CHAPTER II
HISTORICAL PERSPECTIVES

The review of history and literature is the most important part of any research. The review of a particular topic reveals the evolution and development of that issue. Through history it is possible to trace out the present stage of the subject area and thereby it is easy to get idea about from where and in what way the research has to start.

This chapter employs the history and literature reviews of the concepts which are concerned with the language of the mentally retarded. These included in different heads. The theme of the study is to find out a language intervention program to the language problems of the mentally retarded children. Since the subject of the study is mentally retarded children, the history and literature of mental retardation is going to review first. The review of language development and the language behaviour of the retarded children are coming under next head. A brief overview of available literature of the assessment of language behaviour of the retarded and the language intervention strategies are also discussing in this chapter.

2.1 Mental Retardation – A Theoretical Overview

Centuries ago, the persons with mental retardation were considered as a bad omen to the community and were got rid of in some manner.
They were also used as objects of entertainment in king’s courts. (Baroff, 1986., cited in Boby Mathew, 2007.)

During 2500 B.C., Disease and Mental Disorder were viewed as a punishment by God or a possession by evil spirits or the devil. This is called Hammurabi’s code. Diseases, both mental and physical, were considered impure or taboo. Up to 17th century, Egyptians believed that all diseases regardless of symptoms arose from some common disturbance of the body. This attitude severely hampered not only the advance of medical science, but also the understanding of mental retardation and its associated causes.

Aristotle (384-322 B.C.) told that ‘as to the exposure and rearing of children let there be a law that no deformed child shall live’. Among 460-370 B.C. the writings of Hippocrates began to show concern for children and a separation of their illness from those of adults.

In first century (138-201), Claudius Galen, father of experimental neurology found that the brain is the seat of many intellectual functions, ascertained that damage to one side of the brain manifests in disorders on the opposite side. According to him, ‘slow thinking is due to the brain’s heaviness’. In this century (110-130), Soranus established one hospital providing human treatment for people with mental illness, possibly also some mental retardation. During second century, any type of Individuals with Disabilities, including children, who lived in the Roman Empire were frequently sold to be used for entertainment or amusement. In ancient Greece and Rome, infanticide was a common practice. If they
suspected that the child is defective, the infant was thrown from a cliff to its death.

As years passed by, the fundamental right to live has attained recognition and importance. However they were considered as a menace in the society regarding segregation from the community and requiring close custodial supervision. This came up to the institutional care. The persons with mental retardation were segregated from family and community and put in institution for 24 hours total care.

Maimonides (1135-1204) explained the cause of mental retardation firstly. According to him, the brain of the phlegmatic man, which is too humid, produces mental retardation. However, phlegmatic persons, if properly instructed, can make some intellectual progress, even though such learning would be very difficult. During the Middle Ages (1476 – 1799 AD) the status and care of individuals with Mental retardation varied greatly. Although more human practices such as decrease in infanticide, establishment of foundling homes etc evolved, many children were sold in to slavery, abandoned or left out in the cold.

Paracelsus (1493-1541) distinguished between mental illness and mental retardation. Feeble minded persons behave in the way of a health animal, but the psychopathic in the manner of an irrational animal. Felix Platter (1536-1614) first described ‘mental alienation’ including both mental retardation and mental illness. In 1690, John Locke published his famous work entitled ‘An essay concerning human understanding’. He believed that an individual was born without innate ideas. The mind is a
tabula rasa, a blank slate. This would profoundly influence the care and training provided to individuals with Mental retardation. In 1727, first house of corrections brought the defective people for their safe confinement. In 1751, first hospital in Philadelphia created separate sections for people with mental retardation and people with mental illness.

In 1769, first law came into effect ‘to make provision for the support of idiots, lunatics and other people of unsound mind’. In 1818 American Asylum for the Deaf and Dumb-Hartford, began to provide the first recognized residential service intended specifically for people with mental retardation in the US. In these times, there were some terms existed in connection with the retarded such as,

Bidding out - the person with mental retardation were sold to someone who would provide cheaply their care and maintenance.

Warning out – informing a newcomer that the town would not be responsible for these misfortunes.

Passing on – loading people with mental retardation or mental illness in to a cart, transporting them to another town, and leaving them there.

