SOME SOCIAL AND PSYCHOLOGICAL IMPLICATIONS OF SPECIAL
CLASSROOM PLACEMENT FOR EDUCABLE MENTALLY RETARDED
CHILDREN--A REVIEW OF RESEARCH AND OPINION

Honors Thesis
Submitted in partial fulfillment
of the requirements
for the degree
Bachelor of Science in Education
by
Catherine W. Helmer
Adviser: Dr. E. John Pole

Ball State University
Muncie, Indiana
August 1970
I recommend this thesis for acceptance by the Honors Program of Ball State University for graduation with honors.

Date 8/21/70

Thesis Adviser

Department of Educational Administration

Supervision
TABLE OF CONTENTS

Chapter

I. INTRODUCTION ............................................. 1
   The Problem
   Scope and Organization of the Paper
   The Problems and Limitations of Research in This Area

II. SELECTED PSYCHOLOGICAL IMPLICATIONS OF SPECIAL
    CLASSROOM PLACEMENT ................................. 6
    Studies of the General Self-Concept
    Studies of the Self-Concept of Ability
    Achievement Motivation

III. SELECTED SOCIAL IMPLICATIONS OF SPECIAL CLASSROOM
    PLACEMENT ............................................. 18
    Acceptance and Rejection in the Regular Classroom
    Social Development in the Special Classroom

IV. CONCLUSIONS AND IMPLICATIONS .......................... 28

SELECTED BIBLIOGRAPHY ...................................... 34
CHAPTER I

INTRODUCTION

The Problem

The practice of special classroom placement for educable mentally retarded (EMR)\(^1\) children is a widely practiced and theoretically desirable educational trend, and it has been the topic of much research and argument in recent years. The purpose of placing these children in special classes is based on the belief that "placing retarded children in special classes is more beneficial to them than retaining them in the regular grades."\(^2\) In the past, research has suggested that EMR children remaining in the regular classroom progress at a higher level academically than those assigned to the special classroom situation.\(^3\) There are, of course, goals in education other than academic achievement. It would seem worthwhile, therefore, to investigate some of the social and psychological implications of special classroom placement and perhaps determine

\(^1\)The educable mentally retarded (EMR) child is generally defined to be a child indicating an intelligence quotient (IQ), as a result of individual testing, falling from between 50-70 (Kirk and Johnson, 1950) to between 50-85 (Goldstein, Moss and Jordan, 1965.)


reasons why academic development is not better in the special classroom situation and suggest justification for special classroom placement.

Scope and Organization of the Paper

The psychological implications reviewed will basically involve the self-concept and achievement motivation. The first major area of concern will be the investigation of research and opinion involved with the self-concept--to review the possibility of detrimental effects upon academic self-concept and views of success as demonstrated through the use of self-ratings and observed behavior of EMR children placed in the special classroom as compared to those remaining in the regular classroom. The self-concept and its relation to variables such as teacher and parental expectations, changing referent groups, and mental and chronological age of the EMR child will be discussed. Also, the theory of achievement motivation--reward and fear of failure--will be examined in relation to the EMR child's feelings of success and failure in an educational setting and his desire to attempt learning tasks.

The second area of investigation will deal with peer acceptance and rejection in the regular classroom as compared to the special classroom. The relationship between personality maladjustment, behavioral deviations, and rejection will be examined in the light of research done in this area. The possible effects of special classroom placement upon social maturity and emotional stability will be examined.

Finally, the writer will attempt to organize some conclusions and implications indicated by research in these areas, and to develop some possibilities for future needed research.
The Problems and Limitations of Research in This Area

The problems and limitations of research in this area of social and psychological implications of special classroom placement are many. First of all, when dealing with such highly abstract concepts, a specific definition of terms is often lacking and sometimes even impossible to develop. The measurement, evaluation, and description of such influences in education as self-concept, peer acceptance and rejection, achievement motivation and teacher expectations is a most difficult task, subject to a great amount and degree of variables.

Earlier studies related to special classroom placement of the EMR child "tended to focus on academic performance with less attention to social or personality factors."\(^1\) Thus, this area of investigation is a relatively recent area of endeavor and investigators are just now beginning to recognize the pitfalls and limit the variables as much as possible in research of this type.

