

VII THE TRAINING CENTRE*

TEACHING THE SEVERELY SUBNORMAL ADULT TO SWIM

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When constructing a programme for the severely subnormal adult in a training centre, it is good policy to emphasise activities which will integrate the subnormal back into the main stream of community life. Many efforts at training, although laudable in their intent, do tend to move the subnormal into still further isolation by developing activities specifically related only to this section of the population. This serves to emphasise the difference between them and their more favoured peers, thereby enhancing their isolation. It is necessary to educate society to reduce prejudice and misunderstandings concerning subnormal people. It may well be that the best method of implementing tolerance and acceptance of the subnormal is to enable him to participate in the normal happenings of a community and prove himself functional. The ability to swim is a desirable accomplishment for anyone, but for the subnormal it can provide a further step toward adjustment and acceptance within society.

Swimming is probably the most complete physical exercise, because in performing the major strokes all of the body's muscles are used. It gives a sense of personal achievement and general well being together with the opportunity of participating with others in a pleasant form of exercise. It helps to alleviate disorders of the skeletal system, respiratory disorders, neuro-muscular disorders and metabolic disorders. However, water is not man's primary element, so above all swimming is a challenge.

Motivation

It is not enough to merely take the severely subnormal to a swimming baths and attempt to give him swimming lessons. The desire to swim or even the concept of swimming is not immediately apparent or understood by them. This has to be cultivated and encouraged. The subnormal has experienced a disproportionate number of failures in life, so to him, swimming represents just another seemingly insurmountable hurdle. He may be reluctant to risk another failure experience. Therefore, in the early stages it is probably advisable that the teacher should avoid any mention of 'Swimming Lessons' as such and approach the subject as 'Visits to the Swimming Baths'. Volunteers may then be forthcoming.

The severely subnormal is very much a 'here and now' sort of person. He finds it difficult to work for an intangible reward or toward an ultimate goal. He responds better to quick rewards and goals that are quickly achieved. For this reason, this swimming programme uses individual Achievement Ladder Cards which provide simple intermediate goals—weekly targets which are not too difficult to attain. By using these supplementary cards each week before visiting the baths, the trainee can be briefed and given a carefully graduated target well within his individual capabilities. Therefore he can progress at his own speed, stimulated by the incentive of self

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competition. Studies by S. Gordon, N. O'Connor and J. Tizard (1956) showed this to be one of the most powerful incentive conditions for motivating the severely sub-normal adult.

An example of a Swimming Achievement Ladder Card is shown below:—

NAME:—						Date
12	Swimming a width—unassisted	.....	.....	.....	.....	.....
11	Swimming ten strokes—unassisted	.....	.....	.....	.....	.....
10	Swimming a width—with float	.....	.....	.....	.....	.....
9	Swimming five strokes—with float	.....	.....	.....	.....	.....
8	Lying on water—hands on rail	.....	.....	.....	.....	.....
7	Putting head under water	.....	.....	.....	.....	.....
6	Walking a width holding side	.....	.....	.....	.....	.....
5	Getting shoulders under water	.....	.....	.....	.....	.....
4	Taking five steps in the water	.....	.....	.....	.....	.....
3	Putting feet on the bottom	.....	.....	.....	.....	.....
2	Going down the steps	.....	.....	.....	.....	.....
1	Putting feet in the water	.....	.....	.....	*	6.6.68

As soon as possible after leaving the baths the trainee can be accredited with a star for his accomplishment. This provides a visible and tangible record of progress which can be both seen and understood.

The member of staff accompanying the trainees should keep a Swimmers' Progress Book in which to record details of individual progress and difficulties. It is recommended that the teacher/trainee ratio be limited to a maximum of 1 to 4.

The following programme could be used as a general guide and may be of some interest to teachers in training centres who contemplate the introduction of Swimming as an activity.

A SWIMMING PROGRAMME

Aims: To help the trainees enjoy swimming as an activity and to teach them how to avoid getting into difficulties in the water.

Notes for Staff Guidance

- Before selecting a trainee, check his medical record.
- Consult the Head of centre and visiting Doctor regarding the suitability of a particular trainee for swimming.
- Obtain the parents' consent.
- Prepare and record progress in a book or chart.
- Swimming is hazardous—maintain discipline at all times.

The journey to and from the baths provides a good opportunity for teaching many aspects of Social Education. Allow the trainees to use initiative and gain experiences.

Equipment

The following items of equipment are needed:—

Swimming Costumes

Waist Rings

Towels

Polystyrene Float Blocks

Inflatable Air Belt Arm Bands

Introductory Visits

The first visit can be spent getting used to the environment which in the majority of cases will be unfamiliar. No attempt need be made to enter the water.

Walk around the pool, have tea. On the second visit change into swimming costumes, this may take up the whole of the period. A member of staff should change with the trainees. Although some swimming baths have qualified instructors in attendance, severely subnormals are more relaxed in the company of someone with whom they are familiar. If there is time walk around the adjacent rooms, showers, toilets etc., and point out the facilities available. Clothes baskets are usually numbered consecutively, so remind the trainees to remember their own number.

