

PHYSICAL EDUCATION AND RECREATION FOR THE
EDUCABLE MENTALLY RETARDED CHILD

by 6408

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Chapter 1

INTRODUCTION

Mental retardation has been and still is considered one of the most challenging problems facing the various scientific and professional disciplines today.¹ In the past, the mentally retarded, instead of being exposed to the world, were withdrawn from it; instead of being integrated into the community were segregated from it; instead of being exposed to society were withdrawn from it. Consequently, since the retarded were not a part of society they did not need to master the tools necessary to get along in society.²

Today, the mentally retarded child is recognized as a part of our society. The educational system of today has led the way by showing the mentally retarded how to master the tools of society. The mentally retarded can be assisted to become good parents, workers, and citizens. Even the most severely retarded may become fit to live with other people and fit for other people to live with them.³

As a part of the educational system, the physical education and recreation instructors play an integral part in the process of assisting the mentally retarded child to become a part of our society. The physical education and recreation instructor plays an integral part in helping the mentally retarded to become good parents, workers, and citizens. This particular aspect of physical education and recreation requires special training, curriculum, and teaching methods if it is to be a successful program.⁴

Statement of Purposes

The purpose of this report was to become more aware of the problem of mental retardation and the implications of physical education and recreation in working with the mentally retarded. By investigating this subject area, it was hoped to gain some insight into physical education and recreation for the mentally retarded.

It was the author's purpose to gain insight into physical education and recreation for the mentally retarded by becoming better acquainted with the mentally retarded child. Also, the terms of mental retardation, the research in the area of physical education, recreation and mental retardation, and the gains derived by the mentally retarded child from physical education and recreation. Another purpose was to gain insight into the methods and techniques which can be used in working with the mentally retarded child, including ways of measuring the retarded child's success.

It is hoped that anyone coming in contact with this study will be able to derive a broader understanding of the value of physical education and recreation for the mentally retarded. It will also give the individual an idea of how the mentally retarded child can benefit from physical education and recreation. For these reasons, this report was written.

Limitations of Report

This report was limited to the study of the relationship of physical education and recreation and the educable mentally retarded child in the public school system. When reference is made to the

mentally retarded child, this refers to the educable mentally retarded child who is not physically handicapped or emotionally disturbed.

The area of mental retardation has not attracted many research workers in the field of physical education and recreation.⁵ Stein says, "for the creative, innovative, and resourceful teacher of the mentally retarded, the potential of physical education and recreation is limitless. We have hardly scratched the scratch that has scratched the surface."⁶

The research in the public school setting is rather limited. Most of the research done in the area of physical education and recreation has been done by psychologists rather than physical education and recreation personnel. The studies done by psychologists have been done primarily in the institutional setting. Although the researchers indicate that some of their material can be applied to the public school systems, the fact still remains that much of their research will not apply to a public school.⁷

Method of Study

Many hours have been spent by the author reading articles related to mental retardation and physical education and recreation. Consequently, from reading this literature, an extreme interest in the principles of physical education and recreation has been acquired as applied to the mentally retarded child.

The sources for this report were books, periodicals and other resource materials from Farrell Library at Kansas State University.

The amount of material published in this area is rather limited in the specific area of physical education and recreation for the mentally retarded. There is a rather large amount of general material, but it is repetitive in nature.

Chapter 2

RESULTS AND DISCUSSION

Definition of Mental Retardation

The exact agreement upon a definition of mental retardation has never been very satisfactory. There have been many and varied definitions which have been presented over the years. One definition states that mental retardation refers to a mentally defective person who is incapable of managing himself and his affairs, or being taught to do so, and who requires supervision, control, and care for his own welfare and the welfare of the community.⁸ Another definition says the principal indication of mental retardation is the subaverage intellectual functioning of the individual.⁹ A third definition states mental retardation is a state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision or extended support.¹⁰

Perhaps the two most accepted definitions of mental retardation are the ones presented by the President's Panel on Mental Retardation and the American Association on Mental Deficiency. As defined by the President's Panel on Mental Retardation, "the mentally retarded are children and adults who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society."¹¹ However, the most readily accepted of the two definitions is that of the American Association on

Mental Deficiency. This definition states that mental retardation refers to sub-average general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior.¹² This definition recognizes the condition as a reversible one, which is a departure from the classical and historical concepts of "once mentally retarded, always mentally retarded."¹³

Mental retardation must not be confused with mental illness. A mentally retarded person functions in a manner corresponding to his mental age; whereas, a mentally ill person has a normal mental potential but functions in an abnormal manner due to abnormal functioning of those normal mental facilities.¹⁴ Shriver defined mental retardation as an intellectual inadequacy or slowness in learning, and mental illness as an adequate intellect but an inability to perform because of emotional disturbance.¹⁵