Goldstein, Moss and Jordan summarize difficulties in this type of research well when they list the following four "methodological inadequacies" noted in previous research concerning special classroom placement for EMR children as opposed to retention in the regular classroom: (1) "Sample selection was not controlled adequately." Although children in the special class and in the regular class may be comparable in socioeconomic background, IQ, and mental age, other aspects may be important and should not be overlooked. Because of methods of placement, high-level and/or

\(^{1}\)Ibid, p. 4.
in general educational research--validity related to size, length, and depth of study; investigator orientation; validity and reliability of previously used measures in varying times, situations and conditions and with different groups of subjects; different and changing frames of reference, etc. Also, since aims and purposes vary from one study to another, it is often difficult to accurately compare studies and draw definite conclusions from them.

With these problems and limitations of research in mind, an attempt will be made to review research and opinion concerned with some of the psychological and social implications of special classroom grouping for educable mentally retarded children, and to elicit some realistic conclusions and proposals for future research in this area.
SELECTED PSYCHOLOGICAL IMPLICATIONS OF SPECIAL CLASSROOM PLACEMENT

One of the primary arguments for the practice of special classroom placement for EMR children is that it will prevent damage to the self-concept and perhaps even enhance these children's view of self. In the preliminary statements of Meyerwitz's study, which will be discussed later, he writes, "advocates of special classes for EMH\(^1\) children contend that, among other advantages, these classes promote in the children the acquisition of a more nearly realistic and healthy self-concept. This contention is based upon the assumption that regular class placement confronts the EMH child with standards so out of reach that he has no substantial basis for self-evaluation."\(^2\) Many educators believe that with special class placement, the EMR child is placed in a classroom where progress is consistent with his learning characteristics. This will enable the child, they contend, to assume a more realistic insight into his actual assets and liabilities.

Studies of the self-concept and its implications for special classroom placement vary considerably in size, length, and specificity

\(^1\)Abbreviates educable mentally handicapped and means the same as EMR.

2.6 derogations while the combined EMH group ascribed a mean of 3.2 derogations. The observed differences in distribution is significant at the .05 level (Z=5, p < .003)." However, he found tendencies opposite to his second hypothesis, "The control group had a mean of 3.0 derogations while the experimental group mean was 3.4. The differences in distributions is significant at the .05 level but in the opposite of the hypothesized direction (Z=-2.62, p < .004)."1

Meyerowitz concludes that, after the first year of placement in the special class, EMH children do not demonstrate a better self-attitude than do those EMH children remaining in the regular class.

While Meyerowitz's study involved young children, most studies of the self-concept deal with adolescent and post-adolescent aged subjects. A study by Mayer hypothesized that children placed in a special class early in their school lives would develop a more "positive self-concept," and suggested that perhaps if placement were too late, it might cause "irreparable damage." He administered the Children's Self Concept Scale and The Way I Feel About Myself inventory to Junior High EMRs placed in the special class situation at varying times during their school experiences. Results of the study did not substantiate his hypothesis. EMR children placed in special classes early in their school experiences did not have more positive self-concepts than those placed later. And there appeared

1Ibid, pp. 448-449.
to be no more significant "damage" to the self-concept of those placed later than to those placed earlier. ¹

The studies by Curtis and Snyder indicate a relationship between degree of intelligence and the self-concept. Although their studies do not directly consider special classroom placement, they have something significant to say about the desirability of such practices. In his study involving 55 EMR adolescents compared to a group of average and superior students and a group matched in mental age to the mentally retarded, Curtis found credence to his hypothesis that mentally retarded adolescents would demonstrate a significantly more negative self-concept and ideal self-concept. "All devices utilized in this study indicated that the greater the intelligence of the group of subjects the more positive was the self-concept." He also hypothesized that the mentally retarded subjects "would be more like the subjects of the same mental age than either of the other two groups on the self-concept scale." However, this hypothesis was not supported by the evidence and was rejected.²

Like Meyerowitz, who investigated younger subjects and did consider classroom placement, Curtis found that EMR children, as a group, demonstrated a poorer self-concept than their more


intelligent peers. And the results of his second hypothesis may have something to say for special classroom placement since the retention policies of school systems not offering special classes tend to keep mentally handicapped children with typical children of the same mental age.¹

