A Study Of Differences In Measures Of Over-Protective Attitude Between Mothers Of High And Low Functioning Mongoloid Children

Richard Strong Mechem
This dissertation, directed and approved by the candidate's committee, has been accepted by the Graduate Committee of The University of New Mexico in partial fulfillment of the requirements for the degree of

**Doctor of Philosophy**

_A STUDY OF DIFFERENCES IN MEASURES OF OVERPROTECTIVE ATTITUDE BETWEEN MOTHERS OF HIGH AND LOW FUNCTIONING MONGOLOID CHILDREN_

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A STUDY OF DIFFERENCES IN MEASURES OF OVERPROTECTIVE ATTITUDE BETWEEN MOTHERS OF HIGH AND LOW FUNCTIONING MONGOLOID CHILDREN

BY
RICHARD STRONG MECHEM

DISSERTATION

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in Education in the Graduate School of The University of New Mexico Albuquerque, New Mexico June, 1969
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BY

RICHARD STRONG MECHEN

ABSTRACT OF DISSERTATION

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ABSTRACT

Statement of the Problem

The present study was designed to investigate whether the mothers of a group of Mongoloid children, defined as High-functioning children, would demonstrate an attitude of greater overprotection on the Parental Attitude Research Instrument than a group of mothers whose Mongoloid children were defined as Low-functioning.

The study of such congenitally handicapped children provided the opportunity to differentiate maternal attitudes that might be related to intellectual and social differences between the two groups of Mongoloid children. It offered a unique opportunity to sort out those parental reactions which are primary factors in producing a child's behavior disorder from those reactions which are innate characteristics of the child.

Methods and Procedures

Fifteen children and their mothers met the criteria for each group of High and Low subjects. The children in the High group ranged in age from 2 years, 7 months, to 8 years, 1 month; their mean IQ was 59.06. All of the children were classified as within the range which includes the Mild and Borderline levels of measured intelligence for IQ, SQ, physical examination, and language development. The children in the Low group ranged in age from 2 years, 9 months to 8 years, 3 months; their mean IQ was 40.66. All of the children were classified as within the range which includes the Moderate level of intelligence for IQ, SQ, physical examination, and language development. The children were matched for age and for education and socio-economic
status of their mothers. The mothers were administered the Parental Attitude Research Instrument (PARI).

Hypotheses

The overprotective attitude, believed to negatively affect the intellectual and social growth of the child, was summarized:

The overprotective parent is one in whom consistent, realistic expectations, often needing to be enforced by firm discipline, are lacking, the effect of which communicates a lack of faith in the child’s conceptual capacity, or in his sense of confidence regarding what he can accomplish. The show of aggression toward the child through discipline by saying, "No," or firmly holding the child to the task, is perceived by the parent as hurtful and wrong. Such forceful displays may be interpreted by the parent as hostile acts with the resulting guilt feeling or need to deny the thought or action. Permissiveness ensues, perhaps, in the mistaken guise of democracy and freedom. The child may often dominate the family, including what task he will attempt and when he will attempt it. Because the child does not face realistic challenges (appropriate to his abilities), self-confidence fails to develop sufficiently. Not surprisingly, the mother feels at the end of her rope, victimized by an uncooperative, even unscrupulous, child. Perhaps, the hopeless feeling about the child really mirrors hopelessness about the parent, for, characteristically, the mother has a low opinion of herself. She may feel she deserves to be punished through the child’s failures and unacceptable behavior. That is, when faced with the choice of "hurting" the child (through firmness), or being "hurt" by the child through his uncooperativeness and failure, the mother finds it easier to choose the latter course of action. She may thus appear a martyr.

The theoretical formulations concerning the overprotective attitude appeared similar to certain related scales on the Parental Attitude Research Instrument (PARI).

For each of the following ten factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly greater agreement with the questions than the mothers of the High group of Mongoloid children: 1. En-
couraging Verbalization; 2. Fostering Dependency; 3. Martyrdom;
4. Equalitarianism; 5. Fear of Wounding the Baby; 6. Seclusion of the
and Sharing; and, 10. Suppression of Sex. For each of the following
nine factors of the PARI, it was hypothesized that the mothers of the
Low group of Mongoloid children would demonstrate significantly less
agreement with the questions than the mothers of the High group of
fication; 14. Excluding Outside Influences; 15. Ascendancy of the
Conflict; 19. Rejection of the Homemaking Role;

20. It was hypothesized that the Low group of mothers would
demonstrate significantly greater agreement than the mothers of the
High group with the questions of the cluster democratic-attitudes,
comprised of the three scales: Encouraging Verbalization; Equalitar-
ianism; and, Comradeship and Sharing; and,

21. It was hypothesized that the Low group of mothers would
demonstrate significantly less agreement than the mothers of the High
group with the questions of the cluster rejection-hostility, comprised
of the three scales: Irritability; Marital Conflict; and, Rejection
of the Homemaking Role.

Summary of Findings

The Low group of mothers, compared to the High group of
mothers, responded beyond chance expectancy in the direction predicted
for 9 of 21 hypotheses. The results reached significance on the
factors: Martyrdom; Equalitarianism; Fear of Harming the Baby; Seclusion of the Mother; Intrusiveness; Comradeship and Sharing; and, Irritability, the Low group demonstrating greater agreement than the High group. The results for the two clusters: hostility-rejection, and democratic-attitudes, were also significant in the direction predicted, the Low group demonstrating less agreement on the former cluster and greater agreement on the latter cluster. In addition, the results for 8 of the remaining 12 hypotheses were in the direction predicted. Four hypotheses concerning the factors: Deification; Excluding Outside Influences; Ascendancy of the Mother; and, Acceleration of Development, were not in the direction expected; none was significant.

Conclusions

The present findings replicated the trend in several previous studies by finding differences along the dimensions of the democratic-attitudes and hostility-rejection clusters. The results contributed new evidence to support the conclusion that the most consistent finding to emerge from PARI studies is that mothers of problem children tend to be more overprotective.

Because the present findings were, in general, congruent with the theoretical formulations outlined in the paper, which described the overprotective parent, they did not seem perplexing, as has been suggested about the trend in other PARI studies for "bad" attitudes (comparatively greater agreement with the democratic-attitudes cluster and comparatively less agreement with the hostility-rejection
cluster) to be endorsed more frequently by mothers with better adjusted children. The criticism of some workers who have stated that the PARI often fails to adequately discriminate clinic from non-clinic groups of parents may not have considered that the fault could have been due to a mistaken formulation of the personality of the clinic mother. In other instances, the fault might have been due to an absence of prior theoretical notions. For those other critics who have considered the PARI to be a useful instrument which should be able to discriminate with increased effectiveness, the results of the investigation represent new evidence to support that belief.

The present research also contributes evidence to help refute the widespread assumption that intellectual and social functioning of the Mongoloid child are exclusively determined by genetic factors. The results of the present investigation suggest that psychological variables are relevant variables in such an understanding. It is hoped that there shall be an increasing realization by professionals that the mentally retarded child possesses social, as well as intellectual, traits which may actually affect the score of his IQ. Perhaps, such a realization would be accompanied by further developments in this area.

A great deal of stress has been placed on the necessity of counseling the parent of the retarded child to "accept" the facts of congenital handicaps. It cannot be denied, to be sure, that there are times when such advice is very necessary. However, it is submitted that with the overprotective mother, success in counseling may ultimately depend more on alleviating her guilt in regard to the child's
defects. The findings of the present study indicate the counsellor may need to be wary of over-emphasizing the child's limitations to the overprotective parent. Such an approach runs the risk of enhancing existing negative attitudes of hopelessness and suffering within the parent, and of encouraging already exaggerated protective measures toward the child.
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CHAPTER I

INTRODUCTION AND REVIEW OF RELEVANT RESEARCH

This chapter includes the sections: Statement of the Problem; Justification; Review of Relevant Research; Summary of Relevant Research; Definition of Terms; Predictions; and Delimitations.

No one seems to doubt that an individual's perception of the behavior of others is influenced by his personal beliefs, his emotional attitudes, his culture, and that these variables affect his reactions toward others. Yet, these variables have played a minor role in systematic accounts of the behavior of retarded children. Only recently has the personality or behavior of the retarded child been studied in terms of a socially significant situation. However, to understand a person's way of thinking, acting, feeling, be he normal or retarded, it is of paramount importance to understand the psychological, social, and emotional environment into which he was born and in which he was reared.¹

In his presidential address at the Ninety-Second Annual Meeting of the American Association on Mental Deficiency, Harvey Dingman made a plea for social research in mental retardation.² Most of the previous work in retardation could be called, at best, atomistic, he said, in emphasizing that the characteristics

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of an environment and the reciprocal relationships between retarded persons and the persons they associate with have not been sufficiently investigated.

Related to this issue is criticism of the disease model as the standard for describing behavioral disorders. Perhaps, the field of mental retardation has suffered more from copying a medical model than have other fields of behavioral deviancy. Only lately have some workers emphasized that retardation is, for the vast majority of retardates, an educational problem, a psychosocial problem, rather than a medical problem.

There are persons who have worked with parents of clinic children who have heard statements similar to that of the mother who exclaimed, "I knew my child would behave like this because my mother used to tell me she hoped a child of mine would bring me as much misery as I brought her!" Yet, workers in the field of mental retardation have seldom taken the trouble to systematically study such influences. Few studies have attempted to relate home environment and parental attitudes to the behavior of the retarded child.

**Statement of the Problem**

The present study was designed to investigate whether or not the mothers of a group of Mongoloid children, defined as [High-]

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5. Ibid.
functioning children, would demonstrate greater overprotection on a parental attitude scale than a group of mothers whose Mongoloid children were defined as Low-functioning. The terms "Mongolism," "overprotection," "High," and "Low" functioning, are defined later in this chapter.

The wide etiological umbrella of mental retardation, the frequently associated multiple handicaps, the rapidly changing psychosocial needs of the developing child, and the complexity of family interactions, caution one against singular hypotheses as to a cause of retardation. Similarly, the great heterogeneity of types among the retarded makes generalizations difficult about parental influences upon behavior. The present study, therefore, was limited to the investigation of one variable of family interaction with the retarded child; namely, maternal overprotection. The investigation also limited itself in selecting for investigation one type of condition associated with retardation: Mongolism (Down's Syndrome). By attempting to hold constant the type of retardation, while studying the effects of the independent variable, maternal overprotection, it was assumed that any observed significant differences in attitude between the mothers of the High and Low-functioning Mongoloid children would be real differences.

