EFFECTIVE TREATMENT OF THE EMOTIONAL PROBLEMS OF EDUCABLE MENTALLY RETARDED CHILDREN

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TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

In the past, much has been learned of the nature of mental retardation. The public has, at last, recognized that there are many mentally retarded persons from all socio-economic levels. New discoveries about the causes and prevention have been made by the medical profession resulting in the saving of countless newborn babies from brain damage.[1] However, there is still a great deal to be learned about the care and treatment of the mentally retarded.

The institutionalized children who are incapable of becoming independent adults surely need to be given careful consideration. However, in this study, only the educable mentally retarded children who are capable of becoming happy and productive adults, will be considered.

It is estimated that in the United States there are one and one-fourth million educable mentally retarded children in schools with normal children. About 250,000 of these children are in special classes for the mentally retarded.[2] Parent groups, in the past decade, have pushed hard to obtain these special classes for educable mentally retarded children in public schools. The number of these classes has increased rapidly and still more are being organized.

The Educational Policies Commission of the National Education Association has set up four goals for the education of all children. These goals are (1) self-realization, (2) satisfactory human relationships,

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[1]Spivak, Jonathan, "Science Makes Gains in Battling Problem of Retarded Persons," The Wall Street Journal, October 12, 1961, p. 1.

[2]Ibid., p. 1.

(3) economic efficiency, and (4) civic responsibility.[3] These goals apply to educable mentally retarded children as well as to normal and gifted children. It is the belief of the writer that if a child has mastered the first of these goals, self-realization, the remaining three will be more easily attainable.

Educable mentally retarded children have emotional problems, due to their undeveloped personality functions, which cause serious conflicts. Because of their intellectual limitations, they are often unable to cope with many of these problems.[4] They must have help in this area if they are to attain any measure of self-realization.

Since the process of identifying and educating educable mentally retarded children is proceeding successfully, the big need now is to find ways and means of identifying and treating their emotional problems so that their intellectual assets can be used to the greatest degree in developing worth-while adults. In this paper many of the methods of handling the emotional problems have been investigated.

The Problem

It has been the belief of the writer that if effective methods for treating the emotional problems of educable mentally retarded children were known, the problems could be alleviated and the children would have better chances to become happy, productive adults.

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[3]Wesley, Edgar B., NEA: The First Hundred Years, Harper and Brothers, New York, 1957, p. 299.

[4]Hutt, Max L., and Gibby, Robert Gwyn, The Mentally Retarded Child, Allyn and Bacon, Inc., Boston, 1958, p. 33.

The purposes of this investigation were; (1) to study different methods of treating the emotional problems to determine which methods have been successfully used, and (2) to recommend the methods of treatment which would be adaptable for use in public school systems maintaining special education classes for educable mentally retarded children.

Procedure

The procedure of this study was to review available literature on the subject of emotional problems of educable mentally retarded children to determine what progress has been made toward treatment of these problems.

Conclusions were drawn as to the effectiveness of methods of treatment that have been tried.

On the basis of the literature reviewed, and classroom and playground observations of educable mentally retarded children, recommendations were made for adapting the methods of treatment of emotional problems for use in school systems that maintain classrooms for educable mentally retarded children.

Limitation of Study

Only educable mentally retarded children between the ages of five and 18 were considered in this study.

Definitions

Because of common misinterpretation of the following terms the writer defined them for clarity.

"Effective treatment" is defined here as that method or methods of handling the emotional problems that will produce results that will alleviate the symptoms and causes of the problem to some degree.

"Educable mentally retarded" as used in this study, is defined as those children who can profit by a special academic curriculum and can make an adequate social adjustment toward living independent adult lives.

CHAPTER II

ASPECTS AND TREATMENT OF EMOTIONAL PROBLEMS

In this chapter the writer has hoped to clarify for the reader the nature of the emotional problems of educable mentally retarded children and what has been done to find methods of treatment for these problems. The emotional aspects of mental retardation were reviewed first, followed by reviews of the uses of Reserpine, play therapy, group counseling, psychodrama, and psychotherapy in the treatment of the emotional problems of educable mentally retarded children.

Emotional Aspects of Mental Retardation

As mentally retarded children's lives become more complicated, their relations with their peers become strained, their whole adjustment suffers, and they begin to become difficult problems at home and at school.[1] If there were an easy solution to the basic interpersonal problems, the children could become happier individuals, more useful and productive.

