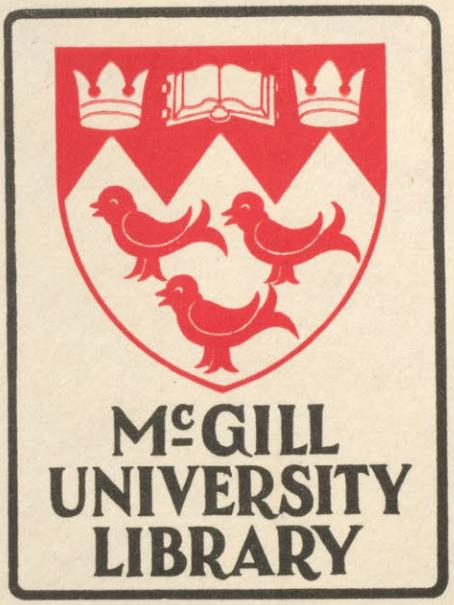

McGill University

EDUCABLE FEEBLE-MINDEDNESS: ITS EMOTIONAL IMPORT FOR THE FAMILY UNIT

A Thesis Submitted to

The Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements

for

The Master's Degree in Social Work

by

Shirley I. Ramsdale

Montreal, April, 1951

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PREFACE

The writer wishes to express her appreciation to all those Agencies and Agency Directors and representatives who cooperated in making this study possible by making available case record material from their files. These Agencies were the Mental Hygiene Institute, the Family Welfare Association, the Children's Aid Society, the Girls' Counselling Centre, the Juvenile Court, The Child Welfare Association and the Protestant School Attendance Department.

I would particularly like to thank Mrs. Frances Anderson, Head Social Worker at the Mental Hygiene Institute, for her valuable guidance and constant encouragement throughout, and Miss Ena R. Younge, Director of Research of the McGill School of Social Work, for her constructive interest and help which she so readily made available at all times.

Finally, to the memory of the late Miss Janet Long, whose dream it was to see the English educable feeble-minded children in the Montreal area suitably provided for, this Thesis is humbly dedicated.

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CHAPTER I

INTRODUCTION

As indicated by the title, the purpose of this thesis is to study the consequences, both social and emotional, for the family unit when it is confronted with the problem of adjustment to the presence of an educable feeble-minded child. An attempt will be made to study the factors which influence the success or failure of this adjustment in relation to the interplay of personalities within the family and in terms of some of the broader environmental influences. Further to this, an attempt will be made to show the cost in terms of undeveloped capacities, deviant behaviour, and emotional stress to the feeble-minded child and family when such adjustment is not effected and when the child is forced to remain in the family setting due to the lack of adequate institutional facilities for his care and training.

Before going further, it will be well to define what is meant by the term "educable feeble-mindedness" for the purpose of this thesis. In the strictly psychological meaning of the term, a feeble-minded individual is one whose Intelligence Quotient is 70 or less[1]. Feeble-mindedness, as understood by Stanley P. Davis[2] means something over and above a

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[1]Recognition of the different degrees of mental deficiency followed the development in France in 1905 of the Binet-Simon method of Intelligence testing. In 1910, the American Association for the study of the feeble-minded, adopted the following classification:-

Idiots	Mental Age - to 3 years,	Intelligence Quotient 0 -30
Imbeciles	Mental Age 3 to 7 years,	Intelligence Quotient 30-50
Feeble-Minded (Morons)	Age 7 to 12 years,	Intelligence Quotient 50-70

[2]Stanley P. Davis, Social Control of the Mentally Deficient (New York, 1930), p.10.

deficiency in mental endowment. For Davies the term also implies inadequate adaptation, with the further implication that the inadequacies can, in many instances be altered positively and in varying degrees, if noted early enough and treated in a carefully supervised and protected environment. In such instances, it is not unknown for the I.Q. to improve as the emotional stresses are relieved and the individual attains a greater feeling of security.

This hypothesis involves several considerations: I. We are dealing with two complex aspects, one which can be changed to a marked degree and one which tends, on the whole, to remain fixed or to vary within a limited range. More specifically, these are the constitutional factor, that is, the measurably intellectual capacity; and secondly, the more modifiable factor of behaviour, which is the product of the interaction of the personality and the social environment.[1] II. The use of the word "interaction" forces us to a closer consideration of the relative stability of that environment with particular reference to the parent figures, particularly since the behaviour of the mental defective is felt to reflect the stability of the environment more than any other handicapped group in the population.[2] III. Finally, we must be aware that the feeble-minded child's intellect is only one aspect of his total personality. For while he may be the unfortunate possessor of inferior mental endowment, "his soul is not impaired", and his feelings of inadequacy are as real and as painful for him as for the more normal child.

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[1]The term "social environment" is used here and elsewhere in its broadest sense to include the entire group of external stimuli acting upon the individual, i.e. family, friends, living conditions, school, etc.

[2]F. C. Thorne and J. C. Andrews, American Journal of Mental Deficiency, Vol. L, No. 3 (January, 1946), p. 411.

[3] R. A. Jensen, "The Clinical Management of the Mentally Retarded Children and their Parents", a Paper read before a meeting of the American Psychiatric Association, Montreal, May 29th, 1949.

For the retarded child, whose defect is diagnosed early and whose parents or foster parents (since foster-home care may also provide a desirable solution, especially for the younger child)[1] are secure and emotionally mature people, a favourable adjustment is frequently possible. With an adequate "special class" system in the schools, such a child would not, in the great majority of cases, be expected to require institutional care.

Frequently, however, the situation is not so favourable. The defect often remains undiagnosed until the child comes into conflict with society. The parents are frequently at a loss to understand and cope with the child's behaviour and their desperation which manifests itself in their attitude towards the child, only serves to add to his insecurity.

This situation is further complicated by the continued presence of the feeble-minded child in the home because of the lack of institutional facilities for his care and training. An institution, specially designed to meet his needs, can provide a steady routine involving constant repetition, kindly discipline, and ordered group life. Such influences are powerful forces for developing habits of the right kind and maximum development of whatever potentialities exist. They may also be regarded as preventing, in a great number of instances, the child from becoming an even more serious burden upon the community at a later date. At the same time placement of such a child in a protected environment offers the rest of the family release from some of the more pressing and damaging tensions playing upon it.

The lack of such institutional facilities as described above to serve English-speaking, non Roman Catholic population of the Province of Quebec[2], has produced many serious social problems which are beyond the

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[1] J. Wells and G. Arthur, "Effect of Foster-Home Placement on the Intelligence Rating of Children of Feeble-Minded Parents", Mental Hygiene, Vol. XXIII, No. 2 (April, 1939), P. 285.

[2] English-speaking, non Roman Catholic population of the Province of Quebec will henceforth be referred to in the text as the English population.

resources of existing private social agencies to alleviate. The problems have long been the concern of the Mental Hygiene Institute which has been chosen as the setting for this study.[1] Serving the English population[2], the Mental Hygiene Institute has functioned for over thirty years in the Montreal community as a clinical organization for (1) the diagnosis and treatment of mental disturbances in children and adolescents, (2) the treatment of delinguent and anti-social behaviour in children, and (3) treatment of mental instability in adults who are unable to adapt themselves satisfactorily to the community life, to their work situation and/or to their families.

The professional staff of the Mental Hygiene Institute is comprised ofpsychiatrists, psychologists and psychiatric social workers who offer a diagnostic and/or treatment service to the child and counselling service to the parents and other adults.[3]

What is the approach of this clinical team to the problem of mental retardation and more specifically to feeble-mindedness as defined at the outset of this chapter? When the feeble-minded child first comes to the Institute, as correct an estimation as possible is made of the extent of his mental retardation. The clinical team then attempts to understand the child's personality and behaviour, as these are related to his environment, and with this understanding to determine what modifications and changes in the environment are necessary therapeutically and at the same time capable of realization.

In many such instances, however, the only solution points to the removal of the child from the home environment and it is precisely at this

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[1]The Mental Hygiene Institute, hereafter to be referred to as M.H.I., although operating on a clinical basis prior to this, was incorporated in the City of Montreal, Province of Quebec, as a Medical Psychiatric Institute in January, 1930.

[2]Until June, 1949, the M.H.I. was supported almost entirely by funds of the Montreal Welfare Federation, a federation of the English-speaking, non Roman Catholic social agencies. The Institute is also in receipt of a small annual income from the Federation of Catholic Charities (English-speaking). The services made available to these two sections of the population is in proportion to the support received.

[3]Annual Report, Mental Hygiene Institute, February, 1949.

point that the work of the Institute is frustrated in that the Government of the Province of Quebec has not, as yet, accepted responsibility for the care of mentally handicapped individuals of the English population.

Frequent delegations, petitions, reports, and personal interviews, directed toward the appropriate Government authorities and sponsored by the Montreal Council of Social Agencies[1] and by other federated agencies and private individuals have not succeeded to date in enlisting provincial support for the establishment of an English Institution for educable feeble-minded children.

Efforts have not been slackened however. In November, 1948, it was agreed that the M.H.I., under the chairmanship of its director would accept "at the request of the Montreal Council of Social Agencies, the responsibility of developing an Institution for the education and training of mentally retarded children to serve the English, non Roman Catholic population of this Province, provided that it will be possible to obtain the necessary assistance from the Province of Quebec for this purpose."[2]

It is therefore felt that an analysis of the problems of adjustment confronting a group of feeble-minded children and their families who were referred to the M.H.I. by various community agencies is pertinent at this time.

The approach to the study has been a concern with the phenomenum of feeble-mindedness and its social and emotional significance, not only for the feeble-minded child himself but for all the other members of his family.

This has necessarily involved an evaluation of all environmental factors which could be regarded as having contributed to the maladjustment and consequent difficulties of the feeble-minded child and other members

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[1]Report of the Montreal Committee Re: "Care of Mental Defectives", April, 1942.

[2]B. Silverman, in a letter to Charles H. Young, Executive Director, Montreal Council of Social Agencies, dated November 4th, 1948.

of his family. It is in this area particularly that this analysis hopes to provide relevant data which will support those individuals and groups who are at present engaged in efforts towards the establishment of institutional facilities and towards community-wide acceptance of responsibility for the retarded child.

With this purpose in mind, the analysis of the case record material will be in four general areas. A study will be made of a sample of feeble-minded children referred to M.H.I., with reference to personality, behaviour, interests and activities, schooling, and personal relationships generally, both within and without the family unit.

The next step will be to make an evaluation of all additional environmental influences which could be regarded as having had some effect upon the development of the social and emotional problems facing the feeble-minded child and his family. These would include (1) the intellectual capacity and emotional adjustment of the parents, (2) the parents' marital relationship, (3) the income level, (4) the size of the family, (5) the standard of living in the home and neighbourhood.

The next phase of the study will be aimed at determining (1) the ways in which family relationships and attitudes toward the feeble-minded child can be held responsible for the behaviour he exhibits, and (2) the psychological tensions which have been aroused and heightened by the presence of the feeble-minded child in the home.

In the light of all this information, the findings and recommendations made at M.H.I. will be examined.

As is to be expected in a study of this nature, difficulty is anticipated in discovering how parental attitudes and feelings develope toward the feeble-minded child. It is hoped, however, that by their recognition and description (as far as agency records make this possible), some

estimation of their influence can be made.

Because medical and social attitudes toward mental deficiency, as we now know them, have not always existed, it seems important to make a survey of the literature in this connection, tracing the development of these attitudes and the evolution of the specialized institution to meet the needs of this particular group.

Mental deficiency has frequently been referred to as "the rejected child of psychiatry"[1]. Psychiatrists and social case workers are, however, making important and ever-increasing contributions in this field and have applied their specialized knowledge to a further understanding of the psychological significance of this problem. Their contributions were felt to be of major importance and have been surveyed for the purposes of this thesis.

We now come to an examination of the sample studied, how it was obtained and the general characteristics of the referrals comprising it.

Before examining the referrals to M.H.I. in toto for the period January 1st, 1940, to December 31st, 1948, which period was chosen as the one to be covered by our study[2], the cases selected for tentative inclusion in the sample were qualified by the Intelligence Quotient, age, and sex.

With respect to the Intelligence Quotient, all children were included in the sample originally who, upon psychometric testing at M.H.I., were found to be within the Intelligence Quotient range 50 to 70, thus classifying them as educable feeble-minded.

When the total number of references to M.H.I. for the period January 1st, 1940, to December 31st, 1948, had been classified according to Intelligence Quotient, as described above, this group was further delimited by selection of those children between the ages of ten years and sixteen years, eleven months. This age grouping was selected because it is recognized

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[1] I.Jenson,op.cit., p.2.

[2] The writer had no special reason for choosing the period January 1st, 1940 to December 31st, 1948, except that it was found that the referrals of children in the age group 10 years to 16 years, 11 months were not numerous enough to warrant a shorter period.

as being a period during which the child must face new problems of physical and sexual maturation. In addition, these children in the upper half of this age grouping would be approaching that time when ordinarily they would be expected to be preparing themselves to make some contribution to society.

Many educational authorities in the field of mental deficiency feel that these are "formative years with respect to habit training and that the prognosis for individuals not suitably trained until after adolescence probably is not good because retardates profit much more from preventive developmental programs than from remedial programs."[1] When the total number of referrals had been classified according to age and Intelligence Quotient, as outlined above, there were found to be eighty-seven children between the ages of ten years and sixteen years, eleven months, and with Intelligence Quotients between 50 and 70, who were referred to M.H.I. in the period January 1st, 1940 to December 31st, 1948. These eighty-seven referrals were listed alphabetically according to surname and were then classified according to referring agency. The source and total number of referrals is shown in Table I.

Because the greatest number of referrals were made by the Family Welfare Association and because the case records of that agency were expected to provide the most complete data regarding family relationships, one half of the total desired sample, i.e. twenty-five cases, were chosen from Family Welfare Association referrals by omitting the first and last four cases of the alphabetically arranged list. The other twenty-five cases were to be selected from the other referring agencies, in proportion to their total number of references. When it was discovered, however,

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[1]R. H. Hungerford, "The Young Retardate Outside his Home Community", American Journal of Mental Deficiency, Vol. LI, No. 4 (April, 1947), p. 758.

TABLE I

SOURCE AND TOTAL NUMBER OF REFERRALS TO THE MENTAL HYGIENE INSTITUTE OF EDUCABLE FEEBLE-MINDED CHILDREN BETWEEN THE AGES OF 10 AND 16 YEARS, 11 MONTHS FOR THE PERIOD JANUARY 1st, 1940, TO DECEMBER 31st, 1948.

Referring Agency	Total Number of Cases Referred.
Total	87
Family Welfare Association	33
Children's Aid Society	14
Juvenile Court	14
Girls' Counselling Centre	12
Child Welfare Association	4
Protestant School Attendance Department	4
Federation of Jewish Philanthropies #	2
Montreal Boys' Association #	2
Young Men's Hebrew Association #	1
Royal Edward Institute #	1

As will be seen upon examination of Table I, the number of children referred by the four last mentioned agencies was very small. This is attributable in three of the four instances to the function of the agency. For example the Montreal Boys' Association and the Young Men's Hebrew Association are group work agencies. The Royal Edward Institute is a tuberculosis hospital and a medical clinic. It was, therefore, decided to exclude the last six referrals from consideration, making a working total of eighty-one, from which a sample of fifty cases was to be selected. The number of cases to be included in the sample from each of the six referring agencies was determined by the total number of referrals made by each individual agency.

that some of these other agency files tended to have little information which was valuable from the point of view of this study; all such records which did not provide sufficient pertinent information were substituted by additional Family Welfare Association case records. Table II shows the proposed representation and the final sample used.

With respect to the case record material itself, at least two[1] case records were analyzed in connection with each of the forty-seven referrals comprising the final sample, i.e. the case record of the referring agency and that of the M.H.I. Table III presents the final sample of forty-seven feeble-minded children, according to age at referral, sex, and Intelligence Quotient.

