

**THE EXPERIENCES OF TEACHERS' WORKING WITH INTELLECTUALLY
DISABLED LEARNERS IN THREE SPECIAL SCHOOLS IN CAPRICORN
DISTRICT, LIMPOPO PROVINCE**

By

MARTINA ADAMS

MINI DISSERTATION

Submitted in partial fulfilment of the requirements for the degree of

MASTER OF ARTS

in

Clinical Psychology

in the

FACULTY OF HUMANITIES

(School of Social Sciences)

at the

UNIVERSITY OF LIMPOPO

SUPERVISOR: Prof T. Sodi

2017

DEDICATION

This dissertation is dedicated to my late brother, Jonathan Adams for the motivation and support he provided in my academic journey. Thank you for the inspiration!

ACKNOWLEDGEMENTS

First and foremost, I would like to thank God for His grace that brought me this far. Indeed His faithfulness endures forever! I would like to further express my deepest gratitude to:

- ❖ My supervisor, Prof Tholene Sodi, for his diligent effort, guidance and time spent on this project. Thank you for helping me with important ideas and pushing me to work hard in putting this project together.

- ❖ The three schools that participated in the study, specifically the participants who were willing to share their experiences with me. This study would not have been possible without them.

- ❖ My parents Mrs Johanna Adams and Mr Harry Adams for always supporting me and encouraging me to persist. Thank you for being my pillars of strength.

- ❖ My siblings, relatives and pastors, for the support and always believing in me.

- ❖ My friends and colleagues for all their support throughout the study.

ABSTRACT

Caring for children with intellectual disability often results in stressful experiences for caregivers, even leading to crises in some cases. The aim of the present study was to explore the lived experiences of teachers of intellectually disabled learners in three special schools in Capricorn District, Limpopo Province. The study sought to determine teachers' understanding of intellectual disability, the challenges they face in working with such children, and the psychological strategies they use to deal with intellectually disabled learners.

The study was qualitative in nature. The sample consisted of 9 participants (male=0; females=9) working with intellectually disabled learners in special schools who were selected through a non-probability purposive sampling technique. Data was collected through semi-structured interviews and analysed using the interpretive phenomenological analysis.

An understanding of intellectual disability as denoting deficits in such learners' brains, preventing their optimum functioning was common. The findings of the study show that the experience of teachers of children with intellectual disability was fairly positive. It was characterised by feelings of fulfilment and contentment. Nonetheless, challenges such as burn out, stigma and lack of parental and government support were also revealed in the study. Essentially, the study recommends workshops on effective coping strategies for the teachers, and public awareness campaigns in communities about intellectual disability, amongst others.

DECLARATION

I, Martina Adams declare that **THE EXPERIENCES OF TEACHERS WORKING WITH INTELLECTUALLY DISABLED LEARNERS IN THREE SPECIAL SCHOOLS IN CAPRICORN DISTRICT, LIMPOPO PROVINCE** is the result of my independent work and that all sources used herein have been acknowledged by means of complete references and that this work has not been submitted before for any other degree at this or any other institution.

Martina Adams

Date

TABLE OF CONTENTS

	Page
Dedication.....	i
Acknowledgements.....	ii
Declaration.....	iii
Abstract.....	iv
Table of contents.....	v
List of figures and tables.....	vii
List of abbreviations and acronyms.....	ix
CHAPTER 1: INTRODUCTION	
1.1 Introduction.....	1
1.2 Research problem.....	1
1.3 Aim of the study.....	2
1.4 Objectives.....	2
1.5 Significance of the study.....	2
1.6 Operational definition of concepts.....	3
1.7 Orientation to the study	4
CHAPTER 2: LITERATURE REVIEW	
2.1 Introduction.....	5
2.2 Intellectual disability.....	5
2.3 Experiences of working with intellectually disabled learners.....	8
2.4 Challenges of working with intellectually disabled children.....	10
2.5 Ways of coping with intellectually disabled learners.....	12

2.6 Psychological perspectives of intellectual disability.....	15
2.7 Theoretical framework.....	18
2.8 Conclusion.....	19

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction.....	20
3.2 Research design.....	20
3.3 Sampling and setting.....	21
3.4 Data collection.....	21
3.5 Data analysis.....	22
3.6 Quality criteria.....	24
3.7 Ethical considerations.....	26
3.8 Conclusion.....	27

CHAPTER 4: RESULTS

4.1 Introduction.....	28
4.2 Demographic profile of the participants.....	28
4.3.1 Participants' understanding of Intellectual disability.....	30
4.3.2 Experiences of working with intellectually disabled learners.....	33
4.3.3 Challenges of working with intellectually disabled children.....	36
4.3.4 Ways of coping with intellectually disabled learners.....	38
4.4 Conclusion.....	40

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction.....	41
5.2 Emerging themes.....	41
5.3 Implications of theory.....	46

CHAPTER 6: SUMMARY AND CONCLUSION

6.1 Summary.....	48
6.2 Limitations.....	49
6.3 Recommendations.....	49

REFERENCES

APPENDICES

Appendix 1(a) Interview guide – English version

Appendix 1(b) Interview guide – Sepedi version

Appendix 2(a) Permission letter to the Limpopo Provincial Department of Education
– English version

Appendix 2(a) Permission letter to the Limpopo Provincial Department of Education
– Sepedi version

Appendix 3(a) Informed consent letter and form – English version

Appendix 3(b) Informed consent letter and form– Sepedi version

Appendix 4: Ethical clearance letter

Appendix 5: Letter of permission from the Limpopo Provincial Department of
Education

LIST OF FIGURES AND TABLES

Table 1 Demographics

Figure 1 Age distribution

Figure 2 Years of experience

Figure 3 Schools

LIST OF ABBREVIATIONS AND ACRONYMS

APA	American Psychological Association
APA	American Psychiatric Association
DSM 5	Diagnostic and Statistical Manual 5 th edition
HRW	Human Rights Watch
ID	Intellectual Disability
IQ	Intelligence Quotient
MR	Mental Retardation
WHO	World Health Organisation

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

Intellectual disability (ID) is a serious problem in South Africa and elsewhere in the world with about 15 percent of the world population suffering from this condition (World Health Organisation, 2014). It is a condition characterised by significant limitations in cognitive functioning and adaptive behaviour (WHO, 2014). Individuals with intellectual disability experience difficulties with day-to-day activities. Manifestations of intellectual disability are varied. Some individuals function quite well, even independently in society. Others with intellectual disability have significant cognitive and physical impairments and require considerable assistance to carry out day-to-day activities (Sadock & Sadock, 2015).

Individuals with intellectual disability have difficulty in learning, with the level of challenge in their scholastic functioning depending on the extent of the cognitive disability. Due to these deficiencies in social and cognitive functioning, most individuals with intellectual disabilities have special education needs. As a result of the deficiencies in functioning, school teachers and other caregivers are at times faced with considerable challenges in managing the behaviour of these individuals (Brunsting, Sreckovic & Lane, 2014).

1.2 Research problem

There is a growing body of international and national literature which indicates that there are many challenges faced by caregivers of children with intellectual disabilities in special schools (Philpott & McLaren, 2011; McNally & Mannan, 2013). It is estimated that 75 percent of those who teach special needs students will leave their job within 10 years of starting (Ferry, 2012). According to Ferry (2012), special education teachers face quite a number of challenges in their work with intellectually disabled children. These challenges include the difficulty of teaching the learners, non-instructional responsibilities, lack of support, professional isolation, budget problems and difficulties of discipline within the classroom setting.

The investigation on the experiences of teachers of children with intellectual disabilities is critical, given the assertion by Ferry (2012) suggesting that these

professionals face a wide range of difficulties. Whilst there are a few studies that have looked at the experiences of caregivers in Limpopo (Dhlodhlo, 2012), not much attention has been paid on the experiences of teachers working with these children. The researcher is not aware of any study that has investigated the psychological experiences of teachers of children with intellectual disabilities in special schools in the Limpopo Province. The study sought to address this gap by exploring the lived experiences of teachers of children with intellectual disabilities, the challenges they encounter and the psychological strategies they use to deal with these challenges.

1.3 Aim of the study

The aim of the present study was to explore the lived experiences of teachers of intellectually disabled learners in Capricorn District, Limpopo Province.

1.4 Objectives of the study

- To determine the teachers' understanding of intellectual disability
- To identify and document the challenges that teachers face in working with intellectually disabled learners
- To determine the psychological strategies that teachers use to deal with intellectually disabled learners

1.5 Significance of the study

A study of this nature could potentially make the following contributions:

- Provide an opportunity to understand subjective notions of intellectual disability by teachers working with intellectually disabled learners;
- Deepen our understanding of how teachers of intellectually disabled learners psychologically cope and deal with intellectual disability and other forms of disability;
- Based on the results of this study, recommendations could be made on how to improve the coping strategies of teachers working with children with intellectual disabilities; and,
- The study may bring new insights concerning the issue of intellectual disability.

1.6 Operational definition of concepts

1.6.1 Intellectual disability: The American Psychological Association defines intellectual disability as significantly sub-average intellectual functioning which leads to impairments in adaptive behaviour, all of which are first manifested during childhood (APA, 2013). For the purpose of this study, intellectual disability is understood to carry the same meaning as provided by the American Psychiatric Association and is also used to denote a child who has certain limitations in mental functioning and social skills, which cause him/her to learn and develop more slowly than an average person.

1.6.2 Special school: The concept refers to institutes dedicated to improving the lives of children and adolescents with paediatric developmental disabilities, learning disorders, and behavioural problems through patient care, special education, research, and professional training (Farrell, 2012). Mostly special schools are specifically designed, staffed and resourced to provide the appropriate special education for children with additional needs. For the purpose of this study, a special school is understood to mean a place of training which is tailored to provide education to intellectually disabled learners.

1.6.3 Learner: A learner is a person who is learning a subject or a skill (Carver & Pantoja, 2015). For the purpose of this study, the concept learner is used to denote someone who is enrolled in a special school.

1.6.4 Teacher: This refers to someone whose job is to teach in a college or school (Carver & Pantoja, 2015). For the purpose of this study, the term teacher is used to signify someone who is employed by the Department of Education to teach a particular subject or certain skills to learners with educational special needs.

1.6.5 Experience: This concept refers to the present content of consciousness (Colman, 2015). For the purpose of this study, experience refers to teachers' current content of consciousness with regard to the way of doing, seeing and having things happen to them as a result of working with intellectually disabled learners.

1.7 Outline of the dissertation

Chapter one provides a brief overview of the study, the aim, objectives, significance and operational definitions of concepts used in the study. Chapter two is a review of the literature on experiences of teachers working with intellectually disabled learners in special schools. Chapter three provides a discussion of the research methodology that was used in this study. The results of the study are presented in Chapter four. In Chapter five, the results of the study are discussed in the context of existing literature. A summary of the findings and recommendations are provided in Chapter 6.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, the researcher will start by giving a brief review of the literature on the different levels of intellectual disability, followed by a presentation of literature on the experiences of working with intellectually disabled children. The challenges faced in working with the intellectually disabled children and ways of coping will also be explored. The theoretical framework which guided the researcher in the present study will also be presented, followed by concluding remarks in the last section of this chapter.

2.2 Intellectual disability

People with intellectual disability (previously known as mental retardation) differ significantly in their degree of disability. Almost all classification systems have differentiated these individuals in terms of their ability and on the etiology of the disorder (Sadock & Sadock, 2015). The Diagnostic and Statistical Manual 5 (DSM 5) uses four degrees of mental retardation to designate the severity of impairment (American Psychiatric Association (APA), 2013). A corresponding IQ range is assigned for each level as discussed below.

2.2.1 Mild intellectual disability

Mild intellectual disability represents an IQ of 50-55 to approximately 70. Approximately 1 person in 50 qualifies for this diagnosis (APA, 2013). People with mild intellectual disability are often able to benefit from intensive educational efforts, learning to read and write and can do basic computations. They may appear normal during pre-school years and may develop the social and communicative skills expected of such young children (Sadock & Sadock, 2015). However, once they start schooling, their intellectual difficulties become more apparent, and they quickly fall behind their peers. With hard work they can usually reach the level of an average sixth-grader by their late teens and are often able to develop sufficient social skills to be marginally employable. They may continually require supervision and guidance, especially when under stress (Burke , 2012).