Justification

If personality development is viewed in terms of social learning experiences, what is learned will depend upon the behavior of persons who play the role of socializer to the child. From this viewpoint, the study of maternal socialization techniques should
contribute to a better understanding of personality development. The influence of parental attitudes on a child's maladjustment is well accepted. Many writers have stressed the importance of adverse parental attitudes in the development of unhealthy reaction patterns in the clinic child. In the field of mental retardation the writers are much less numerous, but there are those whose work indicates that pathogenic parental attitudes do adversely affect the child's adjustment in certain basic areas of living. 6, 7, 8, 9, 10

Too often the assumption of an exclusively genetic determinant in accounting for intellectual and social functioning in the retarded child is accepted. Thus, the clinic team often fails to go beyond the rubric, "a typical Mongoloid child." The belief is widespread that moderate subnormality results wholly from a defect in heredity, and is, therefore, irreversible. This belief carries with it a sense of hopelessness which not only prevents professionals and others from encouraging people to look for means of rehabilitating the mentally retarded, but often discourages researchers from entering the field.

The incidence of emotional disturbance in retarded children under age 8 may be more than twice the figure of 10 percent reported for this age group in the general child population. The clinical team must take into account the concurrent emotional status of the child, and thus, again, go beyond the rubric, "just another retarded child," and its associated therapeutic nihilism.

For the above reasons, it was decided to investigate two groups of children selected as having the same type of retarded condition known to exist at birth, and selected as being free of severe physical disabilities to a similar degree. Such a situation was thought to provide the opportunity to differentiate maternal attitudes that might be related to intellectual and social differences between the two groups of Mongoloid children. The study of congenitally handicapped children offers the researcher a unique opportunity to sort out those parental reactions which are primary factors in producing a child's behavior disorder from those reactions which are innate characteristics of the child.

It is accepted that a diagnosis of Mongolism, an obvious innate characteristic, constitutes a congenital handicap which is present at birth. The questions might be asked: Why do children with the same type of congenital retardation, who appear so similar


in their physical typology, often show widely dissimilar adjustment
patterns? Might not there exist differences in the social and
emotional environment of these children, particularly as reflected
in the attitudes of the mothers, that account for these dissimilar
adjustment reactions? One becomes especially interested when such
differences appear among Mongoloid children, inasmuch as the con-
dition of Mongolism seems to represent one of the more homogeneous
types of retardation. Physical stigmata, social and intellectual
characteristics, and, most of all, intellectual ceiling appear
uniform. The majority of Mongoloid children fall within the
Moderate range of intelligence and it is rare, indeed, for a
Mongoloid child to score in the low average range on any of the
various sub-scales of intelligence tests. If children from such
an apparently homogeneous group are functioning above their social
and intellectual norm, and if their mothers demonstrate different
attitudes from mothers of lower functioning Mongoloids, could these
be real differences? Could such differences be related to, or
"causative" of, the social and intellectual superiority of the
group?

To find the answers to the above questions, through a
controlled research design, served as the justification for con-
ducting the present investigation. It was believed that should the
present study yield positive results, the findings would offer
additional evidence that psychological variables are relevant

13. M. S. McIntire, F. J. Menolascino, and J. H. Wiley,
"Mongolism - Some Clinical Aspects," American Journal of Mental
Deficiency, 69, 1965, 794-800.
variables in understanding the behavior of the retarded child. Hopefully, any increased evidence to suggest that the retarded child possesses social traits which may actually affect the score of his intelligence quotient, would be accompanied by further developments in this area.

Relevant Research

Many environmental factors are assumed to play a part in the development of child behavior and intellect. The relative importance of these factors, and the specific manner in which they influence development, are still a matter of conjecture. It is accepted that a major portion of a child's socialization takes place in his formative years and that the mother plays a central role in this process. While this assumption is supported by considerable published research, only representative studies under the following categories have been selected for the present review.

The first category of research approaches the matter in a general way, indicating the differential effects upon the child of institutional care, or foster care, and home care. The second series of studies are concerned with some characteristics of parental attitude which are believed to be pertinent determinants of the child's intellectual growth. The third category of investigations has to do with the influence of specific parental traits upon the emotional and social development of the child.

1. Studies on the Differential Effects upon Children of Institutional Care, or Foster Care, and Home Care.

Numerous experimental studies have attested to the importance of home care over institutional care of children. Of these, the
studies by Spitz and Goldfarb are, perhaps, the best known. 14, 15, 16, 17, 18 Spitz' investigations involved the systematic observation and testing of two groups of infants: one group was reared in a prison nursery by their own mothers, and the other in the more aseptic, but impersonal, atmosphere of a foundling home. Those cared for by their own mothers developed at an intellectual, social, and physical rate which was, at least, average; those in the other group were retarded in their physical, social, and mental growth. Goldfarb matched children, half of whom had spent most of their first three years in an institution before being transferred to foster homes, and half of whom had been placed in foster homes during infancy. He observed marked personality and intellectual deficiencies in the children who had spent their early years in the impersonal setting of the institution. Typically, the behavior of these children was uncontrolled and


impulsive, their attention spans were short, and they presented a constant discipline problem at home and at school. Accompanying this immaturity in personality were profound intellectual disturbances. In another fairly well known study, Lowrey studied 28 children who had been placed in an institution when they were from 2 weeks to 11 months of age. 19 They revealed a high incidence of speech retardation, with poor vocabularies and more than the usual number of speech defects. The children were frequently negativistic and had temper tantrums, they gravitated toward solitary activities, and their IQ's were lower than would have been expected from their family backgrounds.

While these studies indicate that the home environment is an important determinant of social and intellectual growth in children who are not considered retarded, similar findings have been published in regard to retarded children. One of the first of these investigations was that of Shodak. 20 She selected 16 children who had been placed in "good" foster homes before 6 months of age, and whose true mother had been adjudged feebleminded. When these children were examined at approximately 2-1/2 years of age, they had an average IQ of 116. The intellectual level was maintained consistently into adolescence and beyond, and was higher than would have

been predicted from the intellectual, educational, or socio-economic level of the true parents. Zigler, also, has found that retarded children from relatively good homes evidence a greater increase in their motivation than do retarded children from more socially deprived homes. 21

Centerwall and Centerwall compared two groups of Mongoloid children admitted to an institution at age 3. The members of one group had been reared at home until 2-1/2 years; the other group had been placed in foster homes or other institutions during the neonatal period. 22 The "home" group turned out to be superior in age at walking, IQ, and social quotient. Somewhat similar investigations have been undertaken by other researchers. Tizard studied 16 retarded children, half of whom were Mongoloids, who were transferred from a large institution to a residential nursery organized on a small group, family-care pattern. 23 This group made substantially greater gains in personal independence and verbal intelligence than a control group, matched for age, sex, IQ, and diagnosis, who remained in the hospital. Kugel and Reque discovered that almost all of the Mongoloid children who were kept at home walked by five years of age, but about 40 percent of Mongoloid children who were placed in an institution were


unable to walk by the age of six.\textsuperscript{24} A home-reared group of Mongoloid children was found by Stedman and Eichorn to be significantly superior to an institution-reared group in mental test score and social quotient, although differences on the social maturity scale were limited in number.\textsuperscript{25}

2. Studies on Parental Attitudes and Behavior as Determinants of Intellectual Development in the Child.

As some research indicates, there appears to be a relationship between socialization techniques and the child's social and intellectual development. Some of the specific characteristics of parental attitude mentioned in the research which influence intellectual growth in the child are outlined next.

According to Kessler, certain researchers agree that the danger exists of expecting too little of the child, rather than too much.\textsuperscript{26} For instance, Winterbottom believes that motivation tends to be high in elementary school children whose mothers have demanded and rewarded independent accomplishment in the early years.\textsuperscript{27} Such attitudes reflect the mother's willingness to allow the child to grow.


up, which, in turn, helps the child to relinquish infantile forms of gratification. Others are of the opinion that the child with a pervasive type of learning disorder is tied to his mother in a symbiotic relationship. He is not physically deprived and left without stimulation, but rather, he tends to be overstimulated and taken care of too much, insofar as his mother does too much for him in certain areas. Harris found learning difficulties to be associated both with extreme aggressiveness and submissiveness. The overly aggressive "nonlearner" (i.e., a youngster referred primarily for school failure), was brighter than the overly submissive "nonlearner." Corroborating Harris, a relationship between IQ and child behavior patterns has been reported by other researchers. Sontag, et al., drew from individual case studies of children whose IQ's changed markedly over time. The passive, infantile, dependent pattern led to a decreasing level of performance on the Stanford-Binet Scale; whereas, aggressive, self-reassuring mastery of tasks, a competitive, independent pattern, led to progressively advanced performance.

The relation between maternal justification of discipline and IQ, or later mastery of skills, may imply that the mother who disciplines and feels justified in doing so, not only stimulates the child,


but also communicates a faith in the child's conceptual capacity.\textsuperscript{31} Parental malevolence and children's IQ's have been found to be negatively correlated, and the linkage is more apparent among the poorer educated, especially those parents more given to negative thinking regarding their children.\textsuperscript{32} Some parents seem to confuse aggression, as it refers to hostile, hurting impulses, with the aggressive activity that goes into learning, achievement, and success. This confusion in the child may lead to the unconscious equation that to learn is to hurt. The usual distribution of parental authority appears to be amiss in such families.\textsuperscript{33}

Several educators, who are also child therapists, see a connection between setting limits for the child, including not denying him/failure experiences, and the development of a sense of accomplishment necessary for intellectual growth. Parents and schools unwittingly foster maladjustment when they prevent the young child from gaining a feeling of accomplishment through facing realistic challenges and mastering them.\textsuperscript{34} According to these investigators, most of the mistakes made in the rearing of children are a violation of either the adult's self-respect, or respect for the child. The parents who let

\begin{itemize}
\item\textsuperscript{31} J. Kagan and M. Freeman, "Relation of Childhood Intelligence, Maternal Behaviors, and Social Class to Behavior During Adolescence," \textit{Child Development}, 34, 1963, 889-911.
\item\textsuperscript{33} M. G. Grunbaum, "Fathers of Sons with Primary Neurotic Learning Inhibition," \textit{American Journal of Orthopsychiatry}, 32, 1962, 462-473.
\end{itemize}
the child "express himself" without restraint, damage their own self-respect and often "spoil" the child. Misconceiving the idea of democracy and freedom, the parents let the child disrupt the order of the family and impose his will upon them. According to these workers, spoiling is a frequent mistake. It includes a variety of ill-advised procedures, such as indulgence, oversolicitude, and worship. 35, 36

Under the hypothesis that disturbed and non-learning children lacked order and structure in their environment, Haring and Phillips investigated the effects upon such children of a highly structured school day. 37 They reported that the children in the rigidly structured classes made twice as much gain as the disturbed children in regular classes on measures of academic achievement. Haring and Phillips wonder if parents are typically too strict: "Is this really the most common parent-child problem? Does it account for much poor achievement and misbehavior?" Their reply is that the opposite is more likely to be typical, viz., that parents are not firm and consistent enough. 38


Finally, a number of studies are reviewed which describe some specific parental characteristics which are believed to help determine the social and emotional development of the child. Included are descriptions of parental attitudes toward retarded, as well as clinic children.

