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Needs of Parents of Mentally Retarded Children

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2. An understanding heart, the rare gift bestowed upon those who can look at a parent sitting across the desk and believe that "But for the grace of God, there sit I."...

3. Professional persons who have the wisdom to save all symptoms of professional jealousy to bestow on their colleagues rather than letting it leak out on the parents—it's most confusing to us!

In conclusion, may we leave you with the thought that even though we as parents of retarded children are faced with a multitude of problems, many unanswerable questions and a great deal of grief, yet we *do* have our compensations. During the past seven years as a volunteer member of the National Association for Retarded Children, Virginia Association for Retarded Children and my own local chapter it has been my privilege to have talked with hundreds of parents of retarded children.

One of the favorite themes which permeates our conversation is how much our children have meant to us. This thought runs like a bright golden thread through the dark tapestry of our sorrow. We learn so much from our children, retarded children are wonderful teachers if we are not too proud to learn from them and the grief of parents leaves little room for pride. We learn so much in patience, in humility, in gratitude for other blessings we had accepted before as a matter of course; so much in tolerance; so much in faith—believing and trusting where we cannot see; so much in compassion for our fellowman; and yes, even so much in wisdom about the eternal values of life because deep agony of spirit is the one thing which can turn us from the superficialities of life to those things that really matter.

We also gain much in developing a strange kind of courage which enables us to face life without cringing because in one sense we have borne the ultimate that life has to offer in sorrow and pain.

Where, in all of this wide, wide world could we go to learn such lessons as these—lessons dealing with the real meaning of life.

Where else could we ever learn so much from those who know so little?

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Needs of Parents of Mentally Retarded Children

Mrs. Max A. Murray
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In enumerating and studying the needs of parents of the mentally retarded the most logical beginning will be to look at some of the problems faced by those of us who are parents. Our needs are so closely related to our problems that to recognize and meet the needs we must first understand some of the most basic problems created by the birth of a retarded child into a family. It must be borne in mind while looking at family problems that we must think and speak in general terms rather than in specific ones because of the variety of family situations.

We must recognize that the inherent disposition and nature of each parent, their educational and cultural backgrounds, their financial and social status in the community—these and other factors will all have some bearing on the kind of problems they will have. It is important that we keep in mind the over-all picture of the many types of families into which the mentally retarded are born.

Obviously the problems will be somewhat different in a professional family to that of a day-laborer with an elementary school education who is scarcely known outside his immediate living and working circles. Situations which may present a very acute problem to one family may scarcely be noticed in another.

This fact was brought to our attention several years ago by a college president who told me of his own small retarded boy of seven who was going through the agony of being considered a "dummy" by his little playmates who were sons of other educators. "Had he been born into a family with little education and no prominence in the community he would not suffer so much," his father said to me sadly, "but because he is *my* son, the son of a college president, he will always have an up-hill battle to fight because of his mental limitations."

In addition to the difference in family situations, we must also take into consideration the vast differences in the children themselves. Here again we see that the totally dependent bed or wheel-chair patient will present an altogether different set of problems from the trainable or educable child whose life will not only touch the family members but other persons in the community.

The hyper-active, tense child who often responds in a destructive manner will create problems never dreamed of by those who have dealt only with the dull, phlegmatic type of child who will sit quietly in one spot for hours. Keeping in mind that the specific problems will vary according to the individual family situation and the particular type child involved, let us look at some of the general problems. To touch on all of them would be impossible in a limited time but for constructive thinking we shall list six basic problems common to the families of the retarded. These are not necessarily listed in order of importance or degree—because here again the impact of the particular problem will depend upon the family setting as well as the child.

1. *The first severe problem which parents of retarded children face is the acceptance of the fact that the child is retarded.* Successfully coping with the total problem will center relentlessly about this foremost and basic problem. Dr. Leo Kanner, a leading psychiatrist in the field of mental retardation describes parent reactions to mental retardation as variants of three specific types:

a. Mature acknowledgement of the actuality and acceptance of the child;

b. disguises of reality with search for either scapegoats upon which to blame the retardation or the seeking of magic cures;

c. complete denial of the existence of any retardation.

Dr. Kanner emphasizes that "since these basic attitudes will color all aspects of the care and management of the retarded child, it becomes the obligation of the physician to identify the attitudes present in the parents, and work for a 'thorough overhauling' in the direction of mature acceptance."

