child has many difficult adjustments to make as he grows and becomes more
aware of himself and his environment. The institution can provide little support for the child going through any difficult period of adjustment. Responsibility for such support implies parent-to-child contact. There is no uniform amount of contact that is maintained between parent and institutionalized child. The purpose of this study is to determine the possible effect of varying amounts of parental contact on the behavior of the institutionalized child. The effect that is being investigated is overt aggression. Also, the variable of peer support will be studied because of its important role when there is a lack of parental support. "Peer support" or "peer acceptance" is defined in this study in terms of the number of sociometric choices a child receives from his peers.

Hypotheses

On the assumption that certain variables have an effect on the child's overt aggression, the following hypotheses have been formulated:

Hypothesis 1. There will be a statistically significant negative relationship between the amount of overt aggression expressed by the child and the amount of parental contact.

Hypothesis 2. There will be a statistically significant negative relationship between the amount of peer acceptance and the amount of overt aggression expressed by the child.

Hypothesis 3. There will be a statistically significant negative relationship between the amount of parental contact
and the amount of peer acceptance of the child.
CHAPTER BIBLIOGRAPHY


35. Sears, Robert, "Relation of Early Socialization on Experiences to Aggression in Middle Childhood," *Journal of Abnormal and Social Psychology*, LXIII (November, 1961), 466-492.


CHAPTER II

METHOD

Subjects

The Ss under consideration were twenty-four males between the ages of eight years, six months, and fifteen years, seven months. The Ss were residents of a state institution for the mentally retarded, located in a metropolitan area. This age group was chosen for several reasons. Their institutionalization was a relatively recent event for most of the boys. They were still dependent upon the adults in their environment for guidance and emotional support. It was felt that interaction among all the boys would be greatest if the range in ages was kept as small as possible. Aberle and Naegele (1) and Ausubel (2) found that parents place more emphasis on the conduct of boys than on that of girls; therefore, the sex of the child may have an effect upon the parents' relationship with their child. All of the Ss were judged to be mentally retarded at the educable or high trainable level judged by their performance on an intelligence test taken prior to admission to the institution. The sample of Ss was chosen by utilizing all the males admitted to one particular cottage who had resided there for at least one year prior to this study. Table I summarizes factors related to the Ss utilized in this study.
TABLE I
A SUMMARY OF DATA OBTAINED FROM CASE RECORDS

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<td>Age</td>
<td>8.8 -- 15.7</td>
<td>11.8</td>
<td>1.09</td>
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<tr>
<td>IQ</td>
<td>41 -- 74</td>
<td>61</td>
<td>8.60</td>
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<tr>
<td>Length of Residence</td>
<td>1 -- 6.3</td>
<td>2.7</td>
<td>2.16</td>
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Materials

Each cottage is required to keep a log of daily activities from the taking of medicine to any fights between the boys which cause physical injury to one or both of the boys. An entry is made in the log when any child is confined to a lock-up-room. This restriction occurs when the child commits a serious aggression against a cottage parent or another child. A child may also be confined for breaking a rule intended to prevent him from hurting himself or others. For lesser aggressions restrictions are placed on the child barring him from participation in special activities. For each child a record of visits is maintained in his personal file. In his file are the dates and lengths of visits.
Design

From the child's personal file the amount of time in terms of days that the child spent with his parents is recorded. Because of the various distances involved, the number of days spent with the parents, instead of the number of times they visited, are recorded. Parents of nineteen of the children were in the Dallas-Fort Worth area. Two were as far away as 250 miles.

The cottage log listed the number of aggressive conflicts for the past year. Added to these conflicts were the number of times the child was confined to lock-up.

For each child a sociometric rating was obtained by asking each child to rate his peers on three different questions.

Table II summarizes the variables that are being studied.

TABLE II
A SUMMARY OF THE TESTED VARIABLES

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<tr>
<td>No. of Days of Parental Contact</td>
<td>0 - 144</td>
<td>48</td>
<td>34</td>
</tr>
<tr>
<td>No. of Aggressions</td>
<td>0 - 10</td>
<td>2</td>
<td>2.33</td>
</tr>
<tr>
<td>No. of Sociometric Choices</td>
<td>0 - 16</td>
<td>4</td>
<td>3.55</td>
</tr>
</tbody>
</table>
Procedure

Each child was categorized as either high, medium, or low in aggression. Each child was also categorized as to either high, medium, or low in total amount of parental contact.

A sociometric test was orally administered separately to each child. Three questions were asked: 1) "Who do you like to go to the movies with and sit next to during the movies?" 2) "Who would you choose to help you clean up the dorm?" 3) "Who is your best friend on the dormitory?" One sociometric choice per question was permitted. According to the number of times they were chosen, the children were divided into a high, medium, or low sociometric group.

