



An historical review of educational trends and patterns for the educable mentally retarded child from 1946 to 1973
by Robert Owen Cook

A thesis submitted to the Graduate Faculty in partial fulfillment of the requirements for the degree of
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Abstract:

This study reports the trends and patterns in the education to educable mentally retarded children (EMR) since 1946 in the United States.

An extensive early historical review of the broad field of the mentally retarded is discussed in Chapter III. This early historical investigation details the treatment of the mentally retarded in four different epochs of time: The Ancient Pre-Christian Periods, The Early Christian Period, The Medieval Period, and the Scientific or Modern Period.

The comprehensive historical review in Chapter I and II is offered in order that contemporary trends and patterns of education for the EMR since 1946 can be understood in perspective of history.

The growth and educational influence of public institutions for the mentally retarded in the United States is examined relative to its early role in the education of EMR in this study. This era is discussed from the point of view of institutional successes and weaknesses. The eugenics movement and moral deviancy issues are also treated with respect to their effect on the education of the mentally retarded in the pre-World War II era of institutionalization.

Chapters IV, V, VI, and VII review trends and patterns in the education of EMR from 1946 to 1973 in some detail. Discussed as major topics of investigation in these chapters are teacher certification developments, teacher training patterns, and teacher competency studies all relating to the teacher and teacher candidate in the field of EMR.

The traditional special class patterns of instruction prevalent before and after 1946 for the EMR are also examined as well as the supportive role of federal and state governments.

Contemporary philosophies of instruction for the EMR that have developed since 1946 suggest many changes in instruction and those changes are discussed as a background for several models of EMR instruction including mainstreaming and other alternatives to the segregated special class.

A summary of the thesis is found in Chapter VIII.

AN HISTORICAL REVIEW OF EDUCATIONAL TRENDS
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by

ROBERT OWEN COOK

A thesis submitted to the Graduate Faculty in partial
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Approved:

Sever D. Sullivan
Head, Major Department

Willis Vanduser
Chairman, Examining Committee

Henry L. Parsons
Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

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ABSTRACT

This study reports the trends and patterns in the education to educable mentally retarded children (EMR) since 1946 in the United States.

An extensive early historical review of the broad field of the mentally retarded is discussed in Chapter III. This early historical investigation details the treatment of the mentally retarded in four different epochs of time: The Ancient Pre-Christian Periods, The Early Christian Period, The Medieval Period, and the Scientific or Modern Period.

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A summary of the thesis is found in Chapter VIII.

INTRODUCTION

AN OVERVIEW

The education of educable mentally retarded children (EMR) in the United States has long been accepted as a legitimate and desirable educational goal by the nation at large. Indeed, educators and parents have supported a wide variety of educational programs related to mental retardation ranging from institutional training to sophisticated public and private school programs for mentally retarded children.

To gain a broad initial perspective of the extent of the total gamut of mental retardation in the United States, some general statistics are in order. Stevens and Heber (1964) reported that in 1962 an estimated 5,000,000 individuals ranging from Level I (profound retardation) to Level IV (mild retardation) were retarded and that at the present birthrate 126,000 infants born each year will be classified as being mentally retarded sometime in their lifetime. Their prediction for the 1970 retarded population was that it would be over 6,000,000, and that half of that large population would be children.

At least three factors account for the increase in known numbers of mentally retarded persons in the United States:

1. The total population itself is increasing in the United States, although its rate of growth appears to be slowing.
2. Mental retardation no longer carries the stigma of shame

for families and individuals that was prevalent three decades ago; thus, the mentally retarded child or adult is identified more easily.

3. Psychometric, educational, and medical skills are much more sophisticated than in the past in identifying mentally retarded individuals, and, consequently, greater numbers of retarded are identified (Dybwad, 1964).

As further evidence of the increase of mental retardation, Stevens and Heber (1965) reported that in 1962 over 200,000 retarded children and adults were cared for in 124 state-supported residential facilities at a cost in excess of 300 million dollars. Public schools alone in 1962 supported special education programs costing more than 250 million dollars.

Significant also in this broad perspective are related costs for the mentally retarded. The Ninetieth Annual Forum, National Conference on Social Welfare, held May 24, 1963, in Cleveland, Ohio, disclosed that almost one hundred million dollars in federal funds were paid to mentally retarded adults under the provisions of two programs, the Public Assistance Program of Aid to the Permanently Disabled and the Social Security Program of Old Age, Survivors, and Disability Insurance (Dybwad, 1964).