Problem of Mental Retardation

Mental retardation is a problem of large proportion. Mental retardation affects 10 times more individuals than diabetes, 20 times more individuals than tuberculosis, 25 times more individuals than muscular dystrophy, 600 times more individuals than infantile paralysis, and 1,000 times more individuals than paralytic polio before the Salk vaccine came into existence.¹⁶ Only mental illness, cardiac disease, arthritis, and cancer affect a greater number of people than mental retardation.¹⁷ This is a condition that affects from two to three percent of the total population in the United States.¹⁸ Each year there are approximately 126,000 newborn babies in this country

who become mentally retarded. This disease affects over 30,000 families which means that this affects ten percent of the country's population directly.¹⁹ The estimated direct cost of caring for the individuals, private institutions, special education, etc. is placed at one billion dollars per year. The indirect cost would be impossible to compute according to the United States Department of Health, Education and Welfare, because of such factors as absence of earning capacity.²⁰

The interest in mental retardation has moved slowly over the years. At one time mental retardation was kept in complete silence. It was often viewed as a weakness in the family if a member of the family suffered from the clutches of mental retardation. Individuals suffering from this disorder were very often never seen or heard from. Through the years the silence has been shattered and the problem removed from the attic and brought into the open.²¹

Causes of Mental Retardation

Today the exact causes of mental retardation are not completely known. The two main categories of mental retardation are considered to be of an organic or functional nature. At present it is only possible to identify the causes of mental retardation in fifteen to twenty-five percent of the known cases of mental retardation.²²

The organic categories appear to be caused by a lack of formation of adequate normal brain tissue due to any etiology or damage or destruction of existing brain tissue which is extensive enough so the individual can't function at the so-called normal level. At present there are more than 100 causes of mental retardation identified as

organic in nature. Investigation has entered into the area of chromosomal research or the area of genetics. Also, in addition to genetic components which may affect the embryo or developmental fetus during pregnancy, the areas of infections, poisons, and intoxicants are being studied as causes of mental retardation. Contraction of German measles during trimester, RH blood factors, lead poisoning and metabolic defects are also being considered as causes of mental retardation. Injury or disease after birth, trauma during the birth process, oxygen deprivation, cardiac failure, and partial drowning are all considered as possible causes of mental deficiency. The largest group of the mentally retarded show no signs of pathology in the brain. Their affliction may be caused by genetic factors not yet understood, or possibly they are born of mothers who lack prenatal and postnatal care.²³

The functional causes of mental retardation are of a more general nature than those of the organic. These consist of cultural deprivation, psychosocial deprivation, environmental deprivation, and emotional deprivation. The largest number of the mentally retarded fall into the area of environmental deprivation.²⁴

Classification of the Mentally Retarded

The mentally retarded are classified in several ways. The most commonly accepted means of classification has been the use of the I.Q. score. Other ways of classifying the mentally retarded have included the use of social competence or a combination of I.Q. and social competence.²⁵

Tredgold was the individual primarily responsible for the use of social competence as the sole diagnostic criteria of mental deficiency. He rejected the use of educational and intellectual measurements as being the only means of determining mental retardation. He incorporated the use of inability to adapt to the environment and to live independently as a criteria for determining mental retardation. Tredgold's failing was that he didn't establish any criteria to use as judgment of the mental retardation of the individual.²⁶

A classification developed by Terman and one developed by Kirk and Johnson have been the most readily accepted means of classifying the mentally retarded. The classifications used by these men are based primarily on the use of I.Q. scores. The classification used by Kirk and Johnson categorizes the intellectual processes of the mentally retarded by the following:

1. Slow learner..... I.Q. of 70 or 75 to 90 or 95
2. Educable mentally retarded.... I.Q. of 50 to 75 or 80
3. Trainable mentally retarded... I.Q. of 25 or 30 to 50
4. Dependent mentally retarded... I.Q. of 0 to 25 or 30²⁷

The slow learner has been described as an individual expected to achieve a moderate degree of academic success. He works at a slower rate than the average or so-called normal child. This student can be educated in regular classes and can be expected to become a self-supporting, independent and socially adjusted adult.²⁸

The educable mentally retarded child has been described as a slow learner who cannot profit from the regular classroom experience

but has possibilities for minimum educability in reading, writing, spelling, arithmetic and so forth. Also, the educable mentally retarded can develop the capacity for social adjustment to a point where he can get along independently in the community. Kirk and Johnson have stated that the educable mentally retarded can later support themselves partially or totally at a marginal level.²⁹

The trainable mentally retarded child has been described as one who is so subnormal in intelligence that he is unable to profit from classroom instruction for the educable mentally retarded child. The trainable retarded have potentialities in the areas of learning self care in activities, dressing, undressing, toilet training and learning to adjust in the home or neighborhood. The child cannot function in the total community.³⁰

The totally dependent child has been described as being markedly subnormal in intelligence and social adjustment. This child is unable to be trained in self care, socialization or economical usefulness.³¹

The various disciplines and professions state that both methods of evaluation have numerous strong points and numerous weak points. They have agreed that a combination of the social competence and I.Q. would be the best way to evaluate the degree of mental retardation. So far, none of the disciplines or professions have established a means of criteria whereby the evaluation can be made. At present, the most emphasis is placed on using the I.Q. as a means of evaluating the degree of retardation of the mentally deficient child.³²

