Methodology

Leenamol Mathew “Evolving relationships with persons who have mental retardation: An exploratory study” Thesis. Department of Psychology, University of Calicut, 2006
Chapter 3

Methodology
Methods

"Tell me and I will forget; show me and I may remember; involve me and I will understand" (A Chinese proverb)

This chapter describes the design of the study, detailed explanation of the stages of the study, sample selection procedures, data collection tools, methods of data analysis and limitations of the study. The chapter ends by detailing some of the ethical dilemmas faced during the study, and how the researcher dealt with them.

3.1 Research design

The concepts of intimate relationship and emotional well-being are the most important theoretical constructs of this study. The design of the study was qualitative case study, using grounded theory approach. Grounded theory approach, through an iterative process between data and emerging concepts (Glaser and Strauss, 1967), allows the researcher to arrive at theoretical formulations ‘grounded’ on data using inductive method.

According to Denzin and Lincoln (2003) the word qualitative implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined, measured (if measured at all) in terms of quantity, amount, intensity, or frequency. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry (Banister et al., 1998; Denzin and Lincoln, 2003; Bryman, 2004). Denzin and Lincoln (2003) state that ‘a complex, interconnected family of terms, concepts, and assumptions surround the term qualitative research’ (p.3). According to them, this complex, and at times contradictory, family has arisen because qualitative research is informed by a variety of intellectual traditions. Bryman (2004) has classified these traditions as the three
major considerations of qualitative research: (a) the theoretical orientation is inductive; (b) the epistemological orientation is interpretivism; and (c) the ontological orientation is constructionism.

Most qualitative researchers treat theory as something, which emerges out of the collection and analysis of data, or analytic induction. 'Grounded theory' is found to be the most useful approach to the systematic generation of theory from qualitative data. A consensus among researchers could be seen in following grounded theory approach to the analysis of qualitative data (Pidgeon & Henwood, 1996; McLeod, 2001; Travers, 2001; Bryman, 2004). Glaser & Strauss (1967) originally used the term 'grounded theory' to refer to theory that is generated in the course of the close inspection and analysis of qualitative data. This idea is now a central tenet of naturalistic research. According to them, theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges. It refers to the sampling, not just of people, but also of settings and events. In grounded theory, the data collection, observing, interviewing, collecting documents, carry on until the theoretical saturation is achieved. As obvious, qualitative researcher is not primarily concerned with the generalizability and testing of the theory. Rather, their primary concern is developing a theory grounded on data, which could be tested later applying them to different situations and large data sets. Therefore, qualitative researchers could afford to focus on few cases in detail to understand the processes in total.

Another agreement among qualitative researchers is on its epistemological orientation. Majority of them consider it as interpretivism, which has rejected the practices and norms of positivism. Interpretivists share a view that the subject matter
of the social sciences – people and their institutions – is fundamentally different from that of the natural sciences. Hence, the study of the social world requires a different logic of research procedure, one that reflects the distinctiveness of humans as against natural order (Banister et al., 1998; Bryman, 2004).

The third factor is about the ontological orientation. Constructionism is an ontological position that asserts that social phenomena and their meanings are continually being accomplished by social actors. It implies that social phenomena and categories are not only produced through social interaction but that they are in constant state of revision. Knowledge of the world is intentionally constituted through a person’s lived experience (Bryman, 2004).

Qualitative researches use variety of methods for data collection such as ethnography; participant observation; qualitative interviewing; focus group; discourse analysis; and textual analysis. However, a general agreement can be seen among qualitative researchers, as they employ multiple methods in their approach. According to qualitative researchers, the main steps in qualitative researches are: (i) general research questions; (ii) selecting relevant sites and subjects; (iii) collection of relevant data; (iv) interpretation of data; (vi) conceptual and theoretical work; (v a) tighter specification of the research questions; (v b) collection of further data; (vi) writing up findings/conclusions. (Banister et al., 1998; McLeod, 2001; Silverman, 2001; Travers, 2001; Bryman, 2004). However, this dialogue with data is never-ending process in qualitative research since the theory is continually being built.

Therefore, the researcher approached the research question in two stages: the first stage of the study was exploratory and the second stage was case focused.
3.2 Exploratory stage

The objective of the exploratory stage was to get comprehensive knowledge of children with mental retardation, their educational pattern in a segregated setting, and the effects of this education, especially on the mental health of the students. The researcher had experience in the field of special education for the mentally retarded started in 1999 when she had done her M.Phil study on occupational stress of special educators. Following that, she started teaching psychology for the trainees of DSE(MR)¹ course. Hence she had prior experiences in the field of mental retardation and special education. However, her working experiences with children with mental retardation were limited, as she couldn't interact with them as an involved researcher. Therefore, in the exploratory stage she sought out for the study on children with mental retardation, their educational pattern, the nature of their learning, and the corresponding behavioural changes, especially from their special school set-up.