A trend appears to be emerging among clinic workers to assert that parents seen by them are inconsistent in discipline and that this trait is responsible for many of the problems of their children. The clinic child seems to take advantage of the inconsistent mother's inability to say no, her inability to stick by her guns on disciplinary matters, and her inability to follow through on a restriction, regulation, or expectation. In these instances, she, characteristically, presents a picture of exhaustion, of being at the end of her rope, of having "tried everything," and of feeling victimized by an unscrupulous child. Even though this mother may be quite harsh with the child, when she is harsh it is usually a retaliatory measure only remotely associated with discipline. 39

The permissiveness of the mother may be due largely to her guilt over having to restrict the child. Often she tends to conceive of discipline as a hostile act directed toward the child. 40 Further,


the mother's attitude toward herself may help determine her guilt reactions, as well as the child's own attitude toward his condition. Such feelings induced in parents by their child's affliction may lead to smothering overprotection. The child learns little self-sufficiency, because things are done for him before he has a chance to try them on his own. His parents are unable to exert effective and consistent discipline. This, coupled with the possibility of an organically-induced difficulty in establishing internal controls, keeps the child perpetually infantilized, resulting in behavior that may be mistakenly regarded as intrinsic to his condition. 41

As for the relevance of these observations for the parent of the retarded child, some investigators are coming to the conclusion that Mild, Moderate, or even Severe mental deficiency and organic brain disease can be complicated by severe mental disorder or personality maldevelopment. Szurek believes the conflicts of each parent toward the child are but the signs of internalized conflicts of the parent with himself. The parents are often not only convinced of the organic origin of their child's behavior and most hopeless about him as they are about themselves, but they are also convinced that they feel no resentment or hostility toward the child. 42

The importance of denial as a defense mechanism in warding

41. L. Eisenberg, "Emotional Determinants of Mental Deficiency," American Medical Association Archives of Neurology and Psychiatry, 80, 1958, 114-121.

off the anxiety and depression which follow the birth of a Mongoloid child is mentioned by Solnet and Stark. 43 Kanner, as well, has emphasized the presence of guilt as a parental reaction to the birth of a retarded child. 44 The personal crisis inflicted upon the family as a result of having a retarded child may lead to parental rejection of the retardate and to subsequent guilt. Overprotection is likely to ensue as a reaction formation. 45 Relevant to such a crisis are studies which indicate that the presence of a retarded child may have an unconscious meaning to a parent. 46 This meaning may satisfy pre-existing needs of a mother, or else the child is viewed as a symbol of past sins, of religious retribution. 47

Evidence from the conversations of schizophrenic children and their mothers has given support to the notion that such mothers sometimes either actively or passively encourage disordered communi-


47. S. C. Mahoney, "Observations Concerning Counseling with Parents of Mentally Retarded Children," American Journal of Mental Deficiency, 63, 1958, 81-86.
cation in their psychotic children. Still other workers have stressed the interaction between constitutional and environmental factors among retarded and psychotic children. Kanner, for example, has assumed that the inability of atypical children to make affective contact with other persons has a biological base, but, at the same time, he has described the influence of the parents who give only mechanized service to the child. Others have considered the significance of the impaired relationship between mother and child as a result of the mother's reaction to the child's defects. The clamouring, demanding baby may be a nuisance, but, at least, he is unlikely to be left alone. The apathetic baby, or the stiff, unresponsive one, does not encourage the mother to treat him with tenderness and affection. The natural ambivalences which the mother feels toward the demands of child care become exaggerated when her efforts go unrewarded by a smile, a stretching out of the arms, or a snuggling to her shoulder. In her guilt over the situation, she may become confused and inconsistent, sometimes trying to reach her child through smothering affection, and, at other times, rejecting him by simply ignoring him as he ignores her. Presumably, many other women with conflicts concerning motherhood have been won over by their


children, but the healthy give and take of mother and child does not take place as easily with the defective baby.

**Personality Picture of the Over-protective Attitude Summarized**

In the foregoing studies, a number of related characteristics often encountered in mothers of clinic children, which form a picture of the overprotective attitude, have been presented. Such an attitude, believed to negatively affect intellectual and social growth in the child, is summarized:

The overprotective parent is one in whom consistent, realistic expectations, often needing to be enforced by firm discipline, are lacking, the effect of which communicates a lack of faith in the child's conceptual capacity, or in his sense of confidence regarding what he can accomplish. The show of aggression toward the child through discipline by saying, "No," or firmly holding the child to the task, is perceived by the parent as hurtful and wrong. Such forceful displays may be interpreted by the parent as hostile acts with the resulting guilt feeling or need to deny the thought or action. Permissiveness ensues, perhaps, in the mistaken guise of democracy and freedom. The child may often dominate the family, including what task he will attempt and when he will attempt it. Because the child does not face realistic challenges (appropriate to his abilities), self-confidence fails to develop sufficiently. Not surprisingly, the mother feels at the end of her rope, victimized by an uncooperative, even unscrupulous, child. Perhaps, the hopeless feeling about the child really mirrors hopelessness about the parent, for, characteristically, the mother has a low opinion of herself. She may feel she deserves to be punished through the child's failures and unacceptable behavior. That is, when faced with the choice of "hurting" the child (through firmness), or being "hurt" by the child through his uncooperativeness and failure, the mother finds it easier to choose the latter course of action. She may thus appear a martyr.

**Definition of Terms**

1. **Mongolism** - The commonest of the clinical types of mental retardation. It may be regarded as a disturbance of growth which
begins at an early embryonic age and affects every system and organ in the body. No definite etiology can be established, but it can be determined that the condition exists at, or prior to, birth. 51

2. **High-Functioning Mongoloid Child** - A Mongoloid child whose Intelligence Quotient and Social Quotient fall approximately within the range of Mild and Borderline levels of measured intelligence. 52

3. **Low-Functioning Mongoloid Child** - A Mongoloid child whose Intelligence Quotient and Social Quotient fall approximately within the range of Moderate level of measured intelligence. 53

4. **Maternal Overprotection** - Consists of those responses given by the mothers of the High-functioning and Low-functioning groups of Mongoloid children to the Parental Attitude Research Instrument (PARI), which includes scales that measure maternal overprotection. 54 Scales which measure overprotection on the PARI include questions dealing with firmness, parental control, permissiveness, denial of hostility, guilt, setting of unrealistic goals, and other relevant characteristics.

**Predictions**

Of the 23 scales in the PARI, 19 were selected as being


52. Ibid., p. 58.

53. Ibid., p. 58.

especially relevant measures of the overprotective attitude. The overprotective mothers, defined as the mothers of the Low group of Mongoloid children, were expected to show significantly greater agreement than the mothers of the High group of Mongoloid children with the questions of the first 10 of the 19 scales selected. The scales were:

Encouraging Verbalization, e.g., "When a child is in trouble he ought to know he won’t be punished for talking about it with his parents;" Fostering Dependency, e.g., "A good mother should shelter her child from life’s little difficulties;" Martyrdom, e.g., "Mothers sacrifice almost all their own fun for their children;" Equalitarianism, e.g., "As much as is reasonable a parent should try to treat a child as an equal;" Fear of Harming the Baby, e.g., "Mothers never stop blaming themselves if their babies are injured in accidents;" Seclusion of the Mother, e.g., "The home is the only thing that matters to a good mother;" Intrusiveness, e.g., "It is a mother’s duty to make sure she knows her child’s innermost thoughts;" Suppression of Aggression, e.g., "A child should be taught to avoid fighting no matter what happens;" Comradeship and Sharing, e.g., "If parents would have fun with their children, the children would be more apt to take their advice;" and, Suppression of Sex, e.g., "Sex is one of the greatest problems to be contended with in children."

Conversely, it was expected that the overprotective mothers, Low group, would express significantly less agreement than the High group of mothers with the questions of the following 9 scales selected:
Breaking the Will, e.g., "A wise parent will teach a child early just who is boss;" Strictness, e.g., "Children are actually happier under strict training;" Deification, e.g., "Parents deserve the highest esteem and regard of their children;" Excluding Outside Influences, e.g., "The child should not question the thinking of his parents;" Ascendancy of the Mother, e.g., "Children and husbands do better when the mother is strong enough to settle most of the problems;" Acceleration of Development, e.g., "A child should be weaned away from the bottle or breast as soon as possible;" Irritability, e.g., "Raising children is a nerve-wracking job;" Marital Conflict, e.g., There are some things which just can't be settled by mild discussion;" and, Rejection of the Homemaking Role, e.g., "One of the bad things about raising children is that you aren't free enough of the time to do just as you like."

Finally, the Low group of mothers, compared to the High group of mothers, was expected to show significantly greater agreement with the questions of the democratic-attitudes cluster, comprised of the three factors: Encouraging Verbalization; Equalitarianism; and, Comradeship and Sharing; and to show significantly greater disagreement with the questions of the rejection-hostility cluster, comprised of the three factors: Irritability; Marital Conflict; and, Rejection of the Homemaking Role.

Delimitations

All findings, conclusions, and recommendations from this study should be interpreted with an awareness that these findings,
conclusions, and recommendations pertain to the specific groups, as described in Methods and Procedures of Chapter II.
CHAPTER II

METHODS AND PROCEDURES

This chapter includes the sections: Selection of Subjects for the Study; Investigative Procedures; Hypotheses; and, Statistical Procedures Used in Analyzing the Data.

Selection of Subjects for the Study

The subjects in the study were Mongoloid children and their mothers evaluated at the Child Study Center in Albuquerque, New Mexico. The Child Study Center is a diagnostic clinic, the staff of which includes a pediatrician as medical director, a social worker, a psychologist (the author of this study), and a speech therapist. The mothers of the children volunteered themselves and their children for the study, conducted from six months to two years after the children were originally evaluated at the Center.

There were 15 mothers in the High Mongoloid group, whose children met the following criteria for eligibility:

1. The child of each mother was diagnosed as Mongoloid and mentally retarded within the two previous years of the study by the staff of the Child Study Center;

2. The child of each mother scored between 50 to 85 on the basis of the Cattell Infant Intelligence Scale or the Stanford-Binet Intelligence Scale, Form LM, approximating the range which includes the Mild and Borderline levels of measured intelligence;

3. The child of each mother scored between 50 and 85 on the basis of the Vineland Social Maturity Scale;
4. The child of each mother was classified as approximating the range which includes the Mild and Borderline levels of measured intelligence by the pediatrician and the Center's speech therapist; and,

5. The child of each mother was free of severe physical disabilities as determined by the pediatrician.

An attempt was made to match the Low and High groups of Mongoloid children on specific variables for comparison purposes. The specific variables were:

1. Comparable group size;
2. Comparable age groups;
3. Comparable socio-economic status of the mothers; and,
4. Comparable educational level of the mothers.

