The Retarded Child And The Parents

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The day that the couple brought the first baby home from the hospital was marked on the calendar with a red circle. Each new weight gain and step forward was to be inscribed in the leather-bound baby book. The grandparents and relatives besieged the new arrival with gifts of all kinds.

As the baby grew, the mother knew that something was wrong because Baby was not walking or gurgling or sitting up as soon as the other children in the neighborhood. Anxious not to be called a bad mother, she spoke to the pediatrician about it, hoping that perhaps the diet was at fault.

The doctor suggested many tests and made another appointment with both the parents to discuss the results. He spent hours evaluating the results and framing the conversation with the new parents. Their two-year-old child was retarded.

When the day came to break the news, the mother sat in a stunned and tearful silence and the father stormed and shouted about the impossibility of such a thing ever happening in his family. Together the couple walked out of the office in search of a more pleasant and less-guilt-ridden diagnosis. For a year they visited every doctor and clinic within their limited budget and savings—each time with the same
The child was retarded. They could not accept such a verdict. It brought shame upon them and they began to denounce each other in their grief. They could not force themselves to accept the fact that the child would not live up to their own mental capacities. For a time, they could not even accept their own child.

Then came the day when all the tears and recriminations were recognized as a psychological front and partial acceptance was made. They made a visit to the first doctor and quietly asked what they could do for their child.

This is a piece of fiction which is happening in a similar way to many families in the country and the world. Mental retardation is a fact that cannot be hidden and parents must accept that fact and the child and work with doctors and social workers to make his life as joyful and rewarding as possible.

In the following pages, the real problem of the retarded is to be brought out and some aides to guiding the parents pointed out since this is a field in which there is need of much work.

**Definition of Retardation**

The problem of retardation stems from the fact that the retarded child is in the home and the family often does not understand well enough to raise him to his full potential. Counseling the parents of such children is a
very necessary job if these children are to be brought to the fullest possible perfection of their abilities.

Less than four percent of the mentally retarded reside in some public or private institution.\(^1\) The other ninety-six percent live at home.

The problem is not merely the fact that the retarded, for the most part, live at home but that for 80% of the mentally handicapped there are no programs of education and training to bring them to their full potentials.\(^2\) For example, in 1955, in Montana there were no special classes to care for the retarded of school age.\(^3\)

Still another problem comes about as a result of the fact that the number of retarded who should be in an institution to receive the proper care is estimated at ten times the actual institution population.\(^4\)

The parents bear the burden of this problem. The parents need the help and support of a counselor to raise their child.

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\(^3\) Dr. Arthur Westwell, lecture given at Carroll College, December 6, 1966, p. 1.

What actually is the definition of the retarded child? According to a bulletin published by the Department of Health, Education and Welfare, "Mental retardation is a condition characterized by the faulty development of intelligence, which impairs an individual's ability to learn and to adapt to the demands of society."5

Another definition lists the retarded person as one who has a subnormal capacity from birth or very early age to such an extent that he is not able to manage his own affairs and must be supervised and cared for completely for his own welfare and often that of others.6

In the simplest terms the mentally retarded person is one who is deficient in mental development as a result of some impediment or handicap.7

Mental retardation must be separated from backwardness which is merely a temporary condition brought on because of faulty school attendance, lack of proper food, lack of sleep, defective vision or hearing or emotional stress. All of these are caused by the environment but the full intellectual potential is still present though the child is lacking full person of impaired

arrested. With the retarded child it is the full potential which is lacking and not just some of the elements of a good and proper environment.

Retardation is not a disease like mumps or measles. It is a deformity of the mind which could be compared to a physical deformity.

The term, mental retardation, has in recent years come to replace the words—idiot, imbecile, moron or feebleminded. Society is becoming more aware of the sensitivity of the parents and families and, in some cases, even of the child to such terms.

Various terms are used to designate the person of impaired mental ability. The term, mental deficiency is used most often to indicate cases where retardation is primary or intrinsic. It is used when the child is lacking full mental potential from the first moment of birth.

Mentally handicapped is used to suggest that some injury has occurred after birth to prevent the full use of intellectual capacity.