Various reasons can be supplied for parents who fall into any one of these three basic categories, but here again the nature and disposition of the individual parents, their educational and cultural,

recognize that for many years members of the International Council for Exceptional Children and of the American Association of Mental Deficiency have struggled long and hard to solve some of the problems posed by mental retardation. To these pioneer workers for our children we owe a deep debt of gratitude.

We are prone as human beings when seeking help in any field to search for those with the most training, the most knowledge, the most competent background. This is good—and as it should be—but it is not sufficient in itself when seeking answers to human problems so deeply involved as those produced by the love of a parent for a helpless child.

Knowledge alone is not enough; experience alone is not enough; both together are not enough. Over and above all, the professional person who would be of the most help to parents of retarded children must have a dedicated desire to serve his fellowman and to help him in finding answers to the complex problems which he cannot solve alone.

To summarize, here are our major problems.

1. Acceptance of fact child is retarded....
2. Intelligent use of income in relation to retarded child within total family needs....
3. Learning how to live successfully with emotional tension built up by carrying burden we find difficult to share with fellowman....
4. Resolving the theological conflicts which may arise in our minds relative to the birth of our retarded child....
5. Making decisions relative to life-time care for child....
6. Learning to sift the wheat from the chaff in the professional advice given us over a long period of time....

Our greatest need: Constructive professional counselling at various stages in the child's life which will enable us as parents to find the answers to our own individual problems to a reasonably satisfactory degree.

What do we want in those who help us from a professional standpoint?

1. Honesty—with a generous portion of graciousness poured on to relieve the sting....

the mind of an already disturbed parent and is in no way conducive to helping him think through his problem in an intelligent manner. We are in thorough accord with the idea that there is always room for an honest and sincere difference of opinion among professional persons in their study of the retarded child. Our deep concern is that such differences of opinion should be expressed to the parents in such a manner that will not cause them to lose respect for another professional person or discipline. Each of you have at times worked with parents who seemed very much on the "defensive" so to speak.

Generally speaking, this is often blamed on a "guilt complex" (whatever that is!) but did it ever occur to you that this very defensiveness in parents may have been built up because of a former unfortunate contact with an emotionally immature and insecure professional person?

Please, please do not interpret what we have said as a reflection on professional people in general. We know that your ranks are composed of all kinds of persons—just like parents of retarded children in fact, strong ones and weak ones! We know too that sometimes an entire profession suffers because of the spiritual and emotional immaturity in a few of its members.

Our only plea is that if you *do* have colleagues who suffer to a certain degree from the not so rare malady of professional jealousy, just urge them to be very cautious about exposing their symptoms before parents of retarded children. WE have enough decisions to make without trying to decide in our own bewildered minds who is right and who is wrong in a professional "tug-of-war!"

Even though we seem to have given a bit of a verbal spanking today to the few professional persons who cause real problems for the parents of retarded children, we certainly want to pay tribute to that vast army of professional persons who down through the years have worked so very hard to meet the needs of our children.

It has disturbed me as a parent to hear some few overly-enthusiastic and uninformed parents make the statement that nothing had been done for our children until the recent formation of the parent associations.

Those who have made the effort to find out the true facts

economic and social background, their fundamental philosophy for living—all of these aspects as well as many others will help to determine how parents meet this first and basic problem. It is true that a large percentage of parents *do* have difficulty in accepting the diagnosis of mental retardation in their child.

The reasons given are many and varied, some superficial and some truly valid. However, one reason is often overlooked by the professional person—and it is probably overlooked because it is such a very simple one. It is the obvious fact that many parents come face to face with the diagnosis of mental retardation without ever having heard the term used or having seen such a child to their knowledge.

Obviously it would be easier for any of us to accept a diagnosis of polio, or cerebral palsy, or rheumatic fever or any of a dozen other diseases or conditions because we at least *know* that they exist—but most of us know absolutely nothing concerning mental retardation until we are confronted with it first-hand.

Another reason for our disbelief and great anxiety is our terrible fear of the word *mental* as against the word *physical* when used in connection with our child. Due to the present intensive educational program designed to remove the stigma from mental retardation as well as all other types of mental problems, we believe that the time will eventually come when parents can come face to face with the stern reality of a retarded child with far less emotional damage than has been true in past years.

