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# THE EDUCATION AND SUPERVISION OF MENTAL DEFECTIVES

BYRD ARNOLD SMITH<sup>1</sup>

It has become increasingly apparent to the psychologist whose interest lies in the problems of childhood that neither the schools nor the social agencies are organized to meet the needs of the mentally defective. The social significance of the problem growing out of mental deficiency is recognized in crime statistics, especially those of sex criminality. But these problems challenge the attention and cooperation of the agencies and the general public only after they have become crystalized into asocial acts.

Much has been said concerning the delinquent child, and some effort has been made to reconstruct the behavior of the child after he has become delinquent. Perhaps the most significant work in adjustment has been done by Professor August Vollmer, of Berkeley, California. The social and religious agencies in our large cities attack the problems of only a limited portion of the most aggravated cases that come under their supervision, but their work at best is sporadic and tremendously handicapped by uncooperative family situations, by school systems which are not organized to give specialized training, by a paucity of available psychiatric clinics and by overcrowded juvenile courts whose predominant interest is still directed toward punishment and not prophylaxis. Yet if these handicaps were all removed, the agencies as they are now organized could not give enough sustained attention to these children to vouchsafe their reconstruction after they have become delinquent or criminal. Furthermore, the social agent is not equipped to adjust or re-educate the personality of the child. Many of the better agencies have access to the professional services of psychologists and psychiatrists, but these services are largely diagnostic and advisory and far too limited to include extended behavior therapy. Hence, in spite of the progress that has been made by organizations interested in social welfare, the attack upon the problem of delinquency is still immature and ineffectual.

Not until the genetics of this problem are understood and a comprehensive and widespread program of prophylaxis is instituted,

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can society expect to stem the tide of increasing delinquency and crime.

The writer is interested in the whole problem, but one phase of it, i. e., that of the mental defective, has forced itself for attention, due to the years of frustration in attempting to meet this problem for the children referred to her for observation. In many cases the results have been tragic for society in spite of the splendid cooperation of the available agencies. These results point to the poignant truth that even an alert and progressive city like Chicago is not equipped to prevent delinquency and crime in the mentally defective, even after the diagnosis and prognosis is given. This is not the fault of the schools or welfare agencies as they now exist. The public schools are organized to teach children adequately equipped to learn. To be sure, special rooms, ungraded divisions, vocational extensions, and other devices have been set up as accessory to the regular school system to meet the need of the mental defective. But the child who is singled out to receive the benefits of these special efforts in his behalf is thrown into contact with mentally normal children and suffers from their jibes at his inferiority. Mental deficiency is almost invariably complicated with emotional retardation which makes adjustment difficult both for the retarded child and the school environment. Because of the resultant behavior problems, many children are excluded from school in spite of the special rooms provided for their care. The public schools should not be asked to carry the load of the unfit if they are to do justice to the fit.

Mr. Nathan Boden in his article: "Do Problem Children Become Delinquents and Criminals?"<sup>2</sup> says that two-thirds of the delinquents studied by him had an intelligence below normal and that more than one-third were feeble-minded. This study does not establish the fact that the mentally defective tend to become delinquent, but it points to a marked relationship between delinquency and low intelligence. Without statistical tabulation, it is the observation of the writer that the borderline defectives and upper level feeble-minded may be regarded as potential delinquents. When the mental defective comes from an infected home, the expectancy for delinquency and crime is greatly increased.

The following cases are cited to show how ineffectual is the present organization of assisting agencies to cope with the problem

<sup>2</sup> This JOURNAL, Vol. XXVII, No. 4, pp. 557 ff.

of mental deficiency when the facts are known, the dangers are realized and every available effort is made to handle the problem.

Case I. C. N. is seventeen years old, the oldest son of Italian parents. This boy has been known to the Children's Memorial Hospital since March, 1925, when he was diagnosed a congenital syphilitic. The father owned a tavern until he was killed in a gangland feud in 1934. He was high-strung, erratic, and totally incapable of controlling his sons. The mother is a helpless sort with no control over her sons, but exceedingly defensive concerning their defects. She has interfered with every program that has been undertaken for the boys by the schools, the courts, and the social agencies.

