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Short Reports

Effects of the "Mentally Retarded" Label on Adult Judgments About Child Failure

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Retarded children show marked susceptibility to learned helplessness. Three experiments illustrate how adults may foster this helplessness. In Experiment 1, college students reported causal attributions for failure and expectancies of future success for either "a 6-year-old child" or "a 9-year-old mentally retarded child with a mental age of 6 years." In Experiment 2, students reported attributions and expectancies for both children. In both experiments, insufficient ability was rated a more important cause of failure for the retarded than for the unlabeled child, insufficient effort was rated more important for the unlabeled child, and the retarded child was rated less likely to succeed in the future. In Experiment 3, students' responses indicated that either a low expectancy of success, an insufficient-ability attribution, or the retarded label alone would reduce the likelihood of their urging a child to persist after a failure. The results suggest a proposed attributional bias (overextension), a familiar attributional bias in a new context (discounting), and resultant helplessness-condoning behavior by adults.

Research with mentally retarded groups reveals a pronounced susceptibility to learned helplessness. Retarded youngsters are more likely than nonretarded children of equal mental age (MA) to show deficits in voluntary response initiation (Weisz, 1979), deterioration in intellectual performance following failure feedback (Weisz, 1981), and causal attributions for failure that emphasize uncontrollable causes (e.g., low ability) and deemphasize controllable causes (e.g., insufficient effort; Gibson, 1980; Weisz, 1979; for a review, see Weisz, in press). What causes these deficits? One possible causal factor is adult behavior. When a child fails at a task, adult responses suggesting that the failures result from stable, uncontrollable factors (such as low ability) can lead to helpless behavior by the child (see Dweck, Davidson, Nelson, & Enna, 1978). Helplessness may also be fostered when adults do not encourage children to persist in the face of failure.

I believe that adults often interpret failure by the retarded child in ways that lead them to condone helplessness. The hypothesized process begins with two attributional errors: *overextension* and *discounting*. We will define overextension as the extension of a salient causal ascription (in this case, low ability) beyond its logical limits. Because low ability is such a salient characteristic of retarded children, it may be emphasized in causal attributions about such children even in cases where the retarded and nonretarded children being compared differ in age and are actually functioning at the same level of ability. The second attributional error is discounting. Kelley (1973) has argued that when adults reason about the causes of another's behavior and there are multiple plausible causes, if one causal factor is especially salient, then the contribution of alternative factors is discounted. When adults reflect on a retarded child's failure, if they perceive low ability as the most salient cause, they may then discount the role of other causes (e.g., low effort). This, in turn, could lead them to condone helplessness. Consider a teacher who observes several children failing a task. Suppose the teacher believes that most of the children failed primarily because of insufficient effort, but that one child failed largely because of insufficient ability. This one child is probably less likely than the others to be encouraged to persist and more likely than the others to be allowed to "give up" the task (i.e., to manifest learned helplessness).

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There is some preliminary evidence that adults interpret failure by a mentally retarded child as hypothesized above. Severance and Gasstrom (1977) found that college students rated ability level as a significantly more important cause of failure (at a puzzle task) for a retarded than for an unlabeled child. Unfortunately for our purposes, the retarded and the unlabeled child were both described as 10 years old. Two such children would, by definition, differ in MA and thus in ability level. So the attributional differences seem to represent reasonable judgments by Severance and Gasstrom's subjects. The present study was designed in part to probe for less reasonable judgments—judgments involving retarded and nonretarded children of equal MA.

Experiment 1

In the sample of 152 undergraduates, 53 women and 23 men received a "retarded child" questionnaire; another 53 women and 23 men received an "unlabeled child" questionnaire. The unlabeled child questionnaire described the following situation: "A 6-year-old child is given a 10-piece jigsaw puzzle to put together. None of the arrangements of the pieces that he tries seem to work. After several minutes he stops, having failed to assemble the puzzle correctly." The other questionnaire was identical except that the child was described as "a 9-year-old mentally retarded child with a mental age of 6 years (intellectual functioning at about the first-grade level)." Respondents rated the importance of four factors as causes of the child's failure: insufficient effort, bad luck, insufficient ability, and task difficulty. Each rating scale ranged from 0 (not important at all) to 5 (extremely important). Finally, subjects estimated the probability (0%–100%) "that this child will complete the same puzzle if it is given to him on the next day." Responses were subjected to 2 (sex of subject) × 2 (label) analyses of variance (ANOVAs). There were no significant effects involving sex, but three main effects of the label factor were significant. As Table 1 shows, low ability was considered a more important cause of failure for the retarded than for the nonretarded child, $F(1, 148) = 6.82$, $p = .01$. Low effort was rated more important for the unlabeled than for the retarded child, $F(1, 148) = 6.39$, $p = .01$. And the unlabeled child was rated as more likely to succeed in the future, $F(1, 148) = 8.23$, $p < .01$.

