ISSN 2250-3153

Adjustment problems of Educable Mentally Retarded

Dr. Bharati ROY
Email: bharatiroy.roy15@gmail.com

Abstract- The study examined the adjustment problems of educable mentally retarded students of Ranchi (India). The total sample in the study consisted of 200 subjects – out of which 100 served as experimental group (mentally retarded) and 100 as normal control. The subjects in the experimental group were selected from the schools of mentally retarded and normal control subjects were selected from different high schools of Ranchi. They were matched with the experimental group with respect to various socio-demographic variables, like age, economic status, religion and domicile. The Purposive sampling technique was adopted. For assessing the intelligence and adjustment problems of the subjects, Sandford Binet intelligence scale and Bell adjustment inventory were administer. Result showed that:
(i) Mentally retarded subjects had greater adjustment problems than the normal control group.
(ii) Mentally retarded group showed highest score in social area and lowest score in health area in comparison to other areas of adjustment.

Index Terms- Educable Mentally retarded, Adjustment, Control group, Experimental group

I. INTRODUCTION

Mental retardation is a complex clinical condition with a heterogeneous etiology in which people have below intelligence that limits their ability to function normally. This type of people may have problems with communication, taking care of themselves, daily living social skills, community interactions, directing themselves, health, safety and work. Mental retardation has posed a great problem throughout the world due to its highly complex social, medical, psychological and educational components, apart from various unanticipated problems.

The American Psychiatric Association in DSM-IV-TR defined mental retardation as 'significantly sub average general intellectual functioning…. that is accompanied by significant limitation in adaptive functioning.' The term adaptive functioning refers to the person's ability to cope with life's demand and live independently, according to the standards of his or her age groups, communities, social clam and culture.

Mental retardation varies in severity. The DSM-IV-TR classified four different degrees of mental retardation: mild, moderate, severe and profound. These categories are based on the person's level of functioning and IQ Scores. Children with mild mental retardation are classified as the educable mentally retarded, and compose approximately 85% of the mentally retarded. Initial diagnosis of mental retardation occurs very frequently at ages 5 to 6. During early childhood, individuals with a mild degree of intellectual impairment, often appear to be normal. Their sub average intellectual functioning becomes apparent only when difficulties with school works lead to a diagnostic evaluation. When adequate facilities are available for their education, children in this group can usually master essential school skills and achieve a satisfactory level of socially adaptive behavior. (Carson, Butcher, Mineka and Hooley, 2008)
Educable retarded children are basically very similar to other children generally they do not have physical characteristics which set them apart from other children. They are capable of engaging in the same physical activities that other children enjoy. They do not exhibit behavior patterns which deviate noticeably from their peers. Educationally they learn in much the same way that other children do. They begin school at the same age other children do and are able to profit from education as it is presented in the public schools. The social and emotional adjustment of mildly retarded children is often approximately are that of adolescents, although they tend to lack normal adolescent's imagination, inventiveness, curiosity and judgment. Ordinarily they do not show sign of brain pathologies or other physical anomalies, but still they require some measure of supervision because of their limited abilities to foresee the consequences of their actions. With early diagnosis, parental assistance, and special educational programs, the great majorities of mildly retarded individuals can adjust socially, master simple academic and occupational skills and become self supporting citizens.

There are few differences which are common to all educable retarded children. These are:

(1) Intellectually they function at a slower rate of learning than most children in school. Their score on individual intelligence tests will usually fall between 50 and 80 I.Q.
(2) Academically they are marked below their chronological grade level.

The inability of the educable mentally retarded to compete academically may adversely affect his personal and social adjustment in the school setting. It may lead to profound feelings of inferiority and may sharply reduce his ability to realistically assess his abilities and limitations.
Mild mentally retarded have IQs over 50, are relatively normal in appearance and come mostly from lower social economic classes. According to Frank, Hewett, Steven and Forness 'mild mental retardation most likely results from the complex interplay of familial, environmental and social factors in which heredity tends to set limits on intellectual potential or capacity, whereas experience determines to what extent such potential will be fulfilled. With regard to etiology, there are probably four overlapping types of causes associated with mild retardation.

