Chapter Eight

AN ANALYSIS OF THE RETARDATE'S PERCEPTIONS TOWARDS HIS FAMILY, SCHOOL AND SELF AT PHASE I

The present chapter encompasses an analysis of the perceptions of the two criterion groups of improvers and deteriorators, towards their family, school and self. The responses of the two criterion groups are assessed, and an attempt to relate the nature and differences of responses of the groups to the retardates improved or deteriorated psycho-social functioning, is made. An understanding of the retardate's perceptions towards his family, school and self are imperative in order to identify the variables leading to the retardates adequate adjustments within the family and school milieu, healthy interactional process with family and school personnel, enhanced self concept, and improved cognitive and psycho-social levels of functioning.

The analysis of the retardate's perceptions are grouped under three sections of the retardates perception of the family milieu, the retardates perception of the special school milieu, and the retardates perception of his self. Each section is represented by fifteen items chosen to represent relevant dimensions within the broad categories.
Table 8.1  Responses of the Improvers & Deteriorators to the Retardate Attitude Questionnaire (RAQ) and the Chi Square Values

Section A: RETARDATE'S PERCEPTION OF FAMILY

<table>
<thead>
<tr>
<th>Dimension Specification</th>
<th>Chi Square Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Antagonism toward parents Vs favourable feelings</td>
<td>26.23</td>
</tr>
<tr>
<td>2. Parental annoyance towards retardate Vs acceptance.</td>
<td>37.17</td>
</tr>
<tr>
<td>3. Acute parental worry factor Vs acceptance</td>
<td>0.64*</td>
</tr>
<tr>
<td>4. Parental bullying behaviour Vs acceptance, caring behaviour</td>
<td>23.12</td>
</tr>
<tr>
<td>5. Parental lack of supervision of retardate's training Vs keen interest</td>
<td>43.97</td>
</tr>
<tr>
<td>6. Parental provision of recreational material Vs non provision.</td>
<td>1.13*</td>
</tr>
<tr>
<td>7. Sibling intolerant Vs caring behaviour.</td>
<td>19.57</td>
</tr>
<tr>
<td>8. Sibling beating Vs accepting behaviour</td>
<td>25.72</td>
</tr>
<tr>
<td>9. Retardate disallowed socialization Vs allowed</td>
<td>28.86</td>
</tr>
<tr>
<td>10. Family environment perceived unfavourable Vs favourable</td>
<td>15.05</td>
</tr>
<tr>
<td>11. Retardate disallowed movement in house Vs allowance</td>
<td>26.95</td>
</tr>
<tr>
<td>12. Feelings of neglect Vs acceptance</td>
<td>28.35</td>
</tr>
<tr>
<td>13. Retardate disallowed socialization in neighbourhood Vs allowed.</td>
<td>8.34</td>
</tr>
<tr>
<td>14. Neighbours display antagonism Vs supportive behaviour</td>
<td>12.91</td>
</tr>
<tr>
<td>15. Acceptance of school to family environment Vs vice versa.</td>
<td>17.28</td>
</tr>
</tbody>
</table>

N = 44
df = 2
Note: (dimensions without asterix indicate P > .01)
Section A
The Retarded's Perception of the Family Milieu

A bivariate analysis of the items under this dimension revealed all the items except two items, to be significant in the differences of responses of the two criterion groups, as can be seen from the chi square values shown in Table 8.1. The two items which did not reveal significant response differences between the two criterion groups were - (a) acute parental worry factors versus calm acceptance factors, and (b) parental lack of provision of recreational material versus proper provision.

Feelings of Antagonism Towards Parent Figures

The primary item considered was the presence of a feeling of antagonism towards the parent figures. The feeling of antagonism stems primarily from the self perception of the retarded as a threat to the family homeostasis. This in turn is greatly reinforced by any display of indifferent, irritant, or bullying behaviour on the part of the parents. On the response category of this item, 34% of the improvers and only 8% of the deteriorators in comparison displayed a negative response. The intermediary category qualifying that the item proposition was observed 'sometimes' was felt by 15.7 per cent of the improvers and 72% of the deteriorators.
The concept of antagonism is manifested by behavioural patterns like overt hostility, refusal to comply with commands, evidencing a feeling of threat towards self, displaying withdrawal or aggressive trends of behaviour (both as manifest reactions to the threat of ones esteem and security) etc.

Perception of Parental Annoyance

The second item measured whether the retardate's perceived parental annoyance towards their own behavioural patterns, personal appearance, social adjustments, school performance, etc. 60% of the deteriorators reported a sporadic presence of the parents expression of anger, whereas 84.4% of the improvers revealed a complete absence of such annoyance factors. The category that expressed a continual expression of parental annoyance was represented by 10% of the improvers and 40% of the deteriorators.

This was observed to be positively related to the degree the retardate manifests a 'mentally retarded' look - as regards facial expression, drooling habits, level of self help skills, presence of neurological deficits, presence of speech handicaps, impairments in adjustive and cognitive mechanisms etc. In cases, where the child displayed very obvious or overt signs of mental handicap the parents display acute anxiety over his
appearance. This aspect of parental behaviour was studied and reported during the administration of the family attitude questionnaire. This led to, as expressed by the parents, either hiding the child from all social exposures or inculcating within the child a negative reproval concerning his behavioural impairments. In cases, as was the rule among most of the improvers, the child's retardation was no doubt obvious, but it was not as severe as the impairments present among the deteriorators.

A continued display of annoyance or criticism over all the facets of the retardate's physical presence and modes of interaction (though stemming from over expectations of the retardate) induces deep-seated anxieties within the retardate to display approved patterns of appearance and behaviour. These anxieties instead of initiating behavioural improvements often hamper the retardates psycho-social performance and lead to deteriorative patterns.

**Parental Anxiety**

On this item of parental anxiety over the retardates psycho-social failings, the retardates revealed the presence of acute tension within the parents whenever there was a failure threat or actual failure. 84% of the improvers and 52% of the deteriorators revealed the presence of the acute feelings of tension and worry among the parent figures. The remaining of the sample group members revealed
themselves to be worried only sporadically by the display of acute parental worry related to any lowered level of psycho-social functioning in the retardate. Parental anxiety over the retardate's psycho-social failing is no doubt a phenomenon that can easily be comprehended. The retardate, to begin with, functions at a level much lower to that of the normal siblings, and further indications of deterioration (as compared to the standards set by school personnel/psychologist, of the retardate's growth potential) generate often morbid feelings of fear and anxiety. These are manifested in the form of over expectations, criticisms of failure, display of undue emotionality, blaming of retardate for parental impaired health and homeostasis etc.

