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A Study of What Should Characterize the Education Program of the Mentally Retarded Child

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A STUDY OF WHAT SHOULD CHARACTERIZE THE EDUCATION PROGRAM
OF THE MENTALLY RETARDED CHILD

A Special Studies Paper
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Dr. Thurman O. Watson
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Outline

A Study of What Should Characterize the Education Program of the Mentally Retarded Child

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A Study of What Should Characterize the Education Program of the Mentally Retarded Child

Introduction

It is the purpose of this paper to explore the qualities which are necessary to a program of education of the severely mentally handicapped—those who are termed the "educable mentally retarded" and those who are termed the "trainable mentally retarded." I will give a definition of these terms, followed by a short sketch of the history of education for the mentally deficient. I will then try to give some idea of what the goals of special education have become today, and what sort of teacher attitudes, training, and educational principles should be used in relation to teaching these exceptional children.

I. A Definition of Terms

The two groups of mentally retarded children which I will attempt to define are the trainable mentally retarded child, and the educable mentally retarded child. Neither of these two groups can be taught in the ordinary classroom situation with much success, but can profit by special education programs.

The term "trainable child" in present usage refers to a severely retarded child whose rate of intellectual development is markedly low (usually including the group with an intelligence quotient ranging from 50 down to 35 or 30). The trainable child, even when confronted with the learning tasks of a younger child of the same mental age, is not able to learn all those tasks, and what he does learn he may grasp at a much slower rate and frequently in a qualitatively different way.¹ He shows little imagination and deals with concrete rather than abstract kinds of knowledge. His capacity

to understand academic subjects is limited to simple rote learning and he has difficulty transferring this learning to everyday situations. Few trainable children are able to fit into our present society to the extent of supporting themselves and living independently, but most have potentialities for learning self-care and adjusting socially to the family and neighborhood. Some can learn to perform productive tasks in a sheltered environment at home or in a special school or workshop. With guidance, most are capable of partial self-direction. A number of older trainable boys and girls may be able to contribute to their own support.

The term "educable mentally retarded" was first introduced in state educational codes to differentiate special legal provisions developed for this group from those designed for the "trainable mentally retarded." Most state education codes define educable mentally retarded children as those who are incapable of coping with a normal-class program: children who have been individually assessed and found to be mentally retarded, but who are still capable of profiting from a special education program designed to make them economically useful and socially adjusted. Few state codes stipulate specific IQ ranges for determining eligibility, but most school districts use an IQ range of 50 to 75 as a major criterion, whether this practice is sound or not. G. Orville states quite conclusively that educable retarded children tend to be isolates and are ejected when placed in a regular class. Emotionally, the educable mentally handicapped child will frequently react to many situations in terms of his mental age. At the same time, his social maturity will, in some areas, approach his chronological age.

The educable mentally handicapped child has a low tolerance for frustration due to the realization that he is operating in a "normal" world—a world for which he is inadequately

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equipped, particularly in those duties and activities that call for intellectual adequacy. Closely related to this frustration-proneness is that characteristic of self-devaluation. This characteristic is a result of imbalance between the child's competencies, intellectual and physical, and the demands of his environment. Self-devaluation most frequently manifests itself in behaviors and attitudes signifying that the child has strong feelings of general unworthiness and that he holds his abilities in low esteem. This is the almost inevitable outcome of two related major factors in the child's environment. First, there is the persisting condition of the generally inadequate child searching for his place in a world that stresses adequacy. Second, there is the child's frequent misjudgment of his abilities and limitations.

A mentally handicapped child has the same basic needs as all children; love, a sense of belonging, a sense of worth, a chance to express himself, an opportunity to realize his capacities. Most severely retarded are capable of great loyalty and devotion to those who are interested in them, for it is people rather than ideas or things that matter to them. The general friendliness of these children and their willingness to serve others are potentials that should not be ignored.