A study by Snyder indicates the possibilities of defense mechanisms resulting from poor self-concepts hindering academic achievement. One hundred eighty EMR subjects 14 - 18 years of age were administered the California Test of Personality and the Laurelton Self Attitude Scale in "an attempt to investigate the extent to which personality factors are related to academic achievement generally in a sample of retardates obtained from various settings."² Snyder found that "the superiority of the higher achieving group in the areas of general personality adjustment, personal adjustment, social adjustment, self-attitudes and lack of anxiety is so uniform and pronounced as to strongly suggest a causal relationship."³

It was postulated in the study that retardates with poor personality integration characterized by poor self-concepts would adopt mechanisms of defense which would tend to minimize academic achievement. Defense mechanisms mentioned are withdrawal, avoidant

³ Ibid, p. 38.
and "non-trying" maneuvers to avoid "immediate failure." Snyder concludes that "The academic environment in which the retardate is taught should be structured to encourage participation, minimize the utility of failure and avoidant mechanisms of defense, and in general enhance the self-concept."¹

Studies of the Self-Concept of Ability

Citing research indicating better academic achievement by EMR children remaining in regular classes, Towne and Joiner began a two-year longitudinal study of the effect of special classroom placement on the "academic self-concept" of EMR children as a possible explanation for decreased achievement. Six Michigan public school systems cooperated and 65 EMR students ranging in age from 8 - 16 were interviewed individually (four times throughout the year) not only for perception of self but also for perceptions of teachers, parents, and friends. They concluded that the self-concept of ability increased during the EMR's first year of special class placement rather than decreased.²

A follow-up study of the same children by Schurr had two objectives: (1) to investigate the change in the EMR's academic self-concept of ability during their second year in the special class and (2) to find explanations of the change in the EMR's academic self-concept. He found that scores of the EMR students on the General

¹Ibid, p. 41.
Self-Concept-of-Ability Scale "exhibited an increasing linear trend" during the last year and one-half of their first two years of placement in the special class. Since "perceived evaluation" of parents, friends, and teachers did not correspond to these changes in the GSCA, he suggests that the increase is attributed to a change in referent groups. He writes, "change in the GSCA of EMR students following special class placement is primarily the result of self comparison with special class peers and not largely a product of internalizing the attitudes of others."\(^1\) The results of these studies by Towne, Joiner, and Schurr seem to indicate that decreased academic achievement in the special classroom is not the result of a decreased academic self-concept since, in their study, academic self-concepts steadily increased following special classroom placement.

In a study involving "high, average, and low (50-80 IQ)" students, Ringness hypothesized that differences in intelligence among groups of children would be accompanied by differences in reality of the self-estimate. "Thus, although individual subjects might vary in reality of their reported self-estimates regardless of intelligence, greater variations was expected among IQ groups taken as a whole."\(^2\) He found that low IQ children tended to rate themselves higher than average children and low IQ girls rated themselves higher even than the high IQ girls. The investigator suggests that

---


since these children were in special classrooms for the educable mentally retarded, "their self-ratings apparently reflect the secure atmosphere cultivated in these rooms." He felt that he found further substantiating evidence for this statement by the fact that low IQ girls and boys rated themselves highest of any IQ group in peer and adult acceptance. However, he concludes "results of self-ratings must be assayed cautiously." The fact that retarded children in this study appear to be over-rather than under-confident may indicate "compensation for feelings of inferiority."² Ringness' study seems to further substantiate the ones done by Towne, Joiner, and Schurr. And the fact that, although academic self-concepts of the EMR subjects increased in Schurr's study, they expressed a desire to be placed back in the regular classroom, seems to add some justification to Ringness' "compensation" theory.