For this purpose, the researcher visited four special schools for students with mental retardation. Comparisons of the schools are given in the table 3.1.

Nazreth and Shamza were from Kerala, but Sadhana and Aksha were from Karnataka². Schools Sadhana, Nazreth, and Aksha come under the registered schools of RCI, and they followed the syllabus and pattern recommended by the NIMH. Of these, Nazreth, and Aksha run teacher-training programmes³. Though Shamza also followed the syllabus recommended by the NIMH, the infrastructure in the school was not a promising one. All the four schools followed a structured pattern in their approach. However, Sadhana was more flexible and gave more freedom to the students.

¹Diploma in Special Education (Mental Retardation), the training programme for Special education teachers set forth by RCI and conducted by NIMH. The programme is of one year duration.
² The major reason behind extending the study to schools in Karnataka was accessibility of these schools for the researcher since she was teaching in Karnataka.
³ DSE(MR), and other short-term courses, for the trainers of children with mental retardation.
The researcher started her exploratory work in Nazreth, where she had done her study on special educators. She visited the school 14 – 16 times during working days, over a period of four months. After a gap of a short period, she visited Shamza consecutively on eight working days. Her next visit was to Aksha, where she spent a total of 10 working days with students in diverse settings, over a period of three months. And the last one in the exploratory stage was Sadhana, where she made 10 visits. During her visit, the researcher interacted with the students, as much as she could4, by joining in their activities. Apart from this, she had personal informal discussions with teaching and non-teaching staffs, and parents. She also talked to large parental groups thrice during her exploratory stage. Hence the exploratory stage was spread around a period of one year in different special schools. However, as it happens in the qualitative research, the exploration continued throughout the study.

Table 3.1 Comparison of schools visited during exploratory stage

<table>
<thead>
<tr>
<th>Names of the Schools</th>
<th>Number of Students</th>
<th>Number of Full time staffs</th>
<th>Nature of the school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MR</td>
<td>Others</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sadhana</td>
<td>45</td>
<td>20</td>
<td>65</td>
</tr>
<tr>
<td>Nazreth</td>
<td>168</td>
<td>39</td>
<td>207</td>
</tr>
<tr>
<td>Shamza</td>
<td>17</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Aksha</td>
<td>261</td>
<td>36</td>
<td>297</td>
</tr>
</tbody>
</table>

4 The researcher's freedom to move around in the student group was restricted, especially in Aksha, depending on the policies of the school.

5 'Others' include students who are not diagnosed as mentally retarded, which include students with autism, cerebral palsy, and physical handicap, but there are no characteristics of mental retardation.

6 'Others' include school principals, other professionals like physiotherapist, speech therapist, or occupational therapists, office staffs, and bus drivers.
3.2.1 Emerging ideas from the exploratory study

The important observations and insights emerged during the exploratory stage helped the researcher to focus on the key issues. They are: (i) the special educational services gave much emphasis to the limitations, especially the physical and social skill deficits, of the students with mental retardation, (ii) since the interventions were focussed on meeting the purpose for which it was designed, there was no adequate emotional support for the students, (iii) due to the high teacher-student ratio, the individual attention received by the students was too limited, (iii) negative reactions due to teacher stress could leave negative emotions in students, (iv) the dominant role of the staff created unhappiness among students, (v) the anxious and stressed parents failed to provide sufficient care, love, and affection, (vi) the overall pattern in the schools were not sufficient to meet the emotional needs of the students with mental retardation, (vi) the students with mental retardation were in need of more emotional support, intimate relationships and happiness.

As a result of this preliminary exploration, a number of questions emerged: (i) can intimate relationship with someone be helpful to meet the emotional needs for the students with mental retardation? (ii) is it possible to make an intimate relationship with children with mental retardation? (iii) what are the necessary steps in the process of developing an intimate relationship with a child with mental retardation? (iv) what could be the possible obstacles during this process? (v) do the children with mental retardation really enjoy being in an intimate relationship? (vi) how far does it affect the well being of these children?

Therefore at the end of the exploratory stage, the researcher had focussed more on the possibilities of developing an in depth relationship with students of mental retardation. The explorations revealed that the level of support required by
each student was an essential element in the development of a relationship. This led to
the next stage of enquiry.

