

SOME PERSISTENTLY RECURRING ASSUMPTIONS CONCERNING
THE MENTALLY SUBNORMAL*†‡

"believe those who are seeking the truth; doubt those who find it"

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In 1948, Goldstein published a penetrating paper dealing with causes, characteristics, and implications of mental deficiency.¹ This work received a great deal of attention, partly, it is supposed, because of its clear and readable style (a rare and commendable achievement today) and, more importantly, because it purported to separate fact from fiction, "...cite the fact, nail the lie; construe the implication; act."²

Goldstein's paper originally deserved its place of prominence as a recapitulation of existent practices and assumptions from which were derived

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Presented at the Workshop in the Rehabilitation of the Cerebrally Palsied and Other Disabled Persons, Springfield College, Springfield, Massachusetts, July 8, 1959; presented at the Council For Exceptional Children, Regional Meeting, Providence, Rhode Island, November 17, 1959.

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The author is indebted to George Brabner, Jr. and Seymour B. Sarason for their valuable suggestions and encouraging support.

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Because of the absence of a consistent and universal nomenclature, it should be pointed out that, for the purpose of this paper, the term "mentally subnormal" is used as an all-inclusive classification embracing all individuals functioning below normal intellectually.

1.

Goldstein, I., "Implications of Mental Deficiency," Occupational Education. 5:149-172, 1948 (Mental Deficiency is used here generically).

2.

Ibid. p. 149.

a series of definitive statements concerning mental subnormality. However, evidence brought forth during the decade since the publication of his work and the disconcerting questions raised by research completed and suggestive of research yet to be done, limits the usefulness of his article to its gross impact in up-grading the understanding of the unsophisticated and the uncritical. Today, the student examines "Implications of Mental Deficiency" and is not sure what is fact and what is fiction, what is myth and what is reality.

Because of the continuing tendency of many special educators and researchers to base decisions and actions on unwarranted assumptions, and considering the diligent research of those who have provided a few answers during the past years, it is desirable at this point to re-examine some of Goldstein's facts, determine their right to this label, and offer other possibilities for consideration. Unfortunately, much of Goldstein's position of ten years ago is, today, accorded almost universally unqualified acceptance by teachers, authors, other professionals, and institutions of higher learning. Therefore, the purposes of this paper seem clear: to reduce the rigidity of a profession that resists change; to provoke the creative to seek answers; and to instill a healthy unrest in all who work with the mentally subnormal.

I. Fact or Fiction?: "Mental deficiency is basically a physical or constitutional defect. Abnormal, incomplete, or arrested growth of certain cells results in the crippled arm, the crippled leg. Similarly, although not always as outwardly apparent as in the instance of the crippled leg, deficiencies in brain structure or defects of somatic organization result in mental deficiency. Mental retardation is thus a symptom of some constitutional disturbance or defect."³

3.

Ibid. p. 150.

Analysis: A review of pertinent literature leads one to the unmistakable conclusion that children, variously called mentally retarded, subcultural, "familial," non-organic, aclinical or garden-variety, do not, as a group, upon the most thorough neurological and psychological examinations, exhibit "...deficiencies in brain structure or defects of somatic organization." Sarason and Gladwin sum up the neurological consensus by stating that the mentally retarded, who constitute the bulk of those in public school special classes and the majority of "high grade" institutionalized children, presumably do not exhibit any central nervous system pathology.⁴ They call attention to the need to differentiate this group, called mentally retarded, from the mentally deficient who have demonstrable central nervous system disorders and who probably will never achieve a normal social and intellectual status.

Therefore, in the absence of any evidence to the contrary and until that time when such evidence is forthcoming, mentally retarded children who exhibit no central nervous system pathology should be assumed free of constitutional disturbances that in some way act to produce inferior intellectual development. It appears to this writer, from the standpoints of educational programming and research, that an uncritical adherence to a traditionally all-inclusive concept of mental subnormality, which rules

4.