1 Swimming Lessons

By the third visit the trainees will have gained enough confidence to enter the water in the shallow pool. Do not have more than one trainee at a time to start with. Before entering the water, insist that there will be NO shouting, NO pushing. NO splashing and NO running about at the side of the pool, but encourage normal conversation. Activity in the water will naturally depend upon the progress and attitude of the individual. Each week before going to the baths, read the tasks on the Swimming Achievement Ladder Cards to the trainees and set each one a target based on their previous progress. Make a careful note of what they accomplish at the pool and credit them with a star on their return to the centre. Do not delay—it is important that this reward is given quickly.

Activity

- a. Beginners at side of pool, feet in water and splash.
- b. Getting into the water by going down the steps.
- c. Standing in the water without holding the sides.
- d. Slowly bending the knees in the water, hands on rail, trying to get the shoulders in the water.
- e. Repeat d. Hands on rail, bobbing up and down in water.
- f. Two hands on rail, take a deep breath, put face on water and blow bubbles (demonstrate). Discourage from wiping face and eyes on resurfacing.
- g. In the water walking slowly at the side of the pool with one hand on the rail. Turning and walking back slowly. Repeat to allow experience of slowly moving through water.
- h. Walking backwards and forwards holding rail.
- i. Back to the edge of pool, walking slowly into the water one, two or three steps, turning and walking back to the rail.

2 Swimming Lessons

These notes are just a broad outline and can be used as a framework for reference. Common sense should determine the precise activity of each trainee. The previous lesson's activities may have to be repeated indefinitely with certain trainees. The actual activity will depend upon the individual's progress.

Activity

- a. Repeat previous activities as necessary.
- b. Get into the water by going down the steps.
- c. Slowly bend knees in water, hands on rail try to get shoulders in the water.
- d. Repeat above. Slowly bob up and down in the water, hands on rail.
- e. Two hands on rail, deep breaths, immerse part of the face and blow bubbles—discourage from wiping face and eyes on resurfacing.
- f. Stand facing side of pool, grasping rail with hands taking one or two steps backwards. Repeat.
- g. Standing at side of pool, facing the side grasp the rail with both hands and take two steps backwards (trainees should be supported by placing a hand in the pit of their stomach). Take another step backwards, two if necessary to get feet off the bottom. Repeat.
- h. Allow trainees to help each other.

3 Swimming Lessons

From this point, precise activities will depend upon the individual trainee.

Activity

- a. Repeat previous activities as necessary.
- b. Facing side of pool, hold the rail with both hands.
- c. Assume position as for swimming (support).
- d. Swimming position, hands grasping rail, legs kicking.
- e. Swimming position, hands on rail, legs kicking without support.

Further Progression

As soon as the previous activities are being willingly and confidently performed, introduce fully inflated Air Belt Arm Bands. Support at first, then let the trainees use them independently over a period of five to six weeks. They can be deflated gradually. When all the aids are eventually removed, be very near to hand as rhythm and confidence can easily be lost. Strokes and style are not of immediate importance. Swimming can be hazardous, so maintain discipline. The need for caution is equally as valid for normal adults who are unable to swim.

AN ACCOUNT OF THIS PROGRAMME IN OPERATION

Selection of Trainees

It was decided that the trainees to be taken swimming were those who: had volunteered, were physically capable, medically fit and were able to communicate and understand simple instructions. Numbers had to be limited for it was not con-

sidered advisable to exceed a 1/4 teacher trainee ratio for this activity. None of those taking part had received previous swimming instruction.

They were: —

<i>Name</i>	<i>C.A.</i>	<i>I.Q.</i>	<i>Description</i>
Graham	29	N.A.	S.S.N. Severe curvature of spine. Tall, thin. Considered to be a very able trainee.
Timothy	23	41(1953)	S.S.N. Mongol. Short, stocky.
Carl	24	43(1953)	S.S.N. Medium build.
Roger	24	36(1963)	S.S.N. Mongol. Short, stocky.
Joan	33	51(1965)	Subnormal. Tall, well built.
Sheila	23	49(1965)	Subnormal. Very small, thin.
Janet	24	36(1965)	S.S.N. Tall, well built.
Maureen	22	44(1952)	S.S.N. Mongol. Short, medium build.

In some cases the records available are incomplete, the I.Q's out of date and the Mental Ages not known. However, it is considered that the sample of trainees who took part in this activity are by no means exceptional and are probably fairly representative of other trainees in adult centres.

The visits took place at weekly intervals and the actual time spent in the baths was approximately 30 minutes. The baths had two heated pools, one for beginners and a full sized pool for general use. After every session the trainees were provided with tea.

The following account is an outline of the trainees' progress through the various stages: —

1st Visit

After touring the baths, the trainees wanted to change into their swimming costumes. Then they sat at the side of the pool with their legs in the water. They would have gone further than stage 1 if requested, especially Timothy who had to be restrained from jumping in. Roger too was anxious to proceed in order to report to his father who had been taking an active interest in conversations about swimming at home. Generally they all appeared a little nervous and timid.

3rd Visit

By now it was noticeable that much of the apprehension and timidity had disappeared. The surroundings were familiar and they were quite ready to proceed with the instruction.