C. N. entered St. Joseph's Institution for Boys, LaGrange, Illinois, in 1928. His behavior was so objectionable that he was asked to leave. The social worker at the hospital succeeded in having him accepted at Sexton School in 1929—excluded for behavior and inability to learn. Arrangements were made for him to enter the special room at Kinsley School and later at Montifiorre. Mother refused to enter the boy.

Complaints were brought from all parts of the neighborhood that C. N. was stealing and molesting little girls. Parents were afraid to have their girls go to school for fear of attack. St. Joseph's Parochial School agreed to accept him for a fee. In less than a year the school reported serious behavior problems, i. e., stealing, truancy, begging, molesting children, and excessive masturbation.

In 1931 the psychiatrist at Children's Memorial Hospital had the boy examined by the psychologist with the results—I. Q. by the Binet tests 69; by the Arthur scale 76. The courts were requested to send him to Lincoln where he could be supervised and educated up to his capacity, with the statement, "He cannot be trusted to go to and from school." The case was heard, the court was cooperative, but the mother refused to let him go. Every effort was made to convince the mother of the expediency of commitment, but she was adamant in her refusal. The agencies then attempted to place the boy in St. Caletta School, at Jefferson, Wisconsin. He was refused but later accepted for a brief stay. Glenwood Manual Training School refused admittance because of incorrigible behavior.

This boy's total schooling covers approximately two years. He cannot read or write or make simple change. The parents have pleaded for help in the fear that their sons would commit some crime, but have frustrated the efforts of every agency that has attempted to serve them.

On February 18, 1937, the writer re-examined this boy. He is a large, powerfully built biologic specimen. He is aggressive, sensuous, over-sexed, and totally untrained. He is free to go and come as he pleases, with no supervision.

At present, this boy is on probation from court for stealing on complaint of the mother. But the mother still refuses to have him committed. The court and agencies are helpless until he commits a serious crime.

Case II. L. N.—Chron. age 15 years 7 months.

Mental age 3 years 2 months. I. Q. 20.

This is the younger brother of C. N. He has had no schooling and very little training of any kind. He was a behavior problem in the neighborhood all through his childhood. He would follow little girls, try to throw them down, and expose himself to them. In January of 1930, the psychiatric clinic at Children's Memorial Hospital succeeded in gaining the mother's consent for commitment. After a few months the mother removed him and has staunchly refused to recommit him.

The writer examined the boy in February, 1937, and found him a large, well developed boy, completely incapable of learning above the third year level, but socially very aggressive. He flew into a passion when he was crossed and threatened physical violence. The mother begged us to do something for her boy, saying, "When the other boys call him 'dumb' he gets mad and says he will kill them. I am afraid he will kill someday." The writer explained the advantages of commitment and urged her to avoid the dangers to herself and son that future misdemeanors might bring. But she was unmoved. This boy is a potential criminal, but nothing can be done until he commits a crime against society.

This represents a failure in organization and power in the courts and social agencies. A sentimental mother is controlling both.

Case III. S. R.—Chron. age 15 years 7 months.

Mental age 13 years 3 months. I. Q. 91.

This boy was first seen at Children's Memorial Hospital in 1926 when he was diagnosed a congenital syphilitic. His father has central nervous system syphilis and for a long period was an inmate of the Chicago State Hospital. S. R.'s mother died shortly after his birth and the father remarried. There has always been bitter strife between these parents. In their violent quarrels they have used revolvers and threatened to kill each other in the presence of this boy. In early childhood he began to show revolt mechanisms, and to the present time he has baffled every effort of the schools, the hospital, the social agencies and foster homes to meet the needs of his personality.

Through the Juvenile Court, S. R. has been placed in many homes, but has reacted unfavorably in each one. The foster parents have reported his violent temper, his revolt against discipline, and sex approaches to other children in the family. This behavior has grown persistently more aggravated until the agencies are now at a loss to know what to do with him.