3.3 Case focused stage

The key research strategy evolved was to spend long periods of time with
students with mental retardation in their school setting. The researcher was immersed
in one selected special school for about 10 months, interacted with the participants in
a deeper level, made regular observations of the behaviour of the participants in that
setting, listened to and engaged in conversations, interviewed relevant people around,
collected documents about the participants, developed a deeper level understanding of
the group in which the participants were involved, and wrote detailed account daily.
Hence the aim of the research was to understand the life and problems of children
through developing an in-depth relationship with them. The method was to interact
with them in all their activities with empathic and non-critical attitude.

3.3.1 Sample selection procedure

3.3.1.1 Selection of the setting

The researcher in this phase selected Sadhana School as the setting for the
study. The rationales behind selecting this particular school were: (i) Sadhana was the
only school interested in a long-term case study approach. In the other schools the
situation was not convenient for a long-term study by selecting few cases; (ii) this was
the only school that allowed the researcher to move around freely in different settings
of the school; (iii) the student strength in the school was neither too large, nor too
small; hence the researcher could interact on one to one basis; (iv) the researcher
could establish a strong rapport with the approval of the school principal, teachers,
and care takers during the exploratory stage; (v) the school climate in Sadhana was
matching in all respects to the research questions; (vi) and finally, Sadhana was
situated next to the researcher's own workplace, hence the journey to the setting was quite easy.

The detailed description about the research setting is given below:

Sadhana Special School

Sadhana was situated at the centre of Mangalore city, established in the year 1993. The school followed the syllabus and pattern prescribed by the NIMH. As explained earlier, the approach of Sadhana was comparatively flexible than other schools. It was more like a care centre for children with diverse special needs including mental retardation, cerebral palsy, autism, orthopaedic handicap, and learning disability. The major objective of the school was to provide necessary support and training to children with special needs. This privately managed school does not charge the students for its services.

Students

The school consisted of 657 students with a variety of special needs, aged four to 31 years. However, majority were between 6-20 years. The various special needs included mental retardation, cerebral palsy, autism, orthopaedic handicap, and learning disability. Of which majority, 45-50, were of mental retardation. The severity level of the students varied from mild to severe. Majority of the students were from lower class families, and few were from middle class families. They lived in and around Mangalore.

Staff

There are nine teaching staff, four carers (aayas), one physiotherapist, a visiting homeopathy doctor (once a week), and a speech therapist (twice a week) to care the students. Apart from this, Sadhana has a principal, a vice principal, one clerk,

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7 This was the average number of students in the academic year. However, due to drop out and new admission there could be variations up to 2-3.
and two van drivers. The school has other visiting staff for helping the students in craft works, and other vocational activities. Apart from this, trainees of social work, speech therapy, physiotherapy, and few medical students come for internship or clinical training to Sadhana and contribute their part in taking care of the children.

Routine of the school

Majority of the students come by school bus. The school bus picks up the students from their house, and reaches the school by 9.20. By 9.30, the school becomes alive. The first activity of the students, and whoever is present in the school is to come and assemble in the hall for the Morning Prayer, which usually starts with a song, followed by a small informal talk by the principal, or one of the teachers. After the prayer, the students, with the supervision of their teachers, go to their classes. Normally the class teacher gathers her students and takes them to the respective classes. Hence, by 10.00 they are settled in their classrooms. The class sessions continue for one hour and then there is a snack break for 15 minutes. To serve the snacks, the students are made to sit in two rows on the floor, one facing the other, in the corridor. Generally biscuits or chocolates are distributed to the children. By 11.15 the students go back to their classrooms and they engage in the particular activity of their class. The lunchtime is at 12.30, starting with younger children, followed by others. By 1.00-1.15, all the students and teachers finish their lunch and gather in a hall for entertainment until 2.00 pm. Generally, they could spread around, with the general sitting arrangement of boys on one side facing girls on the other side. Normally music is kept for the students to dance. There are some students who dance spontaneously as soon as the music is put on. By 2.00, they have to go back to their classrooms. Three of the afternoons, the teachers make them engage in some classroom activities, and the other two days, they are allowed to play games, like
cricket, ball throwing and running. These games take place in the long corridor. Generally, parents are allowed to pick their children after 2.00. However, majority stay back till the school ends at 3.00. The school bus takes the children to their homes and leaves them with their parents. Majority of the teachers accompany children in the school bus.

