# STRESS, PARENTAL COPING BEHAVIOR, AND MONGOLISM

A Study of the Parental Coping Effectiveness
under the Stressful Circumstance of
Caring for a Mongoloid
Child

A Thesis

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and

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Master's Degree in Social Work

by

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Saint Mary's University Library

**Abstract:**

A STUDY OF PARENTAL COPING EFFECTIVENESS
UNDER THE STRESSFUL CIRCUMSTANCE OF
CARING FOR A MONGOLOID CHILD

by

Mary Alice O'Connor

This study investigates the coping behavior of parents in the stressful situation of the presence of a mongoloid child in the home. In testing the theory, coping behavior is related to socioeconomic status; the higher the status, the more effective the coping. This is an individual thesis prepared in 1966 in partial fulfilment for the requirements of a Master's Degree for the Maritime School of Social Work and Saint Mary's University.

The records of 24 mongoloid children seen at the Halifax Mental Health Clinic for Children between October 1950 and September 1966 were examined. From these records data pertaining to the measurement of parental coping behavior and socioeconomic status were collected on schedules. The data was then compiled and a statistical test (Fisher's Exact Probability Test) carried out.

The findings of this study indicated no significant difference between the coping behavior of parents of relatively high socioeconomic status and that of parents of relatively low socioeconomic status. Reasons for this finding are explored in the study. Nevertheless, it was concluded that social workers need to be attentive to the mechanisms of coping behavior and methods by which they can be enhanced. Also, social workers need to be aware of the implication of socioeconomic status on their practice.

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# CHAPTER I

## INTRODUCTION

The problem of mental retardation is one of the many challenges facing medical research today. Many advances have been made in this field, but much still remains to be done. One of the disheartening facts about it is that there are over one hundred known causes of mental retardation. This makes it difficult to initiate preventive measures which have a wide influence. Also very discouraging is the fact that mental retardation is an irreversible condition--one which modern medical methods cannot correct.

These, then, are some of the facts which parents of mentally retarded children must face and accept. But the picture is not all black; there is some hope for these children and their parents. Many organizations are optimistic about mental retardation. Foundations such as the Dr. Julian D. Levinson Research Foundation (for mentally retarded children) work on the

theory

> that some children can be definitely improved in one way or another; and that something constructive can be done for almost every child and his parents. 1/

Because the problem seems mainly to be a medical one, the question of its significance and relationship to social work arises. But mental retardation is a social problem as the Honorable Judy LaMarsh has commented on in her opening remarks to the Federal Provincial Conference on Mental Retardation of 1964. 2/

The fact that each retarded child is born into a family, which necessarily causes certain changes in the family's way of living, proves it to be a possible stressful situation of concern to social work.

> The tragedy of mental retardation strikes the parents much harder than it does the child. . . . Parents go through many reactions in the rearing of a retarded child and in their struggle with their misfortune. 3/

Hence, one comes to realize that there are implications other than medical in the problem of mental retardation.

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1/ A. Levinson, THE MENTALLY RETARDED CHILD; The John Day Co., New York, 1965; p. 24.

2/ Department of National Health and Welfare, MENTAL RETARDATION IN CANADA; Queen's Printer, Ottawa, 1964; p. 6

3/ A. Levinson, <u>Op</u>. <u>Cit</u>; p. 25.

A variety of reactions is stirred up in the parents of a mentally retarded child. High expectations and hopes are often dashed to the ground. Denial of the fact of retardation may exist. Unrealistic despair may be initiated. It is obvious that many parents need help in dealing with these feelings and reactions to their child. How parents adjust to, and cope with the stresses that the mentally retarded child places on them is the concern of this thesis. Parental coping ability, then, is the focus of this probative study. In particular, the coping ability of parents is related to the socioeconomic status of the parents. It is expected that there will be differences in coping behavior according to class position; the higher the socioeconomic status the more effective the coping ability.

Because of this orientation to the problem, the difficulties that the mentally retarded child presents, then, are of concern to the social work profession. With the presence of a mentally retarded child a stressful situation occurs, and methods of dealing with it must be established. Many problems can arise in the process of establishing coping methods, problems in which social workers can provide assistance. Many social problems exist because of parental methods of

dealing with the stress. Consequently, these problems cover an area of human functioning in which prevention, restoration and enhancement of functioning can be exercised.

Indeed, it was this very concern that led the writer to investigate this field of human functioning. Not only do the potentialities of the children themselves need to be more fully realized; but also the potentialities of the parents to help their children to maximum self-fulfillment need to be emphasized. It is only through working with the parents of mentally retarded children that both the parents and children can be helped to attain fuller and richer lives. The writer feels that there is a great lack in this field and that much more extensive work needs to be done. Because of this feeling, the writer undertook an investigation of this field of human functioning, thereby increasing her own knowledge of it and improving her ability to work with people whose problems these are.

An additional reason for undertaking this investigation was to acquaint the student with the research process in a practical, meaningful way. An opportunity thus has been taken by the writer to increase her knowledge of a particular field of human functioning, use it, and apply it with increasing skill in the

research process. In addition to this advantage, the writer also became acquainted with some of the problems encountered in research. Hopefully, this has equipped her to deal more effectively with similar situations which she will meet in the future. For the most part, the exercise of this study has been a profitable experience.

The outcome of the study, though, did not reveal any significant results. Because of many limits and limitations, differences in coping ability of parents of varying socioeconomic backgrounds could not be determined at a significant level. These limits and limitations will be discussed in the following chapters.

In the chapter immediately following, a discussion of the theoretical framework will be presented. Following this, an explanation of the methodological procedures will be given after which the presentation of findings will be shown. The conclusions and recommendations resulting from this probative study will be presented in the final chapter of this thesis.

## CHAPTER II

## THEORIES OF STRESS AND COPING

This particular chapter will deal with the theoretical framework upon which this thesis rests. The thesis problem is the study of the stress that a mentally retarded child may impose upon his parents. More specifically, it is a study of the consequent coping methods used by various parents of different class backgrounds. The theories which will be used are those of stress and coping.

Before introducing the theory which is to be used in this study, several background concepts need to be presented. These concepts will be helpful in making more understandable and clear the relationship of stress, coping devices used in face of stress, and mental health. The "organismic theory" discussed by Menninger [1] in THE VITAL BALANCE will be considered first. This is a theory of behavior which has been formulated by various sociologists--Claude Bernard, Walter B. Cannon, and Kurt Goldstein--in which life and living are regarded as a

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1/ K. Menninger, THE VITAL BALANCE; The Viking Press, New York, 1963; p. 80.

process rather than a structure.

> In every organism, despite constant irritations which provoke local or general reactions a flexible balance is maintained internally with respect to the relationship of the parts. At the same time, a flexible balance is maintained externally with the environment to which reference has just been made. 1/

Briefly, Menninger means that any organism attempts to maintain an internal and external equilibrium or balance in its functioning, despite the many changes that are constantly going on both within or without the organism--changes that tend to upset this equilibrium. Thus an organism biologic, physiologic, sociologic, or psychologic is constantly striving to maintain relatively constant internal environment, steady state or equilibrium. This striving occurs at many levels in an organism, and consequently any change or threat of it will mobilize and direct energies to cope with the changed condition in order to maintain former harmony. In other words, an organism tries to maintain its own uniqueness or integrity in the face of disintegrating forces both internal and external. In the human organism, there is also an awareness that an attempt is being made to maintain equilibrium. It is what Menninger calls "the vital balance."

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1/ K. Menninger, Op. Cit.; p. 80.

The term equilibrium, many researchers thought, was not accurate or applicable for the physiological process that goes on in any organism. They thought this term too exact and confined to a description of physio-chemical states when known forces are in balance. Consequently, other terms evolved to clarify this principle, for example: "steady state" or internal environment. But the term which came to be most descriptive of the complex physiological processes peculiar to living being was "homeostasis," first used by W. B. Cannon in his book, THE WISDOM OF THE BODY (1939). This concept, though, cannot be limited to describe only the steady physiological states of man, but has a more generalized application at higher behavioral levels of activity. Homeostasis, as propounded by Dempsey and Cannon, is discussed by Harry Helson 1/ in ADAPTION LEVEL THEORY. Dempsey suggests that "the adjustment of societies to their physical environment and to each other show the operation of homeostatic principles." 2/ Indeed, one can say this principle is operating in man in his search to be "at one" or to arrive

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1/ H. Helson, ADAPTION LEVEL THEORY; Harper and Row, New York, 1964; p. 40.

2/ E. W. Dempsey, HOMEOSTASIS, HANDBOOK OF EXPERIMENTAL PSYCHOLOGY; Wiley, New York, 1951; p. 231; as quoted in ADAPTION LEVEL THEORY; H. Helson; Harper and Row, New York, 1964; p. 41.

at some kind of equilibrium within himself and with his environment. If this state is achieved, man is said to have arrived at a relatively stable state of physical and mental health. If it is not achieved, there will be some degree of impairment in functioning, in maintaining a stable equilibrium which will result in some degree of physical and mental ill health.

Coping plays an important role in the area of mental health. Mental health or ill health will depend on what coping devices are used and how they are used to maintain a "homeostasis" in the face of stress. This relationship will become clearer as the theory is developed.

Keeping these theories and concepts in mind, the writer will discuss more deeply the theories listed in this study. These theories deal with stress, the coping devices utilized in the face of stress, as well as the possible differences in the devices used by the various classes.

Stress has been variously defined by many theorists. It has been described simply as a factor outside an organism that tends to upset the balance of the organism, and it has also been described in terms of the psychological or physiological processes and reactions invoked at the time of stress to meet the outside force

of stress. One pioneer in the field of research on stress, E. Lindeman, 1/ who in 1944 described stress as an environmental force pressing on an individual causing certain responses. In his study of bereavement reaction, he was one of the first to observe the existence and significance of the psychological process involved in meeting environmental problems.

