

MENTALLY RETARDED CHILDREN & THEIR EDUCATION

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Abstract :

Mental retardation has been known for centuries and different terms have been used to explain it. Encyclopedia Britannica defines mental deficiency as “A state of subnormal evaluation of the human organism in consequence of which the individual affected is incapable of assuming the responsibilities expected of a socially adequate person, such as self-direction, self-support and social participation.” Mentally retardation is a condition or state of mind. Special Education classes at the primary level provide experiences in oral language and speech development, sensory-motor development, self-awareness, group membership and social adjustment, self-care, safety, manipulation of materials, work habits, direction following, and reading readiness. By the elementary level mildly mentally retarded have begun to learn tool skill subjects such as reading, writing spelling, and math. The secondary program provides increasing emphasis on preparation for work and home living, civic responsibilities, news media, use of leisure time, family life education, consumer education, finances, practical law, social roles, travel and vocational choices. Special education for Mildly M.R. Children should focus on – Developing basic academic skills, Social competence, Personal adjustment, Occupational adequacy.

Key words : Mental Retardation, Special education, Academic Skills, Oral Language, Speech Development.

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Introduction:

Retardation as a term is frequently used in the physics and engineering as antonym to the term acceleration. Here acceleration stands for uniform increase in the velocity of a moving object and retardation for a gradual decrease.

This sense is conveyed here in the subject psychology through the term mental retardation. The rate of growth and development of one's intellectual powers gets diminished or arrested. It does not pick the normal speed expected from the children of that very chronological age. Certainly such affected children lag behind and become handicapped in performing expected normal intellectual behaviour.

Mentally retardation is a condition or state of mind. It is related to the subnormal development of the mind or brain or psychological relation between mental functioning and cognitive in the case of mental disabilities.

Education of children with mental retardation began with the attempt by a French physical Dr.Itard (1775-1835) to educate an II Year old boy who had been found living as a savage in the woods. This was documented in the book "The Wild Boy of Aveyron". Edwards Seguin (1812-1880) followed the technique in France and United States and Maria Montessorie (1870-1952) in Italy.

In 1839 the first mentally retarded (MR) child was enrolled in the Perkins Institute for the blind in the USA. In 1848 the first residential school for the MR was opened in Massachusetts.

Indian scenario select for the mentally retarded were that there in 1947 but rose to 200 by 1980 and at present there are 600 schools for mentally retarded children.

Objectives

- i) To enable the moderately mentally retarded learners acquire the pre-reading writing skills.
- ii) To assess the mental abilities of slow learners; and
- iii) To assess the impact of intervention training on mental abilities of slow learners.

Modern Trends

- i) Remedial reading performance,
- ii) Improvement in their academic performance.
- iii) Consciousness of parent programmed.

Background:

Mental retardation has been known for centuries and different terms have been used to explain it. Early in the twentieth century, the terms moron, imbecile, and idiot explained the three levels of retardation. In recent years the almost universal negative response to the term by professionals, parents, as well as the people so labeled, gave rise to alternative terminology, just as *retardation* was an option to earlier terms such as *feble-minded* and *moron* (Polloway & Lubin, 2009). The optional term, **Intellectual disabilities (ID)**, endeavors to convey a broad-based concept that places under it deficits in varied cognitive and adaptive ability areas.

Until the twentieth century, ID was defined in terms of an individual's inability to meet the minimal demands of society. In 1905, Alfred Binet developed a method of identifying students who could be expected to fail in the regular school curriculum and who therefore required a special instructional programme, which was translated and used in the USA by Henry Herbert Goddard. Terman's 1916 edition of the Standard Binet Intelligence Scale was quickly adopted as a standardized, objective, norm-referenced way of identifying ID children. IQ became a standard for classification of ID children. However, David Wechsler, who devised a series of intelligence tests, warned against the rigid use of intelligence test scores as the sole criterion for diagnosing ID.

The Mental Deficiency Act of 1921 in England considered mental defectiveness as a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.

Mental deficiency is, A state of subnormal evaluation of the human organism in consequence the individual affected is incapable of assuming the responsibilities expected of a socially adequate person, such as self-direction, self-support and social partition. ID children who function at

different levels of retardation require different educational programmes, curricula, methods, and materials. In recent years, differences observed among them have led to the use of four levels: mild, moderate, severe, and profound ID. The mild group, which makes up approximately 75% to 85% of the total ID population, is called educable ID in school settings.

