ATTITUDES OF PARENTS TOWARD THE EDUCABLE MENTALLY RETARDED GREEK CHILD AS INFLUENCED BY THEIR SOCIO—ECONOMIC STATUS AND THE SEX OF THIS CHILD*

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ABSTRACT

This study evaluated the attitudes of parents toward their educable mentally retarded (EMR) Greek child as influenced by their socio-economic status and the sex of the child. It was hypothesized that attitudes of parents were: less favorable toward their EMR child as compared to those toward their normal child, more favorable toward their EMR child as compared to those toward other EMRs, and significantly related to the socio-economic status of parents and not to the sex of the EMR child. Eighty three parents having at least one EMR child were used as the subjects of the present study. A 42-trait names scale adapted form the Bills' Index of Adjustment and Values (1951) was used to evaluate the parents attitudes. The results confirmed these hypotheses except that concerning parents' social class. Implications for EMR child's mental hygiene and for creating more skillful parent counseling services in Greece were discussed.

RESUME

Cette étude évalue les attitudes des parents envers leurs enfants arriérés mentaux capables de recevoir une éducation, EMR, en rapport avec leur statut socio-économique et le sexe de l'enfant. Les hypothèses de travail étaient les suivantes: les attitudes des parents seraient moins favorables envers leur enfant EMR qu'envers leur enfant normal et plus favorables envers leur enfant EMR qu'envers d'autres enfants EMR.

Le statut socio-économique des parents influencerait de façon significative les attitudes envers un enfant EMR. Par contre le sexe de l'enfant n'aurait pas d'influence significative sur ces attitudes. L'échantillon de cette étude a été composé de quatre-vingt trois personnes ayant au moins un enfant EMR. Pour évaluer les attitudes des parents nous nous sommes servi d'une échelle de 42 noms caractéristiques que nous avons adaptée et qui a été tirée du Repertoire Bill's Index of Adjustment and Values (1951).

Les résultats de cette étude ont confirmé ces hypothèses sauf celles qui se rapportent à l'influence de l'origine sociale des parents. Dans cette étude ont aussi été analysées les implications sur l'hygiène mentale des enfants EMR et a été proposée la création pour les parents des services de consultation plus qualifés.

INTRODUCTION

An overview of the literature dealing with mental retardation reveals that there has been an abundance of material discussing the mentally retarded (MR) child as an individual. On the contrary, although it is a truism that the tragedy of a MR child is always greater for the parents than for the child, it is rather surprising that comparatively little has been written concerning the attitudes of parents toward such a child. In addition, much of what has been published is purely anecdotal in character or else based on mere impressions. One cannot ignore, however, the important fact that the societal climate has become more favorable since the mid 1950's; this has allowed for better acceptance by communitites of the MR children and their families. The current approach of community — based care of the MR child has placed considerable importance on the family unit. Modern social welfare, while focusing on the needs ot the MR child, appears to shift its concern toward

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thinking of the MR person in his family and the family in a social setting starting thus to be primarily family-centered and community-concerned, respectively. Kelmnan (1958, p. 37) has described the significance of the family of the retarded in writing "the retarded child must be viewed as an integral part of the family's group and as having distinct relationships to its members." The impact of retardation on the family is, according to the literature, stressful and traumatic to one degree or another and adds to the family's vulnerability in coping with life problems. Such an impact on parents has resulted in heavy emphasis on parent counselling. Evidence indicates that the attitudes and adjustment of the siblings as well as of the retarded member of the family are in major part determined by reactions and attitudes of parents toward that member and his disability (Heilman 1950, Maroulis and Balaes 1978). Viewing thus the family as a system in which the common needs and purposes are met through role interactions of its members, the need for a family approach to mental retardation seems self-evident. Such an approach appears to be, besides, in accord with Steven's view (1964) that mental retardation should be viewed as a family problem since "The presence of a retarded child in a home presents a variety of complex problems involving all facets of family life and all family members" (p. 6). Also, this approach appears to be in accord with Adam's view (1966) that mental retardation has to be seen as "a total family handicap because of its adverse social consequences" (p. 3).