During the late 18th and 19th century, some of the first attempts were made to educate handicapped persons. Jean Marc Gaspared Itard (1774-1838) a medieval doctor greatly influenced the field of special education through his work with a wild boy named Victor who was
found in the woods near Averyon in France. Itard believed that through systematic training Victor's mental deficiency could be eliminated. Thus the field of mental retardation has undergone number of exciting changes. The work of Jean Marc Gaspard Itard became an event in the evolution of the care and treatment of the mentally retarded. He developed a broad educational program for the retarded to develop sense, intellect and emotion. Later he supervised the work of Edward Seguin. Seguin developed a comprehensive approach called physical approach for the education of retarded children. His approach began with sensory training including vision, hearing, taste, smell and eye hand coordination. The curriculum extended from developing basic self care skills to vocational education with an emphasis on perception, coordination, imitation, positive refinement, memory and generalization. In 1876, he founded the American Association on Mental Retardation.

In 1908, Binet developed the first test of intelligence. With this test it became possible to determine who had Mental retardation or not. The treatment of mentally retarded has always reflected changes in society. They had been officially referred to as idiots and as the feeble minded. After the introduction of intelligence test, retardates are classified in to three categories such as moron, imbecile, and idiot. Moron was defined by the American Association for the study of the feeble minded in 1910, following the work of Henry. H. Goddard. This term was used to refer to an adult with an IQ range of IQ 51 – IQ 70. Imbecile indicated an intellectual disability less extreme than idiocy. It has an IQ level of IQ 26 – IQ 50. Idiot indicated the greatest degree of intellectual disability. They
have an IQ range of IQ 0 – IQ 25. In 1959, Lund stated that parent organizations provide initiative to restore interest in the field of mental retardation. In 1975, United States congress passed the Education for the Handicapped Act, now titled as the Individuals with Disabilities Education act. This act guaranteed the appropriate education of all children with mental retardation and developmental disabilities, from school age to 21 years of age.

The long used term mental retardation has acquired an undesirable social stigma by 1960’s. Today, the term ‘retarded’ is slowly being replaced by new words like ‘special’ or ‘challenged’. The term ‘developmental delay’ became popular among caretakers and parents of retarded individuals. After these terms are replaced by some other new terms by the doctors and health practitioners such as developmental disability, mentally challenged, mental sub normality, mental deficiency, mentally handicapped, intellectually disabled and so on. The novel term approved by American Association for mental retardation is ‘Intellectual disability’. The old forms idiot, moron and imbecile later replaced by mild, moderate, severe and profound retardation in accordance with the range of IQ of the individuals.

Now Federal and State Governments have established and still are funding research in mental sub normality. The National Association for Retarded Citizens (NARC) Research and Development Committee provided preliminary ground work for research programs and the NARC research Advisory Committee has been activated in place of the older
committee. These steps represent both a clear cut interest and a needed emphasis in research by the parents of retarded children.

In the 20th century, normalization, integration and more recently inclusion became the trend. Normalization is a philosophy, has its origin in Scandavian countries, which refers to use of means which are culturally as normative as possible in order to establish and maintain person behaviours and characteristics that are culturally appropriate.

2.2 Definitions of mental retardation

Mental retardation has been defined and renamed many times throughout the history.

Seguin in 1907 defined mental retardation as ‘the capacity of the mind for development was equal in all new born, but the nerves which transmit sensory messages to the brain were deficient or the efficient in some individuals thus preventing the experiences from being effectively transmitted’.

Tregold in 1937 defined mental retardation as ‘mental deficiency is a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellow in such a way as to maintain existence independent of supervision, control or external support.

British Mental Health Act (1959) treated ‘mental retardates as a condition of arrested or incomplete development of mind existing at the
age of eighteen whether arising from inherent causes or induced by disease or injury.

In 1962, President’s panel on Mental retardation indicated retardation as being ‘significantly complained in their ability to learn and adapt to the demand of the society’.

According to American Association on Mental Deficiency (1973) ‘mental retardation refers to significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behaviour and manifested during the developmental period.