The results of a study conducted by Mann yield somewhat differing conclusions. In her study of 102 fifth-grade children grouped into four different classroom levels since the first grade, the investigator found that the "low group" exhibited very "negative attitudes" concerning their academic ability by naming that as the reason for their placement in the slowest group. She suggests that perhaps it is teacher attitudes--rejection of low groups and acceptance of high groups--that has contributed

¹Ibid, p. 457
is interesting to note that they attribute differences in achievement motivation primarily to "atypical child-rearing practices" and the "different set of expectations which the parents of EMR children proffer to their children."¹

Goldstein, Moss, and Jordan conducted a rather comprehensive four-year longitudinal study on the efficacy of special classroom placement for EMR children. Experimental and control groups were formulated by screening 1,938 children beginning the first grade in 20 cooperating school districts. One hundred twenty nine children were designated EMR (IQ 50-85) through preliminary screening and subsequent individual testing. Four special classes, 15 in each class became the experimental group. Those EMR children remaining in the regular classrooms became the control group.

A portion of this study dealt with somewhat the same area referred to as achievement motivation in the Jordan and DeCharms study. These investigators referred to it as "success approaching and failure avoiding." Investigating three specific areas identified as "important to the educational and personal futures of the children: cognitive style (involving originality, fluency of thought and flexibility), freedom of interaction, and anxiety,"² the investigators concluded:

The experimental group exceeded the control group in (a) greater originality, flexibility, and fluency in productive thinking on verbal tasks, but not on

¹Ibid, p. 466.

²Goldstein, Moss, and Jordan, The Efficacy of Special Class Training on the Development of Mentally Retarded Children, p. 79.
to these negative feelings since teachers were required to rotate every year.\textsuperscript{1} It may be significant to note that these children were not labeled as EMRs but rather as the low or slow class of a fifth grade group.

Achievement Motivation

The importance of a desire to succeed and a willingness to attempt tasks that will lead to successful learning experiences on the part of the learner has been widely acknowledged by educators and psychologists. Some of the most organized and well-developed research in the area of special class placement for EMR children has dealt with this aspect of achievement motivation.

Part of a study conducted by Jordan and DeCharms concerned the "practical significance of the achievement motive in a mentally retarded population." The subjects included two groups of adolescent mentally retarded boys, one group in special classes and one in regular classes, and a group of normal male adolescents. The results of their study using a modification of the \textit{Theumatic Apperception Test} demonstrated a greater fear of failure among mentally retarded children not in special classes. They state that "while less academic achievement results from special class placement, less fear of failure is engendered."\textsuperscript{2} They believe that this is, in fact, a result of less stress on academic achievement, although it

\textsuperscript{1}Maxine Mann, "What Does Ability Grouping Do to the Self-Concept?" \textit{Childhood Education}, XXXVI (1960) p. 360.

nonverbal tasks, and (b) freedom of interaction as determined by risk taking in answering difficult questions. There were no differences in anxiety levels in reading situations as measured by skin conductance.\textsuperscript{1}

The investigators felt that they had generally found support for their hypothesis that the experimental group children (those in special classes) would show a greater degree of personal adjustment than would the control group children (those remaining in the regular classrooms).

In a research project prompted by "the belief that a retardates self-attitudes are of considerable importance to his response to training and to the degree to which he utilizes his limited abilities,"\textsuperscript{2} Guthrie, \textit{et al.} investigated an adult retarded population. Through the use of the 150 item \textit{Laurelton Self-Attitude Scale} (LSAS) designed to assess self-attitudes in the areas of physical appearance, physical health, interpersonal relationships with peers and non-peers in several different studies, the investigator concluded that the "mentally retarded act more to protect themselves from painful rejection, probably because of past abuse rather than to gain approval through achievement."\textsuperscript{3}

Although Guthrie's study did not consider special classroom placement, his results certainly relate to the achievement motivation of EMRs. A child acting to protect himself from experiencing, once

\textsuperscript{1}Ibid, p. 104.

\textsuperscript{2}George M. Guthrie, Alfred Butler, Leon Gorlow, and Grady N. White, "Non-Verbal Expression of Self-Attitudes of Retardates," \textit{American Journal of Mental Deficiency}, LXIX (July, 1964) p. 44.

\textsuperscript{3}Ibid, p. 49.
again, frequent past painful experiences will certainly react differently in an educational setting than a child who has had limited distasteful experiences in a relatively "accepting" atmosphere. Jordon and DeCharms indicate this also in their study of adolescent EMRs who, when not placed in special classes, "demonstrated a greater fear of failure." Goldstein, Moss, and Jordan found similar results in their study which investigated children in their first four years of school experiences. The children in the special classrooms felt safer in taking those much desired "risks" in an educational setting.