Once the true facts about the problem are known, not only by professional persons, but by the general public as well, we believe that a solution will be found to many, if not all, of our problems relating to non-acceptance of the fact of retardation.

2. *A second very real problem faced by the families of the retarded is a financial one.*

Here again the problem varies in its severity according to the economic status of the family involved. In the low or even middle income group the amount of money required in seeking a diagnosis, providing proper medical care and possibly in later years a special training program for the defective child, can become a serious financial burden.

Even in families of a higher income bracket, sacrifices are often made in some area in order to provide care for a child in a private residential setting. Parents who have difficulty in accepting the diagnosis of retardation will often spend sizeable sums (regardless of their economic status) going from one doctor to another, from one clinic to another, from one treatment center or training program to another until finally not only their financial situation has become critical but their health and general efficiency have been irreparably damaged.

Perhaps the following true story will illustrate more clearly the point we are trying to make. Within recent years a middle-aged mother was left a widow with three children, a son and daughter in High School and a microcephalic child of about ten. Her husband had built up a modest estate of approximately $100,000 which with proper management would have enabled the two-teen-agers to acquire a college education and soon become financially independent in their own right.

But because of the mother's overwhelming obsession that something *could* and *must* be done for the weaker and more helpless child, the entire estate soon dwindled away in the futile search for the cure which the mother blindly believed was always just around the next expensive corner. Both teenagers were forced by economic necessity to go to work immediately upon leaving high school instead of obtaining the college training which would have helped them to secure better positions as well as enabling them to make a more constructive contribution to the family and society in which they lived.

Those of you who have worked in this field for a number of years could probably tell many similar stories—too many, in fact—in which the economic rights and privileges of an entire family have been sacrificed for the weaker child to such an extent that the lives of the normal children were permanently affected in adverse ways. Fortunate indeed are the parents who have been helped by some wise professional person to maintain an intelligent balance in the use of their income in relation to their retarded child.

Many parents in their overwhelming anxiety for the welfare of the child will lose their sense of perspective and decide that money is of no consequence where the needs of the child are concerned. When this happens, the results are almost inevitably disastrous to the home situation because added to the terrific emotional strain through which they are passing is the additional

to be mutually helpful in serving the needs of the child.

A third quality which we as parents greatly desire in those who attempt to give us help is the kind of integrity and stability of character which enables the professional person to work cooperatively with other professional disciplines for the good of the child —as well as with all those within his own particular profession.

We are well aware that the question of professional jealousy is a very hot potato for one to try to juggle, and particularly so in front of an audience composed primarily of professional persons! But please forgive me if I play with this hot potato a bit to give you an idea as to what damage professional jealousy *can* and *does* do to the parents of a retarded child. In the initial stages of our problem, most of us are fairly young and very, very few have had any training or background of any type that would make us familiar with the complicated, many-sided angles of mental retardation.

We come to the professional person (of any discipline) with the naive and innocent belief that he or she will surely have *all* the answers to our many questions because he or she has spent years of study about the problem. Rather soon we discover that many of the answers we hear and much of the advice we are given does not seem to be "compatible" shall we say.

More often than you would like to believe we find capable, conscientious professional persons expressing to parents definitely contrary opinions to those expressed by another professional person concerning the child. Sometimes these contrary opinions are expressed within the same profession, sometimes in an allied one.

Teachers will sometimes disagree strongly with an opinion rendered by a psychologist in regard to their child; psychologists will not always agree with the efforts of a conscientious social worker; physicians will express opinions which make it difficult for the parent to have proper respect and confidence in the field of psychiatry, and the members of the psychiatric profession will sometimes in turn take unprofessional little jabs at the ignorance of the general MD in matters of the mind.

Worst of all, some few professional people are not above making derogatory remarks about those within their own profession. All of this tends to create a sense of tremendous confusion in

But basically, we believe that parents *do* want honesty and in the final analysis will be deeply grateful to the professional person who has the courage to make a deep clean cut. All of you have heard this statement from your colleagues at one time or another: "But parents don't *want* to hear the truth"—of course we don't want to hear it. Not one of us present would *want* to hear that he had TB or cancer or heart trouble, but we would think a physician sadly remiss in his duty if he refused to give us an honest diagnosis of a physical ailment just because his patient didn't *want* to hear it. It would seem that this excuse is worn somewhat threadbare by those persons who just don't quite have the intestinal fortitude to face up to their own inadequacy in dealing with parents.

