

STUDIES in MENTAL INEFFICIENCY

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The Mentally Defective and the Community.*

Paper read by MISS EVELYN FOX at a Meeting of the Psychological Section of the British Association, Liverpool, September, 1923.

THE developments in recent years in connection with the care of the mentally defective—ascertainment, standardised tests, specialised teaching and the provision of institutions—have shown to all in close touch with the work (not only in this country but in the United States as well) that the problem of the relation of the defective to the community cannot be solved or even seriously dealt with by these means. It is a far more complex one than even the most far-seeing had imagined. The knowledge gained by practical experience in individual case work over the whole country has brought home to us not only the number of cases concerned, but the endless variety of methods required to deal with their endlessly varied needs. Further, in our efforts to care for the high-grade defective we have learnt that this problem is so closely allied with the care of still more numerous and important classes of the community—the dull and backward, the subnormal, the unbalanced and unstable—that, till we have dealt efficiently and constructively with a side of the question hitherto almost untouched, the care of the defective *in the community*, we cannot approach with any chance of success the question of the teaching and training for citizenship of these other classes.

* Owing to pressure of space some condensation of this paper has been necessary, but it is substantially unchanged.

We have seen in the past and shall, I believe, see in the future, how the knowledge gained through experience with defectives helps us in tackling the problems presented by other dependent classes of the community. Thus the work of Madam Montessori in her early days in Rome, the place of manual training in the school curriculum, the development of individual treatment for children and young adults, all of which have so profoundly affected the education of normal children, had their origin in, or owe their chief impetus to, experimental work in connection with the teaching of the mentally defective. We shall further find, I believe, that the organised work of supervising and regulating the industrial and economic position of defectives who remain outside institutions will have far-reaching effects in helping us to cope with one of the grave problems of the future—the failure of certain people, through temperament, character, continued bad environment, or prolonged adverse conditions, to adapt themselves successfully to the ever-increasing complexities of our modern social organisation.

The problem is so vast that I have perforce limited myself in this paper to certain aspects only—the ascertainment of defect, and the methods which we shall need to employ for dealing with the large numbers so ascertained. I have eliminated from consideration the problem of the defective of low mental grade who can hardly form part of the community, and have considered only the question presented by the feeble-minded, and high grade imbecile.

To many, the problem of the care of the mentally defective presents itself in comparatively simple terms—the ascertainment of defectives by means of various standardised tests, the training and education of those so ascertained in suitable schools and institutions, and for the protection of the community (secondarily for that of the individual) their maintenance, when over school age, in colonies and institutions. To others all these methods are mere temporary expedients, for to them the whole problem lies in preventing defectives from bearing children, by means mainly of sterilisation but also by segregation, and to this all other considerations must be subordinated; for they maintain that the results of such methods—and more especially of sterilisation—will be so greatly to decrease the number of defectives as to reduce the whole question to small and manageable proportions. Holders of both these views envisage defectives as a large well-defined group of individuals who can easily be diagnosed by experts and their number accurately ascertained, and who can then be dealt with by one or two recognised and established methods. If the problem were as simple as this we should indeed be able to look forward hopefully to its solution, for the Mental Deficiency Act, 1913, and the Elementary Education (Defective and Epileptic Children) Acts, 1899 and 1914, amended and intelligently administered, would give us the machinery we need for coping with it, and our sole care would be to ensure a full and efficient administration of such Acts.

But unfortunately practical experience in dealing directly with large numbers of cases does not bear out the truth of this contention. We see defectives as an ill-defined group of individuals the diagnosis of whose condition is a matter of dispute amongst various experts—medical men, psychologists, teachers and social workers—and about whose numbers and incidence in the various classes of the community such contradictory figures are given as to be of little or no value. We see a group, which merges into the other equally ill-defined group, consisting mainly of young people—the backward, the unstable, the recidivist, the borderland,—all with this feature in common, that they fail to meet the requirements of

the modern community, and all needing specialised means of help to enable them to cope with this failure—a group whose members are easily led and influenced, responsive alike to good and bad—a group containing, besides a conspicuous but small number of defectives of vicious and criminal habits, an infinitely larger numbers of defectives of simple and childish characters, as undeveloped in their sexual as in their mental life, with failings such as those we find in primitive man and in children, a group of which the individuals vary enormously in their capacity for work; some able to hold their own under suitable conditions and with the background of care and training, even in the modern industrial world; some, though *mentally* capable of doing so failing through faults of temperament and character; others capable only of working at their own time and speed, others again capable of nothing but the very simplest kinds of occupation connected with their own homes.