In the case of the improvers this did act as a negative influence to their developmental pattern, but it can be argued, that since the improvers did not experience a negative facet in all their areas of interpersonal interaction, this particular item did not prove to be a very debilitating one.

**Parental Beating Behaviour**

The fourth item considered in this broad category grouping is one that measures parental beating/bullying behaviour towards the retardates. This item is one that generates tremendous hostility among the educators and
personnel working for the cause of mental retardation. Resorting to beating behaviour in order to inculcate skills within a handicapped individual could probably be the worst form of human behaviour. 32% of the deteriorators revealed the implementation of bullying/beating behaviour on the part of the parent figures. On the other hand 100% of the improvers and only 20% of the deteriorators revealed a complete absence of such behaviour on the part of their parents. 48% of the deteriorators expressed that parents engaged in such behaviour sometimes.

Here it can be postulated that, the parent groups of this sample in response to the FAQ, reported bouts of total helplessness and exhaustion during the coping up process of the retardate. Continued spells of aggressive or destructive behavioural patterns, refusal to obey orders, refusal to cooperate in the development of academic skills etc., lead to parental aggressiveness. Though the act of beating or bullying a handicapped child just cannot be condoned, personnel in mental retardation do tend to display sympathetic trends towards the over worked and anxiety ridden parents of the retarded children. Instances where parents never engage in such behaviour, as is seen in the case of the improvers of the present sample, they (the parents) are probably endowed with a calm acceptance of the child's retardation and accompanying handicaps and believe that physical violence can be nothing
but detrimental to the retardate's development.

**Parental Supervision**

Parental supervision of the cognitive, social and self-help skills is a part of the family intervention programme for the retardate's growth. Often parents reveal a pattern of implementing certain programmes for the retardate's growth but this is not felt by the retardate. What the handicapped child is looking for, is a cooperative family milieu where he gets encouragement and stimulation, which is not too minimal to cause no effect, nor is it of such high pressure that it makes the retardate acutely nervous about not being able to live up to the specified expectations. 80% of the deteriorators perceived a partially stimulative attitude of the parents as regards their social and cognitive rehabilitation and 100% of the improvers reported the presence of continued supervision of the basic skills conducive to the retardate's growth.

**Parental/Familial Provision of Recreational Material**

The next item considered as a vital aspect of the stimulant/nurturant programme afforded by the family towards the global development of the retardate was the dimension which considered the provision of recreational material, like toys, and books, arranging outings, affording rich audio visual stimulation to the retardate. These
provisions have a definite meaning in the development of a normal child and psychologists consider their tremendous implication in the rehabilitative process of the retarded child. The social school milieu provides an environment for cognitive and extra curricular enrichment no doubt, but school personnel insist that an almost equal amount of recreation must be afforded to the retarded child. 56% of the improvers and 40% of the deteriorators showed a positive perception of the recreational facilities, afforded within the family milieu. Parents often implement a strategy of educational incultation through recreational material. Simple picturesque books incultate the art of reading, identifying colour, concepts, forms, word coordination, simple arithmetical skills etc. Toys teach the art of muscle coordination, orientation towards object placement and movement, etc. Play induces improvements in social skills, social grace, sportsmanship and social adjustments.

The parental or familial provision of recreational material for the induction of certain learning, play and social skills formed, an important part of the entire stimulation and nurturant programme for the retardate, by the family unit. It was interesting to note that in all other dimensions of the family providing stimulation to the retardates, the two criterion groups of improvers
and deteriorators perceived significant differences, but in the dimension of familial provision of recreational material for the retardates benefits, the two groups perceived no significant differences. This can be interpreted in the following manner. Provision of recreational material probably does not require any additional initiative or activity by the parents. What is afforded to the retardate is probably what was bought for the normal siblings. Often however the parents of both groups (as reported in the FAQ) reported that they went out of their way to obtain materials and objects specially suited to the retardates needs, mainly because they wanted him busy, engaged in some constructive routine and not have any left over energy for outbursts of aggressive or destructive behaviour.

**Sibling Orientation Variables**

Two items were included to assess the retardate's perception of his siblings behavioural pattern towards him. The primary item was phrased to qualify the siblings' responses to the retardates stimulation programme. It was observed that 48% of the deteriorators perceived their siblings as indifferent and intolerant towards the retardates stimulation and rehabilitation programme. While 84% of the improvers and 20% of the deteriorators revealed that the siblings had a positive and supportive attitude
towards themselves. Only 24% of deteriorators perceived positive sibling support. The second item related to the 'sibling perception' dimension explored whether the siblings engaged in unpleasant forms of beating/bullying behaviour towards the retardate. On this item 60% of the deteriorators revealed themselves to be the almost continuous victims of sibling bullying behaviour, and 24% of the same group declared that the siblings would occasionally implement the aforesaid behaviour. It is interesting to note that compared to this only a minimal 10.5% of the improvers reported occasional sibling bullying behaviour and approximately 39.5% revealed a complete absence of sibling tyranny.

These two dimensions, together, reveal an important facet of the family environment. Retarded children often identify themselves with, and are closer to, their normal siblings, the latter playing the part of the peer group. Studying the psycho-social interior of the family, it is strange to perceive the family almost being divided into a two-way interactional process. The parents form one group, and the siblings another. Discards, conflicts, affinities are the end product of the interaction of the two groups. Within this two-way interaction process, the handicapped member usually does not know with whom to affiliate.
Parental and Sibling Attitudes Towards Retarded

The parent figures view him with exaggerated concern and overprotectiveness often bordering on morbid expectations and the siblings often view him as an inferior member and a threat to the psychological and economic resources of the parents (which were earlier afforded to the normal siblings). Parental reactions usually run the gamut of guilt, nervous tensions, overprotectiveness etc. but usually boil down to either a very healthy expectation of the reality crisis or over hostility with latent feelings of helplessness to do anything for the retarded. On the other hand, the siblings either can be very supportive or completely rejecting without any underlying feelings of positivity towards the retarded. The latter tendency generates feelings of acute hostility towards a handicapped, crippled member. The aforementioned dimensions of parental and sibling reactions have been observed and assessed during the administration of the FAQ to the family unit.

