Living in the community (Down’s Syndrome): social competence and social self-esteem with particular reference to clothes

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LIVING IN THE COMMUNITY (DOWN'S SYNDROME)
SOCIAL COMPETENCE AND SOCIAL SELF ESTEEM WITH
PARTICULAR REFERENCE TO CLOTHES

by
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A Master's Dissertation submitted in partial fulfillment of the requirements for
the award of the degree of M.Phil.

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Abstract

"First impressions count. Very few people give the disabled person a second chance".

People react in different ways to those who look or seem different - different in respect of appearance, size, shape, dress, etc. Children with special needs are often different in terms of appearance, manner or odour, and some people are led to think of them negatively or to form adverse attitudes towards them.

The aim of this Thesis is to shed some light on one skill from among many in "everyday living skills", namely, the taste in clothing and fashion of children with Down's Syndrome.

The background of Down's Syndrome including physical characteristics, motor skill development and sensory discrimination is described in Chapter 1. The influence the appearance of children with Down's Syndrome has on their social skills and functioning is examined in Chapter 2, while the effect of reconstructive surgery and its possible advantages is examined in Chapter 3. Issues relating to clothing, human behaviour and clothing for the mentally retarded are discussed in Chapter 4.

Chapter 5 outlines the methodology including population profile, data collection tools,

and Chapter 6 states the hypothesis and assumptions.

Fourteen Case Studies are discussed in Chapter 7 and Chapter 8 looks at home and school development for normal children aged 8 to 16 with partial cross reference to Down's Syndrome case studies.

Chapter 9 includes the presentation and analysis of results, followed by the Discussion and Conclusions in Chapter 10.
The results will show most importantly, that for most Down's Syndrome people their progress is related to the social world they live in, and to the experience and opportunities it offers them, in the same way it does with all "other" people.
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CHAPTER 1

What is Down's Syndrome?

Down's Syndrome is a genetic condition which occurs in one child out of between 600 and 700 live births in every part of the world and in every community. Being a genetic condition, its incidence is not influenced by race, colour, religion, politics or climate. Survival beyond birth, into later childhood and into adulthood depends on the health, educational, medical and social services which are available to the community into which the child is born. The live birth incidence, however, remains constant in all parts of the world (Stratford and Steele, 1985; Steele, 1989).

Down's Syndrome was until recently perhaps better known as 'mongolism' and a person with this condition was referred to as a 'mongol'. The description 'mongol' is not only unfair but is also inaccurate and within the last few years has there been a noticeable change in attitude, perhaps as a result of an increase in public knowledge and awareness brought about by media attention. This may owe its origins to changes in attitudes relating to the place of women in a modern society or to unfair discrimination against minority groups. Whatever the origins, a change is now certainly taking place in public attitudes to those who are different, and parents of Down's Syndrome children have been active in helping to bring about this change. They have collectively alerted the general public to re-assess their attitudes to this universal condition.

The description 'mongol' was applied for centuries and owes its origin to the beliefs held by early scientists who first investigated the causes of mental disability. Whoever was the first to associate the condition with the Mongolian race is lost in antiquity together with the general confusion of terminology abounding in medical, theological and philosophical literature. Until the 19th Century these disciplines were less distinct. The late Dr. Thomas Weihs, an authority on Down's Syndrome, mentioned in a public lecture at Leeds University (1977) that the very first reference to the condition appeared in an Edinburgh publication in the 18th Century, which
linked the condition with cretinism, describing this as a "brain-like cretinism", meaning a softer kind of cretinism, and it is interesting to note that up until the 1970s Down's Syndrome continued to be associated with hypothyroidism, or cretinism. Perhaps this is due to the fact that it is not unusual for a person to suffer from both conditions and doctors are constantly being reminded to make frequent tests for hypothyroidism in their Down's patients.

In the early 19th Century it was believed by the scientific community that mental disability came about as a result of 'atavistic regression' and that it resulted from a kind of throw-back to an earlier and more primitive form of existence. It is, therefore, hardly surprising that people with this particular genetic condition should have, at the dawn of the scientific age, influenced such thinking. They were looked upon as a group of mentally impaired people with apparently 'slanting' eyes and, to a largely unsophisticated and untravelled population, with an appearance which seemed to them to be 'oriental'. Then, and as it remains today, the frequency of this condition constituted about a third of all surviving people suffering from serious mental impairment.

The idea of 'mongolism' was already well established, at least in medical circles, by the beginning of the 19th Century. Chambers, writing as early as 1844, spoke of "idiots of the Mongolian type" and the fact that he does not elaborate on this description suggests that 'the Mongolian type' was known to his readers. He does however, refer to the degeneracy theory, stating with all the assurance of a Victorian scientist that "...the Mongolian, Malay, American and Negro, consisting of perhaps five-sixths of mankind, are degenerate". It was Seguin (1846) who first gave specific attention to this form of mental impairment. One of his first patients is described as having "Chinese looking eyes". The historical importance of Seguin's theories is the fact that he introduced the concept of education into the treatment of affected children. In terms of this study it is also interesting to note that Seguin began his educational treatment with an attempt to improve the self awareness and self concept of his patients. He wanted them to be better dressed and groomed than was normally
expected of patients in mental institutions of the time. Stratford (1989) gives a full account of the methods employed by Seguin and draws attention to the importance he placed on appearance.

The 'ethnic' theory as a cause was, of course, still held at the time Dr. John Langdon Down published his now famous paper in the London Hospital Reports in 1866.

Dr. Langdon Down was attempting to classify people with all forms of mental impairment in terms of their ethnic appearance. A respectable thesis of the time, and indeed the title of his paper, *An ethnic classification of idiots*, gives testimony to this 19th Century ideology. Dr. Down was not specifically concerned with the particular group he described as the 'mongols', though their very numbers gave rise to other scientists of the time abstracting this group and attributing the discovery of the condition to Dr. Down.

According to Stratford (1979), the main influence in linking the name of Dr. Down with the condition came from Ireland in 1877 (Shuttleworth, 1883; Kovalesky; 1906; and Comby, 1917). It can been seen, therefore, that change was a gradual one and largely confined to scientists and their search for accuracy, rather than to any public or even parental concern at the time.

In terms of the focus of this study the appearance of these people, which was so notable at the time, is of particular interest. In late 19th Century Britain, foreigners were regarded with great suspicion, a concept which has not altogether disappeared. Added to this was the fear of mental deficiency or even 'madness'. The confusion between mental illness and mental disability has a long and troubled history. No one of course wanted to be associated with foreigners and certainly not with anything related to mental deficiency. Hence, 'mongolism' or Down's Syndrome was a condition to be feared and avoided, as it remains today, even though a great deal more is now known about the condition.

Down's Syndrome, as it began to be called by later writers (Stratford 1979), had a poor start. The major factor in this poor and depressing image was undoubtedly
connected with appearance, its association with foreigners and with mental disturbance only adding to the fear and desire for avoidance.

Perhaps the most important change came about as a result of a discovery in 1959 by a French geneticist named Jerome Lejeune. He is credited with finding the genetic cause of Down's Syndrome. As a result of a rapid development in the understanding of human genetics and better technical resolutions of microscopes, he was able to demonstrate that the cause was due to an extra chromosome being present on no. 21 in the human genome. Lejeune and his colleagues in Paris were able to show that this disorder in the human reproductive system occurs on a purely random basis and there is no explanation as to why it occurs. How it happens is now well known to scientists (Stratford 1989) but there is still no explanation as to why it occurs so frequently in the human race.

However, earlier theories of causes and their associations with 'regression' to more primitive forms of existence is not so easily eliminated from human consciousness and the power of folklore. Consequently, people with Down's Syndrome are heirs to earlier misconceptions with all the social stigmas attached to the 'racial' origins of the condition. This may not be an easy notion to accept, but subsequent and even current attitudes and treatment of the mentally impaired, particularly those with Down's Syndrome, shows only too clearly that it is true.

The focus of this thesis is not to find new approaches to the treatment of people with Down's Syndrome; that is for biochemists or even for genetic engineers in Aldous Huxley's Brave New World. The objective of this thesis is to suggest some better ways for people with Down's Syndrome to improve their appearance within the community so that they may be better accepted by the communities in which they live.

I am not unaware that there are many other characteristics in the condition of Down's Syndrome other than: health, growth, personality, feelings, temperament and of course physique. Where these are relevant to the main thrust of this thesis they will be described in context.
Physical characteristics

A study of clothing for the mentally retarded by Yoder and Morgado (1985) revealed that mentally retarded individuals often do not develop physically in the same way as do persons of normal intelligence. Retarded children may be abnormally thin or very stout but retarded children and adults are often overweight due to their compulsive eating habits. Those born with Down's Syndrome have numerous congenital defects. They do not attain normal height; their arms, legs, fingers and toes are short; their muscles lack tone or tension, and the abdomen tends to be prominent. Initial findings for these characteristic features were reported by Stratford (1989) and Demeshow (1982). Detailed information on the rate of growth at varying ages has been reported by Cunningham (1982) who described the average height of children with Down's Syndrome as a little shorter than ordinary children, with their increase in weight in proportion to their height. This effect makes children with Down's Syndrome look younger and smaller than the norm for their age. When Down's Syndrome people become young adults an appearance of roundness and plumpness is obvious. This is due to their low rate of metabolism and tendency towards overfeeding (Yoder and Morgado 1985). Thus their rate of weight gain is greater than normal, while their rate of height growth is even slower than during their childhood years. In conjunction with this they have shorter arms and legs. Their characteristic features are emphasised by the comparatively over-developed hips and thighs for all Down's Syndrome adults. However, the weight/height differences are more pronounced in females than in males. It was also reported by Yoder and Morgado (1985) that the height of Down's Syndrome females in the UK ranges from about 4' 4" (132 cm) to 5' 1" (155cm), whereas Down's Syndrome males range from 4' 9" (144cm). It has been shown, however, that there are many exceptions within Down's Syndrome people whose height and weight fall within the standard ranges of the normal population where the average height for males is 5' 8.5" (173.9 cm) and for
females 5' 3.5" (160.9 cm). Cunningham's report gave the greatest quantity of objective data on body dimensions.

**Motor skill development**

The study of motor development in people suffering from mental disability has followed a similar pattern to that evident in the study of normal development. As far as the practical implications of the differences between Down's and other retarded individuals are concerned, not very much can be said at present. One possibility is that such differences as do exist are of more concern to physiotherapists, who are more likely to deal with early development. This is in contrast to physical education teachers, whose role may be to build on what has already been achieved. Another point, of course, is that recent work on intervention places considerable stress on the need to individualise programmes of education or therapy. As many authors have noted, there are large individual differences within the Down's population, and it is possible that in practice these might outweigh the differences between aetiological defined subgroups. What does seem to be clear from studies of children with motor defects in general, is that early intervention is beneficial, although there is no consensus on what kind of intervention is best. The field of motor development in general does not yet have a well articulated theory awaiting critical test. It is, therefore, little wonder that we cannot fully explain the motor problems of Down's individuals (Henderson, 1985).

Carr (1988) reported that the general flabbiness of muscle tone and looseness of ligaments and joints in Down's Syndrome sufferers is associated with extreme physical flexibility, so much so that they have been called "double-jointed". This flexibility makes it easier for them to contort their bodies in unusual ways. However, since their muscular tone is weak their body movements are clumsy and slow. They also experience difficulties in balance. This characteristic has also been reported by Stratford (1989) and Ham (1989).
Sensory discrimination

Many Down's Syndrome people possess problems in sensory discrimination, which include impairments in visual and hearing sensations (Lemeshow, 1982). Sensory defects can have extremely serious implications for the all-round development of children, and these defects are over represented in children with Down's Syndrome.

Hearing problems: There is ample evidence from the small but consistent body of research relating to auditory function in Down's children and adults, that all Down's individuals should have careful audiological supervision throughout their lives. Surgery, when indicated, vision and hearing aids and appropriate support services from the professionals concerned should be available to all Down's children. The implications for audiological services are considerable, and it has to be borne in mind that such services are already under very considerable pressure. There is a need for more adequately trained professionals to carry out good audiological assessments on children and adults with severe learning problems, and the training of doctors, teachers and speech therapists needs to be improved so that they can provide a better service for Down's children. Doctors, whether family doctors or paediatricians, need to be encouraged to play their part in providing Down's children with the best auditory function. More research is needed into the auditory problems of Down's individuals, in particular by further studies of post-mortem material to increase understanding of the nature of auditory pathology in Down's Syndrome. Last but not least, the parents of Down's children should be informed about the likelihood of hearing defects and should be encouraged to ensure that this aspect of their children's development is carefully monitored and appropriate treatment given. Above all, they should be encouraged to refuse any opinion which suggests that 'the child hears well enough for a Down's child' (Davies, 1985).
**Vision problems:** Damage to the eyes, to a greater or lesser extent, is a feature of all children with Down's Syndrome. Generally, both eyes are equally affected, although changes may occur in one earlier than in the other. In the past, the assessment and active treatment of Down's children has often been dismissed as practically impossible or not worthwhile. Modern methods have, however, made the task easier, and treatment is becoming more readily available. Many Down's Syndrome people benefit from wearing spectacles. These may be used to correct refractive error, to help treatment in cases of squint, or to aid vision after cataract extraction. They may even be ordered for babies if the refractive error is such that, if uncorrected, the vision is likely to be seriously affected.

Surgery is required only for a minority of these children. It may be necessary to remove dense congenital lens opacities in order to improve vision and encourage the visual development of the eye. In these cases, cataract extraction is undertaken as early as possible. The surgical realignment of the eye by operation on one or more of the extraocular muscles may be indicated where spectacles and occlusion have proved insufficient to correct a squint. Squint surgery may be performed when the child is older to improve his or her general appearance (Millis 1985).

"Perhaps deficiencies in vision and hearing have been responsible for many aspects of lack of progress in social and scholastic skills which have in the past been attributed to 'mental' deficiency. Happily these deficiencies are to a large extent remediable" (Stratford, 1989).
CHAPTER 2

The Influence of the Appearance of Children with Down's Syndrome on Their Social Skills and Functioning

It is inevitable perhaps, that many attempts have been made to seek a relationship between the physical characteristics of people with Down's Syndrome and their mental and social functioning, given that these are the outstanding aspects of the condition. A persistent theme in literature and drama, now supported by a growing body of research, is that a person's appearance influences both relationships with others and their self-concept.

What is self-concept?

Carl Rogers (1969) put forward the theory that the Self is the central aspect of personality; it is a social product, developing out of interpersonal relationships and striving for consistency. He believes that there is a need for unconditional positive regard, both from others and from one's own self, and that humans do tend towards self-actualisation.

W. Purkey (1968) writes in a similar vein to Raths, Harmin and Simon, that ability is not the overwhelming factor in accomplishment. Rather, he suggests the individual's perceptions of himself and his situation are a major influence on his behaviour. How people view themselves is vital.

According to Purkey, the self is learned, and it is organised in a complex system of conscious beliefs which an individual holds true about himself, each belief with a corresponding value. He believes it is dynamic and consistent: for example, a student who considers himself a failure will reject or distort any evidence that contradicts his perceived picture of himself, no matter how flattering. Success and failure generalise throughout the self, spreading from a deeply valued area to affect other apparently unrelated areas. It plays a vital part in motivation, so that Combs and Snygg (1959) believe that maintenance and enhancement of the perceived self is the motive behind all behaviour (Purkey, 1968).
The most important single factor affecting behaviour is the self-concept. What people do at every moment of their lives is a product of how they see themselves and the situations they are in. While situations may change from moment to moment or place to place, the beliefs that people have about themselves are always present factors in determining their behaviour. The self is the star of every performance, the central figure in every act.

"By the self-concept is meant all those aspects of the perceptual field to which we refer when we say 'I' or 'me'. For each person, his self-concept is who he is. It is a centre of his universe, the frame of reference from which he makes his observations. Once established, the self-concept provides a screen through which everything else is seen, heard, evaluated and understood. Each person perceives the world around him filtered through his own self-conception" (Combs, Avila and Purkey, 1971).

Combs, Avila and Purkey also explain how the self-concept is circular in nature, so that already-existing beliefs about the self are corroborated and reinforced. This works both ways. On the one hand, if a child believes he cannot read, he will avoid occasions for reading, and helpful adults will tell him how poor he is and how he must do something about it. The result will be to confirm the original belief that he cannot read. On the other hand, people who believe they can read, are more likely to succeed. The very existence of such feelings about self creates conditions likely to make them so. The teacher, for instance, who feels sure of himself behaves with dignity, certainty and compassion, and this in turn calls forth responses which tend to confirm the beliefs he already holds. So, the circular effect of the self-concept creates a kind of spiral in which 'the rich get richer and the poor get poorer'.

Body image is a basic element in each person's self-concept. Self-awareness of physical body appears to develop around 18 months of age, and arises out of the welter of body sensations experienced by the infant. Cognitive development aids the understanding of the permanence of the physical body.

Physical appearance is a very potent agent for attracting particular social responses. This feedback creates, to a considerable degree, the way a person feels
about himself. The person learns through cultural stereotyping, expectations and nicknames, that it is not a good thing to deviate too far in body size and shape from the metamorphic ideal.

Socialisation is perceived as more uncertain in the contemporary setting too. Elder (1975) draws attention to several social-change issues which may create problems for adolescents. Young people are more dependent as more stay longer in education, and there has been a decline in the role of the family while the peer group becomes increasingly important as parents abdicate responsibility. Finally, the adolescent is exposed to a garish blast of conflicting values, standards and role expectations through the plethora of mass youth organisations, political organisations, etc.

The conventional concept of adolescence is seen as a turbulent and stressful period of development, with consequent effects on how the adolescent views and evaluates his/her self-image (Burns, 1982).

Psychologists have used several terms to refer to how people see themselves in terms of self-esteem, self-concept, self-image, self-confidence, self-perception.

Theoretically, people ought to develop higher self-esteem and better self-concepts if they come in a beautiful "package". Attractive men and women, who have been evaluated and treated more positively than their peers, ought to end up feeling better about themselves. But does it really happen this way? Maybe not. The evidence suggests that self-esteem and self-concept may not be related to what we are but, rather to what we think we are.

The evidence indicates that our body image is related to our overall self-concept (and self-esteem) but there is only a slight relationship between actual physical attractiveness and self-esteem.

The authors of Beauty and the Beast, The Hunchback of Notre Dame, The Elephant Man and Cyrano de Bergerac all used an unattractive exterior to mask the hidden qualities of sensitivity and intelligence.
Berger and Cunningham (1981) observed rich and finely tuned interactions between infants and mothers from as early as the second month of life. These observations have been used to argue for the existence of an infant's largely innate motivation and a rudimentary ability to become a social being. It has also been suggested that the early mother-infant interactions are a vital precursor for the later development of communicative and linguistic competence. Turner, Sloper, Knussen, and Cunningham (1991) report a link between positive family attitudes and everyday living skills. In addition, in reviewing research into the relationship between dimensions of home environment and child development, they report that the family cohesion and harmony, parental stimulation and responsiveness have been identified as playing a significant role in the cognitive and social development, including the level of personal self-sufficiency of children with mental impairment.