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11Ibid., p. 17.
Two other terms are used in regard to retardation. The first, slow-learner, signifies the upper levels of the retarded who are the nearest to the average and can usually be adjusted to the regular classroom with some extra help. The second, cerebral paucity, is a new term which is used to indicate a lack of development; however, it is not considered adequate.12

Terms in regard to retardation have different connotations in the different countries. In England, for example, feebleminded is the same as the slow-learner. In America it means those with undesirable qualities who are not capable of social adjustment.13

In recent years, the public has developed a feeling for the sensitivity of the child and his relatives so that more often the term, exceptional children, is being used. This term does not have the negative aspects that are associated with the others. The problem is that it can be misleading when used to designate the retarded since it is also used for the gifted child. At least, this introduction shows a sympathetic understanding which is needed to help the retarded child and his parents.

Mental retardation is often confused with mental

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12 Ibid., p. 17.
13 Ibid., p. 16.
illness. This is an easy error to make because often the characteristics of the two are very similar and it is difficult to distinguish one from the other. Mental illness in young children often shows up as a tendency to slow learning and arrest of normal development.

The problems of defining mental retardation are very great for parents because the profuse number of terms increases the confusion of the parents who are already under an emotional stress. However, it is not desirable, nor has it been possible, so far, to find a blanket term to use when speaking of the retarded.

The Number of Retarded

If the incidence rates of the common scourges of childhood were all combined, their total would be approximately half of the number of children who are retarded.\textsuperscript{14} Presently there are an estimated 5,500,000 mentally retarded in the United States. Of these some 1,600,000 are children of school age. One American family in ten has a retarded member in one generation or another, while one in every four adults has some connection with a retarded person.\textsuperscript{15}

\textsuperscript{14}Ibid., p. 12
\textsuperscript{15}Ibid., p. 12
\textsuperscript{16}Ibid., p. 13.
\textsuperscript{17}Op. cit., "Mental Retardation, Fact Sheet," p. 1
There are an average of 345 children born every day which means that each year there are 126,000 retarded children born in this country.\textsuperscript{16}

In breaking down these statistics, 285,000 are severely retarded and need lifetime supervision and care; 350,000 are moderately retarded and capable of unskilled or semiskilled occupations; and 5 million are mildly retarded and capable of social and vocational adequacy with the proper education and training.\textsuperscript{17}

Degrees of Retardation

The common breakdown of the retarded is into four categories: mild retardation, moderate retardation, severe retardation and profound retardation.

The mild are often called the educable mentally handicapped children. They cannot profit from the regular program of the elementary schools; however, they can learn in a special class which advances slowly with their rate of learning and teaches them some of the academic skills of a simple nature including reading, writing and arithmetic.

The educable are able to reach a second, third, or fourth grade level of achievement by the time they reach the age of sixteen.\textsuperscript{18} In most of the cases, they can be

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\textsuperscript{16}Ibid., p. 13.
\textsuperscript{17}Op. cit., "Mental Retardation, Fact Sheet," p. 1
\textsuperscript{18}Nickell, Vernon L., "Report on Study Projects for Trainable Mentally Handicapped Children, (Nov. 1, 1954), p. 1
taught a trade which will support them as an adult. They develop at a rate about one-half to three-fourths as fast as a normal child.

The second level is that of the trainable who cannot learn academic skills. However, they can learn to take care of themselves, to adjust to social situations, to be useful in doing small and simple tasks around the home or some other sheltered environment.

The third level includes the severely and profoundly retarded who cannot be trained to take care of themselves or to adjust completely to social situations and who need continuing care. The develop at a rate that is one-quarter of that for a normal child.

These three levels are often designated by the terms, moron, imbecile, and idiot; although the tendency is coming which denounces the negative aspects of these terms.

Mental age ranges from 0-3 years or 0-19 IQ for the idiots; 3-7 years or 20-49 IQ for the imbeciles; and 7-12 years or 50-75 IQ for the morons.19

19"Notes on Mental Deficiency", Montana State Training School.

Some Causes of Retardation

Only about one-fourth of the cases of retardation can be attributed to a definite disease or other factor such as an accident. These are German measles during the first three months of pregnancy, meningitis and syphilis. Retardation can also be caused by the incompatibility of the parents' blood due to the Rh factor, lead poisoning, lack of oxygen or an accident which damaged the child's head.\textsuperscript{20}

In the other cases, no specific cause can be found. Often retardation can come through the lack of adequate opportunities to learn and a depressing environment but such cases could probably more appropriately be termed backwardness if the environment is the only reason for the retardation. Persons of the lower socio-economic groups do not receive adequate medical care before and after the birth of a child and in such areas, retardation is known to be higher.