**Uniform**

The uniform of the students are check black and red shirt, and black skirt for girls and black trousers for boys. The students have to come in their uniform for four days. On Fridays they are allowed to wear the dress of their interest.

**Academic programmes**

Sadhana has various activities for the benefit of students. The activities consist of academic learning, pre-vocational training, vocational training, early childhood education, respite care, and training for children with cerebral palsy, National Open School, parental programmes, teachers meetings, and sports and cultural programmes, which are discussed below.

(i) Academic Learning

The school provided specialized academic training for children with mild mental retardation, and children with learning disability. The school had only one academic class, with seven students, and a teacher. The teaching and learning sessions took place on a regular basis in this class, individually. The syllabus followed was that of regular schools. Two of them were doing the second-class, one the third-class, and the rest were doing their first-class. The activities in the class included basic writing, reading, doing maths, once a week drawing, painting, and group singing. Of the seven students, five of them were children with mental retardation, and one was with ADHD, and one was a learning disabled child who had done his normal schooling up
to 4th standard. Apart from this, there was a special individual academic session to a student with mild mental retardation, who was in the vocational class.

(ii) Early childhood education

The early childhood education classes were categorised into three in accordance with the needs of the students. The classes were (1) early childhood education – one, (2) early childhood education – two, and (3) early childhood education – three. All these classes were specifically for children up to 12 years old. Of these, the early education - one was specifically for young children with autism, but not affected by mental retardation. The age range of the students varied from 4-10 in class one and the total strength of the students in the class were four. Early childhood education – two was the general class where students were made to sit on admission in the school. The age range of the students in this class was 4-9 years old and the number of students was five. Generally in the second year of the admission the children from class – two get promoted to early education three. The age range of the students in class three was 9-12 and the total number was six. Teaching was mainly done through different play activities in these three classes. Children benefited from group and individual games, as these were encouraged. However, the activities involve developing the writing skills by teaching the basic letters, and digits, especially in class three.

(iii) Pre-vocational class

The prevocational unit of Sadhana consisted of seven students. Though it was heterogeneous group, majority were students with mental retardation. The major activities of the classes included paper cutting, folding, gluing, cover making, drawing and flower making. Apart from this, students were allowed to do drawing on the board, playing form boards, writing or scribbling, singing, especially group singing.
Generally the class started with some singing, and then went on to some vocational activity. For the activities, the students were made to sit in a circle around the teacher, and the teacher prepared them to participate in the activities. The major training in the prevocational class was to prepare the students for vocational class.

(iv) Vocational classes

Sadhana had vocational classes for adolescents and adults, who did not benefit from academic learning. These classes consisted of students from the age group of 12 years and above, up to 31 years old. Students with different degrees of mental retardation, and associated conditions were the pupils of this class. Hence the vocational groups were heterogeneous groups. This class provided focus on craft works, painting, and other vocational activities. Since the group was heterogeneous with typical characteristics, the activities usually ended up in some fights. A sum of 22-25 students belonged to the vocational section of Sadhana, with an average of seven in each class.

(v) Classes for children with Cerebral Palsy

Sadhana provided special training for children with cerebral palsy. There were 12 children with cerebral palsy in Sadhana. Two teachers were there for this group, and the physiotherapist looked after them quite often. The activities focused on the development of muscle tone, and other necessary self-help skills to each of the students. Singing and other entertainment programmes were part of the group activity.

(vi) National Open School

Sadhana conducted Open school programmes for two of the students in the school. The syllabus followed by them was similar to the mainstream syllabus. They had exams and the questions were a simplified version of the mainstream syllabi.

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8 It is a common characteristic in the vocational classes, throughout the special education field.
(vii) Skill training sessions

Sadhana offered skill-training programmes for the students individually depending on the strengths and weaknesses of each student. The most common skill development programmes in the school was physiotherapy, which was followed by speech and language therapy, and occupational therapy. Apart from these, each of the teachers worked on the IEP, to achieve the particular targets set for the student. In addition to that students were given opportunity to wash plates, clean the floor and toilets, and keep the class tidy.

(vi) Parental programmes

Parental meetings in small groups were conducted once in a week, and the meetings in large groups once in two months. The meetings provided ample opportunities for the parents to express themselves. Small group meetings with the class teacher were more effective, as the parents and teachers could discuss the issues and developments about each student. It was compulsory\(^9\) for the parents to meet the class teacher once in a month. Thus, the meetings between the class teacher and the parents occurred once in a month. The parental meetings were very effective in setting the targets for each student.