In the report by Sloper and her colleagues cited above, they point to the multivariable analyses of factors related to children's social life scores which showed that both child and family factors were important. The greater participation in organised activities of children whose parents had higher educational qualifications, and the encouragement of recreational activity within the family is evidence of the influence of parent values and activities on the children's social lives. This is repeated by Janet Carr (1988) in her extensive review of the literature. The lack of factors related to children's development in this equation also point to the greater importance of parental and family influences in determining the children's level of participation in organised activities.

A better understanding of the links between family background and values and the children's social networks may aid professionals to encourage the family and the child.

As an explanation of how people respond to atypical appearance, Richardson (1985) suggested that atypical characteristics violate normative expectations of how people should appear. During socialisation, we develop an increasingly complex schema or set of expectations about how people should appear in dress, manner,
speech, movement and behaviour. We become accustomed to some variability around these normative expectations, but when we encounter someone whose appearance, manner or behaviour exceeds the limits of our expectations, we react with emotional arousal, anxiety and fear and behave differently toward the person than we would otherwise have done. The evidence supporting the concept of violation of expectation and the nature of these changes in behaviour is reviewed elsewhere (Richardson, 1985). It derives from research that deals with the social consequences of being visibly disabled and other research studies which focus on physical attractiveness and unattractiveness (Koller and Katz, 1985; Stratford, 1989; Ottenbacher, 1981). In brief, the research suggests that an atypical appearance creates a social obstacle that places a person at a disadvantage especially in the initial phases of social encounters. Physical appearance is made up of many components, including body size, structure, proportions, facial configuration, movement, hair, dress, grooming posture, gestures and mannerisms (Adams, 1977).

The theoretical basis for the relevance of attractiveness to social interactions was expounded by Goffman (1963) who argued that the more obtrusive the physical stigma, the greater the diversion from the individual's positive social characteristics and toward a social stereotype associated with unattractiveness. Subsequent research has concluded that attractive people are treated more favourably than less attractive people. Davis (1984) reached a similar conclusion, i.e., that people with physical disability tend to develop a constrained personality style. Richardson, Koller and Katz (1985) argue that the reactions of those who encounter people with physical disability are based on heightened emotional arousal, fear and anxiety. The relationship between attractiveness and social interaction has been extended to people with mental retardation, with emphasis on age, appropriate dress, grooming and improved posture, (Cheseldine and Jeffree, 1979).

Elovitz and Salva (1982) in a study of the judgements of school psychologists, suggest that attractiveness may influence decisions and expectations about educational performance and integration. A sample of 324 practising school psychologists
received a fictitious case study to which was attached a photograph of an attractive boy, an attractive girl, an unattractive boy or an unattractive girl. In all other respects the case studies were identical. Each psychologist was asked to make several decisions based upon the information provided in the case study. Results of a multivariate analysis of variance indicated that a pupil's attractiveness had a significant effect on the judgements of school psychologists. Drabman and Patterson (1981) in a review of 'attractiveness' research, identified positive correlation between attractiveness, sociability and co-operativeness and the social acceptance by peers among both 'normal' and 'exceptional' children.

The importance of appearance as a clue to understanding an individual's personal and interpersonal behaviour is recognised by behavioural scientists. The clear power and importance of appearance variables provide good reasons for delving into them for research purposes.

Social perceptions of the effects of Down's Syndrome on facial surgery

It is nearly 20 years since professionals in the field of special education and rehabilitation began to support the work of some plastic surgeons who had begun to perform facial surgery on persons with Down's Syndrome. The avowed aim of this surgery is the improvement of the quality of life of the patients whose physical appearance is thought to accentuate their mental retardation (Feuerstein, 1988). This radical form of intervention has stirred up controversy between those who claim that facial surgery can facilitate the family and community integration of persons with Down's Syndrome (Strauss, Mintzker, Feuerstein, Wexler and Rand, 1988) and those who cast doubt on the effectiveness of the surgery in achieving these goals (Dodd, Leahy and Morgan, 1989). This controversy extends to whether facial surgery for Down's Syndrome persons is undertaken for the patient's benefit or to meet the parents' desire to exert control and be activist in a situation where educational and
social growth may be limited. There is even a warning against possible psychological damage.

Currently this operation is being carried out in increasing numbers, especially in Germany, Australia, Israel and Canada (Katz and Kavetz, 1989).

Despite the radical nature of this intervention, few carefully controlled studies of this surgery's effectiveness and efficiency have been undertaken. Furthermore no attempt has been made to disentangle and clarify the various issues that underlie the controversy regarding the value of these operations. Such clarification should address both the investigative efforts at assessing this surgery's effects and the evaluation of the findings. Research in social psychology has established that facial appearance is a determinant of social experience, including school performance, dating, vocational achievement and prognosis in psychological counselling (Elovitz, Salva 1982).

Abnormal appearance is an element in the stigma experienced by persons with Down's Syndrome. Goffman (1963) suggests that the process of stigmatisation includes the observer, as well as the person who is deviate. Deviant facial appearance is readily noticeable and central since the face is the primary focus of attention in interpersonal interaction. Research indicates that attractiveness has an important effect on psychological development and social relationships (Strauss, Feuerstein, Mintzker and Rand, 1988).
CHAPTER 3

Effects of Reconstructive Surgery

Facial surgery for persons with Down's Syndrome has been advocated as a possible means of improving their functioning and appearance. One of the principal assumptions of those who favour this surgery is that these improvements will reduce the negative attitudes and stereotypes that interfere with the community integration of persons with Down's Syndrome (Katz and Kavetz, 1989).

Three broad related goals have been used to justify the operation: Physical functioning, appearance and social acceptance of the persons with Down's Syndrome.

Improving physical functioning

Tongue protrusion is a physical characteristic that parents and professionals frequently point to as a major source of physical dysfunction and social rejection. Therefore, the most frequent surgical procedure used with persons with Down's Syndrome is partial glosectomy (the reduction of the size of the tongue). Persons with Down's Syndrome seem to have an oversized tongue. This apparent disproportion between the tongue and mouth, perceived as stigmatic, is considered by some advocates of the operation to interfere with eating, drinking, and articulation and to cause frequent airway and throat infections. Thus, the goal of facial surgery is to reduce these physical problems in two spheres: first the improvement in eating, drinking, breathing and reduction of drooling. Second, the improvement of speech and articulation.

Most researchers, who have used parental evaluations as to the effectiveness of the surgery in improving the child's oral behaviour, found there was an improvement in eating skills, with less drooling and fewer infections as a result of the surgical reduction of the tongue. The second area of concern related to tongue reduction is that of speech and articulation. Here too, After tongue reduction surgery
parents also reported an improvement in speech and articulation. However, one study that included a comparison group of parents of children who had not undergone the operation failed to find a statistically significant difference in quality of conversation between that group and a group of parents of children who had the operation (Katz and Kavetz, 1989). Furthermore, a study in which a speech therapist's ratings of pre- and post-operative speech and articulation were compared, revealed no significant differences.

Obviously, more systematic and objective evaluations are necessary before definite conclusions can be reached as to the contribution of glossectomy in improving speech and articulation. Studies conducted on speech errors of children with Down's Syndrome seem to indicate that these errors may be a function of their intellectual level rather than a problem of tongue size (Dodd, 1975), and also emphasised that the role of the tongue in articulation is not entirely understood. In cases where part of the tongue of non-retarded individuals has been removed, articulation has either remained the same or only a few sounds have been improved.

**Improvement of appearance**

The main purpose appears to have been aesthetic and include: lifting of the sunken bridge of the nose, affecting the epicanthic fold, correcting the oblique lid axis, augmenting the chin, repairing the hanging lower lip and augmenting the flat jaw bones.

Why not allow children with Down's Syndrome to have ordinary faces if that is possible? If we permit children with minor physical deviances to have orthodontic treatment and reconstructive or cosmetic surgery, why should this be denied to children with Down's Syndrome? The search for aesthetic change is based on the hope that appearance may in part create opportunities for other changes. Research on this is impressionistic of that which is based on the responses of such involved persons as parents and doctors to direct questions about the operation's effectiveness,
generally providing overwhelming evidence for the surgery's positive effects. However, as the research designs of these studies become more critical and controlled through the use of indirect questions, control groups and less involved subjects, the results tend to become less positive and in a number of instances indicate that the operation failed to produce the desired effects.

**Improving social acceptance**

Humanists have sometimes criticised the high value that society places on attractiveness and the degree to which appearance influences opportunity. Parents and advocates of active approaches to remediation of appearance argue that social values are difficult to change and that each person must adapt to the cultural context and stereotypes (Strauss, 1988).

Health educational interventions in school settings have been shown to alter attitudes on a short-term basis (Arndt, 1986), but pervasive advertising and mass media images bolster the desirability of physical attractiveness.

The surgical improvement of appearance has been shown to change social perceptions. One study of photographs, before and after plastic surgery, revealed that observers uniformly found post-operative views to be more attractive, kinder and more sexually appealing than the pre-operative views (Arndt, Lefebure, Tracis and Munro, 1986; Elovitz and Salvia, 1982; Adams, 1977).

Facial surgery has often been used to alter social experience. It might enhance social integration and improve self-concept and self-confidence.

Surgery and other appearance change modalities may increase the possibilities for growth and change. One study examined how 227 school children evaluated the faces of children with and without Down's Syndrome facial surgery (Strauss, Mintzker, Feuerstein, Wexler and Rand, 1988). The basic findings were that children with Down's Syndrome were seen as less attractive, intelligent, good-hearted and socially appealing than were control children. Perhaps most interesting was the
finding that in children who appreciated a post-operative improvement in appearance ratings, there was a corresponding linear increase in intelligence ratings by intellectually average pupils. Such findings raise the possibility that surgical alterations in facial appearance may result in improved social and educational opportunity.

The evidence that leads to the conclusion that the one positive benefit of facial plastic surgery is that parents and surgeons believe it improves the speech intelligibility and physical attractiveness of people with Down's Syndrome.

This belief is not supported by Dodd and Leahy (1989) whose studies used independent observers' assessments of pre- and post-operative speech or attractiveness. Thus, there is no reliable evidence that tongue reduction and restructuring of facial features has any functional benefit. There is a possible complication arising from surgery: dangers associated with anaesthesia; and, as a result of tongue reduction, a swelling of the tongue that obstructs breathing, causes excessive bleeding, and results in nerve damage impairing motor control of the tongue tip.

There is now considerable evidence that early intervention programs, especially those using caregivers as agents of therapy, effectively teach a range of cognitive and social skills including intelligible speech. Resources being spent on surgical procedures might be better utilised if they were allocated to non-invasive habitation programs, caregiver support groups and to informing a sometimes prejudiced and ignorant population about the needs and rights of mentally impaired individuals.

Another important issue concerns the desirability of masking the facial characteristics associated with Down's Syndrome. In practice, there can be some advantage in being recognisably disabled. For example, severely hearing-impaired individuals, know that one of the problems associated with an invisible disability is that no allowance is made for them. In Australia, as part of a campaign to educate the public, many now wear badges identifying themselves as hearing impaired. In
principle, value judgements on attractiveness are arbitrarily dictated by fashion. Few
of us conform to any current ideal. The range of facial features in any society is
enormous. Painful, potentially dangerous cosmetic surgery, just to make any
individual "socially acceptable", seems unwarranted. As one mother of a child with
Down’s Syndrome explained, "I love Timmy, and I love the way Timmy looks".

Sherman (1989) asks if the interests of physicians and parents are the same
as those of children with Down's Syndrome? This is a difficult question to answer
but it seems possible to argue that the answer is "not always". The interest of the
parents in improving the overall quality of life for their children seems consistent
with the interests of the children. The parents, however, may also be interested in
reducing their own feelings of embarrassment when they take their child out into the
community. The parents may also feel that they should do everything possible to
improve the lot of their children, even if it has a low likelihood of success. These
interests of the parents may not be shared by their children, and if so may not be the
same as those of their children. For this reason, it is difficult to accept, uncritically,
parent satisfaction as an adequate measure of the success of facial plastic surgery for
children with Down's Syndrome. In fact, it is difficult to accept most of the measures
cited by Katz and Kavetz (1989) as being directly related to the children's likely
interests or ability to function better.

With few exceptions (e.g., measures of speech performance), most results of
the outcome of facial plastic surgery were rated by others, and although their ratings
may be related to important events in the life of the child, they are not direct measures
of it. For example, if parent ratings are correlated with events such as taking their
children on more community outings, providing more play opportunities with other
children, and giving more hugs to the child, then parent ratings might reflect some
important positive gains in the children's lives. How will we know this, however,
unless we take direct measures of these events, the events that seem most directly
related to the children's interests (as best as can be determined)? If direct measures
are taken, the ratings by others may recommend plastic facial surgery for people with
Down’s Syndrome, but not the primary justification for it. The second recommendation, then, is that these researchers who evaluate the outcome of facial surgery on people with Down’s syndrome should provide verifiable evidence of the benefits derived from facial plastic surgery. The researchers should also be able to pinpoint the factors that seem most likely to be directly related to improving the quality of life of people who undergo the surgery.
CHAPTER 4

Clothing and Human Behaviour

Clothing is an intimate part of the life of most humans. Clothes themselves are a major element in appearance and therefore play a significant role in relationships with others.

The early theoretical work by the sociologist Flugel (1930) recognised clothing as an important factor in the judgement of others, especially on first contact, and clothing behaviour has developed as a fruitful area for social research.

First of all, the research will investigate the relationship between what one person wears, and the judgements and behaviours of others will be reviewed. The underlying assumption is that clothing and appearance serve as a form of non-verbal communication which "stimulates" judgmental or behavioural responses in others.

Secondly will be reviewed the research investigating the individual and social influences which affect the clothing purchased and how it is worn. The underlying assumption is that clothing behaviour is a function of the social milieu, personality, and lifestyle. In this sense, clothing behaviour serves as a response to various social and psychological variables.

A number of studies have examined how clothing affects the perception of others’ personal attributes. A variety of attributes have been studied, including personality, sexual attitudes, social desirability, demographic and socio-economic status. These studies have involved male and female respondents, and both male and female stimulus figures.

Typically, researches present stimulus figures in different clothing styles to respondents, who rate the figures on a set of scales. Results of such studies have often indicated that people, sharing common symbols, form stereotypes of others based on their what they are wearing. Pieces of clothing also have "meaning" in themselves.

In a review by Kunnen and Brown (1985), they found that university students
made consistent ratings of styles of skirts and tops in terms of attributes like youthfulness, friendliness and sophistication. For example, short skirts were perceived as more youthful and outgoing than longer skirts, but floor length skirts were seen as most sophisticated.

Kaiser (1990) reports and supports the importance of clothing and appearance in linking social acceptance and participation of adolescents with one another in various situations and focuses on the variation of social meaning across contexts. Clothing comfort in social and school situations was acknowledged by adolescents as being more important, while in leisure situations clothing comfort was of less importance. Nagassawa, Hutton and Kaiser (1991) found that both male and female college students gave higher sociability ratings to a photographed model when she wore more fashionable clothing. Harris (1983) focused on the effect of the formality or casualness of dress on the judgement of personal attributes. Formal daytime dress is usually synonymous with professional attire, for example a suit, dress or jacket, blouse and skirt for women, and casual dress is usually a skirt or pants worn with a shirt or sweater and casual shoes.

Results on the perception of personal attributes based on this formal/casual dichotomy have been diverse. They found that responses varied where a woman was photographed in five different clothing styles: formal skirt, formal pants, casual skirt, casual pants and jeans. The formal skirt was judged more favourably than the jeans by both men and women. The woman was judged happier, more successful, feminine, interesting, attractive and intelligent in the formal skirt. From a general viewpoint it appears that the way a person is dressed does indeed affect the first impressions made of that person. However, those specific characteristics attributed to a person because he/she is dressed in a certain way, which were alluded to in the studies, may not be necessarily true in a real life situation. Essentially all of the impression-formation studies use a forced-choice response format. Therefore, the characteristics attributed to a person were those characteristics suggested by the researcher. In a real life,
first impression situation, those characteristics may or may not come to mind. Another research area in clothing behaviour has focused upon investigating the effects of a social structure variable, such as occupation, social status or sex role implied from clothing, or on social behaviour such as altruism, compliance, interpersonal attraction and interpersonal distance. The occupational uniform makes it very easy for the observer to stereotype the uniformed person into a very specific role.

In the review by Davis (1984), the role theory suggests that within a society a certain position or role will specify the behaviour of the person playing the role and towards that person by others (Lurie, 1981).

Joseph (1987) utilises role theory to explain behaviour when interacting with a uniformed individual. First, when observing someone wearing a uniform, an individual automatically places that person into a role and has some expectations of how the person will behave. In doing so, the observer limits his/her recognition to that role associated with the uniform. Although the uniform may limit the behaviour expected of the wearer, it may also serve to legitimise certain "out-of-role" behaviour by the wearer. In other words, the uniform may provide the wearer a legitimising social power to engage in behaviour not normally expected. Secondly, the uniform influences the wearer. Since no other social positions are recognised in the wearer by others, he/she is encouraged to act primarily in the role behaviour associated with the uniform. The uniform often affects the wearer's own self-concept within a role and the ease with which the person is able to play the role.

The old adage, that a man plays as many roles as he has costumes, may indeed be true. From the wearer's point of view, the uniform also serves as a common symbol, binding together individuals wearing the same uniform and separating them from outsiders.

Researchers have also investigated the effects of social sex roles, implied from clothing, on social behaviour. Studies have found that a manipulation of attire that
affects sex-role stereotyping affects altruistic responses (Harris, 1983 and Miller, 1982). Harris found that women wearing "feminine" attire as compared to "masculine" attire were more likely to be helped, especially by men and particularly if the woman made what was considered a feminine request for help, e.g. "my shopping cart is stuck. Can you help?".

However, feminine attire was not more effective than a masculine outfit when the request was of a more neutral nature. The researchers concluded that wearing the appropriate dress associated with a social sex role increases the probability of being helped, especially in situations where sex role expectations are particularly marked, such as making a feminine request to males. Expected role behaviour is also associated with various clothing stereotypes which define social status and also serve to influence both the individual's behaviour and responses from others.

Clothing conformity involves the change in an individual's clothing behaviour or clothing attitudes toward that advocated by a group as a result of real or imagined group pressure. Studies in clothing conformity have been conducted in both experimental and field settings, thus creating the two major research branches in this area. The research branches also differ in that the experimental studies deal with clothing judgements, whereas the field studies deal primarily with actual clothing behaviour. Lennon (1989) and Davis (1989) had female subjects make an assessment of their original opinions of the fashionability of six women's suits after being exposed to options attributed to four reference group: peers, fashion experts, housewives, or career women. A control group received no group influence manipulation. In addition, half the subjects made judgements of the present fashionability and half made judgements of the fashionability two years from now. Greater conformity resulted for the more ambiguous judgements of future fashionability than to judgements of present fashionability. Individuals also conformed more when the opinion was attributed to fashion experts than when the opinion was attributed to the other reference groups. The results suggest that situation factors, such as the
judgement ambiguity and reference group influence, affect individuals' conformity to fashion judgements.