On the other hand, the way in which a society discharges its responsibility to the MR individual is directly influenced by the attitudes of its members toward this individual. With regard to the family-oriented approach to the problem, Begab (1963) emphasizes that "how efficiently the family can adapt to and handle the problem determines to a large extent how much responsibility society will need to assume in the care, management and treatment of the retarded individual"(p. 35).

There is evidence that the attitude parents have about mental retardation are highly individualistic (Begab 1963, Cohen 1962, Schild 1964, Wolfensberger 1967) and multidimensional (Jaffe 1967) varying widely among and between them and decisively affected by a variety of dynamic factors: individual personality, nature of the marital relationship, parental aspirations, feelings about deviancy, parental roles, socio-cultural-economic statuses, parental belief etc. Despite the wide range of feelings of parents described in the literature, some are noted to be more prevalent than others: inadequacy, bereavement, shock, guilt, embarrassement, ambivalence, disappointment, frustration, anger, shame and sorrow (Graliker et al. 1959, Kramm 1963, Schild 1964). According to MacKeith (1973), these feelings may produce "maternal" behavior in both the mother and father, rejection of the child, depression and lack of confidence, aggressive behavior toward those who are trying to help the parents, disbelief and a succession of consultations at other clinics in the search of better news as well as withdrawal from the social contacts and consequent social isolation.

An overview of the literature dealing with attitudes of parents of MR children indicates that there is an almost unanimous agreement among psychologists, counselors and social workers that parents are resistant to accepting the fact that the child is mentally defective. Sheimo (1951) viewed parental denial of the mental deficiency as "to be an important element in their defensive mechanism and very necessary in the maintenance of their self-esteem". He also believed parents of MR children seek a negative answer to the question "Is our child's mental retardation due to his heredity?". Stone (1948), on the other hand, noted that some parents refused to recognize that certain types of behavior in their children were abnormal and that mental retardation was responsible for deviations in their child's behavior. Other parents, according to Thorne and Andrews observations (1946), reacted negatively by seeking to place the child in an institution and also by making no further effort to contact the child. In fact, studies demonstrated that the attitudes of parents were more important in determining speed of institutionalization that was the child's handicap or his behavioral problem, (Eyman et al. 1966). They also indicated that there was a significant correlation between mother's attitudes and reading achievement or performance in arithmetic of their retarded children (Ohlson 1968, Sundstrom 1968).

An overview of the comparative studies dealing with the topic of attitudes and categories of mental retardation indicates also that parents of educable and trainable MR

children had more favorable attitudes toward their children than they did toward such children in general (Blumberg 1965); that mothers of mildly retarded children had more protective child-rearing attitudes than parents of severely retarded children (Dingman et al. 1963); that parents were not influenced by the sex of the retarded child while those coming from low socio-economic statuses tended to have child rearing attitudes associated with defensiveness, aggressiveness, dominance, authoritarianism and rejection of their children (Barber 1963), and that there was a low but positive correlation between religious belief and maternal acceptance (Zuk et al. 1961). As far as intervention procedures are concerned, there is evidence that such issues may differentially affect different components of attitudes (Jaffe 1967) and that attitude change may be differentially affected for different ethnic groups (Mandel 1968) and by age of subjects (Cleland and Cochran 1961, Kimbrell and Luckey 1964).

From the above review of the psychological literature it appears that, although the current approach of community-based care of the MR child has placed considerable importance on the family unit emphasizing the contributing role of the attitudes of parents in the forming of the retardate's feelings and acts, almost the whole clinical and empiririal information related to the nature of parental attitudes per se as well as to the conditions under which these attitudes vary appears to derive from small sample-based studies and also to be relatively scattered. In other words, there does not seem to be a consistent line of research. It also appears that although numerous studies have beeen reported between various measures of socio-economic status and intelligence in MR children, surprinsingly, few of these have been concerned with the relationship between parents' social class and their attitude toward theses children. It further appears that parental attitude toward the MR child has not received considerable attention by professional people and researchers in Greece. One research done in our country was that of Maroulis and Balaes (1978) in which family attitudes toward Down's syndrome children were studied. Presumably, the basic reason behind this situation is associated with the prejudice which appears to prevailing among professionals as well as in the public about the potential of the MR individual for success in his life and for his normal integration in Greek society.