David Kaplan 2/ has a somewhat similar view of stress, although he defines it in more specific terms. He sees it as an acute situational disorder which can be of two types: 1) acute attack of a chronic disease and 2) that which results from the individual's attempt to cope with an external force for which he does not have adequate defenses to handle at the outset of the disorder. Stress, then, is experienced in the form of painful, subjective symptoms that temporarily affect functioning. He also adds that most responses, or coping devices, utilized are self-correcting and the individual then regains some form of equilibrium on his own. Kaplan then points out the existence of the relationship of stress, coping, and the maintenance of

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1/ E. Lindeman, "Symptomatology and Management of Acute Grief," CRISIS INTERVENTION, Family Service Association of America, New York, 1965; pp. 7-21.

2/ D. Kaplan, "A Concept of Acute Situational Disorders," in SOCIAL WORK, v 7, April 1962; pp. 15-23.

equilibrium or homeostasis.

Another pioneer in the field of stress is Hans Selye, 1/ who began his work in 1936. In his book, THE STRESS OF LIFE, he discussed the stress syndrome. Since he found stress to be a non-specific response to noxious agents, he called it the "general adaption syndrome" (G.A.S.). He describes three stages through which an organism evolves in this syndrome: 2/

1) An alarm reaction which is a generalized call to arms of the defensive forces of the organism,

2) A stage of resistance which is the stage of adaption to an agent to maintain equilibrium and or life, as Kaplan seemed to have described,

3) The stage of exhaustion which occurs if the stress agent is severe and prolonged enough to cause the death of the organism which has not adapted.

In his description of stress as a general adaption syndrome (G.A.S.), he incorporates and expands into one theory the concepts of Lindeman and Kaplan. Stress is a state or condition manifested by the G.A.S. The agents or factors which act on the body to produce the stress are called "stressors" to distinguish them from "stress." Lindeman and Kaplan's definitions of

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1/H. Selye, THE STRESS OF LIFE; McGraw Hill Book Co., Inc., New York, 1956; p. 32.

2/ Ibid.; p. 31.

stress could be compared similarly with Selye's stressor. Selye is unlike these two authors in that he incorporates as part of stress the reaction to the external environment and does not merely describe the physiological and psychological reactions as being consequent to the stress (environmental force).

Stewart Wolf, 1/ in his PSYCHOLOGICAL BASIS OF MEDICAL PRACTICE, presents another aspect of stress. He, like Kaplan and Lindeman, emphasizes the subjective and relative nature of stress and states it more explicitly than had been done before. He believes that there can be no standard stress stimulus because the meaning of stress varies from individual to individual. Response to the stress stimulus depends on what the situation meant to the person, relationships of the individual concerned, his value systems, past experiences, and his social and cultural patterns.

Wolf also points out an important positive factor in that he says that stress need not be thought of as a destructive force. Stress can be adaptive, promoting growth and productivity for the individual. It appears that stress can be viewed as a positive factor

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1/ S. Wolf, "Life, Stress, and Patterns of Disease," PSYCHOLOGICAL BASIS OF MEDICAL PRACTICE; Harper and Row, New York, 1963; pp. 1-14.

in determining coping ability.

Louis Kaplan, 1/ in FOUNDATIONS OF HUMAN BEHAVIOR, defines stress as any assault on an organism. The assault may be physical (e.g., disease) or psychological (e.g., arising from any aspect of the environment or from within the individual himself). He, like Wolf, points out the positive aspect of stress--that it can aid adjustment in providing challenges to be overcome.

Sands and Rodnick 2/ also have the same view of stress, seeing it as causing tension states to arise in the organism resulting in a disturbance of the homeostatic equilibrium. Their unique contribution to the theory of stress is in relating stress in specific terms of a human's personality organization or disorganization.

Lydia Rappoport, 3/ in discussing crisis theory, distinguishes the meaning of stress as opposed to crisis.

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1/ L. Kaplan, FOUNDATIONS OF HUMAN BEHAVIOR; Harper and Row, New York, 1965; p. 185.

2/ S. T. Sands & E. H. Rodnick, "Concept and Experimental Design in Study of Stress and Personality," in AMERICAN JOURNAL OF PSYCHIATRY; v 106, 1950; pp. 673-680.

3/ L. Rappoport, "The State of Crisis: Some Theoretical Considerations," CRISIS INTERVENTION; Family Service Association of America, New York, 1965; p. 23.

In doing this, she sums up neatly the various meanings stress is given by various authors. The term, stress, is used to denote three different sets of phenomena:

1) Stress is equated with the stressful event or situation.

2) It is used to refer to the state of the individual who responds to the stressful event as in Selye's description.

3) More often stress refers to the relationship of the stressful stimulus, the individual's reaction to it and the events to which it leads.

Rappoport also notes that stress often carried with it the negative connotation that stress is a burden or load under which a person survives or breaks down. In contrast to this, crisis (which is often synonymous with stress) is considered a call to action and therefore has growth-promoting potential instead of the pathogenic potential of stress. Thus, in her definition of crisis, she is like Wolf, Kaplan, and Sands and Rodnick, in that the positive action-producing nature of stress, "crisis", is emphasized. If crisis is so considered, then crisis theory too has relevance in a study of stress, especially as it avoids the negative connotation of stress and therefore points to a more positive approach in dealing with hazardous events. In summary, her views of stress and crisis are merely a recapitulation of the aforementioned authors' use of

the term "stress."

Langer and Michael, 1/ in their study of social psychiatry, also use the concept of stress, relating this concept and the factors surrounding it to mental disorder. First of all, they contend that the social environment contains both pathogenic, noxious factors and eugenic factors which cause stress and contribute to mental disorder. These noxious factors called stress are environmental forces pressing on the individual. But what of the individual's response to these stresses? Langer and Michael introduce a new term, "strain", by which they mean the individual's reaction to stress. Strain brings about deformation leading to mental disorder. This use of the term "strain" practically corresponds to Selye's and Kaplan's use of the word "stress." They postulate a relationship between stress and strain by saying that

a) strain is the deformation produced by stress,
b) the properties of the material being tested determine how much strain or distortion there will be for a given amount of stress.

This stress-strain relationship, derived from the physical sciences, has a definite application in sociological sciences. Human organisms are in a state of dynamic

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1/ T. Langer & S. Michael, LIFE, STRESS AND MENTAL HEALTH; Free Press of Glencoe, Collier MacMillan Co., Toronto, 1963; pp. 6-10.

equilibrium, as opposed to the physical equilibrium of inanimate objects. The stress-strain relationship, then, is limited by the differing types of equilibrium.

In this study, the official definition is that of Dr. G. Engels, as quoted in Langer and Michael

> Stress may be any influence whether it arises from the internal environment or external environment which interferes with the satisfaction of basic needs or which disturbs or threatens to disturb the stable equilibrium. 1/

As others--Kaplan, Rappoport and Wolf--have emphasized, so Engels also emphasizes the relativity of stress which is dependent on the strength of the organism or its capacity to deal with a particular force at a particular time. When stress is said to be relative, it is meant that certain factors mediate between the stress and consequent strain. First, there is the individual's endowment--his constitutional factors, hereditary predispositions, physical mental and neurological equipment--which in part determine how much strain will result from stress. Second, is the individual's positive and stressful experience, both physical and emotional, up to the time of the particular stress. However, it is the cumulative physical, emotional and social experience combined with endowment that results in the formation of personality; and so it is personality in the end that mediates between stress and strain. Strain

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1/ T. Langer & S. Michael, Op. Cit; p. 8.

is seen, then, as the individual's method of coping with or adapting to a stress. These homeostatic methods can be seen as a hierarchy of regulatory devices which enable the individual to maintain homeostasis. Stress is seen, then, as external events or circumstances that cause certain reactions in individuals (strain). This calls for certain adaptive measures which can either be positive or negative ways of dealing with the stress and maintaining homeostasis.

Consequently, it can be seen from a survey that stress, however defined, is a part of living. Individuals encounter discomforts in themselves or their environment which they try to minimize. The human organism (man) strives for an equilibrium, a homeostasis, a balance in which his discomforts are lessened. In this search for an equilibrium, he uses many devices to deal with his stresses. Response to these stresses varies from individual to individual and calls forth various mechanisms or adjustive devices to cope with the problem created by the stress. At this point, then, let us talk of the various approaches to be used in dealing with stress, i.e., theories of coping.

David Kaplan's studies suggest that the process of adaption in an individual faced with a stress-producing condition, involve distinctive organizations

of intra-psychic phenomena. [1] He does not specify what these phenomena might be, but he emphasizes the fact that personality is important in the area of reactive and defensive forces inaugurated to meet stress. He also says that a healthy outcome is the result of adaptive responses which enable the individual to accomplish the task posed by the stress. Hence there is a relationship evolving between stress, the way it is handled by an individual, coping, and mental health or illness.

Cameron, [2] in discussing behavioral disorders, proposes that reactive and defensive forces are the same techniques used by psychotics and neurotics; the difference is one of degree. He describes two general adjustive techniques, direct aggression and withdrawal, as well as special adjustive techniques as: 1) defense techniques (attention getting, identification, rationalization, projection); 2) escape techniques (isolation, negativism, regression, repression, fantasy).

Louis Kaplan, [3] in HUMAN BEHAVIOR, discusses adjustment in relation to stress of life. Whether

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1/ D. Kaplan, Op. Cit.; p. 17.

2/ N. A. Cameron, PSYCHOLOGY OF BEHAVIOR DISORDERS; Houghton Mifflin Company, Cambridge; 1947.