S. R. has had a spotty school record, being excluded from one school after another because of his unwillingness to learn and his asocial behavior. While he is educable, his training has been very meager.

In December 17, 1930, the psychologist at the hospital reported an I. Q. of 91. The writer re-examined this boy in February, 1937, and in spite of his lack of training found him to have a native capacity in intelligence of 91. At this time S. R. presented the picture of complete revolt. He was cynical, negativistic, uncooperative and most belligerent toward motivation. He said that he was bored with everything in life

and that he hated his stepmother, and thought that all of his trouble was caused by her. When asked about his school record, he said, "It'll all be over soon. In five more months I'll be sixteen, and then the schools can't touch me. I'll make my way, all right, and it'll be nobody's business." There is no question in the minds of those who have followed this boy that he is headed for a life of criminality. All efforts to stem the tide of this trend have been in vain. No decisive action can be taken until this boy has seriously offended society.

Case IV. C. C. is an American girl of fifteen years. She was brought to Children's Memorial Hospital in 1927 when she was found to have mild Little's Disease. A social investigation of her home revealed other children of low mentality and unreliable parents. In 1930 the father deserted the home and the charities took over the support of the family. Medical care was provided by the hospital. In 1932, while attending the clinic, C. C.'s mother stole a purse and coat from another visiting mother. Both purse and coat were recovered, but during the investigation of the theft it was found that another man was living in the home with Mrs. C.

C. C. had difficulty in adjusting to school. The writer found her I. Q. to be 72, educable but retarded. In spite of a mental age capable of school placement, C. C. refused to learn. She was transferred from one school to another, and finally accepted instruction for two years in a special room at Newberry School. This is the extent of her education. The teacher reported that this girl revealed a marked inferiority complex.

With this social background and meager education, this girl is at large, free to do as she pleases, with no restraint. For a time she was taking care of children in the evenings at the home of Mr. and Mrs. X. In September she was found to be pregnant, and Mr. X has confessed paternity. The girl is now in a foster home awaiting delivery. Adequate home placement, specialized schooling, and consistent supervision could have prevented this procreation.

Case V. J. D. is a 12-year old American girl who has been known to Children's Memorial Hospital since 1926, when she was brought in for bronchial pneumonia. A social investigation revealed that the home was unfit for the child's return. It was damp, filthy, and chaotic. The parents seemed incapable of caring for a convalescent child. Arrangements were made for convalescent care outside the home. The parents agreed to this arrangement, but later changed their minds and took the child home. Upon the follow-up, the hospital found the child in unsatisfactory condition and urged the parents to bring the child to the clinic regularly for treatment. This they failed to do. This patient was brought in later for tonsilectomy but had to be sent home repeatedly until a serious pediculosis condition could not be cleared up. With every facility of the hospital available to this family, the parents have shown such marked inability to cooperate that the best efforts of the medical and social service staffs have been frustrated.

Other agencies in the city have given aid to this family, but the inadequate home conditions have remained unchanged.

J. D.'s school attendance has been very irregular. Behavior problems have developed until the child is entirely out of hand.

In April, 1936, the writer examined this girl and found her intelligence quotient to be 78. Two of her brothers were found to have normal intelligence but retarded school progress, due to truancy and asocial behavior. They were filthy and without toilet training. The following report was made at that time: "J. D. presents upper level dullness in intelligence. She is handicapped by her general family situation and is in revolt against her school. She should have an opportunity to develop her mental ability to its full capacity in order to balance her tendency toward flippancy. She is worldly wise and will need careful guidance and all of the mental ability that she can develop. The children in this family should be placed in foster homes unless the home situation can be controlled."

A special agency took over the supervision of this family at the request of our social worker. In spite of this, in March of this year; the State's attorney's office called the hospital for our records, with the statement that J. D. was then in the custody of the courts for delinquency with a Chinese, who was charged with statutory rape.