These considerations inspired us to attempt to evaluate the acceptance-rejection patterns held by parents toward their educable mentally retarded (EMR) child and also to investigate whether such patterns are influenced by their socio-economic status and by the sex of this child. The main working hypothese proposed for investigation were:

(1) Parents have less favorable attitudes toward their EMR child than they do toward their normal.
(2) Parents have more favorable attitudes toward their EMR child than they do toward EMR children in general.

The supplementary hypotheses proposed for investigation were:

(1) Parents from low socio-economic classes have less favorable attitudes toward the EMR child than parents form middle socio-economic classes do toward this child.

(2) No significant relationship exists between parents attitudes toward the EMR child and the sex of this child.

Since a direct measure of parental attitude toward EMR children might be distorted by the defense mechanisms aroused in the parents of the retardate, it was decided to use an indirect technique derived by the work of Rogers and Dymond (1954) on self-concept. Thus the assumption underlying the present investigation was that the discrepancy between the parents's evaluation of their own EMR (and normal) child and of the "ideal" or of most other EMR children would be associated with parental rejection of the child.

METHOD

The sample

The parents of 67 families (60 mothers and 23 fathers; total: 83) having at least one EMR child (N = 67; males 38, females 29 being within the age range of 7-16 years; mean 10 years) were used as the subjects of the present study. Whenever possible, both the mother and the father were asked to make evaluation. The 83 parents of the present sample were randomly selected from the urban areas of Athens, Piraeas and Ioannina of Greece where their EMR children were receiving a primary school education in 7 special state schools operated in these areas at the beginning of the school year 1982-1983 (September 1982). Parents were within the age of 25-51 years (mean: 37.6) and they were coming from low and middle socio-economic statuses, according to National Statistical Service of Greece (1975a)*. In three of the families cooperated the EMR child was fatherless while three mothers were divorced. In 9 of the families the EMR child was an only child. In 54 of the families there were normal children. In four of the families there were two EMR children and a normal sibling while in one of them there were two EMR children only. Where there were normal siblings in the family, parents were asked to evaluate at least one of them as well as their EMR child. The control group consisted of 55 normal children. Thus by requiring the same parent to rate both his or her normal and retarded child, differences in reactions of parents which would arise from using families with only normal children were eliminated.

The instrument

The instrument used in this study was a rating scale from the Bills Index of Adjustment and Values (Bills et al. 1951). This Index originally was designed to measure the self-concept of the individual by evaluating the attitude the individual has toward himself as well as the values toward which he is striving. The Index was adapted and slightly modified by the investigator for the present study to measure: (1) the attitudes of parents toward their EMR (and normal) child, (2) the concept of the "ideal" child held by parents, (3) the attitudes of parents toward other EMR children.

Thus the discrepancy between parents' attitudes toward their own child and the parents' concept of the "ideal" child yielded an indirect measure of their acceptance-rejection patterns. Also, the discrepancy between a parent's evaluation of his own child and his idea of that of other EMR children yielded another indirect index of acceptance.

The present scale consisted of 42 trait names; 40 of them were selected from Allport and Odbert's work (1936) as well as from the literature on mental retardation while two of them were added by the author of the present study. The following traits were selected: aggresive, alert, ambitious, annoying, anxious, busy, calm, competitive, confident, confused, considerate, cruel, defiant, demanding, dependable, destructive, docile, dominating, fearful, friendly, hostile, inquisitive, jealous, meddlesome, merry, nagging, negative, nervous, patient, possessive, reckless, selfish, self-sufficient, sensitive, spoiled, stable, tic, timid, truancy, ungrateful, well-mannered, withdrawal. The two traits added by the investigator were those of tic and truancy as related to Greek child's behaviour problems defined and studied in our country by Paraskevopoulos et al. (1970 and 1971) using however samples from a normal child population. The words were arranged randomly in a vertical list and each word was followed by three columns. At the top of each of the three columns appeared these sentences:

*The level of the socio-economic status of parents was determined by employing the criteria of parental educational level, occupation of fathers, total family income as well as housing conditions (personal estimation); the occupation categories of fathers were defined according to the procedure followed by the National Statistical Service of Greece (1975a). Fifty six of the parents (67.47%) had received a primary school education, 8 of them (7.23%) had attended some secondary school classes, 18 of them (21.69%) were secondary school graduates, and only one of them (1.2%) was a university graduate. With regard to fathers' occupation, 15 of them (65.2) were unskilled or skilled workers falling thus into the first two occupation categories defined by this statistical service, and 8 of them (34.79%) were professionals or merchants falling into the 3rd and 6th occupation category, respectively.

Column I, My child is...
Column II, I wish my child were...
Column III, Most EMR children are...

Opposite each trait, the numbers 1-5 were printed in each of the columns. These numbers were designated how much of the time the trait was applicable. Number 1, signified never, 2-seldom, 3-sometimes, 4-usually, 5-always.

When the subjects were contacted, the experimenter explained the purpose of the study as an attempt to evaluate the attitudes of parents toward EMR children as influenced by their socio-economic status and by the sex of the child. The scale was distributed to the parents and the following instructions were read:

> We would like to obtain a more clear idea of how parents see their children and the EMR children of others. Accompanying these instructions is a list of 42 words. Take each item separately and try to use it to complete the sentence at the top of Column I. The sentence read: My child is... The first word is jealous, so the sentence would read: My child is jealous. Then decide how much of the time this statement is applicable to your child and rate him on a scale of 1 to 5 according to the following key: (1)Never, (2)Seldom, (3)Sometimes, (4)Usually, (5)Always.

The same instructions were given for Column II (Ideal) and Column III (Other EMR). Whenever possible, parents were asked to rate separately their EMR child and at least one of the normal child in their family as well.

The ratings of parents on the trait scale were analysed statistically. Especially, the means and the standard deviations of the ratings of parents associated with their socio-economic status as well as with the sex of the child were calculated. The t-criterion was applied for testing the significance of discrepancy between the parents' evaluation of their own child and of the "ideal" or of EMRs in general. The t-test was also applied for testing the significance of differences of the means related to the parents' rating of male and female children. It was decided to use the t-test since there were two independent groups (males and females) consisting of different number of subjects and also coming from a homogeneous population (children) (Paraskevopoulos 1973). The relationship, on the other hand, between social class of parents and their attitudes toward the EMR child was investigated by computing the Pearson r Correlation Coefficient.

RESULTS

(1)Measures of acceptance-rejection patterns of parents

The trait scale yielded three indirect measures of acceptance-rejection patterns held by parents toward their EMR child: ratings on their child in Column I; discrepancy between the ratings on their own child and "ideal" child (I-II) as well as discrepancy between own EMR child and other EMR children (I-III). It was assumed that: (a) the more negative the parent rated his child, the greater the rejection; (b) the more the parent perceives his child as deviating form the "ideal" child, the less is his acceptance on this child.

The traits of the scale were both positive and negative. Therefore, it was necessary to reverse the ratings on the negative traits (or the positive traits) before summing ratings in Column I. Two judges were asked to rate the 42 items in the scale as positive or negative. Agreement was obtained on all of them ($r = 94$). The sum of scores in Column I yielded a measure of the positive attitude parents had toward the child, the sum of differences between Columns I and II, item for item, yielded discrepancy scores between the "ideal" and the EMR or normal child while the algebraic sum of the differences between Columns I and III provided a measure of the discrepancy between the EMR child of parents and other EMR children. The algebraic discrepancies between I and III columns were significant since the sign of the deviation indicated whether the parent perceived his child as bet-

ter or worse than other EMR children. Table 1 presents the distributions of the sums of the ratings by the parents on the 55 normal and 67 EMR children (I), on the "ideal" child (II), and on the other EMR child (III).