One type of retardation is simply an inherited condition. This is the familial type of retardation in which the family has a history of retardation. For such cases it is more possible that progress near to normal may be obtained through teaching than for those who are handicapped as a result of disease or accident.

Types of Retardation

There are many types of retardation, but of these, six are the largest categories and the most common among those who are retarded.

The first is that of the microcephalic children. These children have abnormally small heads and a bird-like profile—a prominent nose and receding forehead and chin. Microcephalus is a rare condition of retardation caused by some hereditary factor, or by radiation from x-rays before birth. The head and trunk are of a normal size. The stigma of physical appearance causes these children to suffer from any contact with other children. They are often bright enough to realize their own difference and to be sensitive to it. They have a friendly, cheerful attitude most of the time and are inclined to be restlessly active and imitative. Some of them are clever at manual occupations, and they are very affectionate and fond of attention.

The opposite of this type of retardation is the second type, the hydrocephalic. Hydrocephalus is usually caused by some congenital problem. The head is abnormally large because of an excessive accumulation of the cerebrospinal fluid. The increased pressure causes an enlargement of the


\[22\text{Ibid., p. 28.}\]

\[23\text{Ibid., p. 33.}\]
skull and inhibits the growth of the brain. When the
enlargement is severe, the child is usually not born
alive. When the hydrocephalus is of an arrested type, a
high level of intelligence may be reached. Usually these
children are quiet, trustful, affectionate and obedient.

The third type is achondroplasia which results in a
dwarfed condition due to an impairment of development
during pregnancy. The child is comparatively bright
and vivacious. The body is dwarfed and the limbs are dis-
proportionately short. The head and trunk are of a normal
size.

The Cretin child is a heavy, lethargic child who is
also dwarfed in stature. Cretinism can be of two types:
the endemic cretinism, caused by a lack of thyroid due
to a lack of iodine in the soil and water; and the sporadic
cretinism, caused by a lack of thyroid with no apparent
reason.

The fifth type is giantism caused by the excessive
excretion of the thyroid gland. The problem occurs here
because people often don't realize that the child is retarded.
This child may be normal mentally but develop a sort of
pseudo-retardation because of the disturbing emotional
environment.

\[\text{[23 Ibid., p. 29.]}\]
\[\text{[24 Ibid., p. 30.]}\]
\[\text{[25 Ibid., p. 33.]}\]
The last type is that of down's syndrome or what is called mongolism. Some of these children are very severely retarded while others are only mildly so. The mongoloid child has oblique, widely-spaced eyes which slant inward. The head is small and the jaw is round and thrust forward. The mongoloid can adjust readily to the school situation.

The Retarded Child

The best way to help the retarded child is to remember that he is still and individual and needs the same individual attention and appreciation as any child. The family and a loving home are the most adequate ways of giving the retarded this love and sense of individuality.

The retarded child is still deserving of every consideration due to the dignity of the human soul. Even though nature has impaired the intelligence of the retarded child, neglect is unjust since it has the effect of further retarding the child. Retarded children are born into any class, family, ethnic group or creed and the environment can bring this child to his full potential.

The unique differences of each child give the parents an idea of the needs that must be recognized and satisfied. Special education is a requirement in order to achieve the maximum development for the children who do not start with the average endowment of mental, emotional, social or physical qualities.

Whenever the conditions permit, the retarded child has the right to grow up in a family. Often in the past, parents
were forced to make a decision for the child on the basis of the pressures outside themselves from friends, relatives and neighbors whose attitude toward the child almost forced the parents to decide in favor of a residential school. If they did resist these pressures, they could not find adequate facilities in their town to assure that the child had the proper educational and recreational possibilities to bring him to his full development.26

Keeping the child at home brings greater emotional stability in later years. If possible the child should be kept at home as a normal child; however, if the proper education is not available, then the child should at least be at home in his earliest years. If the child must be separated from his home, the family should take great care to make sure that relations with the family members be kept open in such a way as to make him feel wanted. Letters should be sent often so that he does not feel uneasy in a residential school.

If the child feels needed and secure at home, he will make the adjustment to school readily. He will have confidence in the adults around him because the first adults he knew, his parents, instilled this confidence in him by letting him know that he is loved and wanted at home.