Conformity in actual clothing behaviour occurs within social groups when members adhere to distinct socially defined clothing norms. These clothing norms outline the range of clothing styles that are socially acceptable to the particular group. Because an individual's conformity to the clothing norms of a group readily identifies the individual as a group member, clothing serves to visually distinguish group members from non-members. In other words, group unity may be achieved and displayed by means of members conforming in clothing patterns.

As an adolescent builds self-identity, self-esteem and the use of clothing to affect the enhancement of these attributes, they become important aspects of his/her development. As an adolescent searches for a self-image and identity, he/she may become preoccupied with experimentation in his/her appearance. The importance and interest in clothing have been recognised to be at their peak during adolescence. Kaiser (1983) demonstrated the importance of clothing and appearance through linking stages of social acceptance with participation in a variety of situations.

The research carried out by Dater's (1990) research has focused on self-esteem and physical appearance. For this group of adolescents, self-esteem was not related to situational clothing comfort. Individuals who rated clothing comfort as important in three situations (social, school and leisure) did not differ in self-esteem from those who ranked clothing comfort as unimportant. In other words, students who felt clothing comfort was important in social or school situations could have either a high or low self-esteem. Therefore, regardless of a student's self-esteem, clothing comfort seems to be important in social and school situations.

Although the usefulness of clothing behaviour variables in the study of many psychological and sociological topics is well-documented, clothing and human behaviour as a distinct research area is in its infancy. Researchers have only begun to explore the impact of clothing in social interactions and the influence of the social milieu and the individual on personal clothing selection and behaviour.
Clothing for the mentally impaired

Most people take clothing for granted but for millions of mentally impaired people dressing is a very difficult and often impossible task. Occupational therapists, social workers, psychologists and medical doctors have been the primary professionals concerned with the special clothing needs and appearance problems of the disabled. Recently home economics in textiles and clothing have taken a leading role in identifying and describing clothing needs of the impaired and suggesting solutions to their special clothing problems.

The mentally retarded experience unique problems in areas of dress and appearance. The physical development of retarded individuals is often not the same as that of people with normal intelligence, and consequently almost all have clothing problems. These are exacerbated by conditions that impede normal learning of clothing and grooming skills and by stereotypic retarded behaviours that sometimes create additional clothing problems. The result of a research carried out by Yoder and Morgado (1985) suggests that consultants in home economics dealing specifically with textiles and clothing, are needed in the development of clothing education programs for the mentally retarded. They could act as counsellors and advisors to caretakers of the mentally retarded in clothing-retarded matters and as researchers and developers of materials for training the mentally retarded and assessing their clothing-retarded behaviour.

Interviews and the current literature on clothing and grooming for the mentally retarded reveal a number of general areas of concern. Among these are problems associated with clothing related behavioural problems typical of certain conditions of mental retardation and problems associated with training the retarded in self-help clothing skills. Clothing for the mentally retarded must often be able to withstand or inhibit certain types of destructive behaviour. Some retarded people, for example, engage in chronic clothes reaping (Carroll Scott, Sloor, Mutter and Prince,
Others commonly engage in picking at their clothing or in pulling threads, fasteners, or anything that hangs loose (Michaelis, 1979). An additional clothing related behavioural problem among the institutionalised mentally retarded involves disrobing or public stripping, a potential health hazard for patients in poorly heated or draughty wards and a clothing related behaviour that is disconcerting to caretakers.

Studies of mental retardation imply that an important part of the development of self-image occurs in a retarded individual's mastery of basic self-help skills (Levitan Rheingold, Hoore and Mandel, 1980; Michaelis, 1979; Ayrault, 1971). But training the mentally retarded to dress and undress can also present difficulties. Characteristic behaviours of retarded individuals may include difficulty in concentrating for more than very short periods of time, problems of visual-motor association, and problems of visual perceptual functioning, all of which serve as barriers to learning basic dressing skills. The situation can be further complicated by a continuous need for retraining, as many retarded individuals tend to forget the skills they have been taught (Martin, Kehoe, Jensen Darbyshire, 1985).

At the most elementary level, the physical appearance of the retarded influences their acceptance into the community mainstream, and it may be the most important determinant of the retarded person's chance for acceptance. Dr. Carol Michaelis, a mother of a retarded son with cerebral palsy, writes:

"There were many who stared and turned around to look at him. No one seemed to care that he can read road maps... and loves to keep score at ball games...they only had to look at him. It reminded me that keeping up appearances can be the greatest task facing an impaired person seeking acceptance in social, employment and educational settings. First impressions count. Very few people give the disabled person a second chance" (1979).

For the mentally retarded, success in the social and economic environment has been shown to be closely tied to grooming and personal appearance. Social adjustment in particular is directly tied to appearance, clothing and grooming skills.
Mentally retarded people care about their appearance and want to look like others around them. The retarded are quick to copy their normal partners in talking, acting and dressing.

Therapists and educators in special programs for the mentally retarded are often aware that clothing and grooming are important aspects in the lives of the mentally retarded, but these specialists are not trained in clothing principles nor are they necessarily guided in the development of clothing programs.

Researchers and specialists in occupational therapy have produced a body of current literature concerned with methods for training mentally retarded individuals in self-help clothing and grooming skills. Azarin (1976), Ford (1975), and Martin (1985) describe how operant conditioning and behaviour modification techniques have been used to teach retarded individuals to dress and undress (Nutter and Reid 1978). They describe how retarded women were trained to colour co-ordinate clothing choices through manipulation of coloured puzzle pieces. So little work has been done in this area that many basic questions need to be addressed. What help do families of mentally retarded children need in coping with dress and clothing for the young child? What are the best types of clothing for mentally retarded people? How can clothing be modified for the retarded? What self help skills are given retarded children in clothing and dress? How do employers rate the grooming and dress of retired workers?

Home economics can make substantial contributions to the knowledge of clothing for the retarded. Through research, instruction and expansion, home economics can be used to enhance expertise in clothing construction and knowledge of principles related to the personal appearance and clothing needs of all family members to address the clothing needs of retarded individuals.
CHAPTER 5
Outline of Methodology

The population profile

The groups which are basic to this research are taken from a special education school in Nottingham. This school includes children from the age of five to eighteen.

It was decided to create two different groups:

Group 1: Seven students from the junior school.

Group 2: Seven students from the Comprehensive school in the age group 16-18.

All the children in the sample are categorised as children with Down’s Syndrome and some form of physical impairment.

This group of fourteen children are of mixed origins - English and Asian. Their social-economic status can be assumed as middle to low. Some of the children are under the care of foster families.

Data collection tools.

A number of data collection tools are available. These include: interviews, questionnaires, observations and documentary analysis. Interviews, questionnaires and documentary analysis were used in order to collate the needed information.

1. Interviews with the children:

Collecting data by interviews

As is true for all research, the data collected by interviews should be relevant to the problem relevant to the research, should be as reliable as possible, and should be sufficiently representative to justify generalisations. In common with questions on
questionnaires, questions in interviews should be characterised by vocabulary or phraseology appropriate to the level of understanding of the respondents. Therefore, open questions should offer an alternative for answers as distinct from questions which require a more positive response. In collecting data by interviews it is desirable to try out a schedule of questions prior to establishing a definitive collection of data, as such trials are a means of acquiring skill in interviewing and which requires more time, effort and skill than data collection by questionnaire.

Superiority of the interview to the questionnaire

When data are collected by interview it is possible to reduce, if not eliminate, one of the major limitations of the questionnaire technique - lack of response due to inability of the respondent to understand the questions. The level of understanding of the respondent can be assessed and necessary explanations provided. As will later be discussed at length, interviewing makes “in depth” collection of data possible especially as, on occasions, appropriate questioning may reveal that a respondent is not competent to respond. Finally, repeated efforts to interview all persons in a sample may contribute data much more representative than the data collected from a mailed questionnaire.

In contrast to data collection by questionnaire, data collection by interview is deservedly becoming much more highly regarded as a tool in scientific behavioural research. Interviews can be used in the first stages of an inquiry to identify variables and the relationships between variables. Such relationships may later be formulated as hypotheses for subsequent testing with observational or experimental data, and indeed, the interviews themselves may also be used to collect data for the testing of
hypotheses. Questions may be so formulated that the data collected will measure the variables quantitatively. Such questions are scale items calling for varying degrees of agreement or disagreement or varying degrees of attitude, and when this is the case the questions become part of a psychometric instrument rather than merely a means of collecting information.

**General characteristics of effective interviewing**

To collect interview data effectively, the interviewer must be well prepared for his task. The training and experience in interviewing previously gained in pilot studies are helpful in this preparation. An important factor is that of determining what questions are to be asked and in what order, and it is essential that the questions be relevant to the problem. Relevance to the problem is important not only in finding a solution to the problem; it is also a factor in maintaining rapport with a respondent. After the interviewer has motivated the respondent by encouraging him to realise the importance and purpose of the research, presenting him with questions without apparent relevance to a specific set of topics is likely to reduce the respondent's willingness to communicate. When a respondent clearly understands the general purpose of the questions, he is more likely to answer with an appropriate frame of reference.

The language level of the questions, in both vocabulary and sentence structure should be compatible with the level of understanding of the persons being interviewed. This does not mean that the interviewer should try to talk in the same way as the respondent, since an attempt to do so could decrease the respondent's respect for him in his role an interviewer. It is more important that the respondent be
made to feel "that the interviewer is an empathic individual, a person who can understand him".

Fixed, alternative or open-ended questions?

A major decision in the preparation of a series of questions, or interview schedule, is whether to use fixed-alternative items or open-ended questions. The fixed alternative type of item is widely used in opinion polls where the purpose is to classify the people being interviewed.

The open question appears to be more appropriate when the objective is not only to discover the respondent's attitude toward some issue, but also to learn something about his level of information, the structure or basis on which he has formed his opinion, the frame of reference within which he answers the questions, and the intensity of his feeling on the topic.

In educational research, fixed-alternative items might be used in a survey of a teacher's opinion of team teaching. Positive questions which seek factual information and answers assumed to be in the possession of the respondents, are often used in collecting data by interview. They may precede the asking of open-ended questions to obtain essential "background" data. If interviewing is used to validate data collected by a male questionnaire, as earlier suggested, and the questionnaire contains fixed-alternative items, the interview questions must be identical. Furthermore, if the fixed-alternative items are "scale" items, they must be identical; and finally, if the fixed-alternative items are "scale" items calling for varying degrees of agreement or disagreement, or for varying degrees of attitude, the interview schedule becomes a psychometric instrument.
Funnel-type questioning

The interviewer may start with a broad general question and continue with increasingly specific ones. According to Kahn and Cannell (1957) this device can yield information useful in determining their respondent's frame of reference and prevent the "early questions from conditioning or biasing the responses to those which come later." Sometimes the questions in such a sequence begin with open-ended ones and conclude with closed or fixed-alternative items: for example, those of the 'scale items' type which measure degrees of attitude toward some specific issue. On occasion, the funnel is inverted and by commencing with specific questions may encourage the respondent to think his way through to an expression of a previously unformulated point of view.

Probing questions

When using a sequence of open-end questions it is frequently desirable for an interviewer to supplement a primary or initial question. This requires great skill, and if carefully pursued such probes should motivate communication without causing bias in the attitude of the respondent, and should elicit valuable information concerning the respondent's frame of reference. After completing such a series of probing questions, it is usually desirable for the interviewer to remind the respondent of the earlier expressed purpose of the interview.
Other characteristics of effective interview questions

The wording of questions should be free from ambiguity. For example, a question containing the phrase "democratic school administration" may be criticised since the phrase has no truly clear operational meaning. Long and complex questions are usually characterised by ambiguity and a respondent can get lost in the verbiage. Care should be taken that questions do not promote insincere and socially desirable responses, nor should they present the respondent with the dilemma of giving a socially undesirable answer. The desired data may be obtained through use of indirect questioning, by other subtle means, or by postponing direct questioning until rapport has been clearly established. Leading questions should also be avoided: for example, by asking "Which do you prefer - trimesters to semesters?" encourages a respondent to give an affirmative answer, whereas a fixed-alternative item or an open-end question, "What is your attitude toward the trimester?" is less likely to do so.

Recording interview data

The method used by an interviewer to record responses may vary: he may use a tape recorder during the interview; he may find it necessary to postpone the recording of data when interviewing young children; he may even find it appropriate to make recordings of a respondent's reactions when they are not together; and/or he may make additional recordings of a respondent's chatter after the interview has ended. This may also be desirable when interviewing adults where obvious recording would seem an added threat. But postponing a recording may be disadvantageous, in
that important details may be forgotten or the interviewer may unconsciously bias the data. With older children and mature adults and where appropriate means have been used to establish rapport, overt recording of responses is less likely to have a detrimental effect on the data collected. It could well be that mature respondents have a greater respect for an interviewer who engages in systematic recording of answers because they may become more confident in knowing that what they actually say is on record. If printed or mimeographed forms are used which list primary questions and provide spaces for answers, the data collected are often less incomplete. As in questionnaire studies, answer sheets can be filled out either by the interviewer or by the respondent under his supervision. In this way answers to fixed-alternative background questions and to scale items can be so recorded. The advantage of tape-recording is that there is a complete recording of what is said, thus eliminating bias due to conscious or unconscious selection by the interviewer of what to record. Finally, tape recording facilitates the evaluation of the reliability and validity of interview data. Different listeners to the tape can compare their interpretations and the interview process itself can also be evaluated.

The main aim of an interview with Down's Syndrome children is first of all to establish a means of communication, this being done by the use of pictorial language. All of the children are Down's Syndrome, but additionally some of them suffer from motor disabilities, so the technique of the interviews had to be adapted in order to maximise the validity of the process. During the interview it was necessary to vary the way in which questions were asked, because it is evident that the children had various methods of their own of communicating, depending on their ability, such as by replying verbally, pointing or simply just nodding the head. The children who
participated in this interview were chosen by the Principal and staff who knew that the ability of the children was such as to make them suitable for favourable participation.

The research target of the interviews was to understand if children with Down’s Syndrome are aware of the norms in fashion (taste and style) so that they can understand the effect clothes can have on their self-esteem. The plan was to establish two parts to the interviews which would last not more than five minutes.

Part one: The children were shown two pictures (see Appendix). The first one was a woman dressed in an unsuitable combination of clothes, while the second was dressed fashionably. The children had to indicate which picture they preferred (liked/disliked).

Part two: The children were introduced to pictures of clothing (see Appendix) and they were asked to separate the pictures into three groups:

1. Clothes for the beach.
2. Clothes for a party.
3. Clothes for afternoon shopping.

The test was given to each individual, and every task was explained to the children before they tackled it. The test took 5-10 minutes for each of Parts 1 and 2.

2. Questionnaire:

The term ‘questionnaire’ has been used in different ways. According to Oppenheim (1992) some practitioners would reserve the term exclusively for self-administered and postal questionnaires, while others would include interview schedules (administered face-to-face or by telephone) under the general heading of
'questionnaires'. Alternatively, the word 'questionnaire' is sometimes used to
distinguish a set of questions, including perhaps some open-ended ones, from more
rigidly constructed scales or tests. There is, of course, some overlap between these
techniques since, for example, the use of item wording or phrasing, and of presenting
the questions in a particular sequence, are common to them all. In the present context
the term 'questionnaire' can be used fairly loosely to cover postal questionnaires,
group or self administered questionnaires and structured interview schedules
(including telephone interviews). In this broader sense, a questionnaire may also
contain check lists, attitude scales, projective techniques, rating scales and a variety of
other research methods which will be discussed.

A questionnaire is not some sort of official form, nor is it a set of questions
which have been casually jotted down without much thought. We should think of the
questionnaire as an important instrument of research, a tool for data collection. The
questionnaire has a job to do: its function is measurement (see Appendix).

But what is it to measure? The answers to this should be contained in the
questionnaire specification. Many weeks of planning, reading, design and
exploratory pilot work must be invested before any sort of specification for a
questionnaire can be determined, since the specification must follow directly from the
operational statement of the issues to be investigated and from the research design
that has been adopted.

Before we make a start with our questionnaire, we should have a rough idea of
the pattern our inquiry is likely to follow. Are we conducting a short, factual inquiry
or are we conducting analytical research on a set of attitudes? How large is the
sample likely to be? Shall we be dealing with adults or with children? If with adults,
will they be housewives, company directors, relatives of prisoners, students, or a cross-section of the entire population? Do we intend to approach the same respondents more than once? Are we dealing with phenomena that are subject to seasonal fluctuations? Do we intend to promise our respondents anonymity? All these, and many other issues, will affect our measurement of the specification and procedures. The detailed specification of measurement aims must be precise and logically related to the aims of the overall research plan and objectives. For each issue or topic to be investigated, and for each hypothesis to be explored, a precise operational statement is required about the variables to be measured, and if an operational statement is required to elaborate on the variables to be measured. If a political poll is to include variables such as people's attitudes to a new tax, or the degree to which they identify with their local community, how are such variables to be measured? If we wish to examine the hypothesis that young children acquire their ideas about cigarette smoking from older siblings, then how shall we operate this issue in practice and what measures will be required to combat it?

Each survey will have its own particular problems, but it is possible to present some general considerations that have to be borne in most surveys and about which decisions will have to be made before we can begin to write our first question. These decisions fall into five groups:

1. The main type of data collection instruments which we shall need, such as interviews, postal questionnaires, content analysis of records, observational techniques and so on;

2. The method of approach to respondents (after their selection through the sampling procedures), including stated purpose of the research, length and duration of our
questionnaire, confidentiality and anonymity; the special problems of research in schools;

3. The build-up of question sequences or modules within the questionnaire and the ordering of questions and scales or other techniques within a general framework;

4. For each variable, the order of questions within each module, using approaches such as funneling;

5. The type of question to be used: for example ‘closed’ questions with pre-coded answer categories versus ‘free-response’ questions.

The method of designing a questionnaire is deceptively straightforward. It has to be decided what are its purposes, establish what information is required and ask questions which will elicit that information. Questions must be absolutely unambiguous. The researcher who asks whether a responder is married or single should not be surprised if the answer is ‘yes’. There are several possible forms of response which allow much more sophistication than the simple yes/no answer. Multiple choice responses need careful preparation and piloting to ensure that they are those which the sample population is likely to understand; a good question of this type not only gives useful information but allows meaningful cross-tabulations during analysis. Attitudes and opinions can be investigated using Likert scale responses and there is of course the possibility of open response, though this is difficult to classify if it is too general. During the design process, consideration should be given as to how the data will be compiled and how they will affect the design. It should be possible to transfer data direct from the questionnaire on to punched cards if numbered boxes for responses are provided.
Precise instructions on how to answer, a clear format and a logical order to questions helps to reduce wastage. The questionnaire should be no longer than what is absolutely necessary and a useful question for the researcher to ask himself is: “Was this question really necessary?” A pilot survey to test the questionnaire is almost always necessary.

There are too many unofficial and often poor quality questionnaires, and to motivate response it is an advantage to have agreement and approval from the appropriate authority.

**Summing up**

Here is a comparison of an open type of question with the pre-coded or closed one. Each one has its advantages and disadvantages, and most surveys will deploy a mixture of the two.