(vii) Sports and cultural programmes

Sadhana had specific programmes on Independence Day, Christmas, and other festivals which gave the students a chance for performing their skills. All the students were encouraged and trained to participate in these programmes. The anniversaries on the last day of each academic year evaluate the performance of the students. Prior to the anniversaries there were various sports and cultural competitions held for the students, and most of them participated in it. At the anniversary celebrations each

\(^9\) This did not happen always, as most of the parents were working and they found it difficult to come to the school. However, the frequency of the parents coming to Sadhana was comparatively more to other schools.
student was given some gifts irrespective of their participations in the activities. Parents and other family members were invited for these programmes. Such programmes made the students as well as the family members happy. Apart from this the students participated in the intercollegiate sports and cultural competitions. Few of the selected students were sent outside for the competitions. One of the interesting competitions in which all the students were trained, was the Special Olympics for disabled children.

(viii) Special facilities

The other facilities in Sadhana School included necessary medical help, important accessories for selected students, uniform allowance, transport allowance (school bus), and snacks.

3.3.1.2 Case Selection

Eleven students from Sadhana School were selected purposively for in-depth analysis in this study. The criterion for the selection was based on the intensity of needed support (Luckasson et al., 2002) required by the participants. The researcher had looked out for students who needed the minimal level of support in their daily school functioning with least associated conditions. The rationale behind this was the fact that the presence of a carer most of the time would interfere with the freedom of the researcher in the interactions with the participants. With this purpose the researcher met the principal and she recommended 20 students, who matched the criteria. Later, the researcher visited each class and interacted with the students, learned more about these 20 students. In addition to that the researcher discussed about the functioning of these students with the teachers and carers. Meanwhile, she had looked through the school records to gather more information about these students. Hence, by the end of the second week, the researcher selected eleven
participants for the study including nine from the list of 20 students the principal had recommended. Of which four were of mild mental retardation and seven of moderate mental retardation. The table 3.2 gives the characteristics of the sample. At the time of data collection, the age range of the sample varied from 7 years to 16 years. Of the participants, seven were boys and four were girls.\(^{10}\)

\(^{10}\)Mental retardation is approximately 1.5 times more common in boys than in girls. In Sadhana school there were 36 boys and 29 girls.
Table 3.2 Characteristics of the participants

<table>
<thead>
<tr>
<th>Names</th>
<th>Age</th>
<th>Sex</th>
<th>Nature &amp; Level of MR</th>
<th>Intensity of support needed</th>
<th>Education category</th>
<th>Family background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faizal</td>
<td>13</td>
<td>M</td>
<td>Moderate Down syndrome</td>
<td>Intermittent</td>
<td>Pre-Vocational</td>
<td>Low SES, both parents are daily wage workers, 12th of 12 children</td>
</tr>
<tr>
<td>Nithin</td>
<td>8</td>
<td>M</td>
<td>Mild Mental Retardation</td>
<td>Limited</td>
<td>Academic</td>
<td>Low SES, both parents are daily wage workers, 1st of 2 children</td>
</tr>
<tr>
<td>Radhika</td>
<td>11</td>
<td>F</td>
<td>Mild Down syndrome</td>
<td>Limited</td>
<td>Pre-Vocational</td>
<td>Lower middle SES, father is a goldsmith, single parent mother passed away, 4th of 4 children</td>
</tr>
<tr>
<td>Rahul</td>
<td>14</td>
<td>M</td>
<td>Moderate Mental retardation</td>
<td>Intermittent</td>
<td>Academic</td>
<td>Low SES, fast food at night for the father, mother is a house wife, comes from a joint family of 10 members, 2nd of 3 children</td>
</tr>
<tr>
<td>Seema</td>
<td>10</td>
<td>F</td>
<td>Moderate Down syndrome</td>
<td>Intermittent</td>
<td>Academic</td>
<td>Low SES, mother does fish selling, single parent father died, 2nd of 2 children</td>
</tr>
<tr>
<td>Naveen</td>
<td>16</td>
<td>M</td>
<td>Moderate Mental Retardation</td>
<td>Intermittent</td>
<td>Pre-Vocational</td>
<td>Low SES, both parents are daily wage workers, 3rd of 4 children</td>
</tr>
<tr>
<td>Bhavya</td>
<td>8</td>
<td>F</td>
<td>Moderate Down syndrome</td>
<td>Intermittent</td>
<td>Early childhood education 2</td>
<td>Upper SES, both parents are in white collar jobs, 2nd of 2 children</td>
</tr>
<tr>
<td>Rajeev</td>
<td>14</td>
<td>M</td>
<td>Moderate Mental Retardation</td>
<td>Intermittent</td>
<td>Vocational</td>
<td>Low SES, both parents are daily wage workers, 2nd of 3 children</td>
</tr>
<tr>
<td>Navaz</td>
<td>15</td>
<td>M</td>
<td>Mild Mental Retardation</td>
<td>Limited</td>
<td>Pre-Vocational special academic sessions</td>
<td>Moderate SES, father is in gulf, mother house wife, 2nd of 3 children</td>
</tr>
<tr>
<td>Vinaya</td>
<td>8</td>
<td>F</td>
<td>Moderate Down syndrome</td>
<td>Intermittent</td>
<td>Academic</td>
<td>Middle SES, both parents are bank employees, single child</td>
</tr>
<tr>
<td>Stanley</td>
<td>12</td>
<td>M</td>
<td>Mild Mental retardation</td>
<td>Limited</td>
<td>Academic</td>
<td>Moderate SES, father is a shop keeper, mother house wife, 2nd of 2 children</td>
</tr>
</tbody>
</table>
3.3.2 Sources of data