Research reviewed indicates that the self-concept and achievement motivation of EMR children are affected by a number of variables--teacher and parental expectations, changing referent groups, mental and chronological age of the EMR child. Generally, the investigators indicate that the special classroom is the best educational setting for the EMR child especially when compared to the typical, contemporary "regular" classroom, where failure is frequently a repeated experience resulting in the formation of poor self-concepts by the EMR child, fear of attempting educational tasks, and the development of undesirable defense mechanisms and compensatory behaviors.
CHAPTER III

SELECTED SOCIAL IMPLICATIONS OF SPECIAL CLASSROOM PLACEMENT

Studies dealing with the social implications of special classroom placement for the educable mentally retarded generally can be classified into two main areas of investigation: (1) those dealing with acceptance or rejection of these children in the regular classroom situation and (2) those dealing with improved social development on the part of these children in the special classroom situation. Major studies in these areas will be discussed.

Acceptance and Rejection in the Regular Classroom

In a study involving 1300 EMR children in the public schools of North Carolina, Jordan investigated the "personal-social" traits of these children placed in special classes and remaining in regular classes. Through the use of both sociometric and teacher ratings, she concluded that mentally retarded children "fare much better in the special class where they are more frequently chosen as friends and receive higher teacher ratings in personal-social traits."¹

A study by Johnson had two major purposes: (1) to find to what extent mentally handicapped children in the regular classroom are accepted, isolated, or rejected. And (2) to determine if there is any difference in the social position of groups of children classified according to different degrees of intellectual ability. The study was conducted in two communities with no special classes. In 25 classrooms--grades 1 through 5--a sociometric questionnaire and the Vineland Social Maturity Scale were administered.

As a result of the sociometric study, Johnson found that mentally handicapped children were less accepted and more rejected than the "typical" children, and that "acceptance scores steadily increased from group to group as the mean intelligence quotient for the group increased" and correspondingly decreased as the mean intelligence quotient decreased. He also noted:

The mentally handicapped children were seldom rejected because of low academic ability. The majority of the reasons given for their rejection were unacceptable behavior such as bullying, fighting, misbehaving, showing off, swearing, lying, cheating, etc. and apparent inability or desire to conform to group standards of behavior.

Johnson concluded that apparently regular grades were more successful in meeting the social needs of the borderline mentally retarded, but were not generally meeting the needs of the mentally retarded child. He points out that the mentally-handicapped children were segregated socially in spite of the physical presence within the graded classroom. Thus, he says, "the 'isolation' and

'rejection' arguments used by educators against special class placement of the mentally handicapped are not as forceful as they appear."

Unlike Johnson's study, a study by Baldwin was conducted in a public school system that had special classes for the retarded. And although, as many educators and educational researchers suspect, that the more socially acceptable EMR children tend to remain in the regular classroom Baldwin did not find this to be true in the group she investigated. Her study involved 572 non-mentally retarded children and 31 mentally retarded children in 22 fourth, fifth, and sixth grade classes in ten different elementary schools. From the results of The Ohio Social Acceptance Scale, The Ohio Social Recognition Scale, and personal interviews, she found a trend toward a low degree of social acceptance of mentally retarded children by their classmates in the regular class. Further she states that during interviews with teachers and pupils she was "impressed by the fact that the anti-social behavior of mentally retarded children to be the thing that the teachers and the pupils resented." She agrees with Johnson in concluding that this anti-social behavior is a form of compensation for a "lack of mental ability to cope with a situation in which the mentally retarded children felt inadequate."2

1Ibid, p. 87.