As was anticipated, the amount of information that the case records of the referring agency contained varied, not only from agency to agency but also from case to case within one agency. This seemed to depend in part upon the function of the agency, the reasons the case became known to the agency, the length of contact prior to the writer's analysis of the record, and also upon the individual worker's pattern of recording. For example, actual factual description was frequently replaced by a summary of the worker's impressions.[2]

The M.H.I. records were found, on the whole, to be more concise than those of the referring agency. They usually contained a summary social history, provided by the referring agency and containing information felt by it to be relevant to the problems of the feeble-minded child.

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[1]In the instances where other members of the family were known to M.H.I. these case records were also studied.

[2]In such instances the worker's impressions, while recognized as possibly containing some subjective elements, were accepted as valid for purposes of this thesis.

TABLE II

PROPOSED AND ACTUAL SAMPLE AVAILABLE

FROM EACH OF THE SIX REFERRING AGENCIES

Referring Agency	Total	Proposed Sample	Actual Sample
Total	81	50	47 #
Family Welfare Association	33	25	31
Children's Aid Society	14	7	3
Juvenile Court	14	7	6
Girls' Counselling Centre	12	7	4
Child Welfare Association	4	2	1
Protestant School Attendance Department	4	2	2

To keep the sample total at 50, 34 Family Welfare Association case records would have been required. As only 33 were available, two of which provided insufficient data, the total sample was reduced to 47 cases.

TABLE III

AGE, SEX, AND INTELLIGENCE QUOTIENT
OF FORTY-SEVEN FEEBLE-MINDED CHILDREN
AT TIME OF REFERRAL TO MENTAL HYGIENE INSTITUTE

Age in Years at Time of Referral #	Total	Boys		Girls	
		I.Q. Range		I.Q. Range	
		50-59	60-70	50-59	60-70
Total	47	7	19	10	11
10	4		4		
11	8		5	2	1
12	11	2	4	2	3
13	12	3	3	2	4
14	5		2	2	1
15	5	2		2	1
16	2		1		1

Age was recorded in terms of years and months, e.g. 10 years but less than 11.

In this Introductory chapter then, the purpose and the scope of the thesis, the source of the referrals and the methods of selecting the sample have been outlined. Forthcoming chapters will deal, as already suggested, with the development of medical and social thinking towards mental retardation and the contributions of both psychiatry and social case work to the handling of the emotional problems involved.

Against this background, we will concerned with (1) a description of the feeble-minded child and the responses made by him to his total situation; (2) the environmental influences playing upon the feeble-minded child which will include a study of the intellectual capacity and emotional adjustment of the parents, the parent-child relationships, the economic and living standards of the family and how these encourage or inhibit the healthy development of the feeble-minded child and (3) those attitudes and feelings which the feeble-minded child has aroused in his parents primarily because of his special limitations.

The findings and recommendations made at M.H.I. will then be studied in the light of this data and will include the reactions of the family unit to these recommendations.

The final chapter will present the conclusions.

CHAPTER II

THE HISTORICAL APPROACH TO FEEBLE-MINDEDNESS

As was stated in the Introductory chapter, social and medical thinking regarding mental deficiency has developed along a tortuous but interesting route. Present-day attitudes toward this problem still bear many marks of this development and it is felt, therefore, that it would be of value to review this historical information at the outset of this study.

Idiocy and, to a certain extent, imbecility, have been recognized from earlies times. The superstitions surrounding these conditions and the ways of handling them, however, have varied greatly from land to land down through the years. "The Spartans dealt with idiocy in the sternest eugenic fashion and obviously defective children were said to have been cast into the river or left to perish on the mountain-side".[1] Other Greeks and, according to Cicero, the Romans also, shunned, derided, and persecuted them and considered them creatures incapable of human feelings.

The example and teachings of Christ as to the duty of mankind to the weak and the helpless appear to have brought some alleviation to the lot of the idiot, and there followed sporadic instances of the recognition of social responsibility for the care of the feeble-minded.

In the middle ages, the feeble-minded frequently earned favour and

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[1] Davies, op. cit., p. 14

[2] Ibid., p. 15

support as fools and jestors[1] at the hands of some royal or noble master. In some localities they unwittingly received hommage and reverence and were regarded as sacred beings having some mysterious connection with the unknown.

On the other side of the picture and as late as the days of the Reformation, Luther and Calvin regarded these mental incompetents as "filled with Satan".[2]

It was not until the beginning of the Nineteenth Century that the medical and educational approach began to take on a definite scientific character. The impetus in this direction was provided in 1798 by the discovery in the woods of Caune of a wild creature of the human species, a boy of about 11 or 12 years, who later became known as the Savage of Aveyron. In 1799 the boy was taken to Paris for special observation and study.

At the forefront at this particular time was Dr. Jean Marc Gaspard Itard.[3] Itard believed that the "Savage of Aveyron" could be trained and that he had merely been deprived of social stimuli. His viewpoint, which was referred to as the "sensationalist" viewpoint, held that the mind was a "tabula resa" waiting to receive all its impressions from the outside by the pathway of sensation. This view was in conflict with those thinkers who called themselves "nativists" and who believed that the individual comes into the world with innate ideas which gradually unfold and lead to the development of mind. Although later Itard had to admit that the "Savage" was an idiot, and was unable to respond beyond a certain point to the provision of social stimuli, we can trace directly to his pioneer research efforts the beginning of the scientific approach to mental deficiency.

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[1]Ibid., p. 15

[2]Ibid., p. 16

[3]Itard's work, "De l'education d'un homme sauvage", which appeared in 1801 was the first scientific literature in the field of mental deficiency.

Edouard Seguin, following on after Itard, received much of his inspiration from the work of the latter and has been called the first great teacher and leader in the field of mental deficiency.[1] Seguin devised a program of physiological education which in practice was a system of sensory-motor training, "to lead the child from the education of the muscular system to that of the nervous system and senses; from the education of the senses to general notions, to abstract thought, to morality".[2]

Seguin's methods and results gave impetus to organized efforts on behalf of the feeble-minded in practically all European countries and in America.[3] He himself came to the United States in 1850 and gave invaluable assistance in the establishment of many schools before he died in 1880.[4]

While at first all these institutions were educational and believed that idiocy was curable, it gradually came to be accepted that idiocy was not only not curable but frequently not even improvable. Emphasis was next placed upon receiving children of the higher grade and of improvable types[5] and for custodial care rather than for educational purposes.

Nevertheless, "the emphasis on motor and sense training which Seguin developed has shown itself in all substantive later work in the education of young children .... and authorities on the training of backward and mentally retarded children in special classes and in institutions include a modern adaptation of Seguin's physiological approach in the curricula which they recommend."[6]

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[1]Davies, op., cit., p. 27

[2]Edouard Seguin, "Idiocy and its Treatment by the Physiological Method", (New York Teacher's College, 1907), p. 69.

[3]Davies, op., cit., p. 27

[4]By 1890, 14 States were maintaining separate State Institutions for the feeble-minded.

[5]Davies, op., cit., p. 40

[6]J. E. W. Wallin, "The Education of Handicapped Children", Part I (Boston, 1924) p. 40.

It was in the Twentieth Century, however, that there occurred a general public awakening to mental deficiency as a social problem of the first g magnitude. This awakening was due to two factors; (1) the development and application of the Binet-Simon method of Intelligence testing, and (2) the development of the eugenics movement - the rediscovery of the Mendelian laws of heredity and the resulting heredity studies.[1] This later development produced disturbing repercussions. "Combined with the evidence purporting to show the strongly hereditary nature of mental deficiency were further findings as to the rapid rate of multiplication of the mentally unfit and the extent of uncontrolled mental deficiency in the community. All these revelations were responsible for bringing the problem of feeble-mindedness out of its institutional seclusion into the glare of social notoriety. The hunt for the feeble-minded began. The more thoroughly the mental defective was searched for, and found, the more completely was he apparently involved in all manner of offences against the social order."[2]

The report of the British Royal Commission in 1908 was the first comprehensive study to reveal the close connection between feeble-mindedness and social inadequacy. "The evidence points to the fact that the mentally deficient children often have immoral tendancies, are greatly lacking in self-control, and are peculiarly open to suggestion so that they are at the mercy of bad companions."[3] It recommended "long and continuous detention to prevent the constantly recurring fatuous and irresponsible crime and offences of mentally defective persons."[4] In this we see the emphasis on custody rather than on education is still to the fore.

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[1]Davies, op., cit., p. 48

[2]Davies, op., cit., p. 76

[3]Report of Royal Commission on the Care and Control of the Feeble-minded, pp. 6 - 7.

[4]Report of Royal Commission, op., cit., p. 13

With this report and coupled with the work being done in the field of eugenics, concern began to spread to the United States. In 1910 Dr. Anne Moore of the New York State Charities Aid Association wrote; "without supervision, the feeble-minded persons are incapable of development. Their own powers are incapable of restraining their own impulses, yet they are constantly held accountable for failure to reach an acceptable standard of efficiency and morality. Through poverty or punishment they pay an immediate price for existance."[1]

Feeble-mindedness was seen at the basis of all so-called crime, illegitimacy, attempted murder, theft, forging and arson, prostitution and drunkenness, destitution and disease.

A change in attitude was taking place, however, in the decade and a half beginning in 1900. In 1910 mental deficiency appeared almost entirely as an institutional problem. By 1915 mental deficiency had become, in the eyes of the public, perhaps the largest and most serious social problem of the time. Much was written, great was the alarm and many solutions were suggested. Out of the confusion arose two new approaches which were destined to receive much serious consideration. These were "sterilization" and "segregation".

In the United States, sterilization statutes were beginning to appear. By 1930, twenty-four States had enacted such laws. In Canada, Alberta was the first province to enact this measure.

At first, while the motivation was principally punitive, sterilization[2] was made the penalty for sex crimes. The laws gradually developed until the more modern sterilization laws, as drafted by Dr. H. H. Laughlin, was evolved.

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[1]Anne Moore, "The Feeble-minded in New York", (New York, 1910), p. 11

[2]Davies, op., cit., p.99

This law was designed "to prevent procreation of persons socially inadequate from defective inheritance, by authorizing and providing for the eugenical sterilization of certain potential parents carrying degenerate hereditary qualities."[1]

There was, of course, opposition to this idea. People like Dr. A. F. Tredgold, among others, believed that "sterilization itself could not be expected to increase the sense of social responsibility. The social danger lies in the fact that once sterilization is accomplished, the temptation is to release the individual from the institution without special training or fitness for community life."[2]

Sterilization continued, however, to be seen as desirable in individual clean-cut instances rather than as a general plan, as in California.

Among the "segregationalists" was Dr. Anne Moore, who in her report of 1910, cited numerous cases to show how serious a social problem the feeble-minded created, and she advocated institutional care for life for the feeble-minded but especially during the procreational period.[3]

By 1930, institutional provision was seen as basic to any modern program for the care and training of the feeble-minded. This was not a return to the attitude of 1900 but rather a revision and an amplification of it. The institution was no longer to be regarded as a "catch-all" for all, or even the majority of the mentally defective. Rather, it was now visualized as dealing with selected cases particularly needing the type of care it was able to provide. In spite of this program of selectivity however "the development of community programs for the care and training of the mentally defective, far from diminishing the demand upon the institution, actually increased the need for institutional facilities. The new community

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[1]H. H. Laughlin, "The Eugenical Sterilization of the Feeble-minded," Journal of Psych-Asthenics, Vol, 31, p. 216

[2]A. F. Tredgold, "The Sterilization of Mental Defectives, Mental Welfare, Vol. 7, pp. 35 - 41

[3]A. Moore, op., cit., p. 12

programs served to discover previously unknown cases of feeble-mindedness for whom institutional provision was especially desirable. It was, therefore, inevitable that the institution should remain a "most important and indisputable factor in the social control of the mentally defective."[1]

In the meantime, as emphasis was being placed on the "where and how" of finding the feeble-minded and on what to do with him once he was found, further thought was being given to the problem of "how he got that way". The concept of heredity was changing and there was a getting away from the "like produced like" theory. Evidence began to be uncovered as to the wide range of possibilities that could result from the combination of the genes of two parent individuals and from the influences of varying environmental conditions. It was felt to be no longer possible to anticipate results of particular combinations as a foregone conclusion.[2]

Following their respective surveys, Dr. H. W. Potter[3], and Dr. W. E. Fernald[4] were of the opinion that fully one half of the inmates of the two institutions with which they were connected had types of mental deficiency that apparently could not be attributed to heredity. Dr. Potter found that factors presumable causative of mental deficiency such as brain diseases and injuries, disorders of the ductless glands etc., stood out quite prominently in the non-hereditary cases. He also found that practically all cases of idiocy were not hereditary but had their origin in some disease or injury to the central nervous system.[5]

At the same time, many other facets of the problem were under investigation. The fertility of the mental defective, about which there

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[1]Davies, op., cit., p. 121

[2]Ibid., p. 154

[3]H. W. Potter, "Fourteenth Annual Report of the Board of Managers of Letchworth Village."

[4]W. E. Fernald, "Annual Report of the Massachusets School for the Feeble-minded", Waltham, 1916

Potter, op., cit., p. 25

was so much feeling, was found by A. Myerson not to be attributable to their feeble-mindedness per se. Rather, he described the fertility of the feeble-minded as "the fertility of people of low cultural level, of low economic status and of those unsophisticated in the trends of society."[1]

Amidst and out of these changing concepts regarding the feeble-minded, we see the institution evolving as a socializing force, not for custodial care primarily (although certain types will always necessitate the provision of such care) but rather for the training and restoration to society of all those defectives capable of social adjustment.

Recognizing the futility of attempting to increase the Intelligence Quotient of the feeble-minded, the more progressive institutions sought to develope those personal traits and social capacities which even in the feeble-minded were to be found capable of growth through training, and which doubtless are more definite factors in socialization than intelligence alone.[2] The goal of the institution now became focused on making everything in the daily program contribute toward the building up of desirable social behaviour starting with such fundamentals as cleanliness and other matters of personal hygiene and leading on to the development of self-reliance, self-control, obedience, industry, thrift, moral behaviour, and capacity for social intercourse.

Many thinkers, however, did not stop with the institution, socially conscious as it had become, but examined further the responsibility of the institution and the community for the mentally defective following their discharge. Dr. G. L. Wallace, Superintendent of the Wrentham State School, urged a parole system as early as 1914.[3]

Such a system was designed to supervise the parolee in the community

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[1]A. Myerson, "The Inheritance of Mental Disease", (Baltimore, 1925), p. 82

[2]Davies, op., cit., p. 353

[3]Although a law was not enacted until 1922, Dr. Wallace and Dr. Fernald had established parole policies in their institutions by 1918

with efforts being made by the institutional staff to interest responsible men and women in the community to whom mental defectives could look for counsel, guidance, and approbation. Each successful parolee would then leave a vacancy in the institution for another boy or girl who needed the care and training the institution could provide.

To men like Dr. Wallace and Dr. Fernald and to the many who have followed their lead down to the present day, the process of socializing the feeble-minded meant modifying and controlling the environmental stimuli in relation to the personality so as to induce, on the part of the personality, the desired response. Such a process contains at first a large element of trial and error, until the particular group of environmental stimuli are found which result in the sought-for response. After that, it is a matter of converting the momentary favourable response into a habitual response of the same kind until the individual becomes stabilized in the given behaviour.[1] Contributions from the ever-expanding fields of medicine, psychiatry, and social case work in more recent years have helped to reduce the initial trial and error which characterized the process at its beginning.

In many cases, the socializing process begins by the mere fact of removal to the changed environment of the institution. Bad conduct and faulty behaviour patterns frequently disappear soon after admission. This change is, however, not enough. The process must go on. In a well-organized institution each case is thoroughly studied and diagnosed in order to reach the fullest understanding of the feeble-minded child's limitations, capacities, physical condition, personality and previous experience.

Further to this however, institutional authorities became aware that "a point of diminishing returns in the environmental stimuli of the institution is reached"[2] and that a gradual return to the normal environment

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[1] Davies, op., cit., p. 359

[2] Ibid., p. 361

the community should commence. This is accomplished by introducing a new group of stimuli, still somewhat controlled, but more nearly approximating those of the normal community. Such stimuli have been provided by the "colony" as it is known in the United States.