The other sources of data were participant observation, interview, psychological testing, and secondary data.

3.3.2.1 Participant observation

The primary method for data collection was participant observation, extended for a period of 10 months, from 2nd June 2003 to 1st April 2004, in Sadhana School. The methods used were taking part in their activities, observing them, talking to them, spending time with them, listening them, and playing with them (see McLeod, 2001 for usefulness of these techniques in qualitative researches in the context of psychotherapy).

The major situational contexts in which these methods worked out were: the classroom activities, including academic, early childhood education, pre vocational, vocational, and Open school; the snack and lunch time activities; the entertainment in the assembly hall during lunch break; the games in the corridor; the fun in the researcher's room; the journey in the school bus; the family meeting at the participant's house; the physiotherapy sessions; the cultural competitions and other cultural programmes in and out of the school; and the sports and games competitions in and out of the school ground. The rapport was established by taking part in the group activities of the participants. After the first month of interaction, the researcher started interacting individually also. Hence the data was the result of active collaboration between the researcher and the participants. Let's see this in detail.
3.3.2.1.1 The process of developing relationships

Initiating, developing, and maintaining a close relationship with children with mental retardation is the major phase of the present research work. Building a relationship has two important functions in the study. It is in itself, a major objective of the study. Further it is the method utilized for understanding the life and problems of children with mental retardation.

Unconditional positive regard and total acceptance were the major guiding principles of the researcher. It was attempted to avoid punishments, negative remarks, evaluations and comparisons, control, forcing children to do something they don’t like, and allowing children to move freely. The leading role was always given to the child.

Interactions with children can be classified into two – interactions in group situations and one-to-one interactions. Though both occurred in all the phases, initial sessions were predominantly of the first type while later sessions were of the second type.

3.3.2.1.2 Interactions in group situations

During the initial phase of case-focussed stage, the researcher interacted with them in their groups, as one among them without any professional distance. This approach helped the researcher to gain the approval and acceptance of the participants. The researcher’s constant interactions in the group helped her to act in accordance with the behaviours of the participants, i.e., to produce behaviours more similar with the participants. The researcher interacted with them in their language, in their actions, and in their interests, which formed the basis for intimate relationship.

The first two months of the study was carried out primarily in groups. During this period, the researcher interacted with the participants in different group contexts.
The researcher intensively interacted with the participants in their group activities and gradually constructed an emotional-bond with each of the participants. The researcher actively participated in almost all the activities of children in the school contexts including class room learning, play, leisure time activities, lunch, travel in the bus, prayer, celebrations etc.

These interactions helped the researcher to gain a place among the participants. The group interactions were effective in reducing the distance between the researcher and the participants, and providing a firm relationship between both. The participants enjoyed the company of a non-disabled person (Atkinson, 1986), who cares for them. Throughout the interactions, the researcher responded quickly to the needs of the participants, so that the researcher could keep the interactions positive and enjoyable for both the researcher and the participants.

3.3.2.1.3 Individual interaction

The focus of the individual interactions was to recognize the needs of each of the participants, and to increase the intimacy of the relationship between the researcher and the participants. One-to-one interaction is the most accepted strategy to be worked with children with mental retardation. The individual interactions facilitated the bond formed between the researcher and the participants through group interactions.