Emotional maladjustments have many causes. Some of them are; rejection in the neighborhood, family emotional problems, siblings' reactions and shame.[2] These maladjustments produce behaviors and attitudes in mentally retarded children of over-aggressiveness, self-devaluation, hostility, low tolerance for frustration, and anxiety.

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[1]Pilkey, Loraine, and others, "Psychodrama and Empathic Ability in the Mentally Retarded," American Journal of Mental Deficiency, 65:595-609, March, 1961.

[2]Rothstein, Jerome H., Mental Retardation, Holt, Rinehart, and Winston, New York, 1961, p. 217-223.

When parents are unable to accept the fact that their children are mentally retarded, even after careful diagnoses, they delay the treatment for years with resulting difficulties for their children.[3] The siblings tend to show over-protective attitudes toward the retardates because of feelings of family loyalty. But their actual reactions to the defectives are filled with emotions. They feel both shame and guilt and try to cover their feelings with over-protectiveness. When retarded children experience the rejection which so often comes their way, they feel more intensely the need to belong. Apathy in parents in failing to provide a sense of family relationships may cause emotional disturbances so severe as to completely disrupt what might have been good social adjustments. Mentally handicapped children's emotional problems center primarily on matters of security and thwarted self-expression. Parents' and society's attempts to understand them have not been directed toward all their real problems.[4]

McLachan[5] has said that every individual develops as a whole being with all the functions of his body and mind affecting all other functions. For this reason, we cannot dissociate the emotional immaturity from the intellectual functioning of any being. It should be realized that mentally handicapped persons should be considered as whole beings, too. The

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[3]Abel, Theodora M., "Resistances and Difficulties in Psychotherapy of Mental Retardates," Journal of Clinical Psychology, 9:107-109, April, 1953.

[4]Ibid., p. 107-109.

[5]McLachan, Gilmour D., "Emotional Aspects of the Backward Child," American Journal of Mental Deficiency, 60:323-330, October, 1955.

grosser degrees of defect present handicaps toward the functioning of a whole and render more obvious the associated instability. If there is uncorrected emotional instability present, the chances of capitalizing on any intellectual assets are not too promising.

The degree of instability is not the same in all retardates, or normal individuals, for that matter.[6] A proof of this would be the mentally handicapped member of society who sweeps gutters or does other comparable jobs, singing while he works, seemingly without a care in the world. The people who do the menial tasks that are repetitive and so uninteresting that the rest of the community could not tolerate them, deserve recognition in our society as productive members of the community. These individuals are the proof that emotional instability is more important than intellectual capacity, unless it is very low, in making an over-all adjustment to social living. When there are anti-social behaviors in backward persons, the basic causes will usually be found to be in emotional functioning.

It is much more difficult to assess the degrees of emotional instability than it is to find the levels of intelligence in retardates, according to McLachan. There has never been a yardstick to measure this function. The estimate of emotional instability can only be measured by clinical observations and judgments. Too often these methods are stressful to the subjects, without adequate background information and preparation.

Even after acceptable tests of intelligence of individuals have been taken, it cannot be assumed they are using their intellectual potentials to

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[6] Ibid., p. 323-330.

capacity.[7] Emotional factors are known to have strong effects upon intellectual use. An example of the effect of emotions on intellect would be the retarded adolescents who are mature physically, but are deprived of using their faculties because they are backward. They know they are inadequate, but they don't know how to deal with their situations. This will cause them frustrations leading to serious emotional disturbances.

McLachan further stated that we do not always discover the deficiencies in mentally retarded children before they enter school and try to keep up with normal children academically and socially. When retarded children enter school, they first begin to show emotional maladjustments due to inability to cope with organized schedules in their schools.[8] Because of their inability to cope they may become inattentive and mischievous and a distraction to the other children.

Cromwell[9] has said that when mentally retarded children are in school, it is necessary for teachers to develop motivational systems within the children. They cannot be expected to develop motivation as rapidly as normal children because their emotional growth is parallel to their mental ages rather than their chronological ages. The emphasis in developing motivational systems in retarded children is placed on immediate gratification and success experiences. They must be taught what success is before the pressures and standards of classroom work are held up to them. When

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[7] Ibid., p. 323-330.

[8] Ibid., p. 323-330.

