Towards A More Acceptable Terminology in Mental Retardation[1]

Burton Blatt

Problem

More than a year has elapsed since the publication of the long awaited and sorely needed terminology and classification manual, made possible through the joint sponsorship of the United States Department of Health, Education and Welfare and the American Association on Mental Deficiency (Heber, 1959). Despite the considerable significance this manual will have in aiding the establishment of a commonly understood and accepted nomenclature and coding system among those in the medical profession and particularly for institutions, its sections on definition and behavioral classification (Ibid pp 3-4, 56-57) may inspire greater modification in philosophy and practice within the fields of education, psychology, and habilitation.

As stated in the manual:

> "MENTAL RETARDATION REFERS TO SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING WHICH ORIGINATES DURING THE DEVELOPMENT PERIOD AND IS ASSOCIATED WITH IMPAIRMENT IN ADAPTIVE BEHAVIOR IN ONE OR MORE OF THE FOLLOWING: (1) MATURATION, (2) LEARNING, AND (3) SOCIAL ADJUSTMENT. (Ibid. p. 3).

Environmentalists have been querulous with those definitions of mental retardation that describe limitation, that predict irreversibility and social incompetence, and require constitutionality. However, this new definition may be regarded by more traditionally oriented professionals as not descriptive of the retarded as a group while being misleading, ambiguous, and impractical. They may question the definition on these grounds:

Burton Blatt, Ed.D., is Professor and Chairman of the Special Education Department, Southern Connecticut State College, New Haven, Connecticut.

1. *Parts of this paper were presented at the Institute on Habilitation for Work of the Mentally Retarded arranged through Region I of the U. S. Dept. of HEW, South Egremont, Mass., November 1, 1960. In addition, it served as a basis for a seminar conducted by the author for supervisors, New York City Bureau for Children with Retarded Mental Development, January 30, 1961. The author expresses deep gratitude to George Barbner, Jr., for permission to quote from and revise sections of a jointly authored paper (Barbner-Blatt, 1959) for inclusion in this study.*

1. It refers to function rather than, as is traditional, to capacity; it does not require a prognosis of retardation at maturity and, consequently, it raises these disturbing questions:
   a. Is an emotionally disturbed child, functioning on a subaverage level and with impairments in adaptive behavior, mentally retarded in spite of a clinical diagnosis of at least average potential?
   b. Is mental retardation reversible? If this is true as is implied (or at least not denied) in the definition, should schools and clinics attend to a responsibility to remediate rather than, as is almost universal policy, discount any such possibility?
2. Insofar as the definition is concerned, "Subaverage refers to performance which is greater than one Standard Deviation below the population mean of the age group involved on measures of general intellectual functioning." (Ibid, p. 3). In translating the Sigma Score to I.Q., this would increase the upper range of eligibility for special class education to an approximate score of 85 and make the profession theoretically responsible for the education of 16% of the school population (to say the least, an awesome contingency).

On the other hand, adherents to the new definition can take the position that the aforementioned "criticisms" are, in fact, assets rather than liabilities. It can be claimed that this definition makes no pretense of labeling that which can not be detected; it does not assume a constitutional condition of the central nervous system to be present on the basis of performance alone rather than, and only, when specific constitutionality is located. In particular, the so called "garden variety" of "familial" child may be more adequately described by the new definition. These advocates react with alarm to the continued use of the older "constitutional" definitions and the recurrent widely held assumptions surrounding them (Blatt, 1960). In a previously published paper the writer analyzed the validity of a traditional definition,[2] as well as several prevalent assumptions and, on the basis of an examination of research available, concluded that:

1. Large groups of mentally subnormal children, presently classified as "familial" mentally retarded, should be assumed free of constitutional deficiencies or genetic abberrations that may result in inferior intellectual development.
2. A great many mentally subnormal children, presently classified as mentally retarded, cannot be so classified using the conventional definition that requires constitutional defect.

[2] *"Mental deficiency is basically a physicial or constitutional defect . . . exists from birth or early age . . . is incurable and irremediable . . . results in the inability of the individual to profit from ordinary schooling . . . of an hereditary nature (40 to 50%)" (Goldstein, 1948)," (Mental Deficiency is used here generically).*

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 mentally subnormal children and adults, originally classified as mentally retarded, can 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 under-estimated.
6. There is little evidence to support the wide-spread practice of placing educable mentally retarded 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 evidence supporting hereditary theories of mental subnormality.
8. As a group, educable mentally retarded 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 present assumptions concerning the mentally subnormal are unsubstantiated, are reinforced with prejudice, and flourish in an atmosphere of rigid and stereotyped thinking. (Blatt, Op. Cit. pp. 58-59.)

