

THE STATUS OF EDUCATION OF THE RETARDED CHILD

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CHAPTER I

INTRODUCTION

Twenty-five years ago one man could have intelligently, even authoritatively, covered the whole field of the exceptional child. In one book of average size he could have presented in relatively complete fashion his findings in the laboratory or the clinic. The present works, from the standpoint of both size and content, have shown that the study of the handicapped child has grown far beyond the grasp of any one man.

Every person who has attempted a study of the exceptional child soon realized the magnitude and scope of the problem. It has been only through the combined efforts of many that contributions to the solution of the problem have been made.

One of the first efforts in recognizing the need to understand and to study the handicapped was made in 1930, when 3,000 leaders in the medical, educational, and social fields met together in Washington D. C. The purpose of the meeting was:

. . . . to study the present status of the health and well-being of the children of the United States and its possessions; to report what is being done; to recommend what ought to be done and how to do it.¹

The results of the White House Conference on Child Health and Protection called by President Hoover have had far-reaching effects.

¹ White House Conference on Child Health and Protection.

More and more people have realized the magnitude of the problem undertaken and how tremendous benefits could be derived from aiding those less fortunate. President Hoover has said:

If we could have but one generation of properly born, trained, educated, and healthy children, a thousand other problems of government would vanish. We would assure ourselves of healthier minds in more vigorous bodies, to direct the energies of our Nation to yet greater heights of achievement.²

In recent years many studies have been made in an effort to augment and carry out the basic plans laid down at the 1930 meeting.

The Problem

The purpose of the study was to find out:

1. Who are the exceptional?
2. How many are there?
3. What has been done for them?
4. What needs to be done for them?

The writer felt that mental retardation was a defect among a very few of the population and that this minority could contribute little to the well-being of society.

A secondary purpose of this paper was to determine if this belief had substantiation among the authorities in the field.

² Ibid. p. 7.

Procedure

In order to investigate this problem with understanding, it was necessary to define the aims and goals of the study. For this purpose the following facets of treatment of the exceptional child were explored:

1. Is there a problem?
2. What has been proposed?
3. What has been done?
4. What needs yet to be done?

With this belief in mind, interviews were conducted with teachers in the special education department in the Butte Public School System. Also, a visit to the Montana State Training School and Hospital was made and an interview was held with Dr. Arthur Westwell, Superintendent of the institution. Literature was surveyed from the library at Montana State College and at the Montana State Training School and Hospital concerning the mentally handicapped.

Limitations

The original objective of studying the exceptional child (the gifted, as well as the retarded and physically handicapped) proved to be too broad for this study. Due to the magnitude of the subject and the limitation of time, the writer has restricted this study to the mentally handicapped.

CHAPTER II

IS THERE A PROBLEM?

The two basic questions that must be answered in exposing the problem of the exceptional child are:

1. Who are the exceptional children?
2. How many are there?

In answer to the question as to who the exceptional children are, Frampton and Gall suggested the following:

Among the many areas of activity which the field of special education serves are these: The Blind, The Partially Sighted, The Deaf, The Hard of Hearing, The Speech Defective, The Mentally Retarded, The Feeble-Minded, The Cerebral Palsied, those with Muscular Dystrophy, Multiple Sclerosis, individuals with Special Health Problems, The Tuberculous, The Cardiopathic, The Intellectually Gifted, The Emotionally Disturbed and others with acute psychopathic conditions, The Neurologically Handicapped, those with Lowered Vitality, The Delicate, The Epileptic, The Multiple-Handicapped, the Aged, The Chronically Ill, those with Endocrine Disturbances, The Narcotic, The Alcoholic, The Hemophiliac, The Juvenile Delinquent, those with Dental Defects, Leprosy, Brain Injuries, Spina Bifida and allergies, Paraplegia, Diabetes, Poliomyelitis, Asthmatic conditions, Chorea, Tics, Lateral dominance, Osteomyelitis, Legg-Perthis disease, Encephalitis, and many other medical, psychopathic and emotional defects.¹

This list has been regarded as either inclusive or exclusive. Many authorities have debated the inclusion of some of these.² No definite classification has been accepted for the field as a whole. Current literature has shown some overlapping of categories and

¹ Framptom, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. 1. p. 32.