Sex differences were not considered in the present investigation.

There were 15 mothers of the Low Mongoloid group whose children met the following criteria for eligibility:

1. The child of each mother was diagnosed as Mongoloid and retarded within the two previous years of the study;
2. The child of each mother scored between 30 and 49 on the basis of the Cattell Infant Intelligence Scale or the Stanford-Binet Intelligence Scale, Form LM, approximating the range which includes the Moderate level of measured intelligence;
3. The child of each mother scored between 30 and 49 on the basis of the Vineland Social Maturity Scale;
4. The child of each mother was classified as approximating the range which includes the Moderate level of measured intelligence by the pediatrician and by the Center's speech therapist; and,

5. The child of each mother was free of severe physical disabilities as determined by the pediatrician.

The Investigative Procedure

The Parental Attitude Research Instrument

In the previous chapter, a picture of related characteristics based on research studies was presented which describes the overprotective attitude. The PARI consists of 23 five-item scales believed to measure attitudes theoretically relevant to that personality picture. The PARI involves the use of generalized third person statements about child rearing, permitting four response alternatives: strongly agree; mildly agree; mildly disagree; and, strongly disagree (See Appendix A).

Factorial Analysis and Reliability of the PARI

On the basis of a factorial analysis, using a sample of 100 multiparous wives of military personnel, two major factors were labelled by Schaefer and Bell as approval of maternal control of the child and approval of maternal expression of hostility. A third factor was also extracted called democratic-attitudes toward child rearing. Test-retest and internal consistency reliability coefficients for the 23 five-item scales were not published by the authors, but were said to be satisfactory for multivariate research on group differences.

55. Ibid.
A later factor analysis of the PARI based on a more heterogeneous sample of 222 mothers of nursery children, mothers of church groups, and student mothers, to which was added 191 mothers receiving psychiatric treatment, produced an almost identical factorial structure. Zuckerman, et al., named the first cluster authoritarian control and the second cluster hostility-rejection. They, too, extracted a third cluster called democratic-attitudes. Computing correlations between the scales and the education, age, and number of children of the mother, these investigators discovered education related significantly to scores on the scales; in effect, the better educated gave more acceptable answers. The variable of age shared a smaller number of relationships, and the variable number of children revealed no relationship with the scale. Some evidence suggests that the association with education is, at least in part, an artifact of question style.

Both Schaefer and Zuckerman found most of the 23 scales in final Form IV of the 115 item questionnaire PARI to have appreciable loadings on an authoritarian-control cluster. Rejection of the Homemaking Role, Irritability, and Marital Conflict were the main scales loading on the hostility-rejection cluster, while Encouraging Verbalization, Equalitarianism, and Comradeship and Sharing loaded on the cluster democratic-attitudes.


Review of Relevant Research on the PARI Studies of Group Differences

Several studies have examined differences in scores on the PARI between mothers of schizophrenics and "normals." Zuckerman, Oltean, and Monashkin found a significant difference for only one subscale (to be expected by chance). Mothers of normal children were more likely to endorse the items on the Strictness scale. Similar negative findings are reported by Heilbrun for samples of schizophrenic and "normal" women; no differences were found on Strictness. A third study of this sort was made by Horowitz and Lovell who found significant differences for only 2 of 23 PARI scales. Mothers of schizophrenic daughters scored higher than did mothers of normals on Fostering Dependency and Seclusion of the Mother. Breaking down the data into age categories, however, revealed that younger mothers with normal daughters scored significantly higher on the cluster hostility-rejection (Marital Conflict, Irritability, Rejection of the Homemaking Role) than did younger mothers with schizophrenic daughters.

It is of interest that a replicated finding is the greater fostering of dependency and seclusion of mothers of schizophrenics. Mothers of schizophrenics appear to live a more sheltered life and to


be more protective of their children. With a younger group of schizophrenic subjects, intrusiveness also enters the picture. 61

Similar overprotective attitudes are also endorsed by mothers of children with a variety of physical or emotional disorders. Bell interpreted this finding as implying that the differences in maternal attitudes are best viewed as reactions to having to care for a child who is limited in some way. 62 The findings for mothers of retarded children may have a similar reactive basis. In one of the rare studies where the PARI was administered to the mothers of retarded children, Klebanoff employed the PARI with mothers of schizophrenic children, mothers of institutionalized retarded or brain-injured children, and mothers of normal children. 63 His five-factor system revealed that both mothers of schizophrenic children and mothers of retarded children were significantly higher on overpossessiveness (Martyrdom, Suppression of Aggression, Fostering Dependency, and Intrusiveness) than were mothers of normal children, but did not differ from each other. Mann also found that the factors of Seclusiveness and Intrusiveness differentiated mothers of normal children and children with cerebral palsy, the latter children scoring higher on


62. Bell, loc. cit.

those two scales. In addition, mothers of palsied children scored higher on **strictness** and variables in the democratic-attitudes cluster (**encouraging verbalization**, **equalitarianism**, **comradeship** and **sharing**), while mothers of normal children were higher on the hostility-rejection cluster (**marital conflict**, **irritability**, **rejection of the homemaking role**). The PARI studies of others are consistent in pointing to a greater intrusiveness of mothers with congenitally handicapped children.  

Zuckerman, Barrett, and Bragiel found that clinic mother showed less authoritarian-control and less hostility-rejection attitudes than non-clinic mothers, although the differences are not significant. Clinic mothers were significantly lower on four individual scales: **Deification** (worship of the parent); **Avoidance of Communication**; **Acceleration of Development**; and, **rejection of the homemaking role**.

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Results of Madoff indicate that mothers of institutionalized delinquent children endorse more authoritarian attitudes than do mothers of a control sample. Fostering Dependency, Seclusiveness, and Intrusiveness were more likely to be endorsed by mothers of delinquents. The largest group differences (nonsignificant) were found on the factors: Suppression of Sex; Suppression of Aggression; and, Fostering Dependency. Mothers of delinquents were higher on each scale. Again, it is possible that a reactive hypothesis (having an institutionalized delinquent child) best accounts for these differences.

A recent, and especially relevant study for the purpose of the present research, is that of Davids and Hainsworth. Bright teenage boys enrolled in special educational programs for academic under-achievers and for high-achievers were administered the PARI with instructions to complete the instrument the way their mothers would respond. The PARI was also administered to the mothers. The results suggested more control (Ascendancy of the Mothers, Deification, Intrusiveness) avowed by mothers of the high-achieving boys. Much greater differences between mothers' avowal and sons' perceptions were found in the under-achieving group, with the most pronounced discrepancies being evidenced on the three-factor measure of maternal control. The authors cited the study by Drews and Teahan as directly relevant to their findings. Using a questionnaire similar to the PARI,


Drews and Teahan found the mothers of high-achieving, gifted subjects to be more authoritarian in their childrearing attitudes than were the mothers of the low-achieving, gifted subjects. Davids and Hainsworth concluded that the impression to be gained from these investigations is that academic high-achievers are likely to come from a family situation in which the adults feel they know what is best for the child and are willing and able to see that the child conforms to standards set by adult authority figures. Regardless of which interpretation of their results is correct, they say, the PARI is most useful in showing inconsistency, ambiguity, and dissonance in the important domain of control regarding mother-child interaction.

In summary, it can be said that although the research is not definitive, the most consistent finding to emerge from the PARI studies is that the attitudes of mothers of problem children tend to be more overprotective, and less consistent in control; and, parents of clinic children may diverge more than parents of normals in their attitudes toward strictness. The consistency of these findings provides one of the few instances in the psychological literature in which an influence on the child of the mother's attitudes appears to have been demonstrated. The investigations also indicate the following possibilities: 1. An overprotective attitude may be fostered by having a problem child; 2. A child may become a problem child as a result of his mother's overprotective attitude; 3. A special strength of the PARI may lie in its ability to reveal an overprotective

72. Davids, loc. cit., p. 36.
attitude; and, 4. The PARI has provided a lead worth more investigation.

It should be pointed out that the term overprotection has been infrequently used by authors in the previous studies. When the term has been employed, however, in no two investigations has it referred to the utilization of identical scales, or combinations of scales, on the PARI. In several studies, the term is reserved for agreement on certain factors among an authoritarian-control cluster, but not other factors. In other research it refers to agreement on scales among the democratic-attitudes cluster, but not other factors. Conversely, in some investigations it stands for the finding that mothers of clinic and problem children do not show greater agreement, when compared to mothers of normals, on the hostility-rejection cluster.

Rationale of Hypotheses

The picture of related characteristics, which was presented earlier to describe the overprotective attitude, appears very similar to certain related scales on the PARI. The measurement of this attitude on the PARI should reveal the following:

A need on the part of the mother to shelter her child against physical hurts and to experience guilt feelings when she fails to protect her child; A need to sacrifice, even suffer, for the child; A need to deny and suppress aggression and sex in the child; A need to submit to the "priority" of the child's wishes and demands, to regard him as an equal or comrade; and, A need or duty to learn
the child's inner thoughts.

Conversely, measurement of the overprotective attitude should not reveal:

A need to express anger toward the child; Nor should it reveal a need to discipline; Nor emphasize obedience and loyalty to the parent; Nor express a need to expose the child to developmental challenges; Nor outwardly show irritability, hostility, or rejection toward family, marriage or the homemaking role.

Becker and Krug state that a puzzling result of their review of PARI studies is that mothers of clinic children score lower on authoritarian-control. The difficulty in understanding this fact could be due to the very different meanings of the individual scales included under that heading. For example, agreement with the item in the Fostering Dependency scale, "A good mother should shelter her child from life's little difficulties," reflects a quite different type of control (protection) than does agreement with the item, "A wise parent will teach a child early just who is boss" (domination), included in the scale Breaking the Will. Becker and Krug remark that the trend in several studies for "bad" attitudes (hostility-rejection) to be endorsed more frequently by mothers with better adjusted children is "very perplexing." It is suggested that the personality picture of overprotection developed in the present paper leads to the belief that such a trend is not perplexing. According to the present

theoretical formulations, the clinic mother must often deny conscious expressions of rejection and hostility toward not only the child, but other aspects of family life. Sheimo, in discussing how to help parents of retarded and handicapped children, observed that the most striking common factor was the intense guilt and conflict in regard to the impulse to reject the child. 74 Coleman, in discussing the parents of retarded children, refers to their conflict, guilt, and confusion. 75 Peck, Rabinovitch and Cramer report similar observations of the parents of schizophrenic children. 76 Such reasoning may explain why every study in the present review found mothers of problem children to show less, rather than more, agreement compared with non-clinic groups of mothers in the direction of hostility-rejection. Punishment and overpossessiveness are quite probably mutually exclusive; the overprotective mother is more likely to exercise her control by subtler methods than punishment. 77

Finally, a number of studies have either been exploratory or have formulated hypotheses with the PARI which were based on insufficient or mistaken theoretical notions of what parental


77. Klebanoff, loc. cit.
attitudes variables are critical influences of child behavior. Examination of the relevant literature reveals considerable inconsistency, conflict, and ambiguity in regard to theoretical issues. It is hoped that the empirical findings which are uncovered by the present approach to the understanding of parent-child relations will be of value to future investigators.