Case VI. R. L. is an American boy 11 years 8 months old and has received no schooling as yet. In 1932 he was examined by the writer in the psychiatric clinic at Children's Memorial Hospital and found to be dull in intelligence. The following report was made: "The patient is very responsive and talkative, but shallow in comprehension. He seems untrained and babyish, probably due to pampering during illness. His mental rating may improve with a more challenging environment. His memory span succeeds on a level one year above his chronological age, which suggests that his other abilities may be more potential than the test results reveal."

The psychiatrist outlined his treatment and supervision to the mother, whom he considered capable of dealing with the situation. The mother was cooperative, but the father was indifferent. Marital difficulties interfered with the consistent program of training prescribed by the psychiatrist. The mother escaped from her unhappiness by an over-intensification of her feelings toward R. L. The boy remained emotionally immature in spite of his activities at Association House and summer camps.

In 1932 the child study department found him dull in intelligence. In 1933 he was rated upper level feeble-minded, and in 1934 he was called an imbecile. In the school situation the downward curve in his intelligence rating presents a decline which is not compatible with a scientific understanding of mental capacity, except in cases of organic deterioration. It must be concluded that this child was not presenting a true picture of his ability to the child study department.

In December, 1934, he was re-examined by the writer, and in the environment of the hospital clinic, revealed an I. Q. of 83, dull in intelligence. The following report was made: "This boy is capable of learning. His mental age is seven years. He is slow of response, and his first answer is likely to be a lazy, sluggish guess, but when he is motivated to really think, he responds correctly. This patient does not belong in a regular school. With special training and individual motivation he

should be able to learn well enough to care for himself when he becomes adult."

The psychiatrist advised a plan of placement out of the home where he might mature emotionally and receive special school training. R. L. was placed in Parker Practice School. After a short period, the parents removed him and took him home. In 1936 the Juvenile Court ordered placement in a public school. He was accepted but showed no improvement in his ability to learn.

This boy is approaching adolescence without schooling, emotionally immature, and with a social background of habitual drunkenness and family disharmony. The diagnosis and prognosis were made in early childhood. The schools and agencies have done what they could with their present organization to meet the needs of this boy, but to no avail. Whether he becomes delinquent or criminal remains to be seen. At least he will always be a dependent, when, with proper training, he might have been independent. Cases like this are legion.

Case VII. B. L. is a girl of eight years. She entered Children's Memorial Hospital with a fractured leg in 1929. Because of enuresis and behavior problems, she was referred the writer for examination in January, 1937. The report follows: "This patient shows upper borderline intelligence. She is negativistic and 'hard as nails.' She refused to achieve at first, but became more responsive and cooperative as test progressed.

"Patient is not trained. She has not had normal school experience or normal home stimulation. With these improved, she may show a higher rating in another year.

"Patient's behavior presents a serious problem. She seems to carry on two sets of reactions, one of which she finally expresses,—the other she mumbles to herself. Behavior therapy is indicated."

This girl is a potential psychopathic personality. She is enuretic, has temper tantrums, bites her nails, eats chalk, chews erasers, teases other children, is restless and wilfull, and steals everything she can get her hands on. Her oldest brother is the offspring of her mother and grandfather. Her father has been on probation from Joliet for an attack on a young girl. Her siblings are mentally defective. She has been excluded from school because of behavior, even though she is capable of first grade.

The public schools should not be asked to carry the burden of this child. Yet, what is to become of B. L., unless she is given educational development and consistent supervision?

Case VIII. K. N. is a beautiful, red-haired, eight year old boy. His I. Q. is 85. He comes from a very happy home where he is over indulged. In the school situation he presents serious behavior problems. He exposes himself to others in the room, urinates on the children, is stubborn when crossed, and refuses to learn. For these misconducts he has been excluded from school. The writer reported: "This patient is accepting an inability which is not real. He says, 'I don't know,' when he is capable. Upon strong motivation he achieves after he has claimed inability. If this child is allowed to remain mentally inactive, he will probably regress and accept the negative imagery that he is dumb."

