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THE MENTALLY RETARDED CHILD: HIS NEEDS AND RIGHTS

A THESIS

PRESENTED TO THE FACULTY OF THE BEIRUT COLLEGE FOR WOMEN
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BY
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TO MY PARENTS

Biographical Sketch

The writer was born on February 12, 1939 in Jaffa, Palestine. She received the first part of her elementary education at the Scotch Mission School in Jaffa. In 1948 during the Palestine war her family took refuge in Egypt where she attended for one year the Sacred Heart School in Alexandria. The following year the family moved back to Jordan where they settled in Bethlehem. There the writer resumed her education at Saint Joseph's School receiving her high school diploma in 1955.

In October of that year she entered the Freshman class of the Beirut College for Women and is graduating in June, 1959, with a B.A. degree in Child Development. It is her hope to continue her studies in the field of Special Education for the retarded.

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Introduction

From the early part of the twentieth Century almost thirty to forty years ago, the exceptional child has been called to the attention of such professional people as educators, doctors, psychologists, and social workers. Every society has been and still is facing the problem of the child who possesses less or more of the abilities necessary for his self-maintenance. The exceptional child demands special privileges in education, care, and training to enable him to develop his potentialities as fully as possible for leading a normal life.

The term exceptional children has often been used to mean something unusual, extraordinary. This widespread misconception is one of the obstacles to a better and more complete program of education for these children. Exceptional is a very inclusive term. It embraces both types of children, the gifted and the retarded. The committee of the National American Society for the Study of Education, dealing with exceptional children, gives us a good definition of the term exceptional, namely:

"Those who deviate from what is supposed to be average in physical, mental, emotional or social characteristics to such an extent that they require special education services in order to develop to their maximum capacity."

1. Harry Baker, Introduction to Exceptional Children, pp.11,12

The writer proposes to deal only with one phase of the exceptional and that is the mentally retarded. Her interest in the problem is a very personal one and comes through her direct contact with two mentally retarded children who are deprived of the kind of education that they need.

From the reading and information gathered it is very obvious that the scope of and work with the problem of mental retardation is far more advanced in the West than in any other area and particularly the Middle East. Our education has been mostly limited to the normal child; the exceptional whether the gifted or the retarded has been neglected.

In this thesis the reader is given a brief, concise historical orientation, a review of the various classifications, a guide for parent education, an overall view of the needs and rights of the child who is mentally retarded, the objectives of his education, and a designed curriculum to achieve these goals. In addition there are some attempted recommendations as to what should be done for the mentally retarded here in the Middle East.

The writer had to limit herself mostly to books, due to the lack of programs for mental retardation in the schools of Lebanon. Another limitation was the lack of access to current

professional journals such as the American Journal of Mental Deficiency and the Journal of Exceptional Children. Information was received that a program for mental retardation exists in Iraq. This could not be followed adequately because the Ministry of Education failed to send the material promised.

Chapter I

HISTORICAL BACKGROUND

Ancient Period

Christian Era

Middle Ages

Approach of Itard and Seguin

Montessori's Approach

Decroly and Binet

Decoeudres' Approach

Historical Background

The problems presented by the mentally retarded child have been of interest to numerous workers -- physicians, psychologists, educators, sociologists, and others. In their studies these persons have been concerned with the child that is born normal, or is taken, to be so, and with the impairment of its development both mental, physical, and social. Until recently the mentally retarded were thought to be hopeless. They were neglected or if institutionalized they were forgotten. Today mental retardation is recognized as a much larger and more obvious socio-economic problem that needs to be met intelligently. It demands a great deal of effort and understanding for the care of the children, helping them to improve and advance, and at the same time assisting them in making the best use of their abilities for their welfare and that of society.

It is important for the reader at this point to have a brief summary of the history and scope of the problem of mental retardation before considering the various types, needs, and rights of these children.

Roughly four historical periods can be distinguished in the growth of the program for the social care, education, and scientific investigation for mentally retarded children.¹

1. Wallace Wallin, Education of Mentally Handicapped Children, p.1

Going back to around the fifth century B.C. , the attitude that was manifested toward the mentally retarded is indicated by the term idiot which was applied to all such people. This word is derived from the Greek "idios" which means a person cast out of society, living alone in a world of his own. History tells us that mental retardation to the Spartans presented a socio-economic problem which was dealt with in the sternest manner. Those recognized by them as severely mentally retarded were allowed to perish from neglect. They were either cast into the rivers or out the mountain-side. For centuries the mentally retarded were treated as being totally different from other citizens of their times, incapable of human feelings, therefore undeserving of human consideration.¹

During the early Christian era with the coming of Jesus and his teachings about the duty of man toward the weak and helpless and the example He set, some change in attitude toward the mentally retarded appeared. They now become subjects of compassion and care. Later in the fourth century, the Bishop of Myra, better known as St. Nicholas, is said to have initiated charitable efforts for their care and protection, but still no effort was made to train or educate them.

1. Merle Frampton, Special Education for the Exceptional, III,p.428

2. Wallin, op.cit.,p.2

From the fifth century through the Middle Ages, the attitude toward the mentally retarded was continuously changing. On the one hand they frequently earned favor and enjoyed some prestige and support of the nobility by providing entertainment as court fools or jesters. While in certain other localities of Europe they were exalted and received homage because of the superstitious belief that they were the children of God and were supposed to enjoy his special favor and protection. They were then accorded privileges and were allowed to roam the highways and byways asking for alms. Since they were rarely rejected or rebuffed they could support a whole family.¹

As we progress to the days of the Reformation we find certain religious groups which regarded the mentally retarded as "being filled with Satan" and dealt accordingly with them, often scourging them in a vain attempt to exercise the demons.

St. Vincent de Paul and his sisters of charity in the sixteenth century gave understanding care and provided a place of refuge for such people as the homeless, the outcast, the physically

1. Ibid.

and mentally handicapped. This later became the famous hospital for mental cases, namely the Bicetre. But most of the work that was carried on was more or less on the physical side. Very little was done in the scientific study of mental conditions, their causes, needs, treatment, and education.¹

It was in the late eighteenth century with the coming of Itard that the first scientific attempt at educating the retarded was undertaken. What stimulated this interest was the accidental finding of a so called wolf-boy, later known as the wild boy of Aveyron, named after the place where he was found in France. This boy wore no clothes was unable to speak and walked on all four. He was more animal-like than human. Itard believed that the boy was merely wild and untamed, mentally arrested because of social and educational neglect. He also believed that by intensive training the child could be greatly improved and perhaps brought to normality. After such a program of sense training, Itard recorded the experiment in his book The Wild Boy of Aveyron, which is considered a classic in the education of the mentally retarded.² His objectives with some of the methods that he used could be summarized as follows:

1. Frampton, op.cit., p.429.

2. Frampton, op.cit., p.429.

1. Socialization

Itard wanted to socialize the boy by giving him instruction based on the established patterns of the boy at that time. Through the gradual giving up of long established habits the boy settled down to a somewhat more restrained life.¹

2. Mental training through sensory stimulation.

Itard's major objective was to activate the nervous system by developing sensory discrimination through the education of each sense separately, namely, the senses of touch, taste, temperature hearing, and visual discrimination. The boy was indifferent to cold or hot things. He could not discriminate between different sounds.

3. Creating human wants and desires

Itard aimed at decreasing the child's animal-like impulses and replacing them with human, social characteristics such as love and affection.