[9] Cromwell, Rue L., "Selected Aspects of Personality Development in Mentally Retarded Children," Exceptional Children, 28:44-51, September, 1961.

they do show evidence of being motivated to achieve, then the need for "moderated-failure" is as important to the growth of retarded children as it is to the growth of normal children.[10]

The writer has felt, as other teachers have, that when the usual methods of handling the emotional problems of mentally retarded children fail at home and at school, then further attention must be given them. There have been attempts made through experimentation in clinics to further understand and alleviate the causes and effect cures for these emotional problems. Some of the methods of treatment are described in the following paragraphs.

Use of Reserpine

At the Elwyn Training School[11] the following experiment was performed on emotionally disturbed retardates with the use of Reserpine, a tranquilizer. The children in the experiment were chosen because they reacted poorly in their environments, became distracted because of their emotional distress, and were not realizing their intellectual potentials. The study was done with 60 high grade mental retardates for an average period of two years and eight months.

The retardates were divided into two groups, one for experimentation and one for the control group. The average chronological age and I. Q. were approximately the same in each group. There were nine females

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[10] Ibid., p. 44-51.

[11] Kirk, Daniel L., and Bauer, Agnes M., "Effects of Reserpine on Emotionally Maladjusted High Grade Mental Retardates," American Journal of Mental Deficiency, 60:779-784, April, 1956.

and 20 males in one group, and ten females and 21 males in the other. The common characteristics of the unresolved emotional problems that were sufficiently intense to interfere with comfort, functional efficiency, and adjustment were; negativism, withdrawal, insecurity, anxiety, aggressiveness, hostility, resentment, impulsiveness, and immaturity. It was the hope that if these characteristics could be alleviated, it would enhance their mental capacities.

Both groups[12] were given thorough individual medical examinations before the experiment was begun. The experimental group was given uninterrupted daily doses of 0.5 to 1.5 mg. of Reserpine with subsequent changes in the amount of the daily doses as the experiment proceeded. The second group was given doses of the placebo.

At the end of the treatment, the daily doses of the tranquilizer were abruptly terminated. There were no withdrawal symptoms noted at the time. The experimental group showed an average gain in weight of five to ten pounds, were healthier looking, and slept and ate better. The placebo group showed the greater improvement in behavior and the least amount of deterioration in adjustment and overt behavior habits. There was no significant change in the I. Q. (Binet) in either group.

The results of the experiment, according to Kirk and Bauer, were disappointing. Instead of alleviating the emotional maladjustments, the treatment caused many of the individuals to suffer inner turmoils causing much emotional distress. The result was adverse behavior.[13]

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[12] Ibid., p. 779-784.

[13] Ibid., p. 779-784.

More experimentation with tranquilizers is necessary before any positive statements concerning their effectiveness in treating emotional problems of mental retardates can be made.

Play therapy has proven itself to be rather effective as will be noted in the following study.

Play Therapy

The "Special Personality Re-education Program," at Wayne County Training School, as reported by Stacey and De Martino[14] operates with an over-all rehabilitative design. The psychologist, using individual therapy, applies his skills to establish close rapport with a given child and helps him to use this relationship in learning how to adapt himself and relate more effectively to his environment. It is the job of the psychologist to educate the persons in charge of the given child's environment to the child's practical needs, and to interpret to the child his past, present, and future relationships with his environment.

According to Stacey and De Martino, the program starts with a diagnostic approach that continues throughout the re-education process. Additional tests that were not included in the general psychological program may be administered, and observations of the child made as he plays in his everyday groups and therapy room. The medical department may also administer periodic medical examinations. The psychologist and the child's day

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[14]Stacey, Chalmers L., and De Martino, Manfred F., (Maisner, Edna), "Play Therapy," Counseling and Psychotherapy, Free Press, Glencoe, Illinois, 1957, p. 241-255.

teacher work closely all the time on all problems. The child may also have special sessions with the psychologist for counseling, psychodrama, individual or small group therapy, or a combination of all these methods.

Wayne County Training School[15] began exploring the possibilities of play therapy in the winter of 1947-1948. Because of the serious nature of their problems, ten boys and five girls were chosen to be subjects for the re-education process. The children needed intensive treatment and each one had a minimum of six individual play therapy sessions before going on to group play therapy. Because of the individual needs shown, there was a variety in number of play therapy contacts. Some were in the program for over a year and others were dropped for various reasons.