Most people with mild intellectual disability have important relationships in their lives and participate in a range of activities and contribute to their families and communities. Some people live and travel independently while others require support and assistance in using public transport, handling money, and planning and organising their lives (Burke et al., 2012). Most people can work, and some have a job, with or without a level of personal or employment support. Many such people may form intimate relationships whereas some will marry and raise children with various levels of support from family, friends and the service system. People with mild intellectual disability may have trouble with academic learning and so reading, writing and numeracy may remain at a basic level (Burke et al., 2012). While some of them have not learnt to read or write; many are self-conscious about this and sensitivity is required when requesting them to read information or complete written forms. Many people with mild intellectual disability find the subtleties of interpersonal relationships and social rules difficult to understand (particularly as adolescents) and may inadvertently transgress social boundaries (Butcher, Mineka & Hooley, 2014).

2.2.2 Moderate intellectual disability

Moderate intellectual disability represents an IQ from 35-40 to approximately 50-55. About 1 person in 400 qualifies for this diagnosis (APA, 2013). It was once believed that people with moderate intellectual disability could not benefit from educational programmes but could be trained to take care of themselves and handle menial tasks. However, with appropriate educational programmes, many can reach the level of the average second-grader (Butcher, Mineka & Hooley, 2014). People with this level of disability are able to develop communication skills and can often take care of many of their basic needs, but most require supervision and reminders of what should be done. They can also benefit from social skills training, but even with such training they have serious difficulties in interpreting social situations which makes it hard for them to function socially (Burke et al., 2012).

Most people with moderate intellectual disability are able to be modestly productive at unskilled or semi-skilled work. Their level of productivity is typically low, but the satisfaction associated with earning a salary can be an enormous boost to their self-esteem (Ramsden, 2013). Most are able to live in community residential settings under close supervision. People with a moderate intellectual disability will need

lifelong support in managing finances, and planning and organising their lives and activities. Their ability to be independent in personal care tasks, such as toilet hygiene, dressing and bathing, will depend on opportunities to learn and practice these tasks, their level of cognitive ability, and the presence or absence of other developmental disabilities such as cerebral palsy.

2.2.3 Severe intellectual disability

Severe intellectual disability represents an IQ range from 20-25 to approximately 35-40. About 1 person in 1000 qualifies for this diagnosis (Butcher, Mineka & Hooley, 2014). People with this level of intellectual disability normally do not acquire communication skills without specific and intensive clinical interventions. Even basic self-care skills, such as brushing one's teeth, require considerable training and constant supervision. People with severe intellectual disability usually recognise familiar people and have strong relationships with key people in their lives. Most will have little or no speech and will rely on facial expression and body language and gestures to express their needs or feelings and those interacting with and supporting them must be active and keen observers in interpreting changes in such a person's demeanour or behaviour (Sadock & Sadock, 2015). Communication systems for people with this level of disability generally rely on photographs or objects to facilitate understanding. Many are able to live in community residences, but they normally require constant supervision and protective oversight.

2.2.4 Profound intellectual disability

Profound intellectual disability represents an IQ below approximately 20-25. Approximately 1 person in 3000 qualifies for this diagnosis (Sadock & Sadock, 2015). The majority of people in this category have a serious physical disorder that accounts for their retardation. Consequently, they often have multiple physical problems and significant sensorimotor impairment. Most are unable to manage even the most basic self-care tasks without constant oversight, although some learn to do simple tasks under one-on-one supervision (Butcher, Mineka & Hooley, 2014). The more severe the disability, the more likely it is that the person will have associated sensory impairments which further undermines their ability to engage and learn. Vigilance with respect to detection and attention to sensory impairment is therefore imperative.

2.3 Experiences of working with intellectually disabled learners

Experiences of working with intellectually disabled learners may be positive or negative based on a number of factors. Nalbant, Baran, Samut, Aktop and Hutzler (2013) investigated attitudes towards teaching students with intellectual disability within a representative sample of secondary school physical education teachers. The study sought to determine the effects of age, gender, teaching experience, and having acquaintance with intellectual disability (ID) and students with ID on their attitudes. The study findings revealed that physical education teachers had mixed attitudes towards including students with ID in their classes. Physical education teachers who were young, had acquaintance with ID and less teaching experience had more favourable attitude scores than the others.

In Turkey, it appears that the introduction of compulsory adapted physical activity classes in the physical education teaching training curriculum since 2000 resulted in young teachers having more favourable attitude scores. The differences between the younger and older teachers, as well as below and above 10 years in service was suspected to be related to the change of physical education teaching curriculum in 2000. The lack of the effect of having a student with intellectual disability in the class indicated that the teachers participating in the study did not perceive enough positive experiences. It has been suggested that in order to improve attitudes, teachers need to experience self-efficacy in being able to adapt their teaching for inclusion (Nalbant et al., 2013).

Another study by Kaur and Arora (2010) sought to find out the experiences of families of intellectually disabled children. The findings supported the fact that children suffering from mental handicap are considered as a burden by their family members. Furthermore, it was found that negative parental attitudes lead to rejecting attitudes towards intellectually disabled children which adversely affect the interaction within the family and also with outsiders. Often the family members become worn out and get discouraged while dealing with their mentally handicapped child. Hence, the presence of an intellectually disabled child shakes the foundation of the whole family.

Families of individuals with intellectual disability often experience stress in relation to caring for their family member. Previous research has determined that parents of children with ID experience greater stress compared to parents of children without disabilities (Syeda, Weiss & Lunsky, 2011). Stressors include the added caregiving demands required to manage problem behaviours, and the lack of financial resources, when the focus is on caregiving rather than working. Stressors associated with taking care of a family member with ID can have a significant negative impact on families, and in some cases, lead to crisis. Most families referred to the specialised mental health service for adults with ID were close to being or were in crisis. This distress is associated with low levels of empowerment and hardiness, and high levels of compassion fatigue. Many families reported difficulties with their finances, inability to work, and that caregiving responsibilities made it difficult to function day to day (Syeda, Weiss & Lunsky, 2011).

Due to the amount of contact that teachers have with mentally retarded children, their attitude can impact significantly on these children. A study conducted by Govender (2002) revealed that special class teachers expressed more favorable attitudes to the mentally retarded than do teachers of ordinary children (Rawlins, 1983). According to Rawlins (1983), only a small minority of teachers were in favour of integrating the mentally retarded into regular classes. He offered an explanation that regular education teachers do not possess special positive attitudes towards children labelled as mentally retarded. The move towards integration should be accompanied by programmes designed to influence and change teachers' attitudes to a more positive one (Nalbant et al., 2013).

A study conducted by Stephen and Braun cited in Rawlins (1983), showed that teachers who had taken courses in special education were more willing to accept handicapped children into their classrooms than were those who had not taken such courses. In a cross-cultural study of attitudes towards the mentally retarded in South Africa, Rawlins (1983) found out that isiZulu speaking teachers and Zulu University students strongly rejected the mentally retarded. However, the study also revealed that Zulu high school pupils were more accepting of this disability. In his study of the perception of black university students of the handicapped person in an isiZulu speaking community, he further found out that students' attitudes were favorable

towards the handicapped. However, the author reports incongruence between students' beliefs and behaviours. The study has revealed a tendency of the students to avoid contact with handicapped people. Rawlins (1983) attributes this rejection of mental retardation to the elevated status and authority given to individuals with advanced education, more especially in the isiZulu culture.

According to Human Rights Watch (2015), blacks in South Africa perceive higher education as a means to improve both their political and social lives and thus would reject anything that represents the opposite. Johnson (1950) in Rawlins (1983) found out that mentally retarded children were the most rejected children in twenty regular classes. Johnson concludes that these children were rejected because of their behaviour in the classrooms, playground and outside the school environment. Rawlins (1983) also cites a study by Lapp (1957) with contrary findings. He found out that mentally retarded children were more rejected among their peers in special classes than among their peers in regular classes. Willner and Smith (2008) observed that mentally retarded children in regular classes have a lower social status and are less well accepted by other children. Philpott and McLaren (2011) looked into the acceptance of the retarded by their non-retarded peers. He suggests that retarded children are very seldom chosen as a best friend, irrespective of the organisational context of special classes or integrated settings.

2.4 Challenges of working with intellectually disabled children

One of the major challenges that teachers face in working with intellectually disabled children is burnout. Teacher burnout occurs when teachers undergoing stress for long periods of time experience emotional exhaustion, depersonalisation, and lack of personal accomplishment (Brunsting, Sreckovic & Lane, 2014). Outcomes associated with burnout include teacher attrition, teacher health issues, and negative student outcomes. Brunsting et al.'s (2014) study alluded that special educators are at high risk for burnout as their working conditions align with many factors associated with burnout. At one point or another, almost all teachers become frustrated with their job or harbour negative feelings toward the profession. Yet, some teachers experience these emotions more acutely or with greater frequency (Nalbant et al., 2013). Teachers were described as experiencing burnout when the stress they

encounter overcomes their resources and abilities to cope adequately, leading them to feel exhausted, cynical, or unaccomplished in their work.

Brunsting et al. updated the literature on special education teacher working conditions by reviewing studies that included a quantitative measure of burnout and focused on special education teachers as participants. An analysis of the studies reviewed provided a clear base of support for the association between burnout and a range of variables from the individual, classroom, school, and district levels. Teacher experience, student disability, role conflict, role ambiguity, and administrative support were particularly salient factors in special education teacher burnout.

A study conducted by Ambikile and Outwater (2012) revealed psychological, emotional, social, and economic challenges caregivers endure while living with intellectually disabled children. Psychological and emotional challenges included being stressed by caring tasks and having worries about the present and future life of their children. They had feelings of sadness, and inner pain or bitterness due to the disturbing behaviour of the children. They also experienced some communication problems with their children due to their inability to talk. Social challenges identified in the study were inadequate social services for their children, stigma, burden of caring task, lack of public awareness of mental illness, lack of social support, and problems with social life. The economic challenges were poverty, child care interfering with various income generating activities in the family, and extra expenses associated with the child's illness.

In a study of parents of children with intellectual disabilities in Vietnam, Shin and Nhan (2009) suggested that the presence of a child with cognitive delay is a predictor of stress among parents. Although there may be other concerns such as lower education, health issues, poverty and reduced social support, the parents consider having a child with cognitive delay as a major source of stress. In fact, lack of economic resources strain the mothers in raising their children, and a father in ill health threatens the financial status of the family when the latter are the main source of income. Similarly, mothers with less education have been found to have fewer strategies in raising children with cognitive delay. Accordingly, families of children with developmental disabilities participate in less family interactions and recreational

activities than families who do not have a member with developmental delay. The same study also revealed that high level of stress was attributed to the relationship with the partner. As such, feelings of fear, different responses to the stress of the disability, and the lack of positive affirmations have been linked to marital strain.

According to a study conducted by Hassall, Rose and McDonald (2005), many family respondents felt abandoned by the Tanzanian government that had not fulfilled its responsibility. Participants felt that they were being assisted by outside organisations and there was no allotment of funds from the government. Other families felt deceived that the government had promised them various forms of support but they had so far been unable to access them. In South Africa, an estimated half a million children with disabilities have been shut out of South Africa's education system (Human Rights Watch, 2015). Human Rights Watch (2015) also found that children with disabilities who attend special schools often must pay fees that children without disabilities do not. In some cases, parents are unable to send their children to school because they cannot pay these fees and transportation costs to schools far from their homes (Human Rights Watch, 2015).

2.5 Ways of coping with intellectually disabled learners

According to Lazarus and Folkman (1984), coping is constantly changing cognitive and behavioural efforts to manage specific internal and external demands that are appraised as exceeding the resources of the person. Coping can be measured as a disposition which is what people usually do in a particular situation or it can be measured as situational behaviour which pertains to what a person does in a specific situation. Durban, Rodriguez-pabayos, Alontaga, Dolorfino-arreza and Salaza (2012) described coping as behaviour that protects people from being harmed by stressors or life strains. Govender (2002) pointed out that there are stable coping styles or strategies that people bring with them to the situation that they encounter. According to this view, people do not necessarily approach each coping situation anew, but bring to bear a preferred set of strategies that remain relatively fixed across time and circumstances. They argue that although coping strategies are not static, people tend to develop characteristic ways of coping.

There are many ways to categorise coping strategies. Coping is identified as being either active or avoidant. Active coping strategies involve an awareness of the stressor, followed by attempts to reduce the negative outcome. By contrast, avoidant coping is characterised by ignoring the issue, often resulting in activities that aid in denial of the problem, for example drinking and isolation (Butcher, Mineka & Hooley, 2014).