Stanley P. Davies, whose book has provided valuable background material for this chapter, has summed up the present feeling on the part of socially-minded people who are today concerned with this problem; Mr. Davies says that:

> "society must adapt itself to the mentally handicapped to the extent of giving them helpful and practical training and supervision and by making the community, so far as is possible, safe to those who are permitted to remain in its midst. Society owes it to t he mentally handicapped to give them the opportunity to come under good influences. For the more difficult cases, it should provide institutional care and training and the means whereby the more favourable institutional cases may be gradually restored to community life after their training is completed. Special classes, visiting teachers and social workers must be available to inquire into the home conditions of the sub-normal children and to make necessary adjustments and must stand ready to give a helping hand to the feeble-minded child leaving the institution. Society's duty towards this class is not completed until it makes available to such as need it kindly and understanding guidance throught life."[1]

In this chapter we have traced the development of thinking over the centuries and particularly within the last century and a half, towards the problem of feeble-mindedness. Pioneers in the field, working in relative isolation attempted to theorize as to the origin of mental deficiency and and to devise ways for its control. It was not,however, until the feeble-minded person was accepted as a product of his social environment as well as deviant combination of his parents' genes that society really began to face the problem.

Psychiatry took the next essential step in bringing to light the personality of the feeble-minded individual and in explaining and inter-

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[1]Davies, op., cit., p. 365

preting his special emotional needs and frustrations. It will be the purpose of the following chapter to describe this important contribution in more detail.

CHAPTER III

PERSONALITY DEVELOPMENT IN THE FEEBLE-MINDED CHILD

In Chapter II we traced the development of thinking about the feeble-minded in broad general terms. One important aspect, however, which was only briefly mentioned, was the contribution of dynamic psychiatry which did much in focusing upon the feevle-minded as personalities and "to dispel the notion of an amorphous homogeniety of the feeble-minded",[1] and restore the right of each feeble-minded person to individual consideration. In this Chapter, therefore, our approach to the subject matter will be in terms of the individual feeble-minded child, his personality, the problems arising as a result of his interaction with the environment, and the emotional significance of his presence to the other members of the family unit.

Firstly, what specific constitutional traits does the feeble-minded child possess and how much do these influence the quality and quantity of his acquired personality traits?

Gerald H. Pearson postulates the psychopathology of the feeble-minded child as follows: "There is a permanent defect in the ego function. This results in a disability of the super-ego. The id is intact."[2] This structural defect, accordingly, has a particular influence upon the psychic life and interpersonal relationships of the child.

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[2]Leo Kanner, "Pseudo-feeblemindedness", The Nervous Child, Vol. 7, No. 4, p. 363.

[2]G. H. Pearson, "The Psychopathology of Mental Defect", The Nervous Child, Vol. II, (October, 1948), No. 1, (October, 1942), p. 12.

As Freud has shown, the ego has two surfaces, one directed toward the external world and the other towards the id. The role of the ego is that of mediator between the id impulses and the environment. Its task is to synthesize the unsynthesized id demands, to repress whatever demands cannot be dealt with in this way and to harmonize those of conflicting aims. This synthesis depends on "an associative capacity, creative imagination and attention which are the functions of the intra-cortical associational pathways. These functions and pathways are, however, defective in the feeble-minded person and therefore he lacks the capacity for an adequate synthetic function."[1]

Further to this, when the synthetic function of the ego is not adequate, it depends more and more upon repression and inhibition. These two mechanisms of defence against the id require attention and associative powers, which, as pointed out above, are structurally defective in the feeble-minded person. The feeble-minded person is therefore confronted with a serious intra-psychic dilemna. He cannot find adequate outlets for the gratification of the demands of his id, nor can he satisfactorily repress or inhibit them. The feeble-minded person, therefore, brings himself into serious difficulties in his interpersonal relationships.

Our picture then, is of a child whose instinctual impulses are as normal as those of the person with so-called normal intelligence. These impulses are continually striving for expression. Because, however, of the ego and super-ego dysfunction which is related in the beginning to the degree of undeveloped intellectual capacity for association, attention, imagination, judgment, reasoning and comprehension, he is correspondingly unable to control his id impulses in relation to the reality of social life around him and so develop into a socially mature person.

1.Pearson,op.cit., p.12

The difficulty in relating to the environment is first evident in the formation of relationships with parents and siblings. The ego defect interferes in the love relationship between the child and his parents. The child is unable to identify with his parents and to incorporate their standards as a means of securing their love. The fact that he is frequently actually rejected by them intensifies his insecurity and develops in him a tendency to retain an ambivalent attitude towards them for longer than would the child with normal intellectual capacity. This ambivalent attitude results in more criticism by his parents, which he feels as further lack of love and which increases his feelings of inferiority and inadequacy.

As he attains school age, his defect in ego skills causes him to be criticized, teased and scorned by his more competent associates. He fails where they are successful. As his siblings advance in school he frequently finds that they seem not to want to have him around. They tend to regard him only as one who disturbs their play and who is a source of embarrassment to them.[2] Inspiring such a reaction in them results in his feeling more insecure, unloved and unaccepted.

Frequently he tries instinctively to neutralize or even to compensate for his feelings of personal inadequacy with attitudes such as exaggerated self-confidence, conceit, pugnacity, and defiance.[1] In other instances he may react by withdrawing from group activities, or by withdrawing into himself, thereby using his ego abilities to an even lesser degree than he is capable of.[3] Such withdrawal is usually accompanied by even more intense

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[1]R. H. Kiefer, "Psychiatric Approach to Mental Deficiency", American Journal of Mental Deficiency, Vol. LIII, No. 4 (April, 1949), p. 601

[2]K. Birnbaum, "The Mental Defective from the Personality Approach", The Nervous Child, Vol. 11, No. 1, p. 25 (October, 1942)

[3]Pearson, op., cit., pp. 13 - 14

feelings of worthlessness, inferiority, and narcissistic injury.

Here we strike perhaps the key point of the specific problems related to the feeble-minded, i.e. that while such traits as impressionableness, impulsiveness, and passivity, to name only a few, seem to have their direct origin in the pathological constitution and are held to form the essential basis of the so-called unsocial character of the feeble-minded, these traits in themselves are not alone manifestations of pathological endowment, but also the "reflection and result of manifold forming and modifying external forces."[1]

The problems, however, are not all on the side of the feeble-minded child.

> "When the psychiatrist looks at the emotional problems following in the wake of a defective Intelligence Quotient, he is apt to think first of all of the conflicts and frustrations which the higher grades of defectives must suffer as they pass through the years in competition with their more adequately endowed neighbours, he thinks of the actual emotional storms and breakdowns which so frequently visit the feeble-minded; and last but not least, he considers the impact of the condition on the other members of the family, the parents and the brothers and sisters . . . One of the largest responsibilities in managing the feeble-minded child is in understanding the defences, the doubts, the heartaches and the questions that invariably arise in the mind of the parents of the feeble-minded child."[2]

"The parents of feeble-minded children are people and, being people, can be expected to have at work in them the various foibles and virtues common to all human beings. They are therefore not immune to the specific problems, in the form of guilt, shame and incrimminations which the feeble-minded child unwittingly awakens in them."[3] Unfortunately, however, their response to this situation, as mentioned before, frequently expresses itself in rejection of the child, either openly, or covered by a blanket of extreme

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[1] K. Birnbaum, op., cit., p. 25

[2] D. Hastings, "Some Psychiatric Problems of Mental Deficiency", American Journal of Mental Deficiency, Vol. LII, No. 3 (January, 1948) p. 260

[3] D. Hastings, op., cit., p. 263

solicitude out of all proportion to the reality of the situation. The child senses this rejection, however, it expresses itself, and not infrequently the parents' attitude retards him further in his development.[1]

There is another type of frustration that frequently confronts the feeble-minded child. This occurs when there is only partial or perhaps no awareness at all on the part of the parents of the child's deficient intellectual capacity, or else an inability to face and accept the condition for what it is.[2] Such parents frequently refuse to recognize that certain characteristics are abnormal, and blame the symptoms on causes other than the retardation. To face squarely the fact that one's child is feeble-minded is a very painful experience, even for parents whose emotional structure is fairly sound. Such parents must be able to accept limitations in themselves and in their environment, and be secure enough to give of themselves to the child who so badly needs their affection.

It is, therefore, understandable that the added burden of a feeble-minded child to the parent who has conflicts in other areas of his emotional life, is sometimes more than can be borne. Frequently such parents have little insight into their own maladjustments, and the feeble-minded child becomes for them a focus for their incriminations.[3]

Such a child frequently takes on a symbolic significance, representing to the parent punishment for some real or imagined failure. Marriage problems may also be further complicated when each parent, blaming the other for the child's condition, uses the feeble-minded child as a symbol of punishment,

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[1] R. H. Kiefer, op., cit., p. 601

[2] M. M. Stone, "Parental Attitudes toward Retardation, "American Journal of Mental Deficiency, Vol. LIII, No. 2 (October, 1948), p. 365

[3] Fred Thorne, J. S. Andrews, "Unworthy Parental Attitudes toward Mental Defectives, "American Journal of Mental Deficiency", Vol. L, No. 3, (January, 1946) p. 411

at the same time being himself fraught with feelings of fear, insecurity, and guilt.[1] Added to this is the social stigma which many parents feel is attached to having a feeble-minded child. Our cultural patterns contribute to this dilemma. As Margaret Mead points out, "American parents send their children to nursery school, to kindergarden, to first grade, to measure up and be measured by their contemporaries."[2]

Dr. Mead further points out that the mother does not feel free to love her child unconditionally unless he measures up to the age norm of his contemporaries; whereupon the experts scold her because she does not love her child enough. "There she is, thrown into conflict with herself by her desire to be accepted in her culture and her desire to love her child. Is it strange, then, in view of all the personal and cultural animosities which may possibly be related to a retarded child, that parents seek and often find psychological mechanisms to escape from this dilemma?"[3]

So far in this chapter we have attempted to present a psychological profile of the feeble-minded child, and to outline briefly some of the psychological tensions which may be re-awakened, intensified, or introduced as a result of the interaction between the feeble-minded child and other members of the family unit. The implication here is that the matter resolves itself primarily into an emotional problem, the intensity of which is related to the emotional stability of the parents and their ability to satisfactorily accept and protect the defective child's needs.[4]

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[1] M. M. Stone, op., cit., p. 365

[2] M. Mead, "And Keep Your Powder Dry" (New York, 1942) p. 103

[3] M. M. Stone, op., cit., p. 369

[4] G. H. Walker, Some Consideration of Parental Reactions to Institutionalization of Defective Children", American Journal of Mental Deficiency (July, 1949) Vol. LIV, No. 1, p. 108

Underlying this, however, is the basic assumption that the economic, social and intellectual levels influence positively or negatively the physical and psychical ability to cope with the situation. Many parents may be too absorbed with eking out a living to either love, reject, or overprotect their child. Others may be at such a low intellectual and/or social level that, while fond of the feeble-minded child and even unthreatened by him psychologically speaking, their own limitations make it impossible for them to provide the special non-competitive stimulation and encouragement which he needs; those potentialities which he does possess thereby remain undeveloped and he is unprepared for the complexities of modern competitive living and a prey for feelings of anxiety and insecurity.[1]

It would seem almost superfluous, at this juncture, to enumerate the advantages of the special institution for the feeble-minded children of such families, institutions in which the child is spared the frustrations of rivalry with his contemporaries and siblings, and the pain of parental rejection, and where he can develop with those more nearly equal to his own intellectual and emotional status. Removal of the feeble-minded child to the safety of the institution frequently does not provide a solution for the emotional conflicts of his parents, if these are present, and may in fact arouse even more intense guilt feelings. In many instances, however, the reality situation for the parents becomes more bearable, and the guilt is at least partially relieved in the knowledge that the feeble-minded child is receiving good care.

In the following chapters, therefore, the data obtained from the analysis of the case records of forty-seven educable feeble-minded children and their families will be presented. The analysis will be directed towards

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[1]F. Feldman, "Psychoneurosis in the Mentally Retarded", American Journal of Mental Deficiency, Vol. LI, No. 2 (October, 1946), p. 247

gaining some insight into the complexities of interpersonal relationships and the particular influences of the environment as these foster or inhibit the emotional and social development of the feeble-minded child.

CHAPTER IV

PROBLEMS PRESENTED BY FORTY-SEVEN FEEBLE-MINDED CHILDREN REFERRED TO THE MENTAL HYGIENE INSTITUTE

With this Chapter we begin an analysis of the case record material of the forty-seven educable feeble-minded children and their families, who were referred to the Mental Hygiene Institute. Since such a referral may be taken to imply some degree of maladjustment on the part of the feeble-minded child and/or his family, we will be concerned in this and following chapters with the degree and extent of the maladjustment as well as with the contributing factors.

This leads first to a description of the feeble-minded child himself with reference to predominant personality traits, behaviour problems which will include the reasons given for his referral to the M.H.I.; health, general interests and activities and relationships with parents and siblings.

The personality traits of the forty-seven feeble-minded children seemed to fall under three general headings. These were: aggressive personality traits, nervous personality traits, and traits other than those included under the first headings.

Analysis of the case record material indicated, as illustrated in Table IV, that thirty-two of the forty-seven feeble-minded children or sixty-eight per cent of the total sample were found to be showing aggressive personality traits. These traits include "negativism", i.e. stubbornness, grouchiness, etc., found eighteen times, temper displays reported sixteen times, domineering attitude noted thirteen times, quarrelling mentioned eleven times, and general

uncooperative attitude noted eleven times. In relation to the Intelligence Quotient, thirteen or seventy-six per cent of the children with Intelligence Quotients between fifty and fifty-nine[1] exhibited aggressive personality traits. Nineteen or sixty-three per cent of the children in Intelligent Quotient Group II exhibited aggressive personality traits.

From these findings, it is difficult to draw any definite conclusions regarding the incidence of aggressive personality traits as related to increase or decrease in Intelligence Quotient. One might conclude that, while there is a tendency in the sample studied towards greater frequency of aggressive personality traits as the Intelligence Quotient decreases, the size of the sample does not permit interpretation of this as a general tendency in the whole population - Table IV does illustrate, however, that aggressiveness occurred with considerable frequency in the total sample since sixty-eight per cent of the children exhibited these traits.

Nervous personality traits were found to occur more frequently . As illustrated in Table IV, thirty-nine of the children or eighty-three per cent of the total sample had developed some type of nervous personality trait. These traits included crying spells, and hypersensitiveness which were found in nineteen children; shyness, quietness, and withdrawn behaviour in seventeen children; fearfulness noted in eight children; nervous mannerisms such as nail-biting and tics exhibited by seven children, hyperactivity and restlessness found six times.

Table IV indicates that nervous personality traits were exhibited by thirty-nine or eighty-three per cent of the children and therefore, with greater frequency than aggressive traits. Nervous personality traits were also found to be more prevalent among the children of the sample with

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[1]Henceforth to be referred to as I.Q. Group I. I.Q. Group II includes those children with I.Q.s between 60 and 70

TABLE IV

PERSONALITY TRAITS EXHIBITED BY
THE 47 FEEBLE-MINDED CHILD COMPARED WITH I.Q.

Personality Traits	Total Traits	I.Q. Group	
		50 - 59	60 - 70
Total Traits	188	74	114
Aggressive Traits	32	13	19
Nervous Traits	39	16	23
Friendliness & Affection	18	6	12
Dependency	16	8	8
Generosity & Helpfulness	14	6	8
Suspisciousness, Sulkiness	12	4	8
Careless of Appearance	12	4	8
Slowness	10	3	7
Politeness	10	4	6
Independence	9	4	5
Activeness	8	3	5
Careful of Appearance	8	3	5

Intelligence Quotients between fifty and fifty-nine.