Chapter 3

REVOLUTION AND RESEARCH IN MENTAL RETARDATION

Mental retardation has been in a state of revolution. The revolution consists of four areas: (1) a revolution of new interest, new responsibility, and new hopes; (2) a revolution in medical research; (3) a revolution in maternal and child care; and (4) a revolution in physical education and recreation.³³

The revolution of new hope, new interest and new responsibility was the main stimulant behind the start of the other three areas of revolution in mental retardation. New interest and responsibility brought the mentally retarded child from the back rooms of society and brought the problem to society's attention. When the problem was brought to society's attention, the mentally retarded experienced a new hope.³⁴

The revolution in medical research has been a salvation to the mentally retarded. In the last four years, doctors have studied more about mental retardation than has been studied in the entire previous years of medical history. Almost daily the field of medical research makes discoveries in bio-chemistry and medicine which can open new ways of treatment and prevention of mental retardation.³⁵

The revolution in maternal and child care has resulted from the revolution in medical research. This is the most important period for prevention of mental retardation. Control and careful surveillance during the nine months after conception and shortly after birth have greatly reduced the prevalence of mental retardation.³⁶

The fourth area of revolution in mental retardation was the introduction of physical education and recreation to the mentally retarded. In the past, people believed the mentally retarded couldn't take part in vigorous physical activity. The misconception that physical fitness and the associated social and emotional adjustments couldn't be achieved by the mental retardate has been eradicated.³⁷

There has been very little research done in the fourth area of the revolution for the mentally retarded. There have been various theories presented which have implicated the interaction of the mind and body. Most of these theories have been presented by educators and psychologists rather than by specialists in the area of physical education and recreation.³⁸

Many theories have been postulated by educators throughout the century. In 1907, Seguin postulated the theory that with specific training of the peripheral nervous system through the muscle and sense training, the receptors would strengthen. This in turn would bombard the nervous system and stimulate the cortex to a greater mental functioning.³⁹ Rousseau was another educator to consider the education of the mind and body as nearly the same thing. Rousseau believed the growth of the mind and body was an interaction from birth to death.⁴⁰ Sherrington shares the view that the muscle is the cradle of recognizable mind. He was concerned with the fact that all human thinking and imagination was materialized through movements of the body by gestures, writing, and speech.⁴¹ These three theories stress the fact that mind and body are dependent on each other.

From these and other theories, the integration of mind and body has been accepted. It would appear that planned physical education and recreation programs for all children should require the use of the senses in stimulating neuromotor functions. This aspect of correlation of mind and body has been one of the theories behind physical education and recreation for the mentally retarded.

The research psychologists, theorists, and physical education and recreation instructors agree that physical education and recreation for the mentally retarded leads to good physical and psychological experiences for the child. Every child needs successful play experiences to develop a body image or self-concept. It is hoped that these successful experiences will carry over into the classroom. The development of play skills and activities also leads to peer acceptance and group identification. In addition, the mental retardate can broaden his social life with the recreational activities.⁴²

Some research has proven that organized physical education and recreation programs aid in the development of I.Q. and academic achievement. Other research disagrees with this statement. The exact place of physical education and recreation in the area of academic improvement is not entirely agreed upon.⁴³

Chapter 4

NEEDS OF THE MENTALLY RETARDED CHILD

The mentally retarded child has the same basic needs as the normal child. The needs of the mentally retarded child are:

1. Essential physical requirements.
2. Understanding of physical and emotional changes.
3. Self acceptance.
4. Acceptance, understanding, and love from others.
5. Recognition from others.
6. Understanding of responsibilities to others.
7. Development of independence.
8. Management of fear and guilt feelings.
9. Ability to face reality.⁴⁴

These needs of the mentally retarded child are not exclusive of one another. They are all necessary for a happy, emotionally stable child. Through physical education and recreation, the child can realize many of these basic minimal requirements. Due to the limited mental ability of the child some of the needs of the child will not be met in the same way as they would be for a normal child. The way in which the various needs are provided for will depend upon the mental ability of the child, his physical fitness, and past experiences.

Chapter 5

PHYSICAL EDUCATION AND RECREATION FOR THE MENTALLY RETARDED CHILD

Needs of School Program

A nationwide survey was conducted in an attempt to establish the needs of the public school program in the area of physical education and recreation for the mentally retarded.⁴⁵ The survey was approved by the Project on Recreation and Fitness for the Mentally Retarded of the American Association for Health, Physical Education and Recreation. The findings of that survey were as follows:

1. Many more teachers of physical education are needed, and these should have professional preparation for work with the mentally retarded.
2. There is a need for teachers with mentally retarded students in their classes to have a better understanding for the mentally retarded. The educable retarded should be taught in physical education classes with normal pupils at least part of the time, but modified activities suited to the mentally retarded should be provided to a greater extent.
3. There should be instruction in physical education for all pupils in public school.
4. The program of activities in physical education in primary and elementary schools is very meager. There is special need in all schools for more instruction in skills of recreation sports, bowling, corrective exercises, musical play, racket play, swimming, and winter play where available.
5. Instruction in swimming is especially needed for the mentally retarded.
6. There is a marked deficiency in play rooms and gymnasiums in primary and elementary schools.
7. A greater variety of recreation activities is needed, including more day camping and summer camping.
8. There is a need for more opportunity for mental retarded pupils to participate in intramural sports on teams with normal pupils.
9. There is a need for more medical health services in public schools with mentally retarded pupils.