² Ibid. p. 33.

treatment. In each instance the reasons given seemed logical for the specific purposes of those making the classification.

Who Are the Exceptional?

The exceptional child has been defined as one who deviates or varies from the normal by a considerable amount in respect to any number of traits. The mentally exceptional child's standards varied in different localities. An intelligence quotient of 70 and below roughly separated the mentally exceptional.³

The Dictionary of Education defined the exceptional child as:

A child who deviates markedly above or below the norm of his group in respect to one or several mental, physical, or social traits, or any combination of these so as to create a special problem in regard to his education, development, or behavior.⁴

According to Kirk, the mentally retarded child was one who has an I. Q. below 80, and who, because of intellectual and educational retardation, required a special curriculum adapted to his capacities and limitations.⁵

Mental retardation, according to the Dictionary of Education, is a "condition resulting from mental development that has failed to keep pace with chronological age; may be manifested as dullness, backwardness, or even feeble-mindedness."⁶

³ Garrison, K. C. The Psychology of Exceptional Children. p. 4.

⁴ Good, C. V. Editor. Dictionary of Education, p. 67.

⁵ Kirk, S. A. Teaching Reading to Slow-Learning Children. pp. 21-22.

⁶ Good, op. cit. p. 349.

How Many Exceptional Children Are There?

The first segment dealing with the problems presented the definition of the mentally handicapped. The second asked how many were found. No accurate, concise figure was found on the number of mentally retarded persons in this country or elsewhere. The best that has been done is to make a rough and arbitrary estimate. Of the population, the lowest 1 percent mentally have had real difficulty in the battle for survival. They were slow; their attention wavered easily and they had little reasoning power or capacity for sustained work. One percent of the population amounted to approximately 1,600,000 persons. These were seriously mentally deficient. There were, however, another 2 percent or approximately 3,200,000 who were retarded in lesser degree and thus seriously handicapped in life. In addition, there were many border-line cases, and it has been frequently difficult to distinguish between "retarded" or "dull normal" people. Nevertheless, the above estimates have indicated that the problem is a serious one in numbers alone. In terms of heartache and emotional frustration, mental retardation frequently has had a devastating impact on the family of those afflicted. Beyond this, it has presented a social problem, for many of the retarded have become dependent.⁷

⁷ Jacob, Walter. New Hope for the Retarded Child. Public Affairs Pamphlet No. 210. July 1954. p. 3.

Figures on the number of exceptional children vary greatly. A fair estimate would be 1 percent.⁸

From the White House Conference on Child Health and Protection the following data has been obtained concerning the number of handicapped children in the United States:

500,000 individuals found in our prisons, hospitals for mental disease, almshouses, and institutions;
 70,000 persons every year admitted for the first time to hospitals for mentally diseased;
 300,000 persons every year committed to prison.⁹

Other significant findings about the handicapped in the United States are:

14,400 blind children under twenty years of age.
 6,000 of these are being educated in state, private, or public day schools and classes.
 50,000 partially-seeing children who should be in sight-saving classes. Less than
 5,000 of these are enrolled in such classes.
 3,000,000 with hearing impaired in various degrees.
 18,212 deaf children enrolled in schools and classes for the deaf.
 1,000,000 school children between the ages of five and eighteen who are so defective in speech that they require remedial treatment and training.
 300,000 crippled children;
 100,000 of these need special education;
 10,110 of these are enrolled in public schools and
 1,480 in state hospitals and schools, and in private schools.
 382,000 children who have tuberculous.
 850,000 more who are suspicious cases.
 1,000,000 (approximately) school children who have weak or damaged hearts;
 375,000 of these have serious organic heart disease.

⁸ Ibid. p. 3.

⁹ White House Conference, op. cit. p. 232.