The third heading under which the personality traits of the feeble-minded children were listed were those traits other than aggressive and nervous personality traits. Under this heading, a list of ten characteristi was drawn up describing forty of the forty-seven children. These traits or characteristics have been tabulated in Table IV. Summarizing the findings illustrated in Table IV, it was found that there was a general tendency on the part of twenty-eight of the children, or sixty per cent of the total sam to be friendly, affectionate, generous, and polite. Suspicious and sulky behaviour was noted from time to time in twelve children or twenty-six per cent of the sample. Ten children, or twenty-one per cent were described as slow in movement and activity, while eight, or seven per cent were described as active. Sixteen, or thirty-four per cent were found to be dependant in their relationships with others while nine, or nineteen per cent were found to be predominantly independant in their relationships with others.[1] With respect to appearance, twelve, or twenty-six per cent, were described as careless of their appearance as a gainst eight, or seventeen per cent who appeared to take some interest in their appearance.

By way of summarizing the personality traits exhibited by the forty-seven feeble-minded children referred to the Mental Hygiene Institute, we can conclude that aggressive personality traits and nervous personality trai occurred with considerable frequency in the group, the latter occurring more frequently than the former and tending to increase as a lower level of intelligence is reached. As far as can be ascertained from our sample, howe the presence of absence of aggressive and nervous personality traits is not

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[1] In recording the traits of dependence and independence, it was found that three children showed both dependent and independent qualities, thirteen showed predominantly dependent natures and six predominantly independent personalities.

primarily or necessarily influenced by increase or decrease in the Intelligence Quotient.

Sixty per cent of the children in the sample showed a general tendency to be friendly, affectionate, generous and polite. This indicates a normal and constructive effort, if not always a consistent one on the part of over one half of the children to gain the attention and approval of others.[1] Those children for whom information was available tended to be slow and dependent in their relationships with others more often than they were active and independent. Those who were careless of their appearance slightly outnumbered those who were not. Comparisons showed a tendency for the children to group themselves into those who were independent, active and careful of their appearance, and those who were dependent, slow, and careless of their appearance, the latter group predominating over the former.

The next aim in describing the feeble-minded children in the sample was to determine what specific problems this group of children was presenting which led to the referral of the individual children to the Mental Hygiene Institute. Table V presents a list of eighteen types and variations of problem behaviour which were mentioned a total of one hundred and one times. Since some of these problems were not mentioned frequently enough to be significant as a pattern of behaviour, only those which were reported in relation to six or more children will be discussed in the text.[2] Mentioned in order of frequency, stealing occurred twenty times, i.e. on the part of twenty children, truancy, poor progress at school and/or behaviour problem in school was reported eighteen times. Problems resulting from aggressive personality traits were reported nine times, nervousness, manifesting itself

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[1]Seven of these same 28 children were also described as being suspicious and sulky at times.

[2]Those problems which occurred in relation to five or less children included: keeping late hours, sex delinquency and precocity, incorrigibility, eneuresis, playing with fire, quarreling, illogical behaviour, irregular employment, profane language, and getting beaten up on the street.

temper tantrums and irritability, occurred eight times. Lying was reported seven times, defiant behaviour seven times and disobedience six times. This group of seven problems was mentioned in relation to thirty-five, or seventy-five per cent of the total sample and presence in one group does not exclude presence in another. Further analysis of the data showed, for example, that sixteen of these thirty-six children were described as having only one of the seven problems, six children were reported to have two of these problems, six children had three problems mentioned, five children had four problems mentioned, one child had five problems mentioned and one child had six problems mentioned.

Keeping in mind the fact that there was a total of eighteen problems listed, seven of which assumed importance because of the frequency with which they were mentioned, the reasons given for referral to the Mental Hygiene Institute were examined and compared.[1] While a total of sixteen different reasons for referral were noted, because of overlapping, it was possible to reduce to eleven the specific areas of concern. These eleven areas are illustrated in Table VI. As will be noted upon examination of this Table, the first five reasons given occurred with the greatest frequency and one at least of these five reasons was mentioned in relation to forty-one of the forty-seven children. Problems related to the feeble-minded child's attendance, behaviour and progress at school were given thirteen times as a reason for for referral. Stealing was mentioned thirteen times; request for advice regarding placement was made twelve times; advice on how to handle problems of general behaviour was requested eleven times and vocational guidance was requested ten times. In addition to this, five children were referred because of problems resulting from aggressive personality traits, four because of

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[1]Information regarding the reason for referral was obtained from the official letter of referral contained in the Mental Hygiend Institute files.

TABLE V

BEHAVIOUR PROBLEMS OF FORTY-SEVEN EDUCABLE FEEBLE-MINDED CHILDREN

Behaviour Problems	Total Traits
Total	101
Stealing	20
Truancy, Non-Progressive Behaviour, Problem in School	18
Aggressiveness	9
Temper, Irritability	8
Lying	7
Deficient, Insolent, Impertinent Behaviour	7
Disobedience	6
Late Hours	5
Sex Delinquency, Precocity	4
Incorrigibility	3
Eneurosis	2
Playing with Fire	2
Quarrelling	2
Illogical Behaviour	2
Irregularity	2
Profane Language	2
Getting Beaten up on the Street	1

TABLE VI

REASONS GIVEN FOR REFERRAL OF FORTY-SEVEN FEEBLE-MINDED CHILDREN TO THE MENTAL HYGIENE INSTITUTE SHOWING THE FREQUENCY OF THEIR OCCURENCE #

Reasons for Referral	Number of Times Requested
Total	78
Problems related to patient's attendance, behaviour, and progress at school	13
Stealing	13
Advice re: placement	12
Advice on problem of general behaviour	11
Vocational guidance	10
Problems resulting from aggressive personality traits	5
Incorrigibility	4
Suspected sex practices and delinquency	4
Problems resulting from nervous personality traits	2
Eneuresis	2
Irregularity of employ	2

The total number of reasons for referral outnumbers the sample group because more than reason for referral occurs in many cases.

incorrigibility, four because of suspected sex practices and delinquency, two because of problems arising out of nervous personality traits, two because of eneuresis and two because of irregular employment.

As to the reasons why stealing and school problems occurred with such frequency as reasons for referral, it is to be suspected that this type of behaviour would bring the feeble-minded child into conflict with his environment sooner perhaps than other types of behaviour. It does not explain, however, the high incidence of school problems and stealing per se.

In considering the origin of this behaviour, the other behaviour problems already shown in Table V must also be kept in mind. These included aggressiveness, temper, irritability, lying, defiance, and disobedience. By way of rather general explanation, we can apply to our findings the theory that stealing and aggressive behaviour generally are frequently compensatory mechanisms for feelings of deprivation, inferiority, and inadequacy and these, as has been pointed out in an earlier chapter are the feelings which are to be found in the child who has been unable to win recognition and approval for himself.

While the feeble-minded child in some instances may have escaped or have been protected from becoming aware of his intellectual inadequacies until he goes to school, eventually the school situation, if it has failed to recognize and adjust to his limitations, is the first place where he has his first painful experience of failure. Depending on certain factors such as actual intellectual capacity, the sensitivity of the particular teachers to whom the child is assigned and the feeling of security or lack of it resulting from the nature of the family relationships, this experience may be delayed or softened. As the work becomes more difficult, however, and the feeble-minded child becomes less able to cope with it, it is not long before he commences to be aware of his own position in relation to the other children.

Failure at school has a damaging effect upon the ego of any child, no matter how much that child may try to deny it. The child with sufficient basic intelligence and backed with understanding encouragement can overcome such an experience and reinvest himself until he achieves success. Competing with children much better endowed intellectually than himself, the feeble-minded child cannot hope to achieve the same success. Aware in a confused way of his lack of ability and especially if lacking the support of those near to him who fail to comprehend his real needs, he seeks ways of reassuring, compensating, and asserting himself. The methods he uses are frequently stealing, aggressive behaviour, and attempted escape from the disturbing school situation.

Summarizing this section, it can be stated that the children in the sample under study were not a well adjusted group, if one takes into consideration the symptomatology of the problems they presented and the reasons why they were referred to the Mental Hygiene Institute. Most frequently the symptoms of their maladjustment were stealing, truancy, poor progress at school, problem behaviour in school and aggressive and nervous behaviour. Such problems led to the referral of forty-one or eighty-seven per cent of the children in the sample and in twelve instances were already recognized at the time of referral as serious enough to warrant placement.

With the conclusions of the previous section in mind, we commence in this section an examination of three other aspects of the total picture , these being health, recreational interests, and relationships with parents and siblings.

Regarding the health of the forty-seven feeble-minded children, considerable information was available in the case records. Table VII presents the physical ailments and the frequency of their occurrence among the forty-seven feeble-minded children. The ailments listed were not all present at

the time of referral but were reported as having occurred at some point in the development of the child. Those conditions mentioned most frequently included the ordinary childhood diseases, eneuresis, tonsilectomy, appendectomy, skin lesions, malnutrition, eye defect, injury to the head following a fall, carries and teeth irregularities, speech difficulties, venereal disease and pneumonia. Each of these conditions was mentioned in relation to at least four children or more. The other physical conditions, each of which were recorded in connection with three children or less were; frequent colds, headaches, stomach upsets, enlarged tonsils and ear trouble. The remaining conditions which were reported in relation to one child only included; club foot, chorea, deviated septem, jaundice, anemia, mastoid, osteo myelitis, infantile paralysis, diptheria, rheumatic fever, and bronchial asthma.

While this information is interesting, it is difficult to estimate the special significance of the illness in the life of the child and can best be regarded in terms of the complications it presents to the child who is already considerably burdened.

Information regarding the interests and types of recreation or activity in which the group of forty-seven feeble-minded children participated, was gathered under six headings. These were 1) active competitive forms of recreation, including hockey, baseball, rugby, etc., 2) active non-competitive activity, such as skiing, skating, swimming, camping, etc., 3) organized group or club activity, 4) passive entertainment such as movies, radio, comics, books, 5) handicrafts and hobbies, 6) musical interests.

Information was available for twenty-nine of the forty-seven children or sixty-two per cent of the total sample. The fact that information was lacking for thirty-eight per cent of the sample[1] becomes significant when one

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[1]The lack of information in the case records regarding the interests and recreational activities may possibly be due to one or more of the following: 1) the lack of importance these activities assumed in the case worker's mind, 2) her failure to investigate this area due to other pressures, 3) due to an oversight in recording.

TABLE VII

CHILDHOOD DISEASES AND OTHER PHYSICAL AILMENTS
PRESENTED IN THE HISTORY OF FORTY-SEVEN FEEBLE-MINDED CHILDREN

Physical Ailment	Total Ailments
Total	102
Childhood Diseases	24
Eneuresis	9
Tonsilectomy &/or Appendectomy	8
Skin Lesions	6
Malnutrition	6
Eye Defect	5
Injury to Head	4
Carries & Teeth Irregularities	4
Speech Difficulties	4
Venereal Disease	4
Pneumonia	4
Frequent Colds	3
Headaches	3
Stomach Upsets	3
Enlarged Tonsils	2
Ear Trouble	2
Club Foot	1
Chorea	1
Deviated Septum	1
Jaundice	1
Anemia	1
Mastoid	1
Osteo Myelitis	1
Infantile Paralysis	1
Diptheria	1
Rheumatic Fever	1
Bronchial Asthma	1

realizes the importance of having the leisure time of the feeble-minded child constructively occupied so as to avoid his being led into undesirable activity.

Of those for whom information was available, six participated in active competitive activity, nine in active non-competitive activity and three in both. Nine children participated in organized group or club activity, while nine children preferred passive forms of entertainment. Four children enjoyed both. Eight children engaged in handicraft work or had hobbies; four children had musical interests.

Comparing these various interests with the Intelligence Quotient, it was found that active competitive or non-competitive activity was not popular with these children with Intelligence Quotients between fifty and fifty-nine. These children preferred handicrafts. Organized group or club activity seemed to be more popular in the upper half of the Intelligence Quotient range, although some of the children in the lower half of the group also participated in this type of activity. Passive entertainment was popular with the whole group but especially those at the lower end of the Intelligence Quotient range.

Among the small group of children for whom information was available regarding interests and recreational activity, it was found that organized group activity and passive entertainment were equally popular, that active non-competitive sports are more popular than the competitive variety and that handicrafts and musical interests occupy a smaller group. Little can be concluded regarding age and Intellignece Quotient with respect to recreation, except that according to our findinge the thirteen and fourteen year olds were the most active, and that active, competitive and non-competitive activity was not popular with those children at the lower limits of the Intelligence Quotient range.

The following and concluding section of this chapter deals with the feeble-minded child's personal relationships with special reference to his parents, siblings, and friends.

Regarding the relationships with parents, Table VIII, A and B are cross-reference Tables illustrating the feeble-minded child's relationships with his parents as compared to those with his siblings.

Information regarding relationships with siblings was available for thirty-one children or sixty-six per cent of the sample. Six children, or thirteen per cent of the sample were reported to have good relations with their siblings. Eight children, or eighteen per cent were reported to have a fair relationship. Seventeen children, or thirty-six per cent were found to have poor relationships with their siblings. No information was available for sixteen children or thirty-four per cent of the sample.

These figures show that by far the largest per cent of the children for whom information was available were described as having poor relationships with their siblings.

Comparing these figures with those illustrating the child's relationships with his parents, we find that with respect to the mother, eight or eighteen per cent had a fair relationship with their mother and thirteen, or twenty-eight per cent had a poor relationship. The mothers of two or four per cent of the children were dead or institutionalized and information was not available for sixteen or thirty-four per cent. These figures indicate a tendency on the whole for the feeble-minded child's relations with the mother to be slightly better than with the siblings.

Information illustrating the feeble-minded child's relationships with the father was less plentiful in the case records and was not available for over one half or fifty-three per cent of the total sample. Nine, or

nineteen per cent were reported to have a good relationship with the father, four or nine per cent to have a fair relationship and seven or fifteen per cent to have a poor relationship. The fathers of two or four per cent were deceased.

In comparing the relationship of the feeble-minded child with his parents and with his siblings, we find for example that six children were described as having a good relationship with their siblings; information was available for at least one of the parents of these six children, two had a good relationship with both parents, two had a good relationship with one parent. One had a poor relationship with both parents. The mother of one child was institutionalized.

Conversely, of the seventeen children described as having poor relationships with siblings, information available for at least one parent of sixteen of these children showed that ten had a poor relationship with one parent, one had a poor relationship with both parents, four had a fair relationship with one parent and two had a good relationship with one parent.

Of the eight children described as having a fair relationship with siblings, information available regarding at least one parent in six instances showed that one had a good relationship with both parents, one had a good relationship with one parent, three had a fair relationship with one parent, and three had a poor relationship with one parent.

By way of summary, we note that the relationships of the feeble-minded children in our sample with siblings tended to be predominantly poor. In such instances where the relationship with the siblings was poor, it was frequently also noted that his relationship with at least one parent, usually the mother, also tended to be poor.

The feeble-minded child's relationships with the mother seemed, on the whole, to be poorer than with the father. Information was available for

TABLE VIII - A & B

COMPARISON OF THE RELATIONSHIPS OF

FORTY-SEVEN EDUCABLE FEEBLE-MINDED CHILDREN WITH SIBLINGS AND PARENTS

Feeble-minded Child's Relationship with Siblings	Total	Relationship with Mother				
		Good	Fair	Poor	Other	No Data
Total	47	8	8	13	2#	16
Good	6	3	1	1	1	1
Fair	8	1	3	2		2
Poor	17	1	3	8	1	4
Other	0					
Unknown	16	3	2	2	2	9

TABLE A

Parent deceased or in institution

Feeble-minded Child's Relationship with Siblings	Total	Relationship with Mother				
		Good	Fair	Poor	Other	No Data
Total	47	9	4	7	2#	25
Good	6	3		1		2
Fair	8	2		1		5
Poor	17	1	1	4	2	9
Unknown	16	3	3	1		9

TABLE B

less than half of the fathers and this might be taken as indicating that the fathers played a more minor role.

Regarding the feeble-minded child's relationships with other children outside the family, the data revealed that thirteen, or twenty-seven per cent of the children were described as not getting along well with other children while ten or twenty-three per cent were reported to be able to get along well. Six or thirteen per cent showed a preference for playing with younger children while two or four per cent preferred to play with children older than themselves. Three per cent had friends with whom they got into trouble. No information was available for sixteen or thirty-four per cent of the children.