With the evergrowing increase in the mentally retarded population and the staggering local, state, and federal costs for the support and education of this population, educators have recently

begun to reevaluate critically the programs of education for the EMR.

A current evaluation of the present status of special education programs for the educable mentally retarded by Christoplos and Renz (Winter, 1969:371) appears to support the need for a review of contemporary trends and patterns:

Special educators have often taken satisfaction and pride in the rapid expansion of special education programs. Recently, however, this pride has been shaken by criticisms emanating from several sources, the most noted among them being Lloyd Dunn (1968) who prefaced an article questioning the justification of special education programs with a plea that educators "stop being pressured into continuing and expanding a special education program that we know now to be undesirable for many of the children we are dedicated to serve."

Dunn's article was concerned only with special classes for educable and mildly retarded children, and his conclusions were based predominantly on empirical evidence. With the validity of such classes being widely discussed, it seems appropriate to reevaluate the purposes of all types of segregated classes for exceptional children on a philosophical as well as an empirical basis.

Statement of the Problem

The primary problem of this study was to examine the educational trends and patterns for the educable mentally retarded children from 1946 to 1973 in order to determine what past and current educational practices appeared to offer in terms of strengths and weaknesses. As a secondary emphasis an extensive survey of significant early historical influences that have a relationship to the study have been examined in order to offer a comprehensive understanding of the contemporary scene.

Need or Purpose of the Study

This study is important because recent surveys of literature in the education of EMR seem to indicate that traditional programs and curricula have not always produced a consistently effective quality of education. Harshman (Winter, 1969:385) supports this need:

The article by Christoplos and Renz is another indication of the growing concern of special educators that all is not well relative to the effectiveness of programs designed to educate exceptional children. In support of this point, Cruickshank, Paul and Junkala (1969) have noted that special education encompasses one-fifth of the school population, and that this sizable group suffers dramatically from inadequate leadership and ineffective methods of meeting the needs of exceptional children. Does segregation help the exceptional child? We can reply that specialists in the field now generally agree that the special class model, which has been in existence well over thirty years, has not provided mentally retarded children with a differential education. In many cases, they have been segregated from the regular instructional program by special class placement only to be fed a "watered down" curriculum.

If preceding criticisms of programs for the educable mentally retarded by Christoplos, Renz, and Harshman constitute valid inquiry, then it appears to the present writer that new instructional models and philosophies for the educable mentally retarded may deserve examination.

Justification for an historical approach to this study seems rational as one reviews the literature in a critical but inquiring manner. History pointedly reveals man's ever-changing attitudes and philosophies toward the social and educational treatment of all categories of the retarded. A complex combination of sociological, medical, psychological, political, and educational forces have

subjected the retarded population of the entire world to vacillating eras of passiveness and neglect contrasted with periods of compassion and scientific progress.

It is the hope of the present writer that this thesis has, in a sense, presented a study within a study: the contemporary state of affairs in the education of EMR children reflected in the light of historical influences.

General Questions to be Answered

Answers to three main questions have been sought in this study. The first question discusses man's early understanding of mental retardation. The second question is: What traditional instructional patterns and trends prevailed in segregated special classes throughout the nation since 1946? Finally, what does a review of the literature and research data disclose about more recent innovative philosophies of instruction for the mentally retarded?

General Procedure

A historical development of European and American philosophies, practices, and personalities that have affected mental retardation education have been presented as a point of departure for this study. As indicated in the Need or Purpose of the Study, the early history of the education of the retarded will serve as a framework or base line of reference from which to interpret the equally important developments

which mark the period from 1946 to 1973 as a significant era.

The present writer has examined and described the trends and patterns of the traditional segregated special classes for educable mentally retarded pupils so strongly supported in public schools since 1946. This examination has been supported by data and information as revealed in the literature.

As a logical sequence to the preceding statement, the present writer has discussed trends and patterns of an innovative nature for the educable mentally retarded that appear to challenge the traditional special class. These more contemporary trends have been examined in relationship to their effectiveness as reported by research and a review of the literature.

Limitations

This study has concerned itself with the trends and patterns of instruction for the educable mentally retarded child with a chronological age span of from five years to twelve years. The study relates only to the mentally retarded in the United States from 1946 to 1973. However, it is important that a comprehensive early historical review of the general development of education in the broad field of mental retardation be included in this study in order to establish a proper perspective for the general content of this thesis. The study also of a necessity includes information related to other classifications of mentally retarded.

In the opinion of the present writer, such data is relevant.

