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ON THE USE OF THE TERM "FEEBLE-MINDED"

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The subject of feeble-mindedness is so persistently claiming attention in school and social measurements that it seems not untimely to make a plea for the more cautious use of the term "feeble-minded," especially in reports of investigations in which mental defect is a serious consideration. Research is so rapidly demonstrating the widespread significance of feeble-mindedness and its bearing on social and educational problems, that unless the workers in this field proceed with at least a fair amount of conservatism, there is danger of bringing the subject into disrepute. In fact, the literature already presents some obvious absurdities caused by the ill-considered use of terminology, and the failure to describe the limitations of the studies reported.

Binet and Simon, in 1905, showed that inferior intelligence is the fundamental distinguishing sign of feeble-mindedness, and ultimately devised a Measuring Scale of Intelligence which makes possible the relatively exact determination of intelligence levels, and which, when expertly evaluated and interpreted, throws much light on the analysis of mental states.² This Measuring Scale has so profoundly influenced all subsequent study of mental deficiency that many students are now on the verge of substituting an intelligence status for a diagnosis of feeble-mindedness. But while remaining fully conscious of the essential importance of the intelligence examination in determining feeble-mindedness, we must not permit ourselves to forget that it is not in itself a complete diagnostic method, more especially when only the gross mental age of an individual and not the sum total of mental symptoms obtained in the intelligence examination is employed. It is because even some reputable psychologists, as well as comparative laymen and "amateur Binet testers," apparently accept the intelligence classification as an equivalent of a differential diagnosis that a note of warning should be sounded.

It is sufficient to cite only a few reasons why intelligence status alone (whether expressed as mental age, mental retardation, intelligence quotient, or some other means) does not afford an adequate basis for the judgment of feeble-mindedness: (1) it does not in itself distinguish between developmental and degenerative defects, although this distinction is essential to prognosis; (2) it does not in itself dis-

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²See *The Development of Intelligence in Children*, and *The Intelligence of the Feeble-Minded*, by Alfred Binet and Th. Simon. (Trans. by Elizabeth S. Kite.) The Training School at Vineland, N. J., Vineland, 1916.

tinguish between the superficially intelligent feeble-minded and the intellectually stupid normals, although this distinction is essential to the estimation of social competence; (3) it does not in itself, among young children, distinguish between potential defectiveness and potential normality, although this distinction is essential to early recognition; (4) it does not in itself distinguish between high-grade borderline defectives and low-grade borderline normals, although this distinction is essential to diagnosis. There is not sufficient space at my command to permit me to amplify the argument showing the scientific value of these distinctions, and the practical necessity for making them, but it must be obvious that failure to observe these shortcomings of the intelligence tests may lead one astray in his thinking.

In the minds of the more mature students of mental deficiency, the term "feeble-minded" has consistently been used to describe a condition which is differentiated from normality by *social incompetence due to arrested mental development*. There is as yet no good reason to reject this conception. To be sure it is rather too vague, as a standard, for scientific purposes, and a more exact criterion is much to be desired. But for some time to come it must remain the working basis for study and for developing other concepts.

At the present time no less than six major criteria of feeble-mindedness are employed by diagnosticians.³ (1) It must be shown that the individual in question is, in terms of the classic and legal definition of the British Royal Commission on the Feeble-Minded, "*incapable of competing on equal terms with his fellows, or of managing himself and his affairs with ordinary prudence.*" This standard, with subsequent verbal changes, is still authoritative. For feeble-minded juveniles, the Act of Parliament of 1899 substituted "*incapable of receiving proper benefit from the instruction in the ordinary public elementary schools,*" and this is now the basis of the definition of high-grade mental deficiency in the English Mental Deficiency Act of 1913. But the social and pedagogical standards alone do not constitute the sole criterion of feeble-mindedness, for many persons are not able to compete on equal terms with their fellows or manage their affairs prudently, who nevertheless are not feeble-minded, for example the insane, the non-feeble-minded epileptics, the physically disabled, and the many types of "human derelicts." Likewise many children

³A detailed critical evaluation and description of these diagnostic criteria of feeble-mindedness, with six illustrative clinical cases, is presented in *Clinical Studies in Feeble-Mindedness*, by E. A. Doll. Richard G. Badger, Boston, 1917. Pp. circa 200.

receive no proper benefit from public school instruction who still are not feeble-minded, for example, the motor defectives, the sense defectives, the language defectives, the neural defectives, the physical defectives, in short, the great unclassified host who fill the ordinary "special classes." (2) It is to separate the social and pedagogical defectives who are feeble-minded from those who are normal that the definitions of feeble-mindedness all specify a second criterion, *mental defect*, as the cause of the social incompetence. This supplementary standard eliminates many social incompetents from the feeble-minded class, but does not eliminate some others, like the psycho-pathic and the insane. (3) This is accomplished by a third criterion, which specifies that the mental defect must be caused by *arrest of development*, and not, for example, by degeneration from normal states. Consequently, the term "feeble-minded," if used technically, must imply at least these three considerations: (1) social incompetence, (2) resulting from mental defect, which is (3) caused by arrested mental development.

Three additional criteria are now recognized as aids in determining feeble-mindedness, although they are not themselves essential, but are considered symptomatic of the three just mentioned. (1) The social incompetence is particularly characterized by certain traits of behavior, such as innate limitations in ability to learn or to plan, the absence of judgment and foresight, incapacity for ready adaptation to unaccustomed situations, and many forms of social maladjustment, like poverty, improvidence, social "unconventionality," crimes, and misdemeanors. (2) The mental defect is essentially inferior intelligence level, and is associated with somatic detardation, physical anomalies, and neural defects or diseases. (3) The arrest of development is caused by inherited limitations of development and by various "accidents," that is, specified illnesses, diseases, functional disturbances, and traumas.