So the two children were described as functioning at similar levels of ability. Yet the retarded child's failure was more likely to be ascribed to low ability (evidence of attributional overextension) and less likely to be ascribed to low effort (evidence of discounting). Moreover, the retarded child was considered less likely to succeed if he tried again. The importance of these group differences is limited, though, because they were derived from between-groups comparisons. In Experiment 2, questions were identical to those of Experiment 1, but each adult answered the questions for *both* the unlabeled and the retarded child. Under these circumstances, predictions were difficult to make. Information stressing the similarity of the children's ability might lead to greater similarity between adults' judgments about the retarded and unlabeled children than occurred in Experiment 1. On the other hand, the fact that each subject would have both child descriptions concurrently could make the retarded label particularly salient where it does appear and thereby exacerbate both overextension and discounting.

Experiment 2

In the sample of 58 undergraduates, 19 women and 10 men received retarded child questionnaires first; the others received unlabeled child questionnaires first. Retarded versus unlabeled child was a repeated measures factor. Materials were the same as in Experiment 1; this time, though, all subjects gave ratings for both the retarded and unlabeled child. Ratings were analyzed via separate 2 (sex) × 2 (order) × 2 (retarded vs. unlabeled) ANOVAs, with repeated measures on the third factor. There were no significant main effects or interactions involving sex or order. But as Table 1 reveals, the effects that were significant in the first experiment were again significant when adults rated both a retarded and an unlabeled child concurrently. Insufficient ability was considered a more important cause of failure for the retarded than for the unlabeled child, $F(1, 54) = 34.55$, $p < .001$. But insufficient effort was rated as more important for the unlabeled child than for his retarded peer, $F(1, 54) = 18.80$, $p < .001$. Finally, the unlabeled child was rated as much more likely to succeed if he tried again, $F(1, 54) = 50.64$, $p < .001$.

These findings further support the view that the mentally retarded label provokes both overextension and discounting. Apparently, neither attributional process is mitigated by arranging information so that adults concurrently evaluate both a retarded and a nonretarded child. If anything, the effects shown in Table 1 seem stronger in the concurrent evaluation situation of Experiment 2 than in the separate evaluation situation of Experiment 1. The findings of both experiments reveal patterns of attribution and expectancy that might lead adults to differ in their responses to

Table 1
Mean Ratings for Two Conditions of Experiments 1 and 2

	Experiment 1[a]				Experiment 2[b]			
	Unlabeled child		Retarded child		Unlabeled child		Retarded child	
Rating	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Insufficient effort	3.08	1.35	2.47	1.36	3.30	1.20	2.40	1.40
Bad luck	1.42	1.31	1.11	1.04	1.32	1.34	1.12	1.19
Insufficient ability	3.41	1.01	3.90	1.08	2.70	1.29	4.05	1.06
Difficult task	3.55	1.08	3.21	1.02	3.23	1.21	3.34	1.07
Probability of success (%)	52.21	20.79	42.28	18.04	55.00	17.57	33.40	18.78

Note. Ratings could range from 0 (not important at all) to 5 (extremely important).
[a] All pairs of means for the two conditions differ at .01 except for bad luck (*ns*) and difficult task (*ns*).
[b] All pairs of means for the two conditions differ at .001 except for bad luck (*ns*) and difficult task (*ns*).

failure by retarded and nonretarded children. Experiment 3 was designed to test whether such differential patterns of behavior would be likely. Adults were asked to imagine themselves as teachers and to report the likelihood that they would insist that various children persist at a failed task. These various children differed in theoretically significant ways.