According to Brannon, Feist and Updegraff (2013), people tend to use one of the three main coping strategies when dealing with circumstances that may be stressful to them. These strategies are appraisal-focused; problem-focused; and emotion-focused coping. Similarly, teachers of children with intellectual disability may adopt these strategies to cope with the challenges encountered in working with the children:

- Appraisal-focused: This is directed towards challenging your own assumptions. This strategy is appropriate when there is no straight-forward solution to a problem. This occurs when a person modifies the way they think, for example, employing denial, altering goals and values, identifying the humour in the situation to bring a positive spin or distancing oneself from the problem or challenge.
- Problem-focused: Here efforts are directed at defining the problem, generating alternative reactions, weighing the *pros* and *cons* and then take action. People who use this strategy try to deal with the cause of their problem. They do this by getting information on the problem and learning new skills to manage the problem. Problem-focused coping includes two major groups of problem-oriented strategies; those directed at the environment and those directed at the self. The former includes strategies for altering environmental pressure, barriers, resources and procedures. Strategies directed at the self include behaviours directed at motivational and cognitive changes. Most problem-focused coping strategies are situation-specific and not as generalised as emotion-focused coping (Lazarus & Folkman, 1984).

- Emotion-focused: This may involve a number of activities such as releasing pent-up emotion, distracting oneself, managing hostile feelings, meditating or using systematic relaxation procedures. Emotion-focused coping strategies are directed at regulating the emotional response to a problem. One large group of these responses involves cognitive processes directed towards lessening emotional distress and includes strategies such as avoidance, minimisation, selective attention, positive comparisons and wresting positive value from negative events.

A number of studies have pointed out that those who live or work with intellectually disabled people tend to resort to a number of coping strategies (Jacobs, 2006; Pilusa, 2006), including the three strategies identified above by Brannon et al. (2013). One such coping strategy is the inclusion of educational psychologists in special schools. A study by Rothia, Leavey and Best (2008) focused on teachers' perceptions and experiences of working with educational psychologists in order to support those pupils who cause concern about their mental well-being. Many of the barriers highlighted could be traced back to a perceived shortfall in the length of time educational psychologists spend in schools working with pupils, school staff and parents. Other important issues emerged that require consideration if they were to move towards a more holistic system that provides for children's educational, health and social care needs in an integrated manner.

Clearly, educational psychologists are highly valued by special school teachers (Rothia et al., 2008). However, there are a number of issues that teachers believe constrain service provision such as substantial under-funding. Although teachers favour the allocation model, most teachers believe that the allocation level is unrealistically low, resulting in a lack of direct hands on interventions with children in the classroom. This would leave the teachers struggling to cope in the classroom and feeling unable to implement many good and potentially useful strategies that have been suggested by psychologists. Moreover, in an inclusive education system it is disappointing to find out that some schools believe that the only way they can cope with very challenging children is to unofficially exclude them from learning (Rothia et al., 2008).

A study conducted by Dhlodhlo (2012) revealed that there are a number of strategies used to respond to challenging behaviours by caregivers of intellectually disabled children. Some of the ways suggested included going to church and interacting with the family. One of the common strategies mentioned in the study was a social story that gets narrated for children who tend to scream, yell, shout, or cry. Another helpful strategy mentioned was the social support caregivers receive from the Department of Health and Social Development through clinics and the South African Police Service. Proper training workshops for training were also perceived as useful resources. The need for training workshops was also suggested.

Parents experiencing stress often adapt coping strategies in handling stressful situations. Thus, coping involves efforts and strategies aimed to manage stress, regardless of how it works. Coping strategies involve efforts to face the stressful situation. Fielder, Simpson and Clark (2007) indicated that stress may be manifested biologically (fatigue, exhaustion, cardiovascular strain, reduced immune response, headaches, gastrointestinal upset, decreased appetite, and vulnerability to illness), psychologically (cognitive and emotional effects such as shock, terror, irritability, anger, guilt, grief, helplessness, impaired concentration, confusion, decreased self-esteem, and decreased self-efficacy) and socially (the disruption of a social unit such as a family). In order to deal with this stress, parents resort to biological means such as taking medication, psychologically they seek counselling and psychotherapy and socially they seek family support.

The importance of family coping with the stress they experience in having a member with disability often relies on the parents. Hence, how the parents cope with the stressful situation will dictate how the child with disability will be provided services needed for his or her development. Judge (1998) posited that parents use a variety of different styles in coping strategies. She also noted in her study that 58% of the coping strategies used by parents were problem-oriented while 42% of the possible coping strategies were emotion-oriented.

2.6 Psychological perspectives of intellectual disability

Traditionally, professionals have categorised the causes of intellectual disability into two groups, undifferentiated and organic. Undifferentiated refers to those individuals

for whom the cause is unknown. Hypothesised causes include polygenetic inheritance and environmental deprivation. In contrast, organic refers to individuals for whom a clear organic cause of the disability has been identified pre-, peri- or at the post-natal stage.

2.6.1 Cognitive behavioural theory

Cognitive behavioural theory is a collaborative approach where a client works with a therapist to identify links between his or her thoughts and feelings in order to alter maladaptive cognitions in the here and now. The therapist provides strategies for the client to effectively cope with situations and reduce distress, identify thinking style errors, and consider alternative explanations for beliefs. Several studies have concluded that people with intellectual disabilities have the necessary prerequisite skills to engage in many of the interventions associated with CBT (Dagnan, Trower & Smith, 2000). These skills include the ability to link situations to emotions, the capacity to differentiate between thoughts, feelings, and behaviour and an aptitude for correctly identifying emotions. Hastings (2002) found out that as the identification of behaviours and feelings is linked to verbal ability and the identification of thoughts is associated with general IQ, thoughts, feelings, and behaviours are more likely to be understood and correctly identified by people with higher verbal ability and IQ. Dagnan et al. (2000), found out that people with mild intellectual disability perform better when linking situations directly to emotions than they do when attempting to link the triad of beliefs, emotions and situations (Dagnan et al., 2000).

A negative view of the self causes the individual to understand him- or herself as inherently inadequate, unintelligent, or incapable. He or she thinks that unpleasant experiences or events occur as a result of personal inadequacies. This leads to self-criticism and feelings of worthlessness, and often the individual starts to believe that he or she will never be happy or satisfied because of his or her lack of some specific set of attributes (Butcher, Mineka & Hooley, 2014). A negative view of the world leads an individual to believe the world itself presents obstacles that are too difficult to overcome and makes impossible demands that he or she is unable to fulfil. As a result, even benign experiences may be interpreted as adverse or threatening. A negative view of the future results in the individual believing that any current difficulties being experienced will continue forever or that the future only holds

hardship and frustration (Dagnan, Trower & Smith, 2000). One typical outcome of this scenario is the belief that any task undertaken will be met with failure. A negative view of the self, future and the world is characteristic of people with intellectual disabilities as they tend to perceive themselves as inadequate and their beliefs are more often than not confirmed by the type of treatment they get from society.

2.6.2 Biopsychosocial model

The presentation of intellectual disability may be caused by the biological, psychological, and social make-up and circumstances.

2.6.2.1 Biological factors

Genetic predisposition and other biological factors play a role in the development of mental disorder in the normal population. These factors likely play a role in the causation of intellectual disability as well. Certain genetic conditions or pervasive developmental disorders are associated with common affective disorders (Butcher, Mineka & Hooley, 2014). Most children with intellectual disabilities have one or more family members with the same disorder. One notable biological factor that is likely to increase the risk of depression among persons with mental disorder is physical disability.

2.6.2.2 Psychological factors

Usually, the development of depression and anxiety in people with learning disabilities is mediated, at least in part, by psychological influences. Psychological factors such as learned helplessness may also be a contributing factor. When an individual develops the belief that he or she does not have control over a given situation, the person may extrapolate this experience to other situations in his or her life. Thus, the individual learns that he or she is helpless. The degree to which this sense of helplessness infiltrates the person's life is contingent on what he or she attributes the experienced lack of control to. Once the helplessness is learned it leads to an expectation of adversity and the prediction of negative outcomes in future situations. Greater expected adversity and uncontrollability leads to greater negative motivational and cognitive deficits. People with intellectual disabilities are likely to acquire feelings of helplessness, as underachievement in their academic and personal lives is usually attributed to their intellectual impairment (Ramsden, 2013).

2.6.2.3 Social factors

The social isolation model, which stems from the social learning theory, posits that limited or lack of social contact may result in depression (Sadock & Sadock, 2015). This may be a factor in the development of depression in those with intellectual disabilities, since many of them operate in limited social circles and the social interactions they do have may be stunted by their disability. Additional social factors that may contribute to intellectually disabled people developing comorbid disorders include health morbidity, unemployment, stigmatisation, low income, and few intimate relationships (Pilusa, 2006). Even though there are no definite causal links between these factors and depression, the feelings that these situations elicit are likely factors in the etiology of depression. For example, not having an intimate relationship may result in the individual feeling lonely. Furthermore, changes such as moving to a different home or day centre may trigger feelings of depression or anxiety for someone with an intellectual disability. Loss, such as the death of a close family member or friend or a change in his or her support worker, may have a similar effect.

2.7 Theoretical framework: Phenomenology

In this study, the researcher was guided by phenomenology as a theoretical framework. The assumption of this framework is that there is an essence to shared experience (Munhall & Chenail, 2008). Phenomenology originates from the work of the philosopher Edmund Husserl. Its focus is on the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions (Smith, 2008). Phenomenology as a theoretical framework was used because it aims to provide rich and complete description of human experiences and the meanings attributed to these experiences, thereby enabling the researcher to gain first-hand, holistic understanding of the phenomenon of interest (Husserl, 1999). Furthermore, it does not limit its investigation to only those realities which are objective in a materialistic or naturalistic sense. This means that phenomenology is therefore considered to offer a considerable broad range of philosophical inquiry. This essence is discovered through description, rather than through explanations or analysis. It has been argued that every perception takes place within a certain landscape of a person's mind (Pietkiewicz & Smith, 2014).

A person's view of the world is not based upon generic known truths, but rather perceptions that are experienced within this mental landscape (Husserl, 1999). It is this lens that determines a person's view of the world. It is important to note that individual perceptions are based upon a person's locality in life; this position determines the specific angle of view. As locations in life change, so do perceptions. It is the experience of perception that allows people to discover individual truths, values, and certainties. Conversely, it is also through perception that people are taught the limitations of objectivity.

Phenomenology requires participants to express what they experienced regarding the phenomena. Hence, no objective reality is assumed. This approach does not aim to draw inferences from a sample and apply them to a population. Rather, it seeks to describe subjective meanings instead of just behaviours (Munhall & Chenail, 2008). In the case of this study, this means that the phenomenological approach will be used to determine the lived experiences of teachers working with intellectually disabled learners. Human beings attempt to make sense of all their experiences. Through the phenomenological approach, the researcher strived to understand the meaning that teachers of children with intellectual disabilities attach to their lived experiences of looking after these learners.

2.8 Concluding remarks

In this chapter, the researcher reviewed literature on intellectual disability. The experience of working with intellectually disabled learners was found to impact both positively and negatively on the caregivers of such children. A number of challenges were found to be associated with having and/or working with intellectually disabled children. Effective and non-effective coping strategies were explored. In the next chapter, the research methodology that has been followed in the study is presented.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology used in the study. It gives an outline of the research design, the procedure that was followed and the process of data collection and analysis. Issues relating to quality criteria, as well as ethical aspects taken into consideration during the data collection process are also discussed.

3.2 Research design

A qualitative approach, and in particular the phenomenological design was used for this study. Qualitative research refers to inductive, holistic, emic, subjective and process-oriented methods used to understand, interpret, describe and develop a theory on a phenomena or setting. It is a systematic, subjective approach used to describe life experiences and give them meaning (Willig, 2013). Qualitative research is mostly associated with words, language and experiences rather than measurements, statistics and numerical figures. Researchers who use qualitative research adopt a person-centred and holistic perspective to understand the human experience, without focusing on specific concepts. Through the qualitative approach, rich knowledge and insight can be generated in depth to present a lively picture of the participants' reality and social context.

