

The General Philosophy and Overall Objectives in the Care of the Mentally Retarded

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IT was Santayana's warning that a "Nation that does not know history is fated to repeat it." In order to understand our present objectives in the care and training of the mentally retarded, it is well to review how we arrived at our present concepts.

I

HISTORICAL

Since the dawn of time a certain percentage of our fellowmen have failed to develop the intellectual ability necessary to understand and to compete adequately in the society in which they found themselves living. This condition, or more accurately, this group of conditions, is called Mental Retardation. Mental retardation originates before or during the birth of the individual and occasionally during early childhood. It retards or limits the intellectual growth and social adjustment of the affected individual and usually constitutes a life long handicap. We now recognize over 70 different conditions that may ultimately result in mental retardation, in which the potential for habilitation and training has been greatly minimized. The problem, therefore, is extremely complicated. We have always known of this problem and yet progress has been made.

Our general outlook toward our mentally retarded citizens has undergone a considerable metamorphosis. Many generations ago, society, in its groping for an explanation for this condition, believed the mentally retarded person to be possessed by evil spirits or evil demons

seeking an earthly life through an earthly body. The concept of treatment at this time consisted of undertaking certain magic rituals to induce the evil spirits to leave. Therefore, in mistreating the person the body would then become such an unpleasant and unbearable place that the spirits would flee. Other methods consisted of casting the retardate out of his home to perish from lack of human care. These methods obviously were based upon ignorance and superstitions and are violations of Christian ethics.

The real beginning of the age of enlightenment in regard to mental retardation, seems to have begun around the year 1600. At this time, St. Vincent de Paul first sheltered a group of mentally retarded children in a small chateau just outside of Paris. He felt a great compassion for this group of persons who, up until that time, were the human flotsam of society. He wanted to study this group's potentiality for development. St. Vincent de Paul's work did much to overcome societies' fatalistic attitudes toward the potentialities of the mentally retarded.

During the 18th and 19th century Europe was in a state of social ferment. This was in the era of great philosophers and Utopian concepts. During this period, there were also changes in the philosophy of treatment in fields of the mentally retarded and the mentally ill. Pinel, a French psychiatrist, removed the chains from the wretched mental patients in Bicetre in 1793. In 1798 a French physician by the name Itard had brought to him a mentally defective boy of 12 years who was found living as an animal in a forest near the city of Aveyron. Itard took this boy into his home to "try to educate him up to a civilized state." Itard was rather disappointed in that

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he was unable to teach the boy to read, write, and speak in the cultured manner, as he had hoped. Dr. Itard did, however, cultivate the child's responsiveness, awaken his sensory impulses, and develop his capacity to receive and give affection as well as to take care of most of his basic needs. Dr. Itard wrote of his experiences in his book, *"The Wild Boy of Aveyron."* More than any other man before him, Dr. Itard focused the attention of the world on the problems of our mentally retarded citizens and pointed the way toward successful methods of training and care.

From the spawning ground of France and with the accent upon the education of the mentally retarded, the field of inquiry switched to medicine and then to psychology. Different nations then began playing important roles in various approaches to this problem.

In 1848, Dr. Sequin a pupil of Itard's gave the Dedicatory Address at the first institution for the retarded in the United States. This institution was in South Boston and is now known as the Walter Fernald School. Among other things Sequin said, **"God has scattered among us, rare as the possession of genius, the idiot, the blind, and the deaf-mute in order to bind the rich to the needy, the talented to the incapable, and all men to each other."**

Not everything went smoothly during these early years. Our nation was founded originally upon the concepts of the rights and the privileges of each individual. Around 1830, however, the invention of the cotton gin and other discoveries ushered in the industrial revolution. This era gave rise to huge factories, fantastic machines, and an accent upon mass production. However, with this came the submergence of the rights of certain individuals. During the following century our nation in trying to come to grips with our social problems fixed upon the same type of short range goals and production line thinking. Consequently we cultivated a mass production complex.

These forces made the United States

the greatest industrial nation on earth, but at the same time these very factors tended to become our most glaring weaknesses. It seems to me that we wanted to treat our underprivileged citizens as carbon copies of one another and, as in an assembly line, to make certain adjustments here, and we expected certain predictable and concrete results would soon be forth coming. We wanted a well-organized society with few or no X-Variables. When something did occur that we could not adequately understand, we stuck a label on it. It seems to me that somehow in the process we confused **labeling with understanding.** We wanted at that time, quick and easy solutions to our problems and if this painless course of action was not available, then we attempted to sweep our problems under the rug and **out of sight and out of mind.** The physical isolation of many of our institutions for the mentally retarded bears mute testimony to this prevalent but false concept. We wanted a well-ordered society, and anything that could not be crammed into our mold was a threat, for it disturbed our society's rather precarious equilibrium. Our culture's superficial gestures toward our retarded citizens, therefore, seemed to be society's way of trying to soothe its conscience, for the accent was upon the needs of society rather than upon the needs of the mentally retarded individual.

Probably one of the chief outcomes of this ferment, in the period that followed, was a reorganization of our attitudes and concepts concerning the mentally retarded. We began rather belatedly to recognize that there are no natural lines of demarcation between normal and so called abnormal intellectual functioning. We realized at last that mentally retarded persons present a bewildering array of diverse disorders with intellectual inadequacy as the only common denominator. We realized also that such heterogeneity cannot be transferred into homogeneity on any conceivable basis. Rational groupings to be sure were recognized as possible and necessary in order to reduce

an unwieldy mass of descriptive data into some kind of serviceable system. We realized, however, that we should never allow any system to lull us into the belief that we are dealing with a single trait. Individuals and their unique singular physical, psychological, social, and educational needs, strengths, weaknesses and differences could not be ignored.

To draw the present day problem of mental retardation into proper focus, perhaps we could review a few figures. Today the Department of Health, Education and Welfare estimates that there are 5.4 million mentally retarded person residing in the United States. If we add this number to the immediate family of the mentally retarded persons, you