***Invited Paper
Review***

**A Veteran Worker Urges Renewed Research on
Personality Factors in Mental Retardation**

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The scientific study of behavioral aspects of mental retardation has lost vitality, overshadowed by exciting advances in medical, biochemical, and genetic fields. At the same time, the care and education of persons with mental retardation, once provided in sheltered environments, now takes place in “inclusive” classrooms and mainstream society. The adjustment, or maladjustment, of individuals with mild retardation to the everyday world depends more on motivational and personality factors than on IQ scores or biogenetic explanations. Expanded research on personality factors therefore holds promise to inform treatment regimens that foster social adaptation in individuals with mental retardation.

Key Words: mental retardation, personality development, motivation, special education settings

In these pages, I will share my impressions on the course the field of mental retardation has taken over my 40 years of work in this area. While I want to focus on the direction the science has followed, it must be understood that science is not an isolated enterprise. Over the years, I have observed the whims of history as they have affected the discipline. Looking back, I see that many of the issues and purported solutions emphasized at any particular time represent the swinging of the historical pendulum. The path and speed of the pendulum are directed not only by knowledge derived from the latest scientific research, but also by political, economic, and social forces that have little to do with mental retardation but have a profound impact on our approach to it.

From a modern vantage point, the pendulum was launched during the mid-19th century when physicians such as Samuel Howe and Edouard Seguin attempted to treat people with mental retardation with dignity and compassion. Their efforts led to the rise of the residential institution, designed to provide retarded children and adults with education, humane treatment, and understanding in a place where they were valued and could succeed. The gesture that they should be treated “normally” progressed to the thought that they could become “normal.” These hopes were

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E. Zigler

dashed when, despite society's best efforts, individuals with mental retardation did not become smarter and succeed independently outside of the institutional cocoon. The treatment of people with retardation then entered its dark age. Institutions became human warehouses where residents were hidden, neglected, and forgotten.

Parents of children with mental retardation did not forget, however, and they fought for decent care. In the United States, their major victory came in 1975 with the passage of a law now called the Individuals with Disabilities Education Act. The law guaranteed children with intellectual and other disabilities a "free appropriate education" in the "least restrictive environment" and gave parents legal avenues to assure that their children's special needs were met. Today, advocates around the world are fighting for—and winning—the rights of individuals with disabilities to be fully included in the mainstream of society.

The science of mental retardation did not lead these changes but merely tagged along. Its growth as a science was, if anything, stymied by the moral and ideological battles surrounding the "normalization" movement. No one wanted to be on the "wrong side" in those battles. For example, in the United States, the proponents were groups of angry parents whose children were denied schooling, joined by public officials sympathetic to minorities and other disadvantaged citizens they believed were victims of segregation, prejudice, and denial of equal opportunities (Trent, 1994). The advocates' position was based on civil rights and constitutional guarantees, and they defended it in the courts and halls of government. Scientists were not invited into the process. In fact, "the validity of the methods and findings of behavioral science [was outwardly] rejected from the standpoint of an intellectual movement" (Jacobson & Mulick, 1996a, p. 3).

As the battle for public education for children with mental retardation gained publicity and popular support, many scientists hopped on the bandwagon. Their endorsements gave the movement a degree of scientific credibility that it did not really deserve. A telling illustration is the push for deinstitutionalization that quickly gained momentum in the 1970s. Professionals lined up behind this slogan although they had no evidence at all that this practice was of any benefit. Their enthusiasm drowned out their few colleagues who were saying that research was needed to determine if the change would do more good than harm and that institutions should remain in place until the findings were in (Zigler, 1978). So institutions have all but disappeared, but there is no proof that successors like group homes are any better and some that they are just as bad or worse (Zigler, Hodapp, & Edison, 1990). We do know that deinstitutionalization of Americans who suffer mental illness has had far-reaching, deleterious effects (Fuchs & Fuchs, 1995).

How did policies and practice in mental retardation drift so far from their foundations in knowledge (Paul & Rosselli-Kostoryz, 1997)? For one, best practices have been determined by slogans and the loudest voices rather than by sound developmental principles; secondly, the current focus is on input, on where and what services are delivered, rather than on output, on how much progress individuals with disabilities actually make under the new system (MacMillan, Semmel, & Gerber,

Personality Factors in Mental Retardation

1995). The science of mental retardation could be of great help in this area—at least it could have been before the discipline slipped toward “deprofessionalization,” and the “elucidation of cognitive, affective, and behavioral functioning of people with MR [was] largely discarded” (Jacobson & Mulick, 1996a, p. 3).