**Open questions**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Freedom and spontaneity of the answers</td>
<td>Time consuming</td>
</tr>
<tr>
<td>2. Opportunity to probe</td>
<td>In interviews: costly interviewer time</td>
</tr>
<tr>
<td>3. Useful for testing hypotheses about ideas or awareness</td>
<td>Coding: very costly and slow to process, and may be unreliable</td>
</tr>
<tr>
<td></td>
<td>Demands more effort from respondents</td>
</tr>
</tbody>
</table>
### Coded questions

**Advantages**

- Requires little time
- No extended writing
- Low costs
- Easy to process
- Make group comparisons easy
- Useful for testing specific hypotheses
- Less interviewer training

**Disadvantages**

- Loss of spontaneous responses
- Bias in answer categories
- Sometimes too crude
- May irritate respondents

<table>
<thead>
<tr>
<th>Method</th>
<th>Administration and equipment</th>
<th>Advantages</th>
<th>Disadvantages</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
<td>Outside teacher</td>
<td>1. Easy to administer&lt;br&gt;2. Quick to fill in.&lt;br&gt;3. Relevance of questions.&lt;br&gt;4. Easy to follow up.&lt;br&gt;5. Provides and individuals.</td>
<td>1. Time consuming analysis.&lt;br&gt;2. Extensive preparation to get clear and relevant questions. Outsider must have clear object.&lt;br&gt;4. Difficult to get questions that explore in depth - questionnaire may be very long.&lt;br&gt;5. Who is a suitable outsider?</td>
<td>Relevant to groups rather than to individuals, i.e., data obtained from group of teachers. One questionnaire about one teacher irrelevant. Advantages point 5 tells teacher about other teachers and other children. Outsider must always liaise closely with teacher.</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>Teacher-child&lt;br&gt;Question sheet</td>
<td>1. Feedback to teacher re: a. attitudes b. adequacy of resources c. assessment of adequacy of teacher help d. preparation for next session e. conclusions at end of term. 2. Quick to fill in. 3. As teacher is involved he/she is better able to effect and analyse questions. 4. Data are quantifiable.</td>
<td>1. As method above. 2. Effectiveness depends very much on reading ability and comprehension of the child. 3. a. Children may be fearful of answering candidly. b. Children will try to produce 'right' answers. 3. As method above. 2. Difficult for outsider to do any detailed follow-up work. 3. Children can be put off by strangers. 4. Availability of suitable outsider.</td>
<td>Anonymity encourages candour of replies but means individual problems cannot be followed up. Of direct use to classroom teacher - tells teacher of own class.</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>Outsider child&lt;br&gt;Question sheet</td>
<td>1. As method II above. 2. Outsider is more likely to be unbiased.</td>
<td>1. As method II above. 2. Difficult for outsider to do any detailed follow-up work. 3. Children can be put off by strangers. 4. Availability of suitable outsider.</td>
<td>Outsider should consult teacher regarding contents of questionnaire.</td>
</tr>
</tbody>
</table>
### Observation

**Teacher-Self**
Whatever the individual prefers

1. No need for any special equipment or personnel.
2. Simple to administer over long periods.
3. Easy to isolate salient points.
4. Method does not interfere with teaching procedure.

**Outsider Teacher**
Tape recorder, notebook, camera, documents, or whatever the observer requires.

1. Lightens the teacher’s problem of analysis of problems.
2. Observer will be more unbiased and objective.
3. A mobile observer can watch various teachers and may obtain good comparisons.
4. Observers can note and appreciate incidents that the teacher may miss.

**Outsider Child**
Tape-recorder ideal, activity list, inventory

1. Outsider can move freely and see all the children in different situations.

### Observation

**1.** Difficult to be fully objective.
2. Can the teacher always see his own aims or faults?
3. Need for a back-up system e.g. tape-recorder/notebook. This is time consuming.
4. Easy to pass things over in times of stress, e.g. I’ll do this, then forget.

**1.** ‘Spare’ teachers or outsiders not easy to obtain.
2. Observer must be briefed in advance on teacher’s aims time consuming.
3. Observer must have a basic set of criteria on which to base his observations.
4. How are the results processed? Discussions are time consuming. Written reports are time consuming and must be based on lengthy periods of observation to be of value.
5. Observer must be continually present for lengthy periods to get full value of all occurrences. i.e. Little point being present first thing each day - routine soon established.
6. Disadvantages of methods II and III.

### Surveys by questionnaire

According to Youngman (1979), a questionnaire brings in a lot of information quickly, large numbers of people can be approached and, if the questionnaire has been well-designed, analysis is comparatively easy. Responses are not subject to bias due to the presence of an interviewer and returns can be completely anonymous should that be desirable. Disadvantages arise from the researcher’s inability to pursue further particular responses, from ambiguities in either questions or responses and from the almost inevitable failure of all the participants in the sample to return their questionnaires. A rate of return from the questionnaire must be at least 65% to be considered reliable. It is usual to follow-up non-responses, though in the case of anonymous returns this is not possible.
A covering letter should explain the purpose of the questionnaire, give an assurance of anonymity where this is appropriate, and it is often helpful to offer a summary of results to those who request it. A stamped addressed envelope boosts the percentage of responses.

A survey by questionnaire

After an individual interview with every child, a letter was written by the Head Teacher which explained briefly the nature and objective of the research. This letter was sent with the questionnaire to 14 families who took part in the research, but only eight families responded. The Head Teacher revealed that one of the problems with those who did not answer was due to their bad communication with the school.

A questionnaire related to clothing (see Appendix 1) was designed to determine:

i) Clothing problems related to age and gender;

ii) Practical restrictions in clothing;

iii) General effects in terms of appearance and fitting;

iv) Availability of specially made clothing;

v) Priority of preferences in everyday clothing;

vi) How clothing affected social adjustment;

vii) End use of the block patterns if they were available.

The first item in the questionnaire which asked, "Do you find that Down's Syndrome have problems with clothing?" was a testing question which affected the future feasibility of the study. If the answer was positive, it meant that participants appreciated the study. Conversely, a negative answer would indicate that the study was not feasible, though the odd negative answer could be expected if the respondent
was too busy to participate, had no interest, overlooked the problems, or that it was
due to personal feeling.

Finally, an open ended question, "Any further comments?" was used in the
questionnaire. This was intended to give freedom to respondents to express views
which may not have been anticipated but could nevertheless be relevant.

Limitations of the questionnaire

Questionnaires should be simple and unambiguous, inviting short answers.

Unfortunately, the original questionnaire was too technical and covered a variety of
concerns and, therefore, it fell short of the above criteria. It demanded that
respondents had background knowledge and an understanding of terminology of
various aspects. Consequently, a potentially misleading response, and sometimes no
reply at all, resulted from the postal questionnaires.

Case studies:

Unlike the experimenter who manipulates variables to determine their causal
significance or the surveyor who asks standardised questions of large, representative
samples of individuals, the case study researcher typically observes the characteristics
of an individual unit - a child, a clique, a class, a school, or a community. The
purpose of such observation is to probe deeply and to analyse intensively the
multifarious phenomena that constitute the life cycle of the unit with a view to
establishing generalisations about the wider population to which that unit belongs.
Present dissatisfaction towards the statistical-experimental paradigm has created something of a boom industry in case study research. Delinquents, dropouts and drug-users, to say nothing of studies of all types of schools, attest to the wide use of the case study in contemporary science and educational research. Such wide use is marked by an equally diverse range of techniques employed in the collection and analysis of both qualitative and quantitative data. Whatever the problem or the approach, at the heart of every case study lies a method of observation.

There are two principal types of observation - participant observation and non-participant observation. In the former, the observer engages in the very activities he sets out to observe. Often, his 'cover' is so incomplete that as far as the other participants are concerned, he is simply one of the group.

A non-participant observer, on the other hand, stands aloof from the group activities he is investigating and eschews group membership. The best illustration of the non-participant observer role is perhaps the case of the researcher sitting at the back of the classroom coding up every 35 seconds the verbal exchanges between teacher and pupils by means of a structured set of observational categories (Oracle Research, Galton, Simon, et al.).

Why Participant Observation?

The current vogue enjoyed by the case study conducted on participant observation lines is not difficult to account for. This form of research is eminently suitable to many of the problems that the educational researcher faces.

The natural scientist, Schutz, pointed out that exploring a field means nothing to the molecules, atoms and electrons therein. By contrast, the subject matter of the
work in which the educational researcher is interested, is composed of people and is essentially meaningful. That work is subjectively structured, possessing particular meanings for its inhabitants. The task of the educational researcher is very often to explain the means by which an orderly social world is established and maintained in terms of its shared meanings. How do participant observation techniques assist the researcher in this task? Bailey identifies some inherent advantages in the participant observation approach:

1. Observation studies are better than experiments and surveys when data are being collected on non-verbal behaviour.

2. In the observation study, the researcher is able to discern ongoing behaviour as it occurs and is able to make appropriate notes about its salient features.

3. Because case study observations take place over an extended period of time, the researcher can develop a more intimate and informal relationship with those he is observing, generally in more natural environments than those in which experiments and surveys are conducted.

4. Case study observations are less reactive than other types of data-gathering methods whereas, for example, in laboratory-based experiments and in surveys that depend upon verbal responses to structured questions, bias can be introduced in the very data that the researcher is attempting to study.

On the other hand, participant observation studies are not without their critics. The accounts that typically emerge from participant observations are often decried as subjective, biased, impressionistic, idiosyncratic and lacking in the precise quantifiable measures that are the so-called hallmark of survey research and experimentation.
Possible Advantages of Case Study

1. Case study data, paradoxically, is 'strong in reality' but difficult to organise. In contrast, other research data are often 'weak in reality' but susceptible simple organisation. This base in reality is due to the fact that case studies are down-to-earth and attention holding, and in harmony with generalisation.

2. Case studies allow generalisations either about an instance or from an instance to a class. Their peculiar strength lies in their attention to the subtlety and complexity of the case in its own right.

3. Case studies recognise the complexity and 'embeddedness' of social truths. By carefully attending to social situations, case studies can represent something of the discrepancies or conflicts between the viewpoints held by participants. The best case studies are capable of offering some support to alternative interpretations.

4. Case studies, considered as products, may form an archive of descriptive material.

5. Case studies are 'a step to action'. They begin in a world of action and contribute to it. Their insights may be directly interpreted and put to use; for staff or individual self-development, for within-institutional feedback; for formative evaluation; and in educational policy making. Case studies present research or evaluation data in a more publicly accessible form than the reports from various kinds of research, although this virtue is, to some extent, bought at the expense of their length. The language and the form of the presentation is hopefully less esoteric and less dependent on specialised interpretation than conventional research reports. The case study is capable of serving multiple audiences. It
reduces the dependence of the reader upon unstated implicit assumptions...and makes the research process itself accessible. Case studies, therefore, may contribute towards the 'democratisation' of decision-making (and knowledge itself). At best, they allow the reader to judge the implications of a study for him/herself.

Strengths and Limitations of Case Study Design

All research designs can be discussed in terms of their relative strengths and limitations. The merits of a particular design are inherently related to the rationale for selecting it as the most appropriate plan for addressing the research problem. One strength of an experimental design, for example, is the predictive nature of the research findings. Because of the tightly controlled conditions, random sampling, and use of statistical probabilities, it is theoretically possible to predict behaviour in similar settings without actually observing that behaviour. Likewise, if one needs information about the characteristics of a given population or area of interest, a descriptive study is in order. Results, however, are limited to describing the phenomenon rather than predicting future behaviour.

Thus one selects a case study design because of the nature of the research problem and the questions being asked, i.e., it is the best plan for answering one's questions. Its strengths outweigh its limitations. The case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomena. Anchored in real-life situations, the case study results in a rich and holistic account of a phenomenon. It offers insights and illuminates meanings that expand its readers' experiences. These insights can be
construed as tentative hypotheses that help structure future research; hence, case study plays an important role in advancing a field's knowledge base. Because of its strengths, case study is a particularly appealing design for applied fields of study such as education. Educational processes, problems, and programs can be examined to bring about understanding that in turn can affect and perhaps even improve practice. Case study has proved particularly useful for studying educational innovations, for evaluating programs, and for informing policy.

The special features of case study research that provide the rationale for its selection also present certain limitations in its usage. Although rich, thick description and analysis of a phenomenon may be desired, one may not have the time or money to devote to such an undertaking. And assuming that one does take the time to produce a worthy case study, the product may be deemed too lengthy, too detailed, or too involved for busy policy-makers and educators to read and use. Some suggestions for dealing with reporting and disseminating case studies can be found in the literature, but the amount of description, analysis, or summary material is basically up to the researcher.

Quantitative case studies are limited too, by the sensitivity and integrity of the researcher and by the primary instrument of data collection and analysis. This has its advantages, but training in observation and interviewing, though necessary, is not readily available for attaining case study researches. Nor are there guidelines in constructing the final report, and only recently have there been discussions about how to analyse the data collected. The researcher is left to rely on his or her own instincts and abilities throughout most of this research effort.
A further concern of case study research - and in particular case study evaluation - is what Guba and Lincoln (1981) refer to as: “Unusual problems of ethics. An unethical case writer could so select from among available data virtually anything he wished could be illustrated”. Both the readers of case studies and the authors themselves need to be aware of biases that can affect the final product. Clearly related to this issue of bias is the inherently political nature of case study evaluations. MacDonald and Walker (1977) observe that “educational case studies are usually financed by people who have, directly or indirectly, power over those studied and portrayed”. Moreover, “at all levels of the system what people think they are doing, what they say they are doing, what they appear to others to be doing, and what in fact they are doing, may be sources of considerable discrepancy... Any research which threatens to reveal these discrepancies threatens to create dissonance, both personal and political.”

Further limitations involve the issues of reliability, validity and generalisation. There is much debate about how to interpret these principles. With regard to generalisation, for example, some assume that one cannot generalise from a case study and count that as a limitation of the method. Others argue that rather than applying statistical notions of generalisability to case studies, one should develop an understanding of generalisation that is congruent with the basic philosophy of qualitative inquiry.

To complement the full picture about the children, the case study was compiled during a face to face interview with the Head Teacher who gave details about the background of the children (Family background, self-help skills,
community skills, integration, independence skills, personal and social development and school progress.
CHAPTER 6
Hypotheses and Assumptions

This research is trying to unpack the questions of self grooming in the community with relation to age groups and family environment. In order to maintain a valid research which tries to answer the question of self grooming in Down's Syndrome children, it is important to identify the progression of those children in two aspects:

Is there a difference of development between young children and mature youngsters which are currently divided to two groups by the educational system e.g. primary education and comprehensive education.

We cannot eliminate or weaken the importance and the influence of the family environment which include aspects of economical situation, occupational status and psychological environment. Those aspects may affect the way Down's Syndrome children are developing their self grooming capabilities and this research will try to clarify this question.

A. Differences can be found between groups of children aged 5-10 and 11-18, depending on their life experiences.

B. A difference can be found between children who grow up in a supportive and guiding home, and those whose parents are apathetic. Children growing up in supportive and educationally orientated families, will be more mature and will have their own clear personal tastes.
CHAPTER 7

Results - Case Studies

This chapter was written to highlight the background of the children and youngsters who take part in this research. The group is studying in a ‘special needs’ educational school in the East Midlands, England. The details were gathered through a long interview with the Principal of the school. The aims of this process were to obtain a precise student assessment in relation to his or her achievements, social status and in some cases, family background. This information was important as a cross reference to a further investigation that took place with the families.

In a preliminary discussion it was agreed that the interview would emphasis on the following aspects: general information, school background, family background, achievements, social status and behaviour status.

The interview was a long monologue and was recorded. The information presented below is the original protocol of the interview with out any interpretation.

Michelle.

Michelle is eight years old, an only child whose father is employed as a van driver while the mother remains at home. Although the family is not well off, Michelle shares a close loving relationship with her parents and is well looked after.

Six months ago, Michelle underwent spinal surgery to correct a curvature (scoliosis) from which she seems to have recovered quite well.

At school Michelle is totally continent, but at home seems to be quite happy to sit around and soil herself rather than using the toilet; this does create some behavioural problems which the parents seem unable to do anything about. In social skills, Michelle is more than able, being totally independent in washing and dressing herself, although needing some help when tying shoelaces, and she always remembers to wash her hands after using the toilet. At the table and when eating, Michelle displays control with her eating utensils and good table manners. Her enjoyment of
cooking is apparent and she can stir with a spoon and spread with a knife, although is easily defeated when she comes into contact with 'harder' foods.

Michelle is quite able to use correct language when requesting her needs or commenting on experiences, particularly of those in the past. When given pictures, she is well able to make up a story around them and can express happiness and sadness about every day events that go on around her.

In the classroom, Michelle integrates very well with the other children and her peers, but tends to prefer if an adult leads the play. Although she can be seen playing with dolls and other toys, Michelle easily becomes bored and applies herself much better to making imaginary foods out of 'play dough' and 'baking' them in the oven, thus showing thoughtful ideas but lacks self motivation for 'role play' situations.

Michelle has a wonderful sense of humour and appreciates a joke, yet she is never rude or cheeky with adults. As she develops, Michelle is becoming more assertive in manner and is quite prepared to scold other children, or report them to the teacher if she thinks they are being naughty or misbehaving. Her present attachment is to Ella, and often insists on sitting next to her and will push others away to achieve this.
Zoe.

Zoe is one of three children from a one-parent family whose only income is from Social Security. She has one brother of 11 years of age and a sister who is 13. The family live in council accommodation, and although the mother is in regular contact with the father in what appears to be a long term relationship, they do not live together. It appears that life is very difficult for the whole family, with the mother requiring respite care one weekend in four.

Zoe's behavioural problems are rather distressing; she is incontinent and regurgitates her food. At first the regurgitating was physically induced by Zoe inserting her fingers down her throat but now she can make herself regurgitate without any physical help. This habit is practised both at home and at school. Due to her incontinence Zoe wears a disposable nappy at school, although she will indicate by saying 'pooh' when she needs to evacuate her bowels and she rarely soils her nappy. In addition to this problem, Zoe refuses to walk anywhere with her mother, always wanting to ride in the 'buggy' or to be carried, thus making life extremely tiresome for her parent. It is also difficult to get Zoe to go to bed at night, so her mother usually ends up taking her to bed and lying down beside her to encourage her to go to sleep. Unfortunately Zoe 'catnaps'. She appears to be a very disturbed little girl.

Washing her hands under running water, or using the washbowl successfully and drying her hands on a paper towel is one of Zoe's more independent skills; she is happy to wash the pots, wipe dry the tables with a dish cloth which she can squeeze dry, and can cleverly carry four empty milk bottles at the same time, two in each hand using the thumb and index finger.

Zoe is an attention seeker, and indulges in nasty habits with certain people, such as: jumping on the bus escorts feet, completely stripping on the bus, spitting when she sees a certain student and showing faces to a certain nurse. In the classroom, her behaviour is controllable on a one to one basis, but if given the chance will tip paint out of pots, milk out of bottles and knock crayons and apparatus to the
floor. Out of class, she will indiscriminately hit other children in the face, especially those children who are rather quiet and less able than herself, and including children who may be in wheelchairs.
Lisa.