10. Physical fitness testing should be increased for mentally retarded pupils.

11. Colleges and universities should be encouraged to add courses in physical education and recreation for all workers in special education and for all teachers of the mentally retarded.⁴⁶

In summary, the survey pointed out that the area of physical education and recreation was lacking in many respects. From all of the information in the survey, the major items that were missing seem to indicate a need of financial support in order for the needs to be taken care of.

Teacher Training and Characteristics

The teacher is the prime factor involved in the education of the mentally retarded child. The traits necessary for teaching the mentally retarded child are not possessed by all people. The instructor must fully understand himself and his personality. Individual strengths and weaknesses must be realized by the instructor and put to their best use.⁴⁷

A survey was conducted among physical educators in a 26-state area, in which the requirements for a physical education and recreation instructor were discussed.⁴⁸ The requirements necessary for success in working with the mentally retarded in the area of physical education and recreation are:

1. Have a strong background and training in elementary school physical education with particular emphasis on nursery, preschool, or primary level children.
2. Obtain a bachelors degree in physical education and recreation.
3. Have preparation equal to that required of all personnel working with the nonretarded plus additional work in motor learning and motor behavior.

4. Possess the same competencies, skills, and knowledge needed to be effective physical educators or recreation instructors for any group plus the additional information required to meet the needs of the mentally retarded.

5. Attempt to be educators first and specialists second, and not to be bound by tradition or convention.

6. Be prepared to provide individualized programs to meet the specific needs of the retarded.

7. Possess an awareness of basic human needs.

8. Realize that the retarded can learn and that they appreciate being taught.

9. Provide opportunities for the retarded to be successful while not underestimating their capacities.

10. Utilize trial and error approaches.

11. Develop more program and individual creativity.

12. Combine the knowledge of special education with that of physical education and recreation.

13. Emphasize working with individuals and groups.

14. Respect the contributions of other disciplines.⁴⁹

The results of this survey come from people who have been involved in the work of physical education and recreation for the mentally retarded. These people have worked with the mentally retarded for periods from three to fifteen years. The listings on this survey are made from their personal observations and experiences.

Personal Qualities of Teacher

In the same 26-state survey the individuals involved were asked to list the personal qualities which they thought were necessary for an instructor to establish rapport with the mentally retarded children. The personal qualities essential were:

1. An understanding of children in general and of the mentally retarded in particular.

2. A sincere desire and interest in working with and helping the mentally retarded.

3. Warmth, sincerity, patience, and empathy.

4. Acceptance, understanding, and appreciation of the retarded as individuals of worth and dignity who can progress, succeed and achieve.

5. A strong commitment to health, physical education and recreation as an integral part of the total education process.
6. Flexibility and an open mind with no preconceived ideas of what the retarded can and cannot do.
7. A sense of humor.
8. Analytical capability.
9. Ingenuity, innovation, resourcefulness, creativity, and innovation.⁵⁰

The people in the survey felt it was necessary for the individual to be aware of which of the personal qualities were his strong ones and which the weak ones. Recommendations were made to capitalize on the strong personal qualities and to work on strengthening the weaker personal qualities.⁵¹

Undergraduate training in physical education and recreation should develop an understanding of children and the activities which they enjoy and which prove to be beneficial to them. Courses in child growth and development, exceptional children, guidance and counseling, motor development and diagnosis and prescription for motor problems are needed for the physical educator and recreation instructor to have a firm base from which to work.⁵²

The major focus is on efficient and effective physical education teaching and recreational instruction and on sufficient knowledge of handicaps in general and of those of the mentally retarded in particular. Most physical education and recreation instructors have the technical knowhow for working with the retarded, but they have been hesitant in the past because working with the mentally retarded emphasizes the differences of the children rather than the similarities.⁵³

Teaching Methods and Techniques

Teaching techniques and methods vary when working with the mentally retarded. Dr. Samuel Kirk, professor of Special Education at the University of Illinois, mentioned at the conference of psychologists and educators:

Verbal direction with these children isn't very effective. They have to be shown how to do things, how to play. One of the difficulties is that you get large groups of the mentally retarded with normal children, the retarded are going to sit on the sidelines. So it's possible we may have to give them training by themselves on how to play in a certain way in order to adjust to a larger group. It's possible we have to devise some methods of teaching them on an individual or very small group basis, and gradually introduce them into a larger group. Otherwise we get to the point where we say the retarded children just can't do it; they can't keep up, and therefore we don't want them around. That is what most people say.⁵⁴

It is apparent that special consideration must be given to the mentally retarded when it is time to teach new activities or basic skills or basic movements.