In a study involving twenty-five classes, grades one to five, each containing at least one mentally handicapped child, Kirk and Johnson developed a sociometric rating of stars, isolates, and rejectees by interviewing each of the 698 children in 25 classes. Three questions involved determination of friends and three involved determination of children disliked. The investigators found the retarded group of children to have significantly "higher percentages of isolates and rejectees as compared with their peers."¹

In order to determine reasons for rejection and isolation of the retarded child, Kirk and Johnson asked the "typical" children why they "actively rejected" certain children. "Very few of them stated that they did not like the mentally handicapped children because they did not learn as fast as other children." But rather they rejected the mentally handicapped child because of his behaviorisms. The investigators received such answers as "He teases me," "He cheats in games," "He pulls my hair," "He hits me over the head with his lunch bucket," "He says bad things," etc. Kirk and Johnson interpret these type of actions to be "compensations for frustrations resulting from failure in school situations in which they (the retarded children) cannot compete."² They suggest that there is obviously a need for special class situations for the retarded--either through special classroom placement or modification of regular classroom practices.


²Ibid, p. 67.
Apparently, the primary reasons for the EMR child's rejection in the regular classroom are various forms of socially unacceptable behavior. Perhaps the best explanation for this behavior is offered by Johnson at the conclusion of his study. He writes:

A probable explanation of these compensatory behaviors in the mentally-handicapped children may be made on the basis of what we know of the psychology of adjustment. It has been stated that a behavior problem is a result of the discrepancy between the child's capacity to behave and the requirements of the environment. The mentally-handicapped child is expected to be one of the group whether or not the individual subject matter areas have been scaled down to meet his limited capacities and abilities. He is expected to maintain discriminative standards (standards of right and wrong, standards of participation in group activities and games, standards of behavior, standards of cooperation, standards of social etiquette, etc.) that are beyond his abilities. With the imposition of too much discriminative strain, his integration is broken down resulting in the various forms of bizarre and disintegrated activities and behaviorisms observed, such as swearing, stealing, lying, bullying, teasing, etc.¹

Goldstein, Moss, and Jordan exhibited a somewhat unique approach to the study of social acceptance or rejection and special classroom placement. Instead of focusing on social interaction within the classroom, the investigators considered it "more vital" to see what effect, if any, special classroom placement had on after-school, neighborhood social interaction. Their conclusions, which they consider to be highly tentative because of the limited number of children interviewed, are that although children in the neighborhood appeared to play less frequently with children in the experimental group than with those in the control

group, there appeared to be little "overt rejection" expressed by the normal children in the neighborhood toward either the experimental or control group children.¹ This could provide some interesting interpretations. Perhaps because the retarded children feel less threatened in after-school, play situations, compensatory behaviors are less evident and thus, they are more accepted by "normal" children. If this is possible, educators may need to observe and evaluate present, prevailing classroom practices. Certainly more research in this area is merited.

Social Development in the Special Classroom

A study conducted by Blatt attempted to evaluate the two different methods of educating retarded children by a comparison of the physical, personality, and academic status of children who are mentally retarded attending special classes with children who are mentally retarded attending regular classes. The investigator compared 75 special class children with 50 retarded children attending regular classes in a community with no special classes. He did this to avoid the "obvious" pitfalls of investigations of this type. Primarily, he indicates that, placement procedures being what they are, mentally retarded children with emotional and social problems and those who are lower functioning are more likely to be found in the special classes in communities that have them, than are higher functioning, well-adjusted EMR children. The subjects in his study ranged in age from 8 - 16 years. As

¹Goldstein, Moss, and Jordan. The Efficacy of Special Class Training on the Development of Mentally Retarded Children. p. 78.
a result of his investigation, he, in part, concludes:

Mentally retarded children in special classes appear to be more socially mature and emotionally stable than mentally retarded children in regular classes. As comparisons were based on scales\(^1\) that have no established validity or reliability, it is recommended that investigations be undertaken to ascertain whether special class children are more socially mature and emotionally stable than regular class children or whether special class teachers, because of their special training and experience, tend to accept retarded children more than do regular class teachers, and how acceptance or rejection influence the total development of the children.\(^2\)

Further, he suggests that although special class children and regular class children do not generally significantly differ in physical, personality, and academic status, significant differences were found in some specific aspects. He recommends further research to determine the "most profitable type of education for children who are mentally retarded."\(^3\)

In a study involving two groups of EMR subjects matched by chronological age (mean - 13 years), sex, intelligence quotient, and school district, Elenbogen concluded "the greatest values of special classes appeared to be in social adjustment. Children in

\(^1\) The New York City Scale of Social Maturity and Emotional Stability, a teacher perception inventory, was utilized in the study.