6,000,000 children (approximately) of school age who are malnourished. Less than
 40,000 of these are enrolled in open-window and open-air schools and classes.
 675,000 (at least 3 percent of the elementary school enrollment) who present behavior problems.
 Less than
 10,000 of these are enrolled in parental schools, special classes and schools.
 450,000 pupils enrolled in elementary grades who are mentally retarded to such a degree that they require special education to make the most of their possibilities. Less than
 60,000 of these are enrolled in special classes.¹⁰

Further inquiry showed how acute the problem has been since the initial White House Conference of Child Health and Welfare. Recent literature showed that many more handicapped are being discovered every day.

There has never been a complete census in various categories of special education. Some authorities have arrived at census estimates on the basis of census reports from many cooperating agencies, others have developed formulae for gross estimates and still others have made "rough guesses"; finally, some have said we do not know how many, or how to estimate with any accuracy.¹¹

The United States Office of Education stated that in the 1952-1953 school year the following numbers of children were enrolled in special schools and classes, both elementary and secondary:

¹⁰ Ibid. pp. 233-234.

¹¹ Stauco, Clarice. The Atypical Child. p. 140.

Blindness (under 20)	14,400
Partial sight	50,000
Impaired hearing	3,000,000
Defective speech	1,000,000
Crippled	100,000
Tubercular	382,000
Suspected tubercular	850,000
Weak or damaged heart	1,000,000
Undernourished	6,000,000
Behavior problems	675,000
Mentally retarded	450,000
	<u>13,521,400¹²</u>

Heck made a tabular estimate of 13,407,000, based on various sources, as the number of children obtaining special education.¹³

It was highly probable that these figures disagreed with other statistical analyses. However, they did present to the layman and professional the idea that the field of study concerning the handicapped child was large and the problem formidable.

Chapter III will present a brief history of the attitudes and approaches to the problem of the mentally retarded child.

¹² U. S. Office of Education. Statistics of Special Education for Exceptional Children, 1952-53. p. 18.

¹³ Heck, A. O. The Education of Exceptional Children. p. 7.

CHAPTER III

WHAT HAS BEEN PROPOSED?

Mental retardation has posed a large and conspicuous socio-economic problem. Noteworthy developments have occurred in the field of the exceptional child which show progress through organized, coordinated efforts. There has been, for instance, a great extension of public aid to dependent children in their own homes. More attention has been given to the correction of economic and social difficulties surrounding the family life. There has been an awakening on the part of local and state government to the responsibility for the welfare of children. This has been indicated in the widespread organization of state welfare departments and movements to create better and more comprehensive child welfare services in local governmental units.

In many localities attempts have been made to coordinate child welfare agencies into a unified program to reach all children. These developments or principles of child care may have been generally recognized in theory but they have by no means universally been accepted in practice.¹

There has been a tendency, according to Johnson, to handle the needs of children by establishing child welfare agencies to the exclusion of other kinds of agencies. The Committee on National, State, and Local Organization, 1933, maintained:

¹ Johnson, K. B. Report of the Committee on National, State, and Local Organization for the Handicapped. Organization for the Care of Handicapped Children. pp. 3-4.

There has been too great an emphasis on providing care for children away from their own homes. Few agencies have been equipped to prevent or remedy conditions disruptive to family life. . . neither have there been many organizations, public or private, to reconstruct families from which children were removed and to which a great number ultimately drifted back.²

Regardless of the type of units proposed or adopted, Johnson maintained that the treatment accorded each child must be determined solely by his needs, and not by reason of what tax unit can be made to pay for the cost of his care.³

Children have been torn from their families permanently and sent to an institution supported by the state, although home adjustments and relief at local expense might meet the needs.⁴

In order to understand what has been done or what could be done in regard to the care and treatment of the mentally retarded child, a brief history of the efforts in this area was reviewed.

The most severely retarded cases have been recognized since the early days of civilization. The Spartans cast retarded children into rivers or left them to perish on the mountain sides.⁵

² Ibid. p. 4.

³ Baker, H. J. Administration of Special Education, Review of Educational Research, XIV. June 1944. p. 211.

⁴ Ibid. p. 19.

⁵ Frampton, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. III. p. 428.

