ATTITUDE CHANGE AS A FUNCTION OF PARENT GROUP PARTICIPATION

APPROVED

[Signatures]

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ATTITUDE CHANGE AS A FUNCTION OF
PARENT GROUP PARTICIPATION

THESIS

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By

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Attitude Change as a Function of Parent Group Participation

The ability of any public institution to successfully perform its role is largely dependent upon the quality of the relationship that is established between that institution and the segment of the general population it serves. State schools for the mentally retarded, because of their unique role in our society, have a relationship with the people for whom they provide services which is characterized by strong emotional overtones. This seems to be true particularly when parents or relatives of residents are involved. Because of this emotional element, the relationship between parent and school is seldom apathetic. The vitality present represents a potential force that could, if properly directed, greatly benefit the whole field of mental retardation. Better understanding and use of this motivation can be obtained only as professionals and parents alike acquire sufficient knowledge and acceptance of the entire problem to attain a unanimity of thought and action. This requires a thorough understanding by the professionals of the human element involved and a dedication on their part to guide and direct this interest and
concern into proper channels of productivity. Separately, parents and school personnel can accomplish a great deal. By cooperatively combining their efforts, intelligence, and power, they can bring into actuality all the progressive programs which will improve conditions for all retarded children (Bostock, 1956).

Towards this end, the Social Service Department of the Richmond State School for the Mentally Retarded, a residential care facility established about one year ago thirty miles southwest of Houston, Texas, implemented a series of Parent Group Meetings. The meetings, which were open to parents of all residents at the school, were held once a month on Sunday afternoon. There was a Parent Group for each of the three major divisions of residents within the school: semi-ambulatory and bedfast children from eighteen months to eighteen years, ambulatory severely to moderately retarded residents ages six to eighteen years, and ambulatory severely to mildly retarded residents ages seventeen to thirty years. The groups were to act as an area of encounter between parent and professional staff. It is the general feeling of the staff that no child, even the institutionalized one, stands alone. He is a part of a family and a community. Parents, too, do not stand alone. Together, with the child, they as a family are
a part of community life, and even more importantly, members of groups of individuals who, because of the presence of the retarded child in their midst, have special interests and problems (Weingold and Hormuth, 1953). The presence of a retarded child within the family unit often produces parental attitudes of social isolation and withdrawal tendencies. Also, in the cases of many retarded children, problems encountered in promoting independence in self-care are related to growth-inhibiting attitudes and feelings of the parents (Begab, 1963). It was the hope of the Social Service Department that the Parent Groups would have an educational and therapeutic effect, leading to a significant positive change in the attitude of the parents toward the school.

The purpose of this study is to provide a measurement of selected parental attitudes and an evaluation of the effectiveness of Parent Groups as instruments for promoting attitude changes in a positive direction.

Method

Subjects. Subjects were parents of residents of the Richmond State School, a facility providing residential care for retardates from fifteen counties in the Houston-Galveston area. The majority of families utilizing the institution live
in the greater Houston area. The 152 parents used in this study were those for whom three different bits of information were available: the score for a questionnaire completed prior to the initiation of Parent Group Meetings, the score for the same questionnaire completed after the fourth Parent Group Meeting, and the number of Parent Group Meetings the subjects attended.

Instrument. The questionnaire used in this study (See Appendix) was a modification of the Mental Retardation Attitude Items (MRAI) originally prepared by Cleland and Cochran (1961) to study the effect of institutional tours on attitudes of high school seniors. The modified questionnaire, originally containing seventy-five items, was reviewed by seven members of the staff. The fifty items retained were acceptable to five of the seven judges. These items were then equally divided among five sub-classifications, ten each in the areas of (a) general knowledge of mental retardation as it relates to residential care, (b) residents of the school, (c) programs and services of the school, (d) the institutional staff, and (e) parents of the residents. In some instances, because the contents of an item related to more than one sub-classification, item-placement was arbitrary. The person completing the questionnaire was asked to check whether he strongly disagrees,
disagrees, has no opinion, agrees, or strongly agrees with each item.