Several physical educators have presented lists of teaching techniques and methods for working with the mentally retarded. In a list of teaching techniques presented by Shelia A. Ross, she suggests:

1. Simplicity of verbal instruction with frequent demonstrations.
2. Use of games rather than drill to practice skills.
3. Use of simple games to teach aspects of standard games.
4. Changing rules from session to session. It is appropriate to do this if the children cannot learn the game's standard rules or procedures. Each small game should be preceded by a discussion of the rules.
5. Active participation for the educable mentally retarded. Keep them active as much as possible.
6. Short periods with frequent changes of activities.
7. Practice in leadership. When the child learns to master a simple skill he should be allowed to be the leader of the group. Being the leader encourages decision making.

8. Relationship between what the student was learning and the games he saw the other children playing. Retarded children obtain a great deal of satisfaction from the mastery of skills normal children have.⁵⁵

Joan Nelson gives a list of teaching suggestions which she feels are quite appropriate for working with the mentally retarded.

Her suggestions include:

1. Progress slowly, offering familiar activities first. Use repetition, because these students need reinforcement of learning.
2. Introduce new activities during the early part of the class before the class gets tired.
3. Be kind, firm, and patient, using a positive approach.
4. Be clear in directions without talking down to the class. Use concrete examples when giving directions to the class.
5. Attempt to keep each child active.
6. Demonstrate and take part in the activities.
7. Offer activities which could be useful at recess time, after school hours, and later on in life.
8. Remember the characteristics of the children and consider individual abilities and attention span.
9. Let children compete with themselves. Some simple tests and measurements or devices provide an incentive to continue with activities.
10. Give the children goals in which they can have some measure of success, and use praise as often as possible.
11. Allow them to have some choice of activities, and allow them to suggest activities.
12. Include rhythmical activities, such as simple folk and square dancing.
13. Aid the children in developing skills such as running, jumping and ball handling.
14. Correlate good health habits with physical education and recreation.
15. Keep records of physical fitness.
16. Aim for progression in social and physical skills.⁵⁶

Delores Geddes lists special education learning principles which she feels are important in teaching the mentally retarded. These principles include:

1. Give concrete rather than abstract instructions.
2. Assist the student in making generalizations.
3. Repeat the skills in various approaches.

4. Evaluate students individually and progress them from one level to another when they are ready.
5. Reinforce the learning situation by instructional aids which employ the visual, vocal, kinesthetic, and auditory senses.⁵⁷

In summation of the various techniques and methods listed by the above authors, it is apparent that many of the items mentioned appear on all of the lists. The use of the various techniques listed indicate a general agreement on the part of many physical education and recreation instructors.

Verbalization has been a definite limitation in working with the mentally retarded children. In teaching the mentally retarded, the instructor teaches a limited number of words related to the skills being learned. In teaching the words, one or two words at a time are mentioned and reviewed in order to make sure the meaning of the word has been grasped by the student. Repetition and demonstration are used to clarify the meaning of the word in the activity. The word is used alone rather than in a sentence.⁵⁸

The part method is employed in verbalizing and demonstrating activities for the mentally retarded. In the part method, the activity or skill is broken down into its components and each component is taught separately. In using the part method, one must demonstrate how the various parts tie together to make up the whole. An example of this would be the movement pattern for reaching and picking up a ball: (1) movement toward the ball; (2) touching the ball; (3) placing fingers around the ball; and, (4) lifting the ball.⁵⁹

In using the part or whole method of teaching the mentally retarded child, the use of operant conditioning has been successful as

a means of eliciting successful response. The utilization of reinforcement must take place immediately after the action. If this doesn't occur the reinforcement may be associated with the wrong action. With the educable mentally retarded or higher scale of intelligence, praise and knowledge are enough of a reinforcement. The cautions involved are that the reinforcement needs to be consistent and given only for the desired performance. If reinforcement is not given consistently for the desired performance, the child may not relate the reinforcement to the desired performance. Giving reinforcement to the undesired performance may also lead to the same results.⁶⁰

Manual kinesthesia has been a highly valued teaching method of working with the mentally retarded on physical activities, and its proper use leads to proper learning of basic skills and activities. The teacher leads the child through the desired movements and helps the child establish the desired motor pattern. It has been one of the most successful methods of teaching mentally retarded children. The teacher has to be sure that he has moved the child's body in the same way each time in order to avoid confusion and the possible creation of anxieties in the child. When holding onto the child, the teacher has to be firm and reassuring. With firmness and reassurance, the child will have no confusion about the movement and will develop confidence. If resistance is encountered, the teacher should wait and try the movement again. Reassurance and persistence have paid off in the child's cooperating.⁶¹

Demonstration has proved to be of limited use in working with the mentally retarded child. It has been used with simple activities

such as learning to clap hands or stamp the feet. It has been best to allow the child to try the activity at the time of the demonstration. It has been desirable to use manual kinesthesia at the same time as the method of demonstration.⁶²

All of the various teaching techniques require an extreme amount of patience and kindness on the part of the instructor. Generous use of praise and reinforcement has added to the results the instructor has expected to get from the mentally retarded student. Improvement does take place with the mentally retarded child but it is slow. The exact degree of improvement will vary greatly from individual to individual.