3/ L. Kaplan, Op. Cit.; p. 7.

ordinary or extraordinary, stress is defined by him in a very similar manner as by Langer and Michael. He speaks of adjustment as a dynamic process, since the human organism is striving to achieve a balance between his internal demands and requirements of his environment. 1/ He describes this adjustment as an active system of behavior, not a condition, that calls forth adaptive reactions which have a certain consistency to stability of behavior. He emphasizes the fact that adjustment is a relative concept and adjustive behavior ranges on a continuing scale, as do Langer and Michael. Kaplan derives his adjustive mechanism from psychoanalytic theory, dividing them into three major categories: 1) mechanisms of deception, e.g., projection, 2) mechanisms of substitution, e.g., compensation, 3) mechanisms of avoidance, e.g., fantasy. These mechanisms are useful only to the extent that they enable the individual to become fully functioning and competent. Deterioration of adjustment, if severe enough, eventually may lead to personality or behavior disorders, neurosis and psychosis. Therefore, the importance of adjustment can be seen as it makes for positive mental health and more happiness. Langer and Michael have developed this

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1/ L. Kaplan, Op. Cit.; p. 7.

concept. Their theory of the relationship of coping and mental health will be discussed in greater detail in the following pages.

Helson [1] speaks of adaption, first of all, in terms of organismic equilibrium and homeostasis, but emphasizes that it is not just a passive process. Rather, it is an active process, as individuals and groups strive for variety, change, and novelty as well as for the more or less steady states. Every state of adaption corresponds to a given level of activity. Impulsion to action, therefore, comes from the differences or disparity between one level of adaption and another. This action can be initiated either by external or internal stimuli, making adaption a two-way affair. That is to say, stimulation initiates changes in the organism. These changes adapt the organism to prevailing conditions but also activate the organism from within. He thus emphasizes that adaption can be a progressive and a positive concept.

Parad, [2] in discussing preventive casework, involves Lindeman's and Kaplan's theory of crisis, demon-

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1/ H. Helson, ADAPTION-LEVEL THEORY; Harper and Row, New York, 1964; pp. 26-33.

2/ H. J. Parad, "Preventive Casework: Problems and Implications," CRISIS INTERVENTION; F.S.A.A., New York, 1965; pp. 284-298.

strating an individual's potential manner of reaction to a crisis or stress. They state:

> A person is in crisis when his internal equilibrium is off balance and his psychological resources overtaxed, thus making him vulnerable to further breakdown. At the same time, however, a person is often challenged to provide a "novel" solution to his present problem. . . . The new solution may therefore involve a new use of one's traditional battery of ego-adaptive techniques. 1/

They emphasize that stress or crisis can either promote negative results with breakdown or positive coping mechanisms with the new use of ego-adaptive techniques.

Menninger 2/ discusses stress using Dr. Engel's definition and calls the adaption to this stress, tension. He defines tension as the internal state of increased activity and pressure aroused by stress. He points out the role of ego as being an expression of basic biological tendencies toward organismic synthesis, integration and steadiness. The ego also mediates and manages the instincts which are biological tendencies of survival and adaption. Thus, the ego is guardian of the vital balance--which is a type of dynamic equilibrium characteristic of all living organisms.

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1/ H. J. Parad, Op. Cit.; p. 289.

2/ K. Menninger, Op. Cit.; p. 129.

In time of tension, the ego becomes aware of the discomfort and promotes action to reduce the internal or external tension. Menninger lists some of the coping or regulatory devices used in emergencies of daily living. Some of these are: reassurances of touch, rhythm, sound, speech, food and food substitutes, alcohol, self-discipline, laughing, crying, cursing, boasting, sleeping, talking it out, thinking it through, working off excess energy, daydreaming, symbolism, reaction formation, counterphobic mechanism, physical and physiological processes. Menninger also discusses the idea that these devices are on a continuum in the adjustments of the ego to maintain order and integrity. The ego uses these devices in times of tension, when "normal" coping devices are unable to deal with the tension. This is done at the cost sometimes of lowering the level of functioning of the total organism. Menninger identifies five levels of this adaptive retreat. First comes the mild symptoms called by laymen, nervousness; second, devices which include neurotic phenomena; third, those which embrace episodic and explosive discharges; fourth are syndromes of more persistent and more severe disorganization, and fifth, those that result in complete disorganization.

Langer and Michael [1] also have a similar outlook regarding adaption to stress. Their term is strain. The data from their study show that as the number of environmental stress factors increases in number, the reaction to or an attempted adaption to stress increases. [2] This is evidenced by various symptoms which can be viewed as a hierarchy of regulatory devices which enable the individual to maintain homeostasis. Michael and Langer classify their types in the following manner: Well, Personality Trait type, Neurotic type, Psychotic type, Organic type. It is pointed out in Langer and Michael's study that Menninger's levels seem to correspond roughly to Michael and Langer's diagnostic (psychiatric) classification. Some similarity, then, is evidenced, especially between Personality Trait type which corresponds to Menninger's nervousness, Neurotic type corresponding to neurotic phenomena and Psychotic type corresponding to episodic and explosive discharge. The average impairment found for each of Langer's and Michael's classifications indicates that they do lie on a continuum of associated impairment as Menninger's also do. Langer and Michael, also, in their study, co-relate the use of these adaptive

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1/ T. Langer & S. Michael, Op. Cit.; p. 8.

2/ T. Langer & S. Michael, Op. Cit.; pp. 153-155.

devices with the socioeconomic status of the participants. This aspect of the study will be discussed later on.

As can be seen, both Menninger and Langer and Michael deal primarily with devices (styles of coping) that are oriented towards the maladaption which results in mental ill health. L. Kaplan also sees adjustive techniques as leading to mental illness. Kroeber, 1/ on the other hand, has a different view. He uses psychoanalytic theory as a base for his article, "Coping Functions of Ego Mechanisms." His focus is

> on the operation of the ego and on an extension of the concept of defense mechanisms to include behaviors that are particularly relevant to an active effective person dealing with demands, often conflicting, of a biological, psychological, or social nature. To this sort of ego behavior is attached the word 'coping' . . . 2/

Hence, a more positive attitude toward adaption and coping is developed by Kroeber. This attitude is merely embryonic in Helson's adaption level theory and Kaplan's and Lindeman's theory of crisis. Ego mechanisms are considered general mechanisms which may take on either defensive or coping functions. Kroeber

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1/ T. Kroeber, "The Coping Functions of the Ego Mechanisms," THE STUDY OF LIVES; Atherton Press, New York, 1964; pp. 179-198.

2/ T. Kroeber, Op. Cit.; p. 179.

distinguishes between the coping functions and defensive functions of the ego and lists six criteria for doing this distinction. Examples of this is that a defense is 1) rigid, compelled, channeled and perhaps conditioned. It is 2) pushed from the past whereas the coping function of the ego is 1) flexible, purposive, involving choice; 2) pulled toward the future. Kroeber then discusses ten general ego mechanisms considered to be inborn potentialities for behavior, but whose development is subject to environment and its conflicts. In his discussion, he lists the ten general mechanisms, while distinguishing these defensive manifestations from the coping manifestations of each mechanism. He lists these as: 1) discrimination, 2) detachment, 3) means-end symbolization, 4) selective awareness, 5) sensitivity, 6) delayed response, 7) time reversal, 8) impulse diversion, 9) impulse transformation, 10) impulse restraint. In practice, this theory can lead therapists, of any sort, not only to help relieve symptoms and free defensive energy, but also to channel this energy in coping ways; that is to say, to put it to a positive use. This is the idea also of E. Lindeman and L. Kaplan in trying to work with families in crisis. Thus a parallel can be drawn between these two theories because both are oriented to bettering the ego's adaptive

abilities.

L. B. Murphy [1] and her collaborators undertook a pilot study known as the Coping Project, whose purpose was to scrutinize children's ways of dealing with new demands and difficulties of everyday life and to suggest tentative hypotheses regarding the processes involved in the solution of particular problems. The author believes that by studying children as small human beings trying to master the challenges presented by life one can learn something of the way we deal with new demands and stressful experience which cannot be met by well-established habits or ready-made answers. This is a study based on observation of children, when they are confronted with new situations and challenges calling for responses not previously crystallized. Emphasis, then, is placed on the process of developing novel ways of dealing with new and difficult situations. "Coping then points to the process--the steps or sequences through which the child comes to terms with a challenge or makes use of an opportunity." [2] The result or outcome of the process of coping is adaption. Thus L. B. Murphy's concept of adaption is a more static

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1/ L. B. Murphy, WIDENING WORLD OF CHILDHOOD; Basic Book Inc., New York, 1962.

2/ L. B. Murphy, Op. Cit.; p. 18.

one than some of those employed by other authors.

L. B. Murphy in the study distinguishes between active and passive coping devices in time of challenge and stress--the coping device that is shaped by the environment versus the coping device that shapes the environment. In some instances where passive methods are used, the new situation or challenge is felt to be like stress; where active methods are used the challenge remains exciting. Whether the coping response is active or passive depends on the individual child or the child's relation to the situation. The concept stresses the subjective and relative nature of the coping response to the objective stress. When these coping devices are oriented to meet a challenge they may be seen as constructive insofar as they aim at a new balance. When coping devices are used in response to stress, they may be seen as defensive devices as they aim at maintaining an old balance. Defense mechanisms then may be, and often are, part of the overall pattern of coping.

From the foregoing discussion it can be seen that the process of coping is potentially a process of mastery "which involves the parallel and successive use of different devices and resources according to the cognitive, affective, and motor levels of integration in

response to each new challenge." 1/ Hence, there is a drive toward mastery which underlies coping efforts and is expressed in them. Some aspects of this mastery which the author talks about are the processes of familiarization and orientation in new situations, development and demonstration of autonomy, flexibility and variability in functioning. The coping process is then a matter of strategy, of flexible management of the different devices for dealing with the challenges from the environment. This process is dependent on the child's experience of challenge and the resources available to him.

