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CHAPTER I

INTRODUCTION

1.0.0 THE PRESENT STUDY

The present study entitled 'A Study of Non-Normal Children in Relation to Home Environment and Special Care Programmes' is an experimental study having a pretest and posttest design. The term 'non-normal' in the present study has been used in the place of mental retardation. This term refers to the brain damage children, who are clinically diagnosed as intellectually handicapped and unfit for developing academic skills in regular schools. These children are also considered developmentally handicapped on account of delay in normal growth of emotional, social, speech, communication and intellectual skills. A group of non-normal children were selected for studying the effect of the curriculum designed by the investigator. The curriculum consisted of a comprehensive programme which dealt with the physical, emotional, social and mental readiness of these children. The weekly and the periodical observations were obtained in order to detect the growth and development of these children. An intensive case study of each child within the group was done, with a view to: (i) planning and developing a curriculum appropriate to the individual need, level, interest, and
Prior to planning the present study, an effort was made to have an overview about existing training facilities and the attitude of the community towards non-normals. This was done with a view to selecting an appropriate area and topic for the study.

1.1.0 TRAINING FOR NON-NORMALS

Every child born in this world should be provided with conditions within which its optimum potentialities can be unfolded. Today millions of children are considered as unfortunate and disadvantaged because they are the victims of malnutrition, diseases and deprivation (World population conference and the child, 1974). Non-normal children also belong to these groups of children who have been unfortunate in receiving due attention for their care and training. Kaur and Sen (1974), Agrawal (1970) and Gracias (1968) draw the attention of the educationists about the existing inadequate and ineffective services and further state that these children still remain neglected. In support of the same observation Brijmohan (1973) states that there are few homes, clinics and schools for mentally retarded children in India and the educational programmes offered are very limited which are practically unsuitable considering the magnitude of the problem. He further adds that most of the people consider these children useless,
incapable of attaining any kind of learning. Often these children are looked upon with disgust, pity and suspicion. This indicates the need of giving priority for better training programme for such children. However, this fact is closely associated with the attitude of the community.

1.1.1 The Attitude of Community Towards Training of Non-Normals

The attitude towards non-normals in India is associated with personal prejudices. The child's disabilities are considered to be the consequences of the sins committed by the child as well as by his parents. Guha, Gandhi and Agrawal (1970) conducted a study on attitudes of the public towards the intellectually subnormals. The result of this study revealed that majority of them thought that the intellectually subnormals were weak, unable to take care of themselves and were incapable of taking training due to complete loss of memory. These findings have been supported by the report of the fourth Scientific Congress of All India Federation for Mental Retardation (1970). It states that the attitude of the society towards this group of children is prejudiced by religion and cultural milieu.

Pai (1977) expresses the opinion that there is mass apathy and lack of awareness about the nature of etiology and prognosis of the retardation. This hinders
the adaptation of any activity to help them. She believes that most of the non-normals can be certainly trained in order to enable them to improve their adjustment ability. Char (1970), in support of the above statement, states that training cannot be successful until the enormous gulf between the non-normals and the ignorance of the communities is minimized. These attitudes and prejudices of the people often create negative attitude amongst the parents and relatives towards these children. These negative attitudes develop negligence on their part in providing adequate and appropriate training to these children. Hence, research in this area (special education) can provide meaningful information to the community. It would minimize the ignorance of faulty notions about non-normals. Thus, the need for research in this field should be considered an important aspect for selecting the present study.

1.1.2 Research in Special Education

The field of special education appears to be the step child of the prevailing research efforts in the country. It is discouraging to note that the researchers, until the present decade, have preferred to conduct researches only for the advancement of normal children and not for the non-normal children. The reason for it could be that this field has been extremely challenging
and that it calls for immense patience, sensitivity and hard labour. Sen (1974) expresses that researches in this field are very few due to the fact that the majority of the homes for the non-normals are passing through the initial stage of development and the administration has to face pressing problems of providing adequate space, staff, equipments and raising funds for its existence. Nair (1970) says that very little attention and interest have been shown by the government and financing agencies for conducting research in this field. However, social researchers have started conducting a few researches in the field of special education. Nair (1970) further states that these researches are either exploratory or at a very superficial level. There is a need of intensive experimental research studies in this field.