Lisa is 14 years old with a younger sister, and although her parents' marriage broke up about two years ago, her mother has since re-married and the family seems to be a very stable unit.

The step-father who is employed as a lorry driver, is very often away from home, and the mother works in a local factory. The household appears to be close and caring and Lisa is included in all family activities and is treated in a very grown up way. She is expected to help with all domestic chores and is very capable in handling all types of routine tasks. Although perhaps a little spoilt by her family, Lisa seems to have a very good stable background with very supportive parents. At 14, Lisa can at times appear a little immature in her behaviour and is sometimes 'bossy' with other children and not prepared to share things.

Independently, Lisa is fully able to take the initiative with her own toilet, washes and dresses/undresses herself with ability, and takes extremely good care of all her belongings, both at school, on trips and at home. No supervision is needed at meal times, with Lisa being able to feed herself quite adequately as she has a good appetite. Lisa has made steady progress and is usually happy to accept responsibility by washing and drying pots, laying and clearing tables, disposing of rubbish, sweeping the floor and is also very capable of stripping and making beds. Around school, she plays safely and is now beginning to act in a more adult fashion by showing a genuine empathy for children less able than herself and has a careful approach when pushing someone in a wheelchair.

Lisa is well able to handle tasks that are given to her for approximately 20 minutes and she is happy to accept help, when and if needed, in connection with school equipment such as cassette recorders, computers, etc. Lisa generally works very well in co-operation with other students and is fairly well behaved and co-operative. Physical Education is a lesson she enjoys, is willing to join in team games by taking her turn with the others and has an understanding of simple rules.
Music and Dance are her favourites and it is planned that she will undertake weekly music lessons at a main-stream school whilst attending a local College of Further Education to study technology. Lisa is also having experience working at Level 1 of the National Curriculum and it can be seen that she is one of the more able children in the school.
Vicky.

Vicky is a 13 year old with a fairly rare genetic Syndrome, resulting in her physical appearance discouraging people from approaching her and being friendly. She is an only child and is unable to communicate through speech and uses an electronic communication aid which is very frustrating for her.

Vicky's father is a local government office worker and he has recently decided to leave the family which is causing a great deal of upset. Her mother has never worked and suffers from recurring bouts of severe depression for which she has had hospital treatment. She also seems unable to accept Vicky's disability and there is no apparent bonding between mother and daughter. The parents have received genetic counselling and have been informed that there is a twenty-five to fifty percent chance of other children being born with the same Syndrome. There appears to be much disharmony beneath the surface in the family, the in-laws in particular not getting along very well. Rather a tense little girl, Vicky is not the sort of child one can cuddle very easily, which is probably attributable to her background. Because of her speech difficulty, she tends to tug at other children to gain their attention, but this unfortunately makes them cross. Each year she does seem to make special little friendships with people in her class, but interaction with others tends to be very limited.

Becoming more independent as she grows older, Vicky is able to take herself to the toilet, is very co-operative when dressing or undressing with the ability to do most things for herself. She also has a very good appetite with few food dislikes, helps to set the table, clear away afterwards and will assist quite capably in washing and drying pots and helping with bed-making. Vicky is always very co-operative in class and works extremely well in small groups within which she has developed several domestic skills. She enjoys Physical Education when working at her own pace and ability level. She particularly enjoys horse-riding and goes to a weekly swimming session in a training pool.
Academically, Vicky has been working at Level 1 in the National Curriculum for both Mathematics (Step by Small Step pre-numeracy programme and in the school's main Maths scheme) and English (Speaking and Listening). Making continual progress in the Derbyshire Language Scheme, Vicky is making good progress with the schools pre-reading assessments.
Louise.

Louise is an only child of approximately nine years of age, has a severe hearing problem and only recently has been prescribed spectacles. The hearing defect causes slow response when she is spoken to and has great difficulty in processing what she does hear.

Whilst unsure of the father's occupation, it is known that he does work but her mother stays at home as a stabilising factor. The relationship in the family is close, warm and loving, both parents being softly spoken and very gentle in their approach to Louise, putting little or no pressure on her to do anything. Many allowances seem to be made towards Louise by her parents, sometimes to the detriment of furthering the child's achievements.

Louise's mother is very co-operative and integrates fully by helping at school with play schemes organised during the summer recess. To her parents, Louise is a truly wonderful girl. If pressured, Louise will become rather stubborn and can be quite resistant to doing things she does not want to do.

Louise is totally continent and competent with her own toilet needs and requires no help in washing herself, cleaning her teeth or with dressing and undressing. She is able to select her own clothes, although some help is required with poppers and buttons and shoes, but she is able to match the correct shoe to each foot. Although she is fully independent with her toilet, Louise does need constant reminding to blow her nose and will do so ably when verbally prompted. Over recent periods, Louise has shown significant improvement in taking responsibility for her glasses and hearing aid, taking them out of her bag, and with some minor assistance from a member of staff will put them on. At meal times, she needs repeated prompting to hold a knife correctly, so that she cuts with the blade.

Both at home and at school, Louise can open a variety of bottles and jars unaided, yet is unable to control pouring items from one vessel to another. This is something that is being worked on both at school and at home.
Stella.

Stella is now 11 years old and is the youngest of three children in a very close loving family, having two elder brothers. Her father is an office worker, her mother a housewife, who enjoy making a welcoming environment for the whole family. During the summer, Stella's mother is involved with the school play scheme, and also tries to help with school activities whenever she can; her father regularly attends parent evenings and the whole family is one hundred percent behind Stella, encouraging her in everything she does. They are all, and rightly so, very proud of Stella and her achievements. The family are members of MENCAP (an association for children with mental impairment), and they join in all the association's activities.

Self sufficient in use of the toilet, self care, dressing/undressing, etc., Stella is very competent in all she attempts. At meal times she helps to serve vegetables and is able to properly pour custard into everyone's plate with no spilling. In cafes or restaurants, Stella is able to order her requirements with clarity and politeness; she enjoys visits out of school although she will often develop a 'poorly leg' if asked to walk long distances and seems to suffer from severe tiredness on return journeys. Within school, she has experienced making biscuits, beating eggs, mixing cake/biscuit mixtures, rolling and cutting pastry, spooning soft mixture into paper cases, preparing toast and buttering it, or spreading bread with jam or peanut butter and can cut the slices into four.

Stella's social skills are outstanding; she is a happy and popular member of Class 2, reliable and helpful with a great sense of group spirit, and will assist when necessary by using her initiative. She can be a real busy-body, seeing things before anyone else sees them, and if a child is missing, or needs something she is always willing to offer her assistance to rectify any problems. It is easy to envisage that Stella will be able to hold down a job or go on to College.

Being able to recognise numbers on a dice and count correctly, Stella has been experiencing work at Key Stage 1 on the National Curriculum. She has successfully
integrated into a main stream junior school one day per week with the support of a nursery nurse, and consequently she has been able to attend the same school unsupported for one afternoon per week, where she participates in all the activities the class is doing on that particular day.

No longer striving to be the centre of attention, Stella has matured during the last year and is showing considerable interest in her studies. She no longer has a particular friend but rather enjoys the company of different children for different activities, integrates well during table top games and is quite prepared to take her turn during group games.
Sharmilla.

The eldest of three children, Sharmilla's father works away from home for long periods and although her mother appears to have very little support and remains at home to look after the other two children, she is very lively, a chatterbox, friendly and incredibly cheerful considering her circumstances. The family live in a difficult area of Nottingham although they are hoping to be re-housed in the near future. The house is quite chaotic, especially with the two younger children being so much younger, but the mother is very caring, and comes to school as often as she can and is very supportive of Sharmilla in everything that she does.

At the age of 10, Sharmilla still tends to get over excited and frequently goes 'over the top', screaming and resisting doing things she does not want to do, and consequently makes life much more difficult for everyone concerned. She needs assistance in crossing the road even with the use of a pelican crossing, and on minor side roads she has to be constantly reminded to look both ways. At times she appears to be unaware of oncoming vehicles and on the pavement Sharmilla tends to follow other people.

In her personal needs, Sharmilla is very capable in sorting out her requirements including menstruation; she keeps herself clean and tidy, and is able to shower unassisted provided the shower has been pre-set to the correct temperature. She dresses with care, and tends to dress in fashionable clothes and enjoys receiving compliments. Sharmilla goes on trips out of school by using public transport, purchases a ticket on her own, finds a seat with confidence and thoroughly enjoys the experience. Although she enjoys a walk, Sharmilla prefers to take it at her own pace, and does not like to be hurried. In the community, Sharmilla is very well behaved, friendly and polite and likes to visit unusual 'haunts' such as building sites, churches, pantomimes and concerts.
Sharmilla’s co-ordination is extremely good: she is able to handle small ball skills, hold pencils, recognise all colours, and can complete a 25/30 piece interlocking jigsaw. She is also able to use scissors competently and can cut a straight line, but has some difficulty in cutting a circle. In the local supermarket, Sharmilla can name the majority of items for sale from light bulbs to pickled onions, but cannot understand the procedure at the check-out. Washing and drying pots will be done with a verbal prompt but can be achieved with precision.

Being socially aware, Sharmilla will ignore pupils who are obviously less able than herself, for example, those who are physically impaired, and or with profound and multiple learning difficulties. She is very congenial with children of similar ability as herself and associates very well with them. Sharmilla is aware of expectations and classroom rules and regulations and shows respect for her elders, although she can be ‘coy’ or ‘giggly’ with people she is unfamiliar with. She enthusiastically joins in team games but lacks confidence in the swimming pool and needs a 1:1 basis with an adult to promote improvement.
Dawn.

Dawn is 18 years old and lives with her father and step-mother who have a young child born of their second marriage. Dawn's mother and father were divorced many years ago, but unfortunately her father is rather strict regarding her contact with her natural mother. Dawn has a longing to see her mother with whom she has had no contact for approximately fourteen years. The father's attitude is one of complete separation and he does not want to have any contact with his former wife whatsoever. Letters from school tend to be ignored and it would appear that her father does not wish to have any contact with the establishment. It has taken much persistence in the past to persuade her father to visit the school and it has been noted that the step-mother has never visited at all. The atmosphere within the family appears to be distant and cold and although Dawn is not desperately unhappy, she is rather solemn and withdrawn.

Dawn's personal attributes are such that she is well able to look after her private needs. She is very well able to wash, dress, and take care of her general appearance. Her self discipline is evident with regard to cleaning her teeth, brushing her hair, changing her underwear daily and she keeps her bedroom tidy, although it has been known for her to place a wet towel on dry clothing without realising the consequences. Dawn is familiar with her shoe size and can estimate whether clothes will be too big or too small for her, as well as knowing what type of garments to wear in different situations or in changing weather conditions. Her personal belongings in and out of school, together with spending money, are Dawn's responsibility and she looks after everything competently.

Dawn previously attended a school for children with mild learning difficulties and at 16 years of age she could not cope with progressing to College. Whilst she was very capable and aware of everything, she had very poor social skills and found it extremely difficult to interact with people. She was very personal and hurtful in her remarks to others, not realising how she was upsetting those concerned. Her social
skills have improved although some problems still remain. She now maintains a sensible level of behaviour at College but there have been one or two lapses, one of which culminated in her pushing a table over. Dawn has a very poor opinion of herself and is very insecure and this is reflected in her mood swings. She has considerable potential but needs both emotional support and encouragement to utilise it.

Dawn is by far one of the most able girls in school; she integrates at a good level, travels both to and from school by public transport and goes off to College on her own. She is a very independent young lady, and besides travelling home by herself, she lets herself into the house and is treated as an able young person.
Katrina.

Katrina is a 16 year old girl who lives with her mother, father and younger sister. Both her parents work, and although unsure of what work her father does, her mother works in a local clothing firm. Treated as a grown individual, Katrina is very independent at home and she is competent in almost all housework around the house. The family seems to be very busy, but appear to be close and loving.

A very independent young lady at school, Katrina cares for all her personal needs. The shower is generally pre-set for her but she uses it without help and washes her hair without having to be reminded, although she has to be occasionally told to tidy the bathroom after use.

Katrina can dry her hair using an electric hairdryer and will watch herself in the mirror whilst doing so. She enjoys selecting and taking care of her clothes and personal possessions, including money, and she is very able in taking verbal messages to and from school. Sometimes it is necessary to push Katrina along especially when it comes to cleaning up after she has used the bathroom.

Katrina is aware of dangers both inside school, in the open and at home. She is able to make hot drinks for all the class including adults, can sort out staff crockery and knows who has coffee or tea, sugar or sweeteners and efficiently washes and dries the dishes after use.

Within the Community, Katrina goes her own independent way and can always be relied upon to find the correct person and pass on a message correctly. Outside school, one of her favourite enjoyments is to make visits and she is always well behaved, polite and friendly. She is also able to travel on public transport, pay her own fare and climb the stairway of the bus to the upper deck quite confidently. While shopping in the supermarket independently, Katrina is able to select items, queue patiently along with others, and pay for her items, remembering to wait for the change and a receipt. During a caravan holiday last year, Katrina was always helpful, completing her chores without complaint. She also made her bed each morning,
leaving the area neat and tidy. Katrina is currently having experience at the National Curriculum Key Stage 1.
Tina.

Tina is an 18 year old whose father works in a joinery firm. Her mother, who herself attended a 'special school', has never worked and is not a very capable person. The teachers and other members of staff at Tina's school offer personal counselling and support and as Tina moves from class to class so does her mother, using the school as a resource centre for her own needs.

Tina herself is very emotionally unstable, severely over-weight and has a problem with her eyesight which is gradually getting worse. The general feeling surrounding Tina is one of surrealism, the whole of life being played out before her but she is unable to grasp the sense of what it is all about. Tina has difficulty in making friends and becomes cross and frustrated quite easily with her peers who in turn find it difficult to be positive towards her. Recently her attitude has improved significantly and as a result others have shown more understanding and a greater appreciation of her needs.

Tina is well able to bath and shower, dress and undress, take care of her hair, and copes extremely well considering her physical disabilities. Looking after personal belongings, despite trying very hard, sometimes ends in items being mislaid, but she is working hard to rectify this by putting items in strategic places, e.g. leaving her cookery basket in the kitchen ready for the lesson rather than leaving it all lying over the College. Tina is well able to prepare a variety of cold snacks and is aware of basic safety procedures. She now attends the Arnold and Carlton College two days per week and this has given her the opportunity to meet different people and attempt to form new friendships. The dance class seems to be Tina's greatest enjoyment at College.
Tina's development socially is improving, showing better progress in language and communication which has begun to change her attitude to others, and she is more polite and less abrupt when speaking to others. Her attempts at writing her own name correctly are moving forward slowly.
Helena.

Helena who is 13 years old, resides with a foster family who are long standing 'professional' foster parents. She has lived with them since she was a baby, as her natural parents found it extremely difficult to cope with her disability. Helena has been brought up in a family of eight or so youngsters, most of whom are fostered and have their own particular problems. This environment has proved successful in helping her grow into a confident young lady. The whole family is very strong and supportive, the children being brought up in the evangelical Christian faith which is a predominant factor in their lives.

Mainstream education for Helena has always been strongly advocated by the family, although this does not always appear to be the best way forward for her. Helena has attended integration programmes in mainstream schools, but there have been certain periods when she has realised that she is not as capable as others of her own age, and this has been a salutary experience for her.

Helena is more than able to see to herself and her personal needs, bathing, cleaning her teeth, dressing and undressing, with little or no help from others. She is very willing to assist those children less able than herself and is an extremely helpful and supportive member of her class. Helena requires minimal supervision. During the past year she has attended two activity days in main-stream school and also an Industry and Technology day at a College of Further Education. She enjoys all cookery activities, is well behaved, co-operative and responsible in the kitchen, able to prepare cold drinks as required, make breakfast and clear away, wash and prepare all types of salad items, including coring an apple. Helena is able to use the cheese grater appropriately and safely, butter and fill bread rolls, and will always clear and clean work surfaces adequately when work is finished.
Helena enjoys her regular swimming activities and is very confident in the water. Currently working at Level 1 in the National Curriculum, she is making good progress in the school's main maths scheme and the Step by Step pre-numeracy programme. By taking part in all the physical recreation activities offered at school, Helena's balance and co-ordination skills are increasing noticeably.
Sarah.

A severe hearing problem has delayed 11 year old Sarah's speech, and she has had thyroid and other tests due to constant lethargy. Sarah resides with the same foster family as Helena and has been there since she, too, was a baby. With a significantly different personality to Helena, Sarah has always been very withdrawn, which is not helped by this difference between the two children. The two girls are very close and they have a lovely rapport between them, with Helena looking after the younger girl.

In recent contact under the Children's Act, it was concluded that Sarah would be better off staying with her foster parents. Due to the question of "Race" it was recommended that it would be beneficial for her to have some contact with her own culture. Both families are tip-toeing very gently along this difficult path.

Along this very difficult path both families concerned are tip-toeing very gently. Because of her hearing and speech difficulties, Sarah is not always sure of what is happening around her, and found settling into school very hard. She was quite happy to stay at home with mum, but is now adjusting to the school environment very well. Sarah is very definite about what she likes and dislikes. When she wants something she persists until she gets her own way, and quite successfully 'winds people up' for her own benefit. She often pretends she cannot hear or pretends to be stubborn, which ends with her giving a little grin when she knows she has succeeded in her little joke. Sarah does have a surprising sense of humour and this can be used with success in getting her to do other things.

Sarah is completely independent in the use of the toilet, is able to brush her teeth, comb her hair, wash and dry her face well, bath and shower unattended. No assistance is required in dressing and undressing and she is able to tie her shoelaces. Success is met by doing things slowly. Sarah has experience of attainment Target 9 Level 1 in the Science National Curriculum, Earth and Atmosphere and at present she
is currently involved with Attainment Target Level 2b, which involves looking at animals and plants that live in the sea.

Sarah is well liked by her peers and is no longer a target for intimidation. She often prefers to sit alone working, drawing, or looking at a book. She becomes greatly involved in playing games of doctors and patients with other children, which always seems to end up by getting tied up with bandages.
Abigail.

Abigail is an adopted 16 year old, whose father is a University lecturer and mother a Magistrate; there is also another adopted child called Joe. The family is extremely loving although at times the atmosphere is a little chaotic. At first the parents wanted to foster but decided that adoption offered the children far more security than fostering. Abigail’s mother is very supportive of after school activities, and is always willing to help in play schemes and any other workshops involving parents.

Although given lots of opportunities Abigail can be very difficult and stubborn, but she is always extremely well dressed and cared for. She is able to shower and dry herself independently but does require reminding to tidy herself up, brush her hair and clean her glasses during her school day.

In practical issues, Abigail obviously enjoys home economics and is very competent and enthusiastic. She is able to make soup from a packet, open a tin and also make fresh soup. She can shop at the local supermarket and recognises all kinds of vegetables on the shopping list. She is very sensible within the kitchen environment and is very aware of the dangers that lie within this particular area. The microwave ovens and cookers provide no obstacle for Abigail who can operate both with efficiency, although a little overseeing may be required from the staff to gauge correct cooking times. Polite, sensible and well behaved on school visits, this young lady can take messages and relay them with accuracy to the persons concerned. On school outings, whether it be to a building site, pantomime or a restaurant, Abigail is a joy, as she is appreciative of all that goes on around her. Her manners are impeccable.