The Greek root from which the word "idiot" is derived meant a person set apart or alone, thus implying that retarded children lived in a world by themselves. These were considered incapable of human feeling and, therefore, undeserving of human compassion and consideration.⁶

The teachings of Christ brought great relief to the mentally retarded. From the time of Christ on, there were numerous instances of the recognition of the moral and social responsibility of society for the care of the physically and mentally retarded. St. Nicholas was said to have demonstrated particular compassion toward the retarded in the fourth century. In the sixteenth century St. Vincent de Paul and his "Sisters of Charity" gave care to the mentally retarded, as well as other handicapped persons and established the first public remedial institution for these people in Paris known as the "Bicerte."⁷

During the Middle Ages, the mentally retarded frequently earned the favor and support of the nobility by providing entertainment as fools and jesters.⁸ In certain localities on the European continent, they actually received homage because of the superstitious belief that they were the "children of God." As late as the Reformation, certain

⁶ Frampton, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. III. p. 428.

⁷ Ibid. p. 429.

⁸ Ibid. p. 429.

religious groups regarded the mentally retarded as being "filled with Satan" and dealt with them accordingly.⁹ The American Indian permitted these people to go unharmed and considered them "children of the Great Spirit."¹⁰

The first scientific attempt at educating the retarded was made during the late eighteenth century by Itard, who attempted for five years to educate a "wild" boy names Victor, who was diagnosed as a hopeless idiot. This experiment ended in dispair. However, the French Academy of Science asked Itard to record his findings, which he did in the now classic book, The Wild Boy of Aveyron.¹¹

Sequin, a student of Itard, continued the work with the mentally retarded. He renewed the work with the mentally retarded after coming to the United States in 1848. Many of his basic principles of educating the mentally retarded are fostered in present-day curricula of these children. Kirk and Johnson summarized Sequin's contribution as follows:

He emphasized the education of the whole child, the individualization of instruction, the importance of rapport between teacher and the pupil, the physical comfort of the child during the learning period, and the importance of beginning with what the child needs, wants, and desires before progressing to areas that are known.¹²

⁹ Frampton, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. III. p. 429.

¹⁰ Ibid. p. 429.

¹¹ Ibid. p. 430.

¹² Kirk, S. A. and G. O. Johnson. Educating the Retarded Child. p. 63.

Montessori, an Italian psychiatrist, organized a school for the retarded about 1897. This latter became a teacher-training center. She had considerable success with the retarded and also applied her methods to young normal children.¹³

Alfred Binet, another prominent figure in the education of the retarded, concentrated on the measurement of intelligence and found a workable device in measuring intelligence.¹⁴

During the past thirty years, numerous techniques and procedures have been developed in an attempt to improve the educational procedures for the mentally retarded children.

John Dewey's philosophy of progressive education had a marked influence upon the education of the mentally retarded through his doctrine of "teaching through experience" or "learning by doing."¹⁵

One of the early advocates of this method for the mentally retarded was Wallin. He felt that children could be taught much more effectively and efficiently if the subject matter was directly related to areas of their interest.¹⁶

Ingram became the foremost advocate of the "unit experience" centered around meaningful life experiences of the child. He did

¹³ Frampton, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. III, p. 431. . . .

¹⁴ Ibid. p. 431.

¹⁵ Ibid. p. 432.

¹⁶ Wallin, W. J. The Education of Handicapped Children. p. 139.

not feel that mentally retarded children could obtain mastery of the basic skill subjects through the "unit of experience", but that proficiency could only be obtained in these subjects by having definite instruction periods.¹⁷

Although the problem of retardation and, hence, of possible future prevention has been primarily a subject for scientific teamwork, the basic elements in the rehabilitation of the child have been educational. Refined methods of teaching and evaluation have been needed because the retarded learns more slowly.

In former years, mentally retarded children were scattered and little understood. The first specialized training for them was provided in private residential schools.¹⁸

The first private school for retarded children in America was established in July, 1848. Two years later the school became the Massachusetts School for Idiotic and Feeble-Minded Children. It was later removed to Waverly, Massachusetts where it has operated since. In October, 1851, an experimental school was opened in Albany, New York. In 1887, a private school was opened in Millville, New Jersey. It was removed a year later to Vineland, New Jersey, where it became known as The Training School at Vineland.¹⁹

More residential institutions and schools, public and private, were founded by men who saw the plight of the retarded children and

¹⁷ Frampton, M. E. and D. E. Gall. Vol. III, op. cit. p. 433.