On the other hand we hear from parents over and over: "If we had only found someone who would have given us an honest diagnosis from the beginning we may possibly have been able to begin constructive planning for the child years sooner." We do not believe that the word honesty implies that parents need to be informed of a child's condition in a blunt, cold or cruel manner. Surely the professional person in any area who is worthy of his calling should make every effort to develop the fine art of breaking such news in a manner which will leave at least some ray of hope and encouragement to which parents can cling during their blackest moments.

Another desirable attribute to be found in those who can most successfully counsel with parents of retarded children is that of an *understanding heart.* Please do not believe that we want sympathy, particularly the maudlin kind of sympathy which is damaging to the professional person as well as the parent. But we do need the kind of understanding personality which enables the professional person to put himself in the place of the parent.

An old Indian chief gave this saying which so aptly illustrates the kind of rapport which is necessary if parents and professional persons are to work together wisely for the good of the child — and I quote: "I cannot judge or advise any man rightfully and wisely until I have walked for ten moons in his moccasins." Surely if parents and professional persons could walk (figuratively speaking) in the moccasins of each other for ten moons, both would be more able to come to an understanding which would enable each

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burden of anxiety over the critical financial situation.

3. A third very real problem faced by the parents of a retarded child is that of *emotional tension built up by carrying a burden which they cannot find it possible to satisfactorily share with their fellowmen.* Those parents who refuse to admit their child *is* retarded must carry the double burden of grief and pretense—both of which tend to build within them great dams of emotional turmoil for which there seems to be no release.

But even the parents who can and do admit their child's limitations often find it difficult if not almost impossible to share their sorrow because their friends, neighbors and relatives are hestitant to ask about the child's welfare. In the case of severe physical illness or death we would think it inconceivable if our friends, relatives or neighbors showed no concern for our need—yet in this case where the emotional shock is sometimes even more severe than in death, we are denied the privilege of sharing our grief with those closest to us because of a sense of embarrassment or shame.

All of you know the real therapeutic value of being able to "talk out our troubles" with someone who understands. But often in the early stages of discovery of mental retardation within a family, the parents have difficulty in talking with one another—let alone with relatives or friends. Fortunately this is not the case too often, but it can and does happen.

This inability to share our problem exists through no fault of the parents, or of the general public. It is simply the result of having looked upon mental abnormalities with superstition, with fear, with ignorance of the true facts, or, perhaps with the naive belief that if we just refuse to look at them or discuss them objectively they will somehow cease to exist.

After talking with hundreds of parents it is my feeling that more real damage has been brought about by this inability to share their problem than by any other single factor. May we reiterate again and again that this is not the fault of the parents nor of society in general. It is simply a condition which exists—but one which is now crying out loud for correction.

4. The fourth problem is one which is almost totally ignored by those professional persons whom parents are most likely to consult in regard to their child, and yet it is one of the most real and vital problems they face: we refer to the *theological conflicts which*

arise in the minds of parents when faced with such a heart-rending situation within their own personal lives.

Death they can accept—because death, at one stage or another, is a normal and natural part of life's history; physical illness they can accept because they have seen physical illness and deformity throughout their lives. Broken homes, loss of jobs and economical security, serious injury by accident – all these unfortunate circumstances are familiar to every adult couple and are within the realm of possibility in their thinking. But to suddenly face the fact that their child is a mental cripple and will remain so throughout life, well—this simply places them outside the providence of God's mercy and justice, or so they often feel—if they can indeed still believe that there *is* a God.

If the parents have been reared in a somewhat puritanical concept they may possibly become so overwhelmed with a sense of guilt that it is totally impossible for them to see their problem from a rational viewpoint. *Any condition of life which destroys or permanently damages ones concept of a loving and merciful God presents a serious problem*—a problem with which he must have help lest he finally sink into a state of despair from which there is no return.

For this reason we believe that our Clergymen, our Priests and our Rabbis should have competent professional knowledge about the facts of mental retardation so as to be more able to advise and counsel wisely with the members of their parish who are faced with this problem.