Definition of Terms

For the purposes of this study, the following terms have been used in the context as noted:

EMR is used in reference to Educable Mentally Retarded. Love (1968b) designates the educable mentally retarded as those having an I.Q. range of 50-75. Stevens and Erdman (1960:435) describe the EMR, "Their retardation is such that they are able to learn some of the academic skills such as reading, writing and arithmetic. This is why they are called 'educable.'"

Mentally Retarded shall include the following terms used synonymously: intellectually crippled; feeble-minded; mentally deficient; borderline dull; moderately retarded; highest grade (included borderline normals, clinically feeble-minded): mentally handicapped (includes feeble-mindedness, mental deficiency, idiot, imbecile, moron); non-academic pupil; mental subnormality; culturally relative; intellectual subnormality (Davits, Davitz, and Lorge, 1964).

Exceptional Children are those pupils who differ from the average to such a degree in physical or psychological characteristics that school programs designed for the majority of children do not afford them opportunity for all-round adjustment and optimum progress and who, therefore, need either special instruction or, in some cases, special ancillary services, or both, to achieve at a level commensurate

with their respective abilities (Dunn, 1963).

Special Education Teacher refers to a teacher possessing special training which qualifies that person for certification to teach one or more of the categories of exceptional children. Following are some accepted categories:

1. Educable mentally retarded children.
2. Trainable mentally retarded children.
3. Gifted children.
4. Emotionally disturbed and socially maladjusted children.
5. Speech impaired children.
6. Deaf and hard of hearing children.
7. Blind and partially sighted children.
8. Crippled and neurologically impaired children.

Summary

A review of the literature concerning the general field of mental retardation indicates a variety of significant instructional patterns and trends occurring in the more specific area of the EMR child. This comes partially as a result of the total effect of World War II upon the social and educational changes of philosophy of this nation since 1946.

More contemporary research in the area of instruction for the EMR child appears to seriously question the efficacy of the segregated special class instructional pattern for the EMR child.

Portions of this study examined early historical treatment of mental retardation because of its definite relationship to current philosophies.

The writer then examined the trends and patterns of instruction for the EMR child since 1946 and, in view of what appears to be conflicting philosophies, described contemporary instructional philosophies and models that have recently been proposed or implemented.

CHAPTER I

REVIEW OF RELATED LITERATURE

Introduction

It seems evident that the period from 1946 to 1973 is not the only significant era of instruction for EMR children. Indeed, education for the mentally retarded in the United States has progressed through several significant periods, and all relate importantly to the present writer's study of the period since World War II.

A review of the literature suggests that several major areas are worthy of consideration in this chapter.

1. The early concern for the mentally retarded children in the United States.
2. Teacher training programs for the mentally retarded from their inception to present day patterns and trends with emphasis on the period since 1946.
3. Representative educational patterns for the retarded and their development as an emerging factor, again with an examination of the changes as they relate to the period since 1946.
4. A review of the role of state and federal agencies for the mentally retarded.
5. Related research on programs for the EMR child since 1946 with an emphasis on contemporary trends and patterns.

The Early Concern for the Mentally Retarded Child

In an all-encompassing framework of man's concern for the mentally retarded in the context of recorded history, Wallin (1955) terms the total involvement of the United States as the Modern or Scientific period. This, of course, he contrasts to the very earliest of man's concern, the Ancient Period, or that era preceding Christianity.

The Modern or Scientific period, Wallin feels, began approximately in 1850 when Edward Seguin, a French physician and psychologist, emigrated to the United States and immediately began to influence American thinking as it related to education for the mentally retarded.

As a result of Seguin's impact upon America, institutions for the care of the mentally retarded soon were organized in Massachusetts, New York, Pennsylvania, Ohio, and Connecticut.

In 1850 Samuel Gridley Howe, encouraged by Seguin, established the first state school for mentally retarded children, the Massachusetts School for Idiots and Feeble Minded Youth (Love, 1968).

By 1898 nineteen states were maintaining twenty-four public institutions for the mentally retarded, and by 1917 only four states lacked public institutions for the mentally retarded. It is important to note that all of the state institutions were largely residential in nature, although some education was offered to those who appeared to be educable.

Two studies, "The Jukes" and "The Kallikak Family, A Study of

the Heredity of Feeble-Mindedness," published in 1874 and 1912 by Dugdale and Goddard respectively, tended to confuse the public's limited understanding of mental retardation in that both studies linked the retarded to criminals, psychotics, psychopaths, and social degenerates. As a result, by 1926 twenty-three states had passed sterilization laws which applied to the mentally retarded (Wallin, 1955).