The retarded child is more susceptible to anxiety in the home. He may show that he is anxious through aggressive behavior because he realizes that he is an added burden to his parents and the other children of the family.\(^27\)

No matter what the type of retardation or the severity of it, the retarded child has the same needs as any other baby. He needs a lot of patience and attention to keeping him fed, warm, clean and dry. He needs to be played with and cuddled and talked to by his parents to let him know that they do care for him as an individual.

Individuality is very important for the retarded child. The most important thing centers around the child's being accepted as an unique human personality. No matter how small his ability, it can reach completion by attention to this need for individuality.

Retarded children often show emotional unrest because of anxiety due to their differences or a feeling that they face great difficulties. One small boy felt a strong need for physical security and had to count his toes every night before he went to bed.\(^28\)

A strong feeling of belonging is the goal by which to


achieve a healthy personality for the retarded child. He can feel this if he is given small tasks to do and work that is geared to his abilities or a little above to help stimulate him. The child needs rich social opportunities that are given when he has developed the readiness to reach out to others. His feeling about himself can help or hinder his development greatly.

Security in relations with others is very important for the retarded child. They have the same feeling and emotions as other children. A tendency on the part of parents is to be overprotective of retarded children when it comes time to meet people. Parents tend to tolerate unacceptable behavior and expect others to. This is not a help to the child since it points out his differences even more to those around him and to himself. This child can have little future happiness is he becomes a spoiled nuisance to all those around him.

Most retarded children understand simple directions and need not run wild without any discipline. They know when they are disobeying and want to be corrected for it. Just as with normal children, the retarded child reacts to rewards or punishments.29

The retarded child should not be protected from meeting others. Today parents do not have to hide their handicapped children. In fact, such a child has a right

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to meet others, even though mothers feel they should object when an adult or normal child wishes to hold or play with the child.

Retarded children feel a great desire to have fun, to see other people and they get as excited or more so than the normal at the prospect of such an event.

However, the child can be very sensitive to the reactions of others. Parents feel a need to watch constantly for cruel remarks and jibes or pointed questions from those around them. This can be very upsetting and cause a great deal of tension for the parents. The child must be prepared to accept the attitude of others from a very early age. The parents can do this by making sure that the child is not isolated and has an opportunity to meet people at such an early age. Parents should develop this as a source of strength upon which the child can depend in later years. The most pain comes, though, not to the children but to the parents and they must force themselves not to isolate the child.

The retarded child needs the love and attention of his family and parents. Many times it may seem hard to love such a child but such times come with all children. Just as the normal child, he wants to see and do things. He wants to be taught habits of hygiene, manners, and jobs to do around the house. This child wants to be given small tasks to help out the family members.

The child must learn self-discipline for his own good. He must be taught to be reasonably independent and this can
be done partially by making sure that he has an opportunity to help. This training can be great for the child if he is hurt and confused. The positive aspect of the family, Deeds of kindness done for others help to enrich the lives of the retarded. An attitude of helpfulness should be encouraged by expressing approval when the child performs some deed of this type since the child responds to recognition.

The child must be taught that he has a responsibility to the family as he grows. He must learn habits of kindness, punctuality, honesty, faithfulness to duty and cheerfulness in small tasks. This type of attitude may help to compensate for his lack of ability. Perhaps the best way to teach this attitude is through the example set by parents in their attitudes.

Any task done by the child should be evaluated from his point of view. The child puts himself into a task completely and thinks he has done a wonderful job because he has tried to do it. Praise can cause him to repeat his task more readily. The child will respond readily to the manner which is used to approach him. A friendly request receives more cooperation than a simple command. By manifesting honest interest and appreciation of the child, he will get a feeling of worth and give a better response. A reasonable standard of expectation will bring more from the child than confusion.
The child should receive training in the religious
denomination of the family. This training can be a
great help in giving the child an opportunity to find comfort
and accept his limitations as God-given to him as a
unique personality.

When parents emphasize the negative aspects of his
disability the child is hurt and confused. The positive
aspects of whatever job he tries to perform should be
brought to the fore since the child will realize that he
is different and will take out his anxiety of not feeling
worthy in undue aggressive behavior.

