

# BEHAVIOURAL DISORDERS AMONG MENTALLY SUBNORMAL CHILDREN

THESIS

Submitted in Partial Fulfillment of Master Degree
Childhood Studies

Зy

Dr. SUZAN SAMIR THABET

M.D.B.Ch

Supervised by:

Prof. Mahasem Abdel-Fatah Hedd of the Medical Republikant Institute of Post Graduate thelundog Study

--::-!

Prof. Br. Zeinab Bishiry

Trof. of Psychaftry Air Shams University

Air bunds inliversity

1908

### CONTENTS

			Page
1-	IN	TRODUCTION	1
	<u>Pa</u>	rt I	
2-	RE	VIEW OF LITERATURE:	
	-	Definition and nomenclature	5
	-	Incidence and prevalance of mental retardation.	8
	_	Levels of mental retardation	10
	-	Aetiological classification of mental retarda-	
		tion	13
	_	Diagnosis and investigation	35
	_	Assessment of a mentally retarded child	39
	-	Growth and development of a mentally retarded	
		chilâ	44
	_	Psychiatric disorders among mentally retarded	
		children	47
	-	Parental and society attitudes towards mental	
		retardation	84
	_	Prevention of mental retardation	92
	-	Rehabilitation of a mentally handicapped child.	99
	-	New approaches to institulization	108
	_	Education and training of mentally retarded	
		children	118



		Page
3-	Aim of the present work	135
4-	Materials and methods	136
	Part II	
5 <b>-</b>	Results	141
	Part III	
6-	Discussion	171
7-	Recommendations	190
-8	Summary and Conclusion	193
9-	References	196
0-	Arabic Summony	

### ACKNOLEGEMENT

#### ACKNOWLEDGEMENT

I wish to express my deep gratitude to my supervisor Prof. Dr. Mahasen Abdel Fatah, head of the medical department. Institute of post graduate childhood studies, for the precious time she devoted to the supervision of this study.

I am also greatly endebted to Prof. Dr. Zinab Bishry. Prof of neuropsychiatry. Ain Shams University, for the generous advices, guidance, and unlimited support.

I am also extremely grateful to all members of El Tathkif El Fikry institute and Madinal Nasr school for their co-operation and their unfailing encouragement to pursue the research.

I also convey my thanks to the parents of children in El Tathkif El Fikry institute and Madinat Nasr School who accepted to be interviewed and to answer questions covering their private life for the purpose of the research.

# INTRODUCTION

#### سر سال

#### INTRODUCTION

In the last 20 years, a new natural history of mental retardation has been written. The field has been bradened into the concept of developmental disabilities. Concurrently, it has been increasingly sharply defined by identifying more narrowly the large number of clinical syndromes that fit under the rubric of mental deficiency.

The year 1981, has been declared as the international year of the disabled person (IYDP). Mr. Rudinger Von-Wechmer, president of U.N. General Assembly, in his message, said "By proclaiming 1981, as the international year of disabled persons, the .U.N General Assembly took note of the need for all of us to be more aware of special needs of some 450 millions of our fellow human-beings".

The them "Full participation and equality" highlights the tragic fact that this category of population has been deprived of social justice and sensitivity in addition to their individual misfortunes.

Mr. Wechmar urged, "we have to remember that the problems of the disabled are the problems of society as a whole and has been the responsibility to encourage and help them to lead useful and meaningful lives".

Five objectives were laid down for the year, they are to help disabled persons in their adjustment to society, to promote efforts to provide disabled persons with training, to encourage research projects designed to facilitate the lives of disabled persons, to promote effective measures for the prevention of disability and for the rehabilitation of disabled person, and to educate and inform the public rights of them.

(Pathak and Mishra, 1984).

Mental retardation may be viewed as a medical, psychological or educational problems, but in its final analysis, it is primarily a social problem.

(Cytryn and lourie, 1968).

The mentally retarded are vulnerable to failure in Social adaptation not only because of absence of their constitutional endowment but also because of their interpersonal experiences. Social adaptation is the criterion used by society to determine the individual's place in the society.

Emotional maladjustment often interferes with the best adaptation of the retarded in the community. A better understanding of emotional difficulties is needed so that will help the mentally retarded achieve optimal

adaptation. As community resources are developed, fewer refferral will be made to hospitals, which represent life - time commitments that already are being less common as children and young people are cared for by improved facilities in the community.

(Phillips and Williams, 1975)

The presence of psychiatric disorder in a mentally handicopped person is often overlooked, misdiagnosed or inadequately treated. It has long been recognized that retarded children have a high rate of psychiatric disorders, (Okasha, 1983)

Planning for research in socio-medical problem of mental retardation is how essential to control and rehabilitate the affected children. It is a condition of arrest or incomplete development of intellectual capacities. For social scientists, psychiatrists, and physicians, the problem of mental retardation is an open challange (Misra & Pathak, 1983).

Studies related to mentally retarded personality structure, motivation and learning have revealed, that culture deprivations which the retarded experiences in his home and in his immediate environment is of great great significance in explaining many of their behavior deficits (Zigler, 1984). The extent of negative parental attitudes, their erroneous perception, and their unrealistic expectations, all are important factors which necessitate specialized handling with various psychotherapeutics and counselling measures in order to improve the functioning of the retarded child and to reduce the stressful family situation (Chatuverdi and Malhotra, 1983).

In the therapeutic approaches to the retarded child, the most important component is the capacity to communicate.

If this is missing, it can be a large factor in pegging an individual child at a level of retardation or even exaggerating it. The enhancement of relationships and other aspects of personality development is still the major goal to achieve in the first 5 years of the retarded child life. Because, this is difficult with many such children, many parents will eagerly grasp any therapeutic agent that appears, even when there is no scientific evidence of its usefulness.

The prevention, cure and rehabilitation of the mentally retarded persons are the very burning problem of present societies. Different medical approaches are being done to solve this problem. But they have got success up to a very small extent. (Pathak and Mishra, 1984).

### Part I

- Review of literature
- Aim of the present work
- Materials and methods

### REVIEW OF LITERATURE

#### DEFINITION AND NOMENCLATURE

Mental deficiency" is often used inter-changebly with mental retardation. However the World Health Organization has recomended the use of term mental subnormality.

Mental retardation has been defined by AAMD,1973 as significantly subaverage general intellectual functioning (two standard deviations below the normal) existing concurrently with deficits in adaptive behavior and manifested during the developmental period (Kaplan and Sadock, 1981, and Martin, 1982).

This definition circumvents the question of cause, the problem of nature versus rurture, and the clinical cause of mental retardation. Because of the avoidance of these highly controversional area, it provides a useful, practical and operational definition.

This definition is widely accepted among clinicains and academics working with mentally - retarded persons.

The following sections address the logical divisions of the definition of mental retardation.

1. Significantly subaverage general intellectual functioning: The word significantly here typically refers to a statistical concept which in term refers to measured performances that are two standard deviations below the average measurement performance of the referred population (Taft, 1983).

The ward general is intended to include only those whose intellectual functioning is impaired across a broad spectrum of cognitive categories and to exclude those who have cognitive deficits in one or two specific domains but are generally intellectually competent.

The word functioning is inextricably woven into the fabric of intelligence as measured. The phrase as measured relates to this important consideration of function, which is to be differentiated from absolute status.

Functional intelligence refers to the contextual aspecets of a person's performance and is frequently qualified by such phrases as under the circumstances, all other things being equal.

#### Existing concurrently with deficits in adaptive behavior:

Adaptive behavior has been defined as the effectiveness of the individual in adapting to natural and social demands of his environment.

(Robinson & Robinson, 1965).