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## “WHO IS FEEBLE-MINDED?”—A REJOINDER AND A REBUTTAL.<sup>1</sup>

SAMUEL C. KOHS.<sup>2</sup>

In this reply to Dr. Wallin's article in the May number of this JOURNAL the writer will confine himself to the questions raised by his earlier review together with a survey of how these questions have been met in the May article.

1.<sup>3</sup> Regarding the 1911 revision of the Binet scale, Dr. Wallin has admitted that he did not adhere to the Vineland revision as at present applied. Consequently, no further comment is necessary. One must admit that any comparisons which are made must inevitably possess a certain degree of error.

2. Dr. Wallin says:

“After testing the above group of poorly schooled individuals it seemed wise to test a parallel group of individuals who had enjoyed the best educational advantages in a modern city school system,” and then states in apparent contradiction that the two groups were selected “merely in order to determine how the XII-year criterion of feeble-mindedness would ‘stand up’ when groups of adolescents and adults, none of whom could be considered feeble-minded, were tested by the Binet scale.” The only meaning I can obtain from the first statement is this: “Here are two *parallel* groups, but they differ in one being well schooled, whereas the other is poorly schooled.” And one is given the impression from the second statement that age was selected as the only variable. Attention is again called to two differences, sex and age: poorly schooled (5 males, 1 female), between 37 and 65 years of age; student group (1 male, 5 females), all under 20, with but one exception. And again, that school training is assumed in the first statement to be the only variable is evidenced by a series of paragraphs summarizing the comparative data obtained from the “student group” and the “poorly schooled group” in which Dr. Wallin concludes “that the factor of schooling cannot be ignored in estimat-

<sup>1</sup>See article by Dr. J. E. W. Wallin in the preceding number of this JOURNAL.

<sup>2</sup>Director Psychological Laboratory, Chicago House of Correction.

<sup>3</sup>These numbers refer to the numbers of the paragraphs in the March article.

ing the intelligence age." Then to state that the other numerous and diverse differences between these two groups were "entirely immaterial" and that the two groups of cases were not selected in order to determine the influence of school training, aside from being openly contradictory, is truly incomprehensible.

3. I have insisted neither that the Binet scale is a "marvel of accuracy," nor that there are no examiners whose diagnoses may be distinctly harmful, although psychological expertness is not necessarily an indication of clinical expertness. This condition perhaps may account for the freak results obtained by some respectably-trained psychologists.

I still maintain that a very small number of truly undesirable examiners has been magnified entirely out of proportion. This question, however, will have to remain a matter of opinion until better statistics are obtained to correct our personal experiences.

4. and 6. My challenge for a specific case in which a "successful business man" has been adjudged a "hopeless imbecile" "and his segregation or colonization requested," or a specific instance of an individual such as Mr. A. (65 years old), or Mrs. B. (59 years old), who has been diagnosed "feeble-minded" has remained unanswered. One is consequently led to continue in the belief that these statements were not based on any actual evidence.

5. and 6. In the term "borderline," Dr. Wallin seems to include feeble-minded, doubtful, psychotic, reserved, backward, subnormal, and "rarely" normal cases. That such a procedure, of which many of us are at present guilty, has led to a great deal of misunderstanding and confusion, is proven in this particular discussion. An attempt to clarify the concept will be made by the writer in a forthcoming article. The reason some of the above-indicated types were not mentioned in "The Practicability of the Binet Scale" was not because we deny the existence of such groups. The explanation lies in the fact that first of all we excluded demented; secondly, we had no need for terms such as "backward" since backwardness does not necessarily imply lack of normality; thirdly, we were able to reduce our doubtful group to a minimum because of our facilities for continued observation and follow-up.

With regard to the phenomenon of overlapping, if Dr. Wallin really accepts it as he claims, then he is forced to abandon any such statement as: "We have provisionally placed *the* limen somewhere between the ages of IX and X." (*Italics mine.*) I hold that in the case of normality and feeble-mindedness overlapping implies *two*

dividing lines, not one. Consequently, not *a* nine, nor *a* ten, nor *a* twelve year level may be postulated as *the* line or limit dividing normals from mental deficients. To accept the phenomenon of overlapping and then postulate a single limen is flagrant contradiction.

