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A Concept of Educability and the Correlates of Mental Illness, Mental Retardation, and Cultural Deprivation

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On February 5, 1963, President Kennedy delivered his now famous message to the Eighty-eighth Congress [23] that called for a massive national effort to deal with the "twin problems" of mental illness and mental retardation. Of critical importance to us are his remarks concerning the relationship between cultural deprivation and mental retardation, and possibilities for amelioration or prevention of the latter:

Cultural and educational deprivation resulting in mental retardation can also be prevented. Studies have demonstrated that large numbers of children in urban and rural slums, including pre-school children, lack the stimulus necessary for proper development in their intelligence. Even when there is no organic impairment, prolonged neglect and the lack of stimulus and opportunity for learning can result in the failure of young minds to develop. Other studies have shown that, if proper opportunities for learning are provided early enough, many of these deprived children can and will learn and achieve as much as children from more favored neighborhoods.*

*The recent Jensen report [21] and those reactions of its many adherents and

This self-perpetuating intellectual blight should not be allowed to continue.

The President's complete text provoked, at that time, puzzlement among a number of professional workers involved in treating the mentally ill, the mentally retarded, and the culturally deprived. Their most serious disagreements with his message concerned the pooling of mental illness and mental retardation as twin problems, his assertion that a cause-and-effect relationship exists between cultural deprivation and mental retardation, and his prediction that improvements in preschool, elementary, and secondary education—particularly in distressed areas—would help prevent mental retardation. I am in full agreement with what must have been a carefully planned strategy of President Kennedy and his advisors and, upon reflection, must add that the wisdom of his message is literally astonishing. Not only was it the ideational progenitor of the Economic Opportunity Act of 1964 and the basis for the War on Poverty, but the Kennedy document can also be considered an important statement concerning a set of related and complex problems.

What is the relationship between mental illness and mental retardation? As we discussed elsewhere [7], even before the turn of this century a distinction was made between *dementia* and *amentia*. Dementia (mental illness) was described as a sickness during which the individual lost his ability to function normally. The term means literally "a loss of mentality." Amentia (mental retardation) was described as a condition of intellectual subnormality. The term means literally "without mentality," implying that the individual never had normal mentality. Today, in textbooks and in scholarly journals this distinction is often maintained. Mental illness is

detractors (please see especially "How Much Can We Boost I.Q. and Scholastic Achievement? A Discussion" by Kagan et al. [22]) said it all—all that should have been said and all that should not have been said about "nature-nurture," the relationship of social class and intelligence, and the hypothesis that intelligence is educable or plastic. This chapter will explore, in addition to some of Jensen's major concerns, less visible facets of the global problem confronting disfranchised poor children.

described as a sickness that deprives a "normal" person of his abilities to use his intelligence and emotions appropriately. The prognosis of mental illness, although not particularly encouraging in certain cases, never categorically precludes the possibility of either prevention or cure. In fact, practically all programs for treatment of the mentally ill focus on what Caplan [9] termed *secondary* or *tertiary preventions*.

The distinction between *illness* and *condition* is very important. Although some notable scholars within the field maintain that mental retardation can be prevented or cured, even they generally agree that retardation is a condition and not a sickness.* In the vernacular we use the word *illness* to denote a state that is the opposite of *wellness*. However, we imply more. When we speak about sickness, we make certain assumptions about prior conditions of health, and, depending on our optimism and the specific nature of the illness concerned, we arrive at a prognosis and a plan of treatment for eventual cure. The term *condition* refers to a more static state in which we do not imply that health is attainable.