1. Samuel Kirk, Educating the Retarded Child, pp.71,72

We cannot deny the fact that Itard made a major contribution to the present-day education of the mentally retarded. He pointed out that even the severely retarded can improve to some degree. He also demonstrated the application of psychological principles to problems of learning. Aside from his contribution his work stimulated the need for further experimentation in this field and it particularly initiated the thinking of his student Edward Seguin¹ First a teacher, then a physician and psychologist, Seguin devoted the best forty-two years of his life to the study and training of the mentally retarded. In 1848 he immigrated to the United States, and laid there the foundations for the work with the mentally retarded.²

Summarizing briefly Seguin's theory and objectives we find that his first task was to educate the muscular system. He believed that activities must be those which satisfy the child's own needs, desires, and capacities. Exercises or experiences should come from the daily activities common to the child. Seguin over-emphasized the importance of the hands since hand-work, he believed, incorporates many associated skills both physical and mental. He felt that parents and teachers should not inhibit or discourage

1. Kirk, op.cit., pp.73,74

2. Wallin, op.cit., pp.8,9.

children's handling of objects. The training of the other senses was introduced after that of touch.¹ Kirk and Johnson write of Seguin's contribution in the following quotation, "He emphasized the education of the whole child, the individualization of instruction, the importance of rapport between teacher and pupil, the physical comfort of the child during the learning period, and the importance of beginning with what the child needs, wants, and desires."² Many of his techniques are sound to-day, especially the use of hand-work in an attempt to educate the child through eye-hand coordination.

During the nineteenth century we see the beginnings of the education of mentally retarded children in France, Italy, and Belgium. Until then most of the major contributors, with the exception of Binet, were physicians. Interest and research in the field started in the United States around the year 1842 with Horace Mann, a well known American educator. He visited European schools and advocated the establishment of special schools for the retarded in America. The first special class opened in Springfield, Massachusetts, in 1897.³

1. Kirk, op.cit., pp.75-78

2. Frampton, op.cit. ,p.429.

3. Harry Baker, Introduction to Exceptional Children, p.269.

The same year an Italian psychiatrist, Dr. Maria Montessori, became interested in the mentally retarded. Her review of the work of Itard and Seguin convinced her that the problem was an educational one. In 1907 she organized a teaching center for these children which later became famous in the educational field. Montessori believed in auto-education a self-education. Activities and materials were so organized and designed that the children taught themselves while the teacher withdrew into the background. This method was carried out by means of didactic or instructive material such as cubes, wooden cylinders, blocks, colored tablets, and others. In her system she attempted to combine home and school education, that his activities in the school were designed to duplicate some of the activities in the home.¹

The early part of the twentieth century and the work of Decroly and Binet marked the beginning of modern education. Decroly, a Belgium physician working in Brussels, believed that the education of the mentally retarded must center around the child and his needs. He developed educational games designed to correct the defects observed in these children. His program was based upon

1. Kirk, op.cit., pp.78-80

upon the child's physical and mental set up, and in terms of the relation of the child to the family, to his school, and to the society in which he lives.¹

Binet, an experimental psychologist, is known for constructing the age scale for testing intelligence. This achievement grew out of his interest in the diagnosis of the mentally retarded. He did not accept the work of his predecessors, but he was interested in finding the mental ability of the mentally retarded child, his learning ability, his assets and liabilities.²

One of the first modern contributors in this field is Alice Descosudres who obtained her education and developed her interest by working as an apprentice to Dr. Decroly in his school in Brussels. Her objectives and techniques for educating the retarded represent to some extent a transitional period between the sensory and physiological approach of Itard and Seguin and the more modern progressive methods of teaching these children according to their needs in society. Like Binet, Descosudres believed in the training of the senses and attention of the child for which she organized a series of games and exercises. Physical training was also emphasized in her curriculum. It helps in the development

1. Kirk, op.cit., p.82

2. Ibid, p.84

of motor coordination, endurance, and the ability to communicate with others, as well as the development of sociability and self-confidence. Handwork and art formed another part of her curriculum. She also believed that activities should be drawn from the child's own experience, and that education must meet the needs of the children. As regards the teaching of reading, writing, and arithmetic, this should be for all who could learn and should not be started too soon. In fact she stated that we should not cram the child prematurely with food he cannot assimilate.¹

For the past thirty to forty years methods of educating the mentally retarded have been developed by numerous individuals such as Inskip, Duncan, Strauss, and Ingram. The common elements in their methods include an attempt:

1. To adapt the instruction to the slow learning ability of the child.
2. To make the program practical and less academic.²

The basis for a valid philosophy for the education of the retarded is providing education that benefits the retarded themselves. This in turn is based on a realistic view of the strengths

1. Kirk, op.cit., pp.88-92

2. Ibid., p.112.

and weaknesses of the child, as well as the place it is hoped he will occupy in society. Serious consideration again is given to the needs of these children. The aim is to develop the child's mental capacities and to promote his social and emotional growth so that he can achieve adequate social adjustment in his world.

Chapter II

CAUSES AND KINDS OF MENTAL RETARDATION

Causes

Endogenous

Exogenous

Clinical, Classification

Mongolism

Microcephaly

Hydrocephaly

Cretinism

Educational Classification

Totally dependent

Trainable

Educable.

Mental Classification

Severely retarded

Moderately retarded

Mildly retarded

Causes and Classification

Due to the common confusion and misconception existing in the minds of the public in regards to mental deficiency, this chapter aims to familiarize the reader with the causes of mental retardation, the various classifications, and the general characteristics of mentally retarded children.

Causes

✓ The causes of mental retardation are usually classified into two main groups -primary or secondary, familial or non-familial, endogenous or exogenous. The first of each of these pairs refer to hereditary or genetic factors while the second points to environmental causes or factors.¹

✓ 1. Hereditary retardation

About one to two percent of mental retardation is determined by a single dominant gene transmitted from parent to child. These types can be easily identified in the family history. Another group of the mentally retarded is produced by recessive genes, one from each parent. In most instances the parents are normal, being merely carriers of the recessive gene.² > Although popular opinion

1. G.M. Louttit, Psychology of Exceptional Children p.90

2. Merle Frampton, Special Education for the Exceptional, III, p.438

regards most mental retardation as hereditary, estimates of workers in the field vary from Tedgold's 90 per cent to Nueur's 1.7 per cent. It is said that intelligence can be modified more or less by cultural and other environmental stimuli, but there are sharp differences of opinion as to the extent of such modification. In a recent study of 35 cases, Benda found a great number with abnormalities in differentiation of spinal cord and brain, indicating that the abnormal development took place during the early months of differentiation in prenatal life. This does not support the argument of the genetic structure of mental retardation. One may still argue that insufficient nutrition of the embryo or attempted abortion, and other factors may have had a part in the developmental disorders. However Benda argues that there is sufficient evidence to indicate that as a clinical group the endogenous cases are a definite class in terms of their physical and mental deviations, whatever the doubt concerning the precise origin of their retardation.¹

✓2. Environmental - produced mental retardation

Here the retardation is considered because it develops after fertilization as a result of disease, injury, endocrine

1. James Coleman, Abnormal Psychology and Modern Life, pp. 496, 497

dysfunction, and other developmental disorders. Birth injury is a very important factor in mental retardation and it could be
in two forms, namely, injury to the head during birth, and cerebral anoxia. Head injuries are due to the large size of the child's head and the smallness of the pelvic structure in the mother. The skull bones are pressed too much either naturally or with necessary medical assistance so that hemorrhage occurs in the brain. Brain tissue is thus destroyed and this will have a major or minor effect which is generally not easy to diagnose. Cerebral anoxia, the second kind of birth injury, has been recognized in recent years. If the brain of the infant is deprived of oxygen for any reason and for any unusual length of time, deterioration of the brain tissue takes place very rapidly. There is a critical period during childbirth before oxygen is furnished to the child's blood through his own lungs. If the birth is delayed due to difficult labor there is danger from anoxia. A second source of anoxia is the use of anesthetics to ease labor pains. These in turn reduce the supply of oxygen in the mother's blood, hence to the child before birth takes place.¹

Infection, another cause of mental retardation may

1. Harry Baker, Introduction to Exceptional Children. p.264.

occur before birth, during infancy, or in early childhood.
The degree of damage is determined by the kind of infection attacking the central nervous system and the age of the child at that time. A severe form of mental retardation is often the result of German measles in the mother during the first three months of pregnancy.¹

Other childhood diseases that affect mental development are whooping cough, meningitis, and encephalitis. There is also some evidence which indicates that mental retardation may be produced by toxic factors from mother to fetus during pregnancy through certain drugs which are toxic that she must take.²

Classification

Just as there are many causes to the problem of mental retardation, there are also various way of classifying the mentally retarded.