In the period between 1897 and 1906, several cities in the east and middle west began to offer special class instructional facilities for retarded children on a day school basis (Wallin, 1955).

Significant also was the growth of special classes in public schools between 1918 and 1927. The significance appears to be the result of teacher training programs initiated by a few colleges and universities.

Table 1, page 13, shows the number of states and cities reporting classes for the mentally retarded from 1922 to 1948, based on data distributed by the United States Office of Education.

Teacher Training Programs

As training the mentally retarded became more widespread in state institutions and those few city public school systems existing in the late 1800's and early 1900's, teacher training was recognized as desirable.

TABLE 1

SPECIAL CLASS ENROLLMENTS FOR THE MENTALLY HANDICAPPED
IN THE UNITED STATES FROM 1922 TO 1948

Year	Number of States	Number of Cities	Pupils Enrolled
1922	23	133	23,252
1927	32	218	51,814
1932*	39	483	75,099
1936	43	643	99,621
1940	42	565	98,416
1948	47	730	87,179

*Includes Hawaii and the District of Columbia, at least since 1930.

(Wallin, 1955:20)

At the outset of those early programs for the retarded, many of the first teachers were probably regular class teachers having an ability to handle difficult children. Hungerford, DeProspero, and Rosenzweig (1949) reported that in many cases these selected teachers later became the first supervisor or director of the city's school program for the broad range of handicapped children.

A sequential program of teacher training for the mentally retarded leading to a degree was offered for the first time in 1916 at Michigan State Normal College, Ypsilanti, Michigan, in 1914 (Michigan Home and Training School, 1916).

The absence of extensive college or university teacher training programs for the mentally retarded was evidenced in a survey by Anderson in 1918 of 108 cities having special classes. The survey showed that special training was required in only fifty-three cities. The special training included course work in the psychology of mental deficiency and a close, prolonged association with retarded children was deemed extremely important. Teachers in the other thirty-three cities were selected from regular staffs as a result of their interest in the retarded, adaptability to change, and their general efficiency (Anderson, 1921).

The period between 1931 and 1936 appears to show substantial growth in the number of colleges and universities offering courses for teaching mentally retarded children. Marten's study of this period recorded a 66 per cent increase of available courses. This same study reported a few institutions had begun to create a department or division of special education designed to coordinate a total, sequentially guided training program for special class teachers, a small but significant step (Martens, 1937).

The growth in teacher training programs cited in the preceding paragraph was promising, but a combination of somewhat unrelated factors caused a drop of pupils enrolled in special classes in the period of 1940-1948. Cruickshank (1958) suggests some of the following reasons as accountable for not only a reduction in the number of special

classes but also as reasons for a curtailment of teacher education programs during this period.

1. An absence of a reliable body of knowledge related to teaching the mentally retarded due to the lack of research and experimentation.

2. The depression of the early 1930's forced most colleges and universities to reduce their budgets, thereby denying most educational developments in general.

3. The rapidity with which special classes grew prior to the depression years accompanied by an absence of trained teaching personnel combined to produce a disenchantment with special education, not only by the public but school administrators as well.

4. Finally, the movement of progressive education, somewhat influential among both lay people and educators during this period, held that any good teacher could teach any child or group of children. While this premise is not without merit, it was subject to many interpretations, all of which contributed to the temporary demise of special class teacher education.

By 1949 only seventy-seven institutions of higher learning had developed even modest programs of education for special class teachers, a rather static position in view of the general increase in college and university attendance resulting from the benefits of the G. I. Bill of Rights (Robinson and Robinson, 1965).

Cruikshank (1958), in examining a comprehensive study made in 1953-1954 of the entire range of teacher education for all categories of handicapped children, noted significant gains in complete sequential course offerings, with a gain of eighteen institutions specifically adding programs for education of mentally retarded.

What, then, is a true picture of the contemporary trends and patterns of teacher education for the EMR child? Even a casual perusal of current journals and publications relating to the study of educable mentally retarded children indicates somewhat of a revolution in terms of the entire scope of education within this field.

To a degree this change of a philosophy of education is due to research that has been done, but just as important, perhaps, is the realization by parents, lay people, educators, and prominent authorities in the study of the EMR child that the segregation of EMR children in special classes has some weaknesses that have long been ignored or overlooked.

George Brabner, Jr. (1966:267) very clearly points to the current concern for the role of the traditionally trained special class teacher.