The “Golden Age” of Research

I entered the fray shortly before research became irrelevant. There actually was a good deal of research being conducted, much of it focused on the intellectual deficits of mental retardation. In fact, when I began my career, there was a clear tendency in the scientific literature to attribute *all* of the atypical behavior of people with mental retardation to cognitive deficiency. Some of the more sophisticated theoretical efforts attempted to connect behaviors commonly observed in individuals with retardation to specific hypothesized defects in the cognitive system. For example, ideas were put forth that people with mental retardation suffer from a relative impermeability of the boundaries between regions in the cognitive structure, primary and secondary rigidity caused by subcortical and cortical malformations, inadequate neural satiation, impaired attention-directing mechanisms, or a dissociation between the verbal and motor systems.

I have long taken an adversarial stance toward the need to invoke such concepts when explaining differences in behavior between people with mild retardation and those of average intelligence (e. g., Zigler, 1967). However, I have also gone on record to defend these theoretical formulations as valuable in that they began to lead us away from a global approach toward a more fine-grained analysis of the cognitive processes of all individuals. Thus, my contentions aside, the concepts on this list represent some of the most important theoretical efforts in the history of mental retardation research.

These concepts also comprise one side of the developmental versus difference controversy over the nature of mental retardation, about which I have written at length (Zigler, 1969; Zigler & Balla, 1982; Zigler & Hodapp, 1986). Difference theorists contend that all mental retardation stems from underlying organic dysfunctions that result in specific deficits in cognitive functioning and atypical cognitive development. Developmental theorists believe that this description applies only to individuals whose retardation is caused by organic impairments. Individuals with cultural-familial retardation are seen as those in the lower portion of the normal distribution of intelligence. They therefore follow the same overall pattern of development as individuals without cognitive disabilities, but they progress at a slower rate and ultimately attain a lower asymptote of cognitive functioning.

My point here is not to pick the winner of this long-standing controversy. I list some of the difference positions only to show how much theoretical and empirical energy was devoted to understanding the cognitive shortcomings of persons with retardation. As the list of hypothesized cognitive deficiencies grew over the years, it became common to explain any differences in behavior between individuals with and

E. Zigler

without retardation by selecting one defect or another that appeared relevant. While the “defectologists” thought they were on the right track, this fixation prevented us from coming to grips with the real complexities of our subject matter.

The complexities arise from a fact overlooked in the cognitive hypotheses: Few behaviors are purely cognitive in origin. While the analogy is far from perfect, it should be noted that, as a group, children of lower socioeconomic status (SES) have lower IQs than middle-SES children. However, when differences in their behavior are found, IQ is but one of many factors considered in explaining them. Workers look closely at the children’s social environments, educational histories, the child-rearing practices used in their homes, and the attitudes, motives, goals, and experiences that they bring to the assessment situation. In contrast, when we deal with children with mental retardation, we seem to assume that their cognitive deficiency is such a pervasive determinant of their total functioning as to make them impervious to influences known to affect the behavior of everyone else.

This assumption is obvious in the research paradigm favored in the early decades of empirical work in mental retardation. Many studies employed comparisons of children with cultural-familial retardation who lived in institutions, many of whom were from the lowest SES, with middle-SES children of average intelligence who resided at home. These groups differed not only in respect to the quality of their cognitive functioning as defined by IQ, but also in respect to their total life histories and their current social-psychological interactions. Although individuals with mental retardation are generally no longer institutionalized, they are still subjected to relatively more social deprivation and rejection than are those without retardation. Modern scientists are ready—even anxious—to invoke these experiences in explaining the behavior of children from lower-income families. Yet, in the case of individuals with retardation, we still rely so heavily on their cognitive deficiencies that we tend to ignore environmental events known to be central in the genesis of personality in other human beings.

In defense of workers who employed this paradigm, it could be argued that one need not be very sensitive to motivational or personality differences between groups compared on tasks thought to be essentially cognitive in nature. In my opinion, such an argument is erroneous. Although it is true that the effects of particular motivational and emotional factors will vary as a function of the particular task employed, performance on no task can be considered the inexorable product of cognitive functioning, totally uninfluenced by other systems. Evidence in support of this point can be found in numerous studies that employed “cognitive” measures but found differences in performance to be associated with social class in IQ-matched individuals without mental retardation, and related to institutional status in IQ-matched individuals with retardation. Such findings lead me to reject the often implicitly held view that the cognitive deficiencies of individuals with retardation are so ubiquitous in their effects that we may safely ignore personality variables which also distinguish them from comparison groups who do not have mental retardation. This strikes me as little more than a reaffirmation of a sound experimental dictum:

Personality Factors in Mental Retardation

You cannot safely attribute a difference in performance on a dependent variable to a known difference in subject characteristics (e.g., IQ) if the populations also differ on other factors which could reasonably affect, or have been demonstrated to affect, performance on the dependent measure.