II. History

Long before the days of public education, the educated citizen, the man-on-the-street, was practically unknown. The great mass of people was utterly unschooled and illiterate. The difference between a normal and a defective individual, therefore, was not as apparent as it is today. Even the normal individual of that time had little or no training in matters which required judgment, and he was seldom called upon to exercise it. History shows that the problem of mental deficiency has been met and solved according to the prevailing philosophy of the time. The Spartans

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1 Rothstein, *op. cit.*, p. 220.
and Romans, striving for a super-race, used a direct and decisive method. They exposed the weak and handicapped children so that they would die.¹

The rise of Christianity marked a gradual change in attitude. However, the entire early history of the subject is clouded by the lack of discrimination between congenital physical deformity, epilepsy, psychotic states, deaf-mutism, and mental incapacity. During the Christian era, these people were sheltered and given a more humane treatment. The nineteenth century saw the problem of care and training of retarded individuals solved in a more scientific manner, with such men as Itard, Seguin, and others pioneering in what is now known as special education.

Itard's efforts to educate Victor (called the wild boy of Aveyron) is the common incident which most histories of the study of mental deficiency begin upon. Itard was undoubtedly responsible for the advent of scientific investigation into the problems of mental deficiency, although his own experiment was a failure. Victor did not respond to his systematic treatment over a period of five years. Seguin, a student of Itard's, greatly expanded and developed his techniques which later became important in the history of treatment in the United States.

The influence of Seguin should not be underestimated. Until fairly recent times, the pattern in United States institutions was the one established by Seguin. He came to this country in 1848 in the capacity of advisor to many of the new institutions that were organized during that period. His philosophy and methods were widely adopted and in many instances clung to tenaciously until this date.² When these early institutions, American and European, were organized, it was not intended that they be established for the purpose of long-term custodial care of the patient. It was intended that the persons placed there were to be educated in some special way, during the regular school year and, it was implied, be returned

²Ibid., p. 234.
to the community after rehabilitation. Two problems arose which interfered with this intention. First, the parents and guardians wished the patients to remain after the training was completed. This problem resulted from the fact that after the individuals were returned to their homes, they were still very dependent. The second factor was the rising number of requests to accept new patients. Together, these things were detrimental to the original scheme. Public institutions were becoming long-term custodial centers.¹

In recent years, the scope of activities covered in educational programs has broadened considerably. The problems of the mentally retarded being recognized, there has been increase in research attempts to determine the best education and training methodologies for these children. This research has been concerned with various types of mental retardation, but there is a common goal in the total effort. This is to educate and train the mentally retarded child so that he may be more adequately competent of carry on activities in his limited environment. Educational programs are under way in various parts of the country, designed to help the exceptional child to take his place in society.

III. Goals of Special Education Today

There seems to be agreement that the general goals for the retardate are the same as for all learners since the mentally retarded child is more similar than different than his normal peers. Goals for these children can be grouped into three overlapping categories: (1) self-care, which includes learning to maintain a state of physical well-being, learning to live safely, learning to understand one's self; (2) socialization, which includes learning to get along with others, learning to use leisure time, learning

¹Ibid.
to travel and move about, learning to earn a living, learning to be a home-maker, and learning to manage one's money; (3) expression, which includes learning to communicate ideas, and learning to enjoy life through the appreciation of art, dance, and music.\textsuperscript{1} To the degree that the child can develop a pattern of behavior which will make him as independent as possible, he reduces his own frustration level. At the same time, he enables his parents to spend more of their time and energy on other family and community responsibilities.\textsuperscript{2}

The selection of content for special courses of study is no simple problem. The daily observation of subnormal children within and without the classroom, the careful study of their inclinations and abilities to deal with present problems, the interests which for them color life and make it complete--these are the bases upon which curriculum adjustment must be made. Thus, the experience of the child is the teacher's cue. The teacher must reach out and bring that experience into a classroom situation in such a way that the child will be able to go from the classroom prepared to meet the same type of experience outside with a better understanding of its meaning, with a greater ability to handle himself in relation to it, and with more satisfying results. There is no better way to achieve the specific objectives of instruction than by permitting the child to experience day by day the growing ability to work and to play with companions; actually to prepare food and clothing for use; to spend money for necessities; and to master the skills that are needed for carrying out in reality the activities of his daily life.