Sarason, S.B. and Gladwin, T., "Psychological and Cultural Problems in Mental Subnormality: A Review of Research," Genetic Psychology Monographs. Vol. 57, 1958, p. 17. (Also published in monograph form in the May 1958 issue of the American Journal of Mental Deficiency and in the Basic Books Edition of 1958. In addition, it is included in the 1959 edition of Sarason's Psychological Problems in Mental Deficiency..

out the possibility that these children have intact central nervous systems that have capacities for at least typical development, is a dubious practice for the following reasons:

1. Such a viewpoint is unduly restrictive to the researcher in that its emphasis on the apparent irremediability and constitutionality of this condition detracts from potentially promising investigations into the role of cultural and psychological variables on mental subnormality.
2. It establishes unwarranted limitations on what might be attempted and accomplished educationally with mentally subnormal individuals to improve their intellectual, social and psychological functioning.
3. It relegates to public school special classes for the mentally subnormal, thousands of children for whom such "educational" placement may not be indicated in the light of our professional understanding and knowledge, or justified on the basis of a "diagnosis" of mental retardation. This "diagnosis" and placement largely determines the future course of the lives of these children.
4. It engenders in the teacher a predeterministic mental set which discourages experimentation and hope in the classroom.
5. A positive position does not assume that, in the absence of demonstrable central nervous system disorder, the possibility of organicity is ruled out. Rather, it recognizes that neurological procedures and criteria are not now completely valid or reliable and this positive position is taken in the interests of research and experimentation.

Implication: If this large group of children, described above, does not exhibit central nervous systems that are different from the typical group, the question to be asked is, "Why are these children mentally subnormal?" It must be determined whether these children are subnormal as a result of functional rather than constitutional causes. It should be noted that the evidence available, albeit scanty, points to the conclusion that a great number of those children, presently classified as mentally retarded, cannot be so classified using Goldstein's definition.

II. Fact or Fiction?: "Mental deficiency exists from birth or early age...",⁵
 "...is incurable and irremediable."⁶

Analysis: As long ago as 1952, Kirk cautiously generalized that nurture may be an important underestimated factor in the causation of mental subnormality - not all mental deficiency exists from birth or an early age.⁷
 In trying to locate preschool children with I.Q.'s between 45 and 80 for an experimental study, Kirk contacted schools for the names of siblings of known school-age retardates, social agencies, clinics, pediatricians,

5. Goldstein, op.cit. p. 151.

6. Ibid. p. 150.

7. Kirk, S.A., "Experiments in the Early Training of the Mentally Retarded," American Journal of Mental Deficiency. 56:692-700, 1952.

and public health department officials. His search was relatively unsuccessful. He found a few children "...referred by doctors were grossly deficient, with retardation usually of organic nature, but a large percentage of children from all of these sources was found to be of average intelligence..."⁸ Since it is generally agreed that high-grade mental defectives are frequently found in sub-cultural environments and, as a result of Kirk's lack of success in finding such children at preschool ages, there is a suggestion:

"...that many children later placed in special classes or institutions are not mentally retarded in terms of intelligence test scores at the ages of three, four, or five. Some children, whose older brothers and sisters were in special classes, tested approximately normal at the preschool ages. This raises the question as to whether children from low cultural levels who are approximately normal at an early age may later become mentally retarded because of their cultural environment or other unknown variables."⁹

Implication: Kirk's experiments with the early education of the mentally subnormal once again raises the controversy of nature vs. nurture in the development of intelligence. In a recent (1958) publication, describing the results of a five year experiment analyzing the effects of preschool education on 81 young mentally retarded children, Kirk outlines both the nativist and environmentalist points of view.¹⁰ The nativist's position is clear: intelligence is mainly a factor of central nervous

8.

Ibid. p. 697.

9.

Ibid. p. 698.

10.

Kirk, S.A., Early Education of the Mentally Retarded. 216 pp.

system maturation from conception on; children grow evenly at their own rates; early stimulation will not increase potential; mentally subnormal children cannot be made "normal", regardless of any kind of training or education now known; when such changes in intelligence do occur, they are more than likely due to errors of original diagnosis; mental subnormality is incurable and irremediable.

The position of the environmentalists is less clearcut but, from this viewpoint, more promising: within broad limitations, the development of children is significantly affected by the kinds of early rearing they have experienced; to explain all changes in intelligence as being due to erroneous original diagnosis, only, beg these intriguing questions. Why are researchers unable to locate preschool educable mentally handicapped children? What are the conditions that promote increments in intelligence among certain children?