As reported by the families of the deteriorators in the FAQ, seven families of the deteriorators were characterized by elder siblings renouncing all responsibility of the retarded. This obviously leads to tremendous anxiety within the parents, as they are faced with the inevitable problem, 'what happens to the retarded after us?'
It was also a strange but not unheard phenomenon that the siblings displayed tyrannical forms of behaviour on the retardate behind the back of the parent figures. This is why, during the administration of the FAQ, parents rarely expressed such behavioural patterns on the part of their normal offsprings towards their abnormal one. Another explanatory factor could be a conscious realization of sibling bullying behaviour by the parents, but a resultant denial of it as such behaviour did not fall within approved channels.

Sibling Dynamisms Operative Within the Improver's Families

Both the aforesaid items revealed a very high significance of difference between the two groups of responders. It can be concluded that the improvers were characterized by siblings who displayed a careful and mature handling of their retarded sibling. They displayed a calm acceptance of his behavioural and adjustive deficits and helped his parents implement a strategy of stimulation and nurturance towards the rehabilitation of the retardate. This is again a consequence, of the manner, the parents, presented the problem of retardation to the siblings. A mature handling involves inculcating within the siblings from an early age (a) the fact that mental retardation is an irreversible handicap, (b) the fact that the retardate is thus afflicted is just a chance factor, (c) the fact that the retardate is to be respected like any normal sibling and his basic
human rights to be taken into consideration, and (d) finally the fact that psycho-social stimulation, positive nurturance and a caring warm attitude towards the retardate would benefit his growth and rehabilitation process. It is also imperative to make the siblings realise the irreversibility of the handicap, and not to expect any miracle changes within the retardate. This unnatural expectation makes the family more critical of the retardeates failings and often induces greater hopes about the retardeates growth potential. On the other hand the deteriorators siblings revealed a hostile and uncaring trend towards the retardate. This can be interpreted in terms of extra economic or psycho-social threats upon the siblings or parents of the deteriorators. It is also postulated that such parents often do not give a right picture of the retardates handicap. They are also continuously made to feel the threat of the presence of the retardate and the problems it imposes. In these cases the family diversifies itself from the retardate and unifies itself in dealing with punitiveness and hostility towards the retardate. These dynamisms were also identified and assessed during the eliciting of sibling attitudes in the FAQ.

Retardates Movement Within Family and Wider Community Milieu

The next three items were concerned with the retardate being restricted free spatial and physical movement within
the routine family social functioning periods, free physical movement within the house, and, finally a restriction of the retardate's socialization within the broader neighbourhood milieu. These restrictive measures are detrimental to the retardate's social growth as they allow the concepts of strangeness, inferiority, social withdrawal, alienation and isolation to creep into the personality framework of the retardate. Parent figures or other members of the family impose restrictions on the retardate either because of his gross inability to function in a socially acceptable manner or because the social stigma attached to an abnormal or retarded child is perceived as a direct threat to the equilibrium of the family.

Out of the deteriorators group 40% to 56% of the retardates perceived that they were disallowed free movement within the routine family events and within the neighbourhood. As compared to this only 10% of the improvers perceived imposed restrictions of the child within the family setting. But on the dimension of the retardate's socialization within the immediate and outer neighbourhood, 32% of the improvers families maintained a rigid stand of disallowance. This could be attributed to the fact that such families, even though they believed in complete social ventilation within the family setting, they had
reservations about sending the retardate to a hostile and rejecting neighbourhood. A range of 73.7% to 94.7% of the improvers were firm on the ground of allowing the retardate free movement and be as normalised as any other normal sibling. A probe into the responses of the deteriorators revealed a minimum representation, that is a range of 8% to 12% of the deteriorators, within the same category.

Retardate's Perceived Acceptance Within the Family Milieu

The next three items could be clustered under the spectrum of the retardate's perception of his acceptance within the family milieu. The item specifying 'family environment regarded unfavourable' revealed 89.4% of the improvers to respond negatively to the opinion expressed. They reported an acceptability of themselves and their inadequacies within the family setting. This could be directly related to the next two items of 'feelings of neglect within home milieu' and a 'preference of school environment to the home milieu'. On both these items, 68.4 to 89.4% of the improvers responded negatively, specifying a caring and warm family milieu. It was indeed surprising to note that 60% of the deteriorators reported a preference of the school milieu to the family milieu.

Such a trend could be attributed to the excesses of hostility and ridicule a deteriorating retardate was
subjected to within the family setting. The inclination towards the special school would mean an identification with the rest of the retarded peers and a realization that the retardate was not alone handicapped. It could be concluded the retarded child perceived a higher functioning level within which he would prefer to function in a milieu (that is the special school) where the child would not be constantly singled out and made to be the target of hostility and over expectations.

The aforementioned dimensions provide an insight into the variables operative within the family milieu and the different perceptions of these variables by the criterion groups of the improvers and deteriorators. The factors operative within the family milieu are not sufficient to account for the retardates psycho-social improvement or deterioration. These have to be supplemented by an assessment of the retardates perception of the school milieu and his perception of the self.

Section B
Retardate's Perception of His Special School Milieu

Fifteen items, assessing the retardate's perception of his school milieu, were included under this broader category. The items were included on the basis of their relevance and effectiveness to serve as pointers towards the assessment of the school milieu. The school milieu
### Table 8.2
Responses of the Improvers & Deteriorators To the Retardate Attitude Questionnaire (RAQ) and the Chi Square Values.