Savason (1968) says, 'The situation with one of the most serious consequences has been of the basic research concerning the educational and the psychological aspects of the problem. Without such research practice becomes routinized; innovation and experimentation meet with resistance and the field becomes divorced from the main scientific advance.'

It is true that the researchers have greater responsibility in developing a scientific outlook to change the people's confused state of mind. This could
not be possible without concrete evidences based on intensive experimental research. The teacher needs innovations and guidance in order to take the challenge of educating a non-normal child. Hence, there is a need for conducting more and more research in special education by social science researchers.

1.2.0 CONCEPT OF NON-NORMALS

The group of intellectual handicapped children has been labelled in terms of 'mental retardation', 'cerebral palsy', 'mental deficiency', 'feeble mindedness' and 'oligophrenia', etc. All these terms had some difficulty for acceptance in the special education field. This point was discussed in the All India Conference of Mental Retardation in 1970. The discussion of the group indicated that this term was used with a number of connotations that were not precisely defined. Hence, it should be replaced with neutral term. The participants in the conference unanimously accepted the term non-normal for two reasons:

(i) These children are developmentally slow in majority of aspects; personality development like physical, emotional, social, intellectual and communication.

(ii) They can certainly improve but do not reach normal intellectual ability.
The investigator, thus, decided to select the term 'non-normal' in place of 'mental retardation'. The encyclopedia of educational research (1969) has used this term in other descriptive terms like mental deficiency, feeble mindedness, oligophrenia, amantia, etc. Some authors use 'mentally subnormal' or imbecile, moron, idiots as a classification of mental retardation. These terms are considered unacceptable in improving status of non-normals. The concept of non-normal is classified according to the opinion based on different disciplines i.e. concept defined by medical experts, psychology and education.

The term non-normal is used for inadequate development of the brain. It results in some degree of inability to learn and adapt to the needs of everyday life at usual rate. Smith (1971) says it is not a disease but a damage of the brain due to several reasons like various diseases either during pregnancy or during the infant stage, high doses of drugs, or inadequate oxygen received by the child during birth. Benot (1964) defines 'mental retardation' as a deficit of intellectual function resulting from varied interpersonal and/or extra personal determinants as a common proximate cause, a diminished efficiency of the nervous system. Thus, entailing a lessened general capacity for growth in perceptual and conceptual integration and consequently,
in environmental adjustment. These concepts are described as the cause of defective intellectual functioning due to interpersonal and extrapersonal factors. They can be physical or any other causing physical damage of the brain nerves.

Smith (1971) and Marfatia (1966) explain mental retardation as a condition which results from any circumstances of health problem or incidental accidents, either before or after birth of a child. They view mental retardation as an injury to the brain. Walter (1968) defines 'mental retardation' as incomplete development of the brain. Weber (1963) uses the term 'cerebral palsy' in that place of 'mental retardation'. He explains 'cerebral' is related to the brain while 'palsy' refers to lack of muscle control. This means lack of muscle control due to some type of brain damage. It is a neurological disability which results in loss of control over muscles, speech, hearing and visual disorders. This ultimately affects the normal development of the intellectual ability of the child. Neurologists have recently investigated another word 'minimal brain functioning'. Thus, the above few definitions indicate explanations of the concept mainly based on organic damage of brain. However, it is felt that the above explanation is useful only for their understanding. The parents and teachers do not have sufficient understanding as to what part of the body is affected.
They also lack the understanding of the possibilities of developing the child's potentialities, his limitations and the measures for improvement.