Experiment 3

Subjects were 36 female and 18 male undergraduates; half of each group received the child vignettes (see below) in one order, and half received them in the opposite order. Questionnaires began with a general description like that of Experiments 1 and 2, in which a child has just failed in an attempt to assemble a 10-piece jigsaw puzzle. Subjects were asked to imagine that they were the child's teacher and to rate on a 7-point scale the likelihood that they would "insist that he continue at the failed puzzle" (1) versus "allow him to move to a simpler puzzle" (7). These ratings were made for each of six hypothetical situations: (a) "if you believe that the most important cause of the child's failure is insufficient effort"; (b) "if you believe that the most important cause of the child's failure is insufficient ability"; (c) "if the child is 9 years old, mentally retarded, and has a mental age of 6 years (intellectual functioning at about the first grade level)"; (d) "if the child is an average 6-year-old"; (e) "if you estimate that the child's probability of future success at the puzzle is 33%"; and (f) "if you estimate that the child's probability of future success at the puzzle is 55%." The percentages used in Situations e and f were the mean probability ratings subjects in Experiment 2 had given to the retarded and the unlabeled child, respectively. Half the present sample received Order a–f; half received Order f–a.

The likelihood ratings were analyzed in three 2 (sex) × 2 (order) × 2 (repeated measure) ANOVAs. In one ANOVA, the repeated measure factor was effort versus ability attribution; in the second ANOVA, it was retarded versus unlabeled; in the third ANOVA, it was 33% probability versus 55% probability. As Table 2 shows, all three repeated measures factors yielded highly significant effects. The only other significant effect was a main effect of order in the third ANOVA; subjects receiving Order a–f rated themselves more likely to "insist" than subjects receiving the reverse order (*M*s: 3.0 vs. 4.2), $F(1, 50) = 15.57$, $p < .001$. Subjects were more likely to insist on persistence with a low-effort than a low-ability attribution, $F(1, 50) = 603.49$, $p < .001$. Subjects were more likely to insist with an unlabeled than with a retarded child, $F(1, 50) = 44.23$, $p < .001$. And subjects were

Table 2
Mean Rated Likelihood of Encouragement for Conditions in Experiment 3

	Likelihood	
Condition	*M*	*SD*
Insufficient effort attribution	1.60_a	.60
Insufficient ability attribution	6.04_a	1.05
Probability of success = 55%	2.64_b	1.27
Probability of success = 33%	4.57_b	1.49
Unlabeled child	3.11_c	1.32
Retarded child	4.96_c	1.66

Note. Ratings could range from 1 ("insist that he continue at the failed puzzle") to 7 ("allow him to move a simpler puzzle"). Pairs of means with identical subscripts differ at $p < .001$.

more likely to insist under a 55% probability of success than a 33% probability, $F(1, 50) = 102.10$, $p < .001$.

Discussion

Surveying the research on labeling, MacMillan, Jones, and Aloia (1974) found little evidence "that the labeling of a child as mentally retarded affects the behavior of those interacting with him who have knowledge of the label" (p. 249). The evidence presented here suggests that labeling effects may exist, but in subtle forms suggested by the literature on learned helplessness and attributional processes. Experiments 1 and 2 suggest that the retarded label may induce overextension, discounting, and accompanying effects on expectancy of success. Experiment 3 suggests that important effects on adult behavior may follow. Adults' responses indicated that a low-ability attribution, a low expectancy of future success, or the mentally retarded label alone would make them less likely to urge a child to persist in the face of failure—that is, more likely to condone behavior that might be called helpless (i.e., giving up the failed task and moving to a simpler one).

Important tasks remain for future research. One is to explain the labeling effects found here. I have emphasized the possibility that adults may be making attributional errors (overextension and discounting). An alternative interpretation is that adults believe that a retarded child who is at the same MA as a nonretarded child is nonetheless inferior to the nonretarded child in intellectual ability. This difference position is not entirely unreasonable. Several theorists have adopted it; but the evidence my colleagues and I have reviewed thus far generally does not support the difference position (see, e.g., Weisz & Yeates, 1981). Nonetheless, a conscious acceptance of this difference position by adults could explain the findings reported here in a way that has significant theoretical and practical implications. In the future it will also be important to assess effects of the retarded label on adults' judgments about the real children they observe, on adults' actual behavior toward children, and on the judgments and behavior of the retarded child's nonretarded peers.

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