#### Section B: RETARDATE'S PERCEPTION OF THE SCHOOL MILIEU

<table>
<thead>
<tr>
<th>Dimension Specification</th>
<th>Chi Square Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feelings of fear while going to school Vs positive acceptance</td>
<td>11.45</td>
</tr>
<tr>
<td>2. Feelings of inadequacy in School Vs positive feelings</td>
<td>10.78</td>
</tr>
<tr>
<td>3. Antagonism towards teacher/attendants Vs positive feelings</td>
<td>16.53</td>
</tr>
<tr>
<td>4. Teachers perceived discouraging Vs kind, encouraging</td>
<td>18.76</td>
</tr>
<tr>
<td>5. Teachers perceived indifferent to retardates needs Vs attentive</td>
<td>13.05</td>
</tr>
<tr>
<td>6. Beating/bullying behaviour Vs accepting behaviour.</td>
<td>4.18*</td>
</tr>
<tr>
<td>7. Self perceived inferior to peer Vs feelings of equality</td>
<td>27.38</td>
</tr>
<tr>
<td>8. Teachers/peers perceived hostile Vs supportive</td>
<td>26.41</td>
</tr>
<tr>
<td>9. Inability to speak in class Vs confident behaviour pattern</td>
<td>36.31</td>
</tr>
<tr>
<td>10. Feelings of indifference towards extra curricula Vs interest</td>
<td>21.51</td>
</tr>
<tr>
<td>11. Feelings of school curricula being useless Vs useful</td>
<td>37.11</td>
</tr>
<tr>
<td>12. Lack of concentration in class Vs prevalence of concentration</td>
<td>21.54</td>
</tr>
<tr>
<td>13. Disappointments with self performance Vs acceptance</td>
<td>26.01</td>
</tr>
<tr>
<td>14. School work not reinforced at home Vs reinforced</td>
<td>24.0</td>
</tr>
<tr>
<td>15. Inability to develop adjutive mechanism Vs ability prevalent</td>
<td>35.02</td>
</tr>
</tbody>
</table>

\[ N = 44 \]
\[ df = 2 \]

**Notes:** Dimensions without asterisk indicate \( P = \geq .01 \)
was assessed in terms of the retardate's psychological and physical behaviour within the special class, the retardate teacher interaction pattern, the retardate's perception of the effectiveness of the school curricula and the retardate peer interaction pattern.

A bivariate analysis of the responses of the criterion groups of the improvers and the deteriorators revealed significant differences in the responses of the groups in all the dimensions but one. The chi square values are shown in Table 8.2. The only non-significant dimension was the one categorised as 'beating/bullying behaviour of the teachers versus tolerant, kind behaviour'.

Negative Feelings While Attending School

The first dimension was included to assess the prevalence of negative feelings within the retardate while attending school or while within the school milieu.

Variables in Negative School Going Behaviour

The primary items discussed were subjective feelings of fear, depression, sickness, restlessness, and inadequacy generated while going to school or while being within the school milieu itself. These psychological tensions generate from acute feelings of academic and behavioural deficits within the special school. This mainly occurs when the school is perceived as a threat to the social
psychological equilibrium of the retardate. The normal child begins his school career with an often displayed pattern of fear and refusal to go to school and an often unusual manifestation of physical symptoms. This is no different for the retarded child who attends school. The only difference that does exist between the normal child and the retardate, is that the retardate's school curricula has a major emphasis on adaptive behaviour, development of self help skills and simple cognitive skills with a minimum intervention of intellectual requisites.

The feelings of fear, restlessness and depression, as possible reactions to the school milieu were assessed to their frequency in appearing within the retardate's school going and class-room behaviour. An observation of the results revealed a range of 60% to 64% deteriorators to be appearing in the category expressing overt manifestation of the aforesaid symptoms. A look at the responses of the improvers revealed a range of 10.5% to 15.7% of the improvers group to be appearing in the same category. A surprising element within the response categories of the two groups was that 52.6% of the improvers and 25% of the deteriorators reported an occasional display of fear, inadequacy and acute restlessness within the school milieu or while going to the special school.
Out of both the criterion groups of responders who reported the presence of such symptomatic manifestations, a majority reported that such feelings were only characteristics of the school milieu. Under the circumstances it can be concluded that however hostile the home milieu was, the special school milieu was probably observed as a foreign milieu than the family environment which was looked upon as less hostile and more conducive for personal growth.

**Presence of Antagonism Towards Teachers/Attendants**

The next item explored was the display of feelings of antagonism towards teachers or the attendants within the school milieu. The subjects of both the criterion groups were assured that anything negative expressed against the authorities would not be held against them. Antagonism towards the teaching personnel was manifested by refusal to obey, displaying of physical tantrums and destructive behaviour tendencies, withdrawal symptoms, unconsciously stimulated but conscious manifestation of lack of concentration, distractibility, short memory span, learning deficits etc. Antagonism towards the attendants took the form of direct outbursts of aggressive or severe withdrawal behaviour, whenever confronted with them. The retardates also reported engaging in beating behaviour when severely antagonistic towards any attendant.
The results reveal 57.6% of the improvers to be never antagonistic towards the teaching personnel/attendants and 72% of the deteriorators to be overtly antagonistic towards the school authorities. 31.6% of the improvers however revealed themselves to be resentful of the school personnel sometimes.

Variables Operative in Deteriorators Perception of Teachers

As regards the deteriorator's category 20% or 5 individuals grouped themselves as never expressing overt resentment towards the teachers/attendants. Antagonism towards the school staff could be related to a perception of hostility, acute punitiveness, indifference of the retardate's needs and feelings, on the part of teachers and attendants, alike. Another dynamic fact which generates tremendous antagonism toward the school personnel is when they (the latter) resort to beating/bullying behaviour tactics, as an effective intervening factor to induce obedience or corrective behaviour from the retardates. These factors were studied in depth by the fourth, fifth and sixth items of this scale.

Teachers Perceived as Punitive, Indifferent

The fourth item under consideration probed, whether the teachers were perceived as punitive, partial and non-encouraging agents by the retardates. It was surpris-
ing to note that given a constant school milieu, 60% of the deteriorators, perceived the teachers as punitive and non-encouraging and compared to this, 73.7% of the improvers reported the teachers to be non-punitive and impartial. An equal number of deteriorators i.e. 20% appeared in the categories of partial and complete perception of the teachers as non-punitive and encouraging. The next dimension considered also revealed a similar response trend of the group respondents.

73.7% of the improvers appeared in the category of never perceiving the teaching personnel as indifferent to the retardate's needs and feelings and 66% of the deteriorators expressed a negative attitude towards the teachers. Out of this group of 68% of the deteriorators, 48% revealed the teachers to be partially, indifferent to the unique needs of the retardate. The sixth item studying the teacher/attendant beating behaviour, however, revealed an interesting response pattern. 84.2% of the improvers and 72% of the deteriorators revealed the absence of beating/bullying behaviour on the part of the teachers. The trend of the responses of the 2 groups in this dimension appear similar, this being the only dimension in the entire gamut of attitude towards the school where there were no significant differences prevalent within the groups.
Analysis of Perceived Dynamism in Teacher Behaviour

Viewing the last three items under the category of retardate's perception of teacher's attitude towards self, it can be observed that with the exception of the last item, the prior ones reveal a consistent pattern of response within the individual groups. As an attempt, towards a critique of the special school, it is indeed heartening to note that there is a minimal emphasis on physical violence towards the education, training and rehabilitation of the retardate.