¹⁸ Jacob, Walter. New Hope for the Retarded Child. Public Affairs Pamphlet No. 210. July 1954. p. 13.

¹⁹ Ibid. p. 13.

sought to establish centers for their assistance. These schools and institutions have been of three types:

State-operated schools. State-operated schools have accepted patients without charge if parents were unable to pay for the cost of care. If able to meet part of the cost, parents have been required to pay according to their means. Ecob stated that the main purpose of the state-operated school is "to train patients for returning to the community."²⁰

Private schools. There are many private schools for the retarded of different kinds and ages. Some, of the home-school type, offer excellent all-around programs and many advantages. The high rates in private institutions, however, put them beyond the reach of most families.²¹

Community day schools. Community day schools provide instruction while permitting the child to live at home. These schools may be part of the public school system, or may be supported privately by groups of parents. Jacob stated that:

Public schools for years have had 'special education' classes for 'educable' children who border the low normal group. More recently, many cities have set up 'special day' classes for 'trainable' children, a lower level intellectual group. These

²⁰ Ecob, K. G. The Retarded Child in the Community. Pamphlet by The New York State Society for Mental Health. p. 19.

²¹ Ibid. p. 20.

classes are still too new to evaluate completely, they serve many types of retarded children who could not otherwise be kept at home for this kind of service.²²

There are certain common problems of a medical and educational nature that have existed throughout the work with the exceptional. According to Frampton and Gall, some are being handled with considerable understanding, and others poorly treated.

The first of these problems was the extent to which specialized medical service should be furnished to the child at his school. Specialized medical service has been necessary, often for the entire period of the child's life.

The most convenient place to serve the child has been at the school. Frampton and Gall held that the school must be supplemented with other services or the educational program will be wholly inadequate, and many inconveniences and complications will result. However, they recognized, first, that the wishes of the local medical profession and consultive medical services probably will be paramount; and second, that under no circumstance should the professional relationship between the private practitioner and his patient be disturbed.

A second problem was the struggle for the child's time between the classroom and special medical or other necessary services. The obvious answer was that the medical services must come first, the classroom teacher second, and other services should follow.²³

²² Jacob, op. cit. p. 16.

²³ Frampton and Gall. Vol. I, op. cit. p. 84.

A third problem was the failure of many persons to recognize that education is a form of medical therapy. All children need to be educated to understand and practice all-around good health. Text-books in health for elementary and secondary schools recognize that physical health and mental and social well-being go hand-in-hand. In one series, for example, a chart for the teacher outlines the text content from first to the eighth grade as follows:

(1) physical health, learning about our bodies and how to care for them; (2) mental health, learning about how we think, feel, and act; (3) social health, learning to live in harmony with others; and (4) safety and first aid, learning to live safely.²⁴

A fourth problem was the danger that both physicians and teachers considered the exceptional as specimens in the medical museum rather than as children under protective care, with personality and other special problems that require solution.²⁵

A fifth problem involved a subtlety of judgment between protecting an exceptional child against injury or delayed medical improvement on the one hand, and over-protecting him on the other, with a resulting development of laziness, lack of self-reliance, and even neuroses.²⁶

²⁴ Frampton and Gall. Vol. I, op. cit. p. 321.

²⁵ Ibid. p. 83

²⁶ Frampton and Gall. Vol. III, op. cit. p. 84.