Another group of persons define the concept of non-normal on the basis of intellectual ability of a child. Jordon (1964) describes 'intellectual non-normalcy' as a condition which accounts for the lower end of the curve of intellectual abilities. It describes inherent limitations of the individual growth in ability to perform tasks of abstraction and organization. It is decided on intelligence score. There are two opinions for defining child's ability based on intelligence quotient. Schattner (1971) says it is injustice to define a child on I. Q. score because they have multiple disability which affects the ability to perform a task i.e. characteristics like hyperactive, aggressive tendency, hard of hearing, speech difficulty and defective motor muscular skills hindering the performance in tasks. McConnell (1977) in her talk on problems of educating these children expressed her opinion based on research that I.Q. score labels the child and does not serve a meaningful purpose for describing the remaining ability in him. She further stated that it often hindered rather than helped him because the performance of task also depended on environmental factors. Stevens (1968) and Haber (1964) are of the opinion that measures applied to obtain numerical score
(I.Q.) should not be considered as the only measure but it could be considered as a guideline. The investigator after working intensively with non-normals has developed the opinion that I.Q. score, very often, misguides the parents and the teachers. It does not help either the child or an individual who works with him.

The third group of the persons define the child's abnormality based on development of a child. McConnell (1977) in her discussion expressed the opinion to define him as non-normal on the basis of delayed progress during childhood. She considers this group of children as 'developmentally handicapped' because they are handicapped in normal development. Describing a child with development of milestones provides guideline to the teacher and the parents about the skills developed and remaining to be developed in a child. This may enable them to plan a suitable curriculum for them.

The views of different authors show that unanimous agreement on accepting the common definition is not yet available. Menon (1970) suggests that the current thinking does not permit to use dogmatic views. One needs to think in terms of inborn traits. This will prevent from increasing further retardation. The investigator, after careful thinking, accepted the term 'non-normal' for three reasons: (1) These children
are not normal not only in intellectual aspect of development, but also in related aspects like physical, emotional, social, speech and communication; (ii) studying a child from the point of view of total development will help a teacher and the parent to understand the need of a child; and (iii) the development of need based programme will improve the ability of the child. It is in this context that the term 'non-normal' is used in the present study.

1.3.0 DEVELOPING POTENTIALS OF NON-NORMAL CHILDREN

The behaviour of any child indicates the rate of development of personality in physical, emotional, social, intellectual and communicative abilities. It also indicates the symptoms of irregular development. There are several evidences which indicate the doubts in the ability of these children and many times due to this reason, they are exploited. Mental Health Division, Department of National Health and Welfare (1976) throws light on some facts concerning non-normal children. It has been pointed out that these children learn up to their maximum capacity. Some non-normal children are not able to take care of themselves against common dangers or even attend to their body needs whereas, others may be able to talk and have training for adjustment in life; and under supervision they may be able to perform routine work and
learn something. There may be another group of children who are able to talk, read and write. Malin (1970) stresses upon the role of education for the non-normals to enhance maximum potential abilities in them. She strongly believes that these children can be educated which is necessary for their rehabilitation.

Kephart (1940) reports on the study of changing I.Q. on fifty children who were admitted to the Wayne County Training School. This study showed that the I.Q. of the children decreased while they remained in their subcultural homes. After the children were admitted to the institution, which was primarily designed for the education of borderline and high grade mentally defective children, their I.Q. increased. This indicates that suitable stimulating environment facilitates their learning. Davis (1940) described the case of Anna who was totally isolated from the rest of the family in an attic for the first five years of her life. She had been isolated as she was an illegitimate child and her grandfather did not allow her to be kept in the house. Removal to a favourable environment, better nourishment and care facilitates her physical growth and as a result she became over weight. At the age of seven and half, she was still the same handicapped child. Davis states that five years of social and physical neglect in early life makes it impossible for any child to learn, to speak,
to think and act like a normal child.

Pai (1976) and Arya (1969) infer from their study that the non-normal child develops intellectually if he/she is provided with sufficient learning opportunities considering the developmental ability, both by the institution and the parents. Goldberg (1956) reported that trainable children learned to socialize, took self care, learned acceptable behaviour, learned to be contributing member of the family, etc. Haring and Schiefelbusch (1976) states that seventyfive per cent of the children designated functionally as mentally retarded are capable of acquiring basic academic skills as well as adequate social adjustment if the environment is appropriate.