General knowledge of mental retardation was sampled by items such as "Richmond State School was established to provide lifetime care of retarded persons," and "The turnover of residents at Richmond State School is great." Parents' views of the residents were obtained by items such as "Residents who are capable enough to work should be placed in off-campus jobs," and "Residents at Richmond State School are happy there." Opinions on programs and services were elicited by items like "Children in special education classes spend more time cutting and coloring than in learning to read and write," and "Richmond State School living units are understaffed." "People work at Richmond State School because they can't find jobs anywhere else," and "Staff of Richmond State School welcome suggestions as to how to improve the care of the residents" revealed parents' attitudes about the staff. The way parents see themselves came through in their responses to statements like "Parents of retarded children find it helpful to talk to other parents with similar problems," and "Group meetings of parents and staff are not worthwhile after a child is admitted."

Procedure. MRAI forms, coded for retest matching, were mailed to 589 parents of residents of the school, accompanied
by a short letter, asking for their cooperation with the study and a quick return of the completed instrument. The initial mailing in early January was followed up in mid-January by a second letter. The response was most gratifying. Questionnaires were returned by 63% of the 589 parents. One or both parents of 78% of the residents responded.

Five selected members of the professional staff were used as judges in determining the polarity of the fifty statements comprising the modified MRAI. It was structured to yield a possible individual score range of fifty to two hundred fifty, with the lower score being the optimum attitude as determined by the judges.

Parent Group Meetings held the afternoon of the fourth Sunday in February, March, April, and May formed the treatment effect for this study. There were three separate Parent Groups involved, and they generally operated independently of each other. Basically, however, the groups were similar in function. Each group elected its own officers and determined its programs. The professional staff met with the Parent Groups initially to provide the leadership needed to structure the individual groups and later only in the role of resource persons. The Parent Groups heard talks on subjects ranging from the Texas Association for Retarded Children state
convention to behavior modification. They discussed such topics as clothing procedures within the institution, daily activities in the ward, and work assignments of residents. They involved themselves in projects such as building posture chairs, repairing toys, and rebuilding playground equipment at each Parent Group Meeting. A list of names was compiled of parents in attendance.

After the May meetings, the MRAI was again sent to the 589 parents who received the first questionnaire. Returns came from 54% of the parents. One or both parents of 70% of the residents returned the questionnaire. As these coded forms returned, they were matched with that person's initial MRAI, and then a check was run to determine how many Parent Group Meetings the person had attended. People for whom all three bits of information--first MRAI score, second MRAI score, and number of Parent Group Meetings attended--were obtained comprised the population of the study sample. A correlation between the first and second MRAI was determined. Then, using this information, a predicted second MRAI was compiled from each person's first MRAI score. The difference between the predicted and actual second MRAI score yielded a residualized gain score for each individual in the sample population. A simple analysis of variance of these residualized gain scores,
using numbers of Parent Groups attended for treatment effect, provided an estimation of the effectiveness of Parent Groups in changing selected attitudes.

Results

The sample population totaled 152 parents. Of this number, 64 parents had attended no Parent Group Meetings, 34 had attended one meeting, 34 had attended two meetings, 14 had attended three meetings, and 6 had attended all four meetings held during the time period of the study.

Table 1

Summary of Analysis of Variance for Parent Group Scores

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>Degrees of Freedom</th>
<th>Variance Estimate</th>
<th>F Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between</td>
<td>3239.29</td>
<td>4</td>
<td>809.82</td>
<td>7.22***</td>
</tr>
<tr>
<td>Within</td>
<td>16485.69</td>
<td>147</td>
<td>112.15</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19724.98</td>
<td>151</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***p < .001

A simple analysis of variance of the sample population indicated that, with this computed F ratio, the effect of Parent Groups could occur by chance fewer than one time in a thousand.
### Table 2
Standard Deviations, Means, and t Ratios

<table>
<thead>
<tr>
<th></th>
<th>Treatment Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Treatment</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>9.11</td>
</tr>
<tr>
<td>Group</td>
<td>Mean</td>
</tr>
<tr>
<td>0</td>
<td>1.52</td>
</tr>
<tr>
<td>1</td>
<td>3.10**</td>
</tr>
<tr>
<td>2</td>
<td>1.77</td>
</tr>
<tr>
<td>3</td>
<td>1.15</td>
</tr>
</tbody>
</table>