A review of Kirk's findings raises the following questions in the mind of the serious student:

1. What is the significance of the acceleration in rates of growth of 30 (in a total sample of 43) children who received preschool education?
2. Why did the study disclose that it was much more difficult to displace the rates of growth of organic children than non-organic children? (However, one may argue that the apparent irreversible defect, of the organic child may be due to the educator's inability to adequately compensate for this defect. A dramatic example of the use of compensatory educational techniques can be found in a study of the education of Helen Keller).

3. Why was it generally found that the greater the changes made in the environment, the greater were the changes in the rates of growth?

It is interesting to note that: "familial" educable children do not usually exhibit mental subnormality during the preschool years (The Columbia University Research Project on the Effect of Group Training on Four and Five Year Old Children Who Are Mentally Retarded, has unofficially reported similar findings); "familial" educable adults marry, find jobs, solve problems on a typical level, and maintain themselves independently and indistinguishably in the community;¹¹ it appears that only when this individual is of school age, is he diagnosed and does he function as mentally subnormal; it appears almost as if the schools predestine the child to mental subnormalcy. Therefore, it would seem logical to designate the nature - nurture issue an open one and to find answers to the following problems:

1. What is the relationship of cultural and psychological variables to early rearing practices and their effects on intellectual growth and development?
2. What are the factors comprising this general ability we call intelligence and how can they be more adequately measured?

11.

Sarason and Gladwin, op.cit. pp. 13-50.

3. What is the relationship, if any, between test problem-solving behavior and non-test problem-solving behavior? Do different racial, religious, and cultural groups score differently on conventional tests of intelligence because of actual differences in innate intelligence or because of the ways children are brought up to solve problems?

4. What is the relationship between motivation and status goals? Is academic achievement a status goal of all who go to school?

III. Fact or Fiction?: Mental subnormality "...results in the inability of the individual to profit from ordinary schooling..."¹² and "...by providing him with a different educational program suited to his needs, we can make him more capable of facing the world which lies ahead of him."¹³

Analysis: No one, who has worked with mentally subnormal children in school, would question the validity of Goldstein's remarks. However, one may question the implication that there is substantial evidence as to what the proper program should be. From his article, one can conclude that retarded children in special classes are receiving a great deal more purposeful education than retarded children in regular classes.

12. Goldstein, op.cit. p. 151.

13. Ibid. p. 165.

In a rare moment of candidness, a distinguished special educator recently remarked, during a meeting in which this writer participated, that special education isn't special nor can it, in many instances be considered education. Studies find that, insofar as measurable abilities are concerned, mentally handicapped children in special classes are very similar in development to those in regular grades.¹⁴ In fact, the earlier studies of Bennett and Pertsch found that retarded children in special classes did poorly in physical, personality, and academic areas as compared with retarded children in regular classes. Later studies by Blatt and Cassidy found few significant differences between those children in the regular classes and those in special classes. Notwithstanding the many valid criticisms of studies comparing special vs. regular class membership, it has yet to be demonstrated that special classes offer a better school experience for retarded children than does regular class placement.¹⁵

Certainly, there is little evidence to support the fact that special class provisions, even the best available today, are the millennium; nor can we even say that the best of our special classes are "good enough".

14.

Bennett, A., A Comparative Study of Sub-Normal Children in the Elementary Grades. 81 pp.

Blatt, B., The Physical, Personality, and Academic Status of Children Who Are Mentally Retarded, Attending Special Classes as Compared with Children Who Are Mentally Retarded Attending Regular Classes. 134 pp. (Also published as an article, American Journal of Mental Deficiency. 62:810-818, 1958).

Cassidy, V.M., and Stanton, J.E., An Investigation of Factors Involved in the Educational Placement of Mentally Retarded Children. 93 pp.

Pertsch, C.F., A Comparative Study of the Progress of Sub-normal Pupils in the Grades and in Special Classes. 101 pp.

15.

Blatt, op.cit. pp. 11-14.

Cowen, P.A., "Special Class Vs. Grade Groups for Sub-Normal Pupils," School and Society. 48:27-28, 1938.