\(^3\) Ibid, P. 818.
special classes appeared to be better socially adjusted in school and out of school despite the fact that they were segregated in school." Rating scales of school adjustment seem to show a difference between the mean scores of both groups favoring special class placement. "A statistically significant difference was noted in the scale concerning adjustment to other children." More specifically, Elenbogen's interview questions apparently revealed the fact that children in special classes had more "realistic vocational aspirations, had a greater percentage of after school jobs with higher earnings and had a greater number of friends." After school activities and attitudes toward school appeared similar for both groups.¹

In the concluding statements of an investigation by Cassidy into the factors involved in the educational placement of educable mentally retarded children, she states "the superior academic achievement noted for the Regular Class Group is balanced by the superior social adjustment of the Special Class Group."² But, she cautions:

Better academic achievement of the Regular Class Group, while statistically significant when compared with the Special Class Group is still very modest when related to the achievement of


typical children of the same chronological age. Compared with the 7.0 level of achievement typical of the average 13.0 chronological age, the Special Group children at 2.7 on the Stanford Achievement Test and the Regular Group children at 3.1 are almost equally deficient. It is likewise noteworthy that neither group approximates the 3.8 level which would be expected from their mental age. At the same time, the superior social adjustment of the Special Class Group assesses their adjustment in a protected environment contrasted to the non-protected environment of the Regular Class Group.¹

Just as Meyer's study indicated that length of placement in the special class had no effect on the self-concept, an investigation by McMillan involving 82 subjects 15 - 21 years of age found that "length of placement in special education classes is not related to the social-emotional characteristics studied." Anxiety, reactions to frustration, self description or self-concept did not seem to be affected by length of time spent in the special classroom situation. McMillan concluded that "subjects classified as being in the lowest level (of intelligence) manifested greater anxiety. As the intellectual ability of the subjects increases so does the complexity and maturity of reaction to frustration."²

Investigations in the area of social implications of special classroom placement most emphatically agree as to the value of this practice. They clearly indicate that when the EMR child remains in the regular classroom, it is quite probable that he will experience social isolation. Apparently the practice of permitting

¹Ibid, p. 73.

the EMR child to remain in the regular classroom not only does not
guarantee interaction with normal children, but many times forces
the mentally handicapped child to develop undesirable compensatory
behaviorism.

Just as several studies of the self-concept indicate that
more positive self-concepts develop as intelligence increases,
several of the studies of social characteristics indicate that
as the intelligence level increases so does social acceptability.
Johnson even suggests that the regular classroom possibly meets
the needs of the high functioning EMR child better than the
special classroom for this reason.

Offering questions and cautions which will be discussed
in the concluding section of this paper, investigators into
the level of social adjustment of EMR children in the special
classroom generally suggest that social adjustment characteristics
are improved by special classroom placement.
CHAPTER IV

CONCLUSIONS AND IMPLICATIONS

The obvious question remains--Is special classroom placement a more beneficial arrangement for the EMR child than retainment in the regular classroom? A few concluding statements may be made as the result of research reviewed in this paper:

(1) EMR children tend to demonstrate a poorer self-concept than their more intelligent peers although special classroom placement appears to improve the specific characteristic, self-concept of ability.

(2) EMR children, particularly those remaining in the regular classroom, tend to be motivated educationally more by a fear of failure than a desire to achieve.

(3) EMR children tend to be social isolates in the regular classroom.

(4) EMR children appear to be better adjusted socially in the special classroom.

(5) There appears to be a correlation between level of intelligence and self-concept and social adjustment--as the level of intelligence increases better self-concepts and social adjustment characteristics are observed.

(6) Length of time spent in the special classroom situation does not seem to positively or negatively affect self-concept or social adjustment.

However, any significance demonstrated by these rather arbitrary conclusions must certainly be modified by several considerations. First of all, an evaluation of aspects of validity and reliability of techniques and designs of these types of studies should be noted.
For instance, a large percentage—some educators even estimate a majority—of EMR children in special classes are from socially and culturally disadvantaged backgrounds. Since this is the case, even if EMR children are social rejects in the regular classroom, placement in a special classroom where they appear to be better socially adjusted, can be of little value to them. Isolating these children by placing them in self-contained classrooms may just be relieving pressure on teachers and administrators at the expense of possibilities for a more desirable, realistic and permanent social development of these children.