The overly cognitive-deterministic approach to the behavior of people with mental retardation stems from more than the implicit or explicit assumptions criticized here. It is also the result of the relative absence of sound empirical work dealing with personality factors in the behavior of individuals with retardation. Had such a body of work developed over the years, it could have moderated the narrow cognitive orientation that for a time slowed progress in our understanding of mental retardation.

Personality Development

Not only has relatively little work been done on the development and structure of personality in individuals with mental retardation, but many of the views advanced have been inadequate and, in some instances, patently ridiculous. For example, in the early part of this century, a common opinion was that individuals of retarded intellect were essentially immoral, degenerate, and depraved. Some thinkers carried this deficit approach to the extreme, arguing that persons with retardation represent a subspecies of less than human organisms. Not until the battle that led to the mainstreaming movement did the realization spread that individuals with mental retardation are fully human.

As in any random group of humans, people with retardation are shy and gregarious, timid and outgoing, serious and frivolous. This great heterogeneity in personality makes it unlikely that a particular set of personality traits is an invariable feature of low intelligence. It seems more parsimonious to me to view the development of personality in individuals with mental retardation as no different in nature than the development of personality in other individuals.

Once we accept such a view, we can turn our attention away from personality traits thought to manifest themselves as a consequence of intellectual retardation and toward those particular experiences in the socialization process which give rise to the emotional and motivational features that constitute the personality structure. When we shift orientation in this way, we allow ourselves to discover that the personality of an individual with mental retardation will be like that of someone who is not retarded in those instances where the two have had similar socialization histories. We might also expect differences to the extent that their socialization histories differ. This is not to deny the influence of innate differences in temperament and personality style that contribute to individuality. These innate elements alone speak against some personality pattern supposedly unique to mental retardation and shared by everyone whose intellectual features led us to label them as retarded. By appreciating the contributions of both nature and nurture, we can begin to look for the source of variations in personality functioning between groups of individuals who are and are not

E. Zigler

retarded, as well as intragroup variation—a search that will be far more productive than one confined to stereotypes and IQ scores.

If the process of personality development is the same regardless of IQ level, how do we explain the common finding of stylistic differences between groups of children with mental retardation and middle-SES children who are not retarded? This finding does not contradict my thesis at all if we remember that many children with retardation have had very depriving and atypical social histories. However, we must keep in mind that their backgrounds, and the extent to which they are atypical, may vary from one child to the next. Two sets of parents who are themselves retarded may provide quite different rearing environments for their children. At one extreme, we may find a child with retardation who is ultimately removed from the home, not because of low intelligence, but because the home presents an especially poor environment. At the other extreme, parents who are retarded may provide their children with a relatively ordinary home even though it might differ in certain important respects—values, goals, attitudes, and opportunities for learning—from a home in which the family is of average or superior intelligence.

In the first example, the child not only experiences a quite different socialization history while still living at home, but also differs from the child in the second situation to the extent that residential placement has its own effects on personality. Add a third child who is not retarded and lives with parents of average intelligence and economic means. The difference in life experiences between child one and child three is enormous. Yet much of our knowledge about personality features in mental retardation was derived from just such a comparison. One cannot help but wonder how many of the differences discovered reflected the effects of institutionalization, the factors that led to the child's institutionalization, or some complex interaction between these factors, rather than some purely cognitive aspect of mental retardation.

To add even more complexity, the socialization histories of many persons with cultural-familial retardation differ markedly from the histories of individuals with retardation who are organically impaired. Those with organic etiologies do not show the same gross differences from the general population in the frequency of good vs. poor family environments. They do differ, however, from those with cultural-familial retardation and those without retardation in their pattern of cognitive development. Because of genes, biochemistry, or environmental insult, their cognitive apparatus is damaged and/or its functioning impaired. Their intellectual performance, therefore, has operating features that deviate from the norm. Years ago, I proposed a two-group approach to mental retardation in which cultural-familial retardation is conceptualized as the lower part of the normal distribution of intelligence (Zigler, 1967). Thus, the same rules that govern normal development still apply. Individuals who have organic etiologies have their own distribution located to the left of the normal curve, with a small amount of overlap. Their cognitive development follows different rules imposed by the particular type of damage their neural systems suffered.