When out and about Abigail walks at her own steady pace, is able to use the pelican crossing without being prompted and waits for the ‘green man’ before attempting to cross the road; on side roads is able to look and listen before crossing.
Ella.

Ella's father is employed as a milkman but her mother remains at home looking after the house and family. Nine years old, Ella has a brother who is approximately twelve years of age. Unable to come to terms with her daughter's disability, Ella's mother appears to be a rather over-anxious parent. When Ella started school mum came too, and it actually took some eighteen months before the mother reluctantly allowed Ella to go by herself. Having said that, the mother is very supportive and is very active in everything the school does and works extremely hard at all arranged events. For a very long time, the mother expected that Ella would eventually take her place in a mainstream school but she has now reluctantly accepted her daughter's limitations and the fact that she will always need 'special' attention. Ella remains her mother's 'little baby', 'her little girl' and is very protective towards her.

Ella is very capable of undressing and dressing herself, especially for Physical Education and swimming, although a little help is required with blouses and dresses. She also makes a good attempt at putting on her own gym shoes. Although continent most of the time, Ella occasionally soils herself, which tends to happen when she is engrossed in an activity. However, she is able to take herself to the toilet and attend to herself, and always remembers to wash herself afterwards. She is quite able to wash her hands and face without prompting, but needs assistance with bathing, washing and brushing her hair. Ella can pour liquids from a variety of containers, is very attentive in cookery lessons and concentrates exceptionally well when mixing foods or spreading butter or jam on bread.

Ella is kind and considerate to other children, being quite prepared to hold a child's hand when out walking. She always stays on the pavement although she does need reminding, when crossing a road, to walk and not to run. Her confidence has grown considerably since attending school. She is now able to take the lead in games and is never alone in the classroom at free play or in the playground. She enjoys the company of other girls and responds well to Michelle with whom she has developed a
special friendship. Her good behaviour in the classroom and her helpfulness with others is a joy to see, yet she is quite prepared to tell children off or tell them what to do, and occasionally she has been known to strike out for no apparent reason. Ella's happy nature endears her to her peers.

The Down's Syndrome case study group can be characterised as follows:

1. In general the children do not develop physically in the same way as others. They are short in stature, with thick necks and large waists.

2. Most of the children had problems with gross and fine motoric skills (fastening, shoe laces, zippers...)

3. Down's Syndrome children have to be taught life skills step by step. There is a need for many professionals to help them to improve their self esteem.

4. Some of the children possess problems in sensory functions, e.g. hearing.
CHAPTER 8

Results - Comparison of sample and norms

It is very important and useful to highlight the differences in development between normal children and Down's Syndrome children.

The Arnold Gesell (1956) developmental norms are presented starting at the age of children aged 8 to 16. A partial comparison is presented for ages: 8, 9, 11, 13 and 16 as leading examples. It must be remembered, however, that Gesell norms are more than thirty years old and are not up to date, but they can still give us a basic framework within which to carry out the comparison.

Normal 8 Years olds: Bowel function: There are two groups: one group has bowel function after breakfast and the other after supper and they may now be able to function at school if necessary. On occasions they may have a rapid release.

Bladder function: The children manage by themselves but sometimes they need an occasional reminder before going out, or on a journey. They may have to urinate before or during an unpleasant task.

Washing: The children now wash their hands and face less thoroughly than when they were younger because they are always in a hurry. They do not yet wash spontaneously and need to be reminded, but they insist that mother simply reminds them just by hinting. They can keep their fingernails clean and may be able to cut the nails on one hand. More than half now bath themselves and may even fill their own bathtub; others need help.

Dress and care of clothes: These children can dress without assistance. They are able to choose what they want to wear and may be able to select outdoor clothing suitable for the weather. Some children (mostly girls) can take good care of clothes by hanging them up or piling them on a chair after taking them off. Some take full responsibility for selecting their clothes, hanging them up, putting dirty garments in a hamper and reporting on torn clothing or missing buttons. They no longer allow
mother to lay out clothes, and may insist on selecting their own outer wearing apparel. They keep their shoelaces tied without having to be reminded.

In the group of Down's Syndrome case studies described in the previous chapter we can identify Michelle, 8 year old. She is independent in washing and dressing herself but is lacking in her ability to take any responsibility for her clothes. She does, however, require some support with fine motoric activities, like tying shoe laces.

Normal 9 years: Bowel function: Both the functions of bowel and bladder are well under the child's own control. They have one or two movements a day, usually after breakfast or late in the day. They rarely need to be reminded to go to the bathroom. Bathing: They do not mind having a bath, and do so two or three times a week. They are fairly independent, but like to have an adult around. They still need to be reminded to brush their teeth properly and to wash their hands thoroughly. Dress and care of clothes: They are completely in control of their own clothes do a complete job of dressing. Boys and girls are more interested in doing their own hair.

Louise and Ella are two Down's Syndrome girls, both 9 years old. Louise in general can control her bladder and is almost independent in her washing and cleaning habits, brushing her teeth and undressing. She chooses her own clothes but she needs help with detailed motor activities involving buttons, poppers, shoes and fastenings.

Ella is almost independent in dressing and undressing, but she needs support with complicated items like putting on trousers, or undressing, and being reminded of the necessity to fasten buttons. Even though most of the time she is continent she occasionally soils herself. She is not yet independent in bathing, washing and brushing her hair.

11 Years: Buying Clothes: The children now have much more to say in the choosing of their clothes than when they were younger. They exercise more than they did earlier. Most children accompany their mother to buy the more important
clothes. Girls may go alone to buy less important things, while boys normally want mother to buy for them.

**Daily Selection:** About half of those in our group decide what to wear (except for special occasions), and the other half still ask what they should wear. Children are beginning, if they did not earlier, to have very definite ideas about what they will or will not wear and may refuse to wear clothes they dislike ("If I don't like them I won't wear them, period"). But a few show only a glimmer of this sort of interest, and many prefer old clothes, or would wear clothing in "all colours of the rainbow".

**Care of Clothes:** Interest in care of clothing lags far behind responsibility in buying or selection. These eleven year olds drop their clothes on the floor as they remove them, "just stepping out of them and leaving them", throwing or piling them on a chair, on to the bed or on top of the hamper, and do not hang them up. A few put dirty clothes into the hamper.

Stella is short in stature hence her clothes are too long and do not fit her, as she is fat around the waist. So she has problems in finding an appropriate fashion garment in the shops, which means she has to compromise due to her body limitations.

Sarah is another Down's Syndrome eleven year old. Even though it is not expected that someone of her age is capable of doing motorical activities related to dressing and undressing at this age, Sarah finds it very hard to deal with zippers and buttons. Nevertheless, her foster parents allow her to choose her clothes from normal shops and encourage her to do this but with some supervision. But she has developed her own taste in clothing and she wears what she wants.

**12 Years: - Buying Clothes:** Fewer "argumentative issues" occur than they did earlier, and shopping is a more co-operative venture: "We pick them out together", they say. If real disagreement occurs, mother would probably win, but most work it out together. Each has more respect for the other's taste: "She knows if it's a good thing or not, but I know what the kids wear", the children say. Some respect their
mothers' taste in general, but are stubborn about a few things. At the extremes, some boys still allow mother to do all the shopping, and some girls shop alone, but most prefer to have mother along. The children have a stronger urge than ever before to try clothes on before buying them. The desire to have clothes similar to contemporaries of their own age is at least beginning. Some girls start to strive for glamour, some boys to be "sharp".

Daily Selection: A marked change appears. Most girls and some boys take a great interest in their own appearance - interest in style, fit, "matching" of clothes (although they may be all dressed up and still have a dirty neck!). Many still consult with mother about what they plan to wear, and whether a shirt is clean enough. Girls are generally quite responsible about frequently changing underwear and socks. Boys will often wear dirty clothes as well as clean, old as well as new.

Care of Clothes: Interest in looking nice seldom extends to the care of clothes. Some children take responsibility for putting dirty clothes into the hamper, and a few hang up outdoor clothing, but mostly clothes are just piled on the bed or chair.

13 Years: Buying Clothes: For many, this is the latest age at which mother generally makes the final decision. But on the whole there is good agreement and appreciation of each other's tastes, especially if the mother recognizes the child's need to wear what his/her friends are wearing. More often, shopping goes more smoothly with girls than with boys. Children frequently buy the less important items alone. Some mothers allow the child to go and look around in the shops, and then go along for the final decision. If mother brings things home, it is always "on approval". Girls especially show more specific taste regarding colors, style, and what their friends wear.

Daily Selection: Most select their own clothes for daily wear. Interest in personal appearance increases, some becoming quite narcissistic". Many girls and even some boys are described as "meticulous".
Care of Clothes: Though the extremes range from "Has never hung up one garment in his life, to my knowledge", to "Even presses his own clothes", care of clothes has generally begun, especially with girls who then extend their care of clothes to their bodies as well. Best clothes are usually hung up on hangers, other clothes hang on doorknobs or on the back of a chair. Shoes are still placed under the bed or "right where they took them off". Some are good about selecting clean clothes and putting dirty clothes directly into the laundry, and they may even send some clothes to the dry cleaners.

Vicky a thirteen year old Down's Syndrome girl is very co-operative when changing and is almost autonomous. She suffers from severe problems in communication and from living in an unsupportive home. She has not developed basic skills in choosing clothes, fashion, etc.

Helena, who is in the same age group, dresses independently. She wants to be trendy and likes to dress like others of her age. She is very conscious of how she looks and of being accepted and praised for her appearance.

14 Years: Buying Clothes: Many girls and boys are now allowed to make the final decisions, but nevertheless prefer to have mother along when shopping. In the event of serious disagreements they will try to compromise. More disagreements occur with boys, who may speak of "winning out" or "losing" when they shop together with Mother; and some have their own clothing allowance.

Daily Selection: Both sexes "love" certain clothes, and boys take pleasure in looking "sharp". Girls may have reached the "clean stage", by using cold cream and deodorant. Boys may now be more intent on being careful about shining their shoes, and changing their shirts daily.

Care of Clothes: Many, but not all, hang up their clothes fairly consistently (though not always on hangers - they may all be hung on the same hook). Girls are usually more careful than boys, and some are "fastidious" about care of clothes as well as
about their own appearance. Some show inconsistency by hanging things up one day and not the next, by being alternately "meticulous" and then "sloppy". Many are very careful about the state of their clothes; dirty ones go into the hamper or to the dry cleaners. Some girls take full responsibility for the care of their clothes, and wash out their own underwear and sweaters. Responsibility ranges from a few (including girls) who do not even report tears in their clothing, to a few (including boys) who sew on their own buttons.

**16 Years: Buying Clothes:** Less variation appears. In most cases, mother goes along to advise, but the boy or girl decides ("I buy what I want. She just pays"). A few report, "we both decide". Where this is not the case, some other arrangement about making decisions has been worked out, and few arguments occur. Mother's decision, if asserted, is accepted. For those children who do have trouble with their parent, it is probably because they are the less mature ones. For these children, "clothes buying is not a happy time" and some would just "buy anything to get out of the store". Many have at least a partial clothes allowance, but others are not yet ready for this.

**Daily Selection:** Most make all their own decisions about what to wear, seeking only minor advice. Many show a great interest not only in wearing the "right" clothes, but also clothes which "match and go together", and they take a real pleasure in wearing special articles of clothing. The majority are meticulous about their clothes and their persons, but a minority would actually remain dirty, especially their hands, if not reminded to wash themselves. Boys show a greater difference than girls between the way they look during the day and when they get dressed up.

**Care of Clothes:** In general, clothes are well cared for, sent for cleaning, pressed, and mended. Most youngsters hang clothes neatly on hangers, though exceptions occur, especially among boys. Most are reliable about disposing of dirty clothing.

Abigail and Katrina are both sixteen year old Down’s Syndrome teenagers and are always extremely well dressed and cared for. They enjoy selecting and taking care of
their clothes. Their parents are aware of their needs and wish them to look fashionable and comfortable and Abigail’s mother had considered contacting the College to enquire if students were interested in the challenge of producing young, pretty and fashionable patterns for them.

Preliminary Discussion

a). This process of comparison between normal children and Down’s Syndrome children presents some difficulties relating to the fact that the data is descriptive and variable in its depth. But as was discussed previously, choosing the case study methodology for this research allows for taking into account a variety of real life, social situations without weakening the respondents with a clinical process. This non-formal approach of children and families reflects on the way the data was presented and collected.

b). The differences between groups of children aged 5-10 and 11-18 was apparent. Children who are at primary school age are still in the process of gaining independence in every day life skills and clothing (dressing and undressing, fashion and personal taste) but they still have problems with their fine and gross motoric. Most of the youngsters 11-18 have gained full independence and were encouraged to develop their own taste in fashion.

c). There is a clear difference in the pace and quality of development when we observe the family environment of the child. The children who grew up in a supportive and guiding home tended to become more aware of themselves and their surroundings and therefore developed a relatively advanced attitude towards clothing and fashion. Those who were neglected in the home, or were growing up within an apathetic atmosphere, are still in the basic stages of trying to improve their habits regarding continency, dressing, etc. And in mastering habits of continency and dressing, etc.
d). From the interview questionnaire and information from the case studies, we can observe the influence of a supportive family on a child’s achievements, therefore enhancing his/her chance of developing self-esteem and self-image. Obviously this affects all issues relating to fashion and being trendy.
CHAPTER 9

Presentation and Analysis of Results

A. Conclusions to questionnaire - Clothing for people with Down’s Syndrome

**Question 1 - Occupation:**

<table>
<thead>
<tr>
<th>Family</th>
<th>Occupation</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Mother: Housewife</td>
</tr>
<tr>
<td>2</td>
<td>Family groups, foster parents</td>
</tr>
<tr>
<td>3</td>
<td>Mother: Housewife</td>
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<td>4</td>
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<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mother: Housewife and care</td>
</tr>
<tr>
<td>7</td>
<td>Family groups, foster parents</td>
</tr>
<tr>
<td>8</td>
<td>Mum</td>
</tr>
</tbody>
</table>

The answers to this question were varied, but the majority said they were housewives with no other occupation. Two said they were foster parents and only one mother had a career.

**Question 2 - Do you find that people with Down’s Syndrome have problems with clothing?**

Yes ______  No ______

If "yes", please go further to the following questions.

If "no", please offer a reason why they do not have problems
| Family 1 | Yes |
| Family 2 | Yes and no, the problem with our eldest Down’s child is she wants to be super trendy, but she is great and tends to succeed. |
| Family 3 | Yes. |
| Family 4 | Yes. |
| Family 5 | Yes. |
| Family 6 | Yes. |
| Family 7 | Yes and No. Some do, some don’t. Our youngest Down’s Syndrome child is very thick around her middle and it is difficult to get this size with length to match but this would happen with any over weight child |
| Family 8 | Yes |

There was an overwhelming agreement that parents do have a major problem finding suitable clothing for their children.

**Question 3** - Which period of life do you recognise as being the most difficult with clothing?
Circle the approximate age range: 2-5 6-11 12-16 17-.....

| Family 1 | 6-11 |
| Family 2 | None |
| Family 3 | 6-11 |
| Family 4 | 12-16, 17... |
| Family 5 | 12-16, 17. |
| Family 6 | 12-16 |
| Family 7 | 12-16, 17... |
| Family 8 | 12-16 |
The age group with the most problems is in the 12-17 years category where five out of the eight answers concurred. Only one respondent replied that there were no problems, while two replied that the 6-11 age group was troublesome.

**Question 4** - Which sex do you consider has the most difficulty with clothing?

Males _____ Females _____ Both _____

State what kind of difficulty you think is the biggest problem.

<table>
<thead>
<tr>
<th>Family 1</th>
<th>Females: Down's children are generally short in stature - hence. clothes are too long, e.g. trouser legs, skirt length, also the arms are too long on jumpers cardigans and blouses. Teenage clothes are too slim around the waist for Down's girls.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>Males and Females: As in question 2, thick necks and waists make it difficult to get things to fit well.</td>
</tr>
<tr>
<td>Family 3</td>
<td>Both: Buttons and shoe-lace-type bows, getting clothes the right way round or inside cut.</td>
</tr>
<tr>
<td>Family 4</td>
<td>Fastenings can be awkward as style becomes more important as they get older.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Keeping fashionable with clothes to suit the shape and lifestyle of the young person.</td>
</tr>
<tr>
<td>Family 6</td>
<td>Females: Fasteners e.g. Shoes, waist fastening, shape of clothes - right height are too tight round chest wait and hips.</td>
</tr>
<tr>
<td>Family 7</td>
<td>Both: This will mainly be with the thick neck as shirts and blouses won’t fasten.</td>
</tr>
<tr>
<td>Family 8</td>
<td>Both: Trousers far too long because of their height being shorter than average.</td>
</tr>
</tbody>
</table>
The majority of answers given applied to both boys and girls. The main complaint was that as the children were short and chubby in stature, it was difficult to buy clothes that were in proportion. If the body section of the garment fitted, then it was much too long. Sleeves would also be long. Garments of suitable length would be too tight especially around the waist and chest.

**Question 5** - Do your people with Down's Syndrome dress independently? i.e. self-dress, fastenings, identifying garment features etc.

Yes ________  Sometimes ________  No ________

If "sometimes" or "no", state the kind of difficulty

<table>
<thead>
<tr>
<th>Family 1</th>
<th>Sometimes. Buttons are sometimes too small for stubby fingers and zips are a problem; teenage clothes are too long on the neck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 3</td>
<td>Sometimes. As above. Two legs in one leg of trousers or pants.</td>
</tr>
<tr>
<td>Family 4</td>
<td>Sometimes. Zips button fastenings on skirts and trousers - back fastening on dresses - small buttons on shirts and blouses.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 6</td>
<td>Sometimes.</td>
</tr>
<tr>
<td>Family 7</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 8</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

The answer to this question was more or less evenly split between those children who dressed independently and those who didn't. The main difficulties encountered were mainly concerned with fasteners and zips, and shoes laces.
**Question 6** - Do your people with Down's Syndrome show destructive behavior towards their clothing?

Yes _____  Occasionally _____  No _____

If "occasionally" or "no", state what way this destructiveness takes place.

<table>
<thead>
<tr>
<th>Family</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 1</td>
<td>Occasionally. Legs tend to get tucked up inside skirts and dresses because girls tend to sit cross legged, and the clothes get pulled out of shape. If there are a lot of buttons to undo they tend to get pulled open.</td>
</tr>
<tr>
<td>Family 2</td>
<td>No.</td>
</tr>
<tr>
<td>Family 3</td>
<td>She will pull at buttons to get a garment off after pulling a hole in the garment or breaking the button. Pull at clothes to get them off and sometimes they rip.</td>
</tr>
<tr>
<td>Family 4</td>
<td>No.</td>
</tr>
<tr>
<td>Family 5</td>
<td>No.</td>
</tr>
<tr>
<td>Family 6</td>
<td>No.</td>
</tr>
<tr>
<td>Family 7</td>
<td>No.</td>
</tr>
<tr>
<td>Family 8</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

The general opinion in the answers was that Down's Syndrome children are not destructive, or only occasionally destructive towards their clothes. The damage that usually takes place is mainly to zips breaking or jamming; buttons being pulled off which causes a hole in the garment; clothes tearing when pulled off over the head; and girls who sit with their legs under their skirts catch their feet in the skirt which then pulls the garment out of shape.
**Question 7** - State the general clothing problems which influence fitting and appearance? i.e. styles, proportions, garment features, price?