SUMMARY

In this Chapter we have tabulated and presented information regarding the personalities, problem behaviour, health, activities, and interests, and relationships with parents, siblings and others of the forty-seven feeble-minded children in our sample.

It was found that the frequency of aggressive and nervous personality traits was quite high among the children. Nervous personality traits were found to occur more frequently than aggressive traits.

With respect to other qualities, the children for whom information was available were more often friendly, affectionate, generous and polite than sulky and suspicious. They were on the whole dependent in their relations with others more often than independent, as well as slow of movement and careless of their appearance more often than active and careful of their appearance.

Among the numerous problems presented by the forty-seven children, both before and at the time of referral, stealing, difficulties in the area

of school, aggressiveness towards others, temper outbursts, and irritability, lying, defiant behaviour and disobedience occurred most frequently. The children were referred to the M.H.I. for eleven specific reasons, but predominently for advice in the five following areas.

(1) Stealing

(2) Truancy - poor progress and problem behaviour at school

(3) Placement

(4) Help with problems of general behaviour

(5) Vocational guidance

On the basis of one hundred and sixty-two different illnesses and ailments recorded for the forty-seven children, it was the conclusion that the health of the children in our sample ranged from fair to poor. Those physical conditions which predominated were as follows: the ordinary childhood diseases, enuresis, tonsilectomy and appendectomies, skin lesions, malnutrition, eye defects, head injuries, teeth irregularities, speech difficulties, venereal disease, and pneumonia. It was impossible, however, to make any specific estimation of the influence of these illnesses upon the lives of the individual children.

With respect to interests and activities, information was lacking for thirty-eight per cent of the sample, and possibly indicated that the importance of the phase of the child's activity tended frequently to be overlooked. On the whole, however, organized group activity and/or passive forms of entertainment were preferred over the active competitive and non-competitive types of recreation. The incidence of hobbies, musical interests, etc. among the group of forty-seven children was small.

In his relationships with his parents and siblings and other children the feebleminded children in our sample seem to find some difficulty. It was found that the feeble-minded child's relationships with his siblings was

more often poor than fair or good, as was also his relationship with his mother. Information regarding the relationship with the father was available for less than half of the group indicating that the father's role was apparently less dominant than the mother's role. There would seem to be some correlation between the type of relationship existing between the feeble-minded child and his parents and with his siblings, in that when a poor relationship with siblings was recorded it was frequently noticed that the feeble-minded child had a poor relationship with at least one of his parents. In similar manner, those who had a good relationship with the siblings tended in the majority of cases to have a good or at least fair relationship with one or both parents.

With respect to their relationships to children outside the family, it was found that of the twenty-three children for whom information was available, thirteen did not get along well with other children as against ten who did. It is difficult to draw conclusions from these figures, as we do not know the average intelligence or the temperaments of the companions involved. The figures as a result can only be taken at face value.

Thinking in terms of the two-fold purpose of this thesis which is to illustrate the need for institutional care and training for educable feeble-minded children as well as to point up some of the psychological problems, for the family confronted with the feeble-minded child, the foregoing information illustrates a fairly serious situation. One can conclude that the personalities and behaviour of the majority of the forty-seven children involved in this study are symptomatic of disturbances which are the result of varying degrees of failure on the part of the environment[1] to understand and meet

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[1]Reference to the environment here is in broad general terms and includes the feeble-minded child's parents, siblings, as well as the school and other community institutions.

successfully the needs of the feeble-minded child.

The responsibility for assisting and affecting the feeble-minded child's maximum development rests heavily upon those key figures around him, since his own intellectual resources are so limited. It is recognized that the parents' and the community's tasks in relation to the feeble-minded child are difficult and make many tests upon their love for the child and their own inner stability. Unsettled economic conditions and illness are two things which may occur to complicate the picture further.

With these things in mind, the following chapter will attempt to present an evaluation of important environmental influences to which the forty-seven feeble-minded children were exposed and to determine what environmental factors contributed to the varying degrees and types of maladjustment among these children who have been described in this Chapter.

CHAPTER V

ENVIRONMENTAL FACTORS INFLUENCING THE EMOTIONAL AND SOCIAL ADJUSTMENT OF THE FORTY-SEVEN FEEBLE-MINDED CHILDREN

In the preceding Chapter, a description of the forty-seven feeble-minded children referred to the Mental Hygiene Institute was presented. As pointed out in the concluding paragraphs of Chapter IV, the symptoms of maladjustment which were noted were considered to be, in part at least, indicative of unsatisfactory relationships between the feeble-minded child and his environment.

The reader has been acquainted in previous chapters with the intellectual limitations, the psychic structure and the emotional needs of the feeble-minded child. To understand the process of interaction fully, however, one must also have a picture of the environment in which the feeble-minded child lives. What personal qualities are possessed by the parents? Are these qualities which can be expected to foster healthy or unhealthy social and emotional development? How is the parental stability reflected in the marriage relationship? What is the influence upon the family of economic stress and unsatisfactory living conditions?

Because the feeble-minded child, by his behaviour, reflects the emotional stability or lack of it to which he is exposed in those around him, the case material was analysed with reference to the emotional stability and intellectual capacity of the parents of the forty-seven feeble-minded children. As the physical health of the parents was also considered to

have an affect upon their ability to cope with the situation, information pertaining to this was also noted.

Information regarding intellectual capacity was available for thirteen mothers and six fathers. The thirteen mothers were described as having limited or retarded intelligence as were the six fathers. No information was available for the other mothers or fathers.

With respect to emotional stability information was more detailed and was available for thirtyOeight mothers and thirty-five fathers. Table IX which illustrates this material, indicates that twenty mothers were described as poorly adjusted emotionally, thirteen were considered to have made a fair emotional adjustment and two a good emotional adjustment. One was considered psychotic and two were pre-psychotic.

Table IX also shows that of the thirty-five fathers, twenty-four were described as poorly adjusted emotionally, six were described as having made a fair adjustment and 1 a good emotional adjustment. Three were described as psychotic and one as pre-psychotic.

Summarizing these findings, it would appear that the emotional adjustment of those parents for whom information was available tended more frequently to be poor than fair or good. While more mothers than fathers were noted to be retarded intellectually, the above findings also indicate that the mothers tended to have achieved a greater degree of emotional adjustment than the fathers.[1] The broad purpose of this thesis is to illustrate the need for institutional care and training for educable feebleminded children. The above findings regarding the adjustment of at least one of the parents of forty-four of the forty-seven children in this study

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[1]See Table IX. 15 mothers were described as having made a fair or good emotional adjustment as against seven fathers; 4 more fathers than mothers were described as poorly adjusted emotionally.

TABLE IX

TYPE OF EMOTIONAL ADJUSTMENT ADHERED TO

BY THE PARENTS OF THE FORTY-SEVEN FEEBLE-MINDED CHILDREN REFERRED TO M.H.I.

Type of Emotional Adjustment	Total	Father's Adjustment	Mother's Adjustment
Total	94	47	47
Good Emotional Adjustment	3	1	2
Fair Emotional Adjustment	19	6	13
Poor Emotional Adjustment	44	24	20
Pre-psychotic	3	1	2
Psychotic	4	3	1
No Information	21	12	9

indicated that twenty-eight[1] or eighty per cent of the fathers and twenty-three or sixty-one per cent of the mothers for whom information was available[2] would seem to have difficulties in their own lives which have hindered their own emotional development and these may be expected to have reduced their capacity to deal with and guide the feeble-minded child.

One area in which the degree of emotional stability of the parents is so frequently reflected is the marital relationship which, if disturbed, very frequently has in turn a disrupting effect on the children of that union. With the high incidence of poor emotional adjustment found among the parents of our sample, one would expect to find also a correspondingly high incidence of marital problems among those same parents. Table X was drawn up for the purpose of illustrating the types of marital relationships existing between the parents of the forty-seven feeble-minded children. Nine couples were considered to have made a harmonious marital adjustment. In four families, one parent was either deceased or in an institution and in one case the feeble-minded child was the result of an incestuous relationship between the child's mother and his maternal grandfather. There was no information regarding the marital relationship between seven couples.

With regard to the physical health of the parents, information was available for twenty-two or forty-seven per cent of the fathers and twenty-one or forty-four per cent of the mothers. The lack of information in this area may be attributed either to the fact that health conditions were slighted in agency recording or else that no condition existed which was considered serious enough to warrant its being mentioned.

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[1]This figure includes those fathers considered to have poor emotional adjustment (24) plus those considered psychotic or prepsychotic (4)

[2]No information was available for either parent of three children.

TABLE X

THE MARITAL RELATIONSHIP OF PARENTS OF FORTY-SEVEN FEEBLE-MINDED CHILDREN

Mental Adjustment		Number of Married Couples		Per Cent
Total		47		100.0
Harmonious	Excellent	2	9	19.1
	Good	5		
	Fair	2		
Unharmonious	Friction	6	26	55.3
	Serious Conflict	11		
	Separated, Deserted, Divorced	9		
Father deceased		2		4.3
Mother deceased		1		2.1
Mother in Institution		1		2.1
# Special Circumstances		1		2.1
No information available		7		15.0

Feeble-minded child in this case was the son of mother and maternal grandfather.

The records indicated that six of the parents had pulmonary difficulties, two had heart disease, six gastro-intestinal difficulties, nine genito-urinary difficulties, two arthritis, one diabetis and one cancer. Six parents were described specifically as having good health, one as having fair health and six poor health. The difficulties in the latter two categories were unspecified. A total of six parents died between the time that the case became known to the referring agency and the referral to the M.H.I.

As has already been stated, our particular purpose in this Chapter is to evaluate the strengths and weaknesses present in the environment of the forty-seven feeble-minded children referred to the M.H.I. Initially, we have looked to the emotional stability of the parents as well as to their intellectual equipment. Our hypothesis is that parents who are concerned with their own emotional conflicts and marital difficulties are not as likely to be able to create a stable, untroubled atmosphere for the feeble-minded child which is so essential for his development. Their task is further complicated when poor health is also an operating factor.

The economic status of the parents and the physical environment, however, are also factors insofar as they provide or fail to provide certain material advantages. Illness, death, or unemployment descending as they often do without warning, impose restrictions and limitations which further tax the resources of the family to the extent that their energies may in some cases be absorbed in simply eking out an existence. In such instances there is often little time or inclination on the part of the overburdened parents to provide healthy socializing experiences for the feeble-minded child. He is often left to his own resources and must get along as best he can. It is therefore felt to be pertinent to our study to examine such factors as income, number of children in the family, living conditions in

the home and neighbourhood standards in general.[1]

With respect to income, information was provided by the case records for forty-four of the forty-seven families. The incomes were classified[2] under five headings as follows: Exceeding need; adequate; marginal inaequate; on relief. Two families were found to have incomes considered to exceed their actual need. Thirteen families were found to have incomes which could be considered adequate for their needs. Fifteen families, the largest number falling into any one grouping, were classified as having marginal incomes. Seven were considered to have inadequate incomes in relation to their needs and seven were described as being "on relief". Grouping these five categories into two general classifications, i.e. adequate and inadequate, information concerning the forty-seven families can be summarized as follows: Incomes of three families or six per cent were unknown. The incomes of fifteen families or thirty-two per cent were considered to be adequate while the incomes of twenty-nine families or sixty-two per cent of the total sample were considered to be inadequate. These figures indicate that the incomes in well over half of the total sample were inadequate to meet the needs of the families involved.

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[2] These classifications were for the most part the same as those used in the case records. In several instances, however, the classification was drawn by inference, i.e. the actual income was compared with size of family, standard of living, description of home, e.g. the presence or lack of conveniences etc.

[1] In tabulating information with respect to a description of the home and neighbourhood, some difficulties were encountered due to the scarcity of information contained in the case records. In some records only the actual name of the particular section was given in which case the writer's general knowledge of the area was used to classify the type of neighbourhood. The fact that there were 19 instances in which the social worker did not include a general description of the neighbourhood may mean that the area was so familiar to her that it failed to impress her, or else that she did not see a description of the neighbourhood as being important in relation to the families problems. In some instances the neighbourhood was described when the case was opened but not when the family moved.

Data pertaining to a description of the neighbourhood were lacking in nineteen of the case records or for forty per cent of the total sample. Sixteen families or thirty-four per cent of the total sample were found to be living in neighbourhoods described either as poor or very poor.[1]

Three families or six per cent lived in "average" to poor working class districts, or good to average districts, predominently the latter.[3] Summing up, of the twenty-eight families for whom information was available,[2] re the neighbourhood in which they lived, nineteen families were found to be raising their children in neighbourhoods described as poor, very poor, or average to poor.

With respect to a description of the home, information was found usually to be quite detailed and was easily classified under three headings as follows: Well furnished and clean; shabby but clean; inadequately furnished and not clean. Seven homes or fifteen per cent of the total were described as well furnished and clean. Twenty-two or forty-seven per cent of the total were described as shabby but clean, while eleven or twenty-three per cent were described as inadequately furnished and not clean. Descriptions of the home were not available for seven families or fifteen per cent of the total sample.

The size of the family and the number of rooms is important here in our consideration of care given to and appearance of the home. The average size of the forty-seven families in this study was seven and four tenths people (7.4). The average number of rooms per family was three

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[1]The classification "poor" includes overcrowded tenement areas, bordering on slums. Classification "very poor" includes actual slum areas, and so-called red light districts.

[2]The classification "average" in this connection is difficult to define but was applied in relation to those areas which contained neither the poorer elements of the poor working sections, such as slum areas, nor the better elements of the good working class areas, such as park space ,et.

[3]"Good working class districts" were described in conjunction with open play spaces, absence of industrial sites, etc.

and nine tenths. These figures indicate a tendency toward overcrowding which is not conducive to good housekeeping.

Of the eleven families whose homes were described as inadequately furnished and not clean, the average size of the family, based on the nine for whom information was available was eight and three tenths persons while the average number of rooms based on information available in eight of the eleven case records, was three and seven tenths. Overcrowding i.e. large families living in small number of rooms would seem to be a factor operating in those homes described as inadequately furnished and not clean. Conversely it was noted that in those homes dexcribed as well furnished and clean the average size of the family was six and four tenths while the average number of rooms was five and three tenths.

A summary of this data reveals that a large per cent of the total sample, sixty-two per cent, have inadequate incomes.[1]

Information was found to be lacking for forty-one per cent of the families with respect to a description of the neighbourhood in which they lived. A large proportion of the families for whom information was available lived in poor type districts which is what one might expect with such a high percentage of the families having inadequate incomes. A general correspondence between income and neighbourhood lived in does not exist, however, in five instances. These five families were found to be living in "good" to "average" working-class districts, but they had inadequate incomes. One wonders what additional problems their financial difficulties presented if they are attempting to live up to the standards of the community. One wonders if they have become reconciled to their differences or whether this difference was the cause of greater ridicule and conflict

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[1] "Inadequate" is here the summary classification for incomes originally classified as "marginal", "inadequate" or "on relief".

for the feeble-minded child than might otherwise have occurred if they were living in an neighbourhood where other incomes more closely corresponded to that of their own family. In following these five families one step further, we find that two of the homes, although shabby, were kept clean and that some effort was being made by the families to live up to the standards of the community. One home was well furnished and clean. This may indicate that the family had perhaps been used to a higher income at one time and had not moved from the district when their income became less. One home was described as inadequately furnished and not clean. Information as to the fifth home was not available.

With respect to the housekeeping, those families for whom information was available generally tended to take care of the home. Of the eleven homes described as inadequately furnished and dirty, nine of these were located in poor or very poor types of districts and were found to be rather more overcrowded than the average.

The supposition kept in mind while examining case record material for inclusion in this Chapter is that the child is the product of his heredity and of the interaction which takes place between him and his environment. In previous chapters the feeble-minded child's intellectual limitations, his peculiar psychic structure and emotional needs were discussed. In this Chapter, his environment in terms of parent figures and physical surroundings were presented in an attempt to understand how these have contributed or failed to contribute to his physical and emotional growth.