Amazing advances in medical research have now pinpointed many types of damage and their results in behavior and development (see Dykens, 1999; Penning-

Personality Factors in Mental Retardation

ton & Bennetto, 1998). However, these leaps in science have not uncovered any new explanations for cultural-familial retardation, supporting my belief that these individuals received a genetic draw that places them at the lower end of the normal IQ distribution—which, by definition, must have a low end as well as a high end.

I believe that we should conceptualize persons with mental retardation as essentially rational human beings, responding to environmental events in much the same way as other individuals. Then (unless science eventually proves otherwise), we can allow our knowledge of human personality development to give direction to our efforts. This does not mean that we can ignore the importance of lowered intelligence per se, since personality traits and behavior patterns do not develop in a vacuum. However, many features of personality can arise from environmental factors that have little or nothing to do with intellectual endowment. For example, the effects of residential placement may be constant regardless of the person's intelligence level. In other instances, we must think in terms of an interaction; that is, given a lowered intellectual ability, a person will have certain experiences and develop certain behavior patterns different from those of a person with higher intelligence. An obvious example is the greater amount of failure that individuals with retardation typically experience. Again, though, what must be emphasized is that the behavior pattern developed as a result of this history may not differ in kind or ontogenesis from that developed by individuals without mental retardation who, by some environmental circumstance, also experience an inordinate amount of failure. By the same token, we can expect the behavior of persons with retardation who are treated to a more typical history of success to be more typical, independent of their intellectual level.

This last statement, alluding to changes in behavior through the manipulation of the experiences that affect motivation, prompts me to raise a note of caution. Some knowledgeable workers (Milgram, 1969; Zeaman, 1968) have attributed to me a motivational theory of mental retardation. This is an error. I have never asserted that motivation is responsible for the deficiency in retarded functioning. Rather, I consider the essential difference between individuals with and without mental retardation to be cognitive. No amount of change in the motivational structure of persons with retardation will make them intellectually average, when intelligence is defined in terms of formal cognitive processes. However, we can speak of improving the performance of an individual with mental retardation on a task through the manipulation of motivational factors, to the extent that performance on that task is influenced by more than the cognitive demands it poses.

This point is especially crucial when we consider the everyday social competence of people with mental retardation. Even a complete overhaul of the motivational structure will not make it possible for them to become rocket scientists. However, adjustments in motivation may make the difference between successful and unsuccessful employment at an occupation that has cognitive demands within the limits of their cognitive ability. My point is that a concern with motivational factors holds no promise of a dramatic cure for mental retardation, defined in terms of its essential cognitive foundation. A motivational approach does hold promise of informing us

E. Zigler

how to help people with mental retardation to utilize their intellectual capacity optimally. Although not terribly dramatic, this goal is at least realistic and, with qualified teaching, achievable.

The Yale Group's Work on Motivation

Over the years, my colleagues and I at Yale University have attempted to delineate a number of motivational variables not necessarily unique to persons with retardation, but ones commonly observed in their behavior as a group. We gathered evidence to demonstrate that the performance of persons with retardation, which many attributed to cognitive shortcomings, is often related to particular motives. We also tried to discover the experiences that give rise to certain motives, attitudes, and styles of problem solving, and how variation in these experiences leads to variation in the personality features of all individuals. This body of work is described in detail in Zigler (2001) and Zigler and Bennett-Gates (1999).

The specific motivational features we focused on include outerdirectedness, which is the tendency of people with retardation to look for cues to action from the environment rather than rely on their own abilities. Another is a heightened motivation for social reinforcement often accompanied by a wariness of adults (positive- and negative-reaction tendencies), both of which arise from deprivation of positive social experiences. We also looked at fear of failure and low expectancy of success as drivers of poor performance even when the task is within the person's capabilities. Finally, we examined the strength of various reinforcers, including mastery motivation (the drive emanating from being correct for its own sake rather than for some external reward). We found that all of these motivational traits were linked to experiential histories as well as to changes in developmental level.

The EZ-Personality Questionnaire

To be fair, part of the reason why the relation between personality-motivational factors and performance in individuals with retardation has not been examined more thoroughly has to do with measurement difficulties. There simply was no standardized instrument to assess the personality traits common in individuals with mental retardation. Our group at Yale used individual experimental tasks to gauge separately each of the motivational factors discussed above. Although the face validity of the tasks has been demonstrated, it is clear that they are not pure measures of the constructs they are thought to operationalize, nor would it be feasible to administer all of them to derive personality profiles for scientific or clinical use.