Coping includes all the complex ways in which the child deals with reality as he sees it. Defense mechanisms which temporarily deny reality, evade it, or distort it are also involved when direct efforts to handle reality are not possible or fail. The concept of coping focuses attention on the purpose, function and result of the behavior for the child.

L. B. Murphy also points out that the ego need not be thought of solely as a center of defense mechanisms. 2/ Rather, the ego should also be considered as

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1/ L. B. Murphy, Op. Cit.; p. 162.

2/ L. B. Murphy, Op. Cit.; p. 284.

a center of impulses to mastery, which respond to and use the environment constructively and which may or may not involve the use of defense mechanisms. Coping then is the term used to describe the aforementioned concept of the ego. Coping is

> the strategy by which the child attempts to achieve mastery, gains satisfaction, gratify himself, and prevent tension levels, or disorganization which would disable or interfere in the process of mastery. 1/

The total range of these coping devices or strategies are called coping styles.

L. B. Murphy also discusses the relation of coping to the formation of self-image. 2/ The author tells us that the coping capacity draws upon the child's native equipment, integrative capacities, and ability to make flexible use of these along with the environmental supports he needs in any situation when they are available. This coping capacity is developed throughout life whenever a child meets a new situation. If the new situation is challenging and leads to successful coping, vigorous participation and self-esteem are reinforced. If the situation is stressful and not coped with well, or failure occurs, it tends to lower the individual's self-esteem and desire to seek new solutions.

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1/L. B. Murphy, Op. Cit.; p. 283.

2/L. B. Murphy, Op. Cit.; p. 282.

This need not be negative for it may force the child to try something new in the next stressful situation.

There is also relativity in coping efforts. For example, one needs to know the value patterns of a group or family in order to know whether certain coping efforts are acceptable or not. Similarly, the effect of a coping effort on the child's self-image and evaluation of himself, whether it will be improved, remain the same, or be depreciated requires a knowledge of the values, needs, and goals of each child.

Langer and Michael [1] carry the concept of the relativity of the coping process even farther than does L. B. Murphy by relating the relativity to socioeconomic status. They tell us the socioeconomic status is part of the environmental stress and support system. Therefore, any interaction between personality (mediation between stress and adaption to it) and stressful or supportive environment must pass through or be affected by socioeconomic status. The self-esteem of a child is based, to a certain degree, on the status of the parents and the parents' self-esteem. In relation to this, there is a hypothesis that says our self-image is determined by what others think of us. If they think us

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1/ T. Langer & S. Michael, Op. Cit.; pp. 12-13.

inferior, we consider ourselves inferior.

In our society, the lower classes according to Lloyd Warner 1/ are thought to occupy an inferior position. Because of this, this class tends to have a poor self-esteem due to their belief in their inferior position. This leads to weak ego-strength and leads to poorer resistance to stress and poorer resilience in adapting to it. Stress, therefore, has a greater effect on the lower classes creating a need to use more drastic adaptive, regulatory or coping devices in the face of stress. This can be shown by the fact that Langer and Michael reported in their study that

> When there is little or no stress the three S.E.S. groups show an almost identical lack of strain (mental health risk). Put them under the stress of experimental factors, and the low S.E.S. quickly shows a more rapid increase in strain (deformation, distortion, disturbance). 2/

It was also observed by Langer and Michael that the adaptive devices used by the low socioeconomic status groups tended to be that of the probable psychotic type and the high socioeconomic classes tended to use milder devices of a nervous or neurotic type. As the stress increases, the low socioeconomic status persons were

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1/ L. Warner, SOCIAL CLASS IN AMERICA; Harper and Bros., New York, 1960; p. 15.

2/ L. Warner, Op. Cit.; p. 394.

increasingly prone to exhibit a psychotic mode of adaption using 'acting out' devices and exhibiting explosive discharges. In general, the adaptive devices of the low S.E.S. person tend to be less effective in coping with stress often producing much impairment on their own. Thus from this study it can be seen that there are differences in the coping devices used by the different classes.

For the purposes of this study, Dr. Engel's definition of stress as quoted in Langer and Michael will be used. The theory of coping that is to be used is that of L. B. Murphy which is related back to Langer and Michael's findings that adaptive devices are related to social class. These theories have been chosen by the author of this study as they seem to be the most encompassing of the theories researched in the literature and seem to form a good background for the problem that the author wishes to study, which is that the presence of a mentally retarded child is considered to be a stress, therefore calling for coping devices to be put into action. It is expected that a difference will be seen in these coping devices according to the differences in socioeconomic status.

# CHAPTER III

## METHODOLOGY

In this chapter the author proposes to explain the manner in which the theory of this study came to be tested. In doing this, several topics will be discussed. The general proposition of the thesis will be reiterated along with the explicit statement of the hypothesis to be tested. A more specific explanation of the meaning of the presence of a mentally retarded child to parents will be developed. The meaning and definition of class and the methods of determining differences in classes will be included. Methods of measuring coping will also be indicated and the statistical methods of measuring the significance of the relationship between coping and class will be discussed. Some of the limitations inherent in the study and limits imposed by the author will also be clarified in the following pages.

It can be seen from the preceding chapter that many general propositions might be derived from the theory. What this study will be concerned with is the proposition that there will be differences in the coping devices and abilities, in the face of stress, of parents

of varying socioeconomic status or class. The expectation is that higher socioeconomic classes will use more effective and better devices. The fact that coping points to the process "the steps or sequences through which a child comes to terms with a challenge or makes use of an opportunity" 1/ should also be noted at this point, as this proposition will be examined in relation to socioeconomic status.

Having indicated some general propositions, it will now be helpful to indicate the variety of reactions of parents to the presence of a mentally retarded child in their families. This is pertinent and important to this study, in view of the fact that one's feelings affect the manner in which a stress is coped with or adjusted to.

Michaels & Schueman 2/ in "Observations on the Psychodynamics of Parents of Mentally Retarded Children", have written that the initial impact of awareness of having a retarded child brings with it a period of shock, bewilderment and disbelief, followed by a period in which the parents vacillate between unrealistic hope

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1/ L. B. Murphy, Op. Cit.; p. 6.

2/ J. Michaels & H. Schueman, "Observations on the Psychodynamics of Parents of Retarded Children," in AMERICAN JOURNAL OF MENTAL DEFICIENCY, v 66, 1962; pp. 568-573.

and unrealistic despair. An example of this are the parents who run from one "expert" to another in the hope of an authoritative denial of this hard-to-accept fact. These authors also note that in the face of this emotional tragedy the psychological defense mechanisms are used to cope with the stress, emphasizing that this process in this case is not pathological necessarily.

Denial, which is one of the most commonly used mechanisms, can be a very constructive way of dealing with the problem if by employing this the individual is spared too sudden and profound a shock. It also helps delay a more realistic acceptance of the fact until the individual is able to cope with it on this new basis. It should be remembered that denial should hardly be prolonged over a long period of time, as this would be detrimental to realistic coping on the part of the parents.

Another defense used is the search for the "magical cure" in which the parents take the child to one expert after another. Rationalization also is used because the birth of a retarded child is seen as a blow to the self-esteem of the parents and, therefore, rationalization is necessary to preserve the threatened ego-structure of the parents. In the end, the kind of

adaption that is made depends on many variables, internal and external, such as personality, intellectual functioning and socioeconomic factors.

Leo Kanner 1/ in describing parents' feelings about a retarded child has a threefold classification of possible reactions. The first is mature acknowledgment of the actuality making it possible to assign the child a place in keeping with his specific peculiarities. In this case, the parents manage to appraise the needs of this child as well as the others, and distribute their parental contributions accordingly. A second reaction is one in which the reality of the situation is disguised, tending to disarrange other family relationships. For example, the fact of the handicap is seen but ascribed to other circumstances which when corrected will restore the child to a normal state. This can be recognized as a form of rationalization. The third reaction is complete inability on the part of the parents to face reality which leads to uncompromising denial. These different types of attitudes and resulting practices are deeply anchored in the emotional background of the individuals involved. Thus it can be seen that the stress of a mentally retarded child may

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1/ L. Kanner, "Parents' Feelings About a Retarded Child," in AMERICAN JOURNAL OF MENTAL DEFICIENCY, v 57, 1953; pp. 375-383.

give rise to a variety of reactions affecting the way in which the stress is coped with. Realistic acceptance of the fact or unrealistic denial or rejection of the fact also appear to be important devices in the coping processes of parents of mentally retarded children.

As can be seen from the general proposition, socioeconomic status or class is a factor that is related to the coping efforts of parents of mentally retarded children. Thus, before proceeding any further, this concept should be examined as it has an important role in testing out and judging the coping efforts of parents of a mentally retarded child. It should be noted that within our society there exists a structure, and within this structure there are measurable differences in socioeconomic status or classes, an assumption of this thesis. Kurt Mayer tells us, "one of the basic facts which characterizes the nature of human association is the existence of rank differences between individuals and groups in all human societies." 1/ It is these differences that influence the interaction between people and pattern their social relationships. In our society (he refers to that of the United States) the form of this ranking system takes that of class structures.

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1/ K. Mayer, CLASS AND SOCIETY; Random House, New York, 1955; p. 1.

These class factors and class differences enter into almost every aspect of our lives. Class distinctions, Mayer says, largely determine the kind of education one obtains and the occupation one enters. Other manifestations of class structure are differentials in wealth, income, prestige and deference, authority and power.

