

# MENTALLY RETARDED CHILDREN

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## MENTALLY RETARDED CHILDREN

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**I**N A small community in New England last summer a physician was consulting with the parents of an eight-year-old boy. Neatly dressed, the boy sat quietly by his mother. He did not attempt to follow the conversation, nor did his eyes seek out the many fascinating things to which small boys are usually attracted in a doctor's office. His handsome and affectionate face did not betray that behind it was the mind of a child of four. For John is one of the nearly half-million children in the United States who are mentally deficient.

John's parents were relatively calm as they talked over his future with the doctor. Both of them were highly intelligent college graduates, and they knew that something was wrong when John failed to start talking until he was four years of age. They had sensed it earlier, when all of his development seemed so much slower than that of his sister, who is three years his senior.

Finally, upon the advice of their family doctor, they took John to a mental-hygiene clinic in a nearby city where medical specialists, psychologists and social workers gave him a careful examination. They made psychological tests and a thorough study of his background and achievement. The doctors and social workers then gave his parents the news. John was feeble-minded.

Before that time, John's parents had high hopes for him. Now they realized that his goals in life would have to be based on his limited capacities. Tragic as John's condition is, he is still fortunate in that his family has insight and understanding, and that thus far it has been possible to keep him at home. Should his parents decide to have other children, or should they feel that John's presence in the home might hinder the normal development of his older sister, it might seem best to send him to a private school or a state institution for

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mentally deficient children. There are many excellent private schools and state institutions in the United States which conduct programs for such children; many children are far happier there than at home. But the cost of private schools is frequently prohibitive to the average family, and the good state institutions usually have long waiting lists.

On the basis of samplings both here and abroad, most authorities agree that, conservatively estimated, one person in every hundred is mentally deficient. This means that there are approximately 1.5 million mentally deficient persons of all ages in the United States today; and it also means that of the 3,950,000 babies born last year, at least 37,000 were feeble-minded.

John is one of this group, but he cannot be called typical, for the range of mental deficiency and its resulting problems is very wide. The feeble-minded are usually classified into three groups—idiots, imbeciles, and morons.

### II

The idiot's intelligence is less than that of a three-year-old child. He frequently cannot feed or dress himself, or perform even the most basic personal-care activities. Nor does he have the mental development to protect himself from obvious danger.

The imbecile, having the mentality of a child between three and eight years of age, knows enough to avoid danger. He can usually take care of his personal needs, can speak a few simple phrases, write his own name and read short sentences. He can often perform simple, useful work, but only under supervision.

The moron's mental ability never exceeds that of the average twelve-year-old. Although he appears normal, he does not have the judgment of an adult, and as a result, frequently displays anti-social conduct. With proper training, he can be taught to do unskilled or semi-skilled work under supervision.

Some 12 to 15 per cent of the mentally deficient have definite physical traits by which they are identifiable. Among this group are the *Mongolians*, whose small heads, almond-shaped slanting eyes, thick tongue and lips, short, fat hands, and sallow complexion, make them bear a slight physical resemblance to some Asians. Many are also "double-jointed." Jovial and friendly, nearly all children of this type are on the imbecile or idiot level of intelligence. Highly susceptible to various types of diseases, the average life span of a Mongolian is around 30 years.

The *Hydrocephalic* child is one whose head is abnormally large; it has swelled because of an accumula-

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tion of the cerebro-spinal fluids in the brain due to a blocking which is usually congenital. There is no treatment if the brain tissue has been destroyed by the pressure, but some patients may be relieved by brain surgery if they are operated on at an early age. Such children have minds ranging from normal intelligence to the lowest grade of feeble-mindedness.

*Microcephalic* children have very small heads that recede in the front, coarse hair, and frequently, dwarfed bodies. Most of them are either idiots or imbeciles.

The *Cretin* also has a dwarfed body, but he is usually fat and has a dry, wrinkled skin, a disproportionately large head, and thick lips. Cretinism is caused by a lack of thyroid secretion, and some Cretins can be improved both physically and mentally by treatment with thyroid extract. Their intelligence ranges from normal (with proper treatment), to that of the idiot.

Excluding these particular groups, most other mentally deficient children look physically like mentally normal persons. Mental deficiency or feeble-mindedness is not to be confused with insanity. The mentally ill person is one who has lost his emotional stability, and who may have that stability restored with proper treatment. The mentally deficient

individual has never had a normal or mature mentality, and can never be given one. They are those whom Charles Dickens described as persons who never become older.

Speaking at the Governor's Conference on Exceptional Children in Chicago this past summer, Lloyd N. Yepsen, a New Jersey psychologist and executive vice-president of the American Association on Mental Deficiency, stated, "We no longer believe that almost all mentally deficient persons are so because of heredity or neuropathic ancestry. We are aware that physical modifications may account for almost one half of the subnormal individuals. These, generally, are offspring of perfectly normal parents, and may be characterized as the 'seconds' of the human race."

In support of this contention, Dr. Yepsen points to a study of the occupations of the fathers of 81 children under the age of five awaiting admission to a unit for babies. In the study, 16, or 20 per cent, of the fathers were professional men; 23, or 29 per cent, were employed in business; 3 or 4 per cent, were self-employed in business; 17, or 21 per cent, were skilled laborers; 6, or 7 per cent, were semi-skilled laborers, and only 7, or 5 per cent, were unskilled laborers. The occupational classification could not be adequately deter-

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mined in 9, or 11 per cent, of the cases.