1. Clinical

- a. Mongolism is named after the Mongolian race due to resemblance in physical characteristics, such as oblique

1. Frampton, op. cit., pp. 439, 440

2. Ibid.,

slanting eyes and eyebrows, scanty hair, mouth partly opened,
tongue marked by deep irregular fissures. Many of this type die
in infancy, others develop walking and talking at a late age. They
seldom reach the age of thirty, their average death rate being
fourteen.¹ Mongols are born "unfinished" or "ill-finished."
Something went wrong during embryonic life to produce fetal arrest
and development. In the vast majority of cases only one mongol
is born in a given family. Rarely is there more than one in a family
or generation. Clemens Benda has done a great deal of research
and is probably the foremost authority on mongolism and cretinism.
He recommends a program of extra precautions during pregnancy and
delivery for women beyond the age of thirty-five. In spite of the
fact that many, after a number of studies, attribute advanced
maternal age as an important factor in the cause of mongolism, yet
in itself probably it is not the cause, for mongols are also born
during the most favorable period of reproduction, and to mothers
in their twenties.²

"Some of the psychological and educational characteristics
of these children indicate that they are lively, observant, and
superficially bright. They are good natured, easily amused, and
exhibit a smiling countenance. They are affectionate, amiable,
docile, and cheerful when intelligently handled, but are subject to
stubborn spells when not tactfully treated. A certain proportion

1. Frampton, op.cit., pp. 439, 440

2. Wallace Wallin, Children with Mental and Physical Handicaps, pp.

of them are shy - and negativistic, and some are restless, noisy, and uncontrollable. Many mongols are imitative and show marked aptitude for mimicry. They often exhibit a striking fondness for music and possess a good standard for rythm."¹ There are those who are slow in learning to sit, creep, stand, walk, and talk. A good number can be trained to do simple forms of art and craft work including drawing and writing; to perform simple routine indoor and outdoor tasks; to conform to the ordinary rules and regulations of the home and the school; and to acquire many useful habits. Some progress in literary work but rarely in arithmetic. Most of them are incompetent in the latter.² The children belonging to this group are usually of an imbecile level of mental development, that is of an I.Q. ranging from 20 to 50.

- b. Microcephaly is due to faulty development of cerebral tissue. It's chief characteristic is the small head which rarely exceeds a circumference of 17 inches as compared with that of the normal which is around 22 inches. Fortunately this condition is very rare. The motor development of the microcephalic is fairly good on simple tasks. Intellectually he falls in between the idiot and the imbecile group. He generally tends to be hyperactive and restless

1. Wallin, op.cit., p.296.

2. Ibid., p.293

but is good natured and generally easy to get along with.¹ Although the microcephalic is observant and imitative, he is difficult to teach not only because of his low mentality, but also because of his limited attention span and high distractability.

The cause for the lack of brain development in the microcephalic has been clearly established. Some attribute it to abnormality in the fetal environment, others to a pathological variation in the germ cell. It is known that many cases of microcephaly are of exogenous origin. An evidence of this is the effect of X-rays or radium on pregnant women who have suffered from some disease. In the training of microcephalics the emphasis should be on habit formation for the purpose of self-care, and practical usefulness, on the development of manual skill, and on socialization directed toward obtaining social conformity and curbing antisocial or unsocial behavior.²

- c. Hydrocephaly seems to occur under two conditions, namely when there is an overproduction of cerebrospinal fluid and when there is an obstruction of the circulation of the cerebrospinal fluid because

1. Coleman, op.cit., p.561

2. Wallin, op.cit., pp.493,494.

of some pathological condition. Various surgical techniques have been developed but this is too new to draw accurate conclusions.¹ One of the most conspicuous early signs of severe internal hydrocephaly is the gradual enlargement of the head in all directions from the constant pressure of the fluid against the brain tissue. The eyes are often pressed downward and may appear to be bulging outward. In contrast with the large head the face appears small. The hydrocephalic is apt to have periodic attacks of headaches and vomiting. He may develop a stiff neck or epileptic convulsions. Restlessness, irritability, fussiness, slowness in learning to walk and to talk are his common characteristics. The educational program for these children should be organized in a way to meet not only the intellectual level and interests but also the sensory handicaps, visual or auditory or both, and some neuromuscular disorders that may be present. Some require a program of muscle re-education to improve motor co-ordination. The mental capacity and personality characteristics of the hydrocephalics differ from other types of mental retardation. Many turn out to be normal or bright if they recover soon or receive curative treatment before permanent damage has been done

Frampton, op.cit., p.443.

to the nerve cells.

- d. Cretinism results from endocrine imbalance. In this condition the thyroid has either failed to develop properly or has undergone degeneration or injury and this in turn affects the growth of the child both mentally and physically. The cretin child usually appears normal at birth, and not until the sixth month of life does the condition begin to attract attention. His physical characteristics include short stature with slightly bent legs, large head with abundant black wiry hair, broad flat nose, and a protruding abdomen. Some are severely retarded, but in most cases the degree of mental retardation is moderate. A few can be taught to read or write, to count and to perform simple tasks. On the whole cretins are calm, harmless, good tempered, and affectionate. They are capable of being pleased and amused. Unless treatment is started very early in life, mental retardation may still arise even though the physical symptoms do not develop.

2. Educational

For the purpose of establishing suitable programs of education, training and rehabilitation of the mentally retarded, the

following classifications should be taken into consideration.

a. The totally dependent mentally retarded child .

These are the children who because of very severe mental retardation are unable to be trained to take care of themselves and need continuing help. They require complete care and supervision throughout their lives. In general the type of help necessary follows below.

1. Assistance in dressing, undressing, toileting, and eating.
2. Protection from dangers.
3. Learning to participate socially with others.
4. Development as much as possible of adequate speech and language.¹

b. The trainable mentally retarded child

The characteristics of these children are as follows:

1. They are capable of eventually learning self-care in dressing, eating, keeping clean, and other necessary skills which will make them independent of their parents in regular routines of living.
2. They are capable of learning to get along in the family and immediate neighbourhood, to respect and share property rights, and in general to cooperate with their families and neighbours.

1. Frampton op.cit., p.435

3. They are capable of learning academic skills such as reading and arithmetic beyond rote learning of some words.
4. They are capable in learning to assist in chores around the house or sheltered environment.
5. They can eventually learn to protect themselves from common danger.
6. They will require some care or supervision and economic support throughout their lives.

c. The educable mentally retarded child

The educable, because of their slow mental development, are unable to keep up with the program of the regular elementary school. This does not prevent them from learning some of the basic academic skills such as reading, writing, and some arithmetic. That is why they are called educable. They are capable of acquiring third or fourth grade achievement by the age of sixteen. Their general characteristics follow below:

1. They do not begin to read or understand formal arithmetic until some time between nine and twelve years of age.

2. They develop mentally at one half to three fourth's the rate of an average child. It all depends upon how soon they learn to read.
3. Their speech and language will be adequate in most ordinary situations.
4. They usually can learn to get along with people.
5. They can learn to do unskilled or semi-skilled work and can usually support themselves at the adult level.¹

3. Mental

a. Severely mentally retarded.