In recent years, we have been working to develop an instrument to measure personality functioning in individuals with mental retardation—the EZ-Yale Personality Questionnaire, or EZPQ (Zigler, Bennett-Gates, & Hodapp, 1999). The 37-item, seven-scale instrument has been found to have good internal reliability, temporal stability, and concurrent validity with the samples employed. Factor analyses of EZPQ scores both confirm and refine the original hypothesized constructs of outer-

Personality Factors in Mental Retardation

directedness, expectancy of success, effectance motivation, positive-reaction tendency, and negative-reaction tendency. The two additional constructs we found, obedience and curiosity/creativity, represent refinements in the conceptualization of outerdirectedness and effectance motivation, respectively. In addition to the separate scores, total scores from the EZPQ have accurately predicted whether an individual is functioning in the range of retarded or nonretarded intelligence.

The next steps in the development of the EZPQ involve broadening the standardization sample and delineating the measure's utility for researchers, educators, and therapists. Thus far, our samples have been limited to individuals with mental retardation who have no identified organic etiology. The factor structure of the EZPQ should be examined using samples of individuals with biological bases for their impairments. Because some of the constructs tapped by the measure have been found to show a developmental progression (e.g., outerdirectedness), age norms should be established.

The advantage of being able to assess functioning on several dimensions of personality, the ease of administration, and the psychometric properties of the EZPQ should facilitate not only research but treatment practices. In applied settings, the EZPQ can eventually be used to screen for maladaptive behaviors so that clinicians and educators can plan interventions. The measure can also be used pre- and post-intervention to assess attainment of behavioral objectives. Once refined, it is hoped the EZPQ will yield a better understanding of the relation between personality and both adaptive and cognitive functioning in individuals with mental retardation and will be a useful guide in treatment regimens.

Relevance in Today's World

Our contributions to the understanding of personality functioning in mental retardation began at a time when care and treatment practices were radically different than they are today. Many of the participants in our (and others') research resided in institutions where they experienced much more social deprivation than later generations of individuals with mental retardation, most of whom reside in the community. Yet many of the personality features we identified were not peculiar to institutional residents but were also observed to some extent in our noninstitutional groups. Traits such as low expectancy of success, fear of failure, need for social reinforcement, outerdirectedness, and overdependency were often found to affect research participants with mental retardation regardless of where they lived. This is not really surprising because people of low intelligence undoubtedly fail more, rely more on other adults to help them, and experience social rejection more than people with greater intellectual endowment. This is as true today as it was when institutions were common. In fact, now that children with mental retardation are exposed more to peers without retardation in mainstreamed or fully inclusive classrooms, their shortcomings may be more obvious and the effects on motivation more pronounced. This is an empirical question that unfortunately has not been given the serious attention that it—and the children affected—deserve.

E. Zigler

Nor does the demise of the residential institution erase the relevance of social deprivation to the behavior of individuals with retardation. Even though our ability to identify specific causes of mental retardation has become highly sophisticated over the years, about half of those labeled as retarded are still classified as having a “subcultural” or cultural-familial etiology (Simonoff, Bolton, & Rutter, 1998; Zigler & Hodapp, 1986). This type of retardation is most common in the lower SES, which can be a more socially depriving environment than that available in wealthier surroundings. Thus, social deprivation can still be a driving factor in the performance and personality development of many individuals with mental retardation.

Our findings concerning treatment settings can conceptually be extended to children with mental retardation who are affected by the current practices of mainstreaming and inclusion. In our work on institutionalization, we entertained two assumptions that retain their relevance in today’s climate. The first is that institutions [or special or inclusive classes] differ among themselves in the effects they have on children who come to them for care. The second is that the same institution [or special or inclusive class] may affect children differently depending upon the child’s personality dynamics, which may have been determined long before the child arrived in the setting. In other words, just as we found the effects of institutions to be mediated by the child’s unique personality and set of experiences, so too would we expect the effects of some type of public setting to vary among children who arrive there. And just as we found differences between institutions A and B, there are also going to be differences between inclusive classrooms A and B. Type of setting simply does not tell us much about the socioemotional environment provided there.