With regard to the generation of knowledge, qualitative research is characterised as developmental and dynamic, and does not use formal structured instruments (Babbie & Mouton, 2001). It involves the systematic collection and analysis of subjective narrative data in an organised and intuitive fashion to identify the characteristics and the significance of human experience. According to Smith (2008), qualitative research is aimed at gaining a deep understanding of a specific phenomenon, rather than a surface description of a large sample of a population. On the other hand, phenomenology seeks to gain a deeper understanding of the nature of the meaning of our everyday experiences (Pietkiewicz & Smith, 2014). By adopting this design, the researcher intended to "enter the world" of the teachers so as to understand and explain their lived experiences of working with children with intellectual disabilities.

3.3 Sampling and setting

Purposive sampling, which is one of the non-probability sampling methods, was used in this study. According to Greenstein, Roberts and Sitas (2003), purposive sampling refers to choosing the samples with a purpose in mind. This sampling method was chosen because it ensures a balance of group sizes when multiple groups are to be selected. The technique was also chosen because the researcher wanted to develop a rich or dense description of teachers' experiences of working with intellectually disabled learners rather than using sampling techniques that support general data (Burns & Grove, 2003). Purposive sampling provides cases rich in information for in-depth study. However, sampling is highly prone to researcher bias because it is based on the judgement of the researcher.

For the current study, three special schools in Capricorn District were selected. These are, New Horizon School, Grace and Hope Centre and Bana ba Thari School for the Intellectually Impaired. These specific schools in Capricorn District were selected mainly because of proximity and the fact that they cater for children with varying degrees of intellectual disability. Although an initial sample of 12 participants was envisaged, the sample size for this study was controlled by saturation of information, which means the point at which repetition or confirmation of previously collected data occurs. Consequently, only three teachers per school were interviewed. The participants that were chosen met the eligibility criteria set for the study. Eligibility criteria are the reason or criteria for including the sample in the study (Babbie & Mouton, 2001). The eligibility criteria of this study required teachers with a fair amount of experience working with intellectually disabled learners in one of the above-mentioned special schools in the Capricorn district. The teachers were selected by the school principals. In total, nine participants were interviewed.

3.4 Data collection

Data collection is the precise, systematic gathering of information relevant to the research sub-problems, using methods such as interviews, participant observation, focus group discussion, narratives and case histories (Greenstein, Roberts & Sitas, 2003). For the purpose of this study, a self-developed interview guide written in Sepedi and English (See Appendix 1a Interview guide – English version and Appendix 1b Interview guide – Sepedi version) was used to collect data. In line with

guidelines for semi-structured interviews (Harrell & Bradley, 2009), the interview guide provided interviewees with ample opportunity to express their feelings and to respond to the open-ended questions in their own words. The researcher chose to include a Sepedi version of the interview schedule because Sepedi is the primary language spoken by most residents in the Capricorn district. For those teachers who would find it easier and more comfortable to speak in Sepedi, this option was afforded to them to enable the researcher to gain more in-depth information. The interview schedule contained information intended to identify and explain the experiences of teachers working with intellectually disabled learners.

Each participant was interviewed in a private room selected by them, which was safe and free from disturbances for approximately 30-40 minutes with the interviews being audio taped. Before the researcher conducted each interview, she thanked the participant for the time and willingness to be part of the study, explained that the interview was to be unstructured and that probing questions would be determined by the information given by the participant. The researcher also asked for permission to record the interview. Collected data were transcribed and translated verbatim from Sepedi into English. The researcher was cautious not to distort meanings in the process of translating. Hence, assistance with translations was obtained from a language expert at the University of Limpopo. In addition, field notes were also collected. Field notes are one means employed by qualitative researchers whose main objective of any research is to try to understand the true perspectives of the subject being studied (Smith, 2008). Field notes also allow the researcher to access the subject and record what they observe in an unobtrusive manner.

3.5 Data analysis

Data analysis is a mechanism for reducing and organising data to produce findings that require interpretation by the researcher. Qualitative data was processed through the researcher's creative abstractions and the participant's descriptions were studied to uncover the meaning of human experiences. Interpretive phenomenological analysis (IPA) was used to analyse the data. Interpretive phenomenological analysis is aimed at exploring how participants make sense of their personal and social world, and the main currency for an interpretive phenomenological analysis study is the meanings particular experiences, events, and states hold for participants

(Pietkiewicz & Smith, 2014). IPA was used because it wishes to explore an individual's personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself. The purpose of phenomenological enquiry is to explicate the structure or essence of the lived experiences in the search for meaning that identifies the essence of the phenomena, and its accurate description through every day's lived experience. In line with the guidelines by Harrell and Bradley (2009), interpretive phenomenological analysis was employed for the purpose of:

- clarifying the nature of being human;
- expanding awareness about a certain phenomenon;
- fostering human responsibility in the construction of realities; and,
- tightening the bond between experiences and the concepts and theories used to explain those experiences.

The following steps as recommended by Pietkiewicz and Smith (2014) were followed:

Step 1: Multiple reading and making notes

The initial stage involved close reading of the transcript a number of times. All texts where the data were recorded was read more than once. The researcher listened to the audio-tapes and read all recorded material. By reading the texts again and again, the researcher became familiar with what was found in the texts as well as the kind of interpretations that were likely to be supported by the data.

Step 2: Transforming notes into emergent themes

The aim of this stage was to transform notes into emerging themes. This is the converse of a top-down approach where one would use readily made categories and simply look for instances fitting into the categories. The researcher aimed to formulate a concise phrase at a slightly higher level of abstraction which referred to a more psychological conceptualisation. Nevertheless, this was still grounded in the particular detail of the participant's account.

Step 3: Seeking relationships and clustering themes

This stage involved looking for connections between emerging themes, grouping them together according to conceptual similarities, and providing each cluster with a descriptive label. During the activity of developing themes, data were also coded. This entailed marking different sections of the data as being instances of, or relevant to, one or more of the themes. Some of the themes which did not fit well with the emerging structure and because they had a weak evidential base, were dropped at this stage. A final list comprised numerous superordinate themes and sub-themes.

Step 4: Elaboration

When collecting data, the participants' responses were stated in a linear order. Steps 1 and 2 were necessary to divide this sequence so that remarks that were far away from each other could be brought close together.

Step 5: Interpretation and checking

The final step of data analysis involved the researcher putting together the interpretations in a written account of the phenomenon studied. At this stage the researcher reviewed the findings from the interpretations and found out if she could find examples that contradict some point or another in the interpretation. The researcher looked for parts of the interpretations that were just summaries and nothing more, to avoid instances of over-interpretation. This final part was also an opportunity for the researcher to make her own reflections on her role in collecting data and creating the interpretation.

3.6 Quality criteria

In order to ensure that the results of the study have scientific merit, the following qualitative research criteria elucidated by Holloway (2005) were observed. The four criteria used to measure trustworthiness of data are credibility, dependability, transferability and confirmability.

3.6.1 Credibility

The credibility criterion involves establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research (Willig, 2013). Since from this perspective, the purpose of qualitative research is to

describe or understand the phenomena of interest from the participant's eyes, the participants are the only ones who can legitimately judge the credibility of the results. In this study, the researcher ensured credibility of the results by reading through all the interviews regarding the experiences of teachers working with children with intellectual disability. Furthermore, the researcher exposed the research work to peer review from an academic colleague for constructive criticism.

3.6.2 Transferability

Transferability refers to the degree to which the results of qualitative research can be generalised or transferred to other contexts or settings (Willig, 2013). From a qualitative perspective transferability is primarily the responsibility of the scholar who does the generalising. For this study, transferability was ensured by providing sufficient descriptive data to allow for comparison.

3.6.3 Dependability

Dependability is concerned with whether we would obtain the same results if we could observe the same thing twice. The idea of dependability emphasises the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affected the way the researcher approached the study (Willig, 2013). In this study, the researcher ensured dependability of the results by reporting the process within the study in detail, thereby making it possible for another future researcher to replicate the study.

3.6.4 Confirmability

Confirmability refers to the degree to which the results could be confirmed or corroborated by others (Willig, 2013). The researcher can document the procedures for checking and re-checking the data throughout the study. Another researcher can actively search for and describe negative instances that contradict prior observations. After the study, one can conduct a data audit that examines the data collection and analysis procedures and make judgements about the potential for bias or distortion. For this study, the results were in line with other studies in the field, thus providing a measure of confirmability.

3.6.5 Triangulation of data sources

Triangulation of data sources involves using multiple data sources in an investigation to develop a comprehensive understanding of phenomena. For the purpose of this study, individual interviews and field notes were used to ascertain data validation through cross verification.

3.7 Ethical considerations

The following are some of the most important ethical issues that were considered in this research:

3.7.1 Permission to conduct the study

Before embarking on this study, ethical clearance was sought and obtained from the relevant university ethics committee (see Appendix 4: Ethical clearance letter). In addition, permission was sought from the Department of Education before the study commenced (see Appendix 5: Letter of permission from the Limpopo Provincial Department of Education).

3.7.2 Informed consent

In line with this ethical principle, the researcher explained the purpose, significance and aim of the study to the participants before conducting the study. In this regard, participants were asked to give informed consent before they could partake in the study (See Appendix 3a: Informed consent – English version, and Appendix 3b: Informed consent – Sepedi version).

3.7.3 Anonymity and confidentiality

The researcher ensured the participants' anonymity by assuring them that their real names would not be disclosed and that their identity would not be revealed in the research report. The participants were further assured that their details would not be disclosed to anyone. The researcher made use of numbers rather than names to identify individuals on all working documents such as data sheets, as well as in the final research report.

3.7.4 Aftercare for participants

Participants who showed emotional distress as a result of their participation in this study were advised to see a psychologist in the local hospital for counselling.

3.8 Conclusion

In this chapter, the researcher discussed the methodology that was used in conducting the study. The qualitative method was used to collect data. The study sample comprised 9 teachers of children with intellectual disabilities in special schools in Capricorn district. All participants were interviewed in the schools and data was analysed using interpretive phenomenological analysis. Quality measures were taken into consideration throughout the study and ethics were taken into consideration as well.

CHAPTER 4 RESULTS

4.1 Introduction

In this chapter the results of the study are presented. This section first presents the demographic profile of the participants, followed by themes that have emerged from the phenomenological explication of the data. The following themes will be presented: a) Teachers' own understanding of intellectual disability, b) Teachers' experiences of working with intellectually disabled children, c) Challenges faced by teachers in working with intellectually disabled children, d) Ways of coping with intellectually disabled children. The chapter will conclude with a summary of the study findings.

4.2 Demographic profile of the participants

Table 1: Demographics

Participants	Gender	Age	Years of experience	School
Participant 1	Female	39	11	New Horizon
Participant 2	Female	26	2	New Horizon
Participant 3	Female	41	15	New Horizon
Participant 4	Female	44	8	Grace and Hope
Participant 5	Female	49	21	Grace and Hope
Participant 6	Female	38	5	Grace and Hope
Participant 7	Female	52	18	Bana ba Thari
Participant 8	Female	51	22	Bana ba Thari
Participant 9	Female	41	12	Bana ba Thari

Table 1 above illustrates the demographic profile of the participants that were interviewed. The participants were drawn from three special schools in the Capricorn district, namely New Horizon, Grace and Hope, and Bana ba Thari. All the participants were female. The participants were teachers working with intellectually disabled children in respective special schools. The age range of the participants

was between 25 and 55 years. The years of teaching experience ranged from 1 to 20 years. The participants in the study were Sepedi and English speaking.