Chapter 6

OBJECTIVES OF PHYSICAL EDUCATION AND RECREATION FOR THE EDUCABLE MENTALLY RETARDED CHILD

The objectives of physical education and recreation have always had the entire individual in mind. Many people have been under the misconception that physical education and recreation were concerned about the physical condition of the individual and nothing else. Physical education and recreation have been concerned about the physical development of the individual as well as the social and emotional development of the individual.

Physical Objectives

Physical education and recreation instructors have always had the individual mentally retarded child in mind. They have attempted to improve the general physical appearance, physical condition, and the physical health of the mentally retarded child.⁶³

The teaching of basic motor skills has been the major concern of physical education and recreation instructors. The basic motor skills which seem to come naturally to the normal child have often been quite hard for the mental retardate to master. Yet, these basic motor skills are necessary for the fundamental body movements which are necessary for the mentally retarded child to function effectively and efficiently.⁶⁴

Physical education and recreation have also made the life of a mental retardate more effective and efficient by improving the physical

stamina of the individual. This has been accomplished by the development of the organic processes of the mentally retarded child's body. The specific characteristics that have been involved include coordination, endurance, strength, muscular endurance, cardiorespiratory endurance, muscular power, flexibility, agility, balance, and speed. Also, through the development of physical fitness the retardate has experienced a more balanced growth due to much needed physical activity. The improvement of body mechanics, rhythm and grace, posture, and control of movement have been attributed to increase in physical fitness of the individual.⁶⁵

The improvement of physical fitness has been the basis for the foundation of basic skills for the mentally retarded child. And the foundation of these basic skills which the individual can use throughout the rest of his life has been one of the objectives of the physical education and recreation program.⁶⁶

Physical education and recreation teachers have had the responsibility for the development of the basic skills in the mentally retarded. These basic skills have been planned for as carefully as the academic subject areas. Without proper planning and carrying out of a curriculum in physical education and recreation, the mentally retarded student has been sadly neglected in a very important area of maturity. At the school age, the child has been exposed to the people who could present him with the activities which are necessary for success in more advanced activities. If the child hasn't been exposed in the school setting, the chances of being exposed to the activities diminish as the individual grows older.⁶⁷

The development of good basic skills and activities which can be used in leisure activities form a good foundation for involvement with other people in later life. The basic skills give the mentally retarded child an area in which he has the equal or near equal ability to participate with other individuals of the community. The ability to perform well has been necessary for the individual to develop poise, self-confidence, and social acceptance.⁶⁸

Social Objectives

The development of social objectives has been another of the primary objectives of physical education and recreation. Through physical education and recreation, instructors have hoped to develop skills and abilities necessary for successful participation in a variety of wholesome physical and recreational activities that are appropriate for the individual's capacities and to his particular social situation. Also, it is hoped the mentally retarded have developed experiences that will aid in the pursuit of increasing degrees of social independence which will hopefully result in a more gregarious human being. Physical education and recreation personnel also hoped to make experiences possible which would allow the mental retardate to experience a greater degree of acceptance and belonging as an individual respected for his participation and contribution to the groups' social-recreation situations.⁶⁹

The development of better self-care concepts has been another social objective for the mentally retardate. It had been hoped that the mental retardate would learn to respect and care for his person as

it is. Total acceptance of self has led to a better adjusted and happier person. The constant interaction of conflict between what one is and what one aspires to be has been noticeable on the level of the normal child as well as that of the mentally retarded child. This conflict has been difficult enough for a person of normal mental capabilities to resolve. The conflict could prove to be overwhelming for a mentally retarded child. It was necessary to cure this conflict if the mental retardate was to live any kind of a happy self-fulfilling life.⁷⁰

The necessity for the mentally retarded child to feel like a member of the community has been demonstrated. This need of the mentally retarded has been best fulfilled by becoming a better citizen and a contributing member of the community. Through physical education and recreation activities, the retardate has been given the opportunity to experience interaction between members of the community and himself. He is allowed to become a part of something. This need has often been thwarted in many areas of the mentally retardate's life, but through recreational activities it has been fulfilled.⁷¹

Participation with the family has been an important social objective of physical education and recreation instructors. Through the acquisition of basic skills and activities the retardate has developed recreational activities through which he has been able to participate with the family. Very often these have been areas in which the retardate has excelled to the same level as other members of the family or often surpassed the efforts of members of the family. The experiencing of these activities with the family has often been the only tie

that actually connected or made the retardate feel that he was a part of the family unit.⁷²

Adjustment to the demands of the group and to work as a part of the group has placed a big demand on many mental retardates. The mental retardated child has to recognize his place in the group and his particular contributions and limitations which he can present to the group. Working with groups has helped to bring about self realization and self actualization on the part of the retardate. Also, the area of interpersonal relationships has been furthered by exposure to the group.⁷³

The mentally retarded child's development of the respect for the rights of others and the development of respect for material and tools has been greatly improved by experiences in physical education and recreation. In physical education and recreation the child has actually had the chance to work with people and materials. Working with the others and materials has given the child the chance to feel responsibility and importance, both of which are very necessary for the child's maturation process.⁷⁴

Much work needs to be done before all of the social needs of the mental retardate are recognized. All of the social objectives that are known have had one objective in mind for the mental retardate, the ability of the mental retardate to become more sociable. There still remain many areas to be investigated to see what contributions that physical education and recreation can make in the fulfillment of the social needs of the mental retardate.