Mayer 1/ states that the major type of stratification of this society is that of the class system in which social hierarchy is based primarily on differences in monetary wealth and income. He mentions several different dimensions of this stratification that are of some importance. The first of these is the economic dimension, in which the population is stratified according to the amount and source of income usually derived from a set of occupational activities. He defines class, then as "aggregates of individuals and families in similar economic positions." 2/ It should be mentioned that the main source of income nowadays for the overwhelming majority of the population is determined by the occupation of the individual and not by the ownership of property. The other two dimensions of stratification that Mayer mentions are that of status,

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1/ K. Mayer, *Op. Cit.*; pp. 8-9, 22-28.

2/ K. Mayer, *Op. Cit.*; p. 23.

referring to the differentiation of prestige and deference among individuals and groups in society. 1/ The third is that of power, defined as the "ability to control the behavior of others." 2/ These latter two dimensions will not be considered further as they are not relevant specifically to this study.

Mayer also distinguishes a hierarchial arrangement of three major classes in American society. 3/ Numerically, the largest is the lower or working class. It consists of skilled, semi-skilled and unskilled urban manual workers, farm laborers and some farm tenants. At the other end is the numerically small but influential upper class of big businessmen and top corporation officials. Between these is the middle class, a large and heterogeneous aggregate of small businessmen, independent farmers, professionals, intellectuals and a host of salaried white-collar employees. There is evidence that the major class division in the United States, as in other Western countries, lies between the middle class as a whole and the lower or working class. It is a division of manual laborers and while-collar

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1/ K. Mayer, Op. Cit.; p. 24.

2/ K. Mayer, Op. Cit.; p. 26.

3/ K. Mayer, Op. Cit.; pp. 40-42.

occupations. The foregoing classification is based on Mayer's definition of class as an aggregate of individuals and families in similar economic positions who have similar opportunities and life chances.

Thus it is documented that a system of stratification does exist in our society.

Lloyd Warner 1/ also points to the existence of social class and the fact that it influences, either directly or indirectly, every major area of one's life so that major decisions of most individuals are partly controlled by it. Like Mayer, Warner also delineates three major classes: the upper, middle and lower. A difference exists, though, in that Warner has subdivided each of these classes into an upper and lower section. Warner 2/ also devised methods of measuring social class. One method, Evaluated Participation, is based on the proposition that those who interact in the social system of a community evaluate the participation of those around them; that the place where an individual participates is evaluated, and that members of a community are explicitly or implicitly aware of the ranking and translate their evaluation into social class

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1/ L. Warner, SOCIAL CLASS IN AMERICA; Harper & Bros., New York, 1960; pp. 5-6.

2/ L. Warner, Op. Cit.; pp. 34-36.

rating that can be communicated to the investigator. A second method was that of using the Index of Status Characteristics. This is based on four characteristics: occupation, source of income, house type and dwelling area. Three separate steps are involved in obtaining an index. Firstly, primary ratings of the status characteristics were made, a weighted total of these ratings was then secured, and lastly these weighted totals were converted into a form indicating social class equivalent. How these methods were used in this study specifically will be explained further on.

Hollingshead in SOCIAL CLASS AND MENTAL ILLNESS also attests to the fact of social class in our society 1/ which affect the daily living patterns and ways of behavior of individuals. He also devised a method to estimate positions individuals occupy in the status structure of the community. This was the Index of Social Position 2/ which uses area of residence, occupation and education to determine class status. Residential areas were rated on a six-position scale ranging from prosperous homes to tenements. The Occupational Scale,

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1/ A. B. Hollingshead & F. C. Redlick, SOCIAL CLASS AND MENTAL ILLNESS: John Wiley & Sons, Inc., New York, 1958; pp. 4-5.

2/ A. B. Hollingshead & F. C. Redlick, <u>Op</u>. <u>Cit</u>.; pp. 387-391.

based on the Alba Edwards system of classifying occupations, ranged on a seven-position scale from executives and proprietors of large concerns to unskilled workers. The educational scale, also a seven-position scale, ranged from graduate professional training to seven years or less of school. How these scales were used will be examined further on in a discussion of the methods used to measure class for this particular study.

Having discussed coping, with particular reference to the parents of a mentally retarded child and the meaning and significance of social class, testable hypotheses can now be formulated from the general propositions of the theory. They are:

(1) If parents of a mentally retarded child who are of relatively high socioeconomic status cope more effectively than do parents of low socioeconomic status, then there will be a greater degree of acceptance and consequently more effective coping with the retarded child by these parents than by parents of low socioeconomic status.

(2) If parents of a mentally retarded child who are of relatively high socioeconomic status cope more effectively than do parents of low socioeconomic status, then there will be a significant difference in the way that the available resource of the Halifax Mental Health Clinic for Children is used by the parents.

In order to test statistically the significance of the relationship of socioeconomic status and coping, a null hypothesis (HO) has to be stated. This is a

hypothesis of no differences, formulated for the express purpose of being rejected. [1] If it can be rejected, then the alternative hypothesis ($H_1$) can be accepted. The null hypotheses are:

(1) There is no significant difference in the degree of acceptance of a retarded child by parents of varying socioeconomic statuses, and consequently no significant relationship in coping effectiveness and socioeconomic status of the parents.

(2) There is no significant difference in the way the resource of the Halifax Mental Health Clinic for Children is used by parents of varying socioeconomic status, and consequently no significant relationship between coping effectiveness and socioeconomic status of the parents.

In order to test these hypotheses, a sample population was drawn from the files of the Halifax Mental Health Clinic for children from October of 1950 to September of 1966. Only the files of mongoloid children were used, the reasons for which will be explained further on. Before explaining further the functions of the clinic and specific methodological procedures used in this study, a discussion of the meaning of mental retardation, specifically mongolism, should take place.

Mental retardation, by definition, "refers to a

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1/ S. Siegel, NON-PARAMETRIC STATISTICS FOR BEHAVIORAL SCIENCES; McGraw-Hill Book Co., New York, 1956; p. 7.

sub-average intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior." 1/ This is the official definition adopted in 1959 by the American Association on Mental Deficiency.

Several classifications of the retarded have been formulated. Formerly they were known as idiots, imbeciles and morons, being classed as such by their intelligence quotient. Today these harsh terms are no longer used. Educable, trainable and custodial are also used by educators. The classification that is used by H. Robinson 2/ uses the classification that is in line with the definition used by the American Association on Mental Deficiency. Robinson emphasizes that there is a continuum of intellectual ability and he divides the retarded into five categories, based on differences in I.Q. level. Borderline are the most intelligent with I.Q. 's ranging from 68 to 83. Mild is the next category ranging from 52-67; moderate follows ranging from 36-51. Severe retardation ranges from 20-35, and profound retardation includes those whose intelligence is under 20.

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1/ H. A. Stevens & R. F. Heber (ed.), MENTAL RETARDATION; University of Chicago Press, Chicago, 1964; p. 1

2/ H. Robinson & N. Robinson, THE MENTALLY RETARDED CHILD; McGraw-Hill Book Co., New York, 1965; pp. 50-51.

The retarded child has also been classified according to clinical descriptions. Such groups include cretins, hydrocephalics, microcephalics and mongoloid children. It is with the last group that this study concerns itself. There are several reasons for this. The symptoms of mongolism are usually clear cut, thus easily recognizable and diagnosable. This makes selection of cases from the files more limited and definite in range so that similar cases will be selected and relative uniformity maintained. It is believed also that mongolism occurs in all strata in society 1/ thus avoiding any bias that it may occur in only one class of society, which would render impossible a comparison among classes. The degree of mental retardation of the mongoloid child is usually in the severe and moderate ranges, i.e., from 20-51, thus eliminating a wide range of I.Q. scores. This also lends to uniformity of the study, as the stress imposed by the child himself then remains somewhat the same for all parents, despite their social position. Thus with this variable uniform among the classes, it is hoped that a more accurate measure of coping will be able to be determined.

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1/ H. Robinson & N. Robinson, Op. Cit.; p. 97.

Another very important factor in choosing mongoloids is that the mongoloid child has a special reputation for being happier, more friendly and more easily managed than other retarded children. 1/ The personality make up of the mongoloid tends to be uniform. Thus the stress that is expected to be produced will not be so much affected by the varying personalities of the children, thus reducing or eliminating another variable that could affect the coping efforts of parents.

At this point, the author would like to return to the discussion of the Halifax Mental Health Clinic for Children to explain its functions and services to parents of retarded children. It is a diagnostic and treatment center for emotionally disturbed children of the Halifax area under the age of 16. A variety of services are offered to both children and parents who come to the clinic, i.e., psychiatric services, social work service, medical services in the form of neurological studies, and psychological testing of the children. Primarily, the treatment is child-focused. Operating within this framework is a Diagnostic and Counselling Clinic, offering the same services to the mentally retarded children and their parents. It is from

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1/ H. Robinson & N. Robinson, Op. Cit.; pp. 101-102.

these files that hypotheses were tested. A total of 565 files from October 1950 to September 1966 were examined, out of which 35 children were mongoloids. Eleven of these files were rejected because of the lack of a social history, preventing the judges from being able to determine coping ability. This left 24 files to be used. From these 24 files only the intake history, recorded by a professional social worker, was examined and used in making judgments concerning coping abilities of the parents. It was decided to limit the study to an examination of the intake history, as it was hoped that this would increase the validity of the study by introducing uniformity in the source of data. It is recognized by the writer that this imposes a limitation on the study, as the worker's judgment might be subjective. Of the 24 usable files, three were rejected because of the lack of knowledge of the occupation of the breadwinner, occupation being one of the criteria for measuring social class. Eight were rejected because there was no indication of the grade level attained by the breadwinner, again preventing the measurement of social class and consequent testing of the hypotheses.