Retarded children differ as to the trouble they are.
Some are quiet and responsible; others are wound up like
a spring and must be constantly watched for their own
safety. Some children sleep a great deal and others must
be forced to sleep at night and to take naps during the
day.

"Play must cover a wide range of activities which
extend from the simplest playground activities to com-
petitive organized games and sports, depending upon individual
ability." Music and motion are a delight to the re-
tarded child. Even severely retarded respond to music
by moving their bodies to conform to the music.

\[30\] Montana Association for Retarded Children and Adults,
Inc., "The Needs of the Mentally Retarded and Their Families."

\[31\] Montana Association for Retarded Children and Adults,
Inc., "Work, Play and Worship for the Mentally Retarded."
The retarded child shows a great variety as to creative abilities. They may try to hide their feelings of creativity but they must be encouraged to express them. Often in the past these abilities were left dormant in the child but new techniques are working to bring these expressions out of the child.

The span of attention of the retarded child is very short as can be expected of the below-average mentality. An activity for this child must be simple enough to hold his attention. When the attention of the child lags, a new approach must be used to restore it.

In some of the retardates there is an amazing amount of memory. They may not be able to project this memory into similar areas but this bit of memory often causes parents to rate the child's intelligence higher than it is. They seem to think that the isolated details the child remembers warrants this. This trick of memory is only one side of the many-sided personality structure of the child.

Training of the retarded child for school is very important. It cannot be left until the year before the child is to start school. Parents should explain what school is and what it will be like often before the child reaches the age to go to school. The crucial period of development of the retarded child is his first three years.32

The brain of the retarded, or a normal child, must be stimulated to develop. That stimulation is talk. "Learning to talk is essential since it is almost impossible to think coherently without words."\textsuperscript{33} Through the linking of words, ideas are generated. Words, then, are the tools of learning; without them interest, curiosity, emotion and intellect are lacking and the child is further retarded. All retarded children should be given an early opportunity to listen to conversations and should be encouraged to talk.

Many parents try to get around the fact of retardation by putting the child in a regular classroom. Those retarded who are of higher ability will realize their difference and resent the fact that they do not fit into the classroom situation in which they find themselves. Most schools offer remedial classes for these children so that they can learn at their own rate and gain some feeling of success from their school experiences. Remedial work is not different according to its objectives but in the manner in which the material is presented.\textsuperscript{34} The remedial teacher must employ special techniques and skills to get the material across to the retarded child. By carefully assessing the child, the teacher can determine which of these techniques to use.

\textsuperscript{33}Montana Association for Retarded Children and Adults, Inc., "Research is Finding Some of the Answers,"

In the past it was supposed that the motor abilities of the retarded were the same as for normal children; however, it has been found that the motor retardation of the educable child is much greater than previously thought. They motor abilities do develop along the same general curve as that of other children so that they do profit from the same kind of experiences that increase the motor ability of normal children. More patience is required, though, in trying to develop the motor ability of the retarded child.

Another special characteristic of the retarded is that 75% of them have one or more types of physical handicap. In many cases, this disability is a severe one which further handicaps the child. This is a very great need of the retarded child--that parents make sure that whenever it is possible, any physical disability be corrected. Evidence does exist that the level of health of the retarded child has a very great bearing on his reaching the maximum potential.

Specific body actions which are easily picked up by the normal child must be taught to the retarded. For example, parents may have to teach their child to sit down and it will take much practice with the child with one or both of the parents present to coach.


The retarded child must be taught to get along with his shortcomings. He must know his own unique abilities. These can usually be found through psychological testing. Such testing also helps to establish the degree of retardation by comparing his score with that of thousands of children of the same age. 37

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Today the focus is not on the retarded child so much as it is on the environmental conditions which can bring him to a higher level and more well-rounded adjustment. 38
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The Parents

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The greatest handicap is the lack of tolerance, sympathy and understanding on the part of the public. Society often shuns those who cannot think as fast as the average. Society and family must be educated to accept the retarded child with an understanding of his limitation.
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The real tragedy is that the child does not feel the stigma of retardation but the parents bear the full brunt of his condition.
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The reactions of the parents are varied when they are told that their child is retarded. The first common reaction is a sense of shock, the severity of which depends on the physical and emotional maturity of the parents.
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The parents may know but they will not face the truth because of fear. They put off admitting that this is a
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37 Miller, Harriet, "Special Help for Special Children" (Helena, 1964) p. 8.