Kiyashi Yamashita having an I.Q. of sixyeight was placed in home for mentally retarded due to his home condition being poor. In the home he was able to develop artistic skills. Later on when he grew up, his artistic productions were considered exceptionally good. On account of his artistic skills, he achieved fame and popularity and was named as 'Van Gogh of Japan'.

Fainsley (1965) conducted a study in Japan on 'Can deficiency produce specific superiority?' The intensive case study of a mentally deficient child indicated that the artistic skills can successfully be
developed in him by fostering him in environmental opportunities. The result of this study indicated the need of early stimulation of the talents which they possessed. The investigator of this study states, "The disability of an individual serves as a motivation to develop his superior skills. They work hard because they have to go ahead."

Another case study done by Knowlton and Burg (1965), Mildred Psychiatrist in Philadelphia Child Guidance Clinic, provided intensive case work treatment to a borderline psychiatric five year old girl. Mental age on Stanford Binet Test scored 60-65, when she was admitted for the treatment. The child indicated severe emotional conflict through her behaviour. They provided intensive psychotherapy to both the parents and the child. It aimed at releasing tension of the parents and the child, which could ultimately help them to develop positive relationship, so that they could accept each other. The result of the study indicated positive correlation between stimulation of the parents and the child to help each other. The child showed 80 to 85 score on the same Stanford Binet Test when she left the Child Guidance Clinic. This indicates the need of programme based on individual care and attention which has therapeutic value. Thus, scattered evidences suggest the need
need of trusting the potentials and providing suitable and sufficient opportunity for facilitating the all round development of a child. The negative stigma of the society towards developmentally handicapped children that 'they cannot learn' is quite unjustified. Limited intelligence is certainly a big handicap which restricts the normal development. However, there is no medical treatment which can cure the mental deficiency of a child, but they could certainly be taught to make maximum use of their ability through educational opportunity.

Thus, there is a possibility of developing physical, emotional, social, communicative and intellectual ability in most of the non-normal children except severely affected ones. Pai (1977) states that these children have unfolded talents which could be developed by exposing them to some learning opportunities. Nair (1970) stresses the need of investigating their hidden potentials through research. It will develop positive image in the teachers and parents to those children. It also gives opportunity to the neglected children to prove their worth. Thus, possibilities of developing potentials in children need to be investigated through scientific approach for non-normal children in the Indian setting. In order to investigate these facts, the consideration about study of home environment in present study requires careful thinking.
1.4.0 HOME ENVIRONMENT

Any comprehensive institution programme for the developmentally handicapped should include education for the parents as an integral part of the total programme. Although the children spend most of the time in the residential institution, it is important to develop sensitivity in parents about their influence on the children and how best they can help to encourage and develop potentials in the children. Smith (1971) states that home has greater influence on the child irrespective of normal or non-normals. A child striving hard for parental love, affection and security, if does not achieve it from home is likely to satisfy it through his behaviour, like always wanting to be with other person who is affectionate, or trying to draw the attention of others in little things, etc. In other words, he tries to seek attention from the people other than his own parents. Children of understanding parents show better adjustment ability in the environment than those who face constant emotional conflict. Kaur (1977) and Rosedale and Feldman (1975) state that the literature in special education very often cites the need for parent involvement. It has also been pointed out by O'Connell and Adams (1975) and Hubbard (1967) that there is a need for providing the parents with some understanding of the nature of
their children's problem and the treatment methods. The education must offer service to the parents in understanding their difficulty and motivating them to help their child at home and in school to enhance his learning. Thus, integration of home and school is necessary to fulfil the purpose of education, O'Connel and Adams (1975). The parents of those children expressed dissatisfaction in the kind of treatment received from the professionals. It has been found that inadequate information from the psychologist, experimentation and diagnoses by medical experts often creates confusion and increases the anxiety in the parents. Parents appealed to the professionals involved in medical, psychological and educational treatment that they should be provided with correct and specific information and guidance to enable them to cope up with the problem of their developmentally handicapped children (Parent, 1975).