This group is referred to also as "low grade" or "idiot."

It consists of individuals who are almost entirely a definite clinical type such as the mongols or the hydrocephalics.

Their mental retardation is caused by some obvious injury or defect. Generally their I.Q. varies from 0 to 25, making them usually totally dependent. Those belonging to this group make up 5 per cent of the mentally retarded.

b. Moderately mentally retarded.

These individuals are described as "middle grades" and "imbecile."

1. Frampton, op.cit., p.456

They equal approximately 20 per cent of the total mentally retarded group. The cause of their retardation is usually some definite brain injury, illness or disorder. Their I.Q. range is from 25 to 50. They will be semi-dependent.

c. Mildly mentally retarded

Identified as "high grade" or "moron", they constitute about 75 per cent of the total mentally retarded population. It is usually difficult to determine the cause of the mental retardation of this group. Their mental age ranges from 6 to 12 years with an I.Q. between 50 and 70.¹

1. Frampton, op.cit., p.441

Chapter III

PARENT - EDUCATION

Parent - Education

< "As they are to all children parents are of very great importance to the exceptional child. The child with a handicap is dependent upon his parents for food, clothing, shelter -- the necessities of living -- but children do not grow and flourish on necessities alone. The exceptional child is dependent on more affection, love, understanding, attitudes and environment. These are the things that children have a right to expect from parents, just as parents have the responsibility of giving them."¹ >

In studying the mentally retarded it is not only the child that we are concerned with but with the parents as well. The parents play an important role in the child's development and adjustment. The physical and emotional dependency of the retarded child upon his parent, and the parent's reaction - to this dependency, and to the fact of the child's deviation from the normal, are considered important factors in the child's total life pattern.² Among some of the reasons given by Seymour Sarason for considering parents in the study of retarded children are the following:

1. Rearing a subnormal child presents parents with problems resulting in certain reactions which in turn affect the child.

1. Merle Frampton, Special-Education for the Exceptional, I, p.303

2. Frampton, op.cit., p.292

1. since the bringing up of a normal child is not an easy task, just so much more difficult is the raising of a retarded child.
2. In many cases the lives of the parents and sometimes that of other members of the family are greatly affected. Marital conflict, fear of the attitudes and opinions of friends and neighbours, withdrawal from social relationship, financial sacrifice are only a few of the many problems that tend to arise.¹

The parents of all children handicapped or normal, are interested in helping children grow into mature, self-reliant persons who have the capacity to contribute to, as well as to take from, the community in which they live. To be able to achieve this objective parents have to be educated. Education prepares the parent for community reaction and can help him prevent situations from arising which could be harmful to the child's ego structure and to his future ability to take part in community life.²

Unfortunately very rarely have parents been given the kind of specific advice and guidance which they desperately need.

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1. William Cruickshank, Psychology of Exceptional Children and Youth, pp.466,467.
 2. Frampton, op.cit.,pp.295,299

This may be due to the general misconception regarding the nature and causes of mental retardation not only on the part of the parents but the general public as well.

Parental attitudes vary considerably with time and from one group to another. This is mainly due to the social pressure that is exerted on the parents themselves. In the past it was a reaction to a very real rejection and non-acceptance by the community group within which they happened to exist. The family as well as the child was ridiculed, neglected, and people approached all of them with suspicion. This led the family of the retarded child to withdraw from normal social contacts and isolate itself with the child. In turn it focused attention on every action of the child so that the result was frustration, not only on the parent's side but also creating a feeling of guilt, shame, rejection, and overprotection on the child's part.

It would be very difficult to achieve the objectives of an educational program for the retarded without the whole hearted cooperation of the parents and the general public which still confuses mental retardation and mental illness and has a distorted idea of both. ^{Thus} Programs of parent education have been, and in many areas still need to be developed based upon the belief that the

successful life adjustment of the retarded child depends largely upon the successful life adjustment of his parents and their ability to meet his needs. The aim of parent education is to aid the parents in the understanding and acceptance of their retarded child and to provide them with the specialized knowledge necessary for the child's training, care, and education.¹ Programs of parent education can help the parent to understand and tolerate ignorance, superstition, and prejudice toward the child's handicap. To be able to achieve healthy parent-child relationships that help in the promotion of the child's abilities and faculties, parents should not be embarrassed about their retarded child, but should face the problem of determining what are the possibilities for the child.² To counteract the retarded child's sense of being different, parents need to help him feel that he can accomplish something. Whenever they discover any skill or special talent in him, they should encourage him in its use and provide ways for its further development.

Many parents face the problem of winning the sympathy of the other children of the family for the retarded child. To facilitate his situation parents should from the very beginning

1. Merle Frampton, *Special Education for the Exceptional*, III, pp.512, 513.

2. Morris and Miriam Pollock, *New Hope for the Retarded*, pp.20-22

The attitude of the various members of the family has a great influence on the child's personality. For instance because some children who are retarded may be late in sitting up, walking, or talking, parents care for them as babies much longer than they would otherwise. Sometimes the whole family underestimates their ability, goes on doing things for the child when he no longer

hand to their parents and the retarded child. ¹ normal children of the family are better able to give a helping other children of his age. By knowing and understanding, the thus preventing the child from thinking and acting as quickly as how some children are born handicapped because of a brain injury to go in sufficient time." Some parents go even further and explain up the feeling that "he's a little slow but he'll get where he wants the condition of his retarded brother or sister. They can build of explaining to the normal child realistically and delicately of the retardedness of the other. Then comes their important role their until they notice that the normal child is becoming aware retarded brother or sister. They should allow them to play together build up respect and understanding in the normal child for the

needs it. The retarded child usually wants to be independent and has a right to learn to be so under consistent and firm family guidance.

What parents actually need is access to advisory clinics, staffed with especially trained workers, where they can discuss the child's condition and progress. Very often when parents are first informed that their child is mentally retarded they are almost certain to be disturbed and are unable to accept the fact of the child's handicap. In many cases they have a feeling of personal guilt, blaming their marriage-partner for the child's condition. The clinic furnishes information about the development of the sub-normal and a training program in line with the capacity of the child. Pushing beyond this capacity results in the frustration of all concerned.