Stacey and De Martino related further that the children were all referred by their school principals or psychologists on the basis of disturbing classroom behavior and test results. As a result of the Rorschach test interpretations, the children were found to have the following common characteristics; social maladjustments, conflicts, anxiety, need to relate more adequately to adults, and a higher intellectual potential than they were achieving. At the beginning of the project,[16] the chronological age was from eight to 13 years with the average close to ten. Their length of residence in the school ranged from one month to three years, with the average close to one and one-half years. Their I. Q.'s, according to the Terman-Merrill revision of Binet, ranged from 41 to 86 with the grade level ranging from pre-academic to 4.1 with 12 of the 15 working at grade 1.9 or

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[15] Ibid., p. 241-255.

[16] Ibid., p. 241-255.

below. Causes of retardation were classified as; six undetermined, three familial, three natal, two undifferentiated, and one as "not feebleminded with psychosis." Personality ranged from autistic to aggressive.

Play therapy is described as "projection through the activity of play". There need be no special materials since materials like modeling clay may be just as effective as the more expensive toys. However, at the school, they had a large selection of toys so the children could choose their own medium of expression. The children and psychologist met on an equal level in the play therapy room with few restrictions. Their actions were considered the symbols of their unfulfilled needs.

The process was carried on in four different developmental steps.[17] The first step was the establishment of acceptance and rapport in individual or group sessions; secondly, the children began to bring the psychologist more into their play. The psychologist had to try to capture the symbolic wishes underlying the children's behavioral expressions and verbalize them with clarity back to them. The children had to be made to recognize the natural presence of such feelings. Thirdly, the diagnosis proceeded along with the treatment; and in the fourth step, the sessions terminated when the children demonstrated improvement in everyday living situations. They usually showed their adjustment by their desire to visit with the psychologist instead of playing. Follow-up visits were arranged with the children to make sure the improvement was permanent.

As a result of the play therapy experiment, every one of the children showed improved adjustment. The results were shown through test results,

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[17] Ibid., p. 241-255.

written reports by teachers and cottage workers, and improved school progress.[18]

Another approach to play therapy is through the use of unstructured materials, such as, blocks of wood, pieces of leather, boxes, and other materials that children can handle, instead of toys. In the approach using unstructured materials in play therapy, as reported by Leland and Smith,[19] the children develop creativity through the use of their imagination. They change the unstructured materials to reality objects, such as; blocks of wood become houses, leather becomes belts or saddles, boxes become trains.

The therapist in "unstructured materials play therapy" is in control of the sessions at all times, although he need not always be in evidence. His three primary goals in the session are to teach; (1) recognition of self, (2) understanding impulses can be controlled, and (3) learning to stay within social boundaries.

In teaching recognition of self the retarded children are taught that their behaviors, ideas, and reactions to stimuli originate within themselves and that each child is responsible for controlling his own actions.

Understanding impulses can be controlled is taught by conditioning the children to organize their behavior around their cognitive associations.[20] Impulse control is closely related to the communication system

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[18] Ibid., p. 241-255.

[19] Leland, Henry, and Smith, Dan, "Unstructured Materials in Play Therapy for Emotionally Disturbed, Brain Damaged Mentally Retarded Children," American Journal of Mental Deficiency, 66:621-628, January, 1962.

[20] Ibid., p. 621-628.

built between the children and the therapist. A form of conditioning is developed whereby the children become able to control sudden impulses and intense drives, and find the opportunities to behave in a socially acceptable manner.

Play therapy is based on the learning principles. Through careful control of the sessions of therapy, the children are forced to think. However, the therapist must also maintain a permissive atmosphere to give the children opportunities to express themselves in every way possible. Intellect eventually wins over emotions and the children become happier and more acceptable in their homes, schools, and communities.[21]

Play therapy has been found to be a very effective method of treatment of emotional problems for mentally retarded children, whether structured or unstructured materials are used.

Usually, mentally retarded children need nothing more than understanding and acceptance at home to satisfy their emotional needs. Treatment of parents, instead of children will sometimes solve the problem. Ordinarily both parents of mentally retarded children benefit by a good counseling program. In the following paragraphs, some of the reasons and benefits of such a program will be discussed.

Group Counseling

According to Michaels and Schucman[22] at the Shield of David Institute for retarded children, the first realization of parents that they have

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[21] Ibid., p. 621-628.

[22] Michaels, Joseph, and Schucman, Helen, "Observations of the Psychodynamics of Parents of Retarded Children," American Journal of Mental Deficiency, 66:568-573, January, 1962.

produced a mentally retarded child brings a period of shock, bewilderment, and disbelief. The parents go from despair to hope as they run from one doctor to another in their attempts to find a cure. At the very least, their feelings of realistic sorrow and disappointment are inevitable.

