



Meaning, Classification and Concept Intellectual Disability^r, Research

Scholar, Dept. Of Psychology, Maharaja Agrasen Himalayan Garhwal University
Dr. Pratibha Anand Singh, Research Guide, Dept. Of Psychology, Maharaja Agrasen Himalayan Garhwal University

Abstract–

Children with mild intellectual disability (CWMID) have potentiality to grow and develop but they need an environment conducive for their growth and development which in turn depends on severity, their psychological and emotional capabilities and the environment in which they live. At present, the educators of CWMID are practicing several strategies for enhancing their learning outcomes; however they are getting partial success in their task. Special education, especially for CWMID, has expanded its service delivery scope into areas that have not been considered traditionally in school or academic activities. The term intellectual disability refers to the level of cognitive functioning that is demonstrated by particular children. It is the circumstance in which a children's cognitive functioning is impeded to the point of causing a significant disability in receiving information from his or her environment, then effectively processing, problem solving and adapting to this information. This paper provides an overview of children with intellectual disability incorporating definition, and classification for conceptual understanding. Intellectual disability is characterized by significant limitations in intellectual functioning and adaptive behaviour, the latter expressed as conceptual, social and practical adaptive skills. This paper also throws some light on the characteristics of people with intellectual disabilities.

Key words : Intellectual disability, cognitive functioning

Introduction–

Intellectual disability is abnormality that has enormous social effects; it not only affects the people who suffer from it but also the family and society as a group. Intellectual disabilities is diminished cognitive ability that translates into a difference in the rate and efficiency with which the person acquires, remembers and uses new knowledge compared to the general population.

For ages, individuals with disabilities in India have co-existed normally and harmoniously with the general masses. Yet there have been times when the treatment and attitude of ordinary people towards them was at variance. Generally, persons with disability were never excluded from the society for confinement in institutions meant for them as in the Western countries.

Rather, they lived in the families they were born. As far as, their education was concerned, even in the Gurukula Ashrams – educational centres with a single guru or teacher imparting education or professional skills, was tailored to meet the needs of the challenged as well as general people (Altekar, 1944). Thus Gurukula System was an important institution solely associated with the pursuit of studies on the one hand for imparting moral values and cultural ethics, on the other. The Gurukula was a place where a teacher or a guru lived with his family and trained the students in various samples or arts. Since the gurukulas were mostly located in the forested areas. Living such an austere environment the students were taught yoga, meditation and other disciplines in the natural and healthy environment.

Organized education system in ancient India can be traced back to the 3rd century BC (Kashalkar, 2019). At that time the focus was on religious training and imparting of traditional knowledge. Palm leaves and the barks of the trees were used for writing purpose. The students lived, studied and worked together irrespective of their social standing and from the families they come from. In this India of the yore, there existed a number of universities and centres of education. In them not only one guru, but several lived together and taught groups of students pertaining to various



occupations as well as general samples. These included mathematics, medicine, magic, music, sculpting, commerce, pottery, weaving and so on.

Disability rehabilitation in a traditional Indian society

The rehabilitation of the persons with disabilities in India is primarily considered to be the responsibility of the family. Even today where large and extended Indian families exist, they still provide some physical, emotional and economic support to its disabled members. Being cohesive and stable social units, such families provide an identity and a sense of security to the family members with disabilities also. The concept of rehabilitation in its modern sense did not exist in the traditional families of the yore. Therefore the care provided by them was routine and of maintenance type. Since this responsibility was shared by all the members of the family, this ensured life-long social and economic support to persons with disabilities. In joint families all major decisions about the property, marriages and education were taken collectively, keeping the interest of the family uppermost. Understandably, the persons with disabilities in the family had no any say in such matters or even about their own future. They lived just like others in the family. Disability neither undermined nor enhanced their status. Everyone had a fixed place and role in the family hierarchy and was bound to others by it. The sense of belonging was the most cherished goal and any threat of isolation or of social proscription was considered to be the worst thing to happen to anyone.