"Local and national parent associations have in recent years done much to inform and enlighten the public as to the existence and needs of retarded children, and to make recommendations to appropriate authorities for adequate facilities for their training and education. The first thing that the associations can do is to break through the isolation felt by each family with a

1. Merle Frampton, Special Education for the Exceptional, I, p.297.

retarded child, and to bring together all parents within an area who have a mentally retarded child, thus helping the parents to realize that others also are facing the same problems and difficulties.¹ Besides the discussion of these difficulties and problems including their nature and treatment, so in time public interest and concern for mental retardation is aroused and met more intelligently. ~~These~~ These procedures aim for the following:

1. Actual recognition of the problem when the parents realize the growth and development of their child is not progressing along normal patterns.
2. Examination and diagnosis of the child from a medical, psychological, and educational point of view.
3. Acceptance of the fact that the child will probably ever be normal.
4. Planning for the immediate and future of the child, so that he will be able to achieve his maximum growth and development in terms of his limitations.² >>

1. World Health Organization, The Mentally Subnormal Child, p.37

2. Frampton, op.cit, III, p.445.

The developmental program at home requires a discipline approach which adheres strictly to the following procedures:

1. Help the child only when he needs help, remembering that support is better than overprotection.
 2. Patience, no matter how slow the child may be, for it is mostly through repetition that he will learn.
 3. Recognition of the signs that he is ready to do things for himself, then let him do little tasks about the house. The home can provide many opportunities for the retarded child to take care of himself as well as to contribute to the welfare of others.
 4. Surety that he understands what he is told to do. Be clear and easy in directions. Teach him only one thing at a time.
 5. Praise is important when he finishes a task. >
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Chapter IV

SPECIAL EDUCATION IN THE SCHOOL

Goals of Education

Health

Tool Subjects

Home and Community Membership

Vocational Training

Needs

Teacher's Qualifications

Teaching Procedure

Concrete objects

Concept formation

Repetition and Review

Curriculum Content

Health and Physical Training

Social Training

Academic Studies

Music and Art

Special - Education In The School

A democratic society is committed to the program of educating all the children of all the people regardless of their intellectual level. Every child should be educated to develop his fullest capabilities so that he can live a happy useful life. This does not mean that the educational system can educate all by the same method or to the same level of achievement.¹

The goals for special education for mentally retarded children are in general the same as those desired in an educational program designed for normal children. The difference lies in the method of achieving these goals, and in the slightly different emphasis of the various areas of socio-economic life. We are dealing here with children of limited ability many of whom have early lost confidence in themselves in trying to compete with normal siblings and neighbourhood children in a too complicated and too demanding environment. The aim of an educational program should be to aid each child to gain maximum satisfaction from the expanding use of his abilities, and to overcome hampering

1. Samuel Kirk, Teaching Reading to Slow Learning Children, p.13

personality characteristics which may develop as a reaction either against the social treatment that he receives or against the handicap itself. This hopes to enable him to adjust to the life situation which his mental handicap makes possible for him.

C In educating the retarded there is more emphasis on the development of personality and adequacy in the social and occupational areas rather than on academic achievement. Because of the inability of the mentally retarded to achieve so many and so varied adjustments, and to contribute and participate in life so fully, he should be guided and helped to achieve the adjustments within his reach and to contribute his share within the sphere of his capability. As long as he is well adjusted, cooperative, and contributing as much as he is able, then he is doing his share.¹ >

Goals

The main areas to be considered, when establishing the goals for the education of the mentally retarded, are health,

1. Christine Ingram, Education of the Slow Learning Child, p.61

personality development, tool subjects, family and community
life, leisure, and vocational training.

Health

Health is one of the first considerations for every child and it is of special importance to the retarded child if he is to develop to his fullest capacity. Since health is a very important factor in life the teacher must, therefore, direct the child in practicing health habits and attitudes that will develop and maintain a healthy physique and at the same time create a feeling of comfort in life.¹

Tool Subjects

Tool subjects are a minimum essential as far as the ability will allow. By tool subjects is meant the fundamentals of reading, writing, and arithmetic. To be able to acquire and use this knowledge, the child needs learning situations in which he applies the things he learns to specific situations in everyday life.²

1. Ingram, op.cit., p.62

2. Ibid, p.63

Adequate Home and Community Membership

The training for adequate home and community membership is another goal in the education of the mentally retarded. The child needs to develop the concepts, skills, and attitudes that help him in becoming a better member of any group. The teacher should attempt to give insight into the practical interpersonal functions and problems that exist in the home and community, such as sharing of responsibilities in the home by parents and children, division of labor, love and respect for one another; the varied functions rendered by the community in health, food, protection of life and property, cultural and recreational facilities such as schools, churches and parks.¹

Vocational Training

Vocational training and preparation for profitable leisure time is a very important educational provision. The school should teach the mentally retarded to enjoy recreational activities which can be practiced at home, or in the community. These would include athletics, group games, handicrafts, art and music. A national or

1. Wallace Wallin, Education of Mentally Handicapped Children, p.257.

even a province program involves consideration of the existing adult mentally handicapped who are capable of learning the necessary basic and fundamental skills required in semi-skilled or unskilled occupations. The names and use of basic tools, their care, neatness of work and person, completion of a job, the following of directions, and safety rules should be stressed not on a theoretical basis but in continuous practice.¹ The mentally retarded child needs planned direction in the development of habits, skills, and attitudes that will help him as much as possible to adjust himself to a job he is capable of filling. In addition to those mentioned above, honesty in work, punctuality, cheerfulness, and a steady pace are of great importance. Their possession means the holding or losing of a job.²

These are in brief the outstanding goals to be sought in educating the mentally retarded. Although some of them may seem very difficult to attain, they are so essential if we wish to make each individual as independent and self-supporting as possible; if we wish him actually to enjoy and contribute worthwhile activities within the world around him as he is able.

1. Kirk, op.cit., pp.234, 235

2. Ingram, op.cit., p.68

Needs

Along with the educational goals repeated emphasis must be given to the necessity for meeting the present needs of the individual. Children who are mentally retarded are more like normal children than they are different from them. Their needs are very much the same as those of every child. A mentally retarded baby, like all babies, needs personal attention, cuddling, as well as food and sleep. He needs good physical care, understanding, and a chance to be happy. He needs a family's love to feel that he is wanted - and that he belongs. He needs a chance to do things for himself, to play with others, and to go to a school which understands his potentialities and his right to develop so that an adequate degree of emotional stability will result in his growing-up. It depends, according to Christine Ingram, upon the following:

1. Success and achievement.
2. Recognition and approval
3. Belonging to a group.
4. New activity and new experience.¹

1. Ingram, op.cit., p.133.

The elements of success and approval are of great importance in the education of retarded children. Children in general are social in nature. They respond to the presence of others; they are interested in sharing their activities with others, as well as receiving approval from others. But too often these impulses have been frustrated in the case of the retarded child who because of his inability to cope with the average child, does not have enough opportunities for sharing his experiences and winning approval. He then requires more positive encouragement to work toward definite goals than does the normal child. This encouragement comes so frequently with just an expression of approval.

Qualifications for Teachers of the Mentally Retarded

The success of an educational program depends mostly on the teacher's success in discovering and utilizing the child's needs, and in supplying the experiences that will develop the learning, appreciation, attitudes, and habit-patterns which she wishes to promote and encourage. In turn the teacher's success or failure depends upon her personality assets and liabilities, her physical and mental health, and her instructional competency. How much success she will attain depends upon her skill in freeing

the child from any hampering psychological or educational hindrances that tend to inhibit his initiative. It depends upon her ingenuity in assisting the child to achieve success on his own level because this is one of the important means of motivating learning and gaining self-realization and personality adjustment. Finally it depends upon her success in attaining the major objective of special education, namely, the child's successful adjustment to the place he can fill in his social and occupational world.¹

Certain qualifications that are desirable in teachers of the mentally retarded follow below:

1. "Genuine interest in and sympathy for children.
2. Patience and perseverance.
3. Optimism, companionship, and tact.
4. Self-control.
5. Emotional and nervous stability
6. Emotional maturity.
7. Adaptability, plasticity, and imaginative insight.
8. Understanding of interpersonal relationships.²

1. Wallin, op.cit., pp.220,281

2. Wallin, op.cit., p.224

In addition to these the teacher needs a sense of humor for it is one of the best forms of mental medicine. She should be psychologically minded so that her adjustments will fit individual needs. She should not be too ambitious and become nagging. On the contrary she should be satisfied with small returns on her day by day investments of time, energy, and effort, and from these derive the joy and inspiration that go into encouragement for her pupils.