This diversity at once rules out as inadequate any one hard and fast method of dealing with the question. Sterilisation, to which I have already referred in passing, and which in certain quarters is so hotly advocated, must therefore as a universal panacea, be rejected as the basis of a constructive policy, for, attractive as it may appear at the first glance, the more fully it is considered the greater are the limitations revealed.

(Here followed a summing up of the conclusions recorded in the C.A.M.W.'s pamphlet on the subject.)

Even with segregation we must realise that, if we accept the contention that the majority of defectives come from families of bad stock and not from parents who are actually mentally defective—and the figures now being worked out appear very conclusive on this point—we shall still have to deal with much the same numbers as exist at present. Unfortunately reliable statistics on this question of the number of defectives* are almost entirely lacking. The figures of the Royal Commission on the Care and Control of the Feeble-minded—4 per 1000—are probably very conservative, but even this low estimate would give us, in our present population, a total of 151,540 defectives†. In this conjunction with it, too, must be taken the number of children needing Special School accommodation which has been estimated as 80,000.

It must be evident even to the most superficial thinker that to provide permanent institutional accommodation for such a number of cases is quite outside the realm of practical politics and that every other means of safeguarding and protection must be tried.

If we are to deal effectively with the problem our first necessity is to arrive at some satisfactory definition of what constitutes mental defect.

Much has been done already to meet some of the difficulties with regard to children, and the work of the President of this Section, Dr. Cyril Burt, and of others has gone far to establish standardised tests for them. But no such definite progress has been made with regard to adults. Although we hope in the future that the majority of defectives will be recognised as such during childhood, this will not be the case for many years and there will always be cases whose low or unbalanced mentality will only become evident when competition outside school

* The term "defective" is used here and throughout the paper not in the narrow sense of those administratively certifiable under the Mental Deficiency Act but as denoting persons who require care, supervision and control for their own protection or for the protection of others.

† See also calculations made by Board of Control. Summarised on page 81.

life has to be met. We cannot therefore afford to neglect any effort to secure some common standard for testing adults which shall be accepted by the country as a whole and which will still be sufficiently elastic to meet the needs of the large and diverse group of defectives who need help in some form or another.

It has been repeated *ad nauseam* that mental deficiency is not a psychological, educational or medical problem but a social one. But have we ever treated it as such? Have we not been content to state the truism, and then to turn gladly from the wider issues to a consideration of the question from some special angle—medical or pedagogical? Surely it is by the response of the defective to his environment, whether in his family life or in his industrial and economic relations, or in his wider relations as a citizen of a large community that we must judge him. Such relations are complex; to realise them will involve not only a knowledge of the individual from many different angles but—in the more difficult cases—this knowledge and observation must cover a long period of years. We cannot generalise or arrive at an understanding of the failure of the adult defective to adjust himself to his environment (and without this understanding how we help and protect him?) as the result of a brief medical or psychological examination, based on the casual knowledge of one or two aspects of his life imparted often by biassed relations or by the teacher who has seen him generally only under the powerful influence of the school, or by the social worker who may have come into contact with him during some crisis in his life, some moment of stress when failure was almost inevitable. If our standard of mental deficiency is to be mainly determined—as the Mental Deficiency Act lays down—by a *social* criterion, viz., the defective's need of care and protection for his own sake and that of others, such need can frequently be established only as the result of careful watching of the defective in *all* his relations over a long period of time; it must not be the outcome of a short experience in circumstances probably abnormal.

The experience of case work gained specially during the last ten years of work at the Central Association, has convinced me that to secure this necessary co-operation, two things are required—an intimate knowledge of the defective and his surroundings acquired over a long period of time by a supervisor trained for the work and a better organisation for pooling the knowledge possessed by the officials of the various authorities coming in contact with him. Our Local Mental Welfare Associations who visit systematically defectives under the various authorities, as well as those outside any official purview, can if they select and train their workers carefully and inspire them with a vision of the work, ensure for us a living community service for the care of defectives which will extend throughout their lives and which can at any moment provide authorities, medical officers, and psychologists, with a record of a defective's past, his successes and failures—in short the principle data on which his certification must be decided.