Special classroom placement is theoretically an "attempt to meet the problems of individual differences. However, the emphasis seems to be primarily on differences in potential for academic achievement."¹ From the research reviewed and considerations presented, it would seem more logical to concentrate on social and psychological issues in determining grouping practices and improving classroom methods. As Brookover points out "the functional limits of one's ability to learn are determined by his self-conception or self-image as acquired in social interaction."² It appears that neither the special nor the regular classroom can adequately deal with this fact.

Obviously, researchers conclude that the special classroom is the best place for the EMR child primarily because they have

---


no alternative--"regular" classrooms existing as they are today. However, the special classroom is obviously not the place for all EMR children either. Trippe states the argument well:

Disabled children are in no sense homogeneous in their educational needs, either separately for each disability groups, or across all disability groups. What is common is the erosion of self-concept, the limited experiences with normal children and the effects of social stigma on children who are placed outside of the regular stream of education.¹

Perhaps it is time to view the idea of education in general from a different point of view. This may require an honest investigation and evaluation of long-held priorities and values such as yearly completion of the textbook and that deeply ingrained value placed upon purely academic excellence. A realistic and effective "special" education program would not only benefit EMR children but all children by modifying each child's learning environment. This would be accomplished through improved, more specific diagnostic procedures which would identify each child's particular educational needs and aid in determining the learning environment best suited to his needs.

Resource room personnel and techniques need to be developed and researched. Proficient and effective use of tutors and semi-skilled teacher-aids needs to be investigated. Studies are needed to reveal what specific knowledges and skills are needed by the EMR child to aid him in becoming an economically

independent and socially adjusted adult so that appropriate programs may be developed.

But most of all, educators, parents and society in general need to become aware of the fact that much of our past and present practices in education, particularly in the case of the EMR child, are morally and educationally wrong. The regular and the special classrooms have been "ill-prepared and ineffective" in educating not only EMR children but many other children as well. It would appear that the social and psychological implications of special classroom placement for educable mentally retarded children make it imperative that we develop new approaches to the education of these children we are dedicated and obligated to serve.¹

¹Lloyd M. Dunn, "Special Education for the Mildly Retarded--Is Much of It Justifiable?" Exceptional Children, (September, 1968) p. 32.
SELECTED BIBLIOGRAPHY

Articles and Papers


Guthrie, George M.; Butler, Alfred; Gorlow, Leon; White, Grady N. "Non-Verbal Expression of Self-Attitudes of Retardates." American Journal of Mental Deficiency, LXIX, July 1964, pp. 44-49.


Books, Reports and Contributions to Books


of aspects investigated. Some, such as those done by Meyerowitz, Snyder, Curtis, and Mayer, deal with a variety of aspects considered to be a composite of the entire, general self-concept—self-perceptions of physical appearance, interpersonal relationships, academic ability, etc.—as contributing factors to hypothetical characteristics of the EMR child experiencing special classroom placement as opposed to remaining in the regular classroom. Other studies such as those conducted by Towne and Joiner, Schurr, Ringness, and Mann deal directly with self-concept or self estimate of ability. Those studies dealing with the general self-concept will be considered first followed by those dealing specifically with the self-concept of ability.

Studies of the General Self-Concept

A study by Meyerowitz tested two hypotheses: (1) EMH children will be more derogatory of themselves than normal children and (2) among EMH children, the control group remaining in the regular grade, will be more derogatory of themselves than the experimental special class group. The study involved 180 children—60 EMRs in the experimental group in the special classrooms, 60 EMRs in the control groups remaining in the regular classrooms, and 60 in the criterion (normal) group matched with the EMR groups on the basis of residence in the same community, father's occupation and family income. At the end of the first year of school, the investigator administered the Illinois Index of Self-Derogation (a test designed specifically for this study.) Meyerowitz seemed to find justification for his first hypothesis, "the normal 'criterion' group ascribed to themselves