5. The fifth, and probably the most heart-rendering of all the many problems we face is that of *seeking a solution to the matter of satisfactory life-time care for our handicapped child, who, in many instances, will need adult guidance and care throughout his normal life span.* We believe that it can be safely said that very few professional persons can fully appreciate or understand the intense feelings of anxiety and concern on the part of parents over this acute problem of life-time care.

The professional person, by the very nature of his training is primarily concerned with finding a solution to the problem immediately at hand—and this is as it should be. The doctor endeavors to provide the small retardate with the healthiest, strongest physical body he can be given; the teacher works and thinks in terms of help-

The greatest single need of parents of mentally retarded children is constructive professional counselling at various stages in the child's life which will enable the parents to find the answers to their own individual problems to a reasonably satisfactory degree.

In the early stages of our initial adjustment to life with a retarded child we need someone who can and will explain to us in lay language some of the numerous factors relating to mental retardation; we need someone to help us understand our own attitudes and feelings in relation to our handicapped child. We need someone to give us guidance in the simple, basic processes of home training. We need someone who can put us in touch with the various community and state agencies that can help with constructive management of the child. We need guidance from someone who can help us see that this thing which has happened to us, even though it may be a *life-shaking* experience does not of necessity have to be a *life-breaking* one.

Several years later we need guidance from those who can help us decide upon and provide a training program for the child. In later years we need guidance and help in making such plans which will provide permanent care for our child when we are gone. Again, may we repeat that our greatest single need is for the kind of counsel which will enable us to find the answers to our individual problems.

Please note that we are not suggesting that others should make our decisions for us, or that they should bear the burden of telling us what or what not to do—only that we might be given the guidance that will enable us to make our own decisions in a way which will result in the greatest good for the child and the family of which he is a part.

If, then, constructive counselling seems to be our greatest need, what qualities do we as parents believe to be desirable in those who give guidance to us? Surely among the foremost qualities we want in those who attempt to help us in our need is absolute honesty. Perhaps some of you *think* we don't want honesty because of the parent's proneness for "shopping around" until he finds someone who will tell him what he wants to hear rather than the truth.

been given evasive answers; have built up hopes over and over, only to have them dashed to the ground, finally. It always seemed to me that they should be told the truth as early as possible, with, as I have said, consideration for the individual family situation."

Other problems arise between the professional person and parents when the professional person tends to hide behind certain well-worn cliches such as the following: "These parents can't be helped because they just don't want to believe what we tell them" —or, "These parents believe that this just couldn't happen to them,"—or—more common still—"These parents have rejected their child so there is little that I can do to help them."

Some very well-qualified persons have come to feel that the over-use of these well-worn phrases usually arises from the fact that the professional person feels his own inadequacy in knowing how to successfully counsel with parents in a constructive manner. The professional person should ever bear in mind that the wrong kind of help or advice given to an emotionally disturbed parent is often worse than no help at all.

And whether we like to admit it or not, most of us *are* disturbed to various degrees in the initial stages of our adjustment. We as parents need to have a wiser understanding of our own feelings during this period—but since many of us do not have, we must depend on you to sometimes go the second mile in trying to help us out of our emotional turmoil.

However, let us hasten to add that just as we feel parents should not be harshly judged because they do not know how to handle their retarded children most wisely, we should also recognize that professional persons should not be harshly judged because they often do not know how to handle parents wisely. We simply must take into account that the primary reason that both situations exist is due to ignorance and inexperience in most instances.

We have now considered six of the most basic problems faced by parents of retarded children. What then, is their greatest need?

After thirteen years experience as the mother of a retarded child and having talked and corresponded with literally hundreds of other parents, I have come to the conclusion that all of our many, many needs can be covered in one sentence and it is this:

ing him learn to use and further develop his limited mental capacity; the social worker works in terms of helping the child and his family in making a satisfactory adjustment to his environment; the psychologist and psychiatrist endeavor to help both parent and child to an acceptance of his limitation and to a wiser understanding of their own feelings and motivations.

Professional help is not only good, it is actually imperative in meeting the problems of the moment. But the professional person must always keep in mind that with the child's parent the problem is not for "just now" but for *always*. Such an attitude of understanding about the permanence of the problem from the standpoint of the parents will enable the professional person to work more constructively with us as parents in meeting the problems immediately at hand.

In families where there are other children to be considered the problem of life-time care is intensified because we must take into consideration not only the handicapped child but the other children as well. Here again, there is no single, easy answer. Decisions must be made in the light of many, many factors—too numerous to go into at this time.