Special educators agree that the role of the special class teacher of the retarded should not be one of mere baby sitting, but beyond this point there is considerable divergence of opinion. Should she work closely with each child and as much as possible on an individual basis, or should she group for instruction as best she can and take care of the needs of individual children when she can? Should she, like the Montessori teacher, be non-directive and less verbal, rather

than directive and verbal, making herself available but not obtrusive? Should she minimize pressure for learning and achievement, but maximize pressure for promoting sound emotional development?

Perhaps the most challenging contemporary point of view as a summary to this review of teacher education for the EMR child is expressed by Sparks and Blackman (1968:170).

A review of literature to determine the bases of sequences of courses leading to certification as a teacher of educable mentally retarded children reveals no validation studies nor any claims for teaching the mentally retarded. On the basis of existing evidence, it is only possible to conclude that the special education teacher has superior qualifications to teach exceptional children to the degree that the consensus of intelligent and experienced special educators is accepted. Empirical proof of the validity of special preparation does not exist.

Representative Educational Patterns for EMR Children

In the very early period of education of the mentally retarded in the United States, a curriculum for pupils in the present day school connotation did not exist. Education and training for retarded was restricted almost exclusively to state institutions until 1897, when a small number of eastern and middle west cities began to offer special class instruction.

In a closer examination, today's educator might describe this period of instruction as conditioning rather than education by curriculum. Seguin, who was largely responsible for the initiation of the first educational attempts with retarded in the United States, advocated a variety of learning experiences: (1) the training of the

peripheral nervous system through muscle and sense training, including training designed to strengthen the child's sense of the tactual, taste, smell, auditory, and temperature, was stressed; (2) auditory training was used to introduce both simple music recognition and very basic and simple writing and reading; (3) visual discrimination skills were developed to enhance a hand-eye coordination (Kirk and Johnson, 1951).

Another influential educator of this early era was Dr. Maria Montessori, whose work with mental defectives in Rome, Italy, spread to the United States, where she came to lecture on her philosophy and methodology. Perhaps Montessori's techniques as they relate to early curricula can best be described as auto-education or self-teaching. Great emphasis was placed on the child as an initiator of the manner in which he used the prescribed didactic materials (Kirk and Johnson, 1951).

The curriculum of the early city special classes must be interpreted cautiously so as not to imply that each city offered well planned programs of instruction uniformly or that carefully-planned curricula existed. The absence of effective curricula methods in the special classes of city schools in the period from 1897 to 1906 appears to be attributable at least in part to the lack of sound research information relative to effective instruction of the retarded and its counterpart, the absence of well trained teachers knowledgeable in the

area of retardation.

Anderson's (1921) 1918 survey of 108 cities having special class teachers shows the types of training offered during this period. Table 2 gives one a cursory idea of the nature of learning experiences at that time.

TABLE 2
EDUCATIONAL PROGRAMS OFFERED TO CHILDREN IN SPECIAL
CLASSES IN 108 CITIES IN 1918

Types of Training	Cities
Manual and industrial training only	8
Regular grade work only	5
Combination of regular grade work, manual, and industrial training	75
No regular scheduled methods of training, leaving question to each individual member	17
No reply to this question	3
Total	108

(Anderson, 1921:117)

Two other highly respected figures in mental retardation are credited with effective curriculum influence in the first decades of the 1900's. The total contributions of both Dr. Walter Fernald and Henry Goddard relative to understanding the retarded child go far beyond curriculum contributions. Both brought a quality of humanism and utility to the special class curriculum during this period (Erdman

and Olson, 1966).

During the period from 1930 to 1945, special class curricula was partially due to two factors: (1) an increase in the number of special classes as a result of legislation and (2) the effects on public education of the depression, which reduced job opportunities and forced pupils to remain in school longer, thus forcing curriculum expansion in all fields of education.

Also important to this period of special class curriculum expansion was the public school differentiation of types of classifications for special classes as opposed to the heterogeneous special class composition of the past. This very significant transition of special class categorization came about as the result of the development of such instruments as the Stanford-Binet Intelligence Test and other related assessment techniques which enabled educators to recognize the diverse range of abilities existing within the total retarded population.

With more specific knowledge of the limitations and potential of special class children, curricula began to emerge in the form of published handbooks and guides. An example of a widely respected curriculum textbook of this period was that of Inskip (1930). Her educational objective was in the realm of training for self-control and self-support, emphasizing a trained hand, a thinking mind, and controlled and disciplined emotions.

In 1935 the unit approach to curriculum for special classes

began to become popular. This innovation enabled teachers to construct a number of activities around central themes that appeared promising for the retarded.