In this respect the term *condition* is not logical if one believes that mental retardation is curable. Why, then, are the many professionals in the field of mental retardation who view mental retardation more optimistically, and who may even be involved in programs designed to prevent or reverse retardation, reluctant to

*For a full discussion of classification and terminological problems in mental retardation, see Blatt [3, 4] and Heber [19]. Traditionally, mental retardation was defined as a constitutional condition of the central nervous system, existing from birth or early age, incurable and irremediable, often resulting in the inability of the individual to profit from ordinary schooling. This traditional definition was joined to a classification system that utilized arbitrarily determined IQ scores to categorize levels of intellectual capacity; e.g., 25-50 IQ was the "trainable" category; 50-75 IQ was the "educable" category. More recently a new (and widely used) definition and classification manual [19] was developed by a committee of the American Association on Mental Deficiency. This new manual defines mental retardation as subaverage general intellectual functioning, originating during the developmental period and associated with impairment in adaptive behavior. This definition does not assume a constitutional condition as a necessary requirement for mental retardation (see "cultural-familial mental retardation," pp. 39-40). It refers to function rather than, as is traditional, to capacity, and it does not preclude possibilities for prevention, cure, or amelioration of mental retardation and its associated consequences.

use the terms *illness* or *sickness* in discussing retardation? Their reluctance may be derived from similar sources that prevented earlier workers with the insane from calling their patients ill or sick. In the vernacular, sickness implies that an individual shows certain symptoms. Only relatively recently have the fields of psychiatry and psychology been able to devise sufficient diagnostic procedures to identify symptoms of emotional disturbance or mental illness. Only within the last few years have interrelationships between physical and emotional factors (psychosomatic effects) been even partly understood.

Therefore, in view of the well-known presumption that 75 to 85 percent of all known mental retardates have no measurable physiological abnormalities or pathological central nervous system impairments, some workers in retardation feel it necessary to make a distinction between physical normality and intellectual subnormality. Further, although an important distinction is made between retarded children who are presumed to be physiologically intact—the cultural-familial mentally retarded*—and those who have central nervous system impairments, both the cultural-familial and the organically impaired retarded are considered to be intellectually subnormal or weak or defective, but not sick.

I believe it may add perspective to the problem if we consider any child who has serious learning or behavior disorders to be a sick child. I would include all the mentally retarded and many of the culturally disadvantaged in this category of "sick children." In spite of the fact that their sickness may not be considered physical in origin, we cannot discount the consequences of what we presently term their "condition." These children have severe cognitive restric-

*Although the "technical" definition of cultural-familial mental retardation is stated somewhat differently [19], substantively it suggests at least five characteristics which have long been descriptive of certain individuals: (1) by traditional methods of evaluation their intelligence is subnormal, (2) the intellectual level and social adequacy of at least one parent and one sibling appear also to be subnormal, (3) there is no discernible central nervous system pathology giving rise to the subnormality, (4) they were born into and reared in a cultural milieu which is "inferior" to other strata of our society, and (5) they represent a disproportionately large part of the case load of many social agencies.

tions and deficits and are faced with global intellectual discontinuities and difficulties. During the school years further consequences of such an "illness" may result in academic retardation and character disorders which may lead, in turn, to problems of illiteracy, school dropouts, social maladjustments, and economic dependency on society. This chapter is concerned with children who are prone to this illness, with the hope that, for many, it may be prevented and, for most, it will be treated and subsequently ameliorated or cured.

What is the relationship between mental retardation and cultural deprivation? It would distort the history of several scholarly fields to suggest that President Kennedy raised a new controversy. The relationship between retardation and social class has been a long-standing concern of sociologists, anthropologists, and political scientists and, more recently, of psychologists and teachers. Our earlier review of the literature [6] (condensed here) bearing on this relationship and upon attempts to prevent or reverse intellectual inadequacy disclosed the following:

1. At present there appears to be a marked resurgence of interest in mental retardation generally and in the cultural-familial type of case in particular [1, 11, 16, 20, 26, 29]. Whereas in earlier decades the cultural-familial cases (variously labeled "Kallikak," garden-variety, subcultural) were viewed as a distinct etiological grouping of genetic origin, they tend today to be viewed as part of that much larger problem group of our society given the label "culturally deprived."