Teaching skill depends not only upon having the previously mentioned desirable personality traits, but it also depends upon the amount of experience and training the person has received. One important part of the teacher's training program is practice teaching with the mentally retarded to orient the teacher to the curriculum, materials, and methods. Another is keeping up to-date with the developments taking place by reading new books and professional journals in her field.¹

Teaching Procedures

Some of the specific teaching procedures used with mentally retarded children are as follows:

1. Ibid., pp.237, 238

Concrete Objects

It is said that the mentally retarded are "thing minded," "eye-minded", and "ear-minded", rather than "word-minded" or "thought-minded". Illustrations, demonstrations, filmstrips, excursions, and activity projects become more effective than words, principles, rules, and abstractions. They get hold of the attention and interest of the child much more if he is helped to apply what he learns to everyday experiences and situations.¹

Concept Formation

In educating the mentally retarded, the teacher should as far as possible educate the children to see the relationship between things, to form concepts, and to understand at least those abstractions that are related to their workday existence. Concept formation is important because it is a device by means of which we can recall, group, classify, and generalize all past experience. Its achievement in the mentally retarded depends a great deal upon an abundance of concrete experiences of noticing likenesses and differences in a great variety of objects and activities.

1. Wallin, op.cit., p.188

Repetition and Review

When a mentally retarded child enters school the teacher has to determine what the child already knows and what he can remember from previous instruction or incidental learning. The bright child often understands and retains impressions after one presentation, but in the case of the mentally retarded it is only through repetition of the same facts over and over gain that some understanding and assimilation result. Reviewing revives past experience and determines the degree of mastery that has been acquired and in turn it increases the practical efficiency of the mentally retarded.¹

Discipline as Guidance

Along with teaching methods it is important to consider the management of behavior. In a class for the mentally retarded instruction and management of children should always be in the positive form. Rewards and encouragement are more effective for learning and adequate behavior than punishment and scolding.

1. Ibid., p.189, 190

Paying attention to desirable behavior accomplishes more than emphasizing misbehavior. Instead of identifying the child by things he cannot do and thus setting him apart because of his failures, emphasis should be focused on his abilities.¹ Some do's and don'ts for the teacher follow below:

1. Use positive rather than negative statements. For example, "Put your book away", is better than "don't leave your books on the desk." The teacher should focus attention on the thing she wants the child to do.
2. Use specific rather than general statements, especially when making requests of young children. "Put on your clothes" is too general and might seem too complicated for a young child. A more specific request would be "Put on your stockings," or "Now put on your dress." In making requests to young children tell them exactly what you want them to do, and how they should do it.
3. Use encouraging rather than discouraging statements which point to success rather than failure.

1. Kirk, op.cit., p.331

4. Use consistency in requests, not forbidding a child to do something one day and allowing him to do it the next day.
5. Use substitute suggestions rather than negative commands. When a child is doing something you don't want him to do it, it is more effective to suggest a substitute activity than to reprimand him with "Don't do that."
6. Give the child a choice in activities. This creates a feeling of freedom in determining his own plans.
7. Keep teacher verbalism to a minimum. Many teachers talk too much. Too many directions tend to force the children to disregard the teacher. The tone of voice makes a difference. One which is calm helps to obtain calmness from the children.
8. Stimulate shy and reserved children. Some because of continual failure in school and in social contacts become withdrawn. It is the duty of the teacher to provide these children with opportunities for success in a social situation.¹

1. Kirk, op.cit., pp.232, 234

Curriculum Content

When discussing and planning the curriculum for the mentally retarded one must be explicit as to which of the three groups described on pages 24 and 25, namely, the totally dependent, the trainable, and the educable, the mentally retarded belongs.

The following is a very brief but rather comprehensive outline of some of the basic areas a program for the mentally retarded should cover.

Direct Health Work and Physical Training

Hygiene and physical training form an integral part of the curriculum. The teaching of facts regarding care of the body, personal cleanliness, and the development of proper health habits related to the development of self-respect are very essential for the child. Grace and harmony in movement can be developed through folk dancing, gymnastics, sports, games. These in turn stimulate interest, increase concentration and effort, and require playing with others according to rules.¹ >

1. Wallace Wallin, Education of Mentally Handicapped Children, pp. 281-285.

Social Training

Social training of the mentally retarded is far more significant than mere educational achievement. The extent to which they are accepted as agreeable individuals by and in the community depends upon the degree of their social adjustment. The amount of failure and frustration they experience will determine how much discontent, emotional difficulties, and maladjustments they will face in life.¹ In like manner, the attitude of the community toward them has a direct influence on their total mental health.

Two recognized methods of social training are the didactic and habit formation. Didactic instruction calls for concrete, factual, and practical experiences of everyday life. The child needs to be taught what the home, school and community consider to be correct attitudes and behavior in regard to moral relations and obligations. Money is often handled in school for various activities. Its collection can be a teaching experience. Any dishonesty on the part of one child, for example, becomes the concern of the whole group.²

1. Arthur Alford, "Some of the Mental Health Aspects of Mental Deficiency", Mental Hygiene, July '55, p.440

2. Wallin, op.cit., pp.288,289

Daily practice is the best method of establishing patterns of acceptable behavior. In general, most people's actions are motivated by inner drives, habits or customs and usually are not based on principles of a particular course of conduct. Therefore the establishment of habits is important in the education of retarded children. Good conduct, correct responses, and acceptable behavior are all part of their habit formation. The children should be trained day by day to establish dependable habit responses in many situations. Habits of safety, courtesy, punctuality, cleanliness, and truthfulness are very important, and it is upon these habits and how much and how well the child can use them, that his later success in life depends. As we all know, they are as important in job holding as the manual traits.¹

Academic Studies

Since mentally retarded children vary in degree of mental retardation they should not be pressed to go further than their capabilities permit. The program should be studied in both content and method, to the educational and intellectual levels and aptitudes of the pupils. In discussing the academic skills, we are primarily

1. Wallin, op.cit., pp.289-292

concerned with the fundamental principles of reading, writing,
and arithmetic. + Music & Arts

1. Reading

The basic goals in teaching reading to mentally retarded children are about the same as those for normal children - recognition of printed symbols and increase in the reading and speaking vocabulary. It seems agreed that children should not undertake reading at any level without mental, social, emotional, and physical readiness. There is reading for pleasure and reading for information. Both aim to develop a vocabulary containing the words the child needs in his daily contacts in the home, school, and community, and to develop the ability to express meanings accurately and to pronounce words correctly.¹ When preparing a mentally retarded child for reading the teacher should have developed in him the ability to remember sentences. All materials used to teach the details of word and sentence building should give recognition to the accepted psychological process involved in learning to read.