*p ≤ .05  **p ≤ .01

The t tests and mean scores generally support the effectiveness of the parent groups. The nonsignificant t test between treatment groups one and four is probably due to the small sample size of group four. The discrepancy in the standard deviation of group three as compared with the others indicates group three may be atypical. This is also indicated by the inconsistent mean obtained for the group. The t test for group zero as compared with the combined scores for the other groups was significant at the .001 level (t = 4.13).
Discussion

From a strict experimental orientation, two major objections could be made to the experimental design. First of all, the subjects in each of the five treatment groups were not randomly assigned. Instead, the number of Parent Group Meetings they chose to attend determined the group into which they would fall. Secondly, the three separately operating Parent Groups, having a different group composition each month, were consolidated in the statistical procedures. However, it is felt the basic issue, the effectiveness of Parent Groups in producing attitude change, was statistically preserved, although further work should be done with more minor issues.

At this point, it seems helpful to attempt to partially explain some of the processes occurring during group interaction. Although the Parent Group Meetings have an educational and an orientation focus, their chief goal is to increase the parents' understanding of their child's problem. When the parents are helped through group discussion, or other means, much can be done to relieve the effects of retardation and help the child develop to his full potential (Anderson, 1962). This observation is illustrated by a consolidation of scores of item 31, "Residents who are capable enough to work should
be placed in off-campus jobs," which revealed that 75% of parents who attended the group meetings and 64% of parents who did not attend either agreed or strongly agreed with the statement.

One key to the success of any Parent Group is the quality of the professional resource people that help provide the initial impetus and direction and, to a large degree, the essence of the group's continuing existence. In an article by the parent of a retarded child (Murray, 1959), the qualities which parents believe desirable in those who counsel were indicated to be (a) absolute honesty, (b) an understanding heart, and (c) the kind of integrity and stability of character which enable the professional person to work cooperatively with other professional disciplines for the good of the child. Indeed, such people are the backbone of the total mental retardation-mental health program. Competent resource professionals act as catalysts for the group process. They, like their chemical counterpart, make things happen, but are to a certain degree isolated from the group. Unless they themselves have a retarded child, they can never completely comprehend the uniqueness of that parenthood.

Once initiated, the group process can be used to help each parent bring forth his anger, concern, and thought so
that gradually his strength comes to the fore, and he can use it better in handling the problem stemming from his child's retardation. If each group member can express both positive and negative feelings and the leaders are not critical but able to generate better communication, then most parents will gradually gain more knowledge of themselves and others in the group. They will begin to express themselves with greater freedom or spontaneity and begin to listen effectively to others. Most parents will become aware of the underlying intense feelings in this group process and then aware of some of the sources of their own feelings. These reactions enable the parent to recognize and adapt to the reality of the retarded child (Mandelbaum, 1967). It is interesting to note that all parents who attended one or more Parent Group Meetings either disagreed or strongly disagreed with item 33 which states, "Group meetings of parent and staff are not worthwhile after a child is admitted," and 90% of the parents who did not attend either disagreed or strongly disagreed with the statement.

A 1951 study (Boyd, 1951) gives three stages in the growth of a parent as he adapts to this reality. In the first stage the parent is entirely subjective, concerned almost wholly with himself and the effect of the tragedy that has befallen
him. The second stage occurs when the parent begins to think less of himself and more of the child. Rather than focusing on topics such as care of clothing and lack of consideration by the staff, he is concerned about the quantity and quality of services to his child. Rather than expecting the staff to make his child self-sufficient, he begins to accept the youngster as he is and to work with the staff in the long and arduous process of helping the child reach his maximum potential, recognizing the limitations imposed by inadequate appropriations of funds. This latter fact is forcefully illustrated by responses to item 40. Seventy-two per cent of parents who attended Parent Group Meetings, but only 41% of parents who did not attend, agreed or strongly agreed that "Richmond State School living units are understaffed."