Statistical Procedure

A $3 \times 3$ chi square design was used to analyze the data. The .05 level of confidence was chosen as the critical point of significance (3, p. 217).
CHAPTER BIBLIOGRAPHY


CHAPTER III

Results, Conclusions, and Discussion

The hypotheses presented in Chapter I were tested by means of chi square. An assumption made when using chi square is that the distribution of the observed and expected frequencies follows a normal distribution. This assumption is violated when an expected frequency is less than two (3, p. 217). When expected frequencies of less than two occurred in this study, a correction for continuity was made.

The first hypothesis stated that there would be a statistically significant relationship between the amount of overt aggression expressed by the child and the amount of parental contact. A chi square analysis was made with results of significance at the .05 level. Those boys who were high in total number of aggressions were significantly low in the amount of parental contact.

The second hypothesis stated that there would be a statistically significant relationship between the number of sociometric choices and the amount of overt aggression. Those high in choice status were not statistically significantly low in total amount of overt aggression.
The third hypothesis stated that there would be a statistically significant negative relationship between the amount of parental contact and the amount of peer support. This hypothesis was supported at the .05 level of significance.

Table III presents a summary of the results.

**TABLE III**

**SIGNIFICANT RELATIONSHIPS**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Chi Square</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Parental Contact and Amount of Overt Aggression</td>
<td>11.49</td>
<td>.05</td>
</tr>
<tr>
<td>Amount of Parental Contact and Amount of Peer Support</td>
<td>9.73</td>
<td>.05</td>
</tr>
</tbody>
</table>

**Discussion and Conclusion**

The children high in total amount of overt aggressions were statistically significantly low in amount of parental contact. If the lack of parental contact is interpreted by the child as parental rejection, the child may react with aggression and a desire for revenge (1, p. 200). Meyer (5) also noted that aggression may be motivated by a lack of parental acceptance. Mandel (4) felt that aggression may be motivated by a need for contact with others when a child is rejected.
by his parents.

The second hypothesis was not supported. That is, the children expressing a great deal of overt aggression were not statistically significantly low in amount of peer support. McNeil (2) had similar results with aggressive children in a "fresh air camp" for delinquent and emotionally disturbed children. On sociometric choices McNeil found that the aggressive children were neither more accepted nor more rejected by their peers than the nonaggressive children were. It is also possible that an individual child's emotional needs may be met by the support of only one or two friends.

The third hypothesis was supported. It was found that the children who were low in the amount of parental contact were statistically significantly high in the sociometric choices. A chi square analysis showed this hypothesis to be significant at the .05 level. A possible explanation is provided by Bakwin (1) that in all types of rejection the need for affection leads to excessive demands for attention and personal support.


CHAPTER IV

Summary

This study was an attempt to determine the effects of different amounts of parental contact on the institutionalized retarded child. The effects studied were aggression and sociometric status.

The subjects were twenty-four males between the ages of eight years, six months and fifteen years, seven months. All were residents of a state institution for the mentally retarded. The number of aggressions recorded in the dorm log and the number of days the child spent with his parents were tabulated. The sociometric status of each boy was determined by asking each child to choose one boy on each of three different questions. This sociometric questionnaire was verbally administered to each child separately.

It was hypothesized that there would be statistically significant relationships between 1) the amount of overt aggression expressed by the child and the amount of parental contact, 2) the amount of the child's overt aggression and the number of sociometric choices, and 3) the amount of parental contact and the number of sociometric choices.

Significant relationships were found for two of the above hypotheses. The amount of overt aggression expressed.
by the child was significantly related to the amount of parental contact. The amount of parental contact was significantly related to the child's sociometric status.

From the results of this study the following conclusions were made:

1) The highly aggressive and hostile child is more likely to be a child who receives little parental contact.

2) The high sociometric status child is more likely to be one who receives little parental contact.

3) There was no relationship between the amount of the child's overt aggression and his sociometric status.

In view of the lack of previous research in this particular area, it was felt that more studies are needed before any definite conclusions could be made.
BIBLIOGRAPHY

Books


41
Articles


Sears, Robert, "Relation of Early Socialization on Experiences to Aggression in Middle Childhood," Journal of Abnormal and Social Psychology, LXII (November, 1961), 466-492.


Stien, Jean Person, Donald E. Longenecker, "Patterns of Mothering Affecting Handicapped Children in Residential Treatment," American Journal of Mental Deficiency, LXVI (March, 1962), 749-758.


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