But let it be said here that the decisions which must be made by parents on this one point alone are grave enough to shake the emotional, spiritual and mental equilibrium of even the most stable personalities.

6. A sixth and final problem with which most parents have to cope at one time or another during their experience is with *inept, inaccurate and ill-timed professional advice*. Now I am well aware that such a statement as this coming from a parent contains potential dynamite!

I must also confess that a sore temptation presents itself to cast all objectivity aside and give you some stories which parents have told me over the past few years—but I shall resist the temptation to do so. Instead, I would ask your permission to share with you material from several recognized leaders in the field of mental deficiency. All of their statements tend to lift up the point that we want to make here and it is this: parents can be spared much emotional damage and conflict if the professional persons they consult have two things,

A. A comprehensive knowledge of all factors concerning mental retardation so far as they are known.

B. The ability to counsel parents in a straightforward, honest, but gracious manner.

To put it a bit more bluntly, the reaction of parents to their problem will depend to a great degree on the emotional and spiritual maturity of the professional person whom they consult as well as the professional person's knowledge or lack of knowledge concerning mental retardation.

The first statement we would present for your consideration is lifted from an address by Dr. William M. Cruickshank, Director of Special Education, Syracuse University. This address was presented to the Virginia Public Health Conference, May 2, 1956 in Roanoke, Virginia.

"I am concerned that in the first contact which parents have with a professional person they will be given an honest diagnosis and that they will also be given a realistic and honest prognosis. The diagnostic problem is the responsibility of the medical profession and the psychological profession. Both groups in the past have been remiss on many occasions and have frequently failed to bring to the child the best diagnosis procedure.

"Often times this has resulted from ignorance. This situation can be corrected and is now being the focus of attention of medical and psychological faculties. The problem of honest prognosis is more subtle because it is dependent on the emotional security of the professional person in his relation to the clients. Too often professional personnel simply do not have the ability to be able to tell parents the realities of a situation. Only recently a set of parents brought a ten-year old child to our clinic. The child was markedly retarded.

"In the interpretive conference with the parent we asked why it was they had waited so long to seek assistance with their problem. 'Surely you must have suspected long before this that your child was not developing properly.' The mother replied: 'We did suspect that something was wrong. He did not talk as soon as the other children had. He didn't walk as early as the others either. We took him to our pediatrician and he said: 'Don't worry Mrs. Jones, when Tommy is sixteen years old you'll never be able to tell him from other boys on the street.'

"This is indeed inaccurate. It happens so frequently, however, that many of us are seriously disturbed. Educators likewise are to be criticized. I have a letter on my desk from a school principal to a mother. The school is recommending that her retarded child be placed in a special class. The mother objected. The principal's letter states: 'I can understand your feeling about our recommendation for Stewart's placement in a special class. I wonder if we could suggest a compromise: Let us place Stewart in the special class for a year or two and then we will return him to the regular grades.'

"This is more than inaccurate. It is an absolute mis-statement of the facts. It implies that while the child is in the special class, educators will wave a magic wand over the child's head, cure him of mental retardation, and thus put him back in the regular grades. In 1956, once mentally retarded, always mentally retarded in spite of the numerous articles to the contrary which appear in popular magazines. Educators, psychology, medicine cannot cure mental retardation. Can we not, however, be honest in our reporting to parents? Can we not be conservatively realistic?

"Parents may not like what we say, and their feelings we can appreciate. Nevertheless, basically they want an honest appraisal of the situation as distasteful as that may be. They need to be secure in the knowledge that the professions are shooting straight from the shoulder and that with such realism appropriate planning for the child can be undertaken."

The second statement is lifted from an article appearing in the *American Journal of Mental Deficiency* and comes from H. S. Storrs:

"Medicine is an art, and handling the relatives is one of the important functions of this art. In my opinion, every case is individual and should be investigated as such. I want to know all I can about the child, the family, and all situations connected with both the child and the family.... Doctors as a class do not seem to realize the enormity of the tragedy experienced by the parents when they find that their child is definitely defective.

"This should be appreciated by all doctors and they should size up the parents. I have always felt that it was a mistake not to tell the parents the whole truth.... Parents have in many instances been from doctor to doctor, spending their money; have