Hypotheses

For each of the following 10 factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly greater agreement with the questions than the mothers of the High group of Mongoloid children:

1. Encouraging Verbalization;
2. Fostering Dependency;
3. Martyrdom;
4. Equalitarianism;
5. Fear of Harming the Baby;
6. Seclusion of the Mother;
7. Intrusiveness;
8. Suppression of Aggression;
9. Comradeship and Sharing; and,
10. Suppression of Sex.

For each of the following 9 factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly less agreement with the questions than the mothers of the High group of Mongoloid children:

11. Breaking the Will;
12. Strictness;
13. Deification;
14. Excluding Outside Influences;
15. Ascendancy of the Mother;
16. Acceleration of Development;
17. Irritability;
18. Marital Conflict;
19. Rejection of the Homemaking Role;

20. It was hypothesized that the Low group of mothers would demonstrate significantly less agreement than the mothers of the High group with the questions of the cluster rejection-hostility, comprised of the three scales: Irritability; Marital Conflict; and, Rejection of the Homemaking Role; and,

21. It was hypothesized that the Low group of mothers would demonstrate significantly greater agreement than the mothers of the High group with the questions of the cluster democratic-attitudes, comprised of the three scales: Encouraging Verbalization; Equalitarianism; and, Comradeship and Sharing.

Matching the Groups

Each child in both the High and Low groups was tested with the Stanford-Binet Scale, Form LN, or Cattell Infant Intelligence Scale, and the Vineland Social Maturity Scale. Medical examination by the medical director of the Center, and a speech evaluation by the Center’s speech therapist, confirmed the placement of each child in either the High or the Low group. The physical examination by the medical director determined the absence of severe physical disabilities
of all children.

An abbreviated version of the Warner Index of Status Characteristics was used to obtain a socio-economic status rating for each subject in both groups (See Appendix B). Two primary ratings (father's occupation and residential location) were weighted and combined to form a single rating of status. The lower the rated weighting, the lower the socio-economic status. Conversely, the higher the weighted rating the higher the socio-economic status. Warner's six strata of socio-economic status are called: Upper-upper; Lower-upper; Upper-middle; Lower-middle; Upper-lower; and, Lower-lower. Only those subjects who fell in the comparable range of socio-economic status were selected for the two groups of mothers. The information to determine the socio-economic status of the two groups was obtained from the clinic file on each child.

**Procedure**

Slightly modified instructions for the administration of the PARI, as outlined by Schaefer and Bell, were used, as follows:

"I am studying what (mothers) think about how children should be brought up. A lot is written on this subject in various newspaper and magazine articles. Frequently these articles are not in agreement. I thought it would be a good idea to find out what (mothers) themselves think. You can help in the study by passing on your own ideas. As you know, this is voluntary. If you would contribute your ideas I will leave the form with you and return for it in approximately 20 minutes. Be frank and give your own personal views regardless of what others may think. You do not need to give your name. So as not to use too much of your time we have a list of ideas which other mothers have contributed. You merely circle one of the four letters of each statement.

78. Schaefer, loc. cit., p. 359.
Circle the large "A" if you strongly agree, the small "a" if you mildly agree, the small "d" if you mildly disagree, the large "D" if you strongly disagree. Others who have given their ideas say that it is best to work rapidly. Give your first reaction. If you read and reread the statements it tends to be confusing and you can't finish in the amount of time we have.

Data Analysis

In testing for significance of differences, the scoring system of the PARI used by Davids and Hainsworth was employed. Responses to each item received a score from 1 to 4, depending upon the degree of agreement avowed by the respondent. Each scale consists of 5 items which made a minimum possible score of 5 and a maximum possible score of 20 for each respondent on each scale; or a minimum of 15 and a maximum of 60 on each of the clusters; democratic-attitudes, and rejection-hostility.

Statistical Procedures

The main statistical procedure used in the present investigation consisted of the t-test of related measures to determine whether a significant difference existed between the means of the two groups of mothers of High and Low Mongoloid children on each of the 23 hypotheses. The Chi square test was to be employed to determine if the number of null hypotheses rejected exceeded chance expectancy. Other statistical analyses were used as determined by the data.

CHAPTER III

RESULTS AND DISCUSSION

This chapter presents a description of the population, the analysis of the data, and the findings for each hypothesis posed in the study.

Description of the Population

Fifteen children and their mothers met the criteria for the high group of subjects. The children ranged in age from 2 years, 7 months, to 8 years, 1 month. Their mean IQ, based on the Stanford-Binet Scale, Form LM, or the Cattell Infant Intelligence Scale, was 59.06. All of the children in the group were classified as Mongoloid and within the range which includes the Mild and Borderline levels of measured intelligence for IQ, SQ, physical examination, and language development. All children were free of severe physical disabilities. The mothers were classified as coming from a socio-economic level rated as Lower-middle. The mean educational level of the mothers was 12.33 years, a higher level than that expected from knowledge of their socio-economic status. This inconsistency is explained by the fact that a number of the fathers in both groups were laborers. There were nine boys and six girls.

Fifteen children and their mothers met the criteria for the low group of subjects. They ranged in age from 2 years, 9 months to 8 years, 3 months. Their mean IQ, based on the Stanford-Binet Scale, Form LM, or the Cattell Infant Intelligence Scale, was 40.66. All of the children in the group were classified as Mongoloid and within the range which includes the Moderate level of measured intelligence for
IQ, SQ, physical examination, and language development. All children were free of severe physical disabilities. The mothers were classified as coming from a socio-economic level rated as Lower-middle. The average educational level of the mothers was 12.66. There were ten boys and five girls. Table 1 presents a breakdown of the means, standard deviations, mean differences, and significance of differences between means for age and IQ of children, and education of the mothers for the High and Low groups. Appendix C presents a description of the subject data for the two groups.

**Table 1**

Means, standard deviations, mean differences, and significance of differences between means for age and IQ of children, and education of the mothers for the High and Low groups.

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<thead>
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<th>Comparisons</th>
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<tbody>
<tr>
<td>Age of Child (Months)</td>
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<tr>
<td>x High</td>
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</tr>
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<td>s</td>
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</tr>
<tr>
<td>x Low</td>
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</tr>
<tr>
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<tr>
<td>IQ of Children</td>
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<tr>
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<tr>
<td>s</td>
<td>7.77</td>
<td></td>
</tr>
<tr>
<td>x Low</td>
<td>40.66</td>
<td></td>
</tr>
<tr>
<td>s</td>
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* - Indicates significance of the .01 level of confidence.
Table 1 (Cont.)

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</tr>
<tr>
<td>s</td>
<td>1.54</td>
<td></td>
</tr>
<tr>
<td>x Low</td>
<td>12.66</td>
<td></td>
</tr>
<tr>
<td>x</td>
<td>1.84</td>
<td></td>
</tr>
<tr>
<td>x Difference</td>
<td>.33</td>
<td>30</td>
</tr>
</tbody>
</table>

Analysis of Test Results

Appendix D presents the results of testing for the significance of the difference between the mean scores on the PARI factors of the High and Low groups of mothers for the 21 hypotheses posed. For each factor, Appendix D presents the mean, the standard deviation, the absolute value of the difference between the mean, and the t statistic. Responses to each item received a score from 1 to 4, depending upon the degree of agreement avowed by the respondent. Each scale consisted of five items which made a minimum possible score of 5 and a maximum possible score of 20 for each respondent on each scale. The critical value for the t-test at the .05 level of confidence for 28 degrees of freedom is 2.05; at the .01 level, the critical value is 2.76.

For each of the following 10 PARI factors, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly greater agreement with the questions than the mothers of the High group of Mongoloid children:
1. Encouraging Verbalization.

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 1.46, the Low group showing greater agreement than the High group. The computed t value obtained was 1.36, which was considered not significant.

2. Fostering Dependency.

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 2.07, the Low group showing greater agreement than the High group. The computed t value obtained was 1.40, which was considered not significant.

3. Martyrdom.

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 4.80, the Low group showing greater agreement than the High group. The computed t value obtained was 4.12, which was considered significant at the .01 level of confidence.

4. Equalitarianism.

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 3.33, the Low group showing greater agreement than the High group. The computed t value obtained was 2.84, which was considered significant at the .01 level of confidence.
5. **Fear of Harming the Baby.**

The mean score on this factor for the mothers of the **High** group was compared with the mean score on this factor for the mothers of the **Low** group. The mean difference was 3.93, the **Low** group showing greater agreement than the **High** group. The computed t value obtained was 3.00, which was considered significant at the .01 level of confidence.

6. **Seclusion of the Mother.**

The mean score on this factor for the mothers of the **High** group was compared with the mean score on this factor for the mothers of the **Low** group. The mean difference was 3.40, the **Low** group showing greater agreement than the **High** group. The computed t value obtained was 2.69, which was considered significant at the .05 level of confidence.

7. **Intrusiveness.**

The mean score on this factor for the mothers of the **High** group was compared with the mean score on this factor for the mothers of the **Low** group. The mean difference was 4.46, the **Low** group showing greater agreement than the **High** group. The computed t value obtained was 3.18, which was considered significant at the .01 level of confidence.

8. **Suppression of Aggression.**

The mean score on this factor for the mothers of the **High** group was compared with the mean score on this factor for the mothers of the **Low** group. The mean difference was 1.60, the **Low** group showing greater agreement than the **High** group. The computed t value
obtained was 1.54, which was considered not significant.

9. **Comradeship and Sharing.**

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 2.60, the Low group showing greater agreement than the High group. The computed t value obtained was 2.19, which was considered significant at the .05 level of confidence.

10. **Suppression of Sex.**

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 1.86, the Low group showing greater agreement than the High group. The computed t value obtained was 1.77, which was considered not significant.

For each of the following 9 factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly less agreement with the questions than the mothers of the High group of Mongoloid children:

11. **Breaking the Will.**

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was .06, the High group showing greater agreement than the Low group. The computed t value obtained was .05, which was considered not significant.

12. **Strictness.**

The mean score on this factor for the mothers of the High
group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 1.66, the High group showing greater agreement than the Low group. The computed t value obtained was 1.19, which was considered not significant.


The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 1.46, the Low group showing greater agreement than the High group. The computed t value obtained was .94, which was considered not significant.


The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 2.13, the Low group showing greater agreement than the High group. The computed t value obtained was 1.83, which was considered not significant.

15. Ascendancy of the Mother.

The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 1.46, the Low group showing greater agreement than the High group. The computed t value obtained was 1.07, which was considered not significant.