7. As to the use, or rather abuse, of the intelligence quotient and the employment of such an age as 65 for a divisor, Dr. Wallin has not proved his justification. To the evidence presented in my criticism that intelligence age is never divided by a chronological age much over 16 by competent examiners, this has been Dr. Wallin's reply: (a) "Whether the intelligence quotient is 'generally used' is immaterial to the argument." I contend that it is quite material. (b) "Possibly it has been used beyond that age." (Age 20).—If the doubt exists, why give people the impression that it is being applied in a careless manner, "a la wholesale"? (c) I join with Dr. Wallin in stating that as yet we do not know at what absolute point intelligence ceases to develop. But is that sufficient justification for using age 65 as a divisor, which carries with it the implication that the person so employing it assumes intelligence to be developing up that period?

9. The six cases cited in my earlier article,<sup>4</sup> individuals between the chronological ages of 19 and 30 possessing intelligence between 10 and 11½, three of whom had been diagnosed as *definitely feeble-minded* by Huey, and three by Goddard, seem to be accepted by Dr. Wallin as accurate determinations. If he does accept them, it seems to me he cannot stand by his statements (a) that the concept of the high grade and middle grade moron must be abandoned, and (b) that the 10, 11, and 12 year standards must be eliminated. To persist in arguing the "untenability" of these standards is to imply that both Huey and Goddard have called the above-mentioned individuals feeble-minded when in reality they were only "borderline," or "doubtful," or "backward," or "reserved," or "retarded," or perhaps even "normal." I do not deny "that there may be adults in society who do not exceed X to XI years mentally whom we are not justified in calling feeble-minded simply because they do not exceed these Binet ages," but it is fallacious for one to maintain that *all* those possessing a mental age of 10 or over are *not* feeble-minded, the limen being "provisionally placed" "somewhere between the ages of IX and X." The evidence presented thus far is quite unconvincing, especially since

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<sup>4</sup>See this JOURNAL, March, 1916, p. 860 ff.

Dr. Wallin has himself tested subjects whose mental ages were over 10, and whom he nevertheless called feeble-minded.<sup>5</sup>

To keep the reader from carrying away the impression that the Binet scale is "inadequate," "insufficient," "inaccurate," and "unreliable" to the point of uselessness, I wish to quote Dr. Wallin's own opinion only a year or two old, expressed in his book mentioned above: "Of any one single scheme of testing, the Binet scale is probably at present our most valuable instrument." (p. 141.) . . . "Altogether, the Binet-Simon scale offers an ingenious but simple, practicable, objective and rapid device for estimating and classifying defectives. No other available scheme gives such a satisfactory *preliminary survey*. It can tell us in one hour facts regarding new admissions which would otherwise come only after weeks of observation and experience. . . . It is pertinent to lay stress on the fact that the Binet method marks a decided advance step, in spite of all its imperfections." (p. 194.) . . . After demonstrating the value of the scale in diagnosing the mental capacity of a dement (42 years of age) he says: "Here is a patient who had suffered from mental disease for about a dozen years. One hour of Binet-Simon testing was sufficient to show that he was practically normal intellectually (his obsessions excepted). And yet this fact had not been revealed by years of unaided observation by competent observers, but unaided observation had been completely misled. The scale, even as at present constituted, has undoubted value as a gauge for locating mental status." (P. 208.) . . . "One of our best schemes of mental classification is the Binet-Simon scale." (p. 268.)

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We have thus attempted to cover the seven or eight points raised in our earlier criticism and the manner in which they were met by Dr. Wallin in his reply. The new material introduced in the May article requires an extended article in refutation, for which I do not have space at my disposal.

<sup>5</sup>See Dr. Wallin's book "Mental Health of the School Child." Case 7, tested 10.2 (p. 362); Case 8, tested 10.5 (p. 366); Case 9, tested 10 (p. 369).