Researchers can make a grand contribution to the field of special education by picking up where earlier research on personality variables in mental retardation left off. By studying the person-environment interaction, we can come to understand the positive and—dare I say—negative aspects of various degrees of inclusion on children whose social histories may have skewed their motivational approaches. To encourage this work, I offer the experiences of my colleagues and I when we made the politically incorrect discovery that not all institutions for people with mental retardation were bad in themselves or for the residents. While we were not reprehended or ostracized, what happened may actually have been worse. In the wake of the anti-institution bandwagon, we were ignored.

Since that time, the serious study of personality features in mental retardation has dwindled. An exception is the increased attention to psychiatric disorders and dual diagnosis in the clinical literature (Dykens, 1998). Perhaps the importance of this type of work was overshadowed by the exciting advances that have occurred in biogenetic and biochemical fields. A review of the mental retardation literature since 1975 revealed that the number of studies published each year (about 1,000) remained relatively constant (King, State, Shah, Davanzo, & Dykens, 1997). The focus, however, shifted. In the last decade proportionately more work was conducted in the areas of diagnosis, classification, epidemiology, and genetics than in psychology, etiology, or rehabilitation. I have no complaints with the interest in the nonpsy-

Personality Factors in Mental Retardation

chological features of mental retardation. My complaint is that, like the narrow interest in cognitive deficiencies in earlier years, the rest of the person is being ignored. Yet that person still has a personality—a complex array of motivational and emotional features that permeate his or her everyday functioning. And unlike the categorical issues or genetic properties, these are features we can work with to help that functioning be more adaptive.

Personality Factors and Everyday Adjustment

The research agenda I began some 40 years ago centered on the systematic evaluation of experiential, motivational, and personality factors in the behavior of persons with mental retardation. I believed then, and I still believe, that an understanding of these noncognitive domains can provide a better understanding of the socialization process in individuals with mental retardation. I emphasize socialization for a simple but potent reason: While most environmental manipulations designed to improve cognitive functioning in people with retardation have been relatively unsuccessful (Spitz, 1986; Zigler, 1988), there is proof that some motivational and personality factors relevant to social adjustment or maladjustment can be modified. Thus, the area of motivation is where we can do the most good in helping persons with mental retardation to be effective in their everyday lives.

Everyday effectiveness has risen in importance since the days when persons with mental retardation had access to sheltered environments. Today they reside in the mainstream society, so social adaptation has become the goal of education and treatment practices. In fact, “adaptive behavior” is now part of most official definitions of mental retardation. Yet the specific personality factors relating to adjustment have still not been adequately studied. The research program I undertook was only a small step in this direction. We tried to isolate motivational factors underlying the behavior of individuals with mental retardation and to discover the particular experiences which give rise to them. Although we made some progress, we never got to the point where we could study the psychological processes and motive states in combination rather than in isolation. This left us far from achieving the stage where we could propose changes in treatment practices that could promote healthy personality and hence healthy adaptation.

This brings me to the topic of applied research, which, when I started out, was an unthinkable use of the talents of basic researchers such as myself. Yet even then I found myself pondering the words of Davies (1959) when he stated, “The constructive efforts of (community) agencies are especially directed toward those elements of personality which have been shown not to be fixed, which are susceptible to improvement, and which are more decisive factors in socialization than intelligence alone” (p. 216). After reading his discussion of these rehabilitative efforts, it seemed to me that much of this work was being carried out without much scientific evidence to support it. Regrettably, the situation is little changed today. Children with mental retardation are in public schools and adults with retardation are in the neighborhood and

E. Zigler

workplace, and we still do not know enough about their personality dynamics to help in their adjustment. Although interpersonal and social skills are vital to that adjustment, these personality traits have been de-emphasized in favor of “increasing emphasis on the achievements of valued lifestyle outcomes” (Jacobson & Mulick, 1996b, p. 213). It is small wonder that, in the absence of sound information, policy decisions about the care and education of people with mental retardation are based on little more than vague generalizations, stereotypes, and political ideologies.

The psychological science of mental retardation, I am afraid, has itself become an ideology, detached from its roots in science as the quest for knowledge. This is not the case with other aspects of empirical work in the field, especially biochemical and genetic studies, which have produced some impressive results. Using modern empirical techniques and analytic methods, social scientists too can build a knowledge base and use it to enhance treatment practices and to enlighten social policies. To embark on this empirical voyage, we need once again to view the individual with mental retardation as a whole person—one with a past and a present that are brought to whatever setting or intervention is provided and combine with it to influence that person’s future.

Author’s Note

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Personality Factors in Mental Retardation

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