Table 1. Means and standard deviations of ratings by parents on EMR child, normal child, child-ideal and other EMR children.

Score	Own EMR	Normal	Ideal	Other EMRs
200	...	...	4	...
190	...	...	24	...
180	1*	2	25	1
170	4	4	11	...
160	6	10	3	...
150	17	17	..	1
140	12	14	...	3
130	7	8	...	22
120	1	...	...	18
110	7	...	...	11
100	2	...	...	9
90	...	...	...	2
N	67	55	67	67
Mean	141.19	156.94	186.89	124.82
SD	18.89	21.13	9.55	14.33

*The figures in each column indicate the number of ratings falling in each 10-point step interval of the scale from 90 to 200 points. F.e. the figure 1 on the own EMR column that one rating was only falling in the step interval between 179.5 and 189.5.

Inspection of this table indicates that parents rated their owm EMR child far below their normal. The difference of 15.75 between the means of the normal and EMR child was significant in the predicted direction far beyond the .0005 level (T-ratio of 8.31; df = 54). The difference in the ratings of the two groups was more evident when comparisons were made of the number of each group that fell below a "cut-off" score of 139.5. Only 8 of the normal children (14.5%) fell below this point while 27 of the EMR children (40.3%) fell in this category.

Regardless of the number of children (EMR or normal) in the family, the parental ratings of both the "ideal" and other EMR child were the same for each child in the family. In other words, there was, as Table 1 shows, one rating by each parent on the "ideal" and other EMR child for each of the families cooperated in the present study.

The mean of 186.89 for the "ideal" child was significantly higher than the means of the ratings of the EMR and normal child. In addition, the SD of 9.55 shows that there was greater agreement among parents on what traits are applicable to the "ideal" child while the distribution of the ratings was highly skewed negatively with 49 of the 67 ratings falling in only two step intervals.

With regard to the ratings of parents on most other EMR children, Table 1 shows that, on the average, parents rated their EMR child 16.37 points higher (in the positive direction) than other EMR children. This difference was, surprisingly, quite similar to that found between the ratings of parents on their EMR and normal children (it was a 15.75 point difference). The difference of 16.37 between the means of the parents EMR child and of other EMR children was significant in the predicted direction far beyond the .0005 level (t-ratio of 8.78). In other words, the parents rated their EMR child , much less positively than their normal seemed to compensate by their almost equally low evaluation of other EMR children.

Table 2 shows the distribution of discrepancy scores between ratings by parents on child-ideal, for their own EMR and normal child and for other EMR children.

Table 2. Means and standard deviations of discrepancy scores between ratings by parents on child-ideal for the EMR child, normal child, and for other EMR children.

Discrepancy Score	Own EMR	Normal	Other EMRs
120	...	...	1
110	...	...	...
100	...	...	2
90	1	...	...
80	1	...	8
70	7	...	9
60	10	2	18
50	10	4	15
40	11	19	7
30	8	10	4
20	11	5	2
10	7	12	1
0	1	3	...
N	67	55	67
Mean	45.70	34.27	62.86
SD	19.55	15.42	18.8

Inspection of this table indicates that the mean discrepancy of 45.70 of the EMR from the "ideal" child was much higher than the mean discrepancy of 34.27 of the normal child from the "ideal". The mean difference of 11.43 yielded a t-ratio of 4.43 which was significant in the predicted direction far beyond the .0005 level. The difference between the two groups was more evident when comparisons were made of the number in each group that fell above a score of 59.5; while in the normal group only 2 of the 55 cases (3.63%) fell above this point, in the retarded group there were 19 of the 67 cases (28.4%) falling in this category. Also, the mean discrepancy of 62.86 of the other EMR child from the 'ideal" child was significantly higher than the mean discrepancy of 45.70 of their EMR children. The mean difference in discrepancy between the two groups yielded a t-ratio of 6.37 which was significant far beyond the .0005 level of confidence. In other words, parents were significantly more favourable to their own EMR child than they did to other EMR children.