At the Shield of David Institute they have found that there is some degree of relationship between the intellectual level of the parents and their acceptance of a mentally retarded child. It has been found that those parents in the lower intellectual levels accept the blow more easily than others. Perhaps this is because they have not had the high expectations of college educations and professional careers for their children.

The Shield Institute emphasizes short-term counseling and therapy for parents, although a longer term is encouraged to meet individual needs. The chief aim of the program is to orient the parents more realistically with the children and, thus become better able to control their own behaviors and attitudes toward their mentally retarded children.[23]

In working with parents The Shield staff tries not to dispel the hopes of miraculous cures too rapidly without substituting a more realistic kind of hope first.[24] This hope will come in the form of accepting the children first, and then looking forward to types of training and education for them. The hope, of course, of The Shield Institute staff is to encourage the parents of mentally retarded children to approach the tragedy as constructively as possible and channel their energies toward solving the realistic problems of the children and their families.[25]

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[23] Ibid., p. 568-573.

[24] Ibid., p. 568-573.

[25] Ibid., p. 568-573.

Wallin[26] advocated that programs of parent education are always needed in order to enlighten the parents regarding the nature, causes, and prognosis of mental handicaps. It is difficult, at best, to convince parents that they are projecting their own emotional problems on their children while trying to compensate for their own disappointments in having their retarded children. Parents too often treat their retarded children harshly for obstinancy, sullenness, laziness, and stupidity over which the children have no control. The ideal outcome of parent counseling would be to convince the parents to give their retarded children sympathetic guidance and love while being firm and reasonable in their demands of them.[27]

According to Goodman and Rothman[28] the counseling of parents, more particularly mothers, of adolescent retardates makes the rehabilitation program run more smoothly and with maximum success. In adolescent retardates especially, parents should not try to cause them to repress their normal growth drives. Children entering adolescence need even more parental support than at other ages while they satisfy their needs to try out free and independent ways of behaving.

The full success of any therapeutic program for persons living in the home or having interaction with their families depends strongly upon the family's willingness to accept the deficient member. The emotional acceptance of families and the ability of families to free themselves from destructive conflicts centering around their mentally retarded children

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[27]Ibid., p. 266-268.

[28]Goodman, Lawrence, and Rothman, Ruth, "Development of a Group Counseling Program in a Clinic for Retarded Children," American Journal of Mental Deficiency, 65:789-795, May, 1961.

can determine, to a large degree, the success of the treatment. Only when the deficient member is accepted can families provide the proper environment, with the help of school and rehabilitation treatment that will enable the retarded children to reach their intellectual capacity and maximum social adequacy.[29]

Even after good parent counseling programs have been tried, there is still need of treatment of some mentally retarded children to take care of their emotional needs. Psychodrama, as may be read in the succeeding section has proven fairly successful in the treatment of emotional problems of mentally retarded children.

Psychodrama

According to Pilkey, in a study of psychodrama,[30] research in empathy has been going on in three different stages; quantification of the empathic processes, training of empathic ability, and overt behavior. Pilkey stated, further, that improvement in empathic ability in retardates will effect a change in overt behavior in situations where there must be interpersonal relationships.

Since mentally retarded individuals appear to have more difficulty of insight into social behavior than people of higher intellect, they often cannot distinguish between acceptable or appropriate and unacceptable social behavior. Retardates seem unable to project themselves into the

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[29] Ibid., p. 789-795.

[30] Pilkey, op. cit., p. 595-609.

feelings of other human beings.

Many methods have been tried to determine the empathic ability in retardates. Some success was shown with the use of psychodrama so it was chosen as the method in the following study.[31]

Two major questions were explored. First, "Can empathic ability in the mentally retarded adolescent be improved through psychodrama training, as evidenced by the greater accuracy in the ability to predict responses of others?" Second, "Do changes occur in self-assessment of mentally retarded adolescents following psychodrama training?"[32]

The subjects in Pilkey's study were two classes of mentally retarded eighth grade students in a secondary school in Kansas City, Missouri. There were 16 students of both sexes in each class. Each class was enrolled for two and one-half hours a day in a common learnings class with the same teacher. One class met in the morning and one in the afternoon. The morning class was arbitrarily chosen to be the control group. One-half of the experimental group was required to do self-rating and the other half of the class was required to predict how the self-rating group would complete the scale. The psychodrama was carried out in six parts; (1) the role playing situation was chosen, (2) the roles to be played were assigned, (3) the situation was acted out, (4) a discussion among all participants followed, during which time conflicts and hostilities were aired, (5) the situation was then re-enacted, and (6) a general discussion was held to determine how the role playing could be improved in the effort to point

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[31] Ibid., p. 595-609.