Occupational education also took its place as a curriculum variation during this period, stressing preparation of many vocational and social placement experiences for the EMR (Hungerford, DeProspero, and Rosenzweig, 1949).

In the main, the period of 1930 to 1945 was one in which learning activities were directed more to the child's surrounding environment and preparation for the integration of the child within the mainstream of his community.

The present writer wishes to point out how the dire need for trained manpower in all World War II commercial and industrial work inevitably opened up certain occupational services and jobs that many mentally retarded of various ages were able to fill. This is significant to this study to the degree that it helped the public to recognize the potential of the mentally retarded, a realization that was to provide great impetus for the following two and a half decades.

Concurrent with the preceding contribution of the mentally retarded to the nation's war efforts was the discovery by the military that from the beginning of the war until its end 716,000 individuals between the ages of 18 and 37 were rejected because of mental deficiency (Ginsberg and Bray, 1953:41). While this statistic is subject to some

qualifications, its effect was beneficial to the degree that the military was forced to implement specific educational programs to cope with a variety of problems faced by inductees whose educational or intellectual level was a deterrent to their becoming effective military personnel.

World War II played a subtle but substantial role in advancing the base of knowledge and acceptance of the mentally retarded in society because the nation responded to the broad gamut of the handicapped individual whether the handicap existed before the war or was directly attributable to a military experience (Cruickshank and Johnson, 1958: 14-15).

In the decade from 1950 to 1960, the trends and patterns of instruction for the EMR child continued to be centered around instruction in the segregated class or some variation of it. Kirk and Johnson (1951) describe four general instructional patterns typical of this decade. However, one must be aware that uniformity of instruction and placement of the EMR pupil were subject to a number of variables including local-state philosophy, support at the administrative and citizen level, and the availability of trained teachers to work with the EMR child.

A careful examination of the literature and studies comparing the efficacy of the segregated special class to the education of the EMR child in regular classes suggests doubt. Kirk's view of the studies

in the area of special class versus regular class placement is significant if carefully analyzed.

The increases in special schools and classes have been accomplished on the basis of logic and the belief that placing retarded children in special classes is more beneficial to them than retaining them in regular grades. As will be noted later, there is little empirical evidence to demonstrate clear-cut benefits of special class placement. The empirical evidence is as yet inconclusive and, in a sense, contradictory (Kirk, 1964:57).

Lazar (December 1969), in analyzing traditional special class instructional programs, cites several contemporary research studies that not only support Kirk's statement but in addition proposes a new model which will be discussed later by the writer.

In summary, the instructional patterns and trends for EMR children from 1946 to the present were influenced by three factors: (1) occupational and/or environmental training which dominated the period from 1930 to 1945; (2) the effect of World War II on all handicapped persons with emphasis on the mentally retarded; and (3) the contemporary influence on the trends and patterns which challenge the traditional special class.

The Role of State and Federal Governments in the Education of EMR Children

Historically speaking, support for the development of special education facilities for retarded children came first from state governments in the form of the enactment of permissive or mandatory statutes relating to special education and partial or complete

financial support of special classes. Between 1911 and 1921, eleven states had varying degrees of legislation and financial support. By 1952 all states except Nevada and Montana had enacted some form of school legislation for special education (Wallin, 1955).

To be sure, each state's participation from a legislative and financial point of view was widely varied. Some of the states required frequent reporting of statistics, medical or psychological evaluations of pupils being reimbursed, standards for curricula, equipment, qualifications for teachers and administrative staff, and other requirements.

In October of 1961, President John F. Kennedy created the strongest nationwide impact on mental retardation in the nation's history when he appointed a twenty-eight-member panel of distinguished professional and lay persons who were charged with preparing a "National Plan to Combat Mental Retardation." The President requested the report on or before December 31, 1962. It was submitted October 16, 1962, and its implications for future state and federal action for the retarded were dramatic and far reaching.

The panel appointed six task forces to prepare six major divisions of the master report. The task forces represented highly respected professionals and citizenry.

In the letter of transmittal of the report to President Kennedy, the following sections are designated and give the scope of

the panel's report:

Section I	Introduction
Section II	Research and Scientific Manpower
Section III	Prevention
Section IV	Clinical and Social Services
Section V	Education, Vocational Rehabilitation, and Training
Section VI	Residential Care
Section VII	The Law and the Mentally Retarded
Section VIII	Public Awareness
Section IX	Organization of Services--Planning and Coordination

Important at this point was that portion of Section IX, titled "Organization of State Services to the Mentally Retarded," in which the panel charged each state with the following:

1. The Governor of each State and his staff should review the array of major services outlined in this report; identify the branch of State government which is, or should be, discharging each responsibility noted; and assess the extent to which each function should be strengthened.
2. Each State should make arrangements through such means as an interdepartmental committee, council or board, for the joint planning and coordination of State services for the mentally retarded.
3. Within each State department with a major concern for mental retardation, there should be a division or bureau to administer services to the mentally retarded or a special consultant with departmentwide responsibility for the development and coordination of these services (The President's Panel on Mental Retardation, October 1962:1965-7).