Developmentally handicapped children frequently have less contact with their parents and siblings; it results in under stimulation. Parents' negligence or over attention may increase the level of retardation. If the parents are ignorant or their children, it is likely to increase difficulties in him, with a result that the parents are tempted to institutionalize the child without considering its effects on the child. Therefore,
increasing further problems could certainly be prevented by developing early awareness among the parents regarding their attitudes and faulty handling of the children. Arya (1971) infers from his study that there is usually a lack of communication between parents of these children and the professional people.

Prasad and Kaushal (1973) while studying neuroticism of scores of mothers of mentally retarded children and neurotic children, inferred that the mothers of non-normals were found more disturbed emotionally than the mothers of emotionally disturbed children. The study revealed that bringing up of a mentally retarded child was a constant strain on the emotional resources of the mother. The mothers really need guidance to reduce their anxiety. The exploratory study conducted by Warfield (1975) on review of parent education programme revealed that the mothers participated more in a programme that provided extensive opportunities for them to gather information regarding the developmental handicap and child development. They preferred to observe closely the programme provided to their children and also liked to discuss individual family and personal problems with one or more professional staff members. Mothers perceived the programme as helping them to improve their feelings of self worth. Their learning was considered as source of satisfaction to them. Many mothers said that they improved their relationship
with children and reduced anxiety about their children.

It is very necessary for the teacher to have the background knowledge of each child she is dealing with. This enables her to plan a suitable educational treatment programme to encourage each child to develop his hidden talents to the maximum (Kirk, 1951). A child, for example, without the parents may need more individual attention to satisfy his emotional needs. The teacher could prevent emotional conflict by selecting possibly positive approach in guiding him. Greer (1975) in his address given to the "parents' involvement programme", stated that due to the lack of effective professional help, there was a lack of awareness in the parents and the society. Parents needed to seek help in solving day to day problems. These could be best achieved from experienced parents and teachers.

The teacher has to be very careful in providing suitable programmes with affection and understanding. She should not experiment and waste her resources in investigating appropriate approach. This could only be possible by undertaking an intensive study of a child considering his home and school environment. The study of the home environment is very important to understand the child as a whole and also to study the need for parent education of the children, staying at the residential institution. If the teacher is aware of the status of the child at
home, she can satisfy the child's needs by providing him the individual attention and suitable curriculum.

1.5.0 CURRICULUM

Investigations and experiences have shown that a child with intellectual level less than 75 I.Q. will not be able to benefit much from the regular schooling. This does not mean that he is completely incapable of learning. He can certainly learn better if opportunities are provided based on his need, ability and speed of learning.

The need of curriculum for non-normals i.e. developmentally handicapped children is gradually increasing and is being recognized in the recent years in India. The emphasis on education for trainable and educable category of children has been placed to a greater extent on programmes at pre-school elementary and also at the secondary level. However, in the recent years more and more attention is slowly being focused on making efforts in developing curriculum to meet the needs of the young developmentally handicapped children. Roy (1968) states that opinions will not differ on the fact that all the institutions dealing with the training of the non-normal should have a common curriculum. Methods may differ in different institutions with advancement of resources. In other words, the main line of training and care should be common.
Char (1966) stresses the need of developing curriculum to enhance their maximum learning ability. The curriculum planned by her suggests the need for including basic skills like communication, emotional, social skills in daily living activities. She states that these skills are of utmost importance for a non-normal adult to develop sufficient adjustment ability in his future job or employment situation. Roy (1968) strongly recommend the need of developing pre-school curriculum. She further states that pre-school experience enable the child for better adjustment in his life, family and society.