In addition I should like to suggest, as a practical step, the organisation of conferences, say bi-annually, over large areas—perhaps even over two or three counties—of all concerned in the problem, certifying officers under the Mental Deficiency Act, education officials, school medical officers, psychologists, school teachers and social workers, who, under expert guidance, would consider the problem from an entirely practical point of view based on the needs of their own area. From the experience thus pooled it should be possible to arrive at a uniformity of standard in the definition of mental defect that would make a starting

point more accurate than any we have hitherto had, and which should lead us eventually to evolve the practical methods of help necessary for the cases diagnosed as the result of this joint experience.

But whatever tests we ultimately adopt for the determination of defect, whether in children or adults, this can only be the first step; in itself it will be useless unless it leads directly to practical measures for caring for the defectives so detected. It seems hardly necessary to dwell on this but there is a real danger that some authorities will rest content with fulfilling the duty of ascertainment, possibly of notifying, and be quite supine before the more difficult question of what to do with cases so ascertained. As an example I would draw your attention to the following consideration. The Local Education Authority can notify to the Mental Deficiency Act Committee, children on or before leaving school who appear to need institutional care or guardianship; others not considered to need such care are either left entirely without help or are handed over to a voluntary organisation. In how many instances has the Local Education Authority kept a record of the lives of such children? Could any one authority inform us whether, judging by their subsequent careers, the notifications had been based on right lines? How many children not thought to need institutional care have been within a few years before the Courts, or failed miserably in maintaining themselves and been ultimately sent to an Institution? Apart from the personal suffering which such failures involve, the waste of knowledge which should be the basis of future action is deplorable.

The various ways of caring for defectives other than in institutions and schools are as yet in their infancy, but no effort should be lost in developing them speedily to meet the recognised number of cases which call for such treatment.

Out first difficulty is to estimate, out of the total number of defectives, the number and classes which can be left in the community. Have we any definite figures? I am afraid none that can be given here, for any statistics we have are painfully inadequate. During the last ten years when it has been possible to give institutional care to a certain number of defectives and when we should have been gathering facts and figures as to the economic and industrial position of those not sent to institutions, we have had very abnormal industrial conditions. First, during the war a very high proportion of defectives were employed and at good wages, even children excluded from Special Schools as imbeciles earning good money in simple occupations, thus demonstrating the fact that, some allowances being made, defectives of even a low mental grade are employable. Now abnormal unemployment makes it difficult to get figures of defectives capable of industrial work. The gathering of statistics that can be in any way a reliable guide is further complicated by the differing standards in use in admitting children to Special Schools. In one area, the bulk of the children may be of a very low mental grade and include a high percentage of imbeciles; in another, the majority of them may be fairly high-grade feeble-minded. This in itself must influence returns as to employability. Again in some areas—and this fact will have an important bearing when we consider how to help defectives—there is quite a considerable amount of employment in factories and mills suitable for them. In others, such as Liverpool, there is practically none.

On examination of various Returns, including those of the Birmingham After-Care Committee, we should probably not be far out in estimating that about 28%

of the children who leave Special Schools are capable of, and in normal times do find, remunerative work without any special organised effort being made to provide them with any particularly suitable occupation or to alter their home environment. All the figures bear out the fact that the number of defectives under the care of either public authorities or of our Local Mental Welfare Associations (and these latter have up to date dealt with some 25,000 cases) forms but a very small percentage of even the low estimated total of 151,000 defectives whom we have in the country. It is obvious therefore that this large group of individuals needing special care and control—which are as essential for the defective outside an institution as for his brother inside—is not receiving it. Many of them are living in good homes but it is no exaggeration to maintain that even under these conditions a defective is usually less well trained and safeguarded, less satisfactorily employed (whether remuneratively or not matters little as far as his own happiness is concerned) than he would be if he could be under skilled supervision involving some organised method of providing occupation.

The difficulty of estimating the number of defectives outside institutions and likely to remain so, is, finally, enhanced by the fact to which I have already alluded—that they are so often indistinguishable as regards conduct, etc., from the unstable, unbalanced “borderline” cases who are not actually mentally defective. Not only is this a difficulty in estimating numbers, but it is one which prejudices the work for defectives, for amongst such borderline cases there will inevitably be more serious failures than amongst those of mental defect by reason of the fact that our facilities for dealing with them are so painfully inadequate.