Explanatory Analysis of Retardate's Perceptions

Hence it can be argued that with the physical violence/training noted out to the retardates being constant, why the different groups view the teaching personnel differently, it can be attributed to the psychological circle of improved adjusive and academic behaviour of retardate, related to improved teacher student interaction, further related to enhanced self esteem of retardate, and the latter, in turn contingent on improved performance of retardate and consequent satisfactory perception of the retardate by the teacher. Viewing this circle critically it is observed that each factor is contingent on the other. Given the often unrewarding and somewhat depressing milieu of handicapped children, the teachers, no doubt, 'specialists
in human relations', but very much a human being, are subject to the stresses and strains of interacting with an inculcating skills within the retardate. Under these circumstances, their behaviour towards the retardate gets a positive colouring, whenever they perceive the retardate to be amenable to suggestions and training mechanisms, or whenever they perceive marked improvement in adjustive or behavioural mechanisms within the retardate. To this the teachers respond with increased attention and encouragement.

In conclusion, this cycle goes on with improvers getting a better impetus and improving further and deteriorators regressing to lowered levels of functioning by being subject to the often expressed impatience and intolerance of the teachers.

Retardate's Inferiority Feelings

The next dimension considered was the prevalence of feelings of inferiority generated within the retardate in relation to the peer group, in the field of cognitive, social and adjustive skills. 68% of the deteriorators evidenced sporadic feelings of deep seated inferiority to the peer groups. Compared to this 94.7% of the improvers revealed themselves to be at par with their peer group and did not perceive themselves as inferior,
in any way, to the rest of the peer group. 16% of the deteriorators revealed strong inferiority feelings, the feelings being manifested mainly by severe maladjustment problems in relation to their peers. These feelings are generated mainly because the poor group is perceived as a threat to the homeostasis of the retarde. Certain retarded members, are subjected to greater ridicule and teasing by the peers, because they manifest greater retardation symptoms, display greater adjustive impairments, prove themselves clumsy in certain behaviour patterns and over all show acute discomfort in adjusting to the cognitive, social or recreational milieu of the school.

**Induction of Feelings of Inferiority in Retardate**

Feeling of inferiority undermine the psychological functioning of a retarded child further and leave him vulnerable to the unintentional rebuffs and criticisms of the teaching personnel and the peer group. Undue attention or encouragement being fostered on certain sections of retardates by the school staff induce feelings of neglect and adjustive helplessness within the rejected section. The basic rationale for the teaching personnel to realise, is that, each child has a potential handicap and a predictable growth pattern and hence each child is to be reacted to differently catering to his needs. Whenever the school personnel overlook this and expect
the retardates to have an equal mastery of the self help, or socio cognitive skills, or expect them to display an equal amount of social maturity, social knowledge or grasping ability, there is an evidence of inculcation of self condescending and unconscious rejection feelings among the retardates unable to keep pace with the rest. This, however, does not mean that skills are to be inculcated in isolation. It simply means reacting to the retardates as a group and respecting each one's handicap and growth potential.

It can be argued that when the feelings of inferiority are embedded within the retardate, anxiety regarding performance is generated, which hampers desired performance levels. The retardate in a conscious bid to prove himself better, often makes more slips. This in turn leads to hostility towards the peer group and if the retardate chooses to estrange himself, his adjustive skills, his social development, social adjustment, play activities etc. suffer a great deal. In the present investigation only a minor percentage of the deteriorators evidenced very strong inferiority feelings.

**Perception of Teachers/Peer as Hostile Figures**

Stemming from the aforesaid item is the dimension measuring the retardate's perception of teachers and peers as hostile figures towards retardate. Here again,
it was observed that 60% of the deteriorators categorised themselves in the intermediary category of perceiving the teachers/peers as hostile figures sometimes or sporadically. Compared to this, 89.4% of the improvers appeared in the category of rarely perceiving the teaching or peer group as hostile. This item, for conceptual clarity must be differentiated from item number three. Item 3 expressed the retardate's antagonism towards teachers/peers and item 8 (that is, the present item under discussion) reveals the retardate's perception of manifest hostility of teachers/peer group towards himself. An extra punitive/or critical teacher or an assertive peer, (well versed in social adaptive skills) are likely to be perceived as threats to the retardate. This leads to the observation of the teaching personnel as discouraging and hostile authority figure.

Viewing the aforesaid related items which evidence the way the retardate perceives his school milieu, it can be concluded that what the retardate needs is warmth security and stimulation within the special class. It is to be observed that no coercion or threat should be implemented by his teacher or stronger peer. The retardate who is not functioning well, cognitively or socially should not be alienated and made to stand out as the proverbial sore thumb.
Retardates Perception of Inadequacies within Self

The next two items deal with the retardate's inability to develop a high status in self-adjustive and social-adjustive mechanisms. Special educators and psychologists postulate basic anxiety and insecurity, covert and overt, as the major dynamisms in the retardate's negative responses to the school curricula. Spence (1968) and Taylor's (1961) theory postulate that anxiety often facilitates the acquisition of simple conditioned responses but interferes grossly with social skills and certain forms of complex learning skills.

In the present item category of the retardate's inability to speak up or be assertive in class, 40% of the deteriorators revealed themselves to be in the positive responses category, and 78.9% of the improvers categorized themselves as not being troubled by this handicap. In other words, a majority of the improvers displayed social confidence and the ability to speak out their problems or be academically assertive within the social class setting. The second related item is 'the inability to develop an effective adjustive mechanism within the special class'. Here again 78.9% of the improvers were placed in the category of not being handicapped by ineffective, adjustive mechanisms. As compared to this, 80% of the deteriorators reported that they were occasionally troubled by a tendency
Dynamics of Improper Adjustments in Class

Educators find it perplexing to find a therapeutic remedy for these kinds of related problems. A retardate
(a) who functions at a low social and assertive level, i.e.,
who responds rarely in class, (b) who is prone to keep his
cognitive difficulties to himself, (c) who fails to stand
up for his social rights, (d) or finds himself ineffective
in verbal arguments etc. is prone to become defensively
alienated. It is rather clear that these socially defective
children are acute educational problems, perhaps the most
vexing to the school. It is not unusual to find such
children displaying overt streaks of sudden defiance,
destructiveness or tendencies towards tyranny. The
etiology, once again, stems from a feedback of a unfavora-
able and oppressive home milieu or a feeling of lowered
self concept due to continued school failures. The
psychological remedy is but careful individualized
handling. In cases, where the social alienation is too
deeply entrenched, psychotherapeutic intervention by the
school staff becomes necessary.