<table>
<thead>
<tr>
<th>Family 1</th>
<th>We tend to go for trousers for girls as these are easier to shorten, or younger style dresses with plenty of room around the waist. Very well fitted dresses or tight clothes are a problem.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>Price - she wants to be trendy and likes to dress like others of her age - and with not wearing uniform at school this is more so.</td>
</tr>
<tr>
<td>Family 3</td>
<td>My problem is finding clothes to match her age as she is quite small for her age. Also clothes are not able to withstand the rough treatment, so they don't always last as long as they should.</td>
</tr>
<tr>
<td>Family 4</td>
<td>Posture problems need to be played down - no tight fitting clothes.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Style and size.</td>
</tr>
<tr>
<td>Family 6</td>
<td>Clothes of the right height are often too tight round the waist, hips and chest.</td>
</tr>
<tr>
<td>Family 7</td>
<td>Collar sizes are a problem - if collar is big enough the rest is massive - The same with waist size.</td>
</tr>
<tr>
<td>Family 8</td>
<td></td>
</tr>
</tbody>
</table>

**Style**: It is difficult to find styles suitable for particular ages. The children want to be trendy and stylish and to dress as others in their age group.

**Proportions and Garment Features**: As the children are small and chubby, it is difficult to obtain clothes that fit. If the length of the garment is suitable, problems occur with the waist and chest fittings being too tight. Collar sizes can also be difficult as many children have thick necks. Trousers can be shortened, but dresses are usually too narrow in the waist and chest. If the style of a dress is trendy, the waist is usually much too tight.

**Price**: No comments were made regarding price of clothes.
Question 8 - Have you seen any specially made clothes for this group available commercially?

Yes _______ No ________

If "yes", name the shops and types of clothes,

<table>
<thead>
<tr>
<th>Family 1</th>
<th>No. Home made e.g.- knitted jumpers and cardigans or short sleeved items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>No. All the usual shops.</td>
</tr>
<tr>
<td>Family 3</td>
<td>No. Looking around lots of shops for suitably aged clothes that are not to big or making them myself.</td>
</tr>
<tr>
<td>Family 4</td>
<td>No. Picking out from general clothing stores.</td>
</tr>
<tr>
<td>Family 5</td>
<td>No. Generally either through department stores or home made.</td>
</tr>
<tr>
<td>Family 6</td>
<td>No. Looking around shops for suitable clothes in ordinary ranges.</td>
</tr>
<tr>
<td>Family 7</td>
<td>No. Let them choose from all normal shops and alter if necessary.</td>
</tr>
<tr>
<td>Family 8</td>
<td>No.</td>
</tr>
</tbody>
</table>

The almost unanimous answer was that no clothes were available commercially for this group of children. Parents sometimes had clothes made, but it seems that trudging around shops looking for suitable clothes was the only answer. Clothes invariably had to be altered.
**Question 9** - Please suggest the clothes which would be the most practical for everyday use, e.g. trousers, jackets, dresses, etc.

<table>
<thead>
<tr>
<th>Family 1</th>
<th>F: T-shirts and trousers or shorts and T-shirts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>F: Most practical, jeans and shell suits and leggings. She also likes to wear dresses, shoes with a small hole at school.</td>
</tr>
<tr>
<td>Family 3</td>
<td>F: Slip on trousers pop over jumpers or tee shirts. Slip over dress.</td>
</tr>
<tr>
<td>Family 4</td>
<td>F: Pull-on trousers and shirts with as few as possible buttons on tee shirts. Large buttons or zips on coats. Velcro fastening on shoes.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Tracksuits, but these look lumpy. Leggings and tops.</td>
</tr>
<tr>
<td>Family 6</td>
<td>F: Long size sleepsuits, shoes with velcro, trousers, shorts, skirts with elasticated waists. Sweatshirts, tee shirts, jumpers easy to get over the head.</td>
</tr>
<tr>
<td>Family 7</td>
<td>M: Probably track suit type, trousers and sweatshirts or shabby tops. F: one of ours prefers tracksuits and trousers or shorts in summer, she won't wear dresses or skirts.</td>
</tr>
<tr>
<td>Family 8</td>
<td>F: Leggings and tracksuits.</td>
</tr>
</tbody>
</table>

The answers suggested that the main problem lay with obtaining clothes for girls. The clothes most suitable seemed to be: Slip on trousers and shirts with elastic waists and with as few zips and buttons as possible, tracksuits, and shorts. Jeans, shell suits, pop over tops and tee shirts were all found to be suitable. Coats should be fitted with large buttons. Shoes should have low heels and fastened with velcro.

Boys clothing did not seem to give big problems with popular dress consisting of tracksuits, sweat shirts, etc.
**Question 10** - Do you find clothing may affect social adjustment and social integration?

Yes _______   No _______

Please comment further on this aspect.

<table>
<thead>
<tr>
<th>Family 1</th>
<th>No. Probably as the child gets older, as fashions change it is harder to comment on what to expect.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>She is very conscious of being acceptable and praised for her appearance, she is like any other teenager.</td>
</tr>
<tr>
<td>Family 3</td>
<td>If a child looks different because of special clothes. They will not be accepted by other children to start with. It is normal for all children to want to follow current fashion trends. If they are trendy in the clothes they wear it will be easier to accept them.</td>
</tr>
<tr>
<td>Family 4</td>
<td>As a child gets older and aware of what they are wearing, they do not like to be different from others of their age-group.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 6</td>
<td>No. I don’t do much sewing but maybe I could if patterns were available.</td>
</tr>
<tr>
<td>Family 7</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 8</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

The majority of answers confirmed that social adjustment and integration are affected by the type of clothing worn. It is normal for all children to want to follow current fashion trends and if Down’s children look ‘different’ they feel ‘different’ and will not be accepted by others in their age group. If a child blends in, it is much easier for him/her to be accepted. Children like to be complimented on their dress and praised for their appearance. In this way they will know they are like other children. As a child becomes older he/she is more aware of what is being worn and wants to be in ‘the fashion’ with other teenagers.
**Question 11**- Would it be helpful if modified patterns are available?

Yes ________  No ________

If "no", give reasons

<table>
<thead>
<tr>
<th>Family 1</th>
<th>Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 2</td>
<td>No. Not in this case as she is fairly average. Just a little large tummy wise.</td>
</tr>
<tr>
<td>Family 3</td>
<td>Not to me. I can see this might be of help to other parents who are able to sew.</td>
</tr>
<tr>
<td>Family 4</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 5</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 6</td>
<td>No. I don’t do much sewing but maybe I could if patterns were available.</td>
</tr>
<tr>
<td>Family 7</td>
<td>Yes.</td>
</tr>
<tr>
<td>Family 8</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

The majority of answers gave a simple ‘Yes’ to this question. Those who answered ‘No’ qualified it by saying that the child was of average build, and others said that it would be a help if the parent could sew and make from patterns.
**Question 12** - Any further comments would be appreciated.

| Family 1 | The fashion industry is a multi-million pound concern and everyone likes to be “with it”. But alas, certain shapes are not always catered for: short arms, short legs and round bodies. |
| Family 2 | Said it all on other sheet. |
| Family 3 | It is easy to forget how old a child with a low mental age really is. So I feel it is very important to try and dress them to their real age group and help them to feel good about the clothes they wear (i.e. my child loves her shell suit). |
| Family 4 | Jeans seem to be popular but are not easy to take on and off and the fastenings are stiff and awkward. |
| Family 5 | Anything to make my young person look fashionable and comfortable. I have tried to adapt patterns but have not always been successful and have considered contacting the Poly to see if students were interested in the challenge of producing young lively patterns for us. |
| Family 6 | I don’t do much sewing but maybe I could if patterns were available. |
| Family 7 | With having two Down’s children we can see how different they are. It is very difficult to make statements, as personalities do come into it. The main two things were thick necks, and waists - in our experience. |
| Family 8 | A lot of the fashions are loud and flowery, and a Down’s Syndrome who has a tendency to be bone needs bright and cheerful clothes. But not too jazzy at its makes them look out of proportion with their short stature and sometimes weight problems. |

The answers were varied. One important aspect was that it is easy to forget how old a child of low mental age really is. It is important that they be dressed according to their real age group, so that they can feel good about what they wear. It is also important to make the children feel comfortable and fashionable. One point made was that it is a challenge to make lively clothes for these children. Down’s children suit
bright and cheerful clothing but not jazzy; because they are short and chubby quieter clothes suit them better. It is a pity that special patterns are not available. With regard to jeans, they are popular but because of the fastenings and stiffness of the material they were awkward to put on and created a problem.

B. Test 1 - Identifying basic judgement of appropriate clothes within Down's Syndrome children.

The test was an original design based on a questionnaire that included two pictures, one of which was clearly fashionable and the other was quite ridiculous. The children had to choose the fashionable garment between the two pictures (A or B).

This test does not try to convince or show quality of taste, which as we know is a subjective judgment, but this small analysis can direct us to some conclusions.

The size of the group was small but still it gave us some insight into the difficulties of defining the meaning of what is appropriate and what is not suitable to wear. We can assume that some of the children had not yet developed the ability to judge what we define as 'suitable to wear'.

This test was presented personally to all the children from primary and comprehensive age and the findings are presented below in Table I.

Table I: Findings within Down's Syndrome primary school children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Picture A (fashionable clothes)</th>
<th>Picture B (ridiculous clothes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Michelle</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>2. Ella</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>3. Stella</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>4. Sarah</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>5. Shamilla</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>6. Louise</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>7. Zoe</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
It can be seen that the four out of seven of the children in the primary school could not define what is appropriate and suitable to wear.

Table II: Findings within Down's Syndrome comprehensive school children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Picture A (fashionable clothes)</th>
<th>Picture B (ridiculous clothes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Vicky</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>9. Helena</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>10. Lisa</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>11. Abigail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Katerina</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Tina</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>14. Dawn</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

It can be seen that six out of seven of the children in the comprehensive school could define what is appropriate and suitable to wear. When it came to choosing the fashionable clothes, the majority were aware of what clothes were suitable to wear and to look best in.

The results can be presented more clearly in the bar chart below (Figure 1)
Conclusions from Test 1:

After analysing the results of the test, we can identify two clear attitudes towards ridiculous and fashionable clothes.

Most of the children from the primary school chose the ridiculous outfit and most of the comprehensive children chose the fashionable garment.

It should be emphasised that the result does not try to highlight or show quality of taste which is a subjective decision but this test can direct us to some future conclusions.

It should be emphasised that the small sample of the group may raise the question of reliability and validity. There is no absolute guarantee that some of the data source is totally accurate but validation is achieved in view of the apparently subjective nature of this research, and particularly in this case where the educational staff and families recognize its authenticity.

Reliability of the test was balanced against the need for high validity due to the small sample. The research dealing with Down’s Syndrome children demands a flexible attitude toward reliability, thus not pushing to a more homogeneous test.
This approach led to the design of a warm testing environment in order to increase the validity of the childrens’ response.

C. Test 2 - Identifying the ability to sort fashion items into three groups according to functional use.

The aim of this test was to observe and identify the children's capability to sort a fashion picture into 3 categories: clothes for the beach, clothes for a party and clothes for afternoon shopping.

The children were presented individually with seventeen (marked 1-17) pictures in series (one by one). They had to place the picture or explain to which category it belonged.

The findings presented in the table include:

1. Full data of how the children sorted the pictures
2. A calculation of relative score (marked RS) which is a numerical calculation taking into account how many suitable (correct) pictures were chosen by the child in relation to the maximum number of right answers.

An example for Table III:

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
<th>f</th>
<th>g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Beach</td>
<td>The pictures which fit the category: 5, 9, 12</td>
<td>RS</td>
<td>Party</td>
<td>The pictures which fit the category: 3, 6, 7, 10, 11, 13, 15, 17</td>
<td>RS</td>
</tr>
<tr>
<td>2. Ella</td>
<td>1, 2, 3, 5, 8</td>
<td>33</td>
<td>6, 9, 11, 13, 15, 17</td>
<td>63</td>
<td>4, 7, 10, 14, 12, 16</td>
<td>50</td>
</tr>
</tbody>
</table>

explanation (by column):

a - Student name.
b - The pictures that Ella chose to fit the beach category.
c - Relative score. Ella chose only one picture which was right (number five), this answer is one out of three right pictures, so the relative score is thirty three percent.
d - The pictures that Ella chose to fit the party category.
e - Relative score. Ella chose only five pictures which were right (6,11,13,15,17), so this answer consisted of five out of eight right pictures so the relative score is sixty three percent.

f - The pictures that Ella chose to fit the afternoon shopping category.

g - Relative score.

Average per category represents the average number of columns c, e and g.

The findings for Test 2

1. Table III: Findings within Down's Syndrome primary school children.

<table>
<thead>
<tr>
<th>Name</th>
<th>Beach</th>
<th>RS %</th>
<th>Party</th>
<th>RS %</th>
<th>Afternoon shopping</th>
<th>RS %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The pictures which fit the category: 5, 9, 12</td>
<td>0</td>
<td>The pictures which fit the category: 3, 6, 7, 10, 11, 13, 15, 17</td>
<td>0</td>
<td>The pictures which fit the category: 1, 2, 4, 8, 14, 16</td>
<td>0</td>
</tr>
<tr>
<td>1. Michelle</td>
<td>1, 6, 10, 11, 13, 14, 17</td>
<td>0</td>
<td>2, 8, 9, 12,</td>
<td>63</td>
<td>3, 4, 7, 15, 16,</td>
<td>33</td>
</tr>
<tr>
<td>2. Ella</td>
<td>1, 2, 3, 5, 8</td>
<td>33</td>
<td>6, 9, 11, 13, 15, 17</td>
<td>63</td>
<td>4, 7, 10, 14, 12, 16</td>
<td>50</td>
</tr>
<tr>
<td>3. Stella</td>
<td>2, 5, 7, 8, 9, 10, 14, 16, 17</td>
<td>67</td>
<td>11</td>
<td>13</td>
<td>1, 3, 4, 6, 12, 13, 15</td>
<td>33</td>
</tr>
<tr>
<td>4. Sarah</td>
<td>1, 11, 15</td>
<td>0</td>
<td>3, 4, 7, 12, 16,</td>
<td>25</td>
<td>2, 5, 6, 8, 9, 10, 13, 14</td>
<td>50</td>
</tr>
<tr>
<td>5. Shamilla</td>
<td>1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 14, 17</td>
<td>100</td>
<td>13, 15</td>
<td>25</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>6. Louise</td>
<td>1, 3, 5, 12, 14</td>
<td>67</td>
<td>4, 6, 7, 8, 10, 11, 17</td>
<td>63</td>
<td>2, 9, 13, 15, 16</td>
<td>33</td>
</tr>
<tr>
<td>7. Zoe</td>
<td>1, 2, 4, 10, 13,</td>
<td>0</td>
<td>3, 5, 7, 9, 11, 12, 15</td>
<td>50</td>
<td>6, 8, 14, 16, 17</td>
<td>50</td>
</tr>
<tr>
<td>Average per category</td>
<td></td>
<td>38</td>
<td></td>
<td>34</td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>

It can be seen that the majority of the children had difficulty in sorting the pictures. Some children were totally confused in trying to sort out the pictures which belonged to beach/party/afternoon shopping groups.
2. Table IV: Findings within Down's Syndrome comprehensive school students.

<table>
<thead>
<tr>
<th>Name</th>
<th>Beach</th>
<th>RS (%)</th>
<th>Party</th>
<th>RS (%)</th>
<th>Afternoon shopping</th>
<th>RS (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The pictures which fit the category : 5, 9, 12</td>
<td>33</td>
<td>The pictures which fit the category : 3, 6, 7, 10, 11, 13, 15, 17</td>
<td>38</td>
<td>1, 8, 12, 14, 16, 17</td>
<td>67</td>
</tr>
<tr>
<td>8. Vicky</td>
<td>2, 4, 5, 7, 10, 11, 13, 15, 17</td>
<td>67</td>
<td>2, 4, 6, 10, 13, 15, 16, 17</td>
<td>63</td>
<td>3, 7, 8, 9, 11, 14</td>
<td>33</td>
</tr>
<tr>
<td>9. Helena</td>
<td>1, 5, 12, 17</td>
<td>100</td>
<td>3, 6, 7, 8, 10, 17</td>
<td>50</td>
<td>2, 4, 11, 13, 15, 16</td>
<td>50</td>
</tr>
<tr>
<td>10. Lisa</td>
<td>1, 5, 9, 12, 14</td>
<td>67</td>
<td>2, 6, 8, 10, 12, 15, 17</td>
<td>50</td>
<td>3, 4, 7, 11, 13, 16</td>
<td>33</td>
</tr>
<tr>
<td>11. Abigail</td>
<td>1, 5, 9, 14, 17</td>
<td>67</td>
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As we can see the students from the comprehensive group had more success in identifying the pictures, especially those which belonged to the beach group.

The combined results can be presented more clearly in the bar chart below (Figure 2).
Conclusions from Test 2:

As a final conclusion of these comparisons it is shown that pupils with Down's Syndrome had more ability in identifying and sorting as they advanced in age.

They had a better idea of what they liked and what was more appropriate to wear. Some of the pupils from both groups were confused because they did not have the life experience of wearing the type of clothes suitable for the three occasions.
Mentally retarded individuals and many disabled people have non-standard figures, and any limited or slow movement problems could aggravate the effects of their physical deformity. Today the quality of life of disabled people is gradually improving as society not only cares for their physical problems but also for their psychological well-being.

There is a general trend in society to integrate people with special needs into mainstream life. An important aspect of this is to ensure some normality of appearance. Appearance influences social relations, the development of self-image, and the socialization process which leads us to believe that appearance is a salient variable that should be included in the study of mental retardation.

People make consistent judgments of others based on clothing. Clothing affects how individuals are discerned and the resulting behaviour that is directed towards them. Stereotypes of people have emerged based on what they are wearing which also has an effect on how they are perceived on a first impression basis. The association between perceptions of appearance and intelligence may be especially important in generating a more positive social environment.

This positive social environment should encourage a situation where clothing is designed with a view to improving the independence of retarded individuals, which would assist in the promotion of their integration by encouraging them to have a role in the social world, and at the same time reducing the burden on those who take care of them.

The most significant findings in the area of appearance pertain to the effects of stereotyping - or labelling. The meaning of such labels and descriptions were confounded, as it is not possible to clearly separate the effects of labels from those of negative descriptors.
Mental retardation does carry more stigma than other handicaps. People pay attention to attractiveness, and the utility of attractiveness as a factor in decision making (as appropriate consideration or inappropriate bias).