The various methods of dealing with mental defect must always include an adequate number of properly classified institutions with a large variety of occupations both for the permanent needs of the defectives who remain there and for those younger cases who go for a period of occupational training. Such institutions must be in close touch with the outside authorities who send cases to them. When each authority has the institution or institutions it needs within easy reach, then I hope we shall see the very closest co-operation between the officer certifying or advising the sending of defectives there, and the officials of the institution. The development of each case ought to be marked and recorded and the reports sent to the certifying officer. It should not be left, as it is at present, to an individual certifying officer, teacher, or Mental Welfare worker who happens to be interested in the defective, to enquire about his progress, but it should be a matter of course that such workers should be kept informed. I emphasise this point for it would appear from the records of the last few years, both here and in the States, that more and more use is going to be made of institutions for the *training* of defectives. Many cases will, through low mentality, or irresponsible and vicious habits or with a disposition too facile or a temperament too difficult, be obliged to stay in such institutions permanently, but there are many others who will be able after skilled training and teaching, to return to the outside world if favourable conditions can be provided.

The institution must therefore be in close touch with those responsible for defectives in the areas from which the patients come, and the work they are taught to do must bear some relation to their possible future occupation outside. The defective has, as one of his most marked failings, a lack of adaptability which is not sufficiently recognised by those employed in training him. He may be so excellent at one form of handwork (if done in his own time and at his own speed)

that we forget that if placed before slightly different tools or materials he may fail hopelessly. The institution must aim either at making him adaptable by giving him the oft repeated rudiments of many occupations, or at training him in some task or handwork which it will be possible for him to continue to do in the outside world—a consideration which is at present too often overlooked.

It appears to be an undoubted fact based on the experience of most institutions that many defectives, after some years of training in habits and control do steady down and can safely be allowed out under good conditions. Some, on the other hand, as I have said, will never be able to go out, and others will be tried only to fail. Each case must be decided on its merits. The States are tackling this problem by providing working hostels for boys and girls institution trained from which they go out to daily work. At any time in case of failure they can be returned to the Institution, but if they "make good" they leave the hostel on parole and are ultimately discharged altogether. A similar experiment is about to be made in London where a small Certified Institution is buying a house to serve as a Hostel for those girls who, after preliminary training, can be sent out daily to domestic work.

Besides the Institution, there are great possibilities in urban areas of developing other methods of training—Special Schools (which, I am inclined to think should be reserved for children who are likely to earn their own living or to contribute materially to their support in the outer world) Occupation Centres and Employment Classes, on the lines of those already opened in many areas whose further development is only a matter of time.

(Here followed some account of these experiments.)

The problem of the defective trainable and employable presents extraordinary difficulties in *rural areas*. It is true that in most such areas defectives can probably find employment more easily than they can in towns, yet undoubtedly the grosser cases of indecency and vice we come across are more common in rural areas. The overcrowding is as great as in towns and there is more isolation which appears to re-act unfavourably upon the community's sense of responsibility for the defective. The solution lies in the training and occupation of the defective not only for his own sake but for the added sense of responsibility that is thereby given to those concerned with his welfare. I am inclined to think that the only possibility of making such provision is by the appointment of visiting teachers for those defectives who have responsible parents, who would teach them how to occupy him in ways such as the ordinary home permits with, in addition, some simple handicraft; the co-operation of Women's Institutes might be secured here to ensure that technical help and encouragement shall be at hand in between the professional visits. If no such arrangement is possible for occupation and training, then the defective in a country area should be sent away to an Institution to secure for him these vital necessities for his welfare.* In connection with this scheme of visiting teachers, I would suggest that the future will see an extension of visiting teachers for the blind and probably also for physically defective children, and that by combining one service for all these purposes, each teacher could have a small area and thus visit more frequently than would otherwise be possible—once a fortnight perhaps instead of once a month.

* It is regrettable that the institutional care of defectives will thus fall more heavily on the less wealthy rural areas than on the wealthier urban ones but there seems no help for it.

Having indicated some practical methods of training and safeguarding defectives in the world, the great question which faces us is how to provide for the needs of the defective who, though employable, is only so under favourable conditions.