It was decided to permit very rapid initial progress in the hope that this would provide the success, experience and confidence necessary to sustain their efforts in the more difficult stages to follow.

At all times, the trainees were encouraged to talk and were given sustained verbal encouragement by the staff.

6th Visit

Sheila encountered a minor setback and appeared to lose confidence. Although the pool was heated, she complained of being cold in the water and requested that she discontinue her lessons. Her parents were contacted later and with their help she was persuaded to change her mind. With the exception of Timothy who was inclined to be reckless, it was noticeable that in general the trainees were still a little tense in the water. They progressed rapidly up to stage 6, but nearly all of them regarded stage 7 (putting head under water) with some trepidation.

When a trainee experienced difficulty, had a setback or lost confidence, they were allowed to play in the water until they recovered sufficiently to regain interest in the instruction. After five or ten minutes play, they were encouraged to consolidate their previously acquired skills and were not set new targets until the teacher considered that they had recovered their composure and were ready.

It was found that allowing time for free play each week helped the trainees to establish their independence in the water. This was usually reflected in improved performance afterwards.

12th Visit

Although Timothy was keen and eager, he overestimated his ability in the water. It appeared that he and one or two others could have progressed more rapidly if allowed, but for various reasons it was considered advisable to concentrate not on quick results, but constantly reinforced success experiences leading to a steady, gradual improvement.

On stage 9 there is a general tendency at first to do the strokes far too quickly and therefore tire easily. All the trainees were reluctant to lie on their backs in the water—even with support.

TABLE OF PROGRESS

Name	Stage Reached			Summary of Remarks
	3	6	12	
Graham	5	7	9	Showed determination. Poor motor co-ordination.
Timothy	8	9	9	Tendency to over confidence.
Carl	6	8	9	Timid. Made steady improvement.
Roger	5	8	9	Keen. Made steady progress.
Joan	5	9	10	Quickly developed self-confidence.
Sheila	6	7	9	Nervous. Tires quickly. Responded well to encouragement.
Janet	5	6	6	Gradually improved.
Maureen	3	5	8	Tense. Needed patient handling.

Conclusion

Graham: After 20 visits to the baths he was able to swim a width (36 feet) of the large pool, unassisted and without aids. He has maintained his keenness and enthusiasm and is very proud of his achievement.

Timothy: After 21 visits he swam the width of the pool unassisted and without aids. He appears to have no difficulty with his breathing control. Very keen, he now visits the baths in the evenings with his sister. Treats his mistakes as a joke and is even attempting different strokes.

Carl: On the 24th visit he swam approximately 18 feet. By the 30th visit he was able to swim a width of the pool without aids or assistance. He was very proud of this achievement. After a break of six weeks at Christmas time, he went to the baths, appeared to have suddenly lost confidence, didn't do too well and has since refused to go swimming.

Roger: He swam 24 feet on his 28th visit. His distance is limited because he is still experiencing difficulty with his breathing control and is restricted to swimming only as far as he can hold his breath. However, he is relaxing more and is improving his style.

Joan: By the 15th visit, Joan was able to swim a couple of widths with the aid of a float. The teacher records:—"She was not asked to try without the float, but evidently felt fully confident in her ability. At first I couldn't believe it when she swam on her own, everyone gathered around to watch her, it must have been a marvellous feeling for her and an inspiration for the others". She swam a width unassisted, without aids. On subsequent visits she has gone from strength to strength and now swims 2 widths (72 feet) on her own.

Sheila: Although the water is heated, Sheila is only able to stay in the pool for short periods. She also experiences difficulty with her breathing control and tends to hold her breath. By the 16th visit she was able to swim 5 strokes unassisted.

Janet: Due to illness she was unable to make further visits after the 12th lesson.

Maureen: After 15 visits Maureen is still on stage 8. She remains tense in the water, but there are signs that she is relaxing more every lesson. She tends to do better if there are no onlookers. She is keen and says that she wants to learn to swim. Her parents are interested and actively encourage her, so there is every possibility that in time she will be successful.

The trainees were not instructed in any particular stroke but were shown both the front crawl and the breast stroke movements, then allowed to choose. Except for Sheila, who favoured the breast stroke, the others appeared more at home using the front crawl style. It was noted that apart from their choice of stroke their reactions and performances were quite different in the various situations. Perhaps it was a mistake to have expected a higher level of uniformity. For example, it was anticipated that the mongols would encounter difficulties controlling their breathing, this was not so. Roger did and is still having trouble, but Timothy mastered the skill very quickly and is now one of the better swimmers. Graham, Joan and Sheila were initially more tense and nervous than the others and retained their anxiety feelings longer. This of course may have been due to their fuller awareness of the danger hazards involved.

The incentives starting with the Swimming Achievement Ladder Cards have now been extended to include a series of certificates on which is recorded the distance that the holder is able to swim.

It is possible that sometime in the future our trainees will be allowed entry into some of the various schemes for the subnormal which are sponsored by the Amateur Swimming Association.

The views contained in this article are my own and do not necessarily represent the opinions of the Committee or Department by whom I am employed.

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