The researcher started interacting individually after two months of interaction. During this period, the researcher interacted with each of the participants by providing special attention to the needs of each of the participants. The individual interactions were able to compensate the limitations of group interactions by making the bond much stronger. In the initial phase of individual interaction, the researcher had to take initiative to bring them into the room, but within a week they started approaching the
researcher in her room. They could come and go whenever they liked, and could stay back as long as they required. They were allowed to move around freely, without any restriction. Throughout her interactions, the researcher allowed them to take the leading role, and she was following them. Researchers who have studied intensive interactions with children with mental retardation have specified that it is important for the children to take the lead roles, for the better results (Taylor & Taylor, 1998).

The close and warm individual interactions with each of the participants produced major effects on the process of developing intimate relationships. Most of the participants in the study had experienced relationship issues. Some of them through their behavioural response have expressed the desire to involve in a good friendship. Therefore, the individual care and attention became significant in the process of developing close relationship with them. The individual interactions made them more happy and enthusiastic, which was expressed through their behaviour. The participants gradually formed a strong emotional bond with the researcher. This type of one-to-one interaction helped the process to become stronger and deep.

Thus, throughout the study, whether it was group or individual, the researcher allowed the participants to take the lead, and enjoyed following them. This helped the participants to experience more freedom, which resulted in increased happiness. The researcher treated the actions and expressions of the participants as communications to her and encouraged them in many fields where they have been criticised and punished by others.

The researcher would like to state that she was successful in developing a close relationship with all the 11 participants. The level of intimacy and the nature of relationship may vary. The nature of the relationship was determined by the needs and
peculiarities of each child. Further, all of them used to enjoy the relationship in their own way.

3.3.2.1.4 Observations regarding relationship building

Based on the experience of the researcher, some specific observations can be made regarding the process of building a relationship with a child with mental retardation. The insights emerged from the experiences can be summarised as useful strategies: i) interactions with pleasant facial expression – importance of smiling and eye contact, (ii) open and free communication, (iii) responding to the needs of the participants, (iv) listening to them, (v) playing with them, (vi) the use of physical contact, (vii) developing relationships with significant people – father, mother, and siblings, (viii) the continuous and long interactions, (ix) providing individual attention, (x) providing emotional support.

The data produced by participant observation were recorded in the form of field notes. The researcher systematically made the notes of important changes observed in the behaviour of the participants. At the end of each day detailed report about the cases were written down. The deeper level interactions with each of the participants sustained over a period of time helped the researcher to obtain the reliability of data by comparing and ‘pattern matching’ the information from various sources and dimensions (King et al., 1994) related to a child.

3.3.2.2 Systematic case history tracking

Each of the participant’s case histories was systematically tracked by collecting information from multiple sources. The school records provided the starting point for this. The missing and important elements were then collected from teachers, parents, and siblings using a case Performa (Appendix 1). Important topics in the case Performa included demographic details, parental history, birth and early milestone
development, family history, personal history including education, behavioural patterns of skills, play, leisure, sexual orientation, creative ability, habits, unwanted behaviours. Most of this information provided were tried to be matched by the researcher through her personal observation. Additional enquiries to parents or teachers were made when there was mismatch between the information provided and the observation by the researcher.

Towards the end of the study, the parents, teachers, and carers were also requested to comment on the changes, if any, they had observed in the behaviour of children.

3.3.2.3 Interviews

Two types of interviews were conducted with the persons associated with the case children to collect data. Semi-structured interviews, were conducted with parents, teachers, carers and other professionals.

The parents, principals, teachers, and carers were interviewed on topics of perception of relationship with the children, encouragement to the children, patterns of punishment, methods of punishment, perception on child's involvement in skill development programme, emotions and feelings generated in teachers, parents, carers while providing skill development or caring, stress experienced in providing care and support. Especially in the initial stages of the study, this information was useful to understand the determinants of developing an intimate relationship with children with mental retardation in an institutional set up.

The researcher observed that in semi-structured and unstructured interviews the respondents became conscious at times, which blocked the spontaneous flow of information. The respondents tended to provide stereotypical socially biased

11 The researcher could establish a rapport with the parents while their visit to school. On many occasions, the principal had asked the parents to meet the researcher, which made the task much more easier.
information on various occasions. Therefore, apart from semi-structured interviews, casual conversations were also used for generating more information, clarification, and gaps that researcher encountered in the study. Thus, more emphasis was given to casual conversations, which provided crucial information. Therefore, the major part of interview data was from the causal talks occurred between the researcher and the significant people of the participant’s life.

While semi-structured interviews were recorded simultaneously at the time of interviewing, casual conversations had to be recorded at the end of the day.