The first type is familial, which includes the small percentage of each ethnic group or minority group that falls at the lower end

of the polygenetic distribution of intelligence for their respective groups. The second type of cause is neurological. It is possible in some cases to pinpoint that a specific pathologic condition may have caused some damage to the child's central nervous system, resulting in a mild level of retardation. Lead poisoning, either through prolonged exposure to industrial lead dust or ingestion of chipped lead paint, may be one such cause (Moore and Moore, 1977) the third type of cause is nutritional. There is increasing documentation that chronic malnutrition, either in the mother or subsequently in the developing child, may be one of the more significant factors in eventual mental performance (Perkins 1977, Winnick 1976). The fourth cause is environmental. Socio-economic factors or poverty is an important factor of mild retardation. In general, mild mental retardation is somewhat more prevalent in families with low incomes than in families with high incomes. This risk factor is related to parental intelligence and the amount of intellectual stimulation the child receives. A related risk factor may be maternal age. A number of studies pointed out that most of these children come from poverty stricken, unstable and often disputed family back grounds characterized by a lack of intellectual stimulation, an inferior quality of interaction with others, and general environmental deprivation (Cullinan, 1985)

II. Objective

The objective of present study is to examine the adjustment problems of educable mentally retarded.

III. Hypothesis

It is hypothesized that educable mentally retarded would show more adjustment problems in different areas that normal.

IV. Method

4.1 **Participants**

The study comprised of 100 educable mentally retarded children (87 were male and 13 were female) and 100 normal controls, (50 male and 50 female) their chronological age ranged from 15 to 18 years. Subjects of retarded group were selected from the schools for mentally retarded and the sample of normal control subjects were selected from different high schools of Ranchi purposive sampling technique was employed for the selection of sample.

4.2 **Tools**

The following tools were used in the present study:

4.2.1 **Stanford – Binet Intelligence Scale – LM Form**: An Indian adaptation of Stanford Binet Intelligence Scale revised LM Form by Kulshrestha (1971) was used for measuring intelligence of both mentally retarded and normal individuals. The reliability of this scale ranges from 0.95 to 0.98 for age 14 to 18 years. The validity co-efficient ranges between 0.40 to 0.75.

4.2.2 **Mohsin – Shamshad Adaptation of Bell Adjustment Inventory (1987):** The inventory consists of 135 items measuring adjustment in four different areas: home, health, social and emotional separately as well as it yields a composite score for overall adjustment.

4.3 **Procedure**

All subjects who were selected for the present study were interviewed and then assessed for IQ with the help of Stanford – Benet intelligence scale. Thereafter, Bell's adjustment inventory was individually administered on each mentally retarded and average intelligent student. After getting back the completed questionnaire the responses were scored as per the predetermined standard scoring procedure.

4.4. **Statistical Analysis**

Statistical analysis was done with the help of Statistical Package for Social Science (SPSS). The percentages, means, standard deviations and t tests were used to find if there were significant differences between the groups.

V. Result and Discussion

Analysis or Social-demographic data presented in table-1, indicated that, in educable mentally retarded group maximum number of sample (50%) was in the age group of 17 years. Majority (87%) of retardeds were male, from Muslim community (89.5%) rural area (75%) and 70% were from lower socio-economic back ground.

Result given in table II and figure-1 clearly showed that maladjustment scores of educable retarded groups are higher (Mean-78.82) in comparison to maladjustment scores of normal group (mean 40.46). Mean maladjustment scores of mentally retarded groups are higher in all the areas of adjustment i.e. home, health, social and emotional. The total maladjustment score of educable mentally retarded group is almost double to the score of normal control group.

It was observed that the mean score of mentally retarded group was particularly higher in the social area (mean- 19.82) which was higher than the scores on other areas of adjustment. This probably indicates that the subject has difficulties in their social life. Because of their poor mental ability, the retarded find it difficult to adjust to the demands of the society and get a high maladjustment score in the social area. A considerable amount of research has been done on the social adjustment of mentally retarded (Meyers et al, 1979, Sukla, 1982, Kumar Singh and Akhtar 2009). It was found that social mal adjustment among mentally retarded have been manifested by difficulty in establishing close intimate relationship, loneliness, lack of friends, frustration and dissatisfaction with existing relationships. The feeling of loneliness decreases their active involvement in social relations.

Mentally retarded children also exhibit severe adjustment problems in the emotional area, indicating presence of depression, nervousness, and anxiety. They suffer from emotional disturbance and try to cope in every aspect of life in a maladaptive and immature manner. The retarded must face the reality of his retardedness for the history of failure on intellectual tasks and they suffer from the feeling of inferiority, worthlessness, anger, helplessness, non-assertiveness and inadequate self confidence.