The onset of the third stage comes when the parent begins to think less of what he can do for himself and his child and more of what he can do for all persons confronted with the problems of mental retardation. This overall view of the group process and parent growth is supported by previous work (Goodman and Rathman, 1961; Nadel, 1961; Popp, Ingram, and Jordan, 1954; Sternlicht and Alston, 1964).

Retardation in the average family is a source of stress, a hazardous and threatening event that often renders the
individual involved unable to respond with adequate coping mechanisms (Begab, 1967). The parent who is not adequately coping is also unable to establish an adequate relationship with either his child or the staff of his child's school. Such parents are frequently a source of disturbance for personnel. Because they have not "worked out" their feelings toward their child, these parents have a constellation of highly emotionally charged attitudes. When the relationship between the school and the parent touches one of these sensitive areas, the parent's response is frequently inappropriate for the situation. These parents are also more demanding of the staff and often need excessive amounts of emotional support. Parent Groups function to sustain and strengthen individuals who are dealing with mutual concern. They help end the unbearable feelings of being alone and isolated and supply the situation within which the parent can "work out" his previously unmanageable emotions with regard to his child (Mandelbaum, 1967). For example, 99% of the parents who attended the Parent Group Meetings and 93% of those who did not attend agreed or strongly agreed with item 4 which states, "Parents of retarded children find it helpful to talk to other parents with similar problems."
As parents work through their negative feelings in the group and identify themselves with the school, its programs and problems, they can become adjuncts to the Social Service Department staff. Because they themselves have been through the experience, these parents can become exceptionally effective in counseling those parents who are currently considering placement of their child in the school. They can assist other parents to participate in Parent Group Meetings by providing information and even transportation. They are able to speak objectively about the school in the organizations to which they belong and, in fact, can become the school's most ardent ambassadors to the community (Standifer, 1964).

When parents of a retarded child start thinking about others, their first concern is usually for the retardates in their child's immediate environment, in this case, the state school. For example, 34% of the 589 parents who received questionnaires attended one or more group meetings. As the parents' knowledge of mental retardation increases, however, so will the area of their concern. They will, with direction, come to see the school more as supplying one needed facet of the total program of the concerned public's attempt to justly answer the cries of its retarded minority than as a last resort or dead end for their children. It was disquieting to
note that 24% of parents attending Parent Group Meetings strongly disagreed or disagreed with item 1 which states, "Richmond State School was established to provide lifetime care for retarded persons." Only 15% of parents who did not attend Parent Group Meetings disagreed or strongly disagreed with the statement.

A wider concern also means increased interaction between parents and other interested individuals, representing other state schools, community services such as day care centers and half-way houses, special education in public schools, Vocational Rehabilitation services, and other agencies offering services to the mentally retarded. The common concern and special interest of these individuals is exemplified in the rapid growth of associations for retarded children, each an affiliate of the Texas and the National Association for Retarded Children. Chapters of TARC have been organized in thirteen of the fifteen counties served by Richmond State School.

The various associations are becoming more and more sophisticated, not only in their knowledge of mental retardation in general, what is being done in the field, and programs and services which should be implemented in the future, but in the realization that the most productive method
of achieving their common goals is through concerned, active, unified political action. As long as the appropriation of funds for Federal and State programs, which basically determines the direction of the total mental retardation program, remains a political decision, made for the most part by politicians with only a superficial knowledge of the field, political action will remain the method of choice.

As the associations become more politically powerful, staff of state facilities are presented with a mild dilemma. On one hand, they have a concerned active pressure group, the Texas Association for Retarded Children, which has the political weight to produce needed change. It follows, therefore, that the group has to be made aware of the problems facing the state schools, indicating some type of educational process, before it can act to produce change. On the other hand, state employees have officially acceptable channels for political action, and direct involvement in pressure groups which lie outside these channels, but which are attempting to influence decisions in areas of concern to the employee, is discouraged. One way to resolve this dilemma is the effective use of the Parent Groups to provide a working link between the State School and the Association for Retarded Children. Parent Group members should be encouraged to become active in their
local Association for Retarded Children, preferably on that association's residential care committee. The Parent Groups need not be affiliated with the TARC since parents with membership in both groups would provide liaison at the local level.