In 1983, American Association on Mental Retardation modified the existing definition as ‘mental retardation refers to significantly sub average general intellectual functioning, resulting in or associated with concurrent requirements in adaptive behaviour manifested during the developmental period’. Again in 1992, American Association on Mental Retardation modified the definition of mental retardation. According to this definition, ‘mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas such as self care – home living, social skills, community use, self direction, health and safety, functional academics, leisure and work. Mental retardation manifests before the age of eighteen.
Again in 2002 American Association on Mental Retardation modified the definition of mental retardation, which had been discussed in the chapter I. Similarly many varieties of definitions are their in the history of mental retardation. Only some important ones have been listed here. Now the history of language development of the retarded children can be traced out.

2.3 Language Development of the Retarded

Numerous writings pointed out the delayed speech and language development of the retardates.

Murphy in 1959 observed that in the lower IQs, first words and use of sentences are all delayed. Strazulla in 1959 contrasted the language development of the normal and the retarded child, and found that meaningful babbling is delayed up to seven to seventeen months. She also reported that words normally acquired from 10-18 months may be delayed until 2½ to 5 years of age in retardates. The speech development of the retarded is stipulated to be essentially the same sequential development as in the normal child, only slower in the rate.

According to Lyle in 1959, disruption of mother-child relationships depresses speech development in retarded children. But in accordance with Badt in 1958, separation from the family in the form of institutional living shapes the language behaviour of the children.

In 1959, Mathews presented a comprehensive review of research. Since 1957, other reviewers have attempted to pull together all or a
portion of the relevant research in speech and hearing of the mentally retarded. These reviews included those of Harrison (1958), Jordan (1966), Mc Carthy (1964), Piens (1962), Smith (1962), Spradlin (1963), Spreen (1965) as noted below,

Harrison and Smith focused primarily on speech and language development of the retarded. Piens listed extensive bibliographies under the categories of speech, hearing and language. Spradlin dealt with language and communication of the retarded with special emphasis on evaluation and behaviour modifications. Mc Carthy discussed on linguistic research that has appeared in recent years. He emphasized studies that can be conveniently grouped under the headings ‘receptive abilities’, ‘inner language’, and ‘expressive language’. This category arrangement was also considered by Jordan and Richardson. Receptive language (input or encoding) and expressive language (output or decoding) represent listening and speaking behaviour. Inner language ability refers to the facility with which linguistic symbols are manipulated internally.

Spreen examined the relation between language and intelligence hoping to throw light on possible lags in language development at variance with intellectual development. Jordan dealt primarily with language disorders and introduced certain empirical considerations which add certain specificity and interpretive excitement to the evaluation. For instance, studies have dealt with articulation, voice quality, rate and
rhythm, vocabulary, and various other specific features of speech and language behaviour.

Millicent, Strazzullz and others in 1971 have made some interesting comments on language development on mental retardation. They wrote that language growth begins long before the child is able to articulate a word correctly and that communication may be in a non-verbal pattern, ranging from a simple gesture to an intricate pantomime. Strazzulla suggested that the developmental steps for the child involve exploring in detail his immediate environment, listening to and analyzing noises, sounds and words, thinking about and organizing himself the stimuli, and finally communication with others about these stimuli through the use of gestures, pictures, sounds and speech.

Blount in 1978 summarized a major new theoretical concept concerning language development and communicative problems of the retarded. He stated that the common agreement from many sources is that for therapy at least, retardates and adults should be viewed as individuals with a particular linguistic problem. In this light the chances for success both in therapy and in life are enhanced. Whatever be the therapy program, it should be oriented to the individual, his particular linguistic problems, and should include his entire environment.

In 1984, Miller and Chapman conducted a research at the Waisman Center on Mental Retardation and Human Development over ten years. They emphasized the multidimensional nature of the development of language in retarded and non-retarded children. Recent advances in
research methodology now available for investigating Language comprehension and production will allow large scale in depth studies of the lexical, semantic, syntactic and pragmatic aspects of the language performance of a variety of retarded populations.

Owens in 2001 emphasized the relationship between development and communication disorders. He also presented the relationship between brain and language. He pointed out the biological basis of language and described about the role of brain damage on language deficits. His discussions on narrative differences, conversational abilities, and language uses provided useful information.