Mean scores of mentally retarded is quite high in the home adjustment area. The family life to which the retarded must adjust is complicated by parental guilt. Some parents of retarded children show evidence of strong guilt feeling for having brought into the world a child with limited abilities. One prevalent form of expression of his guilt is parental over protection. Such pattern of parental behavior encourages a dependent style of interaction in child. Other parents express guilt by denying the child's disabilities, the different reaction of the parents namely overprotection and denial, may creat adjustment problems for retarded children.

Mentally retarded group gets lowest score in the health area in comparison to other areas of adjustment although this score was much higher than normal control group. Normal group shows poorer adjustment in emotional area in comparison to other dimensions of adjustment. It is quite natural because adolescent period is characterized as a period of stress and strain. During this period adolescents face with rapid physiological changes. Erickson (1950) has described adolescence as 'period of identity crisis'. Normal group belongs to this period & if they have shown adjustment problems in the emotional area, the findings are in the expected direction.

Result given in table III reveal that the males of mentally retarded group showed significantly higher score in comparison with female group on social adjustment dimension.

The male group of normal control significantly scored higher in comparison with female group on social, emotional and home dimensions. They did not differ in health dimension score. The table showed that there is no considerable difference between the male and female retarded group on home, health and emotional dimensions of adjustment.

Table – I: Socio-demographic characteristics of the sample.

Characteristics		**Number of Cases**			
Age distribution in years		**Educable retarded**		**Normal control**	
		N	%	N	%
13 years		10	10	15	15
16 years		30	30	20	20
17 years		50	50	25	25
18 years		10	10	40	40
Gender	Male	87	87	50	50
	Female	13	13	50	50
Religion	Hindu	6	6	25	25
	Muslim	89	89	25	25
	Christian	5	5	25	25
	Sikh	0	0	25	25
Domicile	Urban	25	25	50	50
	Rural	75	75	50	50
Socio-economic Status	High	30	30	50	50
	Low	70	70	50	50

Table – II: Comparison of Educably mentally retardeds and normal controls in terms of Mean adjustment scores.

Dimension	**Groups**	**Mean**	**SD**	**SEM**	**MD**	**t**
Home	Retarded	16.30	2.6	.26	7.95	18.92**
	Normal	8.35	3.48	.348		
Health	Retarded	12.42	3.44	.344	3.77	8.19**
	Normal	8.65	3.36	.336		
Social	Retarded	19.82	3.24	.324	11.46	24.91**
	Normal	8.36	3.40	.340		
Emotional	Retarded	16.00	4.15	.415	5.75	11.5**
	Normal	10.25	3.10	.310		
Total	Retarded	78.82	9.25	.925	38.36	39.54**
	Normal	40.46	3.20	.320		