Implication: Disturbing as it may be to those who have conscientiously developed curricula for the mentally handicapped, and while providing convenient rationalizations for the "do-nothings" who reject responsibility by saying either we do not know enough to plan or each teacher should plan according to the individuals in her class, there is little evidence to support the widespread notion that, by placing mentally handicapped children in conventional special classes, society is meeting their educational needs. There is no doubt that this group of children, regardless of etiology or permanence of condition, requires special provisions in school. There is doubt, at least among some educators and psychologists, as to what should constitute the program of special education and who can benefit from it. In this regard, some intriguing questions to be asked are:

1. How many children are placed in special classes after careful differential diagnosis? How many are placed after the simple administration of Binet and WISC Tests? Does the administration of these tests constitute a differential diagnosis?
2. Using more than the limited evaluations to be derived from the I.Q., how many children in special classes do not belong there? Do we have a moral obligation to these children regarding diagnosis, placement, and the ultimate effects of these on their lives?
3. What are the best ways to teach mentally subnormal children to read, to understand numbers, to understand themselves? What is different about the methods, materials and content in special classes commonly found today?

4. What is really meant by the statements:

- a. "She is not a good student but she may make a good teacher."
- b. "This person isn't a skilled teacher but she has a good attitude. She will not do any harm to children."
- c. "We can't measure the differences, but these children in the special class are receiving a finer education than if they were to remain in the regular grades."

Do these statements indicate that we don't know how to evaluate special education because we, as yet, do not know what special education should be?

The implication here is evident. What is needed is an infusion of bold, creative thinking into the field. Experimentation with new and unorthodox methods and materials must be encouraged. A more discerning study of the mountain of research in education, special education, psychology, anthropology, and sociology must be made in order to separate the valuable from the non-essential. We must reject many of our present curriculum practices because they have been so eminently unsuccessful. When Goldstein describes the retarded as "...incapable of logical thought, unable to make generalizations or work with abstractions," and therefore, "...responses must be habituated. He must be taught specific responses to specific situations.", is he merely perpetuating the retardation with the supposed educational treatment?¹⁶ Is there the possibility that, for some children, the retardation is due to an early rearing emphasizing

16.

Goldstein, op.cit. p. 152.

habituation? Can some retarded children profit from programs involving creative thought processes rather than from the continuation of "straight-jacketed" stereotyped curricula which reflect the same kind of thinking?

IV. Fact or Fiction?: "The general consensus at the present time seems to be that 40 to 50% of mental deficiency are of an hereditary nature..."¹⁷

Analysis: The recent work of Sarason and Gladwin has pointed up the meagerness of the evidence ~~subscribed to~~ ^{offered} by ~~adherents to~~ ^{these} hereditary theories of mental subnormality.¹⁸ Their investigations have convinced them:

"...that an hereditary determinant of mental capacity must not be assumed to exist unless proven. Furthermore, proof should be sought in terms of our present knowledge of human genetics and of the nature of human intellect, rather than, as is commonly done through the administration of routine intelligence tests to a variety of 'racial' and other groups. We do not propose to deny that heredity is a factor, particularly in mental deficiency, but rather that we should leave it out of our accounting until it is supported by more than speculation and bias."¹⁹

Implication: Every day, recommendations are being made in regard to sterilization, prohibition of marriage, court placement of children, and counselling of adults - all based on the assumption that mental subnormality has a genetic basis. Should such crucial decisions be made without more evidence? What are the genetic factors, if any, in the causation of mental subnormality?

17. Ibid. p. 152.

18. Sarason and Gladwin, op.cit. pp. 63-78.

19. Ibid. p. 63.

V. Fact or Fiction?: "He (the mentally subnormal) is more liable to illness and physical defects and generally lacks the physical stamina of the normal child."²⁰

Analysis: Blatt reviewed a great many studies:

"...concerning the physical status of children who are mentally retarded. Although there was disagreement among researchers, the consensus seems to indicate that there is a positive relationship between intelligence and various indices of physique. However, this relationship is not invariable and appears to be too minor to be useful for predictive or educational purposes. This relationship does not appear to be linear in character and it may be more significant in the more severely retarded group."²¹

The mentally deficient are not necessarily "limited in physical prowess."²² Especially among the group called "familial," there are many who far surpass the norm in every aspect of physical ability. Mentally subnormal children do not have to be malnourished. They do not have to be poor athletes. They are weak for the same reasons that typical children are weak; they are strong for the same reasons. Because a significant percentage of these children reside in substandard environments and because a significant percentage have central nervous system impairment, some retarded children are physically limited. The bulk of those in the "higher grade" category are not.

20.

Goldstein, op.cit. p. 152

21.

Blatt, op.cit. pp. 50-51.

22.