As has been stated before, the feeble-minded, perhaps more than any other group within the population reflect the degrees of stability in the particular environmental situation to which they happen to be exposed. Because of his dependent nature, the special need of the feeble-minded child is for a consistent and understanding acceptance on the part of his parents

which they in turn can give him only insofar as they have achieved for themselves an inner stability and mature outlook.

The fact, therefore, that the forty-seven feeble-minded children referred to the M.H.I. were presenting aggressive and nervous personality traits,behaviour problems,etc. is at least partially explained by the findings contained in this Chapter,i.e. that eighty per cent of the fathers for whom information was available and sixty-one per cent of the mothers were evidencing symptoms of emotional instability. Personal problems were also reflected in the marital relationships,twenty-eight of which were described as unharmonious as against nine which were described as harmonious Special circumstances such as the death or absence of one parent was operating in four more families,thus confronting the remaining parent with added responsibilities and possibly influencing his ability to meet the emotional needs of the feeble-minded child.

While the manner in which a family faces financial stress, illness cramped living quarters,etc. depends in large part upon the inner resources and strengths of that family,it must be admitted that such circumstances d do pose serious problems of adjustment and of necessity frequently leave the overburdened parent less time to devote to the specific needs of the feeble-minded child. The fact that sixty-two per cent of the families concerned in this study were considered to have inadequate incomes would indicate that this same relatively large group were suffering from some degree of financial strain. Although information concerning the type of neighborhood lived in was only available for fifty-nine per cent of the sample, the larger part of this same group lived in neighborhoods described as poor,neighborhoods which failed to provide healthy recreation al outlets for the family as a whole or even safe play areas for the children. Added to this was a general tendency

towards overcrowding, the average number of people in the families studied being seven and four tenths as against the average number of rooms which was three and eight tenths. There was a general tendency towards some care of the home, in spite of the overcrowded living conditions.

This Chapter has presented information regarding some of the environmental limitations facing the forty-seven feeble-minded children referred to the M.H.I. and their families. The data indicates that, in the case of our sample, a large percentage of the families were facing both emotional and physical stresses. It would seem reasonably safe t o conclude, therefore, in the light of the discussions in earlier chapters, that the families' resources in relation to the care and training of the feeble-minded child would be correspondingly negatively affected.

CHAPTER VI

PARENTAL ATTITUDES TOWARD THE FORTY-SEVEN FEEBLE-MINDED CHILDREN

As outlined in the preceding Chapter, analysis of the data indicated that a large percentage of the forty-seven feeble-minded children and their families were facing both emotional and physical stresses.

The prime ooncern of this Chapter, however, will be to examine more clearly the parents' relationships with or response to the presence of the feeble-minded child in the family unit.

Whatever else may be operating in the lives of the parents and in the environment, good care and training in itself implies understanding of the feeble-minded child's special needs, an ability to accept and live with his limitations and to constructively guide and plan for him.

In Chapter III, the psychological impact of the feeble-minded child upon the parents was outlined and it was suggested there that the advent of such a child often awakens or re-awakens within the parents feelings of doubt, guilt, and failure. Even in the so-called well-adjusted parents these feelings are frequently present. When these feelings are superimposed upon other emotional conflicts, the implications for parent and child are even more serious.

For some parents the implications are so threatening that they cannot admit to others or even to themselves that their child is "different" from other children. Such parents tend to handicap their child over and over again by continuing to demand an average, or sometimes above average performance

rom him in an attempt to allay their own fears.

Others, unable to face the reality or the feelings of rejection they ave towards the child, deny both and display to the child an over-protective r over-indulgent attitude, or disguise for their real feelings.

To still other parents, the feeble-minded child becomes a new focus, o which many previously unresolved conflicts become attached while the child emains the unwitting victim of the feelings his condition arouses in his arents.

The types and varieties of responses, some of which have been referred o above, are as numerous as there are parents with feeble-minded children. uffice to say at this point that even within the most mature parents, there re frequently feelings of disappointment, frustration, doubt, guilt, and a ense of failure. It follows that the adjustment to the situation is one which axes the inner resources and strength of the parent to the utmost.

Analysis of the case record material in an attempt to discover how he parents in the sample felt about their feeble-minded children, produced elatively little information. In quite a few instances, it was evident that he pressures of a very disturbing reality situation left the case worker and he agency concerned little time to speculate about and work with the parents' leeper emotional reaction to the presence of the child. In other cases it as evident that there were strong parental reactions but these were implied ather than clearly stated in the case record.

The case record material was therefore examined with respect to three r four general areas. These included the degree of awareness the parents eemed to have concerning the retardation and how this awareness was or was ot influenced by the intellectual capacity and emotional adjustment of the arents, as well as the way in which the parents showed their feelings as illustrated in their attempts to deal with the feeble-minded child and his roblems.

Much has been written to the effect that to be aware of and to admit a problem is to be half way towards its solution. It would therefore seem to follow that recognition by the parent of the child's mental limitations is the first step in adjusting to it and to the child. One of our first concerns in this Chapter is to determine if and how awareness of the retardation on the part of the parents in our sample affected their handling of the feeble-minded child.

Table XI, which is related more specifically to a part of the text to follow, illustrates that of the forty-seven families involved, the parents in eleven were considered to have considerable[1] awareness of the retardation, eight to have partial awareness, eight minimum awareness and fifteen no awareness at all. The degree of awareness in five families could not be estimated.

Considerable awareness was recorded when the parents or parent seemed to have an appreciation of the fact that the intellectual endowment of their child was inferior to that of most children of his age and that his poor school progress was a result of this. They seemed to recognize that his general performance was slower and less adequate than that of the siblings, and they tended to expect less from him.

Partial awareness noted on the part of eight families usually consisted of a recognition of the fact that the feeble-minded child's performance was inadequate to some extent but there was less concern with what might be causing the inadequate performance and less thought given to what might realistically be expected from the child.

Minimum or no awareness was tabulated when statements were found on

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[1] The descriptive terms "considerable", "partial";"minimum or no" have been used quite broadly and vaying degrees are included in each category. The terms themselves were borrowed from M. M. Stone's Article "Parental Attitudes to Retardation", op. cit., p. 363.

the part of the parents such as "he acts dumb" or when poor performance was constantly attributed to "laziness", "carelessness", "indifference", or "deliberate misbehaviour".

The findings indicate that those parents with minimum or no awareness accounted for forty-nine per cent of the total sample. Those estimated to have considerable or partial awareness accounted for forty per cent. The degree of awareness of eleven per cent of the parents was unknown.

In comparing the attitude of the parents towards the referral to M.H.I. with the degree of awareness possessed by them prior to the referral, it was found that the existence of awareness did not seem to govern the parents' willingness for referral. Of the twenty-three families who were willing for the referral to the M.H.I., eleven were felt to possess considerable or partial awareness and eleven, minimum or no awareness. The degree of awareness in one case was unknown. The three families who were indifferent or opposed to referral to the M.H.I. were classified as having minimum or no awareness.

To compare the degree of awareness with the emotional adjustment of the parents, Table XI was drawn up. The criteria for classification of awareness have been outlined above. The criteria for classification of emotional adjustment were as follows: Parents were classified as pre-psychotic or psychotic only when this information was actually contained in the records of the referring agency. In each case the parents had been diagnosed as psychotic or pre-psychotic by a medical person and this was not the impression of the case worker alone. Good, fair, and poor emotional adjustment was recorded when this was the stated impression in the case record of the referring agency or when descriptive information regarding the parent pointed to inclusion in one of these categories.

Parents were classified as having poor emotional adjustment for example when, ambivalent, inconsistent or immature attitudes characterized their

relationships with others, where irresponsible attitudes towards family and/or employment were evident, in instances where alcoholism or heavy drinking was present and in cases where there was serious friction in the marital relationship or the existence of extra-marital relationships.

Good emotional adjustment was attributed to those parents where there was definite evidence of their mature relationships with others, a relatively harmonious marital relationship, responsible attitude toward family and employment, and absence of marked psycho-neurotic or psycho-somatic manifestations.

Fair emotional adjustment was tabulated concerning those parents for hwom there tended to be a predominance of positive over negative factors, as described above. Inclusion in this category was made in several instances on the basis of a summary impression formed by the writer because of a lack of descriptive evidence, or when there was doubt in the writer's mind as to which category of emotional adjustment, good or poor the parent actually fell into.

While Table XI illustrates certain general tendencies which one might expect to find when making such a comparison, it also illustrates interesting contradictions to this expected tendency. For example, one would expect to find that the parents with poor emotional adjustment would tend to be those hwo were also unaware of the existence of feeble-mindedness in their child. Twenty-four of the forty-three parents with poor emotional adjustment had a minimum or no awareness of retardation in their child. There were, however, thirteen parents who, in spite of their poor emotional adjustment had either considerable or partial awareness of the retardation. Those parents with fair emotional adjustment tended to have considerable or partial awareness more often than minimum or no awareness, thirteen falling into the former category and seven in the latter. There were, however, two parents considered to have good emotional adjustment who had little or no awareness.

TABLE XI

COMPARISON OF EMOTIONAL ADJUSTMENT AND DEGREE OF AWARENESS OF RETARDATION OF THE PARENTS OF FORTY-SEVEN FEEBLE-MINDED CHILDREN REFERRED TO THE M.H.I.

Emotional Adjustment	Total Number of Parents	Total Number of Families	Degree of Awareness			
			Considerable	Partial	Minimum or No	Unknown
Total	93	47	11	8	23	5
Pre-psychotic	3	3	1	-	2	-
Psychotic	4	4	-	1	3	-
Good (emotional adj.)	3	3	1	-	2	-
Fair (emotional adj.)	20	17	6	7	7	1
Poor (emotional adj.)	43	30	9	4	24	6
Unknown	20	17	5	2	8	5

With respect to the influence of intelligence upon awareness, twelve of the eighteen parents who were themselves mentally retarded, had, as might be expected, little or no awareness of retardation in their child. Five parents were retarded, but had considerable or partial awareness. Three of these same five parents were considered, however, to have made a fair emotional adjustment and this may have been an influencing factor. On the other hand, seven of the twelve retarded parents with minimum or no awareness also had made a fair emotional adjustment.

From these figures, it can only be inferred that with respect to the sample under study, emotional adjustment and inferior intellectual capacity influenced but did not determine the degree of awareness and it would, therefore, seem that some other factor or factors were also operating.[1]

From these figures, it can only be inferred that with respect to the sample under study, emotional adjustment and inferior intellectual capacity influenced but did not determine the degree of awareness and it would, therefore, seem that some other factor or factors were also operating.[1]

We return now to the original question, viz. how does the existence or non-existence of awareness influence the parents' handling of and attitude toward the feeble-minded child? Does it influence or determine his ability to accept the child and his limitations?

Table XII was drawn up in order to compare the degree of parental awareness of the retardation with the attitudes shown by those same parents toward the feeble-minded child. This Table indicates that over-protective attitudes were evident in twelve families, rejection was operating in eleven, stern discipline in eleven, lax and ineffectual discipline in eight, ambi-

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[1] One of these factors might possibly be the nature of the parents' emotional problems, rather than the existence of emotional maladjustment per se. This speculation introduces an area which is not within the scope of this study and without further analysis of the data no conclusion can be drawn.

valence in seven, positive acceptance in five, over-critical attitudes in five, resentment in three, impatience in two, reasonable discipline in two, indifference, over-indulgence, threatening behaviour, and over-possessiveness each in one family. These attitudes were distributed with relative equality among the four degrees of awareness.

These findings present a rather negative picture from which it might be concluded that the existence of considerable or partial awareness does not imply understanding and emotional acceptance of the feeble-minded child. They would seem to indicate rather that although the parent may know that his child is retarded, this knowledge does not necessarily relieve or dispel his conflict about that child, nor make it possible for him to control his own emotional reactions for the benefit of the child.[1]

In considering these findings, it must be remembered, of course, that case workers may tend to take positive attitudes for granted and to omit mention of them in the case record. The writer feels, therefore, that one must consider this data as providing a partial picture of each parent and as illustrating, at best, a tendency only. The fact remains, however, when these qualifications have been made, that the tendency seems to be predominantly a negative one.

Table XIII, compares another facet of the parents' relationship to the child, with the degree of parental awareness of the child's retardation. In this instance, methods used by the parents to cope with the feeble-minded child are compared with awareness, the information being available for twenty-eight of the forty-seven families. The methods reported follow upon the necessarily limited observations of the case workder and must not be presumed

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[1] In some instances, it is to be suspected that the child was rejected for reasons other than, or in addition to, his feeble-mindedness.

TABLE XII

COMPARISON OF THE DEGREE OF AWARENESS OF RETARDATION PRIOR TO DIAGNOSIS WITH PARENTAL ATTITUDES TOWARD THE FEEBLE-MINDED CHILD

Attitudes of Parents towards Feeble-Minded Child	Total Number Families Involved	Degree of Awareness			
		Considerable	Partial	Minimum or No	Unknown
Total	47	11	8	23	5
Over-protective	12	2	3	7	1
Rejection	11	5	2	5	2
Stern Discipline	11	3	3	7	-
Lax or Ineffectual Discipline	8	2	2	5	1
Ambivalent Attitude	7	3	-	4	1
Positive Acceptance	5	2	-	2	1
Over-critical	5	2	1	3	-
Resentment	3	1	-	3	-
Impatience	2	3	-	-	-
Reasonable discipline	2		1	1	
Indifference	1				1
Over-Indulgence	1			2	
Threatening Attitude	1	1			
Over-Possessive	1	1			
Unknown	11	5	4	6	5

to cover everything these twenty-eight parents did to cope with the child. It is, for example, quite possible that many more positive efforts to cope with the child preceded the negative methods listed and that the latter may have been applied as a final resort at a point of crisis.

Methods listed included corporal punishment used by seven families, institutional placement threatened by six, attempts to provide the child with an occupation or an interesting hobby by five, the seeking of help from other social agencies in five cases, making the child a ward of the court in three, special class placement in three, various other medical examinations in three, removing the child from school in one case, and in one case, placement away from home.

There seems here to be some slightly closer relationship between the degree of awareness and methods used by the parents. For example, eight of the eleven families who employed praise and encouragement and/or attempted to provide the child with an interesting occupation or hobby, were considered to have considerable or partial awareness. At other times, however, two of these eight parents revealed their ambivalent feelings about the child by threatening him with institutional placement and by applying corporal punishment.

It should be noted that those parents who applidd corporal punishment and made threats of institutional placement to the child, did not seem influenced in this behaviour by their awareness or lack of it. Six families applying these measures had considerable or partial awareness as against five who were considered to have minimum or no awareness. Six families with minimum or no awareness of the retardation sought the advice of other social agencies and/or had their child made a ward of the court because of his unmanageble behaviour. The fact that special class placement was made only a total of

TABLE XIII

TEN METHODS EMPLOYED BY PARENTS IN TWENTY-FAMILIES(1) IN DEALING WITH THE FEEBLE-MINDED CHILD, COMPARED WITH PARENTAL AWARENESS OF THE RETARDATION

Parental Methods of Dealing with the Child	Frequency of Use	Degree of Awareness			
		Considerable	Partial	Minimum or No	Unknown
Total Cases	40(2)	7	7	13	1
Corporal Punishment	7	2	1	3	1
Threat of Institutional Placement	6	3		2	1
Praise and Encouragement	6	3	2	1	
Attempts to Provide Feeble-minded Chile with Occupation or Interesting Hobby	5	1	2	2	
Seeking Help from Other Social Agency	5		1	4	
Feeble-minded Child Made Ward of Court	3			3	
Special Class Placement	3	2		1	
Other Medical Examination	3	2		1	
Removal from School	1				1
Placement	1				1

(1) No information regarding methods used was available for nineteen families

(2) This total refers to the total number of times the different ten methods were used by twenty-eight families.

three times by the parents is an interesting finding. With eleven families found to have considerable awareness and seven partial awareness, one could reasonably expect to find the special class used more frequently than it was. Itmust be kept in mind, of course, that special classes are not available in every shcool and that distance in some cases might offer a practical hindrance. One suspects, however, that the resources of the special class were probably available to more than three children.[1] Resistance towards using them in the remaining sixteen cases where there was considered to be partial or considerable awareness, may have been due at least in part to the parental inability to publicly admit to his child's retardation.