McConnel (1977) recommends sensory motor experiences, reading and writing, emotional, social, adjustment and communicative opportunity, to enable the child to develop his motor mental, emotional, social and skills of expression. She expressed her views based on intensive experience with the developmentally handicapped children. She further says that pre-school experience enable the child to develop adjustment skills. Roy (1968) recommends that a curriculum should include sensory perception of differences and similarities in shape and colour. Feeling is very essential. Mehta (1976) presented a paper in the Second Asian Conference of Mehtal Retardation in the area of special education and curriculum for mentally subnormal. The curriculum designed by her covers the major
activities of training in self help, imparting knowledge of the 3 R's, enabling them to use it in every day life, vocational oriented training and developing personality.

The above scattered evidences suggest that some thought has been given in recognizing the educational need of a non-normal child. But intensive research in the field of special education with special reference to pre-school oriented curriculum (special care) is yet to be developed. Very few intensive work in this area has been carried out in the last few years. Kaur and Sen (1974) conducted a survey on training and education of the non-normals (developmentally handicapped children). They made a survey of eightyseven cases. The result revealed that (i) these children were capable of learning at their own pace, (ii) in order to have desired effect, one had to wait patiently till the child is instructionally and psychologically prepared, (iii) the activities satisfying their physical, emotional, social, expressive and developing observation, thinking and understanding ability need to be developed through various activities.

The importance of developing emotional-social skills has been recommended by Shukla and Khoche (1974), on the basis of the result revealed from the study of adjustment problems of mentally retarded.
Schattner (1971) emphasises the early childhood curriculum for multiple handicapped children. He suggests the provision of: (i) opportunity to explore and interpret the environment based on understanding the children lack of stimulation and poor family background; (ii) intensive physical education programme - gross and finer motor skills; (iii) a structural programme of games, giving them opportunity to socialize considering the fact that they have been isolated for so long, and (iv) creative activities.

Considerable work has been done on curriculum development in other countries by McConnell (1977), Hutt and Bibby (1965) and Kirk (1951). However, these studies are based on the conditions of other countries. They can be used as a guideline in preparing the curriculum in Indian setting. Research in this area is very important and necessary. McConnell (1977) conducted one year special education teachers' training programme at B. M. Institute, Ahmedabad, India. She studied the educational system for developmentally handicapped children in India. She strongly recommended the need of developing curriculum for these children.

1.6.0 CASE STUDY

Case study is an essential aspect of educational
programme, specially while dealing with non-normal children. These children are often the victims of more than one disabilities. The group observation report revealed that there were multiple disabilities in the subjects which required immediate attention for individual concern, attention and individualized approach. Webb (1973) states, "It is likely to be more when a child is provided custodial care". Talkington (1973) in his study with the institutionalized children revealed by post hoc analysis that hyper activity occurred more frequently in these children as their ability level decreased. Ganguly (1968) concluded from his intensive study of 616 mentally retarded children under eight years of age that one from every three mentally retarded children displayed primary psychiatric problem. Pareek (1969) and Shukla (1974) also revealed similar results that these children had home adjustment problems. Sharma (1970) conducted a study on non-normal children concerning the need for special help. He inferred from the study that psychogenic problems of children like depression, anxiety and deprivation, interfered in children's learning. In support of this study, Mallick (1970) revealed that child's adjustment was necessary for improving his learning ability. An enriched environment characterized by sympathy, understanding, warmth, and acceptance was necessary to make him feel comfortable and relaxed. This could be better implemented through case
study technique.

Mehta (1974), and Stedman, James and Servano (1968) threw light on case study approach. They emphasized on the fact that it enabled the teacher to understand the social system in its developmental context. It reflects: (i) developmental level of the subject, (ii) accommodation in the environment, (iii) the unfolded potentials in the subject and (iv) the effects of individualized approach in achieving skills.

Leland and Smith (1968) explored the use of play therapy with the non-normal children. The study revealed that play therapy enabled such children to realize their potentials more adequately with their environment. Webb (1973) supported the above study by finding out similar results from his study. He found that the use of play therapy technique was very necessary to enable the child to accept the disabilities, and prepare himself for learning.