Concurrent with the above procedures, methods for determining class position and degree of coping

were also worked out. First the methods of determining class will be explained. Several systems of determining stratification were examined. There were Hollingshead's Index of Social Position, as previously explained in this chapter; the Evaluated Participation, worked out by Lloyd Warner; and the Index of Status Characteristics also formulated by Warner, and previously explained.

In examining Hollingshead's Index of Social Position, which used residential address of the household, level of education of the breadwinner and occupation as the criteria for measuring social class, it was found that in its totality it was not practical for testing purposes of this study. Due to limitations of time, the residential area served by the Clinic could not be examined and hence no judgment could be rendered as this criterion was missing from Hollingshead's Index.

The Evaluated Participation method was then examined in terms of its usefulness to this study. This method, though, is based on the proposition that those people who interact in the same social system evaluate the participation of those around them. As this study is being done *ex post facto*, the files of the children chosen do not form one social system, and thus no

interaction can take place. Therefore, no evaluation could take place between the parents of the children, rendering this method worthless to the study and therefore it was rejected.

The Index of Status Characteristics also proved to be unsuitable for measuring social class. In addition to knowledge of occupation, the source of income, house type and dwelling area also had to be rated. Due to the nature of the records which were not designed for research, this information (source of income) was not available from the records. As stated before in considering the Index of Social Position, due to limitations of time, house type and dwelling area could not be rated directly. These limitations caused this method to be rejected.

Due to the unavailability of other data in the files, occupation and education, two of the criteria of the Index of Social Position then became the logical criteria for measuring social class. These factors were included in the intake history and could be recorded. These were recorded on schedules [1] from which they were then taken and arranged into groups. In grouping the grade levels obtained by the breadwinner

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1/ Appendix A

of each family, Hollingshead's seven-position scale for education was used. This included: 1) those who had attained graduate professional training, 2) standard college or university education, 3) partial college training, 4) high school graduation, 5) partial high school, 6) junior high school, 7) those who had received less than seven years of school. An arbitrary line was then drawn, dividing these groups into a higher and lower position on the continuum of education. This line was at the Grade 10 level, thus necessitating some modification of Hollingshead's scale. Those who fell into the higher end of the scale were placed in Group I, and those who fitted into the lower end of the scale were placed in Group II. No bias was introduced by using this arbitrary division point, as all that was needed to make the study testable was a measurement indicating class differentials, i.e., evidence of a hierarchy in the educational scale.

In grouping families by occupation on a social class continuum, it was decided to use Warner's scale of occupation instead of Hollingshead's, though basically they are both formulated from the Alba Edward's[1/] Classification for the U. S. Bureau of Census. Warner's

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1/ L. Warner, Op. Cit.; p. 132.

was chosen because it made more explicit the rank of the various occupations by means of examples, allowing a more accurate interpretation of the data to be determined. The divisions of occupations were as follows: 1) professionals and proprietors of large businesses, 2) semi-professionals and smaller officials, 3) clerks and kindred workers, 4) skilled workers, 5) proprietors of small businesses, 6) semi-skilled workers, 7) unskilled workers. 1/ The same method for dividing this continuum of occupations is used as was done for education. An arbitrary line was drawn dividing the occupational groups into a hierarchial arrangement, the higher ones being included in Group I and the lower ones in Group II. Again this method of drawing the line anywhere did not invalidate the study because all that was necessary for testing the hypotheses was an indication of differing class levels. It does limit the study, though, if most of the occupations fall within narrow limits on the occupational scale. This reduces a wide range of class that potentially could be studied. It also tends to make patterns of behavior such as coping more similar among the hierarchy of occupations, due to their almost similar positions on the

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1/ L. Warner, _Op. Cit._; p. 134.

continuum.

Thus it can be seen that by using the indicators of educational level and occupation of the breadwinner, it was found that the parents of mentally retarded children could be divided according to class. For the purposes of and testing of this study, it was necessary that they be divided into two major classes, i.e., Group I and Group II in a hierarchial arrangement which was consequently carried out.

As the relationship of class and coping was being tested, methods for measuring coping also had to be devised. For this purpose, a schedule was drawn up. 1/ Indicators of effective and non-effective coping were then decided upon for the first hypothesis. Acceptance was adjudged to be a major indicator of effective coping, as well as realistic appraisal of the situation. Acceptance is defined as "a receptive or positive attitude towards an idea or judgment; an approving reception." 2/ Indicators of ineffective or poor coping were rejection or denial of the child or fact of retardation, unrealistic expectations or

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1/ Appendix A.

2/ H. B. English & A. C. English, A DICTIONARY OF PSYCHOLOGICAL AND PSYCHOANALYTICAL TERMS; David MacKay Co., Inc., New York, 1958; p. 5.

overprotection of the child. Rejection, one of the major indicators, was defined as "the process or the fact of regarding something as worthless . . . or of refusing to admit it to a certain category." 1/

The records, specifically the intake histories of the 24 mongoloid children, were then read by two independent judges. These judges applied the above-mentioned indicators to the records in order to determine the degree of acceptance or rejection. Acceptance was then rated on a five-point scale ranging from very accepting, accepting, to a zero midpoint, and then to rejecting and very rejecting. 2/ Each judge rendered a professional judgment independently of the other. Results were then compared, and where a discrepancy existed, as it did in six cases out of a total of 24, the files were discussed and a judgment rendered agreeable to both judges. Thus, in this way, a measurement of coping was reached. This method, though, immediately imposes limitations on the study as the judges had to rely on the worker's judgment of parental acceptance or rejection in some of the cases. A possible bias is introduced by this method, as it

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1/ H. B. English & A. C. English, Op. Cit.; p. 454.

2/ Appendix A.

involves subjective value judgment on the part of the worker. This subjectiveness also can be in operation in the methodological procedure of interjudge reliability, though it is minimized by the fact that each case of parental coping was judged independently, and where discrepancies did exist it was only within one degree of difference on the five-point scale.

A method for testing the second hypothesis also had to be worked out. In determining the way resources are used as indicating effective coping or not, it was thought that the source of referral to the Diagnostic and Counselling Clinic would be revealing in this case. If the referral originated with the parents, it was assumed by the author that this was indicative of their interest and willingness to use various sources of help to deal with their stressful situation. If referral was from another source, as the doctor, it was assumed that the parents were more unwilling to seek out sources of help and use them in dealing with their stress. That is to say, they probably could not use available help in a self-sufficient way toward better and more effective coping methods. The manner of referral was then recorded on schedules 1/ and those who were

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1/ Appendix A.

self-referred were placed in one group and all other referrals were placed into a second group.

In order to test the relationship between class and coping, statistical methods then had to be applied to the collected data. But before this could be done, certain measures had to be taken to group the data concerning coping into forms more amenable to statistical handling. It was then decided that all those parents who had been rated "good" and "very good" on the scale found in Appendix A should be placed in one group whose coping would be judged "good". All those who had been rated "rejecting" and "very rejecting" were placed in another group whose coping was judged to be "poor". Those whose rating was on the mid-point of the scale were placed in the same category as the "rejecting" parents, as this seemed the most suitable placement for them. This was a partially arbitrary judgment, but it was also based on the fact that some of the "fair" ratings had been rated as "poor" coping by one of the judges. Thus coping was divided into two categories, one of acceptance and the other of rejection. D. A. Fisher's test for exact probability was then applied to the data. A more detailed description of the test and the reasons for its choice will follow in the next chapter on statistical analysis and findings.

Before ending the chapter, though, mention should also be made of the limits and limitations, due to the nature of the study and methodology chosen. Some of these have already been noted. Time has been a very limiting factor. This has necessitated a greater narrowness in scope than otherwise would have existed had more time been available.

Another major limiting factor, due to the study being *ex post facto*, is in the records that are used. These records are not set up primarily for research and therefore much useful information is sometimes not supplied. Schedules for collecting information then had to be revised so as they would suit the records. This too limited the scope of the study.

Another limitation included that of assuming that class structure existed, and that it could be measured by such characteristics as education and occupation. The fact that these two criteria were the only available indicators of class limits the study in its determination of distinct classes. The use of occupation in this case is also based on an assumption that occupations have different values attached to them by members of our society. 1/ Education is also based

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1/ A. B. Hollingshead & F. C. Redlick, *Op. Cit.*; p. 391.

on an assumption that men and women with similar education will tend to have some attitudes and tastes, and they tend to behave similarly. Reliance on the worker's judgment of parents' coping was also another limitation.

The writer also imposed limits on the study. Hers included the selection of a specific group of retarded children (mongoloids) for reasons already stated. This selection also helps to keep the number of cases within manageable limits for statistical handling. The writer also imposed the limit of using the intake history as the only part of the child's record used in rendering judgments of coping. It was hoped that this would introduce more validity into the study.

## CHAPTER IV

## STATISTICAL ANALYSIS AND PRESENTATION OF FINDINGS

In this particular chapter the findings of this study will be presented. Also, a brief explanation of the statistical analysis used for data handling, specifically in relation to the test of significance utilized, will be given. Firstly, a description of the manner of data handling will follow.

In categorizing social class with reference to the coping of parents of a retarded child, the author arbitrarily chose two groups comprising relatively high and low socioeconomic status. It is a relative or arbitrary division in this case, as it was found in the sample studied that most cases could be placed more or less into the same general categories. For example, the majority of cases fell within the limits of the lower end of the continuum on Hollingshead's scale of occupation. Nevertheless, in order that testing be carried out, these cases were divided into a relatively higher or lower position or status on the scale, as this was all that was needed in order that the study be carried out. Automatically, this tends to lessen the

validity of the findings as the divisions between upper and lower socioeconomic status groups were not clear cut, and extreme class divisions could not be clarified. The same phenomenon also was observed to occur when classification by occupation was carried out. This made it difficult to define and divide distinctive occupations into a hierarchy. It also posed the same limits on the validity of findings as occurred with education.