Harms pointed out that the "mentally handicapped child is essentially narcissistic in nature. He seldom has very deep feeling toward others."²⁷ Harms has also pointed out that the handicapped possesses the following:

He lacks foresight and judgment, he cannot comprehend abstract situations. Changes are difficult for him. He is unable to realize his limitations, thus this failure to realize them may cause him to experience failure a great number of times. Failure and finding no means of progress toward acceptable goals leads to the disintegration of personality.²⁸

The sixth problem involved the cooperation of the family and the home in medical, as well as in educational programs. Some authorities maintained that a mentally retarded child may have had a much greater effect on the parents than on himself. The more retarded the child, the less he realized his condition. Frampton asserted that the effect on the parents may have caused them to react in many ways that definitely affected the behavior and well-being of the child.²⁹

Frampton also stated that the attitudes of parents toward the mentally handicapped child vary.³⁰ He disclosed that some have great pity for the child and over-protect him. They may shower him with

²⁷ Harms, M. "Casework with Adult Mental Defectives in a Placement Program", American Journal of Mental Deficiency. 1947. pp. 510-518.

²⁸ Ibid. p. 514.

²⁹ Ibid. p. 83.

³⁰ Ibid. p. 84.

affection, while others may be ashamed of him and reject him completely. He held that either reaction will cause the child to develop traits that are difficult to overcome.

Frampton suggested that the answer to a problem of this nature was to be found in properly directed parental education, plus definite professional follow-up in the home.³¹

A seventh problem came from one-track thinking on the question of whether special programs and classes are needed and determining which children should or should not receive them. Frampton felt that such matters cannot be settled on medical bases alone, since they also involve practical problems of educational administration.³² Accordingly, a pronouncement in regard to certain types of children may be sound enough medically, but not produce the expected and desired result in terms of protective care or health when applied practically. Frampton stated that time and experience has brought a solution that was satisfactory, since it was well recognized by those who actually dealt with the exceptional that the best practice resulted from the conference table at which all interests and points of view were represented.³²

Special education has required many facilities in order to accomplish its aims. Only through the cooperation of medical, health, child guidance services, and social welfare agencies, has special education continued the pursuit of better services for the increased

³¹ Harms, M. "Casework with Adult Mental Defectives in a Placement Program", American Journal of Mental Deficiency. 1947. p. 84.

³² Frampton, M. E. and D. E. Gall. Editors. Special Education for the Exceptional, Vol. III. p. 133.

number of exceptional children.³³ To some degree these services have embodied elements of prevention. The next chapter will explore the services of these various agencies to a greater degree and review what is being done for the retarded child.

³³ Cruickshank, W. M. "Team Action with Exceptional Children", Exceptional Children. May 1952. p. 244.

CHAPTER IV
WHAT HAS BEEN DONE?

The most extensive growth in special education has taken place through the enactment of legislation stimulating the development of state-wide programs. According to Martens, forty-one states have laws authorizing or requiring local school districts to organize special schools or classes for one or more groups of exceptional children. Thirty-four of these states have made appropriations to help local districts to meet the costs of such services.¹

Another field in which the state has taken an active part is the area of teacher education for the retarded child. Voluntary agencies, such as parent-teacher organization and crippled children's societies have joined with the state in offering financial assistance to aid programs for the education of teachers in the field of special education.²

A study in the preparation of teachers for exceptional children carried on jointly by the United States Office of Education and the National Society for Crippled Children and Adults, found the following:

Of the 688 colleges and universities which replied to the questionnaire sent out, more than 150 offered at least one course during the year 1947-48 to acquaint prospective teachers with the general problem of exceptional children. Sixty-six reported offering a curriculum in at least one specialized area. Fourteen institutions offered curriculums in three or more areas.

¹ Martens, E. H. 1949. State Legislation for Education of Exceptional Children and Youth. United States Office of Education Bul. No. 2. p. 47.

² Ibid. p. 54.

A general orientation or survey course in special education was reported by 110 institutions.³

The facilities for the preparation of teachers in specialized education are inadequate. The Forty-Ninth Yearbook of the Education of the Exceptional Children stated:

In the year 1947-48 there were about 16,000 teachers reported as working in special schools' classes for exceptional children. These teachers were serving approximately 450,000 pupils in residential and day schools. The statistical average number of pupils per teacher was, therefore, twenty-eight. If this average is applied to the estimated 4,000,000 exceptional children needing special educational services, it seems that we would need far more than 100,000 teachers to serve the field adequately.⁴

Kirk felt that this problem might best be handled by an active interest and cooperation on the part of all the colleges and universities concerned with special educational training in a coordinated program that will meet the demands of educating a teacher for work in specialized education.⁵

Another aid in educating the retarded has been an increased emphasis placed on the cooperation of schoolteacher and parents. One evidence of this has been the growth of the parent-teacher movement.