Figure 1: Age distribution in years

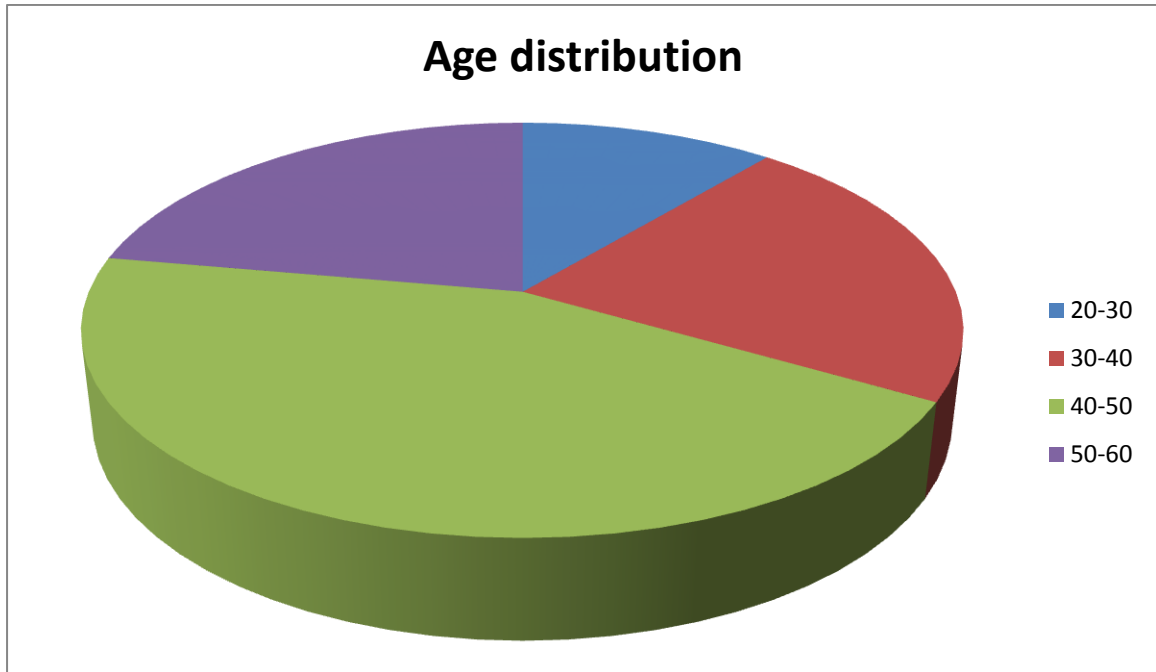


Figure 2: Years of experience

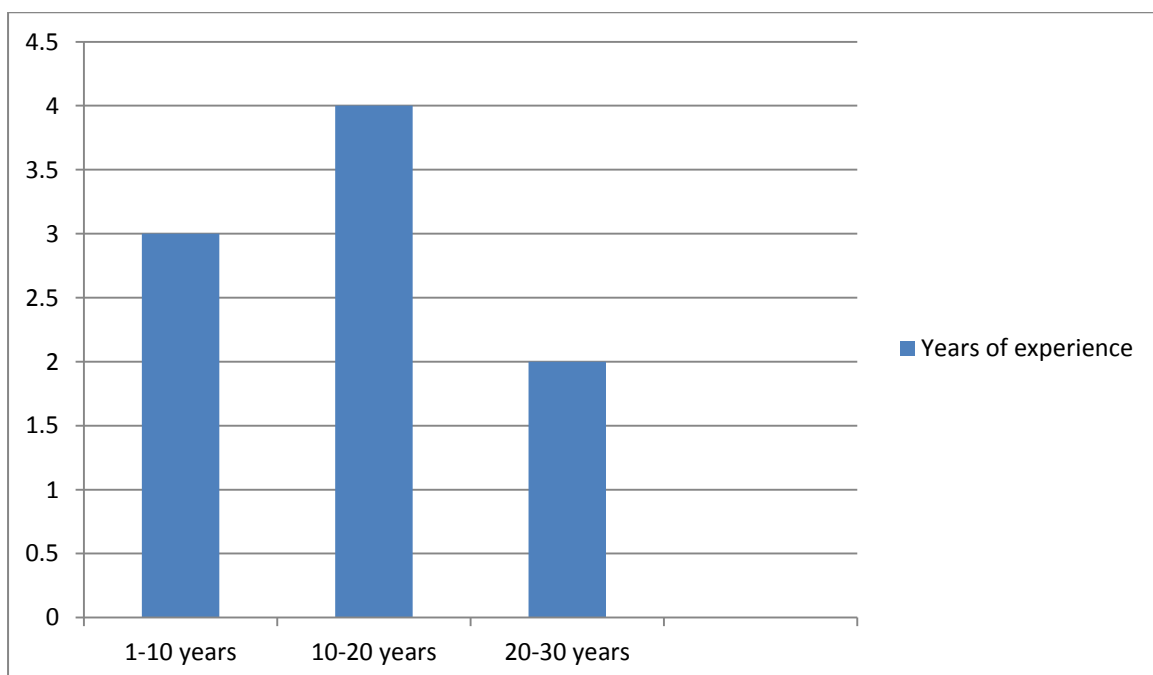
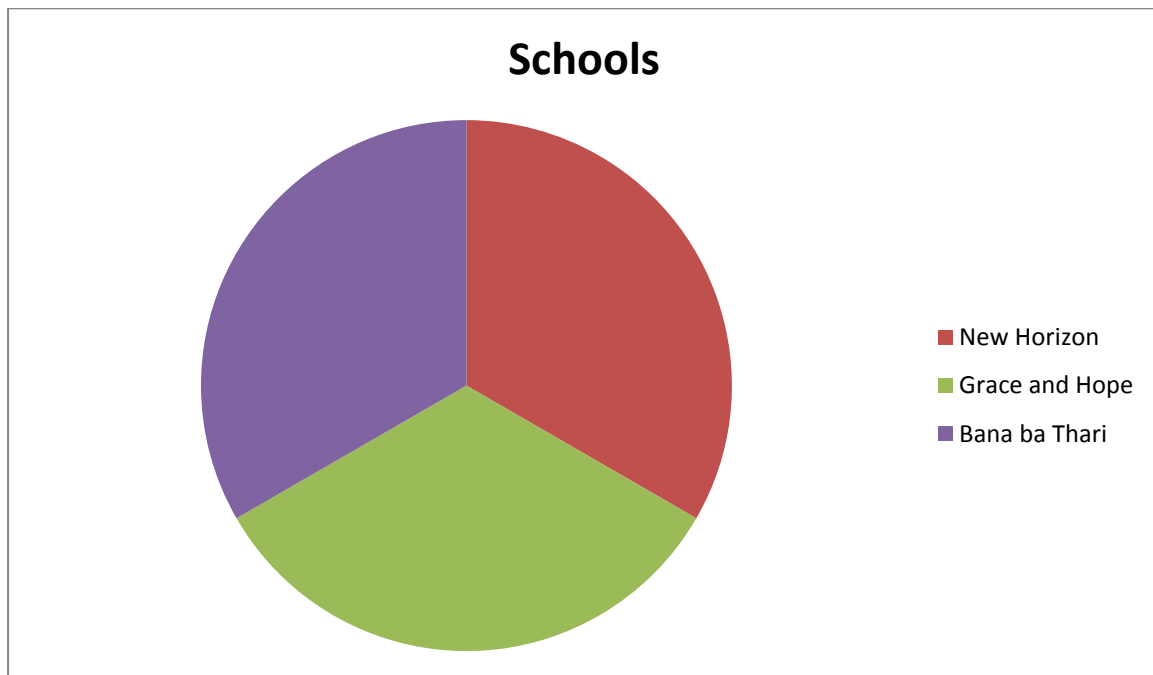


Figure 3: Schools selected for the study



4.3 Phenomenological explication

4.3.1 Teachers' understanding of intellectual disability

Most of the participants in this study were able to respond to or to explain their understanding of intellectual disability to a certain extent. This is reflected in the extracts below:

"It is just children whose brain receives a message slower than the rest of us"
(Participant 1, 39 years).

"Intellectual disability refers to children that we work with who have impairments but it doesn't mean that they are unable. Disability doesn't mean they are unable, they are able to do some other work in different learning areas" (Participant 3, 41 years).

"It's a term used to show that there is a shortage in their reasoning capacity. It's something else apart from mental retardation is just to show that they cannot reason academically like other children, it is a disability which affects the brain" (Participant 4, 44 years).

“These children’s brains are not 100% complete like when we talk about a normal person, there’s some shortage” (Participant 5, 49 years).

“Intellectual disability just means learners who are intellectually impaired, they can’t perform like the mainstream learners, they grasp things slowly. Intellectual disabilities differ they have many dimensions, like the severe, profound, we have the downs’ syndrome, the autistics, and the cerebral palsy” (Participant 6, 38 years).

“Intellectual disability is something that has to do with the cognitive, basically the mental functioning of the learner, you’d find that somewhere along the line the brain is not well-formed” (Participant 9, 41 years).

“If we were to say our brains are like computers, it means these children’s brains don’t have a hard drive. So every time you teach them something it’s new to them because they don’t have a storage in their brains” (Participant 2, 26 years).

Based on the above extracts, it does appear that the majority of the teachers tend to describe intellectual disability as mental handicap which may be challenging for those who have no understanding of such impairment and the patience to manage such learners. Deficits in the learners’ brains which hinder their optimum functioning were found to be a common criterion in the descriptions of intellectual disability. Intellectual disability was further understood to be caused by something that accounts for the inability to capture new information and learn like learners in mainstream schools. It was understood to be caused by the absence of a storage in the brain which further accounts for the short concentration span and inability to cope with new material. The participants in this study demonstrated an understanding of intellectual disability according to their own experience of working with such children.

4.3.2 Teachers’ experiences of working with intellectually disabled learners

Most participants expressed feelings of fulfilment and contentment as a result of working with intellectually disabled learners. Most of them described a positive

experience of working with these children and this can be attested from the extracts hereunder:

“Humbling, very humbling. When you go home at night and you’re tired and you’re irritated or it has been a long day and when you go to bed, you remember one smile, you remember one pull of the dress “ma’am ma’am” and it’s fulfilling, it gives you great work satisfaction so it’s very nice” (Participant 1, 39 years).

“The work has been fulfilling because you get home and you’re just proud of yourself and looking forward to waking up in the morning to just be with them for all these hours. So it’s generally a fulfilling experience” (Participant 2, 26 years).

“The interesting thing about these children is that they can be moulded, guided and instructed, they are easy to deal with as compared to normal children because you can convince them, like psychologically you can rob them. I prefer working with them than with normal children” (Participant 4, 44 years).

“The way I’m fulfilled here, I will never go back to mainstream...I feel like I was called by God to work with these children and I will stay here until I go for pension” (Participant 7, 52 years).

From the above extracts, it appears that working with intellectually disabled learners brings more contentment as these teachers get the opportunity to make a difference in the lives of these learners. Some teachers believed that working with these children is in a way to them fulfilling a calling from a higher being. The experience is so fulfilling that most of the participants were not willing or thinking of moving to mainstream schools. There appears to be a sense of satisfaction in working with these children because it is only a few people who have the patience to understand them and deal with them accordingly.

4.3.3 Challenges of working with intellectually disabled learners

Extracts such as the ones below attest to the challenges of most participants in working with intellectually disabled learners:

“Emotional burnout. Because sometimes the children they expect more from you than you can give, so especially in my class I’ve got language barriers. Most of my learners speak Sotho, so they don’t understand me and to have that challenge on a daily basis with somebody you must really speak on an absolutely low level with, now you have to try and figure out how to get your message across because of the language barrier. It’s very difficult, it’s very exhausting and it’s very tiring and irritating. You get frustrated. So it is emotionally exhausting, and sometimes it just feels like you’re talking to the ceiling so what’s the use because it seems like you don’t reach anyone” (Participant 1, 39 years).

“It’s strenuous working with these learners, because if you were working with a normal person you can easily instruct them but working with an intellectually disabled child it’s like it’s consuming your mind because you must also think on their behalf and by the end of the day you will be exhausted” (Participant 8, 51 years).

“I feel comfortable here, more especially because most people can’t accept them out there, they isolate them” (Participant 9, 41 years).

The above extracts confirm the exhaustion and frustration that comes with working with intellectually disabled learners. It appears as though teachers of intellectually disabled learners do twice the work as compared to those working with mainstream learners. This seems to carry a lot of pressure on the teachers emotionally and physically because they provide a level of empathy to these children which they otherwise may not get elsewhere.

“Our main challenge is that we are not supported by the government. They feel like it’s a waste, so they’d rather support the normal learners and the normal schools to such an extent that it demoralises you but you just

encourage yourself by saying that you are not working for people but you are working for God for the benefit of the learners.” (Participant 4, 44 years).

“The government is not supportive. We do not have a curriculum, so you have to go all out and find your own resources for your learners and develop your own methods of teaching them” (Participant 7, 52 years).

In our school they focus more on vocational skills and there are learners who love sports and they don't concentrate on them because sports can take them far even abroad and many of them are excelling with sports but they are not given that support.” (Participant 5, 49 years).

“We don't have enough time to get training and workshops. We just work with according to our own thoughts” (Participant 8, 51 years).

“One other thing that really disappoints me is that the government never visits us to check on what we are doing, to at least give us compliments or show us our mistakes and correct us” (Participant 2, 26 years).

“You see we don't have textbooks for our learners. We use normal mainstream's school's books. Our whole school has to do Grade R books” (Participant 1, 39 years).