38 op. cit., Eiserer, p. 42.
reality as long as they can and resort instead to wishful thinking. Other parents may not realize that the child has a handicap. They search for some physical culprit to take the blame for their child's slow development. Or they may blame the child for being lazy and try harsh discipline to make him live up to their expectations.

Still another reaction is to completely deny that there is any problem at all. This tends to complicate the problem when other members of the family are of a different emotional orientation. Denial is not always present in parents. Some go to a professional to confirm their own suspicions. Almost all parents are emotionally upset when they first must be told of the retardation of their child. Most display helplessness, grief or guilt in varying degrees. With this anxiety, the passage of time does very little to wipe away the grief.

The parents live out a drama in all the phases of emotion. First they experience suspense, especially if they are waiting confirmation of their own suspicions. Then comes fear when they realize that their child is not developing normally. The depth of this emotion can be seen in the story of the wife whose husband was overseas when the baby was born. When he returned and found the child retarded he separated from his wife and would not accept.

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390p, cit., Sister Mary Theodore, p. 93.
the baby. The mother became overly protective of the child and further retarded his development. 39

Parents think that because the child is not developing properly that they have somehow failed in their responsibility as parents. This failure hurts the most. They realize that their high aspirations for this child can never be realized.

Another reaction of the parents is that of guilt in which they try to dig back into their ancestry to find some evidence of this problem in the family closet. This often leads to disagreements between the two as to which is to blame at a time when both need the support of the other. Along with the guilt comes shame which prevents them from facing relatives and neighbors and prompts them to hide the child from others.

Some parents may be extremely hostile and defensive and others will be cooperative or display behavior at some point between the two. They may be sorry for the child and show a tendency to overprotect him or shower him with affection. Still others will reject the child and continually show displeasure and resentment toward him. The higher the intellectual level, the more resentment the parents tend to show.

The uncertainty of the parents can cause further damage to the child. Maternal fear was so strong in one case that the baby, sensing it, became frightened and held his breathe

39op. cit., Sister Mary Theodore, p. 93.
Parents exhibit three stages of development after having been told of retardation in a child: 1) the stage of self-pity; 2) the stage of concern for the family; 3) the stage of a desire to help others in similar circumstances. The more realistically a parent accepts and the more freely he speaks of his child, the more pleasant will be the reactions of the normal child. The parents must develop an understanding attitude toward each other to help themselves through the struggle.

At first this discovery that there are other parents with a similar problem does not bring complete results, but later it helps the parents plan a future for their child through the experiences and planning of other parents. The parents begin to see the whole problem of the retarded child.

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41Ibid., p. 19.
Eighty percent of the parents felt that meeting with other parents was a help to them. Only seven percent resisted the idea of such meetings.\footnote{Mental Retardation-Readings and Resources, Jerome H. Rothstein, ed., (New York, 1961) p. 462.}

Parents are beginning to help themselves by developing initiative when joined with the other parents of retarded. They no longer feel that the child must be hidden as an object of shame and that they should hide their heads in shame and confusion.

Parents must realize that their child cannot catch up to the other children. It is much less damaging to admit this than to spend money, time and emotion going from doctor to clinic in search of an answer that does not frighten them.

Parents of the retarded child feel that other persons should act naturally or at least be sympathetic when they are around the child and his family. However, all too often, the case is the opposite. They see pity and undue curiosity instead of sympathy. This causes the parents to become suspicious and anxious. Many parents of a retarded child list the cruelty of others as the problem they suffer the most from.

Parents of the retarded child are adverse to admitting that they may have made some mistakes with the child. The most common error is that of spoiling the child or rejecting or being ashamed of him.
Parents must learn not to expect too much of the child but they also can lower his ability by expecting too little. A positive, hopeful attitude encourages the best results when working with the retarded child. This child cannot be forced to learn since he will resist stubbornly if he is not ready for a particular learning experience.

The important thing when working with the child is not to repeat an error once it is made. The main objective in teaching the retarded is to train them to be happy individuals. A friendly, secure child who is well-trained will be prepared for the opportunities that he will meet. He will learn to give of himself to others according to his ability.

Another problem for the parents is teaching the child to speak. They must persistently speak to him and help him to describe experiences. This may be trying at times because it will be hard to tell if the parent is getting through to the child.