Methods of coping were also sub-divided into two broad categories, one of acceptance, the other of rejection. The number of parents with effective coping methods, that is acceptance, and the number of parents with ineffective coping methods, that is rejection, were then placed in their appropriate class groups. This meant that parents of effective coping ability were placed in either Class I (high) or Class II (low) and those with ineffective coping ability were placed in the same two classes. This method of recording data necessitated the formulation of a 2" x 2" table, as shown on the next page, in which the frequencies were recorded in the A, B, C, and D blocks. Because of this formulation, and the fact that the sample of the population was small, the Fisher Exact Probability test was used to test the data. Another

reason is that this test is a useful non-parametric technique for analysing discrete data when the two independent samples are small as it was in this study.

| | CLASS I | CLASS II |
|---|---|---|
| Acceptance | A | B |
| Rejection | C | D |

It is also used when the scores from two independent, random samples all fall into one or the other of two mutually exclusive classes as this author's data did. That is to say, every subject in both groups(Group I and II) obtains one of two possible scores (acceptance or rejection). These scores are represented on a 2" x 2" contingency table as shown above. The purpose of the test is to determine whether the two groups, acceptance and rejection, differ in the proportion with which they fall into two classifications. It involves determining the exact probability of the observed occurrence which can be determined by the hypegeometric

distribution

$$P = \frac{(A + B)!\,(C + D)!\,(A + B)!\,(B + D)!}{N!\,A!\,B!\,C!\,D!}$$ 1/

For purposes of this study, the level of significance was set at the .05 level. This meant that the exact probability when computed by the formula would have to be equal to or less than .05. If this were the case, the null hypotheses could be safely rejected and the hypotheses accepted as valid.

Each hypothesis was tested twice, once by determining class by education, second by determining class by occupation. This meant that each hypothesis was tested by a different sampling distribution, as only 16 records could be used in education and 21 were available to be classified by occupation. The results are shown as follows:

Table I shows the distribution of 16 parental couples by social class (measured by education) and coping effectiveness. It will reveal the result of testing of the first hypothesis when socioeconomic status is measured by education.

Table II will show the distribution of the first hypothesis when socioeconomic status is measured by occupation.

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1/ S. Siegel, NON-PARAMETRIC STATISTICS FOR BEHAVIORAL SCIENCES; McGraw-Hill Book Co., New York, 1956; p. 97.

Table III will show the distribution obtained for the second hypothesis by socioeconomic status (measured by education) and the manner of referral to the agency.

Table IV will show the distribution of the second hypothesis by social class (measured by occupation) and the manner of referral.

TABLE I

DISTRIBUTION BY SOCIOECONOMIC STATUS (ACCORDING TO THE EDUCATION OF THE BREADWINNER) OF PARENTS OF 16 MONGOLOID CHILDREN DIAGNOSED AT THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN BETWEEN OCTOBER 1950 AND SEPTEMBER 1966 WHOSE COPING (PARENTAL) EFFECTIVENESS WAS JUDGED ACCEPTING OR REJECTING 1/

| Coping | Socioeconomic Status (Education): | |
|---|---|---|
| | Class I | Class II |
| Accepting | 4 | 4 |
| Rejecting | 3 | 5 |

Total number of records examined = 24

Total number of records for which educational level was tested = 16

P = .374

1/ Distribution taken from schedule

TABLE II

DISTRIBUTION BY SOCIOECONOMIC STATUS (ACCORDING TO THE OCCUPATION OF THE BREADWINNER) OF PARENTS OF 21 MONGOLOID CHILDREN DIAGNOSED AT THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN BETWEEN OCTOBER 1950 AND SEPTEMBER 1966 WHOSE COPING (PARENTAL) EFFECTIVENESS WAS JUDGED ACCEPTING OR REJECTING 1/

| Coping | Socioeconomic Status (Occupation): | |
|---|---|---|
| | Class I | Class II |
| Accepting | 8 | 3 |
| Rejecting | 4 | 6 |

Total number of records examined = 24

Total number of records for which occupation was listed = 21

P = .51

1/ Distribution taken from schedule

TABLE III

DISTRIBUTION BY SOCIOECONOMIC STATUS (ACCORDING TO THE EDUCATION OF THE BREADWINNER) OF THE PARENTS OF 16 MONGOLOID CHILDREN DIAGNOSED AT THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN BETWEEN OCTOBER 1950 AND SEPTEMBER 1966 WHOSE COPING (PARENTAL) EFFECTIVENESS WAS JUDGED ACCORDING TO THE MANNER OF REFERRAL 1/

| Coping | Socioeconomic Status (Education): | |
|---|---|---|
| | Class I | Class II |
| Self-referred | 4 | 4 |
| Other-referred | 3 | 5 |

Total number of records examined = 24

Total number of records for which educational level was listed = 16

P = .374

1/ Distribution taken from schedule

TABLE IV

DISTRIBUTION BY SOCIOECONOMIC STATUS (ACCORDING TO THE OCCUPATION OF THE BREADWINNER) OF PARENTS OF 21 MONGOLOID CHILDREN DIAGNOSED AT THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN BETWEEN OCTOBER 1950 AND SEPTEMBER 1966 WHOSE COPING (PARENTAL) EFFECTIVENESS WAS JUDGED ACCORDING TO THE MANNER OF REFERRAL 1/

| Coping | Socioeconomic Status (Occupation): | |
|---|---|---|
| | Class I | Class II |
| Self-referred | 6 | 2 |
| Other-referred | 6 | 7 |

Total number of records examined = 24

Total number of records for which occupations were listed = 21

P = .16

1/ Distribution taken from schedule

According to the distribution computed by the figures of Table I, the exact probability equals .374, a value greater than .05, the level of significance. Computations of the more extreme values or deviations of this distribution were not worked out as they could have been done. This was not considered necessary, as no meaningful results could be computed by this method as the value of P (exact probability) was so large. This meant that the results indicate no significant relationship between coping behavior and socioeconomic status. Therefore the null hypotheses could not be safely rejected, and at the same time the hypothesis could not be supported.

Table II also shows an exact probability of .51, a value greater than .05, the level of significance. Computations of more extreme values were not worked for the same reason that no further computations were necessary for the distribution found in Table I. This meant that the null hypothesis could not be rejected nor the hypothesis accepted.

The exact probability for the distribution of the observed data in Table III equals .374, a value that is greater than the significance level of .05. Since this was so large, computations of more extreme values were not worked out as no meaningful results

could be obtained by following this method. This meant that the null hypothesis could not be rejected nor the hypothesis supported.

The exact probability of the distribution of Table IV was calculated to be .16. This value is beyond the level of significance, .05. Consequently, no meaningful relationship between socioeconomic status and coping could be postulated. The null hypothesis then could not be rejected and the hypothesis supported. For the same reasons as were stated previously, no more extreme values of the distribution were worked out, as the value was so large.

In summary, no significant relationship between coping ability and class could be found by the methods used in this study. An explanation of the reasons why the results are insignificant will be given in the concluding chapter; along with this, recommendations for future research on the topic will be given.

## CHAPTER V

## CONCLUSIONS AND RECOMMENDATIONS

This particular chapter will seek to deal with reasons for the non-significant results of the study; also recommendations for future research. The implications of such a study for the social work profession will also be indicated.

Before examining the methodology by which the hypotheses were tested, it is necessary to investigate the validity of the theory from which they are derived. The theory of coping is not invalidated simply because this particular investigator's hypotheses are not significant. Further testing of the theory needs to be conducted in order to justify rejection of the theory.

Other studies have demonstrated evidence of the existence of a hierarchy of coping devices which are related to social class. Langer and Michael 1/ did discover differences in the coping devices of varying classes. They pointed out that in the hierarchy of devices, the person of low socioeconomic status is more

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1/ T. Langer & S. Michael, Op. Cit.; p. 422.

likely to choose "acting out" and psychotic devices of the third and fourth levels, while the person of high socioeconomic status is prone to use mild, neurotic first-level devices. Therefore, to claim that their theory is not a valid observation of human behavior cannot be proved until more extensive research has been carried out which might conclusively prove it invalid.

Stress is also a theoretical concept of importance in this thesis. Knowledge of a person's total stress situation plays an important role in determining coping behavior. With this knowledge, the researcher could determine more exactly the influence of class factors, which are of importance in this study, to other stress factors affecting the individual. The records of the Clinic did not reveal this type of information, and so limited the selection of cases that would be similar in every way except for class background.

When Langer and Michael 1/ controlled for stress in studying coping devices, they found that at any stress score level the proportion of parents using psychotic devices is much larger among the low socioeconomic status groups than among the high. Also they note that as the rate of stress increased, the proportion of parents

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1/ T. Langer & S. Michael, Op. Cit.; p. 411.

using psychotic devices are very great among the low socioeconomic status groups and almost nil among the high. This again points to the fact that more extensive research needs to be carried out before the stress theory can be proved invalid.

In this study not much was known of the participants' stress experiences which could affect their coping devices. But it was decided that a standard stress stimulus be used, that of the presence of a mongoloid child. One reason for this choice was that mongoloid children would not present great variation in the amount of stress, due to their very similar personalities. This phenemenon of similarity of personality, though tested by formal studies, might be called into question. More allowances should be made for the individuality of each child. Also there are other studies done showing that mongoloid children have the same variation of adjustment patterns and problems as other groups of retarded children. 1/

There are, then, conflicting indications as to whether or not mongoloid children present similar stress to parents. This, then, tends to negate the chances that mongoloid children present similar stress situations.