Mentally deficient children may come from any racial stock, from any type of family background, from any economic group. Some may be the offspring of a union of sub-normal persons, but others are of the non-hereditary type. Falls, blows, shocks, and other injuries, can affect the nervous system and retard mental development. There is, as yet, no clear-cut evidence, however, that syphilis or alcoholism in parents can cause mental deficiency in their children.

### II

Although the history of specialized care for the mentally deficient in the United States dates back to the establishment of an experimental school in the Perkins Institute in Boston in 1848, not all states, even today, provide separate facilities for the care of the mentally deficient. The Perkins Institute experimental school was incorporated in 1850 as the Massachusetts School for Idiotic and Feeble-minded Youth (an example, incidentally, of the terrible, stigmatizing names we have frequently given many of our institutions). It has been located in Waverly since 1891, and is now more happily known as the Walter E. Fernald School. The first private school for the mentally deficient was estab-

lished in Pennsylvania in 1852, and is now known as the Elwyn Training School.

In 1940, more than 98,000 children of school age were enrolled in special schools and classes for the mentally defective, and another 22,000 were in residential homes and institutions for the feeble-minded. Although there is a great scarcity of specialized institutions, not all children who are mentally deficient should be institutionalized. The needs of many can best be met within their own communities with adequate school and home training programs.

In its excellent pamphlet, *Forgotten Children*, the National Mental Health Foundation points out some things the family should know about feeble-minded children. Among them are:

(1) **This condition is not curable nor will the child "outgrow" it. At first this is not easy to accept, but it is wise to face it.**

(2) **Though the child cannot become normal, parents can do much for his welfare.**

(3) **Social service agencies stand ready to help, and many states and towns have mental health clinics. They give examinations and so diagnose the child. In progressive states, there are social workers whose duty is to tell parents the facts about their handicapped child and give whatever help is possible.**

(4) **Habit and character training**

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are possible for the feeble-minded child, even the low-grade. He repeats whatever brings pleasure and ceases to do whatever turns out unpleasantly. Agreeable manners in the mentally deficient child can help offset his other limitations.

(5) Parents should not prevent their feeble-minded child from doing the simple work he can do. Setting the table, cleaning rooms and "running errands can be required regularly of many such children. Disciplined and systematic training should be a daily affair.

(6) There can be over-protection of the feeble-minded child. He should not be imprisoned in the home, but should have enjoyable times outside. If not accepted by children of his own age in years, he may find comradeship with younger children of his own mental age.

(7) Possibilities of delinquent and anti-social behavior are very real, especially with higher-grade children. Wise parents will take steps to prevent their feeble-minded child from becoming the victim of delinquent examples and influences.

(8) The welfare of other children in the family should not be jeopardized by the feeble-minded child. One such child can "wear out" the family, the mother in particular, and drain its financial resources. In these exceptional cases, a mental health clinic or a social worker should be consulted. Other measures, perhaps institutional care, can relieve such a strain.

With adequate training, either at home or in a specialized institution,

many higher-grade feeble-minded children can be trained to work successfully. This was particularly evident during the war, when the shortage of manpower permitted many to find jobs for the first time. Properly placed in jobs which do not demand normal mental ability, and given adequate supervision, they frequently make superior employees, particularly in the many jobs which are so simple, repetitious or monotonous that they are dissatisfying to the person of normal intelligence.

As pointed out by Katherine G. Ecob in a pamphlet, *The Retarded Child*, published by the State Charities Aid Association in New York City, mentally deficient persons are found in a great variety of occupations, and it is not possible to make sweeping statements about what they can or cannot do. Stating that the usual recommendation, "routine work under supervision," is not always applicable, Dr. Ecob recommends that work for mentally deficient should be within their ability, should be reasonable satisfying, should be safe for themselves and their fellow-workers, should not have great temptations, and should not be seasonal.

The present trend, Dr. Ecob reports, appears to be to train mentally deficient children, and also borderline cases, for personal service. For

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boys, this means such jobs as assistant to a janitor, helper in a garage, worker on a farm or in a greenhouse, or as a delivery boy. For girls, such positions include errand girl, packer, or domestic assistant.

### IV

A recent development of particular significance in the field of mental deficiency is the organization of groups for parent education. Such groups are not only helping their mentally retarded children, but are helping themselves, as they gain more insight and understanding of the problems which they and their children face. New Jersey has led among the states promoting such groups, and the New Jersey State Department of Institutions and Agencies, in Trenton, has prepared a manual for the formation and functioning of such groups.

The plight of the mentally deficient

is particularly tragic in that there is no one from their ranks to whom they can point with particular pride. The poliomyelitis victim has Franklin D. Roosevelt as a man who overcame his disabilities; the epileptics, Julius Caesar; the psychotics, Clifford Beers; the deaf and blind, Milton, Beethoven, Helen Keller and a host of others. But the mentally deficient, by the nature of their condition, are destined for mediocrity.

The greatest handicap that the nearly-half-million mentally deficient children in the United States have is not their low mentality, but the public's lack of understanding. Society's responsibility to these children who never grow up is to find out what they individually are capable of doing, and then to give them the chance to do it. Or, if they are incapable of working, to give them adequate facilities for custodial care.



*For a further study of this subject, write to the National Mental Health Foundation for the following pamphlets:*

FORGOTTEN CHILDREN — 20c

IF YOUR CHILD IS SLOW — 5c

ABOUT THE MENTALLY RETARDED — 5c

WHAT TO LOOK FOR IN A STATE TRAINING SCHOOL — 5c