The above extracts point to the lack of support from the government towards special schools. This seems to affect the learners especially with regard to focusing on their strengths which is vocational skills. Instead, the focus is on teaching these learners how to read and write as is done in mainstream schools. The lack of attention from the government is somewhat seen as a form of neglect which seems to be demoralising to most of the teachers of intellectually disabled learners.

Another challenge is the parents. You may find that some of these learners it's a heredity thing, so you may find that even the parents are affected, so even when you need help from them they might not be reliable” (Participant 4, 44 years).

“The parents; most of them are not supportive, most of them don’t understand their own children, most of them don’t want to accept the reality. (Participant 7, 52 years).

Based on the perceptions of the participants, it appears that parents of learners with intellectual disability are not very involved in the welfare of these learners. They seem to stigmatise their own children which creates more work for the teachers working with these learners. This issue seems to be more problematic in families where the parents are also intellectually disabled, as they also experience similar challenges as their children.

This is so painful because even our children refuse to wear the uniform because of the way the community treats them, most of them carry their uniforms in the bags and wear them at the gate (Participant 6, 38 years).

“The community members are also a problem, because as long as you are working here they associate you as a person who is intellectually impaired” (Participant 2, 26 years).

The above extracts show the impact of the stigma from the community members on these children and their teachers. Stigma appears to be one major problem that these children and the teachers have to live with on a daily basis. Lack of support from families could also be an indication of how stigmatised these children are in their homes. These children seem to be rejected by community members as well as their own families.

“Our children are sexually active. Most of them are bullies...” (Participant 5, 49 years).

“These children are hypersexual. Our girls they used to get a hysterectomy at the age of twelve through the government but they stopped it because they said what about their human rights” (Participant 1, 39 years).

“One challenge we have is the psychological reports because they just say profound intellectual disability and not explain in detail what we should expect from the child” (Participant 9, 41 years).

The above extracts indicate behavioural challenges that intellectually disabled learners have, such as being hypersexual. There further appears to be challenges in getting support from the government which causes a lot of frustration and this is perceived as an act of negligence. Lack of support from parents seems to perpetuate the feeling of negligence that these teachers sit with which makes their work to be more challenging. Psychological reports seem to be one of the challenges the teachers face, as they lack detail. Overall, working with intellectually disabled learners is hard work and burn out among the caregivers is almost inevitable.

4.3.4 Ways of coping with intellectually disabled learners

To a certain extent, participants in this study seemed to be coping with the challenges of handling disabled learners by employing different ways of coping. The following extracts illustrate this:

“I pray. I’ve got a friend here at school so the two of us are quite close so I am her back-up and she is mine. If I’m frustrated I just go to her and just blow off steam and feel better and she does the same with me” (Participant 1, 39 years).

“I spend time with family and do fun activities with them like going shopping on weekends just to refresh my mind before the new week begins” (Participant 4, 44 years).

“We have the SBS team and the group meetings for each division, so we get together and discuss ways on how to cope” (Participant 2, 26 years).

“So I exercise and do other things to revitalize myself” (Participant 5, 49 years).

“Prayer is important, I would not still be here if I wasn’t praying” (Participant 7, 52 years).

From the above extracts, it can be concluded that one means of coping with challenges of working with intellectually disabled children is to have a support

system at school and at home. A majority of the participants seemed to benefit from debriefing about their frustrations. Some seemed to get peace of mind from engaging in prayer and depending on it for sustenance. While some resorted to prayer, some preferred to do physical exercise as a way of recuperating.

“If you have a positive mind then nothing can be heavy on you” (Participant 3, 41 years).

“Passion and love are the ones which make it possible for us to work with these children because they are of different characters and you are the only one with a class of 14 learners and they all want to be accommodated” (Participant 6, 38 years).

“What works for me is that I place these learners according to their level of disability, this makes life easier for me because I give them different tasks and responsibilities” (Participant 7, 52 years).

The above extracts show how being strategic in working with these learners can help one to cope with the challenges of working with disabled learners. For example, it is important to know the strengths and weaknesses of these children so that expectations placed on them are not absurd. Most participants noted that having passion, affection and a positive mind-set makes the experience of working with these learners more enjoyable.

“You need to be a rock, take time to share with people in the community about intellectual disability to reduce the stigma” (Participant 8, 51 years).

“You can either make it great or terrible because you spend almost 80% of your life at work so you can just as well enjoy it” (Participant 1, 39 years).

“We also appreciate the school holidays, just some time off to rest” (Participant 4, 44 years).

Based on the above extracts, it can be concluded that the participants in the present study were fairly coping with the challenges of working with intellectually disabled

learners. It seems that having social support and passion for working with these children reduces the teachers' frustration and exhaustion they experience, which then optimises their mental health. It would appear that every teacher had a different way of coping with the stress or pressure of working with these learners. Having quarterly breaks from work, when children go on holidays seemed to assist a great deal in teachers resting and recuperating from work pressure.

4.3 Summary of the results

The sample was composed of nine (9) participants (females = 9) aged between 22 and 52 years, who are teachers of intellectually disabled learners from three (3) special schools in the Capricorn district with years of experience ranging from 2 to 22 years. The participants were English and Sepedi speaking.

The results of the present study show that intellectual disability is fairly understood among teachers of intellectually disabled learners. The participants in this study demonstrated an understanding of intellectual disability according to their own experience of working with such children. These teachers understood intellectual disability to be some form of mental handicap which may be challenging for those who have no understanding of such impairment and the patience to manage the condition. Intellectual disability was further understood to denote a malformed brain which causes the learners to be slow in capturing what they are taught. Deficits in the learners' brains which hinder their optimum functioning were found to be a common criterion in the descriptions of intellectual disability.

Findings of the study revealed that most participants had fairly positive experiences of working with intellectually disabled children. Feelings of fulfilment and contentment as a result of working with these children were expressed. Although many acknowledged challenges of working with these children, their experience was described as a positive one to such an extent that none of the participants wished to move to mainstream schools. It was observed that those who had more years of experience found themselves fulfilled and humbled by their work. The passion they have developed over the years serves as a means of coping with all the other challenges they face in their work. However, challenges such as the exhaustion associated with working with these learners were revealed. The study also revealed

that teachers faced emotional and physical burn-out as they seemed to do double the work done by teachers in the mainstream schools.

The study found out that there were significant behavioural issues displayed by the learners, which were hard for the teachers to control. For example, it was reported that most of the learners were hyper-sexual. Feelings of frustration and helplessness seemed to characterise the emotions of the participants in response to the issue of hyper-sexuality among their learners. The stigma of having intellectual disability and working with intellectually impaired learners was shown to be another challenge. It appeared that the stigma resulted from community members and family members of the learners. This tended to play a role in decreasing the learner's self-esteem which could further lead to more severe psychological problems.

The study further found out that there is a huge gap in terms of receiving support from the government, an element that caused a lot of frustration for the teachers as they had to develop their own curricula and methods of teaching the learners. Teachers felt neglected by the government and this was coupled with the stigma from the community. Lack of social support from parents seemed to perpetuate the feeling of neglect that these teachers sit with, thereby making their work to be more challenging and demoralising. It was further discovered that psychological reports seemed to be one of the challenges the teachers faced, as they lacked detail. For example, one of the participants mentioned that the reports would say a child has moderate intellectual disability and not explain what that means in terms of them managing such a child in their school.

A common feeling of exhaustion among the teachers was revealed in this study, implying that burn out was almost inevitable. To counter these challenges, a number of coping strategies were revealed by this study. Some teachers preferred to practice self-care through physical exercise and surrounding themselves with friends and family. Some used prayer as a coping strategy, while others relied on their inner resilience to manage the everyday challenges that came with working with these learners. The support teams at all the schools seemed to be playing a crucial role in helping these teachers to cope, especially those teachers with few years of experience in working with intellectually disabled learners. Other coping strategies

employed by the teachers involved taking time to share with community members the nature of intellectual disability they dealt with at work in order to reduce the stigma that community members display towards them. The study further revealed that taking time-off from work during school holidays was crucial for the teachers to rest and regain some energy they could go back to the hard work again during the successive term.

4.4 Conclusion

The focus of this chapter was to present the findings of this study. The findings seem to suggest that the experience of working with intellectually disabled learners is associated with positive emotions as well as significant challenges. In order to cope with these challenges, participants were found to employ different strategies that included exercising, prayer and depending on social support from colleagues and family. Participants seemed to also appreciate the school holidays as they need time off from work to restore their emotional and physical energy. The next chapter is a discussion of the study findings.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

In this chapter, the findings of the study are discussed in relation to the literature on the topic. In this regard, the following themes that emerged in the study are discussed: participants' understanding of intellectual disability, the lived experiences of teachers of children with intellectual disabilities, challenges faced by participants in working with these children and the coping strategies used by the participants to cope with the challenges.

5.2 Emerging themes

5.2.1 Participants' understanding of intellectual disability

Participants in this study defined intellectual disability as mental handicap, meaning that there's something permanently wrong with the person's brain. Most of them understood intellectual disability to be a disorder that disables the learner to grasp content quicker when compared to those in mainstream schools. The American Psychological Association defines intellectual disability as significantly sub-average intellectual functioning which leads to impairments in adaptive behaviour, all of which are first manifested during childhood (APA, 2013). The participants further mentioned that it may be challenging for those who have no understanding of such impairment and the patience to manage such learners. As reported by WHO (2014), individuals with intellectual disability experience difficulties with day-to-day activities. Therefore, it may be challenging for those who do not understand their level of impairment and have no patience to deal with their difficulties on a daily basis.

Deficits in the learners' brains which hinder their optimum functioning were found to be a common criterion in the participants' descriptions of intellectual disability. These deficits were believed to be the cause of intellectual disability in these learners, including not having a proper memory storage in their brains. Sadock and Sadock (2015) indicated that individuals with intellectual disability have difficulty learning, with the level of challenge in their scholastic functioning depending on the extent of

the cognitive disability. The difficulties in learning could be accounted for by the deficits in the learner's brain described by the participants in this study.

The participants further understood intellectual disability to differ in such a way that it has many dimensions, like the severe, profound, downs' syndrome and the autistics. The Diagnostic and Statistical Manual 5 (DSM 5) uses four degrees of intellectual disability to designate the severity of impairment, which are the mild, moderate, severe and profound (APA, 2013). It appears that an understanding of the degree of disability assists the teachers in tailoring their teaching methods. The participants demonstrated an understanding of intellectual disability according to their own experience of working with such children. For example, they would classify the children as being moderately intellectually impaired depending on how fast they grasp things and their level of forgetfulness. Some classified the learners as mildly intellectually impaired due to how they excelled in basic self-care and classroom activities such as drawing and beadwork.

5.2.2 Participants' lived experiences of working with intellectual disabilities

Participants' experiences of working with intellectually disabled learners was characterised by feelings of contentment and fulfilment. There was also a sense of exhaustion as many described how tiring it is to work with children who are intellectually disabled. The participants also described their experience as very humbling and interesting. According to a study conducted by Nalbant et al. (2013), physical education teachers who were young, had acquaintance with ID, and less teaching experience had more favourable attitude scores than the others. In the present study, it appears that both the young and old teachers had favourable attitudes towards working with children with intellectual disability.

Consequently, a study conducted by Rawlins (1983) revealed that special class teachers expressed more favourable attitudes to the mentally retarded than teachers of ordinary children. Teachers of intellectually disabled learners found more satisfaction and had positive attitudes towards having these learners in their classes and teaching them instead of mainstream learners. This is supported by a study conducted by Rawlins (1983) which showed that teachers who had taken courses in special education were more willing to accept handicapped children into their classrooms than were those who had not taken such a course. However, both the

young and old teachers mentioned how tiring it is to work with these learners. Participants further mentioned that these learners are usually naughty and moody, which demands a great amount of attention and patience from them as teachers. The participants in the study felt that the experience of working with intellectually disabled learners was so fulfilling that most of them were not willing or thinking of moving to mainstream schools. However, challenges associated with working with intellectually disabled learners seemed inevitable.