In speaking of this question of employment we must recognise that the element of uncertainty, the risk of unemployment, will always be specially great for defectives, for the less efficient will fall out the first. Haunted as we now are by the unemployment tragedy one hesitates to press the claims of this special class of the community. But surely no civilised nation can long contemplate the continuance of the present state of things—degrading, brutalising and uneconomical as it is,—and we are entitled to look forward to and prepare for a time when there will be at least a reasonable amount of work available for all.

Formerly even in times of trade depression, a certain proportion of defectives have been able to find work, and with proper organisation we should be able to increase this number. I do not by this mean to imply that in *each area* employment will be possible, but that by the use of boarding-out, working hostels, grouping in cottages, etc., we should be able to distribute defectives in places where there is a market for their work. Very mechanical occupation of the simplest nature, some simple forms of agricultural work, some seasonal work, should be always available for such properly organised and controlled groups. We are apt to sigh hopelessly when we are told that occupation outside institutions must be found for the defective of a mental age of 6 or 7 but we forget that for generations there were workers in employment of that age. Anyone who reads accounts of child labour in the past will realise how many of the occupations carried out were possible to the *mentality* of a child though so unsuited to his physical and moral stage of development. But this latter reservation does not apply to the defectives of whom we are speaking and for them work of this kind must still be available. We must moreover always bear in mind that the safeguard of the future will be the full operation of the law which enables us to send any defective neglected or without visible means of support to an Institution. Those who fail repeatedly in the different kinds of work which organised effort has found for them, or who, whilst succeeding in the work, fail through bad conduct or incapacity to adapt themselves even to this specially chosen environment, will not be cast adrift but will be sent back for a further period of institutional training and strict control, or if necessary for permanent care. We shall not be, as in the past, fitting the hopelessly round peg into the hopelessly square hole; we shall be able to deal with the misfits not by abandoning them to a life of misery, but by placing them in one more suited to their limited capacity.

But any such organised scheme of employment for defectives must be dependent on three factors; they must be living under control and in a suitable environment; they must be under the strict supervision of the trained and responsible officer of an authority or association; and they must be protected from the possibility of exploitation, or of working under bad conditions. The first will be simplified by remembering that no task, no home life is suitable for the untrained undisciplined defective, whose place must be in the institution, and that the experience of boarding out defectives under guardianship has demonstrated that for those who are trained but who have no homes or unsuitable ones we can always secure proper surroundings and care. I have referred to the task of our Voluntary Associations in providing a community service for defectives; it will be for them to see that no defective subject to the strain of life in the community

is without a visitor in touch with every authority, with every means for obtaining help for him when necessary. How to protect him from being exploited will I think need some further legislation. Either the very loose and inadequate provision of the Trade Boards Act for the exemption of certain workers from the minimum wage will have to be tightened up, and the condition of work and wages of defectives be specially under the charge of inspectors, or additional provision may be needed under the Mental Deficiency Act. I am inclined to think that some modification of both Acts will be needed—the Trade Boards Acts for all those who work at trades coming under the Act, and the Mental Deficiency Act for those who do not. In the present position of the Trade Boards it is, however, impossible to deal fully with this aspect of the problem. All we can do is to bear in mind that for the defective in employment special legal provision of some kind will have to be made.

I have not dwelt on the danger of the defective in the community procreating his kind and so handing on the very evil we are dealing with. The danger to my mind is an exaggerated one and can be safeguarded against. It is but seldom that the defective with strong sexual tendencies is entirely fit in other ways for freedom; he has generally other tendencies which make detention in an institution necessary. But under the conditions I have laid down as the only suitable ones for a defective if he is to remain in the community—a good home and adequate supervision and control—it should be possible to protect the great majority of the feeble-minded of stable temperament, both boys and girls, and experience of a large number of elderly defective women has shown me that even in an ordinary home this can be done. If it cannot, because the defective is too facile or too uncontrolled, then his place is in an institution. But even with these limitations we shall, I am convinced, still find that the large number of defectives will remain in the community and must be cared for there.

It is useless to look back to the happy days when we saw in permanent institution care a solution of the whole problem. We must face the fact that the number of defectives will remain fairly constant for at least some generations to come and we must organise our resources to meet this position. With some vision of the work in its wider aspects, with good organisation, trained workers and above all with an enlightened public opinion, I do not despair of the future, but look forward hopefully to the time when, whether in the community or in the institution, there will be provided for every defective the care and control which he needs.