[32] Ibid., p. 595-609.

out the improvement in human relations.[33]

The control group was not given any psychodrama training, but was visited by the experimenters for one hour a day during the four weeks' period of experiment.

At the conclusion of Pilkey's study on psychodrama training, the self-rating and predicting scales were repeated, and repeated again in six weeks. The ability of the group to predict on half the traits was significantly improved. After six weeks, the predictive ability on all the traits showed improvement. There was no improvement in the control group.[34]

From the report of just one study on psychodrama for the treatment of emotional problems of mentally retarded children, one could hardly assume that psychodrama is always a successful method of treatment. However, the writer has felt that the psychodrama methods could be adapted to classroom activities successfully.

Another type of treatment for emotional problems of mentally retarded children is psychotherapy. This method will be discussed in the following pages of this study.

Psychotherapy

According to Sarasan,[35] the general assumption has been that mentally retarded children cannot benefit from psychotherapeutical treatment.

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[33] Ibid., p. 595-609.

[34] Ibid., p. 595-609.

[35] Sarasan, Seymour B., Psychological Problems in Mental Deficiency, Harper and Brothers, New York, 1953, p. 263-330.

Since there have been so few studies in this area, Sarasan felt it had been assumed that the treatment had not been too successful. Hutt and Gibby[36] thought it was unfortunate that the unsuccessful studies have not all been published, for knowledge could be gained from these attempts as well as from the successful ones.

When it is considered that psychotherapy is a completely verbal relationship between the therapists and the patients, it isn't hard to understand the difficulties involved in such treatment for the mentally retarded.[37] Sarasan stated that retardates have inordinate difficulties in expressing themselves and understanding generalizations. Usually, retardates know they have problems, but cannot verbalize them to other persons because they don't know what the problems are themselves. Since they cannot verbalize the problems either to themselves or other persons, they are unable to take steps to solve them or ask for help. It has been assumed that defectives' inability to become aware of the interpersonal nature of their problems makes it impossible to seek help or even to realize that a relationship could help them.

According to Sarasan[38] the above conclusions are based more on theoretical considerations than on research findings. There have been more practical reasons why there have been so few studies made on psychotherapy for the mentally retarded. There are so many individuals of normal intelligence seeking such help, and so few trained psychotherapists that the

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[36]Hutt and Gibby, op. cit., p. 295.

[37]Sarasan, op. cit., p. 266-330.

[38]Ibid., p. 266-330.

clinicians have had to spend their time and efforts on those cases that will show the best results in the shortest time.[39]

Hutt and Gibby[40] have believed that, in many instances, retarded children can benefit from psychotherapy. Interaction can occur in ways other than verbal, such as, by postural adjustments, play activities, art work, and general attitudes and behavior. Inability to verbalize, then, can be a limiting factor, but not necessarily a complete block to successful psychotherapy.

Psychotherapy will not raise the innate intellectual capacity of mentally retarded children, but it may enable them to make better use of their intellectual capacity. It can free retardates from emotional blocks and anxieties, thus freeing intellectual capacities and causing higher levels of functioning in all areas.[41]

In a study done at the Rosewood State Training School,[42] 31 females received group therapy over a period of two and one-half years. The group was continuous, with new individuals coming in as old ones dropped out. The membership was voluntary, with need for an occasional reminder to attend. It met for one-hour sessions twice weekly.

The therapist was as passive as was possible, but he held order in the group even though the group was entirely verbal. Group interactions

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[39] Ibid., p. 266-330.

[40] Hutt and Gibby, op. cit., p. 295.

[41] Ibid., p. 296.

[42] Astrachan, Myrtle, "Group Therapy With Mentally Retarded Female Adolescents and Adults," American Journal of Mental Deficiency, 60:152-156, July, 1955.

became noticeable as shy persons clung to aggressive ones and gradually the group sessions became a series of small groups and later interactions took place between the individuals and therapist in order to solve their individual problems. In every session, each patient spoke according to her own interests, resulting in many conversations running at the same time. Complaints about the institution were aired, preparations for visits to their homes were discussed, and many other topics were introduced. Feelings of frustration, despair, resentment, and loneliness cropped out and were discussed.