2.4 Language Behaviour of the Retarded

Language behaviour and mental retardation have been explicitly related since the time of Mead (1913). It should be noted that Binet and Simon (1914) defined idiocy and imbecility in terms of communication. Verbal communication difficulties characterized idiots, as they termed one group, whereas written communication difficulties characterized imbeciles as other groups. Language is relevant because it illustrates the pseudo sophistication and partial accuracy of our thinking about retardation. This may be seen in the generalizations used to summarize language development in general (Winitz & Belloerose, 1963) and in the retarded, in particular.

Lyle in 1959 has observed that language in moderately retarded children (imbeciles) is characterized by failure to develop beyond
stereotyped patterns of speech. The result is a failure to reach a conceptual level of language achievement. More analytically, the Soviet scientist Luria (1963) has considered the role that language plays in regulating behaviour in retarded children. Luria looked for physiological explanations for problems such as mental retardation and speech disorders, and he conducted research on the relationship between speech development and mental growth in children.

Rigrodsky and Steer (1961) observed that children who had received forty daily lessons were more spontaneously verbal. It was a finding complementary to Mecham’s report (1955) that mentally retarded children produce longer sentences after speech therapy. Schenider and Vallon (1955) reported improved adjustment after speech therapy.

Beitchman and Peterson (1986) pointed out that, deficits in language and communication contributed to behaviour problems in childhood. Mentally retarded children show a range of deficits in language and communication in comparison with the normal individuals. They are also at increased risk for behaviour problems. The evidence suggested that these deficits are quantitative rather than qualitative. In addition, these linguistic deficits may contribute independently to the development of behaviour disorders as the linguistic deficit interferes with the child’s ability to make him self understood or to understand others.

In 1982 Kamhi and Johnston provided a more accurate description of the language performance of retarded children. The purpose of the
study was to understand how the general mental handicap affects language learning. Subjects were a group of ten retarded children matched for mental age to a group of ten normal children and ten language impaired children. Various syntactic and semantic analyses were essentially comparable to those of the normal group, though differences between these groups were found. Notably, the retarded children did not demonstrate the same linguistic deficiencies as the language impaired children. It was suggested that the mental inconsistent language behaviors exhibited by the retarded children were quantitative in nature rather than qualitative and as such seemed to reflect deficits in adaptive that is, social, and motivational behaviours rather than deficits in linguistic or cognitive abilities.

Cohen in 2001 presented the latest theory and research on specific types of dysfunction, diagnostic and treatment approaches, and special problem areas that affect adjustment. Her main approach was on the relation of language and communicative impairments to development and psychopathology. She provided a framework for understanding social relationships in a typical behaviour of children and adolescents that will be especially useful in practicing child psychiatrists and other child clinicians. Cohen provided a table of the psychiatric disorders in which the psychiatric symptoms could indicate or be a reaction to language and communication impairments.
2.5 Assessment of the Language Behaviour

However, the speech and hearing field only recently has shown much concern for moderate and severe retardates. The first workers to indicate a realistic philosophy for common were Karlin and Strazulla (1952) who urged the understanding of a basic concept for language therapy with retarded children. In working with these children it must be born in mind that the aim is not to attain perfect speech, but to assist them in developing usable everyday language to the maximum of their ability.

Mc Cauley (2001) gave guidelines to teach how to select, create and use assessment measures. He offered an introduction to the concepts of measurement and provided criteria for examination of standardized tests. A brief overview of four categories of childhood language disorders that is, specific language impairment, autism, mental retardation, and hearing impairment were also discussed. He formulated additional measurement principles as needed for screening and diagnosing language disorders. In addition Mc Cauley pointed out the difficulty of identifying children who are language impaired by the limited availability of technically adequate screening measures. Ecological assessment, criterion-referenced measures, and language sampling are stressed as important components of a language assessment.