Again, two of the three parents who sought to explain their child's behaviour by taking him frequently to the doctor, were parents who were described as having considerable awareness. It would seem, however, that they were not at the point where they could accept the implications of such awareness. These findings seem to indicate that attitudes toward the feeble-minded child and actual methods of handling him provide a truer indication of the parent's understanding and ability to accept that child than do the parent's verbalizations about the child's mental capacity.

The purpose of this Chapter was to determine, as far as possible, what kind of emotional reactions were produced in the parents, by the presence of a feeble-minded child and how these reactions were reflected in the parent-child relationships. Emotional reactions are, however, rather intangible things which do not easily lend themselves to description especially by the busy case worker, who in many instances described, must have had to devote

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[1] No data is available regarding actual availability of special class placement for the forty-seven children involved inthis study. In April 1942, however, there were thirteen special classes serving a Protestant School Population of 42,000. At that time it was felt that the actual number of classes needed was 42.

much of her time to relieving immediate reality pressures. For this reason, analysis of the data in this area was difficult and had, of necessity, to remain incomplete. Limited information forced the writer to concentrate on such factors as the kind and degree of parental awareness of the retardation which existed, and on parental feeling and reaction to the feeble-minded child as these were reflected by the attitude toward the child and the method of dealing with him, Even his inconsistent or ambivalent attitude on the part of the parent at times complicated the picture.

By way of summary, the findings in this Chapter suggest that the intellectual capacity and emotional adjustment of the parents, influenced but did not completely determine the degree of awareness of the retarded condition in the child. Awareness in itself did not seem to imply an increased capacity for acceptance of the child and his limitations. On the contrary, the presence of awareness at times seemed to arouse greater conflict within the parent which revealed itself in his manner of relating to and handling of the child.

Chapters IV and V have been devoted to a description of the feeble-minded child, his problems and some aspects of his environmental situation. Chapter VI has also been concerned with the environment and its influence upon the feeble-minded child's problems and personality. Study of the environment in this latter Chapter was in terms of the more inter-personal aspects of the child's relationship to and interaction with his parents.

Chapter VII, which follows will be devoted mainly to presentation of the recommendations made by the Institute's clinical team in the light of the foregoing information.

CHAPTER VII

RECOMMENDATIONS MADE FOLLOWING EXAMINATION OF FORTY-SEVEN FEEBLE-MINDED CHILDREN AT MENTAL HYGIENE INSTITUTE

This Chapter will be concerned primarily with the recommendations of the M.H.I. clinic team concerning the forty-seven feeble-minded children, with special reference to those children for whom placement in an institution for educable feeble-minded children was recommended.

The material will be presented under three headings: (1) A study of the first and second recommendations made for the entire sample group, (2) The parents' responses[1] to the clinic recommendations and (3) A detailed study of eighteen children for whom institutional placement was recommended. The Chapter will be concluded with the presentation of a case illustration.

Table XIV presents the original recommendation which was made regarding the forty-seven feeble-minded children following their first examination at M.H.I. These were the recommendations which were felt to be most advisable and most capable of producing the maximum results. The original recommendations included, placement in an institution for educable feeble-minded children recommended fourteen times; placement in a supervised group[2]

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[1]Description of parental responses to clinic recommendations was included in Chapter VII rather than Chapter VI primarily to suggest how parental responses can facilitate or hinder the carrying out of recommendations.

[2]The supervised group setting refers here to such institutions as the Boys' Farm and Training School at Shawbridge and the Girls' Cottage Industrial School now being rebuilt at Mount Bruno. These two institutions or training shcools deal primarily with the emotionally disturbed and delinquent and are not geared to the care and training of the feeble-minded.

TABLE XIV

ORIGINAL AND ALTERNATIVE RECOMMENDATIONS# MADE FOLLOWING FIRST REFERRAL OF FORTY-SEVEN FEEBLE-MINDED CHILDREN TO THE MENTAL HYGIENE INSTITUTE

Nature of Recommendation	Frequency of Recommendation	Original Recommendation	Alternative Recommendation
Total	94	47	47
Institution for Educable Feeble-Minded	19	14	4
Supervised, Regularised Group Setting	22	10	12
Simple Employment	11	6	5
Remain in own home, attend special class	9	4	4
Remain at home	6	2	4
Foster Home Placement and Special Class	3	2	1
Youth Training Farm	4	1	3
Farm Placement	4	0	4
Unknown	8	4	4

The original recommendation was that considered to be the most desirable; the alternative recommendation, the most feasible in view of limited resources and/or negative response to the original recommendations

setting made ten times; simple employment recommended in six cases; recommendation that the feeble-minded child remain in his own home but attend a special class was made four times. Recommendation for special class attendance alone was made in another four instances, while in two cases, where placement was being sought, it was considered that this would be too damaging an experience for the child and it was therefore recommended that he remain at home. Foster home placement and the special class was recommended for two children and the Youth Training Farm for one. No recommendations were available for four children.

Table XIV also shows the alternative recommendations which were made due either to a lack of institutional facilities and/or the parents' inability to accept the original recommendations. The most marked difference between the original and the alternative recommendations occurred in the area of placement in an institution for educable feeble-minded children. This was due primarily to the non-existence of such facilities for the English population. Even then, no alternative recommendation could justifiably be made for five children. These five cases were considered serious enough to justify every effort being made to have them admitted to one of the French Roman Catholic institutions.[1]

Further examination of the data indicated that nine children were referred to M.H.I. a second time at a later date. Three of these nine children had originally been recommended for institutional care and this recommendation was repeated after the second examination for two of them. This time, however, because of increased tension and pressures in the

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[1] Ste. Anne's Hospital, Baie St. Paul, and St. Julien's Hospital, Megantic, P.Q., which are French Roman Catholic Institutions for the mentally retarded of all grades will, in isolated cases, accept an English-speaking child if the social situation is considered critical enough to warrant this.

environment, alternative recommendations were also made. These included for one, a supervised group setting, for the second, a farm placement and for the third, simple employment.

Recommendation for a supervised group setting on behalf of three children was, following a later examination, changed in two of these three cases to a recommendation for institutional placement.

Two children for whom it had been recommended originally that home care be continued and supplemented in one case by attendance in a special class, upon a second examination were considered to warrant placement in an institution for the educable feeble-minded. The ninth child for whom it had originally been recommended that he attend a special class, had this recommendation repeated when he was seen again at a later date.

In all therefore, there was a total of eighteen children for whom placement in an institution for the educable feeble-minded was recommended and for whom alternative recommendations could not justifiably be made because of the seriousness of their retardation and the problems presented by the environment.

The ability of the parents to accept the recommendations was classified under six headings as illustrated in Table XV. These six categories were: Intellectual and emotional acceptance of the finding and recommendation; Intellectual acceptance but emotional acceptance not clear; Denial with intense emotional reaction; Confusion and uncertainty; Plain denial; Response not clear. In each instance it was the predominant tendency which was recorded.

Intellectual and emotional acceptance was considered to exist when the parent said he accepted the findings, made plans for suitable care and training of the child, being guided by the clinic's recommendations, and attributed the feeble-minded minded child's behaviour to his limited mental capacity rather than to other causes.

Intellectual acceptance alone was considered to exist when the parents agreed verbally with the findings but continued to behave toward the child as though he were not retarded.

Parents were classified as denying the findings when they rejected the interpretation, when they refused to carry out recommendations and when they blamed symptoms and behaviour on causes other then the retardation.

When the actual response was not clear, this was attributed either to inadequate recording or to inadequate interpretation of the recommendatons to the parents.

Returning to the findings as illustrated in Table XV, two families showed intellectual and emotional acceptance of the recommendations. In both families considerable awareness of the retardation was felt to have existed prior to the actual diagnosis.

In ten families there was an intellectual acceptance of the findings and recommendations which had been preceded in four cases by considerable awareness of the retardation, in two cases by partial awareness and in four cases by no obvious awareness at all.

Six families indicated their denial of the findings and recommendations. Four of these had shown previously minimum or no awareness of the retardation.

Of the fourteen families who showed a confused and uncertain reaction to the findings and recommendations, two had been classified as having considerable awareness prior to the diagnosis, five partial awareness, and six minimum or no awareness.

The three families who plainly denied the diagnosis also had had no prior awareness of the retardation.

It can be concluded therefore, on the basis of these findings that the degree of awareness prior to diagnosis, influenced but did not completely determine the degree and kind of acceptance following the diagnosis among

TABLE XV

DEGREE OF PARENTAL AWARENESS OF RETARDATION PRIOR TO DIAGNOSIS COMPARED WITH DEGREE AND KIND OF ACCEPTANCE FOLLOWING DIAGNOSIS.[1]

Degree of Parental Awareness of Retardation Prior to Diagnosis	Total	Degree and Kind of Acceptance of Retarded Condition Following Diagnosis					
		Intell.[2] and Emot'l. Accept.	Intell. Accept. Emot'l. Response Not Clear	Denial Intense Emot'l Reaction	Confusion and Uncertainty	Plain Denial	Response Not Clear
Total	47	2	10	6	14	3	12
Considerable	11	2	4	1	2		2
Partial	8		2	1	5		
Minimum	8			3	2		2
No	15		4	1	4	3	3
Not Known	5				1		4

1. Wherever the degree of awareness and acceptance differed between parents, those of the mother have been tabulated.

2. Intell., Emot'l., Accept., are abbreviations for intellectual, emotional, and acceptance, respectively.

the parents of the forty-seven children.

Having presented the recommendations and the reaction of the parents to them for the total sample group of forty-seven children, a more detailed study will now be made of children for whom institutional placement was recommended. Analysis of these eighteen cases was made not on the basis of their number in the total sample but because of the need, on the part of the children concerned, for institutional placement. In each case this need was considered to be so great as to provide little or no justification for making an alternative recommendation.

The eighteen cases referred to were studied with reference to sixteen factors. These factors included the Intelligence Quotient, age at time of referral, sex, reasons for referral, personality traits, emotional adjustment and mental capacity of the parents, parents' marital adjustment, parental attitudes toward the feeble-minded child, family income, description of home and of neighbourhood, size of family, M.H.I. findings, and degree and kind of acceptance of findings and recommendations.

The group of eighteen children comprised ten girls and eight boys. Ten of the children had Intelligence Quotients between fifty and fifty-nine and eight between sixty and seventy. Thirteen children were twelve years and over at the time of referral. Five children were under twelve years of age at the time of referral.

These findings might tend to indicate several things. Firstly, that referral to M.H.I. comes as a final resort to cope with the feeble-minded child. This seems especially significant when it is remembered that fourteen of these children were considered by the M.H.I. clinical team at the time of their first examination to have made such a poor adjustment that only institutional placement could provide a suitable solution.

The greater number of referrals of children twelve years and over among the group of eighteen, corresponds with the findings for the total sample, e.g.

twelve children were under twelve years of age at the time of referral as against thirty-five who were twelve years and over.

Another possible explanation offers itself at this point. The older the feeble-minded child becomes, and consequently the more that is expected of him by society, the more apparent become his incapabilities and the more frequent his conflicts with the requirements of society. At the same time, the parent begins to feel under more pressure "to do something" about the child. No definite conclusions could be drawn at this point however, since data regarding the total number of feeble-minded children referred to the M.H.I. and their ages at the time of referral are not available.

One other possible explanation of these relatively "late" referrals presents itself. A previous unawareness may have existed on the part of the parents and others with whom the parent and child came in contact, concerning the existence of community resources, set up to help and guide them with their particular problem.

Still another inference which could be drawn from these particular data is that the degree of awareness on the part of the parent may be related to the age at which the feeble-minded child was referred to the M.H.I. Examination of the data with respect to awareness of retardation on the part of one or more parents of the eighteen children, indicated that considerable awareness existed in six families. The feeble-minded child from five of these families was referred to the M.H.I. when he was twelve years or over. The parents of only one child had partial awareness and the parents of the three others no awareness at all.

It therefore does not seem to follow that awareness per se precipitated an earlier referral among the children in the sample. However, no information is available regarding the point of time at which the parent

acquired this awareness and therefore the possibility cannot be excluded that it only came into being a short time prior to the referral.

With respect to the actual reason given for referral when this did take place, one reason alone was given for nine children, two reasons in relation to three children and four reasons in relation to one child.

The most frequently mentioned reason for referral was "help with problems of general behaviour" and this occurred in eight cases. Problem behaviour under this heading included such things as defiance, disobedience, quarrelling, irritability, etc. In only two instances, however, was this particular reason not accompanied by one or more others. Vocational Guidance was requested six times. Referrals because of school problems and stealing occurred four times each. Problems resulting from aggressive behaviour precipitated three referrals and the desire for placement, help with incorrigibility, and advice regarding irregular employment twice each. Referral because of sexual delinquency occurred once.

No sufficient pattern emerges from this data and it can only be added here that detailed examination of the problems presented and recorded in the case records indicated that the official reason for referral given by the referring agency was in many instances a summation of one or more problems. For example, fifteen of the eighteen children were showing nervous personality traits and thirteen agressive personality traits. Eleven children exhibited both. From these latter figures alone, it can be inferred that the picture was not as clear cut as one might be led to believe upon perusal of the reasons given for referral.

It is, further, a point for interesting consideration as to what it may have meant to the parent, who, seeking advice from the M.H.I. on behalf of his child in the area of vocational guidance, irregular employment, or even prolonged school difficulties, or habits of stealing, is told that

placement in an institution for educable feeble-minded children is the only advisable solution to the problem. One can, therefore, understand why ten families including even those with some previous awareness of the real situation responded to the findings and recommendations with denial, confusion and uncertainty.

We come now to the findings or impressions of the clinical team with regard to the eighteen children for whom institutional placement was recommended and who have been seledted for detailed study. All eighteen children were considered to be seriously retarded mentally. Eight were found to be evidencing feelings of inadequacy. Five of these eight children were found to be responding to feelings of inadequacy and/or feelings of rejection with compensating aggressive behaviour. Four children were found to be exhibiting definite delinquent tendencies and four others in danger of becoming serious social problems. Three showed poor judgment and three suggestibility. Two were described as having limited social comprehension and two abnormal sex interests. Many of these findings, while mentioned specifically in relation to a few of the children, were implied in reference to others of the children.

The emotional adjustment of the parents, the marital relationship, and the attitude shown by the parents toward the feeble-minded child are three very important areas to be considered when deciding upon the provision to be made for the troubled feeble-minded child and his family. For such children as have been described in the preceding paragraph, it is not difficult to understand why it was felt that their pressing need was for a relatively stable environment and association with mature, accepting, and understanding adults. One of the psychiatrist's chief and immediate concerns when considering the future welfare of the feeble-minded child is to study and evaluate the strengths and weaknesses of the child's environment. He must try to assess

how this environment has contributed to the child's problems and how much the weaknesses can be overcome and the strengths supported if the child is to remain there.

Findings with respect to these resources within the family unit for the total sample, have already been presented in Chapters V and VI. Concerning the eighteen children under consideration in this section, four mothers and two fathers were retarded intellectually. Two mothers were pre-psychotic and one father was considered psychotic. Only one mother was considered to have made a good emotional adjustment. Five mothers and two fathers were considered to have made a fair adjustment emotionally. By far the greatest number, however, were classified as having made a poor emotional adjustment. This included eleven fathers and eight mothers. Information was not available for four fathers and two mothers.

The marital adjustment was considered to be unharmonious in twelve families and harmonious in only two. In one family, the feeble-minded child was born the result of an incestuous relationship between his mother and his maternal grandfather. In another family, an evaluation of the marital relationship could not be made because the father had been dead for a considerable period of time.

Regarding the actual attitudes shown towards the eighteen feeble-minded children by their parents, these tended to be negative in character. The same reservations apply here as they did when parental attitudes toward the feeble-minded children were examined for the whole sample, namely, that positive attitudes sometimes tend to be taken for granted and are for this reason overlooked in the recording. In addition to this the findings presented do not necessarily describe the complete picture but only a general "tendency".