The retardate's inability to speak up in the class
results in a pathological lack of ventilation of the
child's problems and perceptions. This can lead to a
withdrawl from the school curricula, teachers and peer group. The second of the two aforesaid items represents conduct disorders like unsocialized aggression, anxiety, withdrawl or introvertive behaviour, undue preoccupation with feelings of failing, lack of interest, sluggishness, laziness, day dreaming and passivity.

Retardates Physical and Psychological Class-room Behaviour

The last five items on the 'perception of school milieu' section deal with the retardate's reaction to his functioning level within the school. In recent years increasing attention has been directed towards a clinical condition in children, specially the handicapped section, called 'school phobia'. The term itself refers to a state of acute anxiety about going to and being in school. The word 'phobia' suggests that the anxiety is localized, its focal point being an irrational fear of functioning within the school milieu. As is evident in the present investigation, a majority of the deteriorators have a tendency to perceive the school milieu as a threat to his social psychological homeostasis.

The dimensions studied are, feelings that the school curricula is useless and irrelevant, feelings of indifference towards curricula, inability to concentrate in class, feelings of disappointment with self performance and
finally the retardate's perception of his school work not being facilitated at home.

Retardates Psycho-social Perception of School Curricula

From the view point of a retarded child, the special school curricula can be looked upon with indifference or rejected as non-utilitarian, only for a few reasons, (a) if the curricula emphasis is mainly on cognitive/academic skills inculcation, (b) if an excess academic load is handed out as homework, which the retardate finds virtually impossible to handle, (c) if the self help skills are not given attention and failings in this area are subject to vigorous hostility and rejection, (d) if recreational aspects are given minimal emphasis and (e) finally the retardate's inability to handle the curricula because of the stresses generated within the school or family milieu. An initial, but continuous series of behavioural deficits of the retardate, within the special school has a two-fold reaction - (a) an increased frustration with the curricula and further behavioural impairments and (b) an unconscious hardening of the teachers attitude towards the failing retardate.

It was startling to note that 72% of the deteriorators revealed an occasional indifference towards the school curricula and 100% i.e. all the retardates of the
improvers group displayed a keen interest and appreciation of the curricula. Studying the dimension of the retardate's perception of the curricula as useless, 78.9% of the improvers displayed a tendency towards rating the curricula positively. As regards the deteriorators, 40% reported a negative attitude towards the curricula, 20% reported that they found the curricula effective and meaningful and 32% revealed themselves to be in the intermediary category.

Retardate's Self Perception of Inadequacies

The last three items probably appear on one continuum and are inter-related. A range of 40% to 56% of the deteriorators reported a lack of concentration in class, feelings of intense disappointment with self performance and a final pathetic plea that their school work was not at all facilitated within the family milieu. Looking at the responses of the improvers group, a range of 78% to 84.5% responders revealed a near about absence of the aforesaid psychological deficits. The feeling that the educative process was being followed with failures could easily be identified as the special class was designed on a feedback routine, where the children were informed in a mature way about their specified and predicted success. The item specifying a lack of concentration in class was reported by the sample as being manifested by day
dreaming, short memory span, lack of interest in class, undue preoccupation, spells of nervousness, tension etc.

Both these items could be contingent upon or be determined by the retardate's dilemma of not having his cognitive, social and self help skills reinforced, strengthened and facilitated within the school milieu. Stimulation or cognitive and affective enrichment within the special school must be maintained and made to grow further within the home setting in order to impress the skills more deeply within the retardate and also in order to make the retardate extend the behaviour to other similar situations.

The Therapeutic Role of the Teacher

A review reveals that for the optimal functioning of the retardate within the special class, the teacher plays a central role in the total therapy of the retarded child and major emphasis is to be paid to the selection of the teachers, personality of the teachers, knowledge of the kind of children they are teaching, the curricula they adopt and the techniques they evolve for teaching purposes. The retardate's no doubt do face the crisis when the teachers, with a broad understanding and acceptance of the retardation, resort to punitiveness and hostility when faced with repeated failures and impairments.
This can mainly result in implementation of different techniques for different retardates functioning at optimal or lowered levels. What usually results is disorganization, immobilization and a non-therapeutic action of the teacher within the school milieu and its resulting dire consequences on the retardate.

**Dynamism in Teacher Selection and the Class Setting**

The importance of the personality of the teacher of mentally retarded children cannot be over-emphasized. The academic training and passing of licensure examinations do not qualify a teacher in this field. Teachers in it could be selected with regard to their interest, motivation and personality. Factors such as anxiety level, frustration tolerance level, sensitivity to emotional motivation, identification of types of defenses children/adults resort to, ability to comprehend the self etc., should be considered in the selection of teachers. Just plain observation of the teacher in her/his class is not enough to evaluate the teacher. The preoccupation and deviant behaviour patterns of the disturbed retardates tend to bring out the teacher's character in clearer focus. Even the selection of certain curricula, its intervention techniques and the child's class-room behaviour are affected by the teachers personality pattern, perceptions of retardation, likes and dislikes, tolerance for deviation,
Table 8.3 Responses of the Improvers & Deteriorators to the Retardate Attitude Questionnaire (RAQ) and the Chi Square Values:

Section C: RETARDATES SELF EVALUATION DIMENSION

<table>
<thead>
<tr>
<th>Dimension specification</th>
<th>Chi square Test Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inadequacy of success in any field Vs confidence of success.</td>
<td>13.07</td>
</tr>
<tr>
<td>2. Special training perceived of minimal use Vs useful</td>
<td>29.49</td>
</tr>
<tr>
<td>3. Inferiority/strangeness towards peers Vs feelings of inadequacy.</td>
<td>31.86</td>
</tr>
<tr>
<td>4. Inability to talk before class Vs inability</td>
<td>22.92</td>
</tr>
<tr>
<td>5. Feelings of failure in school/home adjustment Vs feelings of adequacy</td>
<td>22.92</td>
</tr>
<tr>
<td>6. Presence of worry, restlessness Vs absence</td>
<td>36.43</td>
</tr>
<tr>
<td>7. Incapability of concentration Vs capability</td>
<td>33.07</td>
</tr>
<tr>
<td>8. Absence of proper sleep Vs presence</td>
<td>22.46</td>
</tr>
<tr>
<td>9. Prevalence of feelings of being disliked Vs non prevalence</td>
<td>34.23</td>
</tr>
<tr>
<td>10. Prevalence of fear of objects/people place Vs absence of fear</td>
<td>21.49</td>
</tr>
<tr>
<td>11. Prevalence of physical ailments Vs good health</td>
<td>14.95</td>
</tr>
<tr>
<td>12. Feelings of being abandoned Vs feelings of security</td>
<td>14.8</td>
</tr>
<tr>
<td>13. Feelings of failing in psycho-social devt. Vs feelings of stability</td>
<td>30.79</td>
</tr>
<tr>
<td>14. Feelings of being unappreciated Vs being appreciated (Family Milieu)</td>
<td>15.69</td>
</tr>
<tr>
<td>15. Feelings of being unappreciated Vs being appreciated (School milieu).</td>
<td>27.90</td>
</tr>
</tbody>
</table>

N = 44
df = 2
Notes: Dimensions without asterix indicate P = > .01)
need for order or disorder, affinity for certain subject matters etc. An important goal of the special teacher is the adaptation of the curriculum and techniques for use of the retarded collectively and for use individually to bring out in sharper focus each retardate's needs and growth potential level.

Section C
Retardate's Perception Towards Self

This section includes fifteen items for the assessment of the retardates perceptions regarding his adjustment to his self, peer group, family and school milieu. The retardates perceptions were analysed to determine and isolate the variables determining his psycho-social improvement or deterioration factors. All fifteen items in this dimension were characterized by significant differences in the responses of the two criterion groups as revealed by the chi square values in Table 8.3.

An M.M.R. child with social or emotional difficulties is a child with poor mental health, and restoring good mental health is to be the goal of all special educators and workers. As used here, good mental health implies adequate personal strength to meet the usual vicissitudes of life to meet the usual difficulties in keeping with the social norms of the community. Further, the retardate should have an appreciation of his limitations balanced
by a satisfying and productive use of his capacities. This includes school and family adjustment. His social adjustment should not bring him into undue conflict with his peers or authority. The overall point of interest here can be summed up as follows: mentally handicapped children live in a chronic state of poor mental health and variables operative within the school and family milieu should be carefully assessed to see if they promote or further endanger the retardate's mental health.

**Retardate's Feelings of Inadequacies, Inferiority and Threatened Failure**

The first five items of the present section deal with feelings of inadequacies, inferiority, feelings of failure, feelings that school training is of no use, and inability to talk in class. These items have been dealt with in the previous two sections and the rationale to include them here is based on an important fact. This was because the present items were regarded as very crucial in the self-adjustive/evaluative mechanisms of the retardate and judging from their importance an attempt was made to reassess the retardate's perception on these dimensions. A homogeneous pattern was observed within the response categories of the improvers. A range of 78.9% to 84.2% of the improvers appeared in the categories of positive functioning. Conversely about 52% to 76% of the deteriorators reported a consistent or sporadic
display of feelings of inability of success in any field, feelings of inferiority as compared to peers or normal siblings, feelings of inability to be socially assertive in class and consequent acute feelings of failure in school/family/personal adjustment dimensions. The global picture presented by a critical analysis of the response categories of the groups, reveals the deteriorators to be functioning in a socially defective manner. The personality of the deteriorators displays a pervasion of feelings of acute inferiority and inadequacy which stems from lowered levels of psychological functioning and results in consequent impaired relationships with the peer group, family and school milieu.

Motivational Problems and Learning Behaviour as Implemented by Educators

Workers in mental retardation assess that a lowered motivational level of the retardate within the special class is probably the root cause for maladies of social maladjustment and feelings of inadequacy within the special class. The special educator has to be far more consciously involved in motivational problems when working with the retarded section than would be necessary with the normal children. The primary step is to prepare the children towards motivational maturity is to establish a pupil teacher rapport and to restore the sense of pleasure in learning. Learning should be geared from the simple
concepts to the less simple ones and each stage should be thoroughly mastered before approaching the next one. Basic to this inculcation process, and to establish the retardate's confidence in his behaviour, performance and self, is the assessment of the real developmental level of the pupil. There is one point universally agreed upon by special teachers, that the school programme must be individualized. Each child is a school unto himself and the work of the school is dictated by the abilities and limitations of the pupil. Cases where the feelings of inadequacy/restlessness within the school, inability to profit from school curricula, and social adjustment impairments are too deeply entrenched, the teachers have to review the school programme and make the curricula simpler and more appealing to the retardates. Each such child is to be handled effectively and gently, and with the help of psychologist and the family, a suitable intervention strategy is to be established for each child catering to his needs. His weaknesses are to be given strength and strength further strengthened.

Retardate's Feelings of Fear, Physical and Psychological Discomfort

The next six items which identify fear, sickness, worry, restlessness can be assessed globally as stemming from the root cause of basic anxiety. The anxiety can be
expressed in a variety of psychological or physiological ways. As specified earlier, and according to the theory of Taylor and Spence (1961), anxiety facilitates the acquisition of very simple conditioned responses but interferes with higher modes of social adjustment mechanisms and forms of complex learning. That is, the anxious retardate fixation a simple response, particularly if he has made it from time to time before, more rapidly than a non-anxious person. At the same time, complex responses (and this includes most academic and social skills unless they are made simple on purpose) are acquired with more difficulty by the anxious person.

**Development of Learning Disabilities**

It can be assessed that the already anxious child is quick to learn (by simple conditioning) additional fear and anxiety responses. Stimuli contiguously associated with stimuli causing fear and unpleasant emotion quickly comes to have the capacity to elicit the same fear. Since certain generalisations seem to be facilitated by anxiety, the anxious child's fear and avoidance over-generalize. All of this means that unpleasant and fear producing experiences are apt to have results quite beyond the immediate setting and such experiences should be minimized for the retarded child whenever possible.

Unpleasant experiences with one type of academic or social
adjustive material quickly generalize to other types. Fear and avoidance of one teacher soon becomes fear and avoidance of many. There is, however, a positive side. The rapid acquisition of conditioned responses applies to 'positive' responses as well as negative ones and these positive responses can be appropriate responses to academic problems if they are presented in such a way as to qualify as simple, or to fit a conditioning paradigm.