Because of these differential characteristics of the feeble-minded, mental deficiency in individuals must be *diagnosed* by a clinical consideration of all of these traits. No authority on the subject has ever ventured to propose any one criterion as the sole standard of feeble-mindedness; all have unqualifiedly recommended the use of the complete clinical syllabus for examination. But on the other hand, no one has shown how to weight the several criteria if they conflict, nor how many and which symptoms constitute a minimum for differential diagnosis. This has tacitly been conceded to be a matter of expert judgment.

For these reasons it is necessary to urge that readers and audiences ought not unreservedly to accept as gospel the reports of investigations which present percentages of "feeble-minded" persons found to be present in school and social groups, unless this judgment of "feeble-minded" is supported by at least some clinical evidence offered in support of the classification obtained by the intelligence tests.⁴ I mean by this, that if the investigator is unable to obtain diagnosis of feeble-mindedness he should state his results in terms of intelligence classification. Then if he wishes to use the term "feeble-minded" for subjects not clinically diagnosed, let him define his use of the term by stating his standard, whether in years of mental age, years of intelligence retardation, range of intelligence quotients, an upper limit of mental level, or what not. This method of presenting results avoids the implication that additional symptoms have been taken into account, and at the same time renders results much more useful and open to subsequent correction, if the intelligence standard undergoes material revision. Nothing is lost and much is gained, for the results have exactly the same significance, but they avoid the challenge of scientific incompleteness and thereby get a better hearing. Moreover, "feeble-minded" connotes quite different states even to professional workers, linked up as it is with historical conceptions. Such workers may not be ready to admit that forty per cent of delinquents are feeble-minded, but may not deny, let us say, that the I. Q.'s of forty per cent of delinquents are under .70. For example, as a result of examining 150 children in the first four grades of a certain school, 27 children were found with I. Q.'s under .70. I should err greatly if I termed these 27 individuals "feeble-minded" on the basis of their intelligence status alone. Perhaps all the 27 are feeble-minded, but surely the individual children and their parents have a claim to a more comprehensive consideration of their ultimate social competence. But there is no denying that these 27 are of a definite degree of inferior intelligence, and need special attention and instruction and may not be capable of certain kinds or amounts of work. This fact may disturb but need not antagonize either the parents or the teachers of these children.

⁴It is possible that in the future mental tests can be so interpreted as to dispense almost entirely with this clinical evidence. Binet did so interpret some results of his Measuring Scale (see *Intelligence of the Feeble-Minded*, op. cit.), and some researches are now in progress to demonstrate the validity of such interpretation. But at present these methods of evaluating mental tests are not commonly recognized, and only gross "mental ages" are made use of in the statistical reports.

The field of juvenile delinquency in particular has suffered from this indiscriminate use of terminology and the substitution of intelligence status for clinical diagnosis. The writer, with Mr. L. W. Crafts, has made a critical review and evaluation of the literature in this field, and found a most chaotic confusion of investigating methods and classificatory criteria. Hardly a half-dozen of the studies of the relation of feeble-mindedness to juvenile delinquency can withstand critical analysis.⁵ In many instances the fault is only one of presentation, but the presentation must be the reader's chief basis for opinion. In such instances the results *may be* true, but the reader is left without conclusive evidence.

There is another limitation to the use of intelligence tests alone in judging feeble-mindedness, which is its bearing on the converse judgments of normality. A certain percentage (no one knows how great) of young children prove to be feeble-minded by clinical diagnosis, who classify as normal by their intelligence status. There is also an appreciable percentage of borderline cases of high-grade feeble-mindedness who classify as "borderline," "doubtful," "low normal," or "dull normal" by the intelligence tests, but who prove to be feeble-minded by the evidence of the complete diagnosis. From the standpoint of science and of social welfare, it is just as important to recognize these potential and real defectives instead of terming them "normal," as it is to unwarrantedly term some normals "feeble-minded." In the averages and percentages these two errors compensate to some unknown extent, but the disposition of individual persons should not be made so hastily.

The use of the intelligence examination has enabled us to travel a long distance in a short time along the highways of social and educational readjustments. It is not my intention to underrate its immense value, but to conserve its importance by confining it to its own limits. I myself believe that for averages, and in a remarkably high percentage of individual cases, the intelligence examination, expertly administered and evaluated, not only is the essential basis of the diagnosis of feeble-mindedness, but even proves nearly a complete diagnostic as well as classificatory method, provided that the individual in question is not a borderline case and provided that the demonstrated inferior intelligence is an arrested mental state. Indeed,

⁵As an example of the best of these studies see *The Report of the Psychological Department*, by Dr. Grace M. Fernald, in the Second Biennial Report of the California School for Girls, published by the California State Printing Office, 1916.

in my own experience, not wholly confined to institutional cases, the intelligence method alone and unsupported by the additional clinical data would have erred only by excluding some defectives as normal rather than by including any normals as defectives, as proved by subsequent case histories. We need experimental studies which shall show the percentage of accuracy which can be obtained in mental diagnosis by the use of the intelligence method alone. This method certainly is more exact as a method than is any other part of the clinical syllabus, certainly it is more fundamental, and certainly it is more practicable from the standpoint of time, objectivity, and control. If we can substitute it for the comparatively inexact, time-consuming and subjective methods now employed in diagnosing mental defect we ought all to welcome the change. But we must not anticipate too eagerly, and must remind ourselves that a little ground gained permanently is better than yards of territory that must later be given up.