Helping to supply the child with words will also help him to get rid of his pent-up emotions. The child who is not freed of his emotions can become a behavior problem.

The retarded child will often remember various details of home and neighborhood and this causes the parents to think that perhaps the diagnosis was wrong. The memory of the retarded child is often amazing but the memory does not carry over into similar situations.
and the child shows faulty insight. The parents should not put too much faith in these isolated memories.

Parents must realize that moaning around will not help the child to adjust to the conditions under which he must live and they should strive to adjust themselves so they can give the child the help he needs.

The parents must not only consider the needs of the retarded child but also those of other children. This is especially important if the other children are of such an endowment that they can make better use of what the parents offer. They cannot change the potential of the retarded child and they should realize that their other children need their time and attention. By accepting the retarded child the parents do not have to slight the rest of their family. Not consistent, the child is vulnerable to illness. New parents often need practical experience at taking care of a child while older parents will need temporary help since they are likely to forget all that they know of children in the first stages of shock.

Parents can find help in several ways. One is to chart and observe the abilities of their retarded child. They can then estimate the progress that he can be expected to make over a period of time.

Another help for parents is through the political field. Parents for the retarded can work for more adequate programs for the mentally handicapped, especially if they band together with other parents. Today the
parents of the retarded are not just passive recipients of whatever help the public wishes to pass on to the them. They are deeply concerned persons who become active participants who will make the public realize the needs of this area.

The problem of the retarded child is often most vividly seen when the child is the first one. These parents wish to have other normal children as well as the retarded child but they dread a repetition. This does not mean that they reject the child but only that they have human desires for normal children.

The parents must act as a buffer against disorganization. If the relationship with the parents is not there, the learning function is all but lost. If this relationship is not consistent, the child is vulnerable to the full stress of his state. This can bring about more infantile states. Parents then are even more important to the retarded child than to a normal child.

The Family

The parents' attitude toward the child and the role assigned to him is often the result of the parents' relationship with their own parents and siblings and the in-laws in the kinship circle. Keeping the mentally retarded child at home is a complicated task at the best and a struggle with all the outside pressures that are put on the parents.
This constitutes a social problem for the parents. They may withdraw into themselves and discontinue their normal way of life because they fear the embarrassing questions of their neighbors and family. Any normal children may be taunted by their playmates and tension may reach a high pitch in the home.

The parents will encounter their biggest problem in the area of explanations to their other children. The presence of the retarded child will affect them deeply and requires some kind of understanding explanation. "The child's feeling of belonging and his emotional security are to a large extent dependent on the parents' handling of this problem. ... Unwise management (causes) feelings of shame and fear."^3

Silence on this subject doesn't solve anything. The children will get their own ideas on what the problem is and these may be totally inaccurate. The parents should make sure that the children know the truth.

Each member of the family will tend to respond differently to the retarded child depending on his relationship to the child and the meaning of the child's handicap to him.

In the area of economics the family must realize that they must provide for a child who has special needs. It

is often a problem to balance these special needs into the rest of the family budget. The fear and anxiety this causes is perfectly normal when parents begin to think of the future. Socially the family faces the question of acceptance of the child among friends. Parents often deny themselves any social contacts because they are afraid that the child will not be accepted or they might feel afraid of the hurt they could experience on seeing the child with other children. Proper training for the retarded child should remove any cause for fear since other people, in most cases, will not be able to tell that the child is not normal.

The demands that other children make on the parents help to prevent the parents from being overprotective of the child. If there are other children involved, the parents simply won't have the time to raise the child exclusively and his adjustment will be more easily brought about.

Counseling the Parents. The quality of counseling that has been available to parents has often been lacking. They suffer a great emotional shock and often the advice they receive is well-intentioned but very devastating and can do permanent damage to both the child and the family.

Two areas of counseling are the most inadequate:
1) the parent-physician relationship and 2) the parent-other people relationship.\textsuperscript{44}

The physician is the key person to inform parents of the problem. Parents have gone to the physician for confirmation, traditionally. The approaches of the physician will differ according to the emotional make-up of the parents.

The counselor tries to see both sets of parents. It is unwise for the mother alone to see the counselor since she will usually be unable to restate the problem and answer the questions of the father. This lack of communication causes further problems.