(2) Relationship between socio-economic status of parents and their attitudes toward the EMR child.

Table 3 presents the distribution of ratings by low an middle class parents on their EMR and normal child, the child-ideal and other EMR children.

Table 3. Means and standard deviations of ratings by low and middle class parents on their own EMR child, normal child, child-ideal and other EMR cbild.

Score	Own EMR		Normal		Ideal		Other EMRs	
	Low	Middle	Low	Middle	Low	Middle	Low	Middle
210	...	...	...	...	...	...	...	...
200	...	...	...	...	2	2	...	...
190	...	...	...	...	19	5	...	...
180	...	1	2	1	18	7	...	1
170	2	1	2	1	6	5	...	...
160	3	3	8	2	3	...	...	...
150	14	3	12	5	...	...	...	1
140	8	4	12	2	...	...	2	1
130	6	1	4	4	...	...	18	4
120	8	3	...	...	...	...	11	7
110	5	3	...	...	...	...	8	3
100	2	...	...	...	...	...	8	1
90	...	...	...	...	...	...	1	1
N	48	19	40	15	48	19	48	19
Mean	140.31	143.42	154.02	152.73	187.08	186.42	124.56	125
SD	18.9	20.33	22.76	13.96	9.25	10.07	12.52	17.75

Inspection of this table indicates that the level of socio-economic status of parents (low, middle) was not in fact related to their attitudes toward their EMR and normal child, the "ideal" child as well as to other EMR children. The statistical analysis of these data showed that the correlation between the social class and the attitudes of parents was not significant ($r = .27$, $df = 17$ for their own EMR child; $r = .34$, $df = 17$ for the ideal; $r = .36$, $df = 13$ for the normal; $r = .34$, $df = 17$ for other EMR children).

(3) Relationship between the sex of the EMR child and the attitudes of parents toward this child.

Table 4 shows the distribution of discrepancy scores between ratings per sex by parents on child-ideal for their EMR and normal child and for other EMR children as well.

Table 4. Means and standard deviations of discrepancy scores between ratings per sex by parents on child-ideal for their EMR child, normal child and other EMR children.

Score	Own EMR		Normal		Ideal		Other EMRs	
	M*	F*	M	F	M	F	M	F
200	...	...	...	...	3	1	...	...
190	...	...	...	...	16	8	...	...
180	...	1	1	2	16	9	...	1
170	2	1	2	1	5	6	...	...
160	3	3	7	3	1	2	...	...
150	11	6	8	9	...	...	...	1
140	6	6	11	3	...	...	2	1
130	5	2	6	2	...	...	13	9
120	8	3	...	...	...	...	10	8
110	5	3	...	...	...	...	9	2
100	1	1	...	...	...	...	6	3
90	...	...	...	...	...	...	1	1
N	41	26	35	20	41	26	41	26
Mean	140.07	142.96	152.11	156.2	188.45	184.42	122.5	128.46
SD	18.24	19.72	8.9	16.99	8.86	10.25	12.25	16.6

*M stands for males and F for females.

Inspection of this table indicates that the ratings of parents of their EMR and normal child, child-ideal and of other EMR children were not varying according to the sex of these children. The statistical analysis of these data showed that the differences per sex of the means of the ratings of parents were statistically significant ($t = .6$, $df = 65$ for their own EMR child; $t = 1.68$, $df = 65$ for the ideal; $t = 1.15$, $df = 53$ for the normal; $t = 1.66$, $df = 65$ for other EMR children).

DISCUSSION

The results of the present study showed that, on the average, parents rated their EMR child significantly less favorably than the normal child on personality traits; that they perceived their EMR child as deviating significantly farther from their concept of an "ideal" child; that they evaluated most other EMR children significantly less favorably than their EMR child; that the level of parents socio-economic status was not significantly related to their attitudes toward their EMR child and other EMR children, and finally that their attitudes toward their EMR child as well as toward other EMR children were not significantly varied according to the sex of these children.