Emotional Objectives

The emotional objectives of physical education and recreation have been to develop greater levels of courage, self-confidence and poise. In what more appropriate atmosphere can the mentally retarded child encounter an area for development in these particular emotional objectives?⁷⁵

With the development of the above characteristics the mental retardate has started to develop an image of himself. Providing experiences which have led to a degree of success in competition with himself as well as with others has exposed the mental retardate to a positive experience for his self image. Neglect in providing positive experiences has resulted in the development of a negative self image.⁷⁶

Participation has been one of the greatest satisfactions the mental retardate has experienced in physical education and recreation. Through the experiences offered by physical education and recreation, the mental retardate has actually felt the frustrations of defeat and the joys of winning in activities with others. The feeling of having competed or participated with others is a feeling each child should have the right to experience for himself. The feeling of having worked with others or teammates in activities and having shared their frustrations and joys has made the child part of something, a member of his peer group.⁷⁷

Through physical education and recreation, the emotional objective of being happy as an expression of joyful participation in a wholesome activity has been realized by the mental retardate. Participating

in wholesome activities as a result of having desire to compete rather than of being forced to compete has always been desirable. Mandatory participation has been the rule rather than the exception if the child would not compete at first. After the initial exposure, it was found the child would compete on his own.⁷⁸

Through participation in physical education and recreation, the mentally retarded child has been able to develop a feeling of security in a variety of situations. Through participating with others and being exposed to conditions that require individual effort and initiative, the mentally retarded child is exposed to conditions which are insecure. Being exposed to these insecure conditions, the child must learn to overcome them. Once the mentally retarded child has learned to overcome unfamiliar situations the sense of security is strengthened.⁷⁹

Through the development of courage, self-confidence, self image, self respect, and the other emotional objectives of physical education and recreation, the child has been able to receive recognition and approval as an individual of worth and dignity. This achievement was accomplished by his own means. The child's peers have also realized the worth and dignity of the child as an individual because of his achievements. Also, the child has started to realize his own worth and dignity through the sense of accomplishment.

Chapter 7

EVALUATION OF DEVELOPMENT

The evaluation of the development of the mentally retarded child is an area of extreme importance. This evaluation should be considered in areas of mental health, social development, physical development, language development, and intellectual development.

Mental Health

In order for the mentally retarded child to develop in the area of mental health an atmosphere of acceptance and belonging is necessary. The individual must be accepted for what he is. This would include all of his abilities as well as his disabilities. The home or classroom should be a place of fun as well as work. The individual should be presented with an opportunity for achieving on his own level. If the above conditions are met the child can be evaluated in the area of mental health. The criteria for judging mental health are:

1. Is he a happier child?
2. Is he easier to manage?
3. Does he exhibit more self-control?
4. Does he accept direction and authority more easily?
5. If he goes to school does he like it?⁸⁰

Social Development

The area of social development is an important area for evaluation of progress of the mentally retarded child. The child needs to become adjusted to other children in his classes or physical activity groups. Also, adjustment to the leader is taken into consideration

when evaluating progress. The ability to care for himself is very important. The individual must learn to share and to play with other individuals and groups. He must learn to follow directions and accept discipline. Some degree of eagerness should be displayed in joining familiar groups or activities. The criteria for judging social development in the mental retardate are listed as:

1. Does he work and play better with others?
2. Does he work and play better with himself?
3. Does he cooperate better?
4. Is he less easily distracted?
5. Is he happier in a group?
6. Is he more friendly when he meets someone new?
7. Can he do more things for himself?
8. Have his eating habits improved?⁸¹

Physical Development

The area of physical development is of interest to the physical education and recreation instructor. The child needs activities that involve movement and use of the large and small muscles of his body. This is evaluated in the following manner:

1. Does he walk better?
2. Can he use his hands more effectively?
3. Has his coordination improved?
4. Can he use any play equipment he couldn't use before?
5. Does he sleep more soundly?⁸²

Language Development

Language development is the fourth area mentioned by Carlson. This area includes listening and understanding as well as talking. The child must develop an ability to grasp the correlation between words and concepts. The criteria for evaluation of this are:

1. Does he seem to understand more of what you say?
2. Can he make his wants known more efficiently?
3. Does he verbalize more?
4. Does he speak more clearly?
5. Has his vocabulary increased?⁸³

Intellectual Development

Intellectual development centers around the child becoming more observant of things in his environment. The child should notice and remember things better. Hearing and remembering things would also be included in this particular area of evaluation.⁸⁴

The American Association of Health, Physical Education and Recreation Criteria for Evaluation

The American Association of Health, Physical Education and Recreation developed a list of criteria for assessing progress in the mentally retarded child. They assessed his progress in the area of physical development, language development, and intellectual development.⁸⁵

Criteria for assessing progress in physical development:

1. Does he walk better?
2. Can he use his hands more effectively?
3. Is his coordination better?
4. Can he use play equipment better?
5. Does he sleep more soundly?
6. Is he less susceptible to fatigue?
7. Does he show evidence of greater levels of strength?
8. Is he less awkward and clumsy?
9. Does he eat better?
10. Is his weight more appropriate for his age, height, and body build?