Physical attractiveness stimulates differential expectations toward another person according to the degree of attractiveness perceived. Furthermore, this phenomenon is a consistent social process across numerous social situations. An individual's attractiveness appears to elicit differential social exchanges from others according to one's degree of physical attractiveness.

Physically attractive and unattractive persons are likely to internalize differing social images, self-expectations and interpersonal personality styles. Because of their greater experience with positive social interactions, attractive people will be more likely to manifest confident interpersonal behavior patterns than less attractive individuals.

In our modern culture, we all find our way into the classroom for a significant period of our life. Teachers have been found to build expectations about a child's likely performance based on the child's degree of attractiveness and similarly, physically attractive people receive more favorable social exchanges than physically unattractive persons.

Appearance research in social psychology has established that facial appearance is a determinant of social experience, including school performance, dating, vocational achievement and prognosis in psychological counseling.

The appearance and manner of speech of Down's Syndrome children set them apart from their normal peers, and elicit an expectation of severe retardation from their educators and society at large. There is now evidence that the facial disfigurement itself may interfere with the maternal (and parental) bonding that is so crucial to their stimulation and ultimate performance. The facial stigmata of Down's Syndrome also affect the family's interaction with friends and the community at large, as parents react with hurt and anger to the stares and deprecating comments of strangers, and to the fear and mistrust of neighborhood children.
Deviant appearance is an element in the stigma experienced by persons with Down's Syndrome. Goffman (1963) suggests that the process of stigmatization includes the observer, as well as the person who is deviant.

Children born with Down's Syndrome have numerous congenital defects. They do not attain normal height; their arms, legs, fingers and toes are short; their muscles lack tone or tension and the abdomen tends to be prominent. The face of the child is stigmatised by a large tongue, open mouth, saddle nose and epicanthal folds. Until recently, children with Down's Syndrome could not escape the stigma of their characteristic facial features, which instantly labeled them "retarded" no matter how well they functioned.

Modern techniques in plastic surgery now make it possible to alter the typical mongoloid physiognomy with the aim of facilitating the integration of such patients in the community, improving their speech and reducing the risk of upper respiratory infection.

But there is a difference of opinion as to whether there is enough evidence to support and justify routine cosmetic surgery aimed at ameliorating features like: child development, communicative or independent functioning, social life, behaviour problems or with parental stress, parent-child relationships or quality of family life.

The evidence reviewed by Katz and Kravetz (1989) leads to the conclusions that the one positive benefit of facial plastic surgery is that parents and surgeons believe it improves the speech, intelligibility, and physical attractiveness of people with Down's Syndrome. This belief is not supported by studies using independent observers' assessments of pre- and post-operative speech or attractiveness. Thus, there is no reliable evidence that tongue reduction and restructuring of facial features has any functional benefit. Perhaps the reviewers should also have mentioned the possible complications arising from surgery: both general (e.g. dangers associated with anesthesia) and specific to tongue reduction (e.g. swelling of the tongue that obstructs breathing, excessive bleeding, and nerve damage that impairs motor control of the tongue tip).
Appearance, speech and other observable attributes affect social experience and real life opportunities and facial plastic surgery, particularly in conjunction with other cognitive and therapeutic interventions, may positively enhance these important factors.

There are other aspects concerned with maintaining a healthy self-esteem. Clothing and the reaction elicited from others could be used to enhance self-esteem. Identifying and understanding self-esteem builders such as clothing comfort, may help adolescents, parents and educators find specific methods to inculcate constructive behaviour.

Clothing is an important cue in the formation of perceptions about the wearer. Clothing is a relevant variable in social cognition and the process by which clothing is related to human behaviour may be studied in an advantageous manner from the framework of social cognition. It is to be hoped that viewing clothing and human behaviour from the perspective of social cognition will provide insights that may prove useful to clothing researchers.

Although the usefulness of clothing behaviour variables in the study of many psychological and sociological topics is well documented, clothing and human behaviour as a district research area is in its infancy. As researchers, we have only begun to explore the impact of clothing in social interactions and the influence of the social milieu and the individual on personal clothing selection and behaviour. Clothes are not only a matter of intimate individual concern, and therefore an appropriate subject for serious systematic psychological study, but they involve extensive group reactions rich in meaning for the operation of many of our community institutions and are consequently a topic squarely within the field of the social sciences.

Clothing can be selected to create a desired perception of the wearer and to influence behaviour towards the wearer. The formality, conventionality, neatness and status connotation of clothing can all be used to influence the impression created.
The impression influences behaviour and may thus affect social interactions, job success, business transactions and so on.

The influence of clothing on personal perception is not limited to the average figure or the able bodied. Initial research has shown that clothing can also help offset negative perceptions or stereotypes of individuals based on physical handicaps (Miller, 1982) and obesity. Further research is obviously needed to understand the implications of clothing manipulation on the perceptions of these groups of people.

The interaction between the physical appearance variables on the situational attribution and friendship measures suggest that, indeed, clothing may lessen the impact of physical impairment on some aspects of impression formation. The range of physical impairments that may be so affected remains to be determined; the best type of clothes suitable for the various forms of perceptually salient physical impairments remain to be determined; and the aspects of impression formation that are sensitive to the perceptual salience of stimulus persons also remain to be determined.

Discussions with occupational therapists, special educators and administrators of programs for the mentally retarded suggest that resource materials and professional guidance in clothing and grooming for the mentally retarded are limited. An examination of current literature reveals there is neither a substantive body of research nor much popular literature dealing with the clothing and appearance needs of this group. Interviews with counsellors and educators in special programs and with parents and relatives of mentally retarded individuals also indicate a critical need for expertise in this area. Those who are concerned with the needs of the retarded are generally without this expertise and often are unaware that such expertise exists.

What is clear is that two important factors are omitted from this appearance measure:

i) Characteristics amenable to change (e.g. dress, grooming and cleanliness)

ii) Characteristics that elicit a positive response and facilitate social intercourse (e.g. grace, coordinated movement, and a ready pleasant smile).
The clear power and importance variables are good reasons for their development and use in research.

Children were taken from two different age groups in order to support a developmental comparison. The aspect of age in relation to appearance and clothing should affect the knowledge of what is available in the fashion world and the ability to express taste and fashion judgment.

The children had a combination of complex problems. All the children in the sample are categorized as children with Down's Syndrome and physical disabilities. The group had mixed origins - English and Asian, which highlighted different approaches to the child's education in a socio-economic status that can be assumed to be middle to low. Some of the children were under the care of foster families. Generally, the financial situation of Down's Syndrome people is not ideal, as their income is limited. This imposes financial restrictions on purchases of clothing particularly high fashion garments, leading to the consequences of poor experience and low exposure to social events, such as going to the beach or participating in a party. It is also difficult to follow the rapid changes of fashion trends and, therefore, garments which are comfortable, practical and good fitting for their lifestyle are the most important aspects when selecting styles for them.

Through the interview with the children the whole problem of attitude to clothing was exposed. As it was an individual interaction, motor and communicative obstacles were overcome easily. The outcome of Test 1 shows clear differences between the two age groups. Pupils with Down's Syndrome had more ability to identify and sort out their clothing since they were older. They knew better what they liked and what was more appropriate to wear. Some of the pupils were confused because they did not live near the beach, had no memories of being to the sea and had no experience of what was appropriate to wear there.

In Test 1 (Identifying basic judgment of appropriate clothes within Down's Syndrome children) we can see substantial difference between the young and the older groups. It is clear that the age factor has a great affect on all issues concerning
the development of personal taste, personal life experience and, of course, educational experience which shapes out self grooming.

Further more, when the child is growing up and he/she can be independent, especially in all physical aspects, then the child can invest more effort in developing personal taste and self grooming.

In Test 2, it is evident that supportive families granted their children more experience and greater development opportunities. Therefore, these children achieve a much higher self esteem and a greater level of independence.

Notwithstanding this, it is important to be aware that there is always the possibility that a child who is growing up in a non supporting environment will be forced to become independent and to develop his/her personal taste.

The previous two paragraphs may present a critical approach to the study and further ideas to future research, and in so doing will encourage the adoption of a variety of approaches in developing self grooming in Down's Syndrome children.

In the 'Survey by Questionnaire' it seems that most parents do not cooperate with, or are not involved with, the school staff and the school educational activities. One of the main difficulties the school Principal encountered was lack of commitment by the parents and poor communication with them.

From the questionnaire to the parents we can summarise that most of the problems with clothing occurred with age group 12-17 when the children were maturing and developing.

The main criticism of the parents was that the children had disproportionate body measurements which led to great difficulty in finding suitable clothes in the mainstream fashion retailers.

The general parental opinion was that Down's Syndrome children are not destructive but motor problems can affect the child’s ability to tackle challenges like fastening a zipper or tying shoelaces.

It is important to state that most of the parents who were requested to answer were housewives or foster parents. There was wide agreement between the parents
over the question of the problems concerning clothing for Down’s Syndrome children. The most problematic age was identified as being from 12 to 17.

The clothing issues relate to the consequences of a child’s body size, and the situation where clothes do not fit a normal body structure. Special concern was highlighted in components such as zips and shoelaces and as a result to these difficulties presented by these factors, a child’s clothes need substantial maintenance. The problem is more significant with girls and it should be clarified that all the children in this study were female only.

Down’s Syndrome children become more aware of their appearance as they grow up and they must be encouraged for taking an interest in fashion and design; care and effort should be taken to give them credit for this trait.

The case studies were a complementary part of obtaining a full picture of the children and it will be useful to discuss and evaluate one case from the primary group and another from the comprehensive group.

From the case studies there is a clear conclusion that there is a direct link between a family which is supportive and which is in close relationship with the school, and the attainment of achievements leading to the enhancement of the ability of Down’s Syndrome children to manage an independent life.

Louise, as a participant in the primary group and coming from a supportive and warm house with parents who worked closely with the school, has shown that these advantages enhanced her achievements and progress. On the other hand, we learnt from the case studies that despite the fact that Dawn lived in an unsupportive and a problematic family environment, this unfortunate situation forced her to become independent and one of the most able girls in school.

The case studies gave the researcher a real and a true insight into the lives of the children. The study incorporates some limitation which should be overview and they include this main points:
1. The group included females only.

The sample group identified for the study was made up of females only. Although it would have been preferable to have made the study on a mixed group of boys and girls, nevertheless it is still possible to apply many of results obtained from the girls to boys also.

2. The size of the group was small. It included 14 children but the method by which the data was collected and verified by reference to the educational system, to the parents and students gave the opportunity to trust the results as being real and authentic.

3. The response to the questionnaire was fair. In several cases, there was a lack of data in respect of the children and youngsters home. This was overcome by the Head mistress of the school.

4. The interview with the Principal was aimed at giving an objective picture and was based on his personal view. While accepting the professional integrity of the Principal, the data cannot be fully objective as it was hard to ensure full validity of this resource.

5. There were some communication difficulties with the Down’s Syndrome children and consequently, a flexible approach was adopted at all meetings with the children. This problem is well known one while interacting with Down’s Syndrome children.

Even though every child with difficulties made progress, we must realise that these children, each of them with their own personal problem, are relatively slow in their advancement when compared to normal children of the same age. The data in Chapter 7 clarify the standards for normal children in the age groups under review in this study.

Psychologically, people do not accept the mentally disabled easily - they usually feel strange and nervous when they suddenly meet a mentally handicapped
person. As a result, the social and working life of the disabled is often automatically restricted with motor co-ordination being under-developed and sometimes even stationary.

Keeping up appearances and looking like others can be a most difficult task facing Down's Syndrome when seeking acceptance within the general social scene. Suitable clothing is, therefore, considered very important to Down's Syndrome. It can become a developmental tool if sufficient care and proper training is provided from a young age and this will greatly improve the ability of the younger Down's Syndrome in terms of their movement, co-ordination and independence.

In educational terms there is a challenge to integrate aspects of appearance and clothing into a programme that will include the following measures:

a) A clear programme of study with special care given to personal and social education in the world of fashion, attractiveness and communication

b) Improving the participation of parents in an integrated programme of enhancing self esteem to Down's Syndrome children. Mothers and fathers can share in the development of grooming habits and other family members can help too. Surely fathers can teach the boys how to shave and use the toilet properly and how to clean up after working or playing around the house. Brothers and sisters are good models, and the disabled child will want to emulate them as well. Parents can derive assistance from the schools: a disabled child's education can include lessons in eating, self-dressing, washing, shampooing, combing the hair, personal hygiene, which are all very legitimate educational goals.

c) Exposure to life experiences such as parties, dressing and shopping in a real and natural environment. This teaching technique could prove to be a very valuable educational device, because its rate of success is quite high. It is relatively easy to administer, as the introductions are easy to follow, and the experience of dressing is fun for the participants. The participant experiences a feeling of accomplishment, and is thus self-motivated to work at it. This positive approach to learning assists in the entire educational process.
d) Use of a variety of tools, such as videos and computers to enhance the child’s ability, will encourage his/her judgement and participation in the social and fashion world, and these attributes, together with the importance of looking attractive, will strengthen the child’s independence and quality of life. All children should be allowed to help choose their clothes from their own closet and from the department store. One of the big differences between institutionalized children and children who live at home, is the child’s ability to make choices. To learn to choose what to wear will open the child’s eyes and lead to the concept of alternative solutions; the big and little problems of life require this type of differentiation.

Recommendations for Educators will therefore include:

1. Teachers in early stages of the child development should be aware of the advantages of exposing the children to the issue of clothing and appearance. They should be encouraged to be adept in this basic skill which should incorporate a clear progression and control scheme.

2. Teachers and educators should guide the children in developing their judgment abilities in order to find the suitable clothing for the appropriate occasion. This should be done with reference to real-life situations by simulation in the classroom.

3. It should be useful to simulate or organize social events such as parties and shopping trips in order to improve self confidence in a changing environment.

4. Educators should enhance the capability of Down’s Syndrome children to choose, select and try out different types of materials and accessories.

5. Teachers should try to improve the ability to select the appropriate clothes by criteria. However, this recommendation is suitable only for the post sixteen group.

Social image addresses the following issues among Down’s Syndrome children and can raise further questions for future research:

i) How do they construct pictures of other people? Of themselves?
ii) What do they learn about social events?

iii) How are specific pieces of information integrated into impressions?

iv) Is there a relationship between their status of cognitions and appearance factors?

These issues must be addressed by researchers before social image research can be successfully continued in the field of clothing and human behaviour within the Down’s Syndrome community.

Furthermore, there are several issues related to the measures we developed that need study. They relate to social intercourse of Down’s Syndrome children (e.g. grace, coordinated movement, and a ready pleasant smile). These characteristics may over-ride or even offset the consequences of their physical appearance components.

Can it?

The clear power and importance of appearance variables are good reasons for their development and use in research.

Although the usefulness of clothing behaviour variables in the study of many psychological and sociological topics is well documented, clothing and human behaviour as a distinct research area is in its infancy, especially with retarded children. Researchers have only begun to explore the impact of clothing in social interactions, and the influence of the social milieu and the individual on personal clothing selection and behaviour.

Unfortunately, any concentrated effort on the part of clothing researchers has been stigmatized by a weak theoretical frameworks and unsophisticated methodologies. Researchers must strive to overcome these problems and develop clothing behaviour research into an area of its own, and with strong methodological tools, in order that clothing behaviour as a social-psychological phenomenon will be fully recognized.

Self esteem and the importance of clothing merits further attention and it would be particularly useful to conduct a longitudinal study using this same group of subjects over a period of several years.
There are other aspects concerned with maintaining a healthy self-esteem. Identifying and understanding self-esteem builders such as clothing comfort, may help adolescents, parents and educators find specific methods to inculcate constructive behaviours.

Further research should take place in the following respects:

1. The idea of developing a special life skill program for Down's Syndrome children.

2. The idea of a special program for parents to support and guide the development of their children relating especially to their social needs.

3. The use of a community centre as a magnet tool for integration and experience in socialising and participating in the local community.

4. Comparative studies between groups from different countries, different age groups and gender on a much bigger scale.

5. Experiential opportunities to enhance self grooming awareness in the school, home and the community.

The findings of this study lead to the conclusion that dress styles can indeed communicate something about a person's status, and influence how the wearer is perceived. However, different styles of clothing need not necessarily lead to different behaviour towards the wearer in a situation where the wearer's status is otherwise identifiable. People may be aware that clothing affects how they appear to others, but they consider a number of other factors as equally important in deciding what clothing to wear. The extent to which these conclusions must be specifically investigated would be an interesting question for future study.

The most important achievement for an exceptional child is to learn to enjoy the feeling of looking attractive. New attributes mean nothing if the other children do not want to sit beside the exceptional child. Social and vocational success depends
upon the ability to be, if not attractive, at least not "depressing and dowdy" to other people.

Families with exceptional children, educational establishments and even the greater community have two important jobs: to keep the child well dressed and groomed, and to help the child to learn how to dress and groom for him or herself. That latter can often be much tougher, but it can provide a bridge to a better future of integrating Down's Syndrome children and adults into our modern and competitive society.
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Appendices

INTERVIEW QUESTIONNAIRE - Clothing for People with Down's Syndrome

The objectives of this survey are to study the clothing needs for the Down's Syndrome group. Answers will be used to evaluate the feasibility of the project.

1. Occupation: 

2. Do you find that people with Down's Syndrome have problems with clothing?

   Yes _____   No _____

   If "yes", please go further to the following questions.
   If "no", please offer a reason why they do not have problems

3. Which period of life do you recognised as having the most difficulty with clothing?

   Circle the approximate age range:  2-5   6-11   12-16   17-.....

4. Which do you consider have most difficult with clothing?

   Males _____   Females _____   Both _____

   State what kind of difficulty you think is the biggest problem.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Do your people with Down's Syndrome dress independently? i.e. self-dress fastenings, identifying garment features etc.
   
   Yes ________   Sometimes ________   No ________
   
   If "sometimes" or "no", state the kind of difficulty:
   ______________________________________________________
   ______________________________________________________

6. Do your people with Down's Syndrome show destructive behavior towards their clothing?
   
   Yes ________   Occasionally ________   No ________
   
   If "occasionally" or "no", state what way this destructiveness takes place.
   ______________________________________________________
   ______________________________________________________

7. State the general clothing problems which influence fitting and appearance?
   i.e. styles, proportions, garment features, price?
   
   ______________________________________________________
   ______________________________________________________

8. Have you seen any specially made clothes for this group available commercially?
   
   Yes ________   No ________
   
   If "yes", name the shops and types of clothes,
   
   Shops
   ______________________________________________________
   ____________________________
   Types of garments:
   ______________________________________________________
If "no", state the usual way of procuring clothes for the children or young people

________________________________________________________________________

________________________________________________________________________

9. Please suggest the clothes which would be the most practical for every-day use, e.g. trousers, jackets, dresses, etc.

Males:

________________________________________________________________________

________________________________________________________________________

Females:

________________________________________________________________________

________________________________________________________________________

10. Do you find clothing may affect social adjustment and social integration?

Yes ______ No _______

Please comment further on this aspect

________________________________________________________________________

________________________________________________________________________

11. Would it be helpful if modified patterns are available?

Yes ______ No _______

If "no", give reasons

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
12. Any further comments would be appreciated


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