Experience in daily living cannot proceed aimlessly; neither can all experiences in living with their varying degrees of difficulty be utilized at once. There are certain times in a child's life when some areas have more importance and appeal than at other times. Thus, some psychologists introduce the term "unit of experience" to facilitate the organization of experiences at levels at

\begin{itemize}
\item Rothstein, \textit{op. cit.}, p. 204.
\item Perry, \textit{op. cit.}, p. 22.
\end{itemize}
living related to the child's immediate interests and environment, which in turn related to his total experience makes for richer and more vital living.¹

A well-developed unit of experience gains its value from these attributes: (1) the experience or activity should be real and not make-believe. (2) The experience should provide for cooperative living. It should contribute to the child's understanding or experience of the feeling of working with others. (3) The results, whether tangible or not, should be emotionally, physically, and mentally satisfying to the child. Within every experience there should be levels of growth, so that each child is accomplishing what is actually most necessary to his own satisfaction of need.²

IV. Teacher

Certain qualities are desirable for working with every level of intelligence. The teacher of the mentally retarded must be exceptionally competent--both personally and professionally.

The qualities which seem to be most mandatory for working with children are these:

1. Cooperative, democratic attitude.
2. Kindliness and consideration for the individual.
3. Patience.
4. Good personal appearance and pleasing manner.
5. Fairness and impartiality.
7. Good disposition and consistent behavior.
8. Flexibility.
9. Use of recognition and praise.
10. Unusual proficiency in teaching.³

¹Rothstein, op. cit., p. 232.
²Ibid.
The teacher who wishes to teach mentally retarded children must not only have these personal traits, but needs to prepare herself for this work by study in these areas in particular: education, psychology, early childhood education, education of exceptional children, and education of trainable children. The latter should include such source material as the teaching of arts, crafts, music, and recreation designed for the mentally retarded; and social problems of the trainable. When studying the education of the mentally handicapped in general, a student should not develop unrealistic goals and methods for working with the retarded. She should be constantly aware of the differences between the trainable and the less severely retarded child.

It is very important, especially because of insufficient course material, that the student also receive in-service training in a good school for severely retarded children, since in this field it is necessary to observe well-trained, experienced teachers. Through working with them through regular and frequent staff conferences, and through study of written materials concerning the children, the new teacher can gain an understanding of the trainable child and knowledge of how to approach and work with him.

While attitude and training are important, there are several general principles relating to the teaching of the retarded child which the teacher would do well to remember. Some of these are:

(1) Retarded children more readily learn even in the beginning steps of an activity by being shown and guided, rather than by being given elaborate preparatory verbal instructions. The teacher and the child should begin with the doing of a task, the teacher giving much assistance at first, but expecting active participation by the child. Gradually the child will do more and more until he can do the job alone.

(2) The severely retarded child, in contrast to the average child, seems to learn little incidentally, as compared to what he can learn through direct teaching.
(3) In planning what a particular retarded child needs to learn, one should consider not only the child's mental age, but also his general developmental level. The teacher observes her pupil to see when he is ready to learn. Otherwise, if he is exposed to certain learning situations before he is ready or if a readiness is not recognized when it appears, the child may become resistant to the activity when it is presented later.

(4) When possible, a child should see a need for the skill he is learning. One can increase motivation by arranging situations that will make the child feel the importance of being able to do a particular thing, and then foster in him the realization that it is something he can learn.

(5) Much of what he can learn must be taught through specially devised techniques which make learning easier and more enjoyable for him. Being consistent in the effectiveness of the teaching.

(6) The children seem to learn best when taught one thing at a time.

(7) A severely retarded child needs much repetition and drill if he is to learn. Many short practice sessions that are repeated at frequent intervals over a long period of time help the child to absorb and retain what he is learning.¹

Conclusion

The ultimate objective in the area of social adjustment for the mentally handicapped is complete social independence in society at large. Special education for these children is thus indeed necessary, but many factors are important in considering the course of this type of education.

¹Perry, op. cit., p. 36.