The results of the study[43] showed a distinct reduction of patients' isolation, fear, and shame. The retardates worked out their problems of sibling rivalry, jealousy, and anger. The experiment was especially successful for mentally retarded persons with depression, passivity, and mild paranoid disorders.

In the opinion of the writer, parents of mentally retarded children can derive much benefit from psychotherapy treatments. Too often the emotional state of the parents causes the emotional problems in the children.

The Child Psychiatric Clinic of the University of Chicago has inaugurated a brief group therapy program for mothers of mentally retarded children.[44] This program, as reported by Cummings and Stock, consists of a series of ten to 12 sessions during which from five to seven mothers discuss their problems. The therapist works closely with the groups,

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[43] Ibid., p. 152-156.

[44] Cummings, S. Thomas, and Stock, Dorothy, "Brief Group Therapy of Mothers of Retarded Children Outside of the Special Clinic Setting," American Journal of Mental Deficiency, 66:739-748, March, 1962.

directing conversation and making suggestions, but giving as much leeway as possible so the mothers will bring all their thoughts into the open. During the sessions, the mothers gain knowledge from one another of any successful handling of problems common in their children. There is a strong therapeutic effect when each mother realizes she is not the only one facing life with a mentally retarded child. Also, the mothers seem better able to drop their defenses and are thus able to help their retarded children grow into more adequately adjusted human beings.

The advantage[45] of the short-term therapy groups is that the mothers are willing to go because they know the groups will not go on meeting forever. After being in the groups, the mothers are more apt to want to continue their attendance because they realize they are being helped by the discussions.

The disadvantage of the short-term group is in trying to organize follow-up groups for those mothers who need more help, but do not wish to continue the therapy sessions. Ideally, lifelong contacts for both parents and children should be made.

Abel[46] stated that, in working with the mentally handicapped, there must be a real conviction held by the therapists or teachers that the work is worthwhile. Therapists and teachers must realize that these children are real human beings and likeable as such. The goals for treatment must be modest, and simpler than the goals for more intelligent human beings. Success cannot be expected if all the aspects of the retardates' problems

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[45] Ibid., p. 739-748.

[46] Abel, op. cit., p. 107-109.

are worked on at one time. The therapy process is slow and just one problem can be corrected before going on to the next one. The techniques used for therapy should be flexible and geared to the individual, with changes made when needed. There must always be a positive transference between the children and the mediums used. Use of the mediums, such as, clay, puppets, or words, that the mentally retarded children are most willing to work with, is the most satisfactory and quickest way to get successful results in any type of therapy program for alleviating the emotional problems of educable mentally retarded children.[47]

Since several methods of treatment of emotional problems of educable mentally retarded children have been proven successful, the writer has felt that definite conclusions may be drawn. In the following chapter, these methods of treatment will be summarized, conclusions drawn, and recommendations made for adapting the various methods of treatment to school systems maintaining special education classes for educable mentally retarded children.

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[47] Ibid., p. 107-109.

CHAPTER III

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this study was to investigate what methods of treatment were known to effectively treat the emotional problems of educable mentally retarded children. It has been the belief of the writer that if such methods were known, they should be used by those persons dealing with retarded children who have emotional problems in an attempt to alleviate the problems. The end result for the children would be to realize maximum intellectual performance and thus lead happier and more productive lives.

Summary

The procedure used in the study was to review available literature to find as many experiments and investigations as possible that have been successful in treating emotional problems of educable mentally retarded children.

The review of literature was accomplished in six areas having to do with the emotional problems of retarded children. These areas were; (1) emotional aspects of mental retardation, (2) use of Reserpine, (3) play therapy, (4) group counseling of parents, (5) psychodrama, and (6) psychotherapy.

1. The common emotional maladjustments of educable mentally retarded children were found to be; over-aggressiveness, self-devaluation, hostility, low tolerance for frustration, and anxiety. Some of the causes of these maladjustments of educable mentally retarded children were dis-

covered to be; rejection in the home and neighborhood, family emotional problems, lack of feelings of security, and thwarted self-expression. The emotional problems of mentally retarded children spring from the same emotions as normal children have, but because of the undeveloped personality functions of retarded children, inner conflicts arise and often retardates are unable to cope with the conflicts without help.