The first problem encountered by the counselor is that of when to tell the parents. Parents are caused great heartache if the counselor waits too long to tell them. Parents are not blind to the lack of development in their child. On the other hand, parents can be thrown into greater shock by telling them too soon. For example, it is not advisable to tell a mother that her child will be retarded just after the delivery of the baby. Parents usually appreciate being told as soon as the doctor is sure of the diagnosis.

The next problem is how to tell the parents. The counselor should present the facts in a clear and direct manner. His interpretation should not contain large medical

terms as this will only tend to confuse the parents further. They should be told simply the cause for the retardation, what to expect and what they can plan for the future. Stress should be put on what can be done instead of what the child cannot be expected to do. Parents must plan the life of the child according to this.

The counselor should be sure to point out that the child will continue to grow physically and that problems can be caused by this growth. It is especially important that the counselor realize that the parents must be the ones to plan for the child. The parents should be encouraged to think about the child's needs and the satisfaction of these needs. Then they can plan for the future.

The parents must have the chance to ask questions. These questions may help to shape their attitudes toward the child and to clear up any misunderstanding that they may have. However, the final decision of plans must be up to the parents.

The counselor must realize that he cannot set out a standard plan for each child because the family situation differs with its own peculiar problems. His advice should center around answering the question of the parents and informing them of the resources that are available in each community. The planning phase may require many counseling interviews. The emotional stress of the parents at first may
cause the first few sessions to be a failure as far as definite plans. After the plans have been made then the counselor should go into their attitudes and emotional reactions in order to reform erroneous attitudes. The advantage of helping the parents to make their own judgement, is that it gives them confidence in their own decisions. They will need this confidence in order to deal with the advice of the friends and relatives. The professional support of the counselor will make them competent to make all their own decisions.

Following are some pointers for the professional who works with parents for the retarded child as given by Letha L. Patterson, a mother of a retarded child:

1) Tell the parents the nature of the problem as soon as possible. They are concerned as early as the physicians but they are reluctant to put their fears in words.

2) Know your resources so that you can tell the parents what to expect in the way of community help.

3) Never put the parents on the defensive. They are only human and do make mistakes with the child. This does not in any way reflect on their ability to be good parents.

4) Remember that the parents are just human. They will have the same strengths and weaknesses of all people only these may be magnified by the emotional stress that they are experiencing.

5) Watch your language. Do not use highly technical language or extremely plain language of an obnoxious variety, such as "idiot" or "moron."

6) Help the parents to see that this is their problem. Do not take over their decisions.

7) Always see both the parents. This should be advisable for all the interviews but especially for the first ones. They will need the combination of their own strengths.

8) Do not belittle or countermand the opinion of a co-worker. Such critical remarks in front of the parents can cause the parents to lose confidence in both the counselors.

9) Remember the importance of counselors’ attitudes toward the parents. Over-objectivity and not enough loving kindness can only further their distress.\(^5\)

To be of any help to the parents the counselor must first realize what his own feelings are toward the retarded child. He must learn to accept them for what they are and yet still retain some objectivity. To help really, he must enter into the turmoil of the parents. In this way he can be thoughtful and considerate and yet firm in what can and cannot be done.

The most deplorable thing a counselor can do is to lull parents into a false sense of hope. They want truth

\(^5\)Ibid., p. 469 ff.
and frankness from the counselor. However, to be effective frankness does not have to be brutal and aggressive.

To avoid any error the counselor should be sure that he has done a total study that includes an history of the child's development; a psycho-analysis of the child if he is old enough; family history; tests in school work; behavior reactions and physical examination.

Parents can be a help in the area of counseling if they are mature. Parents who have successfully surmounted this problem will aid the counselor. This helps the new parents in a way beyond that of the professional services.

Conclusion

In the past, the retarded child was locked away in his home or some public institution. As with many areas, such as mental health, the public of today has realized that no human being should be locked away without any attempt to bring him to his full social potential. As the doctors become more aware of the causes of retardation and possible preventive measures, the public have become more aware of social measures to help such people. The parents have banded together to help each other and their children in making society aware of the needs in this area.

Special training for teachers has brought more special classes for the retarded. While special training may not be possible for the counselor, background knowledge should be stressed in an attempt to bring counseling up to
its most effective. The counselor must become more aware of the need in the area.

The problem of the retarded child is no longer being ignored and students should be encouraged to investigate this area in order to bring more happiness and less anxiety to those affected.


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