1. Wallin, op.cit., pp.332-335

2. Writing

Because mentally retarded children will have less need for writing than normal children, the emphasis on developing these skills should be placed on legibility, writing signatures, filling in simple forms, and writing simple letters. Speed is unimportant. No one system of writing can be recommended as better than another for the mentally retarded. The child should be helped to diagnose his own writing weaknesses and to work for improvement.¹

3. Arithmetic

The teaching of arithmetic to mentally retarded children presents a special challenge when one considers the amount of time that a mentally retarded child spends on this subject. The teacher's first job is to find out what number concepts the child has already acquired from his home experiences and then build upon these. The child needs to be familiarized with measurements, numbers, and the four mathematical signs of addition, subtraction, multiplication, and division. The second step is to help him employ these processes with precision in

1. Christine Ingram, Education of the Slow Learning Child, p.280.

meaningful situations. The demands of the child's social situation are an important factor in deciding what specifics to teach.¹

4. Music

"Music is a basic means of developing personality, character, spiritual and moral values, brotherhood, culture and love of country since it appeals to the emotions, the intellect, and the motor and sensory aspects of human nature. It reaches down into the soul of the individual and makes it possible for him to give expression to emotions that are too deep for words to articulate."² Thus we can see why music is considered an exceptional medium for the retarded. They become much absorbed in it. Music relieves boredom and fatigue, affords relaxation and rest, creates a feeling of unity. In working with mentally retarded children the teacher should remember that reactions are more important than knowledge, and expressive experience is more important than acquisition of factual information. These children need confidence and compensation for definite lacks, as well as a feeling of security and adequacy in group situations.³ Most mentally retarded children obtain much

1. Wallin, op.cit., pp. 338, 339

2. Merle Frampton, Special Education for the Exceptional, III, p. 488.

3. Ibid, p. 490

enjoyment from music and they often tend to display their emotions frankly. The teacher should encourage the child to discuss what the music means to him, how it makes him feel and of what it makes him think. This information can be most helpful in getting to know the child. Many of these children are able to hum tunes. Some have good voices and sing correctly. Others learn to play easy selections. Few of them can learn music by note. They must be taught by the rote method. Musical training should include singing, whistling, and playing any instruments. Learning the names of instruments is facilitated by making picture illustrations from magazines and modeling them in clay or plasticine.¹

5. Art

Art also plays an important role in the education of exceptional children. It should be taught in purposeful and functional situations, such as letting the children decorate the rooms, construct gifts and games, illustrate and visualize class work, and tell stories. In many cases we find that the mentally retarded child is clumsy and awkward, but this should not deprive him of manipulative experience. On the contrary, he should be led from simple tasks progressively to more complicated ones.

1. Wallin, op.cit., pp. 353-355.

Whether the child learns to construct or destroy will depend upon the satisfaction he has been helped to achieve. Art activities should be used to improve manual dexterity and motor coordination.¹ Art is a means of self-expression and an integral part of our daily living regardless of chronological age and mental ability. As the writer has mentioned before the handicapped child is frequently a victim of extreme frustration resulting from his inability to participate in normal physical or social activities, and to achieve academic or personal success. Art gives him an opportunity to resolve his conflicts and release his tensions particularly when it is correlated with his reading, interpreting arithmetic, comprehending number, shape, form, size, space, width, breadth, exactness, amount, and position.²

A successful art program does not only immitiate the desire to create things, but it should also improve attitudes and practices of co-operation, socialization, sharing, and self-criticism.

the mentally retarded child can be taught to evaluate his efforts in terms of his ability and encouraged to improve his work with the addition of more effort.³

1. Samuel Kirk, Educating the Retarded Child, pp.303,306

2. Anne Randall, "Art time for Exceptional Children," School Arts, v.51, April '52, p.274.

3. Kirk, op.cit., pp.304-306

Chapter V

RECOMMENDATIONS TO MINISTRIES OF EDUCATION IN ARAB
COUNTRIES FOR THEIR RESPONSIBILITIES TOWARD THE
MENTALLY RETARDED CHILD

What is being done in

Egypt

Lebanon

Iraq

Recommendations.

Current - Education for the Retarded
In Some Countries of the Middle East

The writer aimed to find out what was being done at present for the mentally retarded and how their needs were being met. Egypt, Lebanon, and Iraq were the three countries considered, and information was secured through the Ministries of Education.

Special Education in Egypt

The Ministry of Education in Egypt seems to be aware of the needs of the retarded and has undertaken some action in this field.

The schools for the retarded are given two headings namely, Schools for Handicapped Children (called by the Ministry Abnormal), and schools for the Mentally Retarded. Adding the figures obtained from various parts of Egypt, we find the following totals for the 6-12 age group:

<u>Schools for the Handicapped</u>		<u>No. of Classes</u>	<u>Males</u>	<u>Females</u>
Governmental	14	143	924	449
Private	3	12	54	77

These figures do not include 54 boys and 18 girls who are enrolled in vocational schools. The so called schools for the handicapped are not strictly for the mentally impaired. They also provide for the physically handicapped such as the blind, deaf, and dumb.

At Calioub Experimental School there are 50 mentally retarded pupils, 9-12 age group, with an I.Q. of 50-70. There is a boarding section for 30 more who come from other districts than Calioub. In February 1959, the Ministry of Education opened a school at Doldci for the mentally retarded, 6-12 age group.

Very few classes are available for the mentally retarded children in the "ordinary" elementary schools. One such is Al-Munina.¹

Special Education in Lebanon

Unfortunately there are no special services for the education of the mentally retarded in Lebanon. The Ministry of Education is more or less centering its work on the education of the normal child. The exceptional child, whether the

1. Amir Boktor, Dean, Faculty of Education, American University at Cairo, Cairo, Egypt.

gifted or the retarded, is being neglected.

Due to the lack of special education the retarded children follow the expected pattern, that is they are sent to school, fail, repeat usually more than once, until they are put out of school. Parents who can afford it, often provide special tutors for their retarded child, or they themselves take over the responsibility of teaching them certain basic principles and skills within their abilities.

Often when parents are faced with the problem of a mentally retarded child, they first seek the help of their physician thinking that whatever is wrong with the child can be cured. Much then depends upon the physician and the advice that he gives. Very few refer them to a psychiatrist.

Clinics that can be of help to parents of retarded children are the following:

1. Pediatrics Section of the American University Hospital.
2. The Neuro-Psychiatric Clinic in Beirut.
3. The Education and Psychology Departments of the American University of Beirut.

The last mentioned departments have mental tests in Arabic which they have used with some retarded children. The Ministry of Education, on the other hand, limits its use of similar tests to the normal child.

Special Education in Iraq

The writer conferred with the Education officer of the Iraqi-Embassy in Beirut. He informed her that the first school for the mentally retarded was established by Mrs. Fadel Al-Jamali who happened to have a retarded child of her own. This school is now called the Ramzi School. Through her effort the problem has been recognized as a special one requiring specialized attention. This has brought about the recent establishment of another such school, the Al-Amal School.

Recommendations

It seems to the writer that the countries in the Middle East have the responsibility to educate the mentally retarded children as well as those who are normal, and to educate the public about mental retardation.

No child should be merely something cared for and preserved from harm. There are reasons for his condition and if they can be discovered others may be born whole because of him. As Pearl Buch once said about her daughter in her book The Child Who Never Grew, "It is too late for some of our children but if their kind of retardation can make people realize how unnecessary much of the tragedy is, their lives will not have been meaningless" The need is far more pressing than the public realizes. The writer on the basis of her study for the preparation of this thesis, wishes to offer the following recommendations for consideration:

1. Diagnostic Centers

Parents are in need of a place when they can take their retarded child for complete medical, psychological and educational testing, and where they can in turn receive help in their adjustment to the problem. Many

times when parents become aware of the fact that their child's growth and development are not progressing along normal lines, they are not sure where to seek help because there is no one central place. Often they are given wrong or inaccurate information. A mother of a retarded child related to the writer that when she first noticed that her child was not developing normally she took him to a physician. The latter, not recognizing mental retardation, prescribed some medicine for the boy. It brought about no improvement in his condition, so she tried another child specialist. The second one indicated to the mother that the medicine used would harm the boy more than help him.

2. Parent Organizations

It has been said that parent groups are one of the best organized ways for helping retarded children. They develop out of the needs of parents having retarded children in the home and in turn serve as a stimulus to do something educationally sound for their growth. The public becomes aware of the needs of the mentally retarded and through this gradual awareness may see such children and adults as human beings with rights. Understanding and acceptance of the retarded child could be aided through various media such as pamphlets, lectures, and radio programs. Because of the lack of money in most Middle East

countries for the work, parent groups could also carry art fund raising projects.