The mean score on this factor for the mothers of the High group was compared with the mean score on this factor for the mothers of the Low group. The mean difference was 2.20, the Low group show-
ing greater agreement than the high group. The computed t value obtained was 1.44, which was considered not significant.

17. Irritability.

The mean score on this factor for the mothers of the high group was compared with the mean score on this factor for the mothers of the low group. The mean difference was 4.80, the high group showing greater agreement than the low group. The computed t value obtained was 4.35, which was significant at the .01 level of confidence.

18. Marital Conflict.

The mean score on this factor for the mothers of the high group was compared with the mean score on this factor for the mothers of the low group. The mean difference was .66, the high group showing greater agreement than the low group. The computed t value obtained was .46, which was considered not significant.


The mean score on this factor for the mothers of the high group was compared with the mean score on this factor for the mothers of the low group. The mean difference was 2.06, the high group showing greater agreement than the low group. The computed t value obtained was 1.66, which was considered not significant.

It was hypothesized that the mothers of the low group of Mongoloid children would demonstrate significantly greater agreement with the questions of the democratic-attitudes cluster than the mothers of the high group of Mongoloid children.

20. Democratic-attitudes cluster.

This cluster was computed by combining scores on the scales:
Encouraging Verbalization; Equalitarianism; and, Comradeship and Sharing. The mean score on this cluster for the mothers of the High group was compared with the mean score on this cluster for the mothers of the Low group. The mean difference was 2.46, the Low group showing greater agreement than the High group. The computed t value obtained for 28 degrees of freedom was 3.71, which was considered significant at the .01 level of confidence.

It was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly less agreement with the questions of the rejection-hostility cluster than mothers of the High group.


This cluster was computed by combining scores on the scales: Irritability; Marital Conflict; and, Rejection of the Homemaking Role. The mean score on this cluster for the mothers of the High group was compared with the mean score on this cluster for the mothers of the Low group. The mean difference was 2.51, the High group showing greater agreement than the Low group. The computed t value obtained for 28 degrees of freedom was 3.26, which was considered significant at the .01 level of confidence.

Observing that the High group of mothers, moreso than the Low group, evidenced a greater degree of overestimation of the social maturity of their children (resulting in the SQ) compared to the IQ's obtained by the examiner, Pierson "r" correlation coefficients were computed between these two variables for both groups (Table 2). For the High group, the mean discrepancy was 5.53 between SQ and IQ, the
Table 2
The correlation coefficient for the High and Low groups of mothers between IQ and SQ.

<table>
<thead>
<tr>
<th>Number of Subjects</th>
<th>Correlation Coefficient Between IQ and SQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 High Group</td>
<td>.40</td>
</tr>
<tr>
<td>15 Low Group</td>
<td>.69**</td>
</tr>
</tbody>
</table>

** - Indicates significance beyond the .05 level of confidence.

mothers of this group describing their children's social maturity level such that the SQ's, on the average, exceeded the IQ's, resulting in a correlation coefficient of .40 between these two variables. For 13 degrees of freedom, this coefficient was regarded as not significant. On the other hand, the relationship between the Low mothers' descriptions of their children's social maturity level and the IQ's was close, resulting in a significant correlation coefficient. For the Low group, the resulting correlation coefficient of .69 was found to be significant beyond the .01 level of confidence. The Low group showed a mean discrepancy of 1.80 points in a direction that yielded higher SQ's than IQ's, but, unlike the High group, the mean discrepancy was not so high as to result in a nonsignificant coefficient. The t value of 3.01 between the mean discrepancy scores of 5.53 and 1.80 for the High and Low groups respectively, exceeded the critical value of 2.76 (28 degrees of freedom) needed for significance at the .01 level of confidence. (Table 3)
Table 3

The mean discrepancy scores between IQ and SQ and the significance of difference between the mean discrepancy scores of the High and Low groups of mothers.

<table>
<thead>
<tr>
<th>Comparisons</th>
<th>Number of Subjects</th>
<th>t</th>
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<tbody>
<tr>
<td>High x discrepancy</td>
<td>5.53</td>
<td></td>
</tr>
<tr>
<td>Low x discrepancy</td>
<td>1.80</td>
<td>30</td>
</tr>
</tbody>
</table>

* - Indicates significance beyond the .01 level of confidence.

Discussion

The expectancy that the mothers of the Low group of Mongoloid children would demonstrate greater differences on the PARI than mothers of the High group was supported by the findings of this study. The Low group of mothers responded beyond chance expectancy to 9 of 21 hypotheses on the PARI consistent with statements about overprotective parents which were formulated in the study. The differences between the means of the two groups of mothers were found to be in the direction predicted by the theoretical formulations for 17 of the 21 hypotheses considered. The probability of this occurrence is beyond the .01 level of confidence ($\chi^2 = 7.26$). In no case where the difference in means between the High and Low groups was in a direction not consistent with the predictions, did it reach significance (Table 4).

Concerning what the measurement of the overprotective attitude on the PARI should reveal, the statement that the overprotective mother should express a need to shelter her child against physical and psychological hurts, and to experience guilt when she
| Table 4 |

**Confidence at the .05 Level of Significance**
- Marked Significant

<table>
<thead>
<tr>
<th>Factor: Non-Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deflection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factor: Significant</th>
</tr>
</thead>
</table>

**Indicators of Significance**
- **Confidence at the .01 Level of Significance**
- **Indicators of Non-Significance**
- **Results of Hypotheses Not in the Direction**
- **Results of Twenty-One Hypotheses, Indicating Significance or Non-Significance, and Indicating a Direction**

**Cluster:**
- Democratic-equality
fails, is measured by the items contained in the factors: **Fear of Harming the Baby**, and **Martyrdom**. These were two factors to which the **Low** mothers gave agreement beyond the .01 level of confidence when compared with the **High** group. Agreement with the items of the former factor implies that the mother fears the effects of her own destructive impulses toward the child. The latter factor reflects her need to sacrifice, even suffer for the child, because of these impulses. The two hypotheses concerning the factors: **Suppression of Sex**, and **Suppression of Aggression**, showed tendencies for the **Low** group to show greater agreement, but were not significant. While Mann found that the mothers of delinquent girls showed a tendency on the PARI to deny sex and aggression, the problems of sex and aggression may appear as larger problems for mothers of delinquent girls than for mothers whose Mongoloid children will not mature sexually.  

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Another need mentioned was that of the overprotective mother's willingness to submit to the priority of the child's wishes and demands, to regard him as an equal or comrade. The factors: **Equalitarianism**, and **Comradeship and Sharing**, were considered measures of these traits and were significant at the .01 and .05 levels of confidence, respectively, the **Low** group indicating greater agreement. **Encouraging Verbalization** was a factor also believed to reflect these feelings, but it did not reach significance. When that factor was combined with the two preceding factors to form the democratic-

attitudes cluster, the result was significant beyond the .01 level of confidence. Seclusion of the Mother and Intrusiveness were considered important factors in defining the need of the parent to learn the child's inner thoughts. The hypothesis concerning the former factor differentiated the two groups at the .05 level of confidence, the latter factor at the .01 level, with the Low group showing greater agreement in both cases. In the research, mothers of congenitally handicapped children score higher on Intrusiveness than do mothers of normal children. The marked tendency of the High group of mothers, who have congenitally handicapped children, to depart from the responses of mothers of similarly affected children reported in the literature is a further suggestion that the High group is a "different" group from the other mothers of handicapped children, including the Low group of the present study.

The first ten factors selected from the PARI were comprised of questions where greater agreement implied overprotection. This was not the case with the second nine factors where less agreement implied overprotection. Beginning with the first of the second nine hypotheses, it was believed the Low group, compared to the High group, would not reveal a need to express anger toward the child. The factors: Breaking the Will, and Strictness measured this need. The first factor showed no trend (the mean of the Low group being less by only .06

81. Ibid, pp. 2078-2079.

of a point); **Strictness** revealed a non-significant trend for the Low group to express less agreement. Inasmuch as the mean scores for both High and Low groups on the **democratic-attitudes** cluster were high, indicating strong agreement for both groups, while the means for both groups on the factor **Breaking the Will** were unusually low, it may have been that a response tendency to "say the right thing" was operating. Just as moderately high agreement on the **democratic-attitudes** cluster is a "safe," socially acceptable, middle-class answer, so might be moderately low agreement to items that acknowledge use of force and punishment.

The fact that a direction appeared for the Low group to express less agreement with the items acknowledging strictness could be interpreted as a sign of difficulty in expressing firmness toward a child's misbehavior, as opposed to a willingness to punish and dominate the child. Such an explanation might help account for the fact that instead of the Low group's showing less agreement than the High group on the factors of **Deification**, **Excluding Outside Influence**, and **Ascendancy of the Mother**, as had been expected, they revealed a trend (nonsignificant) toward greater agreement. Contrary to predictions, the Low group demonstrated a direction in dominating the thinking of the child, to demand greater obedience, and unquestioned loyalty to the parent. It may be there exists a relationship between these tendencies and the high agreement to **Intrusiveness**, which was found for the Low group. Davids and Hainsworth did, in fact, find that mothers of high-achieving boys avowed greater agreement to the questions of **Ascendancy of the Mother**, **Deification**, and **Intrusiveness** which,
together, formed their control cluster. 83

The other factor which yielded a result opposite to that expected was Acceleration of Development. It was assumed that the Low group (which expressed such strong agreement about protecting the child: Fear of Harming the Baby) would also fear an acceleration of development. A reason for that not being the case may lie in the fact that the Low group was comprised of mothers whose children's slow development might be assumed to represent one of their greatest concerns. More than with any other factor, for these particular mothers, the conscious recognition of the "rightness" of exposing their Mongoloid children to development challenges could off-set the existence of conflicting, unrecognized needs acting to thwart development through protective measures. Such an explanation might account for why the Low group did not agree to a significant degree with the items of the Fostering Dependency factor. It would also be consistent with the possibility that the overprotective attitude is more likely to emerge in the form of comparatively greater agreement to statements with positive connotations than to negative sounding questions. The difference between the two groups was in the expected direction in each case for the first ten factors where questions were worded so that greater agreement was assumed to mean greater overprotection. The direction of difference was in the expected direction for only five of nine factors in the second series, where questions were phrased so that less agreement was assumed to mean greater overprotect-

83. Davids, loc. cit.
In regard to the factors: Irritability; Marital Conflict; and, Rejection of the Homemaking Role, only the first factor differentiated the Low and High groups significantly, the Low group indicating less agreement. When these three factors were combined to form the hostility-rejection cluster, the High group showed significantly greater agreement. Such results agree with the formulation that the overprotective mother is more inclined to deny the expression of anger and hostility toward marriage, husband and family. The finding of less agreement by the Low group to this cluster, along with their greater agreement to the democratic-attitudes cluster, offers additional empirical evidence that the attitudes comprising these two clusters are mutually exclusive.