** Significant at 0.01 level.

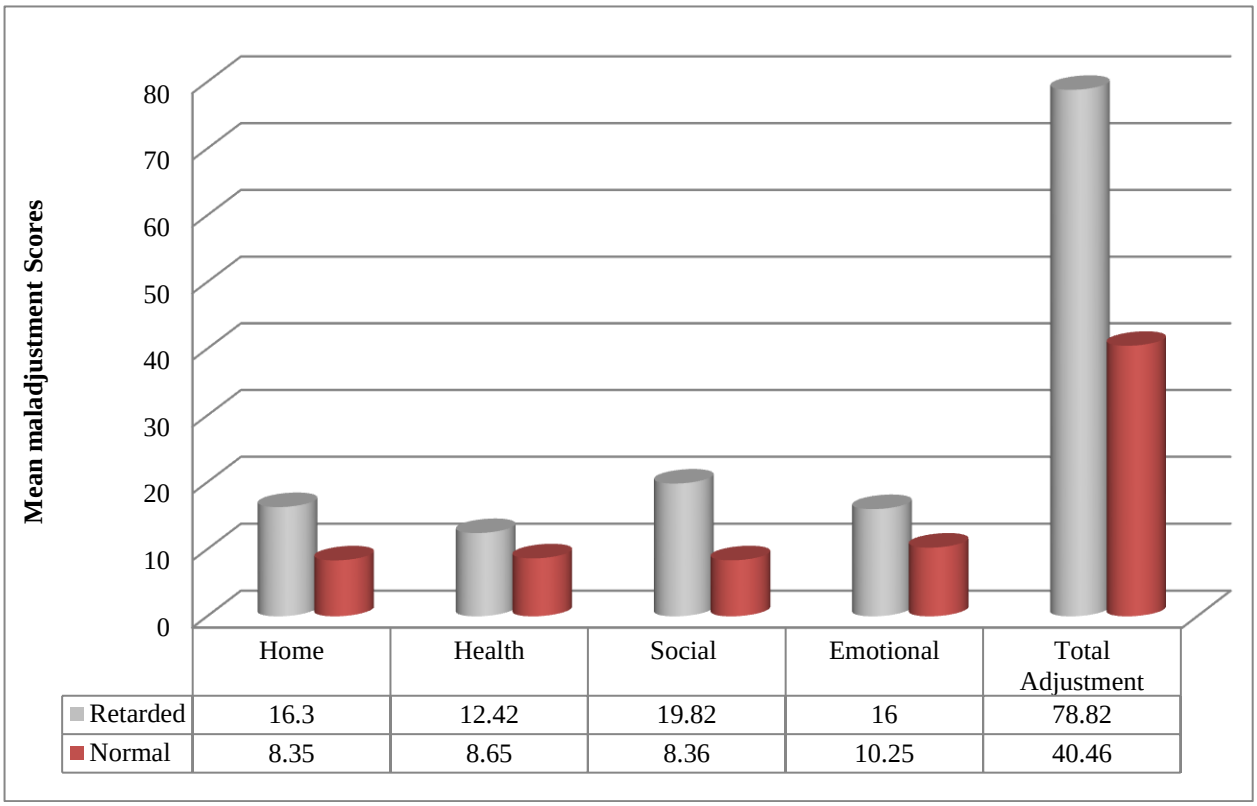

Figure – I: Mean maladjustment scores of educably mentally retarded and non-retarded sample.

Table – III: Gender difference in adjustment.

Dimension		**Group**					
		Mentally Retarded			**Normal**		
		Male	**Female**	**t**	**Male**	**Female**	**t**
Home	Mean	16.18	16.12	.05	8.62	7.25	2.74
	S D	7.92	1.12		3.37	3.75	
Health	Mean	27.98	18.05	0.6	7.15	8.10	1.66
	S D	8.88	9.15		4.15	3.69	
Social	Mean	19.25	18.15	0.01	8.98	7.02	4.35
	S D	8.16	7.18		3.45	3.12	
Emotional	Mean	19.02	20.15	.92	18.64	16.25	2.19
	S D	8.66	8.75		8.25	7.18	

VI. CONCLUSION

(i) Educable mentally retarded group had greater adjustment problems than the normal control group.

(ii) E.M.R. group showed highest maladaptive score in social area and lowest score in the health area in comparison to other areas of adjustment.

(iii) No significant difference was found between the male and female retarded group on home, health and emotional area of adjustment.

REFERENCES

[1] Carson, R.C., Butcher, J.N., Mineka & Hooley, J.M. (2008): Abnormal Psychology 12th Ed. Pearson Education Inc. and Dorling kindersey Publishing.Inc.

[2] Cullinan, D & Esplin, M.H. (1985).Adjustment problems of mildly handicapped and non-handicapped students.*Revedial and Special education*.6.No. 2-5-11.

[3] Erickson, E.H. (1950). Growth and crises of the healthy personality. Symposium on the Healthy Personality. Josiah Macy, Jr.Found, New York.

[4] Kulshrestha, S.K. (1971).Stanford Binet intelligence Scale. Hindi Adaptation.Manas Sewa Sausthan, 10, Louther Road, Allahabad.

[5] Kumar, I., Singh.A.R. & Akthar.S. (2009).Social development of children with mental retardation. *Industrial Psychiatry Journal*.18 (1):56 – 59.

[6] Mohsin, S.S & Shamshad, H. (1987).Manual for Mohsin-Shamshad, Hindi Adaptation of Bell Adjustment Inventory. Psycho-Scientific works. Publication Division, Mahendru, Patna, 1970.

[7] Moore, B. C., & Moore, S. M. (1977).Mental retardation; Causes and Prevention. Columbus, Ohio: Charles E.merrill Publishing Co.

[8] Perkins, S.N. (1977).Malnutrition and mental development. *Exceptional Children*.43, 214-220.

[9] Sukla, T.R., Khoche, V. (1982).A study of adjustment problems of mentally retarded children. *Indian Journal of mental retardation*.7 (1):4 – 13.

[10] Winnick, M, (1976).Malnutrition and brain development.Newyork: Oxford University, Press.

AUTHORS

Correspondence Author – Dr. Bharati ROY, Professor of Psychology,
Ranchi University, Ranchi – 834 006, India.
E-mail: bharatiroy.roy15@gmail.com
Telephone #: 0651-2563686
Mobile #: 09430789030