Baker and Charles (1972) state that recreation can be used effectively as a therapeutic tool in the treatment of children who suffer from disabilities. Baker (1972) says that recreation has boundless potential as a therapeutic tool. Play can preserve the uniqueness of each retarded child and can help to reveal the hidden capacities so that
he can be developed to the greatest extent. Cherry (1973), Carter and Miller (1972), Knowlton and Burg (1965), Painslay (1965) have indicated that non-normal children have creative thinking abilities which could be developed through case study and reinforcement therapy.

The group observation report prepared by the investigator revealed that case study was necessary in the present study for the following reasons: (i) Majority of the group members indicated emotional disturbance and adjustment difficulties. (ii) Their developmental level and needs differed and (iii) Interest in learning varied in the group members. The group of non-normal children has been labelled by different items like: (i) imbecile; (ii) moron; (iii) retarded; (iv) subnormal; (v) mentally deficient, etc. All these items had some difficulty for accepting.

It was observed that case study enables the investigator to understand the children and helps to prepare them for learning and provide maximum learning opportunities to improve their abilities.

1.7.0 STATEMENT OF THE PROBLEM

The title for the present study is "A Study of Non-Normal Children in Relation to Home Environment and Special Care Recreation Programme".
1.7.1 Objectives

(i) To study the possibilities of developing skills in subjects residing in residential institution for non-normals.

An effort will be made to study the development of the overall skills in the various areas like physical, emotional, social, intellectual and communication. This will be studied by offering the recreational programme to the group.

(ii) To study the home environment of non-normals.

The home environment of the children will be studied to obtain detailed information about home background. This will include major aspects of early history of the child and information about the parents and siblings.

(iii) To develop curriculum for the small group of institutionalized children (non-normals).

The curriculum will be developed for the trainable and educable category of mixed group of children. It will include the total programme offered to the group. It will aim at developing personal competency in children.

(iv) To develop case studies of the subjects.
The case studies will be developed for all the children. These case studies will be used for the investigation of child's behaviour and to plan a treatment based on individual need.

1.7.2 Key Terms

The title of the study and the objectives have included a few key terms. A brief description of these terms would help to develop a common frame of reference and also in specifying the study.

Following are the key terms used for the present study:

(i) **Non-Normal:** The term has been used in the present study for only those individuals who are mentally subnormal. In other words, the 'non-normals' in the present study included those children who were unable to attend the normal school and were clinically diagnosed as mentally retarded.

(ii) **Institutionalized Children:** This term has been used for those children who belong to the residential institution for their care and education, and who have been labelled as the institutionalized children. In other words, these children have been residing
at the institute instead of dwelling in a family unit unlike other children on account of unavoidable circumstances.

(iii) **Curriculum**: The term denotes the set of activities planned, developed and adopted by the investigator in teaching the children.

(iv) **Recreation**: It has been used to connote the informal comprehensive curriculum adopted by the investigator for teaching, which includes the scientific use of games, creative art and leisure time activities to provide meaningful experiences for enhancing the overall development of a child.

(v) **Home Environment**: This term includes the home background information of the child i.e. all about parents and the early developmental history of a child.

(vi) **Case Study**: It is an indepth study (longitudinal) of every individual with regard to his initial level and the progress revealed by him as an input of the programme offered by the investigator.
(vii) **Trainable:** Child having an I.Q. between 25 - 55 was categorized as trainable one.

(viii) **Educable:** Child having an I.Q. between 55 - 75 was categorized as educable one.

1.8.0 **CHAPTERIZATION**

The content of the research report has been divided into the following seven chapters to make it comprehensive:

- Chapter I - Introduction
- Chapter II - Pilot Study and Methodology
- Chapter III - Curriculum
- Chapter IV - Results
- Chapter V - Discussion
- Chapter VI - Case Studies
- Chapter VII - Summary and Conclusions