2. The use of Reserpine, a tranquilizer, was studied as a method of reducing the emotional problems of mentally retarded children. The use of Reserpine was shown to be temporarily effective in reducing the retardates' problems as far as sleeping and eating habits were concerned. However, use of Reserpine could hardly be regarded as a successful method, at the present stage of experimentation, to cure the emotional ills in mentally retarded children.

3. Play therapy, as a treatment of emotional problems in mentally retarded children, operates with an over-all rehabilitative design at the Wayne County Training School. Play therapy is based on the establishment of close rapport between the psychologist and the mentally retarded children in teaching the children how to use the relationship to adapt themselves and relate more effectively to their environment. Play therapy, as a "projection through the activity of play," may be used with structured toys or unstructured materials, such as blocks of wood or scraps of leather, that children are able to handle. The ultimate goal of play therapy is to teach the children to understand themselves and their impulses so that they can cope with their emotions in everyday living situations.

4. Group counseling of parents of mentally retarded children was found to be successful in improving the family emotional problems due to

family rejection of retarded children. When parents, with the direction of counselors, are encouraged to talk over their feelings of bitterness and disappointment in having retarded children, they become better able to free themselves of destructive conflicts centering around the retarded children. With the acceptance of the retardates, the parents are able to provide a proper environment for their retarded children and work with a constructive attitude toward an adequate home, social, and educational future for the children.

5. Psychodrama has been shown to be a successful method of improving the empathic ability of mentally retarded children in effecting changes in overt behavior in situations where there must be interpersonal relationships. The process of psychodrama is carried out in several stages during which mentally retarded children project themselves into the feelings of other retardates by role-playing activities. During the role-playing activities discussions are held about the roles played, conflicts and hostilities are aired, and the role-playing activities are repeated in an effort to point out the improvement in human relations.

6. Psychotherapy is a verbal relationship between the therapist and the mentally retarded children. The fact that many retardates are unable to verbalize their emotional problems because they do not understand what the problems are, makes it difficult for therapists to use psychotherapy successfully as a treatment for emotional maladjustments in retardates. However, it has been found that interactions can occur in other ways than verbal reactions in retarded children, such as postural adjustments, art work, and play activities.

Short-term group therapy programs for parents were studied and found to be advantageous in helping parents of educable mentally retarded

children to drop their defenses and clear their minds of conflicts toward their children.

Conclusions

On the basis of the literature reviewed, the writer has concluded that the methods of treatment of emotional problems of educable mentally retarded children pointed to the fact that if these children had a sense of self-realization their intellectual performance would rise to the highest potential levels. In the methods studied, the ultimate goal for treatment in every method led to attempts to teach retardates self-realization. Since this goal has also been set up as a goal in education, the writer feels it is worthwhile to try to unlock the door of emotional maladjustments in retarded children through the use of the methods reviewed so the retarded children will reach the highest intellectual performance levels possible so they will have happier and more productive lives.

Play therapy, group counseling of both retardates and parents, psychodrama, and psychotherapy have all shown success in the treatment of emotional problems of educable mentally retarded children.

Recommendations

On the basis of literature reviewed and observations of educable mentally retarded children in classroom and playground areas, the writer has made the following recommendations for treatment of emotional problems in retarded children. It is felt that the methods reviewed in this investigation could be adapted by school psychologists, guidance counselors, and

teachers in school systems where special classes for educable mentally retarded children are maintained. The recommendations are for adapting the methods reviewed to ease interpersonal relations involving emotional problems, and not for doing the work of psychiatrists or psychologists in the treatment of serious emotional illnesses.

1. Play therapy methods could be adapted by the teacher in art activities to develop imagination and creativity, the success of which would be rewarding to educable mentally retarded children.

2. Psychodrama methods could be adapted to dramatics or play-acting. The children could help compose plays with the direction of the teacher toward the problems to be solved.

3. The writer has felt that group counseling for parents showed the greatest possibilities toward both prevention and treatment of emotional problems of retarded children. A good counseling program for parents at the time their children are found to be mentally handicapped should be undertaken whenever possible. Such a counseling program connected with the schools would go far toward helping the children adjust themselves to special classroom and neighborhood situations. If parent counseling could be undertaken with the assurance to parents that, even though their children are retarded, the retarded children can become independent adults if the children receive cooperation from their parents and teachers in their educational and social activities.

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