2. There seems to be general agreement that genetic processes represent an important source of influence on the biological foundations of intelligence. There also seems to be increasing recognition that far too little is known about the nature of intelligence (except, perhaps, that it is vastly more complex than is indicated by the usual IQ score) to justify drawing anything resembling specific hypotheses about the role played by genetic factors [10, 12, 13, 19, 25, 28, 34, 36]. Put another way, the heated nature-nurture controversies of the past have been superseded by the recognition that

earlier formulations were oversimplifications which served the participant's personal opinions far better than they did clarification of the problem.

3. The above change in viewing the nature-nurture controversy, together with the emergence of cultural deprivation as a major problem in our society, seemed to set the stage for systematic research and social action on ways of bringing about environmental changes that might prevent intellectual deficits. Put more positively, the aim seems to be to invade and change environments in order to determine the degree to which the intelligence of these individuals could be educated, i.e., to evaluate what one "could bring out" under changed conditions [8, 33, 35].

4. Relatively few systematic studies bear directly on the effects of planned intervention on the intellectual development of culturally deprived or cultural-familial mentally retarded children. The studies which have been done vary greatly in methodological sophistication, quality and quantity of descriptive detail about such important variables as selection of cases, differences in contrasting environments, and control of bias in collection of data [14, 15, 24, 33, 35]. The findings tend to suggest—more or less mildly—that planned interventions have the predicted effect of increasing intelligence test scores, although it is by no means clear what aspects of the environment are the most important ones. Perhaps the wisest conclusion one should draw is that available studies do not allow one to infer that the problem is solved.

5. It is possible that a major difficulty encountered by recent studies may in itself turn out to be one of the most illuminating aspects of the development of children from culturally deprived or cultural-familial backgrounds. Although they can be found in great numbers in the school setting, mildly mentally retarded children of preschool age without central nervous system defect were extremely difficult to locate, even when special case-finding efforts were made, in neighborhoods where one would expect to find them in fair number [14, 15, 24]. One possibility, of course, is that the intelligence tests measure different abilities or behaviors in the preschool period than in the school years. However, there is no evidence

that this possibility could account for more than a part of the difficulty in case finding. Another possibility is that, in as yet undetermined ways, introducing these children into the school setting maximizes a conflict between the home and school cultures, producing attitudes toward learning and self that negatively affect test performance. In any event, if the difficulty in case finding is a real one, its explanation becomes of major significance in future theorizing and research.

To summarize, there are strong suggestions that the so-called cultural-familial mentally retarded are found almost exclusively among the culturally disadvantaged portion of our population. Secondly, efforts to prevent and reverse school failures and retardation among children who are in the cultural-familial group have been encouraging, although the problem is by no means "laid by the heels." As Sarason [31] stated, although we are not in a position to deny the possibility that heredity is a powerful factor in the development of so-called cultural-familial retardation, we should set that possibility aside until there is clearer evidence to support it. Essentially, it is not a very useful hypothesis for purposes of research or program development. If we conceptualize such retardation as arising from some multiple genetic etiology, we may assume that there is scarcely anything that can be accomplished in preventing or remedying the disorder. Certainly, if such were the case there would be little left in this group to interest educational researchers or program planners.

On the other hand, the optimistic viewpoint that intelligence is educable (i.e., intelligence is a function of practice and training) permits exploration into the possibilities for prevention and cure of learning disorders associated with retardation or cultural deprivation or both. The central hypothesis of this chapter is the assumption that any child is capable of better performance. This assumption is equally valid for a child with visible psychological or physiological pathology, but it is especially directed toward the child who comes from an intellectually disadvantaged environment and who may be helped, early in his life, in a variety of ways

calculated to stimulate his cognitive development and his motivation to succeed.

IMPOVERISHED LEARNERS AND THEIR FAMILIES

In the sixties several major works describing the plight of the culturally disadvantaged in the United States were published. Four of the more important ones are Harrington's *The Other America* [17], May's *The Wasted Americans* [27], Riessman's *The Culturally Deprived Child* [29], and Riessman, Cohen, and Pearl's *Mental Health of the Poor* [30]. However, no one states the problem more simply or more effectively than Sargent Shriver in *The War on Poverty* [32], a Congressional presentation prepared for the Select Subcommittee on Poverty of the Committee of Labor and Public Welfare of the United States Senate.