## REBUTTAL.

J. E. W. WALLIN.<sup>1</sup>

1. The plain facts in regard to my use of the Vineland revision, stripped of captious issues, are: First, my results *are* comparable

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with the vast majority of the Binet studies which have been made in the United States, because these studies have been based on the original 1911 pamphlet. My critic cannot show by citation of definite statements or facts from the published data that any considerable number of the studies by the Vineland version made since 1913 are based on the "1913 statement" and not on the 1911 pamphlet. I prefer to deal with factual and not pretended or imagined situations. Second, the 1913 statement, according to its author's frank admissions, consists merely of "supplementary" "suggestions" which in no sense supplant the 1911 scale itself.<sup>2</sup> Third, my use of the highest tests did no injustice to the rating of the subjects, as shown by my rescoring of the records. Fourth, my critic has followed neither the 1911 pamphlet nor the 1913 statement, hence his results on his own insistent avowal are not comparable either with the results of those who have adhered to the 1911 pamphlet or of those who have followed the 1913 suggestions.

2. The objection to my reply respecting my two groups of cases as "contradictory" and "incomprehensible," is mere quibbling. There is no escape from the plain facts. First, one group had the advantages of good schooling, the other did not. Our critic's inference is that this has nothing to do with the difference in the results. My inference is that it does. But I nowhere make the absurd claim that the only variable in the two groups was the extent of schooling. Second, one group consisted of adults, the other of adolescents. Our critic's inference is that the difference in the results between the two groups is due to the age difference. While we do not deny that a part of the Binet difference may be due to the age difference, we protest against the baseless insinuation that our two oldest subjects were in their "dotage," and we furthermore affirm that the other four adults were in their prime.<sup>3</sup> Third, whether our critic insists on ascribing the difference to age or schooling or any other factor is quite immaterial so far as concerns our thesis, which was, and is: That groups of delinquent adults and adolescents of the same distribution of ages have been declared feeble-minded by the automatic application of Binet standards, which, when applied to our two groups, render all

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<sup>2</sup>The 1913 statement does not say, as has been elsewhere intimated, that the "limit of the scale" is reached when the "mental level . . . exceeds ten or eleven years."

<sup>3</sup>It would be interesting to know what percentage of subjects our critic "excluded" because they were "dements," none of the cases being older than 21 years.

of them feeble-minded by the alleged "improved form" (1913), and all except one or two feeble-minded by the 1911 scale.

3. The "number of truly undesirable examiners" has not been "magnified entirely out of proportion," if by "truly undesirable" is meant Binet testers as we have defined the term. A scrutiny of the scores of statistical studies which have been published shows conclusively that a large number of them have been made by persons qualified neither as scientific workers nor as students of mental deviation who have based their diagnoses purely on arbitrary Binet standards.

4. I fail to discover any "challenge" in Mr. Koh's article in the March Journal. But the challenge itself is a mere *tour de force*. The very point which I make, and which I have previously stated so clearly that he who runs may read, is that when older adolescent and adult social *misfits* are found to have Binet mentalities of X, XI and XII they are forthwith declared feeble-minded, but when groups of individuals of similar ages who are socially and industrially competent are found to have exactly the same mentalities they are declared "normal." It is evident that no one would call the latter persons feeble-minded *after* they had a chance to demonstrate their competency, but it is not so certain that they would not be called feeble-minded *before* they have had a chance to prove their ability to make a living in some career. We know of numerous youths who have been diagnosed as feeble-minded who certainly are not feeble-minded. Our thesis has not been controverted, namely that the upper limen of feeble-mindedness should be determined by ascertaining the limiting degree of intelligence necessary to make a living in the various occupations afforded by society, and not by the study of pathological institutional material, as has been done by Mr. Kohs.

5. I do not include under borderline all the categories which are cited, nor do I regard all "backward" persons as "normal." There are irremediable types of "backwardness" which do imply "lack of normality." Not all irremediable degrees of mental retardation amount to feeble-mindedness. Classifications which ignore these finer distinctions are misleading, and are largely responsible for our exaggerated statistics of feeble-mindedness.