Staff members of the school under this structure would not be directly involved in the policy making of the politically active TARC, but would, through their close relationship with the Parent Groups, be able to make the local ARC's and through them the state association, aware of the special needs of the schools and of some of the potentials of the state school system. Moreover, the staff would be able to do this within the framework of the normal activities associated with their jobs and thus avoid the difficulties that often arise when a state employee is active in a pressure group.

The use of Parent Group Meetings in initiating political action, with the goals of correcting current problems and achieving the optimum care and training for all retardates, is an added bonus, however, to more immediate gains achieved by the group meetings through changing the attitudes of parents. The mean score on the pre-treatment questionnaires was 119, while the mean score on the questionnaires returned after the fourth Parent Group Meeting was 117. However, in this latter
group the mean score on instruments returned by parents who had attended one or more meetings was 113, whereas the mean score on questionnaires returned by parents who had not attended a meeting was 121. A score of 150 is the median of the potential score range. A score of 50 indicates maximum agreement with the judges' ratings.

In summary, then, the general pattern of attitude change produced in participants of Parent Groups is reasonably consistent. The parents first realize that they are not unique in having a retarded child but are members of a special subgroup. Second, the parents "work through" their feelings about having the child and then accept the child as he actually is. Third, they realize that they can help their child most by working for all retarded children of whatever age and condition. Fourth, they realize that public institutions must not be considered an end in themselves but rather an agency whose specialized care and training is but one among a continuum of services. At this point, they recognize that the most effective way to prevent gaps in that continuum is by political action (Lund, 1958).
Conclusion

The staff of the Richmond State School was interested in assessing the effectiveness of Parent Group Meetings as a means of producing attitude changes in keeping with the goals of establishing the optimum relationship between the institution and the segment of the public it serves, and the implementation of the best possible programs and services for the mentally retarded. The analysis of variance on the residualized gain scores of the MRAI indicated a high probability that the Parent Group Meetings were effective in producing the desired attitude change, but with no clear indication of what factors were the prime motivators of the change. There is urgent need for systematic effort along three related lines. One, there should be a clear conceptualization of the various group approaches to the parents of handicapped, and particularly mentally retarded, children. Two, there should be recognition of the types of training appropriate for these different group programs. Finally, there must be the development of program-oriented research to test the effectiveness of Parent Groups and the effectiveness of the programs that train the leaders of these groups (Dybwad, 1964).

The Parent Groups at Richmond State School at this stage of their development provide a starting point for
(a) identifying the factors that produce positive attitude changes, (b) specifying those qualities that are required in the group leaders and how those qualities can be acquired, (c) integrating the parents into the total program of the school, and (d) using the potential they represent to enhance the program and services of the institution. At this point in time, the effectiveness of Parent Group Meetings as an agent of change is reasonably certain. Attention can now be paid to further refinement of group techniques and processes, and methods of increasing parent participation both quantitatively and qualitatively.

"Work with the parents of the mentally retarded has definitely established the value of group guidance for parents of mentally retarded children as one of the most effective tools to bring about a more adequate adjustment of the family to such a child, as well as more effectively reintegrating the family into the community. Our experience indicates that such group guidance is a prime necessity if the child is to get the maximum benefit from his family life or from services set up to help him develop his or her capacities. In fact, the advent of Parent Groups and their own tremendous drive makes such group guidance not only feasible, but indispensable for the success of any program" (Weingold and Hormuth, 1953).
Appendix

Modified MRAI

Below are some sentences that are related to a number of problems in mental retardation. Please read each statement and check (✓) in the space to the right to show whether you strongly disagree, disagree, have no opinion, agree, or strongly agree. There are no right or wrong answers—Please complete ALL of these. Do not forget the final page. Remember, you do not need to sign.