The physiological aspect of anxiety can be expressed in a variety of ways. A child in a state of acute anxiety due to school failures, or fear of reprimand or inability to live up to specialised and specified standards, or being subject to hostile or rejective behaviour etc., can turn pale, start trembling, be unable to move or feel impelled to fight, experience psychosomatic attacks like intermittent fever, nervous headaches, irritability, diarrhoea, sleep disturbance etc.

Another predominant cause for acute anxiety can be the inadvertent development of school 'phobia'. The term itself refers to a state of acute anxiety about going to or functioning within the school milieu.

Prevalence of Worry/Restlessness in Retardate

Assessing the responses of the retardates, practically all members of the deteriorators group revealed the prevalence of feelings of acute worry/restlessness,
feelings of being disliked by the school and family milieu, unnatural fears of objects and place, presence of physical impairments like inability to sleep, presence of headaches, nervous tension, occasional tachycardia etc. On all the aforesaid items, a range of 63.5% to 89.4% improvers, reported partial or complete absence of the debilitating factors which cripple the retardate's cognitive and social functioning. However, an important fact was highlighted in the items, specifying feelings of fear of objects/places and prevalence of physical discomforts among 52% to 63% of the improving retardates. The presence of these variables within the attitudinal framework of the retardate can be interpreted as follows. Regardless of the favourable/unfavourable school/family milieu the retarded child is subject to, which is contingent to his success or failure, some behavioural attributes are intrinsic within the make-up of a retardate. Mentally retarded children have known to evidence signs of weak physical health, and a fear of objects and places, is a possible displacement of fear from the school or family threats to the retardate's functioning level. Even though handicapped by these problems a section of the sample display a positive growth in their functioning areas and become established as improvers.

Compared to the attitudes of the improvers on the dimensions of fear of objects, place, feelings of restless-
ness, worry and physical discomfort, a range of 56% to 89% of the deteriorators responded and reported themselves to be in the category of experiencing such feelings. This indicates the deteriorators to be acutely subject to a number of negative feelings and reactions while functioning within the family and classroom milieu. The specified items of incapability of concentration, inability to obtain proper sleep, and acute feelings of restlessness were probably the major items involved in hampering the retardate's progress within the school milieu. The response categories on the dimension specify the prevalence of physical illness, impaired appetite, intermittent fever, headaches etc. displayed a surprising trend. 52% of the improvers and 84% of the deteriorators revealed the prevalence of the physical discomfort outlined. Even though the percentage of the improvers was very high in the category, the difference between the criterion groups was very significant.

Feelings of Perceived Threat Within Family and Home Milieu

The remaining four items were centered around the possibilities of being disliked, unappreciated and abandoned by the family/school milieu. The last item specified is the presence of feelings of actual or threatened failing in the facets of cognitive, psychological and social
developments within the personality framework of the retardate.

Retardate's Feelings of Perceived Unappreciation

Nothing can be more conducive to the detriment of the retardate, but a constant threat that the retardate is unappreciated or disliked within the family and home milieu. Underlying this premise is the basic threat that the retardate because of his inadequacies may be abandoned at any time by the school authorities secondarily and by the family milieu primarily.

Manifest feelings of being disliked by the family and school milieu and also being deeply unappreciated by them was prevalent in the responses of 76% to 96% of the deteriorators. The pathological fear of being abandoned by the family mainly was present among 68% of the deteriorators. 78% to 89% of the improvers maintained an absolutely different stand in their responses. They did not feel threatened by feelings of being disliked, unappreciated or being eventually abandoned. On the other hand a range of 10.5% to 21.5% of the improvers, revealed themselves to be in the category of being beset by upsetting thoughts like being unappreciated even if they engaged in a profitable and constructive assignment, and a dreaded feeling that due to their inadequacies and handicap they would either be abandoned or institutionali-
Retardate's Perceived Threat of Failure

The last dimension on the same continuum, the prevalence of a feeling of acute failing in the psychosocial or cognitive developments of the retardate within the family and school milieu. 84.2% of the improvers placed themselves in the category of not being threatened by such feelings. On the other hand 96% of the deteriorators displayed either an occasional or constant preoccupation with their apparent deficits in all areas of functioning. 10% of the improvers also categorized themselves in the same qualitative state as 96% of the deteriorators displayed either an occasional or constant preoccupation with their apparent deficits in all areas of functioning. 10% of the improvers also categorized themselves in the same qualitative state as 96% of the deteriorators.

As regards the functioning of the retardate it can be assessed that the retardate creates a world of his own needs, securities, fears and threats which are a direct outcome of the environment the family/school milieu creates, and certain intrinsic mechanisms within the retardate. Within his world of deficits, fears and threats the deteriorating retardate tends to sink to lowered levels of functioning. In such cases an early
and effective diagnosis is vital and an intervention strategy is to be planned by the educators, psychologists and the family to pull out the child into the open and give him individualized attention to facilitate growth.

Conclusions

The present chapter incorporated an analysis of the retardates perceptions of his family, school and self. The responses of the E.M.R. children revealed distinct differences in perceptions between the two criterion groups of the improvers and the deteriorators.

The improvers reported a favourable perception of the family milieu. They reported a caring, stimulating and favourable family milieu whereas the deteriorators perceived inter-personal distortions within the family which they found detrimental for their growth. The improvers reported a family reinforcement of the skills inculcated within the school milieu, which was lacking among the families of the deteriorators.

The deteriorators perceived the school milieu as hostile and as a threat to their equilibrium. They complained of school phobia, feeling of restlessness, within school, inability to participate in social interactions, inability to master the school curricula and inability to speak up in class. These dynamics were not present in
the perceptual framework of the improvers who displayed an adequate functioning level within the school.

The improvers reported a positive feedback of their improvement from the school milieu and a constant reinforcement of skills from the family milieu. This dynamism was lacking in the case of the deteriorators, as they displayed anxiety, inadequacies of success, feelings of being within the school milieu.

An understanding of the dynamisms within the perceptual framework of the retardate towards his family, school and self and the dynamisms within the family milieu of the retardate, as attempted in the previous and present chapters, bring to focus certain critical and relevant variables pertaining to the retardate's psycho-social improvement or deterioration within the special school.