Goldstein, op.cit. p. 155. (Studies of characteristics of the mentally retarded, using this term generically, often become meaningless because of differences in abilities among the various sub-groups considered retarded. Particularly in the area of physical status, it should be emphasized that there are very significant differences between organic and non-organic children and between higher grade and lower grade children).

Implication: Mentally subnormal children do not necessarily have to be physically limited. To assume that these children are so limited because of mental inability is to use a handy but poor excuse to remain inactive when rehabilitation may be indicated. We do not explain malnourishment in a gifted child by quoting his high I.Q.; evidence dictates that we do no less for the subnormal. It is ironical that, as a group, mentally subnormal children both in special and regular classes surpass their academic expectancy as measured against their mental age.²³ In spite of this, special class teachers continue to feel their greatest anxiety in reconciling actual reading and arithmetic achievement of children with what teachers expect and hope for. Fewer teachers have anxious moments rationalizing physical education and health programs for these children regardless of what is being accomplished and what can be accomplished.

VI. Fact or Fiction?: "Early studies (circa 1900), purporting to show that as high as 85% of delinquents and criminals in the studies were mentally deficient, have been challenged. Today the figure is believed to be closer to 50%."²⁴

Analysis: In a recent review of the literature, Blatt found numerous studies, with few exceptions written at least 15 years ago, reporting high

23.

Blatt, op.cit. pp. 45-50, 98.

24.

Goldstein, op.cit. p. 154.

relationships between delinquency and intelligence.²⁵ More recent research reports low relationships, "j" shaped in character, and suggest the following factors that influence these relationships and affect their validities:

1. There appears to be a multiplicity of causes of criminality and delinquency. Lower I.Q., per se, does not play an important role in the causation of such behavior unless this factor combines with other causes (as Goldstein points out) such as: poor homes, mental disease, alcoholism, and marital strife among adults and school failures, poor neighborhoods, unrealistic education, and community rejection toward children.
2. Some delinquents receive low I.Q. scores on tests because of their subcultural environment rather than as a result of constitutional defect.
3. There are selective factors operating with respect to the intelligence level of delinquents in institutions. One institution may not admit the subnormal while another may care for this type of child exclusively.
4. Brighter delinquents may escape detection and apprehension.

25.

Blatt, op.cit. pp. 39-45.

5. On the basis of a more promising prognosis, the mentally able delinquent may receive a suspended sentence while the subnormal child, committing the same act, may be placed in an institution.

In summary, "...it appears that the retarded are more frequently represented among delinquent populations than typical groups but this representation may not be as significant as once was believed. It is probable that the relationship between intelligence and delinquency is "j" shaped in character. The group known as 'borderline normal' may comprise the most significant population among delinquents."²⁶

Implication: Mentally subnormal children do not have to become delinquents; nor can we explain delinquency as a manifestation of the subnormality. It is not surprising that some of these children become delinquents; it is amazing that more do not. Society must recognize the need for psychiatric and social services, realistic education, and vocational counselling for all its citizens. More importantly, we must cease looking with derision at those in a different cultural milieu.

26.

Ibid. p. 811 (of A.J.M.D. Article, see footnote 14, reference 2).

Conclusions

1. A great many children, presently classified as "familial" mentally subnormal, should be assumed free of constitutional deficiencies or genetic aberrations that may result in inferior intellectual development.
2. A great many children, presently classified as mentally subnormal, cannot be so classified using the conventional definition that requires constitutional defect.
3. There is impressive evidence that numerous children, presently classified as mentally subnormal, acquire this subnormality sometime after birth or early age.
4. There is impressive evidence that numerous children and adults, originally classified as mentally subnormal, could not be so classified on later evaluations.
5. There is impressive evidence that the role of cultural and psychological variables in the causation of mental subnormality has been greatly underestimated.
6. There is little evidence to support the wide-spread practice of placing educable mentally subnormal children in conventional special classes rather than in the regular grades or in some other, as yet unknown, more suitable classes.
7. There is a dearth of convincing evidence supporting any hereditary theories of mental subnormality.

8. As a group, educable mentally subnormal children, are not significantly different in physical attributes from typical children.
9. There are low relationships, "j" shaped in character, between delinquency and intelligence.
10. Many of the present assumptions in the field of mental subnormality are unsubstantiated by valid evidence, are reinforced with prejudice, and flourish in an atmosphere of rigid and stereotyped thinking.

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