... there remains an unseen America, a land of limited opportunity and restricted choice. In it live nearly 10 million families who try to find shelter, feed and clothe their children, stave off disease and malnutrition, and somehow build a better life on less than \$60 a week. Almost two-thirds of these families struggle to get along on less than \$40 a week.

These are the people behind the American looking glass. There are nearly 35 million of them. Being poor is not a choice for these millions; it is a rigid way of life. It is handed down from generation to generation in a cycle of inadequate education, inadequate homes, inadequate jobs, and stunted ambitions. It is a peculiar axiom of poverty that the poor are poor because they earn little, and they also earn little because they are poor. For the rebel who seeks a way out of this closed circle, there is little help. The communities of the poor generally have the poorest schools, the scarcest opportunities for training. The poor citizen lacks organization, endures sometimes arbitrary impingement on his rights by courts and law enforcement agencies; cannot make his protest heard or has stopped protesting. . . .

Patterns of poverty are established early in life. Thousands of children grow up in homes where education, ambition, and hope are as scarce as money. Many of these children attend school with little incentive or guidance from home to get them through. They drop out as soon as the law permits, or sooner. Others fail to attend school at all.

By the time such children reach 16, they begin a lifelong drift

through a series of low-skill or no-skill jobs that grow increasingly harder to find as automation spreads through business and industry. Some who can't find jobs at all turn to drug addiction, petty crime, then major crime.

But most simply find a niche of minimum usefulness to themselves and society, where they may cling for the rest of their lives. They need opportunities for escape, but first, their attitudes have to be rebuilt, in a sense, from the ground up. For poverty can be a state of mind, and many of these young people feel already defeated.

Another group falls in this youthful army of the poor who form ranks in the city slums and the rural backwaters across the nation. These are the children of poor families who grow up with the motivation and the ambition, but not the opportunities. If they get through high school they are unable to find part-time work to help them to meet college expenses, or to help them contribute to needed support at home.

How should one describe disadvantaged children for the purposes of classification? Havighurst [18] recommends evaluation of the child in terms of certain family characteristics which are related directly to the child, in terms of the social group characteristics of families, and in terms of the child's personal characteristics. With this recommendation in mind, we will make a number of generalizations from the literature on disadvantaged children.

Hard-core deprived families have been reported to have certain characteristics that relate directly to and act as a negative reinforcement on the development of their children. Often parents have been found to have low intelligence and to be socially inadequate. Consequently, many show low educational attainments and have been early school dropouts. As adults they may also be having difficulty in adjusting socially. Their children, likewise, are generally found to experience a high degree of reading and learning disabilities, school failures, and problems of social adjustment. The parent-child relationship is often characterized by extremes of parental overprotection or rejection. In such families the status goals are highly restricted by inferior self-image and by self-derogating and self-defeating outlooks.

Case studies suggest that these families have moral standards which are unacceptable to middle-class society, and as a result of their standards the disadvantaged find themselves in frequent con-

flict with the legal codes and mores of affluent America. Disadvantaged families are oftentimes dependent on social agencies for continual financial and other support. Frequently there is no male adult living in the home, and when there is one, he may not be the father of the children.

In the homes of disadvantaged families there is a scarcity of furniture and appliances of all types. There is an absence of educational materials such as toys, puzzles, scissors, and books. The families are often nonverbal, i.e., there is little meaningful language used, and the language that is used is frequently unacceptable in nondeprived settings, such as the school. In general, the home and the contiguous neighborhood provide children with a limited range of stimuli and encouragement for exploration and discovery in worlds other than the one in which they live.