Having received the panel's report, President Kennedy on July 24, 1963 sent to the governor of each state an invitation to participate in a State-Federal Conference on Mental Retardation. This conference came to be known as "The White House Conference on Mental Retardation" and was held September 18, 19, and 20 at Airlie House, Warrenton, Virginia. The President's invitation was well received with close to four hundred persons representing all fifty states meeting to discuss and plan strategies for the benefit of mentally retarded throughout the nation.

A major address given at the conference by Governor Terry Sanford of North Carolina was titled "A State Program in Mental Retardation." In his challenge to the state participants, Governor Sanford outlined the highly progressive program to combat mental retardation in North Carolina and pointed to future developments which he hoped the legislature would support (U. S. Department of Health, Education, and Welfare, 1963:29-39).

Significant also in the White House Conference was the presentation of "The National Program to Combat Mental Retardation," by Wilbur J. Cohen, Assistant Secretary of Health, Education, and Welfare.

It is apparent that President John F. Kennedy had mandated monumental and unprecedented educational progress in his 1961 composition of the President's Panel on Mental Retardation. The early success of the President's efforts on behalf of mental retardation is

evidenced by a report by the Secretary of Health, Education, and Welfare, Anthony J. Celebrezze, to the President on June 30, 1964, in which he detailed the implementation of two major pieces of legislation relating to mental retardation: Public Law 88-156 and Public Law 88-164. Each of these laws provided for major developments (U. S. Department of Health, Education, and Welfare, June 30, 1964).

The passage of this legislation provided for extensive state benefits in a wide variety of mental retardation activities ranging from clinics to support for teacher education.

The initial impetus given to mental retardation action has not been diminished by the administrations of President Lyndon B. Johnson or President Richard M. Nixon. As evidence of this, Mental Retardation Activities of the Department of Health, Education, and Welfare (January 1971) reports the following budget expenditures and estimated budgets for mental retardation activities in the nation.

1970 total expenditures	\$557,711,000
1971 revised budget estimate.	624,203,000
1972 budget estimate.	650,505,000

In a summary of this section on the role of state and federal governments, one is reminded of the fairly consistent growth of state support for the mentally retarded beginning in 1911 and, more importantly, the influence of President John F. Kennedy, beginning in 1961 the ambitious national program that continues to reach into the support level of each state today.

A Review of Trends and Patterns of Research, Instruction,
and Philosophy for the EMR To 1946

It is apparent throughout the literature that the educational philosophy for the EMR pupil has been the subject of controversy as early as 1932. Kirk (1964) reports the findings of a number of studies conducted in both pre- and post-World War II years. The controversy appears then, as now, to be centered around the relative merits of placing EMR children in either a segregated class or a regular class with normal children.

In seven studies analyzed by Kirk between 1932 and 1961 that compared the results of EMR placement in special and regular classes, all appear to be negated by selection factors related to the control and experimental groups.

The implication at this point might lead one to abandon the hope that EMR children can benefit from regular class placement, but Kirk's summary of studies is stubbornly clear on this issue:

Special classes for educable mentally retarded children in the United States increased in enrollment nearly tenfold between 1922 and 1958. This increase would indicate an acceptance of the advantages of special classes over the retention of the mentally retarded in the regular grades. To date, however, research has not justified the faith on which this acceptance is based. Such research is surrounded by many pitfalls (Kirk, 1964:62-3).

What forces have kept the special class-regular class efficacy issues alive and current? Perhaps the answer is twofold: (1) the initial and subsequent support given to the entire field of mental

retardation by the Congress of the United States as a result of the National Plan to Combat Mental Retardation, initiated in 1961, and (2) strong financial support by the nation has stimulated more research and inquiry.

It appears that no move exists today to demean the segregated special class and its past accomplishments on the basis of "change for change's sake." Rather, the contemporary trends are stated in terms of the potential for increasing the effectiveness of EMR instruction based on current research information and contemporary philosophies of education.