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1/ H. A. Stevens & R. Heber, Op. Cit.; p. 473.

Other criteria than mongolism could be used to present similar stress situations, for example, mental age of the child or grade level in school.

Since it cannot be concluded that the theory is invalid, it became necessary to examine the methodology as it is more probable that invalidating limitations existed in the procedures of this investigator's testing. The hypothesis of this study assumes that there exists a hierarchy of coping devices which are used by parents. This assumption cannot be denied. What is called into question is the measurement of these devices. Measurement of the degree of effective coping was difficult to determine, as coping devices are not concrete realities. Secondly, the investigator was also limited by the availability of data on the clinic's records, as these records were not primarily research-oriented. Hence, these limitations placed obstacles in the way of clearly differentiating various levels of coping. Indicators in addition to acceptance and rejection might have been used, possibly providing more meaningful data. It is recommended for future research that this be done. For example, records affording a more extensive evaluation of parents, if available for judging coping, might permit more clear differentiation regarding the hierarchy of devices.

Exactly what devices on the continuum were used, whether psychotic acting-out devices or neurotic ones, could be recorded. This then could be related to social class.

In testing the second hypothesis, the writer's assumption that those parents referred by others were relatively unable to use the available resource of the Clinic is perhaps not realistic. There may be other reasons for this phenomenon, such as lack of knowledge of the resource. This assumption, then, may not sufficiently take into account the fact that other factors may be operating to keep the parents from using this resource.

Reference is also made to the existence of a hierarchy of socioeconomic status in the first hypothesis. That class structure exists in our society cannot be denied. But the same limitations of 1) availability of data and 2) difficulty in measurement of data were operant with determining socioeconomic status as had been operating with determining coping devices. Socioeconomic status is neither uniform nor completely tangible, and hence difficult to measure precisely. Adequate criteria for distinguishing levels of class are difficult to determine objectively. The criteria that could have been chosen, as by Warner and Hollingshead, sometimes lacked suitability for practical use in this study.

Hence, education and occupation were decided upon as indicators of social class as these were the only data available from the records, again emphasizing the inadequacies of records which are not research-oriented. These criteria apparently are too limited in scope to serve as a valid measurement of social class. What is necessary to make this a more meaningful study is a greater number of indicators of social class, both objective and subjective. It is recommended for future research that there be available more inclusive data than education and occupation for the determination of social class.

It is also assumed in this study that persons with the same education and occupation will tend to behave similarly as they occupy similar positions. Class position does determine a great deal of our attitudes and methods of dealing with stress. But more allowance might be made for the individual personality factors involved in human behavior.

In this study 24 cases were used; of these three records had no listing of occupation and eight had no listing of education. Among the occupations, there were no professional people listed but there was one of managerial position. Most occupations tended to fall within the lower limits of the continuum. Hence, a large

representation of the lower classes was evident. The upper class was not represented at all. This phenomenon posed severe limitations on the study, as distinct differences in class levels could not be determined. This meant that comparison of the hierarchy of coping devices to class level was difficult as there were no extremes discovered in the records.

Of the 16 cases in which education was listed, one person had partial college education, two were at the Grade XII level and four at the Grade XI level. Again there was no indication of extreme class identities as the educational level tended to that of high school graduation or less. This lessened the chances that there would be a significant difference in the coping devices used. This lack of extremes may be a possible reason for the insignificance of the data. For future research, it is recommended that more rigorous methods be developed for measuring social class than has been carried out in this study.

It is also recommended that a broader sample of records from the Halifax Mental Health Clinic be used. This would result in obtaining a wider cross-section of the population, thus increasing the likelihood of there being varying class backgrounds. For this purpose an epidemiological study of the community as a whole might

be considered, thus increasing the likelihood of obtaining the distribution necessary to make the study more valid and meaningful.

Another advantage of an epidemiological study is that it would eliminate the possibility of class bias to which an agency might be suspect. An agency, without realizing it or intending it, may be serving one particular class of people. Hence, a true sampling of the population is not available. This appears to be the situation existing at the Halifax Mental Health Clinic for Children. It is recommended that the agency undertake an assessment of its services. If it is discovered that services are not being rendered to those who need them, then modification of the Clinic's method of reaching the clients should be made to facilitate the groups not being served.

Another limiting factor in the methodology is the use of value judgments on coping by the investigators which could be subjective. Also reliance on the intake worker's assessment of the parental coping can tend to invalidate the study. In this case, the phenomenon of possible subjectivity could be operant since there were a number of different workers' judgments used in the years from 1950 to 1966.

Because this study has dealt with stress, coping

behavior and mongolism, it has relevance to the social work profession. One of the implications is that further study should be done in learning of coping behavior. It is only through increasing our knowledge of human behavior that the profession can more effectively use its skills. Specifically, coping behavior of individuals can be enhanced and one useful method is to understand the mechanisms operating and work with them.

This study also points to the existence of social class which influences an individual's daily activities. Social workers need to be aware of this phenomenon, modifying their methods of practice to take it into account.

In conclusion, it is easily seen that the problems of stress and coping are intimately related to social work and its concerns. It is also evident that further research needs to be done in this field.

# APPENDIX A

APPENDIX A

Thesis Research Project, 1966 - 1967

Halifax Mental Health Clinic for Children

Schedule for Data Collection from the Records of the Diagnostic and Counselling Clinic.

1. File Number ________ 2. Completed by __________

3. Age of the child

4. Age of child's mother

5. Age of child's father

6. Number of siblings

7. Occupation of breadwinner

8. Education of breadwinner

9. Case referred by ______________________________

10. Coping Ability

    a) evidence of acceptance
        1. explicitly stated in records
        2. implicitly stated in records

    b) evidence of realistic-ness
        1. explicitly stated in records
        2. implicitly stated in records

    c) evidence of rejection
        1. explicitly stated in records
        2. implicitly stated in records

    d) evidence of unrealistic-ness
        1. explicitly stated in records
        2. implicitly stated in records

    e) evidence of overprotection
        1. explicitly stated in records
        2. implicitly stated in records

11. Rating by judge

| . ____________ | . ________ | . ________ | . __________ |
|---|---|---|---|
| Very Accepting | Accepting | Rejecting | Very Rejecting |

# APPENDIX B

THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN

5970 University Avenue, Halifax, N.S. Phone 423-7254

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TO:______________________________ Date______________

______________________________

______________________________

Your child, ______________________________, has been referred to the Child Guidance Clinic for an assessment. The following information will be of interest to you. Please read it carefully.

(1) The Child Guidance Clinic serves all children (who have not yet reached their 16th birthday) in the Halifax-Dartmouth area, the County, and the Province.

(2) The Child Guidance Clinic is a Diagnostic and Out-Patient Treatment Centre for children who are experiencing difficulty in adjusting to their home, school, or social environment.

(3) The Child Guidance Clinic is also a Teaching Centre for resident doctors, and students from the Schools of Medicine, Nursing and Social Work. The information obtained during the evaluation is always handled with professional discretion.

(4) Our Clinic Nurse may contact you during the waiting period of your first appointment. This would depend on the nature of the child's problem, urgency, etc.

(5) Parent(s) or guardian MUST accompany the child on his/her first visit to the Clinic. Usually the Social Worker will interview the parent/guardian to obtain a social history regarding the child. At the same time the child will be seen, separately, by the psychiatrist. The results of all assessments, psychological testing, etc. done at the Child Guidance Clinic will be interpreted to you by the Social Worker, as soon as the results are known.

(6) PLEASE DO NOT BRING OTHER CHILDREN IN THE FAMILY WITH YOU AT THE TIME OF YOUR CHILD'S APPOINTMENT. There are no baby-sitting facilities at the Child Guidance Clinic and your full attention will be required at the time of your child's assessment. Your first appointment will take approximately 2 to 2½ hours so plan on being free to spend this time at the Clinic.

(7) There is a minimal fee of 50¢ per visit, and those financially able to pay this fee are expected to do so. Insurance schemes do not cover this 50¢ fee at present.

(OVER)

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8) Due to the large number of children being continually referred to this Clinic for assessment, you may have to wait from 6 to 8 weeks for your first appointment time. If an appointment time cannot be kept, we would expect at least 72 hours notice in order that some other child may benefit from this valuable assessment time.

9) In order that we may assess your child's case in the best possible manner, it may be necessary for us to obtain additional information from other sources - i.e. school, social agencies (i.e. Family Service Bureau, Children's Aid Society, Department of Public Welfare, etc.), doctor, hospitals, etc.

9A) Written permission will be requested before any source is contacted. Please list below any of these sources with which you have had contact.

________________________________________

________________________________________

________________________________________

________________________________________

9B) If there is any specific source(s) you do NOT wish to have us contact, please list below; also reason -

________________________________________

________________________________________

________________________________________

10) We will only release information regarding your child's assessment here at the Child Guidance Clinic, with your consent. This may be discussed with the social worker.

11) If the assessment of your child indicates the need for treatment, it will be necessary for BOTH parent(s) to be involved in the treatment plan on a regular basis. This will be discussed with you in more detail when the assessment is completed, and questions relating to the assessment or treatment may be discussed with the social worker at any time.

12) **PLEASE RETURN ONE COPY OF THIS LETTER PROPERLY SIGNED AND WITNESSED AT YOUR EARLIEST CONVENIENCE. WE WILL THEN CONTACT YOU WITH AN APPOINTMENT TIME.** A self-addressed envelope is enclosed for your convenience.

"I have read the above information, understand and agree to the procedure regarding my child's assessment at the Child Guidance Clinic."

(Signed) ..............................
Parent/Guardian

(Witnessed by) .......................... Dated ....................

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