Generally, children raised in such environments have been found to suffer from two overlapping groups of deficits, cognitive and motivational. Of crucial importance to a discussion of educability are the environmental influences—other than the school—that operate before the child is born and that seem to continue to have profound effects throughout the formative years. In order to understand them, we must discuss the variability that exists between and within families. We have completed a study [6] in which we dealt with some aspects of the very broad, complex, and significant problem of the relationship between social class, family characteristics, and intellectual and academic growth. We were concerned specifically with testing some methods of intervention with preschool children from disadvantaged homes—procedures that might reduce the likelihood that they would develop intellectual and academic deficits so frequently found in youngsters from such environments. The following case descriptions, which are from data collected in that study, demonstrate our contention vis-à-vis variability *between* families and *within* a family in populations of the culturally deprived.

These three cases in the aforementioned study [6] illustrate problems that are encountered in attempting to categorize the disadvantaged in neat, unequivocal ways. Obviously, all names of families and places are fictitious.

Case 1. The Marcellino family lives in a congested section of the city comprising two large low-income housing projects and severely run-down tenement dwellings. Their block contains four four-story apartment houses, all connected. The family lives in a building that was condemned several years ago but never demolished. Many families move to this block as a last resort when they are evicted from the housing project. In this neighborhood it is considered degrading to have to live on this block.

The Marcellinos live in a building that is in deplorable physical condition, dirty, and an apparent firetrap. Stairways are broken and garbage is strewn on all floors. Stairways and hallways are dark, their only light coming through a skylight during the day. Obscene messages are written on the walls of the hallways. The entire house smells of kerosene, which is the only type of heating available. The ceilings are cracked and plaster is falling down. The house is infested with rats, which seem to be a continuous problem to the tenants. No door has a name or number on it and mail boxes do not indicate which apartment contains which family. Most people in the house pick up their mail at the Post Office, as most mail is in the form of relief or other dependency checks and it is not a good idea to rely upon the broken boxes from which mail can be easily stolen. It was pointed out that this obscurity helps in avoiding creditors as well as other unwanted visitors.

The Marcellino apartment has no name on the front door. It is dirty and smells much worse than the hallways. There are three bedrooms, a combination bedroom-living room, a kitchen, and a bathroom. All the furniture is in disrepair and the physical surroundings appear to be grossly neglected.

The family is known to eleven social agencies in the Greater Boston area, including Public Welfare, Catholic Charities, and Family Service.

The father, who is 40 years old, reported that he had completed seven grades of school, is not working, and presently is being treated at the Veterans Administration Hospital for asthma. Prior to his hospitalization he was an odd-job worker. He is said to be an alcoholic. The mother, who is 37 years old, reported that she stayed back a lot in school and did not like school but completed seven grades. There are eight children in this family, six of school age, none in the special class. However, the 14-year-old son is in fifth grade, the 12-year-old daughter is in sixth grade, the 11-year-old daughter is in third grade, the 8-year-old daughter is in first grade, and the 7-year-old daughter and 6-year-old son are in kindergarten. There is evidence here of general and multiple grade repetition among siblings.

Bobby Marcellino, the 3½-year-old boy who was one of the 60 children participating in the aforementioned preschool research project, is one of two preschoolers in the family. He was delivered after a normal pregnancy. The mother reported an uneventful early

rearing of Bobby. He ate well, was weaned without difficulty, walked at about 1 year, and talked at about 1 year. His toilet training began at about 6 months of age, and by 1 year he attended to his toilet needs independently and regularly. On psychological evaluation upon entrance to the study, Bobby was evaluated as somewhat mildly mentally retarded. Psychometrically, he scored the lowest of any child entering the study.

Case 2. The Gomez family lives in a five-room apartment in one of the two housing projects located in the neighborhood where our research was conducted. The interior of the apartment is neat and clean, although sparsely and poorly furnished. There is some semblance of an attempt to keep the apartment in good order.

The family is known to nine social agencies, including Public Welfare, Family Service, State Division of Child Guardianship, and the Society for the Prevention of Cruelty to Children. Mr. Gomez is 38 years old. He completed six grades of school and repeated at least three grades prior to leaving school at age 16. He has always worked as a fisherman. During the fishing season he leaves his family for long periods of time, and when he is home he spends his evenings drinking, gambling, and "running around." He is reported to be ill-tempered, easily angered, and unconcerned with the financial and emotional support of his family.