Finally, it is of interest to note that contrary to what might have been initially anticipated, the High group of mothers, on the average, perceived the social maturity level of their children as exceeding the IQ level to a greater extent than did the Low group of mothers. While the mothers of the Low group were expected to be more "unrealistic" in their expressions of overprotection, it was the mothers of the High group whose estimates of the social maturity level of their children were much more at variance with the more objective IQ measurements. Perhaps, however, when such attitudes take the form of holding a higher expectancy level for the child, provided it is not too high, the effect can be positive. Indeed, rather than being resigned to the child's limitations, the High group would be expected to demonstrate a greater faith in the Mongoloid child's capacity to function
more independently in the area of self-help.
CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Statement of the Problems

The present study was designed to investigate whether the mothers of a group of Mongoloid children, defined as High-functioning children, would demonstrate an attitude of greater overprotection on the Parental Attitude Research Instrument than a group of mothers whose Mongoloid children were defined as Low-functioning.

The study of such congenitally handicapped children provided the opportunity to differentiate maternal attitudes that might be related to intellectual and social differences between the two groups of Mongoloid children. It offered a unique opportunity to sort out those parental reactions which are primary factors in producing a child's behavior disorder from those reactions which are innate characteristics of the child.

Methods and Procedures

Fifteen children and their mothers met the criteria for each group of High and Low subjects. The children in the High group ranged in age from 2 years, 7 months, to 8 years, 1 month; their mean IQ was 59.06. All of the children were classified as within the range which includes the Mild and Borderline levels of measured intelligence for IQ, SQ, physical examination, and language development. The children in the Low group ranged in age from 2 years, 9 months, to 8 years, 3 months; their mean IQ was 40.66. All of the children were classified as within the range which includes the Moderate level of intelligence for IQ, SQ, physical examination, and language development.
The children were matched for age and for education and socioeconomic status of their mothers. The mothers were administered the Parental Attitude Research Instrument (PARI).

Hypotheses

A number of related characteristics often encountered in mothers of clinic children, which form the overprotective attitude, were described. Such an attitude, believed to negatively affect the intellectual and social growth of the child, was summarized:

The overprotective parent is one in whom consistent, realistic expectations, often needing to be enforced by firm discipline, are lacking; the effect of which communicates a lack of faith in the child's conceptual capacity, or in his sense of confidence regarding what he can accomplish. The show of aggression toward the child through discipline by saying, "No," or firmly holding the child to the task, is perceived by the parent as hurtful and wrong. Such forceful displays may be interpreted by the parent as hostile acts with the resulting guilt feeling or need to deny the thought or action. Permissiveness ensues, perhaps, in the mistaken guise of democracy and freedom. The child may often dominate the family, including what task he will attempt and when he will attempt it. Because the child does not face realistic challenges (appropriate to his abilities), self-confidence fails to develop sufficiently. Not surprisingly, the mother feels at the end of her rope, victimized by an uncooperative, even unscrupulous, child. Perhaps, the hopeless feeling about the child really mirrors hopelessness about the parent, for, characteristically, the mother has a low opinion of herself. She may feel she deserves to be punished through the child's failures and unacceptable behavior. That is, when faced with the choice of "hurting" the child (through firmness), or being "hurt" by the child through his uncooperativeness and failure, the mother finds it easier to choose the latter course of action. She may thus appear a martyr.

The theoretical formulations concerning the overprotective attitude appeared similar to certain related scales on the Parental Attitude Research Instrument (PARI).
For each of the following ten factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly greater agreement with the questions than the mothers of the High group of Mongoloid children: 1. Encouraging Verbalization; 2. Fostering Dependency; 3. Martyrdom; 4. Equalitarianism; 5. Fear of Harm ing the Baby; 6. Seclusion of the Mother; 7. Intrusiveness; 8. Suppression of Aggression; 9. Comradeship and Sharing; and, 10. Suppression of Sex. For each of the following nine factors of the PARI, it was hypothesized that the mothers of the Low group of Mongoloid children would demonstrate significantly less agreement with the questions than the mothers of the High group of Mongoloid children: 11. Breaking the Will; 12. Strictness; 13. Deification; 14. Excluding Outside Influences; 15. Ascendancy of the Mother; 16. Acceleration of Development; 17. Irritability; 18. Marital Conflict; 19. Rejection of the Homemaking Role.

20. It was hypothesized that the Low group of mothers would demonstrate significantly greater agreement than the mothers of the High group with the questions of the cluster democratic-attitudes, comprised of the three scales: Encouraging Verbalization; Equalitarianism; and, Comradeship and Sharing; and,

21. It was hypothesized that the Low group of mothers would demonstrate significantly less agreement than the mothers of the High group with the questions of the cluster rejection-hostility, comprised of the three scales: Irritability, Marital Conflict; and, Rejection of the Homemaking Role.
Summary of Findings

The Low group of mothers, compared to the High group of mothers, responded beyond chance expectancy in the direction predicted for 9 of 21 hypotheses. The results reached significance on the factors: Martyrdom; Equalitarianism; Fear of Harming the Baby; Seclusion of the Mother; Intrusiveness; Comradeship and Sharing; and, Irritability, the Low group demonstrating greater agreement than the High group. The results for the two clusters: hostility-rejection, and democratic-attitudes, were also significant in the direction predicted, the Low group demonstrating less agreement on the former cluster and greater agreement on the latter cluster. In addition, the results for 8 of the remaining 12 hypotheses were in the direction predicted. Four hypotheses concerning the factors: Deification; Excluding Outside Influences; Ascendancy of the Mother; and, Acceleration of Development, were not in the direction expected; none was significant.

Conclusions

The present findings replicate the trend in several previous studies by finding differences along the dimensions of the democratic-attitudes and hostility-rejection clusters. The results contribute new evidence to support the conclusion of Becker and Krug who reported that the most consistent finding to emerge from PARI studies is that mothers of problem children tend to be more overprotective, and that the consistency of such findings provides one of the few instances in the psychological literature in which an influence on the child of the
mother's attitudes appears to have been demonstrated.

Because the present findings are, in general, congruent with the theoretical formulations outlined in this paper, which described the overprotective parent, they do not seem "perplexing," as Becker and Krug suggested about the trend in other PARI studies for "bad" attitudes (agreement with the democratic-attitudes cluster and less agreement with the hostility-rejection cluster) to be endorsed more frequently by mothers with better adjusted children. The criticism of some workers who have stated that the PARI often fails to adequately discriminate clinic from non-clinic groups of parents may not have considered that the fault could have been due to a mistaken formulation of the personality of the clinic mother. In other instances, the fault might have been due to an absence of prior theoretical notions. For those other critics who have considered the PARI to be a useful instrument which should be able to discriminate with increased effectiveness, the results of the investigation represent new evidence in that direction.

In addition to the demonstration of a significant congruence between theory and results on the PARI, the present research also contributes evidence to help refute the widespread assumption that intellectual and social functioning of the Mongoloid child are exclusively determined by genetic factors. While the size of the present sample of subjects cautions against generalizations concerning the general population of Mongoloid children similarly classified, the

results do provide a lead worthy of further investigation. The results of the present investigation suggest that psychological variables are relevant variables in such an understanding.

Recommendations

Implications for Future Research:

(1) The increasing realization that the mentally retarded child possesses personality traits which affect his IQ score should be accompanied by further research in the development of intelligence scales. To believe that the generalized knowledge provided by the IQ test can outstrip the particular knowledge of a retarded child's expressions of behavior, is a fallacy not infrequently committed by test examiners. Within error limits, IQ scores are useful in predicting school success for a child, but, as the number of personality variables are enlarged, including the effects of the overprotective parental attitude, the original prediction derived from intelligence tests scores may be either reduced or increased. Research is needed to develop instruments which will better allow for the individual differences created by personality factors.

(2) Inasmuch as the theoretical formulations developed in this paper differ from predictions made in some other PARI studies, future research might test hypotheses derived from the present formulations in comparing other groups of parents. Parents of retarded or clinic children and parents of normal children should be compared, as well as parents whose children differ in respect to the type of retarded condition; and, comparisons, also, could be made between
parents of normal children who differ along the lines of social and learning behavior.

(3) It would be of especial interest to replicate the design of the present study, but selecting High and Low groups of Mongoloid children who demonstrate greater extremes in intellectual and social functioning. Would there result similar extremes in PARI measurements between the mothers of the two groups?

Implications for Counseling the Parents of Retarded Children:

(1) A great deal of stress has been placed on the necessity for counseling the parent of the retarded child to "accept" the facts of congenital handicaps. It cannot be denied, to be sure, that there are times when such advice is very necessary. However, it is submitted that with the overprotective mother, success in counseling may ultimately depend more on alleviating her guilt in regard to the child's defects. The findings of the present study indicate the counsellor may need to be wary of over-emphasizing to the overprotective parent the limitations of the child. Such an approach runs the risk of enhancing existing negative attitudes of hopelessness and suffering within the parent, and of encouraging already exaggerated protective measures toward the child.

(2) Parents should put more emphasis on winning the respect of the retarded child. Untraditional as it may sound, children may not fail in tasks or misbehave because they are not "loved." It may be that too much emphasis has been placed on counseling the parent to love his retarded child. The results of the present study
suggest that the overprotective mother tries too hard to appeal to the child. Should workers emphasize so strongly that the child love his mother and love performing tasks? It would be more realistic to expect and help the child to achieve, and then let his liking or not liking the task be left up to him. Some children tend to see affection as a way of getting out of responsibilities.

(3) Parents should not deny the retarded child failure experiences. A retarded child can become discouraged at the lack of understanding of his feelings, indicated by the parents' denial of his failure. Such denial, coupled with parental pleas to do better, may only add to the guilt of both the child and the parent. Frequently, in this case, the child seems to be seeking parental recognition of his failures. The parent needs to recognize these feelings of the child in order to prevent the learning situation from becoming increasingly difficult.

Implications for the Classroom Teacher of Handicapped Children:

(1) The personal characteristics of the teacher of the special education classroom may be a more important consideration than academic credentials. There is little experimental evidence which relates a given set of personality traits in teachers to their effectiveness in teaching special class children. However, the present study suggests that even with the congenitally handicapped child an approach which stresses a too permissive educational framework may be harmful. It is disconcerting to hear it said that teachers of handicapped children "work so hard," that they are "dedicated" to these children. Those in charge of teacher training programs in special education should discourage students from thinking of retardation mainly in
terms of its "heartbreaking" impact, without appreciating the many positive achievements and rewarding experiences available to the disabled child.

(2) Some educators have proposed to the special education teacher that the disabled child should be free to express his feelings completely, that the teacher should not attempt to direct the child's actions and conversation in any manner. It would seem more important to show the child, by firmness and confidence in him, that he can and will perform responsibly within the limits of his disability. There should be greater stress in expecting the teacher to demonstrate an unyielding firmness in holding limits once set and clearly defined. Teachers must learn that discipline and structure are not negative conditions, are not merely matters of restraint. Stress should be placed on the ability of the teacher to apply and direct teaching materials in a firm, orderly manner, for children have to be settled down emotionally and socially before they can make a positive educational effort.