In respect to the above considerations, it does *appear* that the new definition more adequately describes the nonorganic "familial" child; at least, it appears to be less restrictive or pessimistic. However, used as a comprehensive term, it does suffer from practical, though nonetheless important and obvious, weaknesses. Most significant of these are:

1. The possibility that the uncritical adoption of this definition will encourage the placement of emotionally disturbed, sensory impaired, and socially handicapped children with remediable conditions in classes for children with mental retardation, a condition presently believed to be irremediable.
2. The probability that, in the event of the above happening, special classes for the "mentally retarded" will achieve with quickness and sureness that most dreaded appelation — "dumping grounds."
3. In the event that the race between more classes and adequate diagnostic facilities is somehow won by the professionals concerned with the moral and educational responsibilities of the diagnostic decision, the new definition nonetheless considers 16% of the school population potentially eligible for special class placement. At this point, not being able to claim unqualified success with 2% of the school population (the approximate group

currently eligible) hardly enables a professional discipline to assume responsibility for an additional 14% without a shocking measure of rose tinted myopic naivete.

Recommendations

It is plainly apparent that any definition (especially one predicated on the use of I.Q. or Sigma Score, however high, however low) can be repugnant to the clinical group which is much more concerned with the condition of the individual rather than with the tag he is given and which is often forced to witness the results of its carefully executed differential diagnosis and prescription education reduced to a series of meaningless labels and administrative expediencies. It is equally apparent that more important than the definition is the series of accompanying statements that reduce needless debate and misunderstanding. It does appear paradoxical that although, on the one hand, the uncritical acceptance of the I.Q. score as the basis for terminology is usually anathema to the more enlightened professionals and merely results in irrelevant name calling, on the other hand, the most scrupulous avoidance of this pitfall is, in strict reality, fatuous and the "pigeon holing" eventually occurs. In fact, severe restrictions in using terminology may well deprive the profession of a most valuable tool — the symbol. Therefore, for various reasons, both good and bad, terminology is demanded. The following recommendations may contribute to clearer agreement on and acceptance of the definition under discussion:

1. Mental Retardation should be defined as referring ". . . to subaverage general intellectual functioning, (generally irreversible), which originates during the developmental period and is associated with impairment in adaptive behavior in one or more of the following: (1) maturation, (2) learning, and (3) social adjustment."

2. Subaverage should refer ". . . to performance which is greater than *one and one-half* Standard Deviation(s) below the population mean of the age group involved on measures of general intellectual functioning."

3. For the purposes of classification and placement, the following nomenclature may increase accuracy in describing the two major etiological categories of mental retardation (Brabner-Blatt, 1959).

a. *Individuals with Organic Retardation:*
Individuals so classified will exhibit, upon differential diagnosis, mental retardation: originating at or shortly after birth, incurable and irremediable, resulting in social inadequacy, and concomitant with recognized central nervous system pathology.

b. *Individuals with Functional Retardation:*
Individuals so classified will exhibit, upon differential diagnosis, mental retardation: originating during the developmental period, characterized by insufficient or inefficient attention to mental development during that period, subject to possible (although heretofore improbable) reversibility through changes in environment, generally resulting in social competency of the individual in his cultural milieu, and concomitant with either the absence of central nervous system pathology or such minimal pathology as not to preclude eventual typical social and psychological functioning.

4. As an *Ideational Research Tool,* the following postulate warrants consideration:

ALL MENTALLY RETARDED INDIVIDUALS WHO DO NOT EXHIBIT CENTRAL NERVOUS SYSTEM PATHOLOGY, SHOULD BE *ASSUMED* CAPABLE OF ACHIEVING AT LEAST TYPICAL INTELLECTUAL, PSYCHOLOGICAL, AND SOCIAL FUNCTIONING, AND FOR THESE INDIVIDUALS PRESENT INFERIOR PERFORMANCE SHOULD BE CONSIDERED REMEDIABLE. (Ibid, p. 4.)

5. The aforementioned *Manual on Terminology and Classification on Mental Retardation,* a rare contribution towards the solution of problems in nomenclature, should receive due recognition as *the* standard reference in this knotty area, notwithstanding expected and frequent revisions, that will be happily necessitated by the mounting activity in research and application and the encouraging attention given to the field by all disciplines practicing in the helping professions.

References

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