Cohen provided an up to date single source for most of the literature on language impairment that is relevant for mental health clinicians. She superbly described much child development literature and
offered excellent source material and ideas for language and
developmental assessments. It employed a comprehensive,
multidimensional framework for assessing children and adolescents. According to Cohen, assessment should be moved from the initial interviews with parents, teachers, and the children themselves to the assessment of cognition, achievement, social cognition, play, and socioemotional functioning. She listed appropriate assessment tools, and tables and illustrated some of the key concepts discussed, such as symbolic play development or the levels of interpersonal negotiation strategies. Cohen summarized various approaches that may help children with language and communicative problems. These included interventions to improve social and emotional competence in infants, children, and adolescents. Strategies to enhance social competence or conversational skills or to identify and label emotions were some of the techniques illustrated as part of a broad treatment approach to children with language and communicative problems. She emphasized the value of a "lifespan approach for understanding the interface between language, communication, and socioemotional behaviour disorders. The importance of knowing the child’s language and communicative competence for diagnostic understanding and treatment is appropriate to the needs of the child.

2.6 Language Intervention for the Mentally Retarded

In 1798, Itard described about the objectives for therapeutic teaching. According to him, the main objectives of teaching are,
a) To interest the individual in his social life by providing him with greater pleasure than his former mode of living,

b) To increase his experiences by giving him new ideas and needs and by increasing the frequency of his social interactions.

c) To increase his awareness of things by intense stimulation and at times by intense emotion

d) To provide him with speech by means of interpersonal contacts and by necessity, and

e) To utilize new learning experiences and apply them to new forms of instruction.

In essence, Itard tried to establish a basic for ‘socializing’. (cited in Schiefelbusch, Richard, 1967)

In 1942, Rogers discussed client centered methods for counseling and physiotherapy and concluded that they are not suitable with mental retardates since they lack the ‘resources necessary for resolving their problems’. (Balthazar, Earl 1975)

Lillywhite and Bradley in 1969 discussed the problems of communication in mental retardation with an introductory background including the etiological factors and general characteristics. A presentation of diagnostic methods leads in to discussions of the problem of medical and educational management of the retarded child. He gave suggestions for the therapy procedures for these communication
disorders. They are individual attention in speech programs, social group situations, and the establishment of socially useful goals in communication skills. (Cited in www.eric.ed.gov.)

In 1976, Tjossem D. Theodore studied about the intervention strategies for high risk infants and young children. He put forward some best practices for professionals in the assessment for early intervention. He emphasized the importance of team work on intervention, the basics for family collaboration, and on the convergent assessment. In his book Language intervention strategies, John R. Muma in 1977 compare the natural language learning and language intervention concerning content, sequencing, pacing, reinforcement and context. (Cited in www.eric.ed.gov.)

Bricker, D. Diane in 1980 studied about the language intervention with children. He gave ideas on the importance of ecological factors such as reinforcers, nonverbal and preverbal things on language intervention. Roy and Mary in 1982 put forward a new approach of intervention. The approach used was based around the concept of a video course. This consisted of five videotape programs illustrating ways whereby parents can help their child’s early language development, a handbook which summarized main points and a series of specific activities which parents were expected to carry out at home after viewing each programme. The course was implemented on 33 parents and the results were favourable. The improvements in most of the children’s language usage were marked. It is argued that video courses are easily disseminated to other
services and thus seem to be a feasible way whereby all parents can have the opportunity to get specific and detailed information on helping their child’s language development. (Cited in www.eric.ed.gov.)

In 1983, Gullo, Dominic F., describes an ecological approach to language intervention with moderately mentally retarded adolescents. The literature from normal language development and other ecological approaches serve as a rationale for the treatment design. This language intervention approach is designed to integrate all aspects of linguistic communication skills into a meaningful context which is appropriate for the age and socio-emotional maturity of the students. However, these treatment approaches do not integrate linguistic constructs that are appropriate for the age and socio-emotional level of the retarded adolescents. (Cited in www.eric.ed.gov.)

Feldman, A. Maurice in 2003 studied about early intervention. According to him, early intervention is an attempt to help children at risk of developing cognitive, emotional, and social or behaviour problems because of biological factors such as low birth weight or environmental factors such as poverty. (Cited in www.eric.ed.gov.).

In 2005, Cory, C. Rebecca states that one of the difficulties of working in the field of disability support in higher education is that there is no codified body of literature to point to and guide both theory and practice. His edited book ‘Going to college’ is a good start towards building literature in this field. This book has the potential to stand as a
significant contribution to the understanding of how people with disabilities can and do access higher education.

While going through the history of language problems and intervention programs of the mentally retarded population, it becomes clear that its journey for today is very complex and the study of such an important area deserves special need and importance.