³ This section adapted from a paper presented at the convention of the International Council for Exceptional Children. San Francisco. March 1, 1949. By Elise Martens.

⁴ Henry, N. B., editor. The Forty-Ninth Yearbook of the National Society for the Study of Education, 1950. p. 109.

⁵ Kirk, S. A. and G. O. Johnson. Educating the Retarded Child. p. 110.

Provisions for parent-teacher conferences have increased. Liaison between home and school has been established by bringing the parents into the school not only to observe, but also to participate in its activities.

There are many organizations that aid in the education of the parents of the exceptional through distributed materials and home instructions. The state of Minnesota published in 1954 a booklet containing practical suggestions to parents for the training of the very slow-learning child.⁶

New Jersey offered a home-training plan for mentally deficient children. The purpose of this plan was to help the parents, mothers in particular, to train their children at home so that they are less of a problem at home and in the community.⁷ The National Society for Crippled Children and Adults has long stressed the importance of parent education as an integral phase of its service program.

In addition, the National Society provided consultation services in child development and help in nursery-school organization. The organization also has published The Crippled Child, and sends out each month thousands of articles, reprints, pamphlets, and leaflets to parents of handicapped children.⁸

⁶ Teach Me: A Guide for Parents and Others Who Have the Care of Subnormal Children. Mental Health Unit, Division of Public Institutions.

⁷ Home-training plan by the Division of Classification and Education of the Department of Institutions and Agencies of New Jersey.

⁸ Ibid. p. 118.

The parents have been the most important teacher in all the stages of the mentally handicapped's development. They have been responsible for how he came to feel about himself. In addition, the parents laid down the basic patterns of family living. Home training before the child came to school and throughout his school career affected every aspect of his readiness to learn.⁹

Since the publication of the article, "The Child Who Never Grew", by Pearl Buck, about her own child at The Training School at Vineland, there has been a greater realization among parents of the mentally handicapped that "retardation is a condition that is often accidental, due to no fault of their own, and exist in many normal and superior families."¹⁰ This information helped remove the feeling of guilt that some parents had in regard to their own handicapped children. As a result, the past few years parents in many parts of the country have organized in an effort to bring about better facilities for training and caring for the retarded children. Also, the way was paved for some parents to take their handicapped child out of hiding and enroll him in specialized facilities for the handicapped.¹¹

By 1950, there were some fifty local parents groups, many associated with the special schools for retarded children.¹² In October

⁹ Ibid. p. 119.

¹⁰ Jacob, Walter. New Hope for the Retarded Child. Public Affairs Pamphlet No. 210. July 1954. p. 19.

¹¹ Nelson, op. cit. p. 120.

¹² Jacob, op. cit. p. 19.

1950, representatives from thirteen states met in Minneapolis to set up the National Association for Retarded Children, a nonprofit, nonsectarian federation of local and state associations. The purpose of this organization has been "to promote the general welfare of the mentally retarded children at home, in the community, in institutions, and in private, public, and religious schools."¹³ The organization also has sought to increase all the facilities for the retarded in order to continue improved services for the mentally retarded.

Local activities of the organization have included organizations of clinics, nursery schools, day care centers, camps, sheltered workshops, recreation, and specialized treatment. Nationally, the organization has proposed to further research programs, to advise and aid parents, to see that existing legislation is understood and utilized, and to serve as a clearing house for the information on mentally retarded children.¹⁴

Since 1943, there have been special training programs for the mentally handicapped sponsored and financed jointly by state and federal governments. A child may be accepted for training in one of these programs at the age of 14 or 15.¹⁵ Many mentally retarded persons are trained sufficiently to hold self-supporting jobs. Others are

¹³ Jacob, op. cit. p. 20.

¹⁴ Ibid. p. 20.