The moderate level of retardation (IQ range about 35 to 60) includes essentially the same group as those called trainable mentally retarded (TMR) in schools. Until the 1950s, this group was usually not admitted to public schools. Gradually separate classes were started for them under the public school system. TMR students are unlikely to develop independence as adults. They are unlikely to learn to handle finances beyond simple purchases and usually need some supervisory help. The academic skills taught include learning to recognize signs and common symbols, learning to recognize and use coins, and telling time to the half quarter hour. In addition to development of skills, it is especially important for the curriculum to include leisure skills. Educators usually referred to all retarded children below the TMR level as custodial.

Interest in the study of mental retardation came from the pioneer work of Itard. Recent years have seen much more progress in this field: legal, organizational and education, because of interest groups and National Associations in the U. S. and U.K. In our country special education and re-habilitation programme for the handicapped have already been introduced through the integrated educational programme in special schools.

Trends of Researches

Nineteen studies have been reported in this area. It represents almost one-third of the research studies reported in special education.

One reason for the larger number of studies in this area is that cognitive development forms a component of psychology course. It is evident that the maximum number of researches appeared during 1975-79. Eleven studies is involved a survey of one kind or another. St. Xavier's (1969) attempted to estimate the number of mentally subnormal children in greater Bombay. The survey detected 4,031 subnormal children out of these only 17.1 percent were in special school.

Ankolve's (1980) survey covered Maharashtra . It revealed that maximum number of school (31) were located in Maharashtra out of a total of 81 in the whole country. Out of 31 in Maharashtra 22 were located in Bombay alone.

In studies comparing the family background of MRS and other children revealed that more mentally retarded children come from poor family background(Biswas 1975) Chatak (1980) and Ishtiaq (1973). The studies were co-relation and did not establish a cause –effect relationship.

Social, emotional and personality patterns were studied by Empar (1973) , Varma (1968), Ishtiaq (1973) , Jaiswal (1978) Singh (1982) and Savitri (1986).

Curriculum design and intervention studied have appeared in this area. Shukla (1979) designed curriculum conversing all subject areas of Gujarati and Marathi medium student with IQ ranging between 50 and 70. Goel investigated the von restraff phenomenon in serial learning among M.R. Azad (1986) and Dutta (1986) studied the adaptation and effectiveness of the portaged home-based training programme for cognitive and motor development of young children. Both studies report improvement of in M.R. children on difference measures accompanied by improvement in parents attitude pandit (1987) carried out an experiment of training parents of M.R. children for education and managing them. Only 67 percent of the parents accepted the programme but they were reluctant to assume the role of a teacher these have been studies in nearly all the states India.

Summary and Critical Appraisal

- ***Area under Investigation :***

Some important areas of India that is Kannada, Srinagar city, Secunderabad , West Bengal.

Some important areas of abroad –Nashville, TN, Wilmington.

- ***Tolls and Techniques used :***

The tools used for data collection were Intelligence test , Stanford Binet test , maturity scale , the parents comments ,skill test , children personality questionnaire (CPQ) of cattle , motor items . The techniques used for data collection were –Mean , SD, Torrance Test and ANOVA .

- ***Findings of the Investigation:-***

1. It was found that mentally retarded children both boys and girls were less intelligent obviously resaved , emotionally unstable , impatient , submissive , sober , undependable , shy , tender minded , obstructive , shrewd , placid , careless and tents .
2. Mentally retarded children under condition of peer modeling retarded motor learnt and skills better than under adult and no modeling .
3. The main effect for the levels of retardation was significant with respect to number of errors committed in learning and retention of communication skills showing that EMR committed less number of errors than the TMR children .
4. The moderately mentally retarded children can also learn according to their potentially when they are provided with the appropriate learning situation and teaching method .
5. The average performance for the normal and special class groups were significantly better than the average of regular class retarded groups on measures of verbal productive thinking.

- ***Further Research Programme may be hekd on:-***

1. The various instructional techniques used for helping the retarded child .
- 2.The etiology and prevention of Mental Retardation.
- 3.The concept of main streaming for MR.
- 4.The role of the regular teacher in teaching EMR in a mainstreamed class.
- 5.Discussion about adaptation of the curriculum.

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Journal of India Education.

- i) Volume XXVII- February 2002 (Nov-4)
- ii)Volume XXVIII- August 2002 (Nov-2)
- iii)Volume XXVIII – November 2002 (Nov-3)
- iv)Volume XXIX - February 2004 (Nov-4)
- v)Volume XXX- May 2004 (Nov-1)

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