Mrs. Gomez is 30 years old and attended Latin High School through part of the second year of high school. She left school at the age of 16 in order to get out of an unhappy home situation, married at that time, and is presently suing for divorce. Since her separation she has been receiving Aid to Dependent Children funds. Because her husband was frequently away from home, child-rearing was left almost entirely to her. She feels that she is too easy on the children and that, as a result, the children get what they want.

The oldest sibling, a daughter, has just completed the eighth grade and has never repeated any grades. The son, age 9, repeated the first grade and is now attending special class at the elementary school. He is a "fire setter," who was sent by the courts to a residential guidance center and is presently awaiting treatment. A son, age 8, has completed the second grade at the elementary school and has not repeated any grades. A daughter, age 5, just completed kindergarten and is going into the first grade.

Johnny Gomez, one of two preschool children in the family and the child in whom we were most interested, had an uneventful early childhood. He talked at about the same age as the other children in the family and walked by the time he was 1 year old. He was toilet-trained by the time he was 2½; however, he still has "accidents" at night. He is a pleasant little boy, minds his mother well, responds to her discipline, rarely has to be spanked, is good-natured, and mixes well, both with other children in the neighborhood and with his siblings.

Case 3. The Brown family lives in one of the two aforementioned housing projects. The apartment is dirty, barren of furniture, extremely crowded (although it is a five-room apartment) and, in general, very dilapidated.

The family is known to eleven social agencies in the Greater Boston area, including Public Welfare, Family Service, and Legal Aid Society.

The father, whose age is unknown, is rarely home, and the mother had little idea what his educational attainment was. The mother described him as "drunk all the time and there's no point in interviewing him."

The mother is 39 years old, toothless, and has just returned from the hospital where she gave birth to her eighth child. She completed three years of high school in a small Massachusetts town.

The oldest sibling, 18 years of age, was a special class graduate who went one year to vocational high school and is now "away." A 17-year-old son is in the first year of trade school. A 13-year-old daughter is in a special class at the elementary school. A 9-year-old son is in the first grade. A 6-year-old daughter is in kindergarten. Larry Brown, one of three preschool children in the family and the boy in whom our study was interested, is 4 years of age. He is an appealing child, inhibited and largely nonverbal. He is average in size and does not have any noticeable physical disorders.

Originally, in our research we intended to select preschool children whose siblings were classified as cultural-familial retarded school-age children. We hoped to determine whether a variety of preschool experiences would significantly affect their academic efficiency when they entered school. In order to meet criteria for cultural-familial retardation as defined in the American Association on Mental Deficiency's *A Manual on Terminology and Classification in Mental Retardation* [19], we stipulated that each child selected must have a mentally retarded older sibling who had no organic involvement and at least one mentally retarded parent who had no organic involvement. By this method we hoped to select children who would likely be classified eventually as mildly mentally retarded without central nervous system involvement. We used this method of selection because we assumed that, without outside special intervention, the preschool children could be expected to develop in patterns somewhat similar to those of their older siblings and their parents.

In brief, then, our original criteria were that subjects (1) come from a lower class, (2) be of preschool age, (3) have at least one older

retarded sibling, and (4) have at least one retarded parent. We were interested in finding cultural-familial retarded families, which the literature reputes to be a distinct and identifiable subpopulation of the much larger total population of disadvantaged families. We soon realized that, despite several sampling strategies, our criteria were essentially unworkable (see Blatt and Garfunkel [6] for a detailed discussion of this problem). We found that children in special classes do not, in general, have retarded parents—although a fair percentage of these parents were once in special classes or were early school dropouts. Further, we found that we could not make any sound judgment about the current level of intellectual functioning of the parents. Whether there is a strong relationship between retardation in parents and in their children is a moot point, but our experiences suggest that if it exists at all, such a relationship is a weak one. Obviously, the three families just described can be categorized as culturally deprived and do exhibit high incidences of school failure in both parents and children. However, even with the availability of certain school records and cooperation from local school officials, we found it very difficult to verify the intellectual level of the parents. Further, records of children currently enrolled in school did not always enable us to understand the significance of their attainments.