3.3.2.4 Secondary data

The secondary documents available in the school relevant to the study were taken as sources of information.

Medical records

Medical records were used to find out about the nature of delivery, birth weight, and the conditions of the mother during pregnancy, early milestones of development, complications during pregnancy, medications taken by the mother during pregnancy, medications immediately after childbirth and the illness of the mother during pregnancy, and the illness of the child during development and all the previous medical history. However, the medical records were not available for all the participants.

Psychological records

The psychological records contain the IQ assessments and Vineland Social Maturity Scale done in the school. These were used to identify the level of mental retardation.

Educational records

The educational records were helpful to some extent, in finding out the
The researcher could not find homogeneity in the records kept in the school as some children had more information, while some others missed much vital information. Hence, the interview conducted for parents were considered more reliable in the history-taking path. Apart from these, the Behavioural Assessment Scales for Indian Children with Mental Retardation (BASIC-MR) done in the school for each of the participants was noted down to get a clear picture of the developments occurred from the date of joining in the school. This was helpful to get a better understanding of the skills and deficits of the participants.

3.4 Data processing and analysis

As it is obvious from the methods of data collection narrated above, four types of data sets were obtained at the end of fieldwork period: (i) field notes from participant observation and casual conversations, (ii) transcribed interviews, and (iii) secondary data.

The data were electronically processed by keying it into ‘Nvivo’ software, which enhanced researcher’s ability to conduct analysis on large qualitative data sets. Though this took a considerable time, it gave good familiarisation with the data by the time analysis had begun. Coding was done in Nvivo at two stages. In the first stage only the names of the students were coded, and documents were created for each student. In the second stage, free codes were generated for each document, and codes were created. Then they were reclassified under themes according to the focus of the research. Here concepts began to be emerged and by using the grounded theory approach further data analysis was done to compare the cases and observations. Further recoding was done once again going through all the material. The process of recoding went on until the completion of the written work, because some re-
structuring of the existing themes was necessary as the writing progressed (Glaser and Strauss, 1967). The codes developed are given in Appendix (2).

3.5 Limitations of the Study

The major limitation was related to the case study approach. Case study approach used to be criticised by the statisticians for its methodological problem of 'degree of freedom' since there are few observations. However, it has been convincingly refuted by Campbell (1975), King et al. (1994), Bennett and George (2004) primarily on the grounds: a) case study researcher conducts 'pattern matching' with a number of dimensions of the case with the expectations and predictions of the theory; b) Case study researcher does not aggregate variables like statisticians, rather variables are treated qualitatively with relevant dimensions; c) researcher observes various steps of validity while searching causal paths and at each step the magnitude and signs are assessed to provide sufficient 'degree of freedom'.

However, King et al. (1994) points out case studies suffering from a different type of problem called 'infinite regress' since there is 'infinity of causal steps between any two links in the chain of causal mechanism' (86). Therefore, it is the researcher's ability to discipline the research focus and to examine only the necessary links, which provides a solution to this problem. However, there are no satisfactory solutions to the criticisms of establishing uninterrupted causal paths and choosing one causal mechanism while more than more causal mechanisms exist (Achen and Snidal, 1989), by case study researchers. The generalisability of the study is limited as the study was on a small sample of children with mental retardation.

The participants for the study were students who needed limited support, which prevents the applicability of the method to students who need extensive, and pervasive support.
The study is time consuming and needs a lot of effort from the part of the researcher, which in fact a limitation with researchers who wants to finish their data collection in a short period. At the same time, a period of ten months is in fact short for a research, which is focussing on developing intimate relationships with children with mental retardation. Because, some of the relationships take longer time to bloom. The results would have been more supporting, if the study were more extended.

Since the research setting was the school, an overall interaction away from the school was not possible with the participants. Even though it was in the school setting, the researcher could not interact with the participants in all the school working days. The meeting was intermittent.

3.6 Ethical consideration

Since the study was in the educational set up, the participants for the study were selected with the consent of the school authorities. The privacy of the participants, their families, and the school had been respected throughout the period. Since the study involved in developing in-depth relationship with each of the participants, care was taken not to affect the participants once the study gets over. Considering this, the frequency of the meetings was reduced in the final stage of the study. And the researcher stopped his study on 1st April, with the anniversary celebrations of the school, and then the school closed for two months vacation. Another consideration in the study was the researcher was very careful that providing individual attention to the participants should not affect the other students. Therefore, she has interacted with all the students at some points, so as to make them unaware of her target in the school.