¹⁵ Ibid. p. 20.

enrolled in sheltered workshops made available in many communities for the mentally handicapped who cannot locate or retain employment. These workshops are geared to the limited ability of the retarded.¹⁶

Jacob felt that the responsibility for the care and treatment of the retarded is the duty of the community and also he maintained that a satisfactory program for aiding them is impossible without the cooperation of various groups and agencies.¹⁷

Investigations into the cause and prevention and treatment and care of the mentally handicapped are stressed by Jacob as the most substantial grounds for advancement of the handicapped. He pointed out this type of research is costly and possible only through the cooperation of psychiatrists, psychologist, physicians, teachers, and other specialists in finding causes and helping to eliminate them, and in working constantly toward prevention of the causes. This is what has been done, the following is what yet can be done.

¹⁶ Jacob, K. G. The Retarded Child in the Community. The New York Mental Health Materials Center, Inc. p. 16.

¹⁷ Jacob, op. cit. p. 21.

CHAPTER V

SUMMARY, CONCLUSIONS, AND IMPLICATIONS

It has been the purpose of this study to ascertain the status of education of the retarded child by determining who they are; the number of them; what has been proposed and done for them; and what still can be done to help the mentally retarded. The reports in the review of literature have pointed out that the exceptional child is one who deviates or varies from the normal by a considerable amount in respect to any number of traits.¹

The precise number of mentally retarded children was unavailable, but it was estimated that about 1 percent of the population, or 1,600,000 persons are seriously mentally retarded, and about 2 percent, or 3,300,000 children are retarded in lesser degree. In addition, there have been border-line cases that have been difficult to distinguish which lay between "retarded" or "dull normal" people.

There has been widespread organization of local and state facilities for the care and treatment of the retarded. There have been established extensive child welfare services and agencies. Education for the parents of the mentally handicapped has been stressed along with community understanding of the mentally retarded. Greater understanding and extension of the specialized services for the handicapped are needed.

¹ Garrison, K. C. The Psychology of Exceptional Children. p. 4.

It has been disclosed that published material concerning the problem of the mentally handicapped is in favor of educating the retarded child to the best of his abilities. Many of these children have been trained at home, with the help of specialized agencies, and in institutions and have become self-supporting citizens. Others have been trained in sheltered workshops and have become partially self-supporting.

Conclusions

The writer felt that the exceptional children were few and contributed little to the advancement of society, but in the study of the exceptional this opinion has changed. The writer found the number of exceptional to be many and that through proper educational training many of these people could take their place among society and be self-supporting citizens. Another group of exceptional children could be trained in sheltered workshops and become at least partially self-supporting.

The writer felt that it is the duty of the entire population to recognize the problem of the exceptional, and to support programs to aid the care, treatment, and prevention of the handicapped. The writer also felt that every effort should be made to see that the less fortunate have the necessary facilities to lead a more normal life. Both of these have been substantiated by the authorities in the field.

Implications

Jacob suggested the best way to understand mental retardation is by accepting the mentally handicapped and his disability and striving to make his problems better known. This can be done, he maintained, by private efforts which are more qualitative and concerned with the individual and smaller groups.² This awareness can lead to extensive research. Through public efforts the results of the research can be put into effect to aid the greater number of retarded children.

The general awareness of the problem of retardation can lead to improving present facilities. With proper leadership, legislation can be enacted for the handicapped, clinical services can be improved and extended. Prevention can be studied. According to Jacob, more than half the cases of retardation came from causes other than heredity.³

Public responsibility must be stressed. Except in those communities where local school systems have undertaken a program for retarded children, the state usually handled it.⁴ This can be remedied by public pressure.

Nationally, the number of mentally retarded are so great as to represent a pool of manpower and potential citizenship which cannot

² Jacob, op. cit. p. 26.

³ Ibid. p. 27.

⁴ Ibid. p. 27.

be overlooked in any nation's plans for common welfare. The federal government, as suggested by Jacob, might well assume greater responsibility for the support of research in the field of mental retardation.⁵

⁵ Jacob, op. cit. p. 28.

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