5.2.3 Participants' challenges of working with intellectual disability

One major challenge faced by teachers working with intellectually disabled learners is teacher burnout. Teacher burnout occurs when teachers undergoing stress for long periods of time experience emotional exhaustion, depersonalisation, and lack of personal accomplishment (Brunsting & Sreckovic, 2014). It appears as though teachers of intellectually disabled learners do more work as compared to those working with mainstream learners. Some of them complained of emotional burn-out as their learners expect more from them than they can offer. It appears as though participants in this study more often than not experienced burnout as they complained of emotional burnout and lack of confirmation for their hard work which casts doubt on the work they do and minimise their personal accomplishment. This is supported by Brunsting & Sreckovic (2014) who described teachers as experiencing burnout when the stress they encounter overcomes their resources and abilities to cope adequately, leading them to feel exhausted, cynical, or unaccomplished in their work.

Participants in this study highlighted the lack of support from the government with respect to special schools. They stated that this seemed to affect the learners' potential for personal development especially in the area of vocational skills. Instead, the focus has been on teaching these learners how to read and write as is done in mainstream schools. This is in line with findings from a study conducted by Aldersey (2012) which showed that there was a lack of support for these learners from government. Participants in that study argued that government had an unfulfilled responsibility to provide disability prevention and parent education once an intellectual disability has been identified. They insisted that the government was not fulfilling its civic responsibility.

The challenging behaviour as shown in a study conducted by Dhlodhlo (2012) was also revealed in the present study. The study revealed that children with intellectual disabilities tend to be bullies and they tend to be hypersexual. Due to such behaviour they are usually rejected by their teachers and peers. Johnson (2009) concludes that these children are rejected because of their behaviour in the classrooms, playground and outside the school environment. It was observed that the challenge had to do with getting these learners to behave like typical children as they seemed to have no control over their hormones and half the time they hardly noticed the impact of their behaviour. Hence, they continued to behave as they pleased. A study by Prakash, Sudarsanan and Prabhu (2007) further revealed that there is a higher prevalence of behaviour problems in children with moderate mental retardation than those with mild mental retardation. Externalising behaviour problems were much more common than internalising ones. Common behaviour problems reported were impulsive, concentration difficulties and sudden changes in mood or feelings. Participants in the study mentioned that intellectually disabled children tended to be moody, which required a lot of patience because they could easily develop hatred.

Stigma has long been recognised as a major burden to people with intellectual disability and their families. Living with an intellectually disabled child has been found to be associated with stigma. This study revealed that not only are the learners with intellectual disability stigmatised but also those working with them and in this case it was their teachers. The stigma seemed to come from peers, some family members and community members. Rawlins (1983) found out that mentally retarded children were more rejected among their peers in special classes than among their peers in regular classes. He also noted that mentally retarded children in regular classes have a lower social status and are less well accepted by other children. Children with intellectual disabilities are often mistreated by people in various ways. They are often discriminated against and segregated in the community. Sometimes these children are told negative words and their parents are usually mocked when they are told bad things about their child. This has a huge impact on the teachers working with these children as they are more like parents to these children, a situation that may emotionally affects them like their parents.

Other participants in the study identified the stigma that was shown to the children through the language used by people in the community, such as the use of the derogatory term '*segafi*' referring to a person with an intellectual disability. For the lives of people with intellectual disabilities, family members often continue to provide invaluable support throughout their lifespan (Aldersey, 2012).

In most nations worldwide, the family is the first and most enduring unit of society and is usually the primary source of influence behind the formation of personality and growth of an individual. Another pressing challenge indicated by the participants was the lack of support from the learners' families. The teachers pointed out the lack of involvement of families as far as their children's education and well-being was concerned. Findings from a study conducted by Kaur and Arora (2010) revealed that children suffering from mental handicap are considered as a burden by their family members. Furthermore, it was observed that negative parental attitudes lead to rejecting attitudes towards intellectually disabled children which adversely affect the interaction within the family and outsiders. Accordingly, families of children with developmental disabilities participate in less family interactions and recreational activities than families who do not have a member with developmental delay. Hence, how the parents cope with the stressful situation dictates how the child with disability will be provided with services needed for his or her development.

5.2.4 Coping strategies employed by the participants

There are many coping styles that people use, and some may prove more effective than others, depending on the nature of the stressful situation and the person who is employing them. Participants in this study seemed to be using different modes of coping. The study revealed prayer as one of the coping strategies employed by the participants. Many people of Christian and other religions believe that prayer can bring emotional and physical healing. Prayer is a common coping resource for individuals with chronic illness. Prayer is also widely used to address health concerns by individuals with a wide array of physical and mental health problems. Positive forms of religious coping include seeking spiritual support, increasing spiritual connection, asking religious forgiveness, and collaborative religious coping. A study by Wachholtz and Sambamoorthi (2011) showed that individuals who use

positive religious coping techniques, such as prayer, tend to have both improved perceived mental and physical health, as well as improved objectively measured health outcomes.

Social support has been shown to offset or moderate the impact of stress. Social support refers to support received or the sources of support that enhance one's self-esteem or provide stress-related interpersonal aid. Social and family support were some of the means of coping employed by participants in this study. It seems that having loved ones around lessened the stress and frustrations of the participants. Social support has been shown to improve patients' emotional well-being. The advantage of having social support is that one may use the opportunity to vent out his or her emotions as an externalising coping technique. This refers to, outward expression of emotions usually in the company of friends or family. Although it is healthy in moderation, ruminating on the negative can however lead to strained relationships over time (Brannon, Feist & Updegraff, 2013).

Other participants in this study engaged in physical exercises to revitalise themselves. Exercising is one mode of coping used by many people to recuperate as it has the potential to optimise one's mind-set. Regular exercise such as running or team sport is a good way to handle the stress of any given situation. Most participants seemed to be employing emotion-focused coping strategies. This involves a number of activities such as releasing pent-up emotion, distracting oneself, managing hostile feelings, meditating or using systematic relaxation procedures. Emotion-focused coping strategies are directed at regulating the emotional response to a problem (Brannon, Feist & Updegraff, 2013). Johnson (1998) posited that parents use a variety of different styles in coping strategies. She also noted in her study that 58% of the coping strategies used by parents are problem-oriented while 42% of the possible coping strategies are emotion-oriented.

5.3 Implications for theory

Phenomenology focuses on the direct investigation and description of phenomena as consciously experienced, without theories about their causal explanation and as free as possible from unexamined preconceptions and presuppositions. Phenomenology requires participants to express what they experienced regarding the phenomena. Hence, no objective reality is assumed. This study revealed the

subjective reality of the participants in their experiences of working with intellectually disabled learners. The phenomenological approach does not aim to draw inferences from a sample and apply them to a population. Rather, it seeks to describe subjective meanings instead of just behaviours. In the case of this study, the phenomenological approach was used to determine the lived experiences of teachers working with intellectually disabled learners. Human beings attempt to make sense of all their experiences. Through the phenomenological approach, the researcher in the present study attempted to understand the meaning that teachers of children with intellectual disabilities attach to their lived experiences of looking after these learners.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 Summary

The aim of the present study was to explore the lived experiences of teachers of intellectually disabled learners in Capricorn District, Limpopo Province.

The objectives of the study were:

- To determine the teachers' understanding of intellectual disability.
- To identify and document the challenges that teachers face in working with learners with intellectual disability.
- To determine the psychological strategies that teachers use to deal with learners with intellectual disability.

Nine participants working with intellectually disabled learners in special schools were selected by the school principals and requested to participate in the present study. All the participants were teachers of intellectually disabled learners.

Participants understood intellectual disability based on their experiences of working with such learners. They described intellectual disability as a mental handicap and deficits in such learners' brains which may prevent their optimum functioning and may be a challenge to those who have no understanding of such impairment.

Mixed feelings of contentment, sadness, disappointment, and neglect characterised the emotions of the participants in the study. The challenges faced by participants left them with negative emotions, whereas the overall experience they described was characterised by positive emotions.

Among the many challenges highlighted in this study was lack of government support, parental support, stigma and burn out. To cope with these challenges, a number of coping strategies such as praying, exercising, debriefing and family support were used by the teachers.

6.2 Limitations

The following are some of the limitations that could be associated with this study:

- The sample used is not representative of the whole population and the findings cannot be generalised to all teachers of children with intellectual disability.
- The original material provided by the participants may have been altered or substituted due to the translation of data from Sepedi to English.
- There was limited national literature to refer to, with regard to teachers' experiences of working with intellectually disabled learners.

6.3 Recommendations

Based on the findings of the study, the following recommendations are made:

- More studies using larger samples should be undertaken before generalisation regarding the teachers' experiences of working with intellectually disabled children can be made.
- Public awareness campaigns about intellectual disability and other neuro-developmental disorders for families and community members to alleviate the stigma associated with intellectual disability should be carried out.
- The Department of Education should design a curriculum for special schools and conduct training workshops for special school teachers.
- Psychological services should be made available and accessible to teachers of children with intellectual disabilities.
- Workshops on more effective coping strategies for teachers in special schools are needed.
- In future studies, consideration should be given to the involvement of learners with intellectual disabilities.

REFERENCES

- Aldersey, H. M. (2012). Family perceptions of intellectual disability: Understanding and support in Dar es Salaam. *African Journal of Disability*, 1(1), 1-12.
- Ambikile, J. S. & Outwater, A. (2012). Challenges of caring for children with mental disorders: Experiences and views of caregivers attending the outpatient clinic at Muhimbili National Hospital, Dar es Salaam-Tanzania. *Child and Adolescent Psychiatry and Mental Health*, 6(16). Retrieved from <http://www.capmh.com/content/6/1/16>
- American Association on Mental Retardation. (2006). *Mental retardation: Definition classification, and systems of supports (10th ed.)*. Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th Ed.)*. Washington, DC: American Psychiatric Association.
- Babbie, E. & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.
- Brannon, L., Feist, J. & Updegraff, L.J. (2014). *Health psychology: An introduction to behaviour and health (8th Ed.)*. Belmont: Wadsworth, Cengage Learning.
- Brunsting, N. C., Sreckovic, M. A. & Lane, K. L. (2014). Special education teacher burnout: A synthesis of research from 1979 to 2013. *Education and Treatment of Children*, 37(4), 681-712.
- Burke, A., Austin, C. Bezuidenhout, K. Botha, E. & Du Plessis, L. (2012). *Abnormal Psychology: A South African Perspective (2nd Ed.)*. SA: Oxford University Press.
- Butcher, J.N., Mineka, S. & Hooley, J.M. (2014). *Abnormal psychology (15th Ed.)*. USA: Pearson Education, Inc.
- Carver, L. & Pantoja, L. (2015). *Reading basics for all teachers: supporting the common core*. London: Rowman and Littlefield Publishing Group.
- Colman, A. M. (2015). *Oxford Dictionary of Psychology (4th Ed.)*. New York: Oxford University Press.
- Dagnan D., Trower P. & Smith R. (2000) Care staff responses to people with learning disabilities and challenging behaviour: A cognitive-emotional analysis. *British Journal of Clinical Psychology*, 37, 59–68.
- Dhlodhlo, P. T. (2012). *Caregivers notions of challenging of behaviour*. (Unpublished master's thesis. University of Limpopo, Polokwane, Limpopo Province.

- Durban, J. M., Rodriguez-pabayos, A. M., Alontaga, J. V., Dolorfino-arreza, G. & Salazar, C. (2012). Coping strategies of parents of children with developmental delay: a quantitative analysis. *Asian Journal of Social Sciences & Humanities*, 1(4), 177-195.
- Farrell, M. (2012). *Celebrating the special school*. London: David Fulton Publishers.
- Ferry, M. (2012). *The top 10 challenges of special education teachers*. Retrieved from <http://www.friendshipcircle.org/blog/2012/02/01/the-top-10-challenges-of-special-education-teachers/>
- Fielder, C., Simpson, R. and Clark, D. (2007). *Parents and families of children with disabilities: Effective school – based support services*. New Jersey: Pearson Education Inc.
- Govender, N. (2002). *Attitudes of parents towards their mentally retarded children: A rural area examination*. (Published master's thesis). University of Zululand, Richard's Bay, South Africa.
- Greenstein, R., Roberts, B. and Sitas, A. (2003). 'Qualitative research methodology' in Greenstein R. (ed.). *Research methods manual*. (Unpublished manuscript). University of the Witwatersrand, Johannesburg.
- Harrell, M.C. & Bradley, M.A. (2009). *Data collection methods: Semi-structured interview and focus group*. Santa Monica: Rand National Defense Research Institute.
- Hassall, R., Rose, J., & McDonald, J. (2005). Parenting stress in mothers of children with an intellectual disability: The effects of parental cognitions in relation to child characteristics and family support. *Journal of Intellectual Disability Research*, 49, 405–418.
- Hastings R. (2002). Do challenging behaviors affect staff psychological well-being? Issues of causality and mechanisms. *American Journal on Mental Retardation*, 107, 455–467.
- Holloway, I. (2005). *Qualitative research in health care*. Maidenhead: Open University Press.
- Human Rights Watch. (2015). *Children's rights, education, disability rights*. South Africa. Retrieved from <http://hrw.org/news/2015/08/18/south-africa-education-barriers-children-disabilities>
- Husserl, E. (1999). *The idea of phenomenology*. London: Kluwer Academic Publishers.