6. My prior statements about the upper threshold of feeble-mindedness need leave no room for confusing the issue. I clearly stated that I do not regard the limen as a "sharp line," but as a "zone" or limen. A zone or a limen evidently has a middle and two sides. It is not clear why our critic, in addition to positing a dividing

line above  $10^3$  ( $11^2$ ), should not also posit one below  $10^3$ . If there is a borderline above  $10^3$ , is it not conceivable that there may be one also below  $10^3$ ? But, leaving aside mere pettifogging, the essential point at issue is that we do not follow our critic in extending the upper limen of feeble-mindedness to  $11^2$  in terms of the present Binet scale.

7. Our critic had previously assured us that "all subjects testing  $10^3$  or below are feeble-minded." Now he concedes that there are adults of X who are not feeble-minded, which is precisely our point. I have myself diagnosed a few cases with B.-S. mentalities of X and over as feeble-minded. I believe, however, that the number of such persons who can be legitimately diagnosed as feeble-minded is small. But it is notorious that a large number, often the majority, of the prostitutes and delinquents who have been diagnosed as feeble-minded, often purely by the Binet scale, test X and higher. When it is recognized that we are not justified in calling a person feeble-minded simply because he tests only X, XI or XII, even though he be delinquent, the statistics of feeble-mindedness will contract. (I assert boldly that from one-tenth to one-half of the children in the special public school classes for mental defectives are not at all feeble-minded, and that, based on first-hand experience, the percentage of feeble-minded children in the average elementary school is less than 1%.) We cannot automatically apply the terms "middle and high morons" to all older adolescents or adults of these mentalities, whether they are delinquent (as has been persistently done) or non-delinquent. We are not striving to minimize the importance of the problem of feeble-mindedness, but the concept of feeble-mindedness loses its usefulness the moment it is made so broad as to land us in palpable absurdities. Incidentally Huey does not classify the three cases referred to as "definitely feeble-minded," but as "border" cases.

8. The statement was clearly made in my original article that the intelligence quotient is not valid beyond the period of intellectual maturity: "It is recognized, of course, that the rule for determining the intelligence quotient is not valid beyond the years of intelligence maturity." The reasons for our use of the quotient with adults, as well as our further criticism of its use with non-adults, were sufficiently set forth in our reply. The inadequacy of arbitrary, automatic diagnostic measures is frequently best shown by a *reductio ad absurdum*. Our *reductio* is carried still further in the *Problems of Subnormality*, where amazing quotient differences are shown for the same mental classifications both *before* and *during* the *teens*. I do not recede from my criticism of the various proposed schemes of diagnosis by arbitrary

constants. Moreover, I cannot permit my critic to divert attention from the central point of attack in my paper, namely, the automatic employment of the X, XI and XII-year Binet standards of feeble-mindedness.

9. The quotations from my book (although certain critical portions were deleted), show that I have not been unappreciative of the value of the Binet scale, that I have not considered it "useless," nor indeed have my criticisms been mainly directed against its imperfections. My criticisms have been chiefly directed against the theoretical and arbitrary standards of diagnosis which have been followed and against the assumption that the Binet scale in the hands of any intelligent person who has learned to administer it is adequate for mental diagnosis in the case of a large number of juveniles and adults. I have rejected the position taken by Mr. Kohs that the "Binet scale is entirely satisfactory for purposes of mental diagnosis" in many cases. But I do not therefore hold that it is valueless.

We may be permitted to indulge the remark, in concluding this discussion, that the views which we have promulgated during the last few years (which have been frequently misconstrued, sometimes, as it seems to us, in order to justify the personal attacks in which some of our critics have indulged), are not so biased, dogmatic or extreme as Mr. Kohs would have the reader believe, in proof whereof we may refer to the symposium on *Mentality Tests* now appearing in the *Journal of Educational Psychology*.