Such family practices worked well, as the Indian society remained agrarian all along in the past. There were no individualized jobs or personal income of anyone. Everything was jointly shared including the fruits of their labor on the land by the way of agricultural output. Work thus became a way to reaffirm one's sense of belonging to a social group. Naturally, those restricted by some disability in a joint family did not feel handicap. They could set their own schedule for the day and work. But, other members of the family were always available to extend a helping hand to them whenever needed. As such, social and occupational integration was rarely a problem for those who lived in a joint family.

Review of Literature –

Studies related to children with intellectual disability

The term, 'children with intellectual disability' refers to children whose intellectual functioning is significantly below average. Their level of development is far below than that of normal children of the same age group.

In one of his studies Steenkamp (1979) reported that many teachers of the children with mental retardation find themselves unable to handle their occupational situations efficiently. For instance, they find it hard to cope with their unique demands in their daily tasks. This is because teaching children with mental retardation demands much more attention than ordinary educational teaching. For example, in planning learning programs, cognizance has to be taken of the specific needs of CWMR. Teachers often complain that the CWMR is either neglected or overprotected by his/her parents. Naturally, the voices and experience of such teachers ought to be noticed and then taken care by the educational authorities for redressal.

Gulliford and Upton (1992) found that children with intellectual disability have special educational needs. That is why they are often referred to as special students requiring assistance and support for overcoming their contextual, social and individual difficulties. These could include slow cognitive development (reasoning, problem-solving, remembering and generalizing), besides slow language development

Gulliford and Upton (1992) say that by special needs one means personal, social and educational needs. Naturally, these needs require different or additional resources as far as for CWMR with



varying degrees of disability or impairment are concerned. Wolfendale (1992) emphasizes that the skills and expertise needed for teaching children with special needs are clearly different from those required for mainstream learners.

Wolfendale (1993) pointed out that the educator should clearly know the abilities of and circumstances in which a child with mental retardation learns best. This is because that the child with intellectual disability has limited reasoning powers and conceptual ability. This fact must be understood by the teacher intellectually first before getting himself/herself adjusted to it.

Donald, Lazarus and Lolwana (1997) advocate that CWMR find it difficult to adapt to the normal learning situations. They do have special needs requiring special help and support if they have to overcome particular contextual, social and individual disadvantages they have to face daily.

Meaning and concept of intellectual disability–

In the year 1995, Persons with Disabilities Act (Equal Opportunities, Protection of Rights and Full Participation) was passed. According to this Act, "disability" means - blindness; low vision; leprosy-cured persons; hearing impairment; loco motor disability; mental retardation (Intellectual disability) and mental illness. Mental retardation means a condition of arrested or incomplete development of the mind of a person displaying sub normal intelligence. Intellectual disability is the latest term for the mental retardation. However, the authoritative definition and assumptions of intellectual disability as promulgated by the American Association on Intellectual and Developmental Disabilities (AAIDD) remains the same as that found in the Mental Retardation: Definition, Classification and Systems of Supports manual (Luckasson et al., 2002).

The term intellectual disability covers the individuals who are diagnosed previously with mental retardation in number. Their kind, level, type, and duration of the disability and the needs of people with this disability for individualized services and supports remain the same. Furthermore, every individual who is eligible for a diagnosis of mental retardation is also eligible for a diagnosis of the intellectual disability. As far as functioning in the society is concerned, a disability ought to be regarded within the context of the individual's environmental and personal factors, as well as the need for individualized support systems. Evidently, intellectual disability depends on the level of intelligence a person possesses. Intelligence refers to a general mental capability. This includes the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, the intelligence is considered to be what the Intelligent Quotient (IQ) score is obtained through administering the standardized tests to a sample by a trained professional. As far as the intellectual criterion for the diagnosis of intellectual disability is concerned, limitations in intellectual functioning are admitted if an individual has an IQ test score of approximately 70 or below. The IQ scores must always be considered in light of the standard error of measurement, appropriateness, and consistent with administration guidelines. Since the standard error of measurement for most IQ tests is approximately 5, the above IQ ceiling may well go up to 75. This represents a score approximately 2 standard deviations below the mean, when the standard error of measurement is taken into account. It is important to remember, however, that an IQ score is only one criterion for the measurement of intelligence. Significant limitations in adaptive behavior skills in this disability are present before the age 18 are the other two additional criteria in determining a person's intellectual disability; if any.