- Jacobs, T. S. (2006). *The coping orientation and resources of teachers educating learners with intellectual disabilities* (Master's dissertation). Retrieved from <http://www.dspace.nmmu.ac.za:8080/jspui/bitstream/10948/460/1/tsjacobs.pdf>
- Judge, S.L. (1998) Parental coping strategies and strengths in families of young children with disabilities. *Family Relations*, 47, (3), pp. 263 – 268.
- Kaur, R. & Arora, H. (2010). Attitudes of family members towards mentally handicapped children and family burden. *Delhi Psychiatry Journal*, 13(1), 70-74.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Pub. Co.
- McNally, A. & Mannan, H. (2013). Perceptions of caring for children with disabilities: experiences from Moshi, Tanzania. *African Journal of Disability*, 2(1), 1-10.
- Morse, J. M. (1995). The significance of saturation. *Qualitative Health Research*, 5(3), 147-149.
- Munhall, P. L. & Chenail, R. J. (2008). *Qualitative research: proposals and reports* (3rd Ed.). London: Jones and Bartlett Publishers.
- Nalbant, D. O., Baran, E. A., Samut, P. K., Aktop, A. & Hutzler, Y. (2013). Physical education teachers' attitudes towards children with intellectual disability: the impact of time in service, gender, and previous acquaintance. *Journal of Intellectual Disability Research*, 57(11), 1001–1013
- Philpott, S. & McLaren, P. (2011). *Hearing the voices of children and caregivers: situation analysis of children with disabilities in South Africa*. Pretoria: Department of Social Development/UNICEF.
- Pietkiewicz, I. & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 20(1), 7-14.
- Pilusa, N.E. (2006). *The impact of mental retardation on family functioning* (Master's dissertation). University of Pretoria.
- Prakash, J., Sudarsanan, S. & Prabhu, H.R.A. (2007). Study of behavioural problems in mentally retarded children. *Dheli Psychiatry Journal*, 10(1), 40-45.
- Ramsden, P. (2013). *Understanding abnormal psychology: Clinical and biological perspectives*. London: Sage Publications Ltd.
- Sadock, B.J. & Sadock, V.A. (2015). *Kaplan and Sadock's synopsis of psychiatry* (11th Ed.). Lippincott Williams & Wilkins.

- Syeda, M., Weiss, J. & Lunskey, Y. (2011). Brief report: Experiences of families of individuals with intellectual disability and psychiatric disorder. *Journal on Developmental Disabilities*, 17(2), 64-68.
- Rawlins, R.C.A. (1983). *Attitudes to Mental retardation: A cross cultural study*. (Unpublished master's thesis). University of Natal, Pietermaritzburg.
- Rothia, D., Leavey, G. & Best, R. (2008). Recognising and managing pupils with mental health difficulties: Teachers' views and experiences on working with educational psychologists in schools. *Pastoral Care in Education*, 26(3), 127-142.
- Shin, J.Y. & Nhan, N.V. (2009). Predictors of parenting stress among Vietnamese mothers of young children with and without cognitive delay. *Journal of Intellectual and Developmental Disability*, 34(1), 17-26.
- Smith, J. A. (2008). *Qualitative psychology: A practical guide to research methods*. London: Sage Publications.
- Wachholtz, A. & Sambamoorthi, U. (2011). National trends in prayer as a coping mechanism for health concerns: Changes from 2002-2007. *Psychology of Religion and Spirituality*, 3(2), 67-77.
- Willig, C. (2013). *Introduction of qualitative research in psychology* (3rd Ed.). New York: Open University Press.
- Wilner, P. & Smith, M. (2008). Attribution theory applied to helping behaviour towards people with intellectual disabilities who challenge, *Journal of Applied Research in Intellectual Disabilities*, 21, 150–155.
- World Health Organization (2014). *Disability and health*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs352/en/>.

APPENDICES

APPENDIX 1a: INTERVIEW GUIDE (English version)

Interview guide

1. As a teacher of children with intellectual disability, would you please share with me your own understanding of what intellectual disability is?
2. Kindly share with me your own experiences of working with intellectually disabled children.
3. What are the challenges you face in your work with these children?
4. How do you cope in working with intellectually disabled children?

APPENDIX 1b: INTERVIEW GUIDE (Sepedi version)

Tlhahli ya potšološišo

1. Bjalo ka morutiši wa bana ba bofokodi bja go ithuta, na o ka abelana le nna kwešišo ya gago ya gore bofokodi bja go ithuta ke eng.
2. Hle abelana le nna ka boitemogelo bja gago bja go šoma le baithuti ba go ba le bofokodi bjo.
3. Na dihlotlo ke dife tše o lebanago natšo mošomong wa gago ka bana ba?
4. Na o šogana bjang le go šoma ka bana ba go ba le bofokodi bja go ithuta?

APPENDIX 2: PERMISSION LETTER TO THE DEPARTMENT OF EDUCATION

Department of Psychology

University of Limpopo

Private Bag X1106

Sovenga

0727

Date: _____

The Circuit Manager

Department of Education

Capricorn District

Private Bag X 2250

Polokwane

0700

RE: PERMISSION TO CONDUCT RESEARCH IN THREE SPECIAL SCHOOLS FOR CHILDREN WITH INTELLECTUAL DISABILITIES IN THE CAPRICORN DISTRICT

My name is Martina Adams, a Masters student in the Department of Psychology at the University of Limpopo (Turfloop Campus). I am conducting a study on: "The experiences of teachers working with intellectually disabled learners in the Capricorn district". The purpose of my study is specifically aimed at exploring the experiences of teachers of these learners in these three schools.

I do hereby apply to be granted permission to conduct this research in the following three special schools in your circuit: New Horizon Special School for Children with Intellectual Disabilities, Grace and Hope Special School for Children with Intellectual Disabilities and Bana ba Thari School for the Intellectually Impaired. It is important to point out that the researcher undertakes to maintain confidentiality regarding the identity of the participants in this research project. The participants will be assured about the voluntary nature of this study and further that they are free to withdraw from the study at any time should they wish to do so.

The methods of data collection will be unstructured individual interviews with the teachers.

Sincerely

Martina Adams
Masters Student

Prof T Sodi
Supervisor

Date

Date

APPENDIX 3a: PARTICIPANT CONSENT LETTER AND FORM (English version)

**Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Date: _____**

Dear participant

Thank you for demonstrating interest in this study that focuses on the experiences of teachers working with intellectually disabled learners in the Capricorn district. The purpose of this study is mainly to understand the teachers' experiences of working with intellectually disabled learners.

Your responses to this individual interview will remain strictly confidential. The researcher will not attempt to identify you with your responses to the interview questions or to disclose your name as a participant in the study. Please be advised that participating in this study is voluntary and that you have the right to terminate your participation at any time.

Kindly answer all the questions and reflect your true reaction .Your participation in this research is very important .Thank you for your time.

Sincerely

Martina Adams
Masters Student

Date

Prof T Sodi
Supervisor

Date

CONSENT FORM TO BE SIGNED BY PARTICIPANT

CONSENT FORM

I _____ hereby agree to participate in a Masters research project that focuses on teachers' experiences of working with intellectually disabled learners in the Capricorn district.

The purpose of the study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can terminate my participation in this study at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule, and that my answers will remain confidential.

Signature: _____

Date: _____

APPENDIX 3b: PARTICIPANT CONSENT LETTER AND FORM (Sepedi version)

Department of Psychology
University of Limpopo (Turfloop Campus)
Private Bag X1106
Sovenga
0727
Letšatšikgwedi: _____

Motšeakarolo yo a rategago

Re leboga ge o laeditše kgahlego mo nyakišišong ye e tsepeletšego maitemogelo a barutiši bao ba šomago ka baithuti ba go ba le bofokodi bja go ithuta mo seleteng sa Capricorn. Maikemišetšokgolo a thuto ye bogolo ke go kwešiša maitemogelo a barutiši ba go šoma le baithuti ba go ba le bofokodi bja go ithuta.

Dikarabelo tša lena go dipotšološišo tše tša motho ka o tee e tla ba sephiri se segolo. Monyakišiši a ka se leke go le tswalanya le dikarabelo tša dipotšološišo goba go utolla maina a lena bjalo ka batšeakarolo mo thutong ye. Hle fahlogelang gore botšeakarolo bja lena mo thutong ye ke bja boikgethelo le gore le na le maloka a go ikgogela morago neng goba neng.

Ka potego araba dipotšišo ka moka mme o laetše maikutlo a gago. Botšeakarolo bja gago mo nyakišišong ye bo bohlokwa kudu. Ke leboga nako ya lena.

Wa potego

Martina Adams
Masters Student

Letšatšikgwedi

Prof T Sodi
Supervisor

Letšatšikgwedi

FOMO YA TUMELELANO YA GO SAENWA KE MOTŠEAKAROLO

FOMO YA TUMELELANO

Nna _____ ke dumela go tšea karolo mo phorotšekeng ya nyakišišo ya M.A. ye e tsepeletšego maitemogelo a barutiši bao ba šomago ka baithuti ba go ba le bofokodi bja go ithuta mo seleteng sa Capricorn.

Maikemišetšo a thuto ye a hlalositšwe ka botlalo go nna. Gape ke kwešiša gore ke tšea karolo ka go lokologa ntle le go gapeletšwa ka mokgwa ofe kapa ofe go dira bjalo. Ke kwešiša gape gore nka fediša botšeakarolo bjaka mo thutong ye nakong efe kapa efe ge nka rata go se sa tšwela pele le gore sephetho se se ka se ke sa nkama ka mokgwa wa go se nyakege.

Ke kwešiša gore se ke phorotšeke ya nyakišišo, yeo maikemišetšo a yona e se bego go hola nna ka bonna. Ke kwešiša gore ditaba ka nna bjalo ka ge di bonala mo fomong ya tumelano di ka se kgokaganywe le šetulo ya dipotšološišo, le gore dikarabo tša ka e tla ba sephiri.

Mosaeno: _____

Letšatšikgwedi: _____

APPENDIX 4: ETHICAL CLEARANCE LETTER



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

**TURFLOOP RESEARCH ETHICS
COMMITTEE CLEARANCE CERTIFICATE**

MEETING: 05 November 2015

PROJECT NUMBER: TREC/177/2015: PG

PROJECT:

Title: The experiences of teachers' working with intellectually disabled learners in three special schools in the Capricorn District, Limpopo Province

Researcher: Ms M Adams
Supervisor: Prof T Sodi
Co-Supervisor: N/A
Department: Psychology
School: Social Science
Degree: Masters in Clinical Psychology


PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

APPENDIX 5: LETTER OF PERMISSION FROM DEPARTMENT OF EDUCATION



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF **EDUCATION**

Ref: 2/5/6/1 Enq: MC Makola PhD Tel No: 015 290 9448 E-mail: MakolaMC@edu.limpopo.gov.za

Adams M
University of Limpopo
Private Bag x 1106,
Sovenga,
0727

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal: **“THE EXPERIENCES OF TEACHER WORKING WITH INTELLECTUALLY DISABLED LEARNERS IN THE CAPRICORN DISTRICT.”**
3. The following conditions should be considered:
 - 3.1 The research should not have any financial implications for Limpopo Department of Education.
 - 3.2 Arrangements should be made with the Circuit Office and the schools concerned.
 - 3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.
 - 3.4 The research should not be conducted during the time of Examinations especially the fourth term.
 - 3.5 During the study, applicable research ethics should be adhered to; in particular the principle of voluntary participation (the people involved should be respected).
 - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.
- 4 Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.

Request for permission to Conduct Research: Adams M.
CONFIDENTIAL

5 The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Best wishes.



MUTHEIWANA NB
HEAD OF DEPARTMENT (ACTING)

2015/12/08

DATE

Request for permission to Conduct Research: Adams M.
CONFIDENTIAL