1. Richmond State School was established to provide lifetime care of retarded persons.

2. Most parents place their children in a state school only as a last resort.

3. Staff of Richmond State School welcome suggestions as to how to improve the care of the residents.

4. Parents of retarded children find it helpful to talk to other parents with similar problems.

5. The people who work at Richmond State School have to be "tough."

6. The seriousness of mental retardation as a social problem is greatly exaggerated.

7. Parents of retarded children are further confused by discussions with various professional people.
8. Rather than discharging residents when they leave the State School, most residents should be placed on indefinite furlough status.

9. Residents of Richmond State School probably resent groups touring the units.

10. People work at Richmond State School because they can't find a job anywhere else.

11. Even today many people believe mental retardation is a result of sin.

12. Parents are given accurate information about what's going on in child-care areas at Richmond State School.

13. Institutions like Richmond State School are generally criticized and looked down on.

14. Residents at Richmond State School are happy there.

15. White women are generally more motherly than women of other races.

16. The type of publicity on mental retardation that reaches the general public is worthwhile.

17. Residents who are able (not ill) should spend every weekend at home.

18. The turnover of residents in the Richmond State School is great.
19. Mentally retarded people probably never know they're different from other people.

20. Employees at Richmond State School should be strongly rewarded.


22. Parents who place their retarded children in state schools are overly concerned about their academic achievement.

23. Sanitary conditions are rigidly maintained in food preparation at Richmond State School.

24. Children in special education classes spend more time cutting and coloring than in learning to read and write.

25. Many employees at a place like Richmond State School just lack ambition.

26. When residents have received all the training available to them at a state school, they should return to the community.

27. Staff at Richmond State School take good care of the clothing provided by parents.

28. Getting a child admitted to Richmond State School is too complicated.
29. Mentally retarded persons learn work skills more easily than they learn social skills.

30. People who work at Richmond State School probably act a lot different when visitors are around.

31. Residents who are capable enough to work should be placed in off-campus jobs.

32. Parents expect too much from their retarded children.

33. Group meetings of parents and staff are not worthwhile after a child is admitted.

34. Mentally retarded people are too dull to be emotionally disturbed.

35. The employees at Richmond State School probably get very hardened after a short time.

36. Bedfast residents need to spend a part of each day on the floor.

37. Parents of retarded children tend to spoil them.

38. The residents at Richmond State School spend too much time just sitting around.

39. Most mentally retarded children are a product of "bad stock" in the family.

40. Richmond State School living units are understaffed.
41. Sex education should be included in the training program of residents of Richmond State School.

42. It is easy for parents to discuss their problems with the staff of Richmond State School.

43. In many ways, the Richmond State School offers more than the average home can give a mentally retarded child.

44. Parents should be allowed to visit their child at Richmond State School at any hour they desire.

45. Resident living counselors at the Richmond State School are probably just about on the same intellectual level as the residents.

46. Sterilization should be required by law for all mental defectives.

47. When a resident becomes ill, the parents should take him to the family doctor for treatment.

48. It is important that parents and staff work closely together in training programs for the retarded.

49. The most severely retarded residents can often be trained to feed themselves.

50. Residents of state schools receive better medical care than do mentally retarded persons in the community.
References


Begab, M. J. Mental retardation as a family problem. Paper read at section on social work sessions at American Association on Mental Deficiency, Denver, 1967.


Boyd, D. The three stages in the growth of a parent of a mentally retarded child. *American Journal of Mental Deficiency*, 1951, 55, 608-611.


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Popp, C. E., Ingram, V., & Jordan, P. H. Helping parents understand their mentally handicapped child, American Journal of Mental Deficiency, 1954, 58, 530-534.


Group meetings of parents of retarded children at a state residential care facility were studied as a means of producing attitude change. Questionnaires were sent to all 589 parents of residents at the facility. These same parents received the questionnaire after four monthly Parent Group Meetings had been held. The subjects of the study were 152 parents for whom data on pretest score, number of parent meetings attended, and posttest scores were available. An analysis of variance on their residualized gain scores indicated a Parent Group treatment effect significant at the .001 level; thus, the effectiveness of Parent Groups makes their inclusion in the total program of a residential care facility not only feasible but highly desirable.