When this boy was asked what grade he was in, he said, "I'm kicked out. I'm not good enough." The school is justified in refusing this child. But he is eight years old, definitely educable, and further delay in schooling will only intensify his difficulty.

These cases have been selected as illustrative of the vast wastage of human ability, of the damage resulting to society from the failure to adequately educate and supervise the mentally defective, and of the frustration of time, effort, and money expended by the welfare agencies because of the lack of a comprehensive program organized to meet the genetics of the problem.

The writer presents this point of view toward the solution of the problem:

I. That the mentally defective below 80 in intelligence should be educated in special vocational schools from first grade up. Placement in these schools should be made as soon as adequate examination has revealed this level of deficiency.

II. That intensified social supervision should be provided for these schools and for the families of the children in attendance.

III. That adequate psychological and psychiatric care should be provided for the guidance of the pupils, teachers, social workers, and parents served by these schools.

IV. That work opportunities should be organized to receive these pupils after they have learned up to their capacities. Industries, so organized, could produce the finances necessary to maintain the vocational schools.

V. That placement in a foster home or a special institution should be mandatory whenever all of the active agencies are agreed that a home is not adequate.

VI. That the courts should be empowered to commit children below 60 in intelligence whenever it is agreed beyond doubt that the parents are not capable of complete responsibility for the control of their feebleminded children throughout their lives.

VII. That institutions for commitment should be reorganized to accept children of borderline intelligence as well as the feebleminded, and that all institutions for commitment should be prepared to give educational advantages up to the level of the special vocational schools as outlined above. Segregation of delinquents in these institutions should be made in order to protect the mental defectives who have not become asocial.

It seems imperative that mental defectives, especially those of borderline intelligence, should be educated up to their capacities and supervised for the span of their lives. By placement in a school which is designed for vocational education, the child may be studied for his best abilities and trained for a special vocation as soon as those aptitudes are discovered. He will be thrown with children more nearly of his own capacity and will avoid competition with those far above his level. Whether or not there is a stigma attached to these schools will depend upon the insight used in organizing and conducting them. It is conceivable that they could well present such opportunities that attendance would be coveted.

By intensified social supervision, unwholesome home situations can be discovered early in the child's life. Socio- and psychotherapy can be directed toward the reconstruction of the situation when this is warranted. If this fails, the child may be removed from the home before he has suffered too much social trauma. By this selective and prophylactic process, children of good social attitudes will not be contaminated by those of asocial trends.

Work opportunities, organized to give these defectives employment, after they have become adult, will not only make them economically productive, but will provide a type of supervision until they have developed enough judgment and self-direction to prevent serious social deviation. If an individual can live to adulthood with enough self-esteem to prevent delinquent behavior, it is fairly well established that he will not seriously deviate thereafter.

Institutions for the mentally defective must present opportunities more desirable than home situations if the agencies are to be justified in persuading parents to send their children to these institutions. We cannot say, "Your child will be better trained and better cared for than he can be at home," unless this is true and can be demonstrated to these parents. What a transformation must be made to meet this challenge! And yet, it must be met if we are to prevent untrained mental defectives from living at large free to follow their impulses and to suffer and inflict suffering as the result of their undirected judgment.

The problems of marriage and sterilization of the mentally defective belong to this problem of genetics. There is some research which points to the possibility that with adequate educational and environmental advantages, feeble-mindedness tends to work its way out of the germ plasm. Be that as it may, as long as these defec-

tives are free to mingle with society, they should be consistently trained and supervised for the span of their lives. By continuous and intelligent supervision from first grade up through adult life, the mental defective will have learned to adjust in an environment in which he feels adequate and thereby avoid the negative imagery of self-depreciation which so often frustrates whatever ability he may have and lays the foundation for revolt against the present scheme of affairs.

We cannot bolster up the unfit to take their places in a normal society, but we can prepare them to make a society of their own to which they may adjust with a feeling of satisfaction.