(3) Teachers of handicapped children need to understand the great importance of being consistent in what they say and do. A mother who is apt to feel guilty and hopeless about her child's handicaps, may put too much reliance on words, too little effort in following through in order not to suffer what, for her, is the unpleasant experience of seeing the child face the consequences of his actions. Her child, thus, may have been deprived of knowing the difference between right and wrong in numerous social situations. It is
important that such a child not interpret the teacher's warning as one more invitation for him to go ahead to do what he wants. The teacher can play an important role in setting an example of consistency, in acting so that words become truly meaningful to the child.

(4) If the teacher must know each child in terms of the factors which influence learning, those attitudes which contribute to maternal overprotection should be regarded as essential in the process. Being aware of the value of such information and taking the trouble to obtain it, should be an essential part of the teacher's professional preparation, functions, and duties. In this way, much of the meaningless talk between teacher and child, and between the teacher and the mother, consisting of "explaining" what the child and parent already know, and coaxing, persuading, and nagging, can be replaced with meaningful talk and actions.
APPENDIX A
APPENDIX A

Twenty-three Factors of the Parental Attitude Research Instrument

Encouraging Verbalization:

1. Children should be allowed to disagree with their parents if they feel their own ideas are better.
24. Children should be encouraged to tell their parents about it whenever they feel family rules are unreasonable.
47. A child has a right to his own point of view and ought to be allowed to express it.
70. A child's ideas should be seriously considered in making family decisions.
93. When a child is in trouble he ought to know he won't be punished for talking about it with his parents.

Fostering Dependency:

2. A good mother should shelter her child from life's little difficulties.
25. A mother should do her best to avoid any disappointment for her child.
48. A child should be protected from jobs which might be too tiring or hard for him.
71. Parents should know better than to allow their children to be exposed to difficult situations.
94. Children should be kept away from all hard jobs which might be discouraging.

Seclusion of the Mother:

3. The home is the only thing that matters to a good mother.
26. The women who want lots of parties seldom make good mothers.
49. A woman has to choose between having a well run home and hobnobbing around with neighbors and friends.
72. Too many women forget that a mother's place is in the home.
95. A good mother will find enough social life within the family.

Breaking the Will:

4. Some children are just so bad they must be taught to fear adults for their own good.
27. It is frequently necessary to drive the mischief out of a child before he will behave.
50. A wise parent will teach a child early just who is boss.
73. Children need some of the natural meanness taken out of them.
96. It is sometimes necessary for the parents to break the child's will.
Appendix A (Cont.)

Martyrdom:

5. Children should realize how much parents have to give up for them.
28. A mother must expect to give up her own happiness for that of her child.
51. Few women get the gratitude they deserve for all they have done for their children.
74. Children should be more considerate of their mothers since their mothers suffer so much for them.
97. Mothers sacrifice almost all their own fun for their children.

Fear of Harming the Baby:

6. You must always keep tight hold of baby during his bath for in a careless moment he might slip.
29. All young mothers are afraid of their awkwardness in handling and holding the baby.
52. Mothers never stop blaming themselves if their babies are injured in accidents.
75. Most mothers are fearful that they may hurt their babies in handling them.
98. A mother's greatest fear is that in a forgetful moment she might let something bad happen to the baby.

Marital Conflict:

7. People who think they can get along in marriage without arguments just don't know the facts.
30. Sometimes it's necessary for a wife to tell off her husband in order to get her rights.
53. No matter how well a married couple love one another, there are always differences which cause irritation and lead to arguments.
76. There are some things which just can't be settled by a mild discussion.
99. It's natural to have quarrels when two people who both have minds of their own get married.

Strictness:

8. A child will be grateful later on for strict training.
31. Strict discipline develops a fine strong character.
54. Children who are held to firm rules grow up to be the best adults.
77. Most children should have more discipline than they get.
100. Children are actually happier under strict training.

Irritability:

9. Children will get on any woman's nerves if she has to be with them all day.
Appendix A (Cont.)

Irritability (Cont.):

32. Mothers very often feel that they can't stand their children a moment longer.
55. It's a rare mother who can be sweet and even tempered with her children all day.
78. Raising children is a nerve-wracking job.
101. It's natural for a mother to "blow her top" when children are selfish and demanding.

Excluding Outside Influences:

10. It's best for the child if he never gets started wondering whether his mother's views are right.
33. A parent should never be made to look wrong in a child's eyes.
56. Children should never learn things outside the home which make them doubt their parents' ideas.
79. The child should not question the thinking of his parents.
102. There is nothing worse than letting a child hear criticisms of his mother.

Deification:

11. More parents should teach their children to have unquestioning loyalty to them.
34. The child should be taught to revere his parents above all other grown-ups.
57. A child soon learns that there is no greater wisdom than that of his parents.
80. Parents deserve the highest esteem and regard of their children.
103. Loyalty to parents comes before anything else.

Suppression of Aggression:

12. A child should be taught to avoid fighting no matter what happens.
35. A child should be taught to always come to his parents or teachers rather than fight when he is in trouble.
58. There is no good excuse for a child hitting another child.
81. Children should not be encouraged to box or wrestle because it often leads to trouble or injury.
104. Most parents prefer a quiet child to a "scrappy" one.

Rejection of the Homemaking Role:

13. One of the worst things about taking care of a home is a woman feels that she can't get out.
36. Having to be with the children all the time gives a woman the feeling her wings have been clipped.
59. Most young mothers are bothered more by the feeling of being shut
Appendix A (Cont.)

Rejection of the Homemaking Role (Cont.):

up in the home than by anything else.
82. One of the bad things about raising children is that you aren't free enough of the time to do just as you like.
105. A young mother feels "held down" because there are lots of things she wants to do while she is young.

Equalitarianism:

14. Parents should adjust to the children some rather than always expecting the children to adjust to the parents.
37. Parents must earn the respect of their children by the way they act.
60. Children are too often asked to do all the compromising and adjustment and that is not fair.
83. As much as is reasonable a parent should try to treat a child as an equal.
106. There is no reason parents should have their own way all the time, any more than that children should have their own way all the time.

Approval of Activity:

15. There are so many things a child has to learn in life there is no excuse for him sitting around with time on his hands.
38. Children who don't try hard for success will feel they have missed out on things later on.
61. Parents should teach their children that the way to get ahead is to keep busy and not waste time.
84. A child who is "on the go" all the time will most likely be happy.
107. The sooner a child learns that a wasted minute is lost forever the better off he will be.

Avoidance of Communication:

16. If you let children talk about their troubles they end up complaining even more.
39. Parents who start a child talking about his worries don't realize that sometimes it's better to just leave well enough alone.
62. Children pester you with all their little upsets if you aren't careful from the first.
85. If a child has upset feelings it is best to leave him alone and not make it look serious.
108. The trouble with giving attention to children's problems is they usually just make up a lot of stories to keep you interested.

Inconsiderateness of the Husband:

17. Mothers would do their job better with the children if fathers
Appendix A (Cont.)

Inconsiderateness of the Husband (Cont.):

were more kind.

40. Husbands could do their part if they were less selfish.
63. When a mother doesn't do a good job with children it's probably because the father doesn't do his part around the home.
86. If mothers could get their wishes they would most often ask that their husband be more understanding.
109. Few men realize that a mother needs some fun in life too.

Suppression of Sex:

18. A young child should be protected from hearing about sex.
41. It is very important that young boys and girls not be allowed to see each other completely undressed.
64. Children who take part in sex play become sex criminals when they grow up.
87. Sex is one of the greatest problems to be contended with in children.
110. There is usually something wrong with a child who asks a lot of questions about sex.

Ascendancy of the Mother:

19. If a mother doesn't go ahead and make rules for the home the children and husband will get into troubles they don't need to.
42. Children and husbands do better when the mother is strong enough to settle most of the problems.
65. A mother has to do the planning because she is the one who knows what's going on in the home.
88. The whole family does fine if the mother puts her shoulders to the wheel and takes charge of things.
111. A married woman knows that she will have to take the lead in family matters.

Intrusiveness:

20. A mother should make it her business to know everything her children are thinking.
43. A child should never keep a secret from his parents.
66. An alert parent should try to learn all her child's thoughts.
89. A mother has a right to know everything going on in her child's life because her child is part of her.
112. It is a mother's duty to make sure she knows her child's innermost thoughts.
Appendix A (Cont.)

Comradeship and Sharing:

21. Children would be happier and better behaved if parents would show an interest in their affairs.
44. Laughing at children's jokes and telling children jokes makes things go more smoothly.
67. Parents who are interested in hearing about their children's parties, dates and fun help them grow up right.
90. If parents would have fun with their children, the children would be more apt to take their advice.
113. When you do things together, children feel close to you and can talk easier.

Acceleration of Development:

22. Most children are toilet trained by 15 months of age.
45. The sooner a child learns to walk the better he's trained.
68. The earlier a child is weaned from its emotional ties to its parents the better it will handle its own problems.
91. A mother should make an effort to get her child toilet trained at the earliest possible time.
114. A child should be weaned away from the bottle or breast as soon as possible.

Dependency of the Mother:

23. There is nothing worse for a young mother than being alone while going through her first experience with a baby.
46. It isn't fair that a woman has to bear just about all the burden of raising children by herself.
69. A wise woman will do anything to avoid being by herself before and after a new baby.
92. Most women need more time than they are given to rest up in the home after going through childbirth.
115. Taking care of a small baby is something that no woman should be expected to do all by herself.
APPENDIX B

Warner's Abbreviated Socio-Economic Scale

Name__________________________________________________________

Age_________________Birthdate____________________________________

Address_______________________________________________________

Father or Guardian's Occupation_____________________________________

Check one of the following:

_____Professionals and proprietors of large businesses
_____Semi-professionals and smaller officials of large businesses
_____Skilled workers
_____Proprietors of small businesses
_____Clerks and kindred workers
_____Semi-skilled workers
_____Unskilled workers
_____Public relief

Residential Area:

Check one of the following:

_____High; the best suburbs and apartment house areas
_____Above average; residential areas in above average neighborhoods
_____Average; residential neighborhoods (tract homes)
_____Below average; areas beginning to deteriorate including the business section of town or close to the railroad
_____Low; deteriorated and slum areas
APPENDIX C
### APPENDIX C

**Subject Data**

**High Group**

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APPENDIX D

Comparison of mean scores between mothers of High and Low groups on twenty-three hypotheses from the PARI.

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* - Indicates significance beyond the .01 level of confidence

** - Indicates significance beyond the .05 level of confidence
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American Psychological Association
Council for Exceptional Children
New Mexico Psychological Association