For the group of fourteen families for whom information was available regarding parental attitudes, over-protection was recorded twice, rejection

six times, stern discipline three times, lax and ineffectual discipline twice.

An ambivalent attitude on the part of the parent toward the feeble-minded child was noted twice, and positive acceptance four times. An over-critical attitude was recorded twice, and an impatient attitude twice. Over-indulgence was reported in one family only.

Turning to the four families for whom positive acceptance of the feeble-minded child was recorded, it was found that in one case the father was considered psychotic, the mother retarded and poorly adjusted emotionally. In another case the mother was retarded and both parents were considered poorly adjusted emotionally. In the third instance both parents were poorly adjusted emotionally. This was the instance of the incestuous relationship between the feeble-minded child's mother and his maternal grandfather. In the fourth and final case, the emotional adjustment of the mother was poor and while information regarding the father was lacking, he was known to be rejecting of the child. It is, perhaps, unfair to underestimate the parents' ability to accept their feeble-minded child because of limitations within themselves. Nevertheless, their ability and energy to provide understanding and constructive support and guidance for their feeble-minded child must of necessity have been limited and confused by their own needs and conflicts.

When one is confronted with evidence of poorly adjusted parents, whose marital relationships tend to be largely unharmonious and whose attitudes towards their children, frequently of a negative quality, the recommendation for institutional placement for these eighteen feeble-minded children becomes still more understandable.

Turning now to material considerations, it was found that financial limitations were operating in fourteen of the eighteen cases. In these fourteen instances, the income was considered to be inadequate to meet the

basic needs of the family. In only four of the families was the income considered to be adequate. In four of the families where the income was described as inadequate, there were five or less people. In the remaining ten families with inadequate incomes, the size of the family ranged from seven through twelve people.

Information was available regarding the type of neighbourhood in which the family lived in thirteen instances. Eight were found to be living in poor or very poor districts, two in very good working class districts and three in good to average working class districts. Seven homes were described as not well cared for, eight as shabby but clean and two well-furnished and clean. No description was available for the eighteenth.

Up to this point, a quantitative analysis has been made of the eighteen families. Such an analysis gives some idea of the prevalence of certain conditions in the total sample. It cannot indicate, however, all the complexities of the situation in any one home. For a description of this kind, it is necessary to turn to a case illustration. The following material is presented with this point in mind.

Mary, the first-born child in a family of five children was eleven years and seven months old, in November 1943, when she first came to the attention of the Big Sisters Association[1], a social agency concerned primarily with helping young girls. Mary's mother had contacted the agency because Mary was quarrelsome at home and at school and a great source of worry to her.

Mary's family were first known to a family agency in 1939, prior to her father's enlistment. The family agency reported marital and financial problems at that time. Mary's mother found her father an independable person and stated that they had never had a regular income until he joined the Air Force in 1940. Prior to his enlistment the father

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[1]Big Sisters Association will henceforth be referred to in the text as B.S.A.

had owned and operated his own trucking business. Her mother had, however, supplemented their income from time to time by working short hours as a waitress. At the time of referral the family lived in a good to average working class district, in a seven room house which was nicely furnished and clean. Emotionally, Mary's father was considered to have made a rather poor adjustment. He was known to be a heavy drinker and to frequently lose his temper with Mary, making many abusive threats to her. Mary's mother was a vivacious rather appealing person, who was, however, constantly discouraged about her problems, particularly those concerning Mary, with whose training she was weak and ineffectual. She frequently expressed her rejection of Mary by remarking that she had no good points at all, an attitude which could do little towards developing in Mary any feelings of self-confidence and self worth. Towards her other children, Mary's mother seemed devoted and she gave them good physical care.

Mary herself was reported as disobedient and untruthful. She used profane language, had a bad temper and screamed whenever she did not get what she wanted. As well as her aggressive traits she exhibited nervous traits also. These included temperamentalness, shyness, sensitivity and self-consciousness.

In her relationships with her parents and siblings, she was quarrelsome and defiant. She had a habit of screaming and crying whenever her mother attempted to leave her. It could not be clearly determined whether this screaming and crying was due to fear of separation or an attempt to control her mother. Her father verbalized about Mary's "inferiority complex" in relation to her siblings but was apparently unable to support her in this area. In her relationships with people, generally she was unable to show affection or to display thoughtfulness because she had rarely experienced

these in her own life. Her expression was one of sulleness and her appearance untidy.

Mary had also experienced considerable difficulty in school and attained only the fourth grade. She repeated Grade I three times and Grades II and III twice. Her teachers considered her lazy, disobedient, and untruthful and found her hard to control. Mary did not get along with children generally. She preferred to be with children two or three years younger than herself and even then would frequently scrap with them. Her only source of recreation and amusement seemed to be the radio and the movies. She had attended Girl Guide camp in the summer of 1943 but had left after two days, stating she did not like it and was lonely. Her counsellors reported that she was lazy and that she had refused to make her own bed.

Physically, Mary's development had been normal. However, at the time of referral to the M.H.I. she was described as being abese and as having caries and enuresis.

In January 1944, approximately two months after she became known to the B.S.A., Mary was referred to the M.H.I. Her mother was willing for Mary to be seen at the M.H.I. because she hoped this would lead to her placement in a boarding home where she would receive "discipline". She was convinced that Mary would settle down away from home. She had previously objected to her attendances in a special class because it would be "humiliating" for Mary. This was, however, more than likely a projection of feeling on the mother's part, an indication of her inability to accept Mary's retardation and of the conflict she was experiencing in this area.

Mary herself was uncooperative in her attitude toward the first referral. Later, however, at the time of her second referral to the M.H.I. which will be reported later on, she was able to verbalize her concern in

the follwoing manner: When describing how she became angry when her sisters teased her she stated "I get hysterical and when I come out of it I can feel my head going funny. I don't know why I do some of these things."

Mary's examination at the M.H.I. indicated that she was rather seriously retarded with an Intelligence Quotient of fifty-nine. Her aggressive behaviour was considered to be a reaction to feelings of inadequacy resulting from her inability to cope satisfactorily with school tasks or compete on equal terms with her coevals. She was also found to manifest a rather marked lack of emotional and volitional control. It was felt that her mother's attempt to adhere to a rigid disciplinary plan without success had contributed to Mary's behaviour problem.

Recommendations at that time were that Mary remain at home if a foster home placement could not be found. It was also suggested that she might respond with more socially acceptable behaviour if her mother could modify her requirements of Mary in the home to some extent, avoid criticism and give sympathetic understanding. This information was given tactfully to her parents along with some interpretation of Mary's intellectual limitations to which they reacted intensely and denied the existence of retardation.

Because of the intensity of the parental reaction, every effort was made to secure a foster home placement, although Mary's problems and personality mitigated seriously against this. She was placed in March 1944 but throughout the placement continually talked about running away. On the whole, however, she did appear happier in this placement than at home. The placement did not hold very long, however, and when Mary returned home, her behaviour again became objectionable and she was found to be disappearing for a whole day at a time. She was again referred to the M.H.I. at this point and this time institutional placement was recommended, or if this

could not be realized, placement in a regularized superivsed group setting. Placement in the Girls Cottage Industrial School, at that time situated at Sweetsburg, was effected in March 1945.

While at Sweetsburg, it was felt that Mary made considerable improvement. There seemed to be improvement in her conscious effort to do well and her small successes seemed to give her real satisfaction. She responded to praise but still feared failure.

Unfortunately, there was no improvement in her parents' understanding of her during her absence and following her discharge home she soon reverted to her former behaviour. Positions were found for her, her father taking an active part in this, but instead of going to work, she wandered around the streets, returning home in a filthy condition. All her feelings of inadequacy and hostility in relation to her siblings were again aroused and she used frequently to say that she wished her sibling two years younger would be killed. When at home she remained in her room most of the time.

Tension in the home was now at the explosive point, and her father became so irritated with Mary that her mother feared he would do her bodily harm. He threatened to have her locked up someplace and to see that she was flogged every day.

Because of this extremely difficult and damaging atmosphere in the home, a conference was called by the social agencies concerned in January 1947 and it was agreed that all efforts should be made to carry out the M.K.I. recommendation for institutional placement. It was therefore decided to press for placement in St. Julien's Hospital at Megantic, Quebec and until that could be effected, placement at Maison Provincial.

Mary's parents were, however, still completely unable to accept this recommendation and soon after the family moved to another province. It is

known that they were almost immediately in touch with the local child care agency, as this agency wrote to Montreal for information about Mary.

This case illustration vividly portrays the many and complex problems which confront the feeble-minded child, his family and the community agencies concerned with his welfare.

The case of Mary points up the need for long-term institutional placement of a type specially designed for educable feeble-minded children. It illustrates the inevitable failure of substitute resources in dealing with a serious problem such as this. It also presents in realistic terms the development of conflicts within the family unit. In this case, these very conflicts made it difficult if not impossible for the parent to use an institutional placement constructively, even if it had been available.

In chosing a case for illustrative purposes at this point, one could have been selected which would have depicted parental ability to accept institutional placement and the resulting frustration and conflict both for the family and child when no such placement was available. However, it was felt that the case of Mary described as clearly as any, many of the contributing factors to the problem. It also depicted the continued conflict and frustration resulting for all concerned, when the diagnosis and recommendations could not be accepted, and illustrates that the availability of suitable institutions may not be the whole answer in such complex cases.

CHAPTER VIII

SUMMARY AND CONCLUSIONS

As stated in the Introductory Chapter, the purpose of this thesis was to study the impact upon the family unit of the presence of a feeble-minded child. The particular concern of the writer was to illustrate the problems of adjustment in terms of environmental and personal resources and limitations.

The sample studied consisted of forty-seven educable feeble-minded children and their families. The children, whose ages ranged between ten years and sixteen years, eleven months, were referred to the M.H.I. by various social agencies in the Montreal area.

The children were studied with reference to their personalities, inter-personal relationships, interests and activities and the problem behaviour which precipitated their referral to the M.H.I.

The findings indicated a high incidence of aggressive and nervous personality traits among the children of the sample. They tended to be slow of movement and careless of their appearance. Friendliness, affection and generosity, although not always consistently shown, were more frequently noted than their negative counterparts. Their relationships with others, however, were generally of a dependent nature.

The feeble-minded child's relationships with mother and siblings was more frequently poor than fair or good. Relationships with mother and with siblings seemed to be correlated. Information regarding relationships with fathers was available for slightly less than one half of the sample. Good

or fair relationships predominated here over poor. This may have been determined by several factors, one of which may have been a failure on the part of the case worker to recognize the father's important, though frequently less constant, contact with and influence upon the child. Also in the majority of cases the information regarding family relationships was supplied by the mother and consequently may have been somewhat biased or one-sided.

Little information was recorded concerning the interests and recreation of the children in the samples. Unless this was due to an oversight in recording, these two areas would seem to have been grossly neglected. It must be kept in mind, however, that where the recreational life appears inadequate, this may not always have been due to indifference on the parents' part or disinterest in the child, but due to lack of suitable facilities.

Problem behaviour most frequently exhibited by the forty-seven children included, stealing and school problems relating to academic progress. Aggressiveness towards others, temper outbursts, nervous irritibility, lying, defiance and disobedience were also noted.

Such behaviour would seem to be symptomatic of certain disturbances occurring in the process of interaction and adjustment between the child and his environment.

At this point therefore, the study became concerned with an analysis of the contribution of the environmental factors, with special regard to what is perhaps the most important influence in that environment, the child's parents.

Among the parents there was a high incidence of emotional maladjustment. Marital relationships were found to be unharmonious in a large number of cases. Added to these problems was that of financial stress, well over one half of the families having incomes which were inadequate to meet their

basic needs.

A large proportion of the families for whom information was available lived in over-crowded quarters. This overcrowding tended to nullify efforts toward good housekeeping which were made with considerable frequency by the mothers.

Information was meagre regarding the neighbourhood in which the families lived and was available for just over one half of the sample. A relatively large proportion of this group, however, lived in neighbourhoods described as "poor". Here, living conditions were cramped and healthy recreational outlets and safe play areas were at a minimum.

The recorded material suggests that on the whole, the forty-seven children in the sample group lived in environments which had limited material and emotional resources. In some cases these resources hindered rather than helped the feeble-minded child in his adjustment.

In the study of the environmental factors affecting the adjustment of the feeble-minded child, the influence of the parents was considered to be most important. When these tend to be negative influences, the above average, average, and intellectually defective child are all affected adversely. The retarded child, however, is beset by added difficulties which are inherent in his intellectual limitations and his dependent nature.

Intelligence in a child is no guarantee that that child will not be rejected, nor, on the other hand, do intellectual limitations in a child, ipso fact, exclude him from his parents' affections. Nevertheless, it has been seen that feeble-mindedness in a child frequently generates in the parent disturbing feelings of doubt, guilt, anger, and resentment. Sooner or later these feelings are recognized but they are rarely understood by the feeble-minded child.

It was hoped that the case records would provide data regarding the effect of the presence of the feeble-minded child upon inter-personal realtionships. Such information was, however, frequently lacking, or at best only implied in the case records. For example, the feelings of anxiety and guilt are evident in Mary's mother, in the case illustrated in Chapter VII but these were not specifically referred to or discussed in the case record.

Our analysis in this area was therefore confined to incidences in the case records of awareness and acceptance or rejection of the retardation and/or the child on the part of the parents. Parental attitudes which are recorded, often revealed confused and ambivalent feelings toward the child. Minimum or no awareness of the child's retardation occurred with slightly greater frequency than considerable or partial awareness on the part of the parents in the sample. The existence of good or poor emotional adjustment per se, did not completely determine the kind of awareness possessed by the parent or the use he made of it. Some of those parents who had poor emotional adjustment were found, for example, to have considerable awareness of the child's intellectual retardation. Others, however, described as having good emotional adjustment had no awareness. It was therefore inferred that the nature of the parents' emotional problem was also a contributing factor in his ability to recognize intellectual limitations in his child.

In very few cases did the existence of parental awareness precede or imply acceptance and understanding of the child's retardation. Similarly, minimum or no awareness did not seem to exclude the possibility of acceptance and understanding of the child although this actually occurred in only a few instances.

In the analysis of the parental attitudes toward the feeble-minded

child and the methods used by the parents to cope with the child, a strongly negative and at other times an ambivalent tendency was evident. It must be remembered that negativism and ambivalence do not necessarily present the whole picture to the exclusion of more positive moods and attitudes in the parents. The evidence also does not permit the conclusion that the feeble-mindedness in itself provoked this negativism. The fact, however, that negative attitudes were so common among the parents in the sample, would at least seem to warrant the inference that feeble-mindedness in the child was an important contributing factor. From the description of the behaviour and personalities of the forty-seven children, it would seem that this negativism and ambivalence, regardless of its true source, had in many instances been communicated to the child.

The next step taken in the project was the presentation of the findings and recommendations of the clinic team. Examination of the forty-seven children led to a total of eighteen recommendations for placement in an institution for the educable feeble-minded. These recommendations were made because it was felt that such an institution could provide the only effective assistance in dealing with the problem. They were made also in spite of the knowledge that no such institution existed to serve the English population.

Finally, the case history of Mary was presented, a case which illustrated the complexities of the problem under study. It showed more clearly than any quantitative analysis could do, the cost in terms of undeveloped capacities, deviant behaviour and emotional stress when the feeble-minded child and his family failed to adjust to each other.

The inclusion of this case history is felt emphatically to illustrate the need for suitable institutional care for children such as Mary. Her case, nevertheless, forces recognition of the fact that however necessary and valuable the institution may be, it unfortunately cannot, in all cases,

by its mere existence, offer a solution to this serious social problem.

In the course of the analysis, the following problems revealed themselves as meriting further study. Unfortunately scope and sources of information did not permit the writer to deal with the aspects raised. It was felt, for example, that a follow-up with respect to the M.H.I. recommendations would have been of value.

The writer found little or no evidence in the recorded material of specific case work help for the parent around the problem of the feeble-mindedness in the child. This problem might make a fruitful study for others interested in this field who might concern themselves with a more detailed study of parental response to intellectual retardation in a child and the case workers' role and responsibilities in this area.

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