Edwin Martin, Associate Commissioner of Education for the Handicapped, Office of Education, U. S. Department of Health, Education, and Welfare, in a recent article titled "Individualism and Behaviorism as Future Trends in Educating Handicapped Children" seems to represent the philosophy of a majority of educators in the field of mental retardation today.

In his comments, Martin discusses what he calls a new approach to education which he terms the "child advocacy system," in which each child's wholeness as an individual is recognized by the society and systems that shape and influence him (Martin, March 1972:521).

Martin speaks about the need for new models of teacher education and instructional programs for the retarded. He believes that integrating EMR pupils into regular education programs will not succeed

without modifications.

A more direct point of view regarding the role of special education for contemporary times is taken by Evelyn Deno (November 1970:233).

Might not special education be in a healthier state if it assumed that its ultimate objective is to work itself out of business as a social institution, to turn over to the regular education mainstream whatever helpful technology it develops so that the handicapped children can be a part of that mainstream?

In summary, a review of contemporary literature relative to the education of the EMR child indicates the presence of studies supporting the need for new models of instruction based primarily on individualizing instruction for the EMR and mainstreaming him into flexible modifications of regular class instruction. A number of models now exist whose components fit the preceding need.

Chapter II will discuss early historical treatment of the mentally retarded.

CHAPTER II

THE EARLY CONCERN FOR MENTALLY RETARDED

While this study addresses itself primarily to the patterns and trends of the EMR in the United States from 1946 to 1973, it would lack perception and depth if it did not provide a historical background transcending the implications of the study's title by citing early European influences.

Four Historical Epochs in the Education of EMR

J. E. Wallin (1955) has categorized the concern for mental retardation into four historical epochs.

1. The Ancient Pre-Christian Period. Wallin notes in this period a contemptuous, persecution-ridden attitude prevailed on the part of most peoples of the civilized world toward the retarded.

The term idiot, coined from the Greek work "idios," meaning peculiar, became the common name for not only the retarded but the insane as well. This period was characterized by indifference, aversion, and cruelty toward retarded people. Frequently they perished or merely existed and were often regarded as demons cursed by the gods.

Somewhat later in this period a more tolerant attitude prevailed wherein some retarded and particularly those in the sphere of Roman influence functioned in the homes of affluent Romans as buffoons, clowns, natural fools, and frequently as objects of amusement at

social gatherings.

While there was not a compassionate understanding of the retarded, the latter part of this period witnessed a departure from the harsh and indifferent attitude of the earlier era.

2. The Early Christian Period. Although Wallin (1955) concedes that the teachings of Christ constituted a second period for the retarded, he also notes the influence of other world figures of this period whose influence marked an improvement. Confucius, Zoroaster, and Mohammed, through their enlightened philosophies, also contributed generally to the well-being of the retarded. Though there appears to have been no planned or concerted efforts, the mental defectives became objects of a certain degree of solicitude and concern.

Care and protection of the retarded in a limited manner with shelter, food, and clothing provided was fairly common in this period. No attempt to train or educate the retarded seems to have been a concern of the world in general.

3. The Medieval Ages. This epoch reveals a continued trend toward tolerance of the mentally retarded in the role of court jesters and household buffoons, providing entertainment or being maintained as objects of curiosity much as one might keep an unusual pet.

In some parts of the world a certain aura of mystique was attached to the retarded, and they were occasionally accorded an exalted role. Apparently this unique treatment resulted from the many

cults of superstition that prevailed in the medieval period.

In other areas of the world, this same veneration allowed mental defectives to solicit food and money without abuse. Interestingly, Wallin (1955) reports that some American Indian tribes of this era looked upon the retarded as "Children of the Great Spirit" and allowed them a wide latitude of freedom and indulgence.

Clearly, the people of the early years of the Medieval Period lacked scientific knowledge concerning mental retardation and frequently were influenced by either regional attitudes or superstitions.

For a relatively short period in the Medieval Epoch and particularly during the Renaissance and the Reformation in Europe, cruel and inhumane attitudes against mental defectives were openly advocated by Luther and Calvin, who denounced these unfortunates as demons, possessed by Satan.

Fortunately, in the thirteenth century in Belgium, the first resemblance of care for retarded was established in the form of a modest colony setting.

The slow but steady enlightened understanding toward mental defectives continued, especially in Europe, and often, under the benevolence and Christian temperance of such early religious figures as Saint Vincent de Paul (1576-1660). Paris, France, in the seventeenth century became an early citadel of institutional care for the retarded, and the Sisters of Charity with influence by Saint Vincent de Paul