These families could be designated as culturally deprived and as cultural-familial mentally retarded in view of multiple school failures of parents and children and the apparently low level of current intellectual functioning of many of the parents. On the other hand, several of the siblings were reported to be doing well in school. In addition, we were aware that what we were judging as inferior school adjustment of certain parents might have been less a function of their intellect and more a function of their realistic attempts to cope with an overwhelming socioeconomic situation. As a result, we were forced to conclude that in spite of the multiple school failures of certain siblings and their parents, there was sufficient contraevidence to suggest the hypothesis that the occurrence of mental retardation in a so-called cultural-familial retarded parent is relatively independent of its occurrence in his child.

I believe that a quotation from our monograph [6] brings into focus some critical questions that workers involved with retarded or disadvantaged children must now begin to study more seriously:

It may be that for reasons now poorly understood, or not even yet stated, the cultural-familial family exists in far fewer numbers than in earlier decades. [*Author's note:* Cultural-familial mental retardation is estimated as accounting for 75–85% of all cases of mild mental retardation. Supposedly, it is due either to some multiple genetic mechanism or as yet unknown etiology. It occurs mainly among disadvantaged populations and is not associated with evidence of central nervous system pathology or other physiological conditions that could explain the subnormal behavior of family members.] This is not to say that there are not certain neighborhoods and, in fact, particular families that breed large numbers of so-called familial mentally retarded children. Nor do we imply that these neighborhoods are decreasing in size. The point we are emphasizing is that it is becoming more apparent that the clear-cut, easily categorized familial family is less and less available for study and more and more difficult to explain. For example, if one were to review some of the earlier family studies presented by Goddard (1912) [*Author's note:* Goddard was the research director at the Vineland Training School in New Jersey who was responsible for "The Kallikak Study"] and other workers, it would have been fairly easy to categorize certain families as familial, based on currently accepted criteria. In those families it was usual for both mother and father to be in special classes or to be early school dropouts or school failures. It was also quite usual to find several of the children either in special classes, institutional programs, or school failures. Our experiences have disclosed that those families that are now found often present such confusing discrepancies with the stereotype "cultural-familial mental retardation" that it is very difficult to designate them as familial, even though they meet the minimum criteria. When one considers the dramatic changes which have occurred in our society since the early decades of this century, it is by no means far-fetched to assume that they have operated to reduce the number of such families. Acceleration of urbanization of our society, the great advances in transportation and communication, the increase in special education facilities, the ever-increasing number and quality of social agencies—these and other changes conceivably may have had the consequence of reducing the number of cultural-familial families.

Although the nature of our subject population restricts us from generalizing directly to a population of cultural-familial mentally retarded children, it does seem that we can generalize, however cautiously, to a much larger population. It will be remembered that

the basic consideration in selecting subjects was that they come from an environment which had a history of producing a high percentage of school failures. [Author's note: The aforementioned became, in substance, the dominant criterion for our subject selection.] This kind of environment has come to be referred to as a culturally deprived environment. There is good reason to believe that such environments exist throughout the United States in cities and in rural areas. They are characterized by low incomes, high unemployment, high delinquency rates, a great dependency on social welfare agencies, and a high incidence of school failure in the local schools. Not only is there assumed to be a great similarity in the symptomatic social behavior within these neighborhoods, but it is also assumed that the deprivation that is operating upon individual children is more or less homogeneous from area to area.