Criteria for assessing progress in language development through play:

1. Does he understand more of what is said?
2. Can he make his wants known more easily?
3. Does he verbalize more?
4. Does he speak more clearly?
5. Has his vocabulary increased?⁸⁶

Criteria for assessing progress in intellectual development:

1. Is he more observant?
2. Is he better able to remember important facts?
3. Does he understand and follow directions more easily?
4. Does he understand rules and regulations involved in games and other activities more easily?
5. Is he better able to evaluate?
6. Does he make decisions on his own more often?
7. Is he more able to identify rhythms and tunes?
8. Is he more able to identify animal sounds?
9. Can he finish a verse or story he has heard before?⁸⁷

The evaluation of the mentally retarded has to be done on an individual basis. The testing has to be done before the individual starts an activity if the true progress is to be measured. Testing of the mentally retarded is not done for the sake of testing in itself; it is done with the purpose of helping the individual being tested. The results of the test should be studied in an attempt to improve the performance of the individual.

Chapter 8

SUMMARY

The mentally retarded child has been recognized as a part of our society. In accordance with this recognition, the disciplines of physical education and recreation are working with the mentally retarded child in an attempt to help him develop to his fullest potential.

Through physical education and recreation many gains are being made in the education of the educable mentally retarded child. The child is developing basic motor skills and learning various activities which he can use in later life. With these motor skills, the mentally retarded child is learning the essential social skills.

Although there have been many conflicting reports about the results of physical education and recreation on the mentally retarded child, facts are gradually coming to light. Research in the area of physical education and recreation is still a little vague and conflicting, but the importance of physical education and recreation has been recognized.

Through physical education and recreation, the educable mentally retarded child of today is being given the chance to develop to his fullest potential. As a result of the development of his potential, the educable mentally retarded child is becoming a recognized member of society, a valuable worker, and a productive citizen.

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PHYSICAL EDUCATION AND RECREATION FOR THE
EDUCABLE MENTALLY RETARDED CHILD

by

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Mental retardation is one of the most challenging problems facing mankind today. This problem has plagued man throughout time. In the past, the mentally retarded were looked upon with disgust and shame.

In the last few years, society has finally started to accept its responsibility for helping the mentally retarded child develop to his fullest potential. The physical education and recreation portion of the total educational system has played an integral part in the process of assisting the mentally retarded child to become a part of our society.

The purpose of this report is to gain insight into physical education and recreation for the mentally retarded. The material in this report can be used as a guide in understanding the educable mentally retarded child and also can be of value in providing activities and evaluating activities of the educable mentally retarded child. This report also investigated the qualities necessary for a teacher to have success in working with the mentally retarded.

The sources of material for this paper came from Farrell Library at Kansas State University. This material came from various periodicals, books, and other material concerned about physical education and recreation for the educable mentally retarded child.

The term mental retardation refers to a sub-average general intellectual functioning which originated during the developmental period and is associated with impairment in adaptive behavior. This condition is a reversible one, which is a departure from the old school of thought of "once mentally retarded always mentally retarded."

The problem of mental retardation is of great proportion. Only mental illness, cardiac disease, arthritis, and cancer affects a larger number of people than mental retardation. The exact cause of mental retardation is not completely understood. Two main causes of mental retardation are categorized as of organic or functional origin.

Regardless of the cause of mental retardation the retardate is classified according to his ability to perform on the I.Q. test. Children scoring below the I.Q. score of 70 to 75 are classified as being retarded. The degree of retardation depends upon their particular score.

The needs of the mentally retarded child are the same as those of a normal child. The necessary physical and emotional needs must be met if the child is to develop physically, socially, and emotionally. Due to the degree of mental retardation, the needs of the child may not be fulfilled in the same way as the needs of the normal child. The way in which these needs are provided for depends upon the mental ability of the child, physical fitness of the child, and the past experiences of the child.

Many of the needs of the child are not being fulfilled by physical education and recreation in the public school system. The needs that aren't being fulfilled are those which require financial assistance on the part of the school districts. The fault is not in the instructors in the system.

The physical education and recreation instructors in the school system today possess the capabilities to work with the mentally retarded.

The primary difference in instruction is that more emphasis is placed on the differences of the individual child than in the normal classroom setting.

The objectives of the physical education and recreation instructors are the improvement of the physical development, the social development, and the emotional development of the individual.

In order to check the progress of the mentally retarded, an evaluation must take place. The evaluation of the mentally retarded has to be done on an individual basis. The results of the test should be studied in an attempt to improve the physical, social, and emotional performance of the individual.

Through physical education, recreation, and the rest of the educational system, the mentally retarded child of today is being given the chance to develop to his fullest potential. The mentally retarded child is now recognized as a valued part of our society.