The American Association on Intellectual and Developmental Disabilities (AAIDD) 2010 (previously known as AAMR) states: "Intellectual disability is a disability characterized by significant limitation in both intellectual functioning and in adaptive behavior which covers many everyday social and practical skills. This disability originates before the age of 18." As already stated the intellectual disability is the currently preferred term for the disability historically referred



to as mental retardation. Its authoritative definition and assumptions promulgated by the AAIDD remain the same as found in the Mental Retardation: Definition, Classification and System of Supports Manual (Luckasson et al., 2002).

Classification of intellectual disability

Classification of intellectual disability should be based on the nature of the primary disability and its severity. Classification though not an end in itself, is an important step in clinical analysis and is most often a useful guide for research, prevention and treatment. The classification of intellectual disability is as follows:

Medical classification

- Medical classification is based on aetiology. It is as follows
- Infection and Intoxications
- Trauma or Physical agents
- Metabolism or Nutrition
- Gross brain disease (post-natal)
- Unknown prenatal influence
- Chromosomal abnormality
- Gestational disorder
- Psychiatric disorder
- Environmental influence and
- Other influences

Psychological classification

Before calling a person as intellectually disabled, the following factors should be considered.

- Significantly sub-average general intellectual functioning
- Deficits or impairments in adaptive behavior
- Manifested impairments during the developmental period.

The first factor namely significantly sub-average intelligence is measured by administering the intelligence tests and getting an intelligence quotient. Based on this IQ score, he or she is classified as having or not having a certain degree of intellectual disability. Currently the classification based on IQ is as follows:

Table- 1
Category of Intelligence / Disability based on IQ

S. No.	IQ Range	Category of Intelligence / Disability
1	90 to 110	Average intelligence
2	70 to 90	Borderline intelligence
3	50 to 69	Mild Intellectual Disability
4	35 to 49	Moderate Intellectual Disability
5	20 to 34	Severe Intellectual Disability
6	Below 20	Profound Intellectual Disability

Educational classification

The Educational classification is based on knowing the level of the functioning of each person with intellectual disability. For instance those who can be educated in basic functional literacy are called educable; those who can be trained in certain semiskilled or unskilled jobs are marked trainable and those who need to be totally taken care of are known as custodial because they are under custody. The classification based on IQ employed by the educational institutions for persons with intellectual disabilities is as follows:



- Educable (IQ 50 to 69)
- Trainable (IQ 25 to 49)
- Custodial (IQ below 20)

An educable child has academic retardation rather than emotional behavioral problems. The reasons for this retardation may lie with him or with the teacher or with the school system or with the family or with two or more of these. It is necessary to determine the relation between an intellectually disabled person's mental ability and his/her school achievements. In general, an educable child can learn enough basic academic skills to make his life worthwhile.

A trainable child is one whose social prognosis is sheltered living. Such living could be in a sheltered workshop, an occupational centre, a sheltered job within a community, a residential facility or a home. An important consideration about such persons is that they will need some type of lifelong supervision.

A custodial child is one who is usually unable to learn even sufficient skills enabling him/her to take care of their basic needs. He / she is bound to need lifetime care and supervision.

A person with intellectual disability is generally limited to some extent by his/her six adaptive skills needed for daily living like communication, social skills, academic skills, sensory motor skills, self-help skills and vocational skills. The linguists have divided language into several major areas. One division refers to whether the language is being received or expressed i.e., is it functioning as a receptive or an expressive language? Another division identifies language systems like phonology, syntax, morphology, semantics and pragmatics.

Conclusion

Human beings are social animal, so that intellectual disability should be treated in an inclusive and holistic way. They need encouragement and support to overcome potential obstacles. The rationale for the use of the term intellectual disability as less stigmatizing is not borne out by research. The mocking of the terminology likely derives from the stereotypes and prejudices some people enforce when considering persons with intellectual disability. Intellectual disability is characterized by significant impairment in cognitive and adaptive behaviour. People with intellectual disability experience loss, as do typically developing individuals. However, special considerations must be made for this population due to communication and cognitive needs. People with intellectual disability are at greater risk for experiencing traumatic grief symptoms due to secondary loss, communication barriers, and difficulty or inability to find meaning in the loss.

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