It is, of course, plausible to entertain the question of different kinds of cultural deprivation that exist within different kinds of communities. However, for the purposes of this study, it seems reasonable to assume that, within the variety of circumstances that exist in lower-class environments, there is a substantial core of communality which is more a function of the conditions that exist within the environment than it is a function of the biological characteristics of the children within these environments. Without making any judgment as to how much weight can be given to the environmental characteristics, on one hand, and the biological characteristics, on the other, it is assumed that the weighting of the environmental characteristics is sufficient to make programs such as will be described in this volume generally applicable.*

DISCUSSION

To recapitulate, several conclusions are offered concerning our case-finding activities in our now completed study of preschool disadvantaged children and their families. To begin, it appears indefensible to continue support for the notion that there exist large numbers of so-called cultural-familial retarded families except, possibly, in very isolated rural areas. The levels of attainment of children within disadvantaged families has been shown to be relatively independent of the levels of the parents' or siblings' attainments. The level of attainment of any disadvantaged child is a function of

*From B. Blatt and F. Garfunkel, *A Field Demonstration of the Effects of Nonautomated Responsive Environments on the Intellectual and Social Competence of Educable Mentally Retarded Children*. Washington, D.C.: U.S. Office of Education, Cooperative Research Project No. D-014, 1965. Pp. 57-59.

both the disadvantaged community in which the child lives and his family. Perhaps one should ponder that when dealing with supposedly defective families we are, in reality, also dealing with defective communities. We think this to be an important distinction, important enough to consider its implications. Professional workers usually have assumed that within deprived communities there exist families who cope well with the environment and rear relatively typical children. They assumed that other families are defective and, because of either genetically weakened endowments or extremely impoverished family conditions, produce retarded and otherwise disordered children. By this reasoning they explain why certain slum-dwelling families are successful—often to the point of leaving the slum and sometimes contributing a talented or gifted son or daughter to society—and why other slum-dwelling families are unsuccessful.

Frankly, I am somewhat skeptical about this explanation. Our observations suggest the possibility that there are communities that Woolman [38] labels “culturally asynchronic.” Within their own ghetto subculture the people of such a community move from infancy to maturity with demonstrated adaptability across language, emotive, and social-interaction dimensions. However, as they enter the “other world” of the schools and middle-class society, they are unprepared and unable to interact on a multidimensional level. In those new settings they are failures. Because such failures are so frequent in these communities, a great many families appear to be “defective families” rather than disadvantaged individuals living in “defective communities.”

To structure the above proposition another way, we cite Thomas Szasz [37] who writes about “the manufacture of madness,” his hypothesis being that the kind and quality of treatment facilities and programs for mental patients in our culture cause such individuals to become sicker, not healthier—such people enter institutions as patients and remain as inmates. In the case of the so-called culturally disadvantaged, we manufacture their madness and their retardation and whatever other evils are attributed to them. We manufacture these conditions as we continue to permit the existence of—and, in fact, as we continue to actively support and en-

courage—sick and debilitating communities that disfranchise those who are forced to live there and degrade all of us who contribute to their growth and ever-increasing permanence.

For reasons that we cannot now clearly explain, other families who also live in these communities but contribute few, if any, disordered children could be said to be "normal." I speculate that, since variability within families (that is, some children doing well and others doing poorly, one parent literate and the other seemingly retarded) is approximately similar to the variability among families in such a community, it would be fruitful to qualify the notions of "defective" and "nondefective" families and, further, to reject the strategy of attempting to deal with the effects of deprivation by treating defective families.

I prefer a more global strategy. I would select certain communities that are likely to produce children with severe learning and motivational disorders. This approach would compel us to design interventions to prevent or reverse these disorders and then to provide these programs for all children in such communities, whether they live in cultural-familial homes or apparently more adequate homes. Until we learn a great deal more about the genesis and conditions of cultural deprivation, we must assume that any family living under such severely debilitating circumstances is apt to rear children who develop any one of a number of learning and behavioral disorders.

Last, although I believe that the relationship between mental retardation and cultural deprivation is provocative, the traditional concept of cultural-familial mental retardation appears to be meaningless—especially for those of us in teaching or therapeutic work who are dedicated to helping people change, not to explaining why or certifying that they haven't changed.

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