Thus the present findings support the two main hypotheses proposed in the investigation concerning the greater parental rejection of the EMR child. The findings support also the supplementary hypothesis predicting lack of variability in parents ratings according to the sex of the EMR child. The only hypothesis not confirmed by the present findings was that concerning variability in the ratings of parents of the EMR child according to the level of their socio-economic status. The fact that the study showed rejecting attitudes of parents was not surprising since Worchel and Worchel (1961) demonstrated the same issue when they found that parents were rejecting of their retarded as compared to nonretarded. Also, Blumberg (1965) found that parents of educable and trainable retarded children had more favorable attitudes toward their children than they did toward such individuals in general.

The rejecting attitudes of Greek parents toward the EMR child may arise, at least in part, from the fact that the public in our country appears to be not fully (if not adequately) cognizant or well understanding of the nature of mental retardation and especially of the intellectual limits and the rate of personal development of the EMR child. The fact also that parents saw their EMR child significantly more favorably than other EMR children may be seen as an evidence that parents either were overcompensating or deliberately hiding their real evaluations. However, the ratings on the "ideal" child indicated their evaluations were not in fact defensive or distorted since the ratings on the EMRs and "ideal" were not practically overlapping. On the other hand, the amount of difference in the means of the ratings by parents on their EMR child and of those in most other EMR children, which was almost equal to the difference appearing between the ratings of parents for their EMR and normal child, may be seen as an indication that parents were more or less overcompensating in their ratings for their EMR child's personality traits.

The more favorable attitudes of Greek parents toward their EMR child as compared to those toward other EMR children may also be seen as an evidence that parents in our country were able to accept in one way or another the EMR child. In fact, looking only at attitudes of parents toward their EMR child may present a completly different picture than when attitudes toward retarded and nonretarded are compared. On the other hand, the more negative attitudes of parents toward other EMR children possibly indicate the projection of their disappointing feelings; on this issue it should be pointed out that by perceiving other EMR children negativaly parents may diminish their anxiety or guilt associated with the presence of deficiency in their child.

The finding also that parents showed more favorable attitude toward their normal child than toward their EMR child indicates that their negative attitude toward the EMR child was not a result of a generalized negative attitude on the part of themselves.

The finding further that attitudes of parents of the EMR child were not significanlty influenced by the socio-economic status of the family may be seen as an evidence that either the presence of a retarded child in a Greek family is equally vulnerable to the low and middle class parents or their expectations about the child are equally low and unrealistic in urban areas of our country. However, this finding was in agreement with that reported by Takeguchi (1967); he found that parents of educable and trainable retarded children had similar conceptions of "mental retardation", "educable mentally retarded" and "my own child", regardless of social class.

Finally, the result of the study showing that attitudes of parents of the EMR child were not significantly varied according to the sex of this child is in agreement with those reported by Barber (1963) on this issue. Such a finding could be interpreted as an indication that sex might not be a determining factor as far as those attitudes are concerned. It means further that parents may not differ in assigning higher scores on personality traits to either males or females.

From the above discussion one may conclude that parental attitude toward their EMR child are not favorable in Greece and that these unfavorable attitudes can only add to the retardate's problems. Presumably, a stereotyped thinking appears to prevailing among parents as well as in the public regarding the EMR child's potential for success and for his integration into the Greek community. Such a thinking may cause parents to have low and unrealistic expectations about this child that may add to his self-devaluation.

Community, therefore, through public education, should attempt to support the families of EMR children by creating a variety of more adequate and skillfull parents counseling services throughout the country as well as by developing a more positive public awareness and tolerance for the mentally retarded. Such an attempt can do much to ease the emotionally ladded problems of families as well as to provide opportunities for maximizing the potential of retardate's for productive satisfying lives and for developing reasonably acceptable behavior patterns on the part of themselves. In fact, for the community there are economic benefits to be gained from giving full support and help to the parents of the EMR child, but, more important, this is a compassionate and necessary part of the care of the retarded person and his family.

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