3. Special Classes

Mentally retarded children are suffering from the lack of special education in the school. They cannot develop to the best of their abilities if we do not provide them with the kinds of classes which meet their needs.

4. Institutions

Institutions are essential to serve the severely mentally retarded. They should be for children outside the premises of the mental hospital. There is still much confusion and misconception in the people's mind between mental retardation and mental illness.

5. Trained Personnel

Special education for the mentally retarded requires qualified, trained teachers. Ministries of Education should establish this kind of training in its universities and should encourage with grants superior young people to prepare for future openings in this field.

APPENDIX

Comparison of the Development of Two
Mentally Retarded Children

Comparison of the Development of Two
Mentally Retarded Children

The following is a brief description of the development of two mentally retarded boys of the mongolian type. Their physical, social, mental and educational characteristics are given. Differences in development are pointed out, due to the fact that one has been receiving education in school, while the other has been receiving special tutoring at home.

The first child, Raja, is in Jordan. He is thirteen years old and is the youngest of a family of four children.

Physical Development

He is quite healthy and well developed physically. He is 58 inches in height and 102 pounds in weight (146 cm. and 46 kilos), thus making him 2 inches below the norm of the average height for the thirteen year old, and 5 pounds overweight. He is fair with rather small eyes. His muscular coordination is now good. He runs, jumps, and hops. Until the age of three years he could not walk. His eye-hand coordination is improving. For a year he has been using ink in school. He is still a little awkward with the pen but is showing greater control and neatness. He enjoys sawing and hammering. However, his experience in this area has been limited. Speech defects are now more or less

disappearing. Two to three years ago he had some difficulty in pronouncing the letters R and K in both English and Arabic. Today he has overcome this. He understands both Arabic and English pretty well; speaks the former better than the latter, but is putting much effort into speaking English with the result he is now able to form phrases and make himself understood. He speaks at a fast rate. This often makes it difficult for others to understand him. He is always reminded to slow down.

Social Development

Fortunately, he is very sociable both with adults and children, and may be more so with the former because they come down to his own level and try to understand him. He enjoys being in the company of others. He always wants and seeks to have a place in the family group, and likes sharing in the housework. The family encourages him to do so. He is very particular about personal cleanliness. He makes use of expressions of courtesy such as "please, thank you, may I" and the like, but still he has not developed self-control in satisfying certain wants. For instance in eating, somebody has to control his food intake. As regards to his friends, children of similar mental ability and the same sex are preferred. That is why his associates tend to be always

a few years younger than him. During play time he likes to give orders, somewhat dominates others, and often insists in doing so but does not always succeed. As long as the children he is in contact with understand him, he gets along pretty well.

He enjoys playing ball, but most of all he likes to excel in games such as snakes and ladders, ludo, and lotto. He is very much disappointed if he is the loser.

He likes music, songs, and rythms. He is very much interested in popular songs, can hum many and sing a few. Dancing is one of his favorite activities. He creates his own steps and movements that are in perfect harmony with the melody. He enjoys the radio, listening to stories, news, and the children's hour program. He is very curious and is constantly asking questions such as "how does this work or function", "who is this person". Recently he has been interested in politics and has formed his own political ideas, more or less influenced by those of his father.

Mental and Educational Development

At thirteen years of age he's now in the fourth grade. This does not mean that he is following the whole program. His subjects of study are reading, writing, and very elementary grammar in both languages, English and Arabic. It so happens that he excels

in the English more than in the Arabic. He has also mastered some of the basic principles in arithmetic - addition, subtraction and multiplication; now he is starting division. Evidently he dislikes this subject and tries as much as possible to avoid it. However, both his parents and teachers in school have put some effort into making him realize that it is rather important to know some arithmetic. Hygiene, history, and geography are other subjects that form part of the program. He enjoys them and shows some interest. Through the aid of his teachers and the parents at home, he is helped to acquire some basic facts and to develop concepts and ideas. He is now concerned about what is being done and why. His vocabulary is growing. His power of comparison, generalization, and abstraction are weak or even lacking in many situations.

His concept of time is developing. He knows that there are twelve months, seven days in the week, and the time of day on the clock. He has a very good rote memory. He can memorize poems very easily and in fact poetry is the one subject he takes in school in which he equals his classmates. He observes minute characteristics of people, is fond of imitating others, and is actually very good at it. Art is another interest but not a major one. This may be due to lack of experience and little stimulation of interest. Dramatics is definitely a hobby which keeps him busy during free time.

The second child, George, lives in Beirut. He is ten years old, has been receiving special tutoring at home for a year and a half. He is the eldest boy of a family of three children.

Physical Development

He measures 51 inches and weighs 68 pounds. (31 kilos, 126 cm). In height he is below the norm of the average ten year old which is 54 inches, while in weight he is average. He's general health is good. He has black hair, fair skin and small eyes. He runs and jumps with ease, and can hop a little. He is now showing some improvement in eye-hand coordination. For instance, he can color a circle or square without going outside the edges. He needs constant supervision if any constructive work is desired. His speech development is also improving, particularly the correct pronunciation of all the letters. At the same time one defect is evident, namely, when he talks he does not pronounce the whole word properly and talks too rapidly. He speaks only Arabic but can understand very simple English phrases such as "come here, put the book on the table" when each word is articulated distinctly and slowly.

Social Development

He is friendly and obedient if handled with care. Negative measures are not effective. Positive ones, such as rewards or a word of praise and approval, are more likely to win the

child to you. In fact he wants constant praise. At home he plays with his two brothers ages six and three years. He gets along pretty well with them. The brother aged six years is very considerate. Whenever he finds out that his retarded brother has done something wrong, he goes and reports to his mother who in turn comes and corrects him. This he does in the belief that correction is really needed. He is very sensitive. If his feelings are hurt he will not utter a single word and remains thus for a while. He is moody and desires his own way.

He is encouraged to help at home, such as putting things back to their places and other minor jobs. He gets satisfaction when he goes out for a walk to see some friends or relatives, or to the beach. He enjoys listening to stories and music. He is very fond of some-popular songs, can hum a few and repeat some of their phrases. Besides this he enjoys dancing and creating his own rhythmic movements. He knows some courteous expressions such as "please, thank you, good-bye," but has to be reminded when to use them. There are no special games that he is particularly interested in or that he can play. He does enjoy imitating others and dramatizing certain situations.

Mental and Education Development

At six years of age his parents sent him to a kindergarten

but he was unable to cope with the other children so he had to be sent home. For the last year and a half he has been receiving special tutoring. He now knows how to read and write the alphabet in English but only to read it in Arabic. The writer would estimate his reading knowledge of words to be about a hundred in English while it is considerably less in Arabic.

His concept of time is very weak. The names of the days of the week are vague to him. He is not very curious or persistent in his questions about things and people. He can tell colors. His number concept is not well developed. He can count to 15 but when shown a number of objects, supposedly 4 pencils, he cannot figure it out and determine that these are 4 pencils. He seems to notice new things and changes around him.

From the preceding observation the reader might conclude that the first child has progressed a great deal more than the second. This is very true, despite the fact that he is three years older. Yet other factors are involved. Environment plays an important role in the development of the individual. The mere fact that this child has been attending school tends to support this progress. The school is the second socializing unit after the home. It promotes the social development of the individual as well

as his educational and mental growth. In other words it helps to establish patterns of behavior and to shape the total personality. Had George been given the chance to attend special classes, no doubt, he would have shown greater signs of development in all areas. This brings one back to the problem of lack of special education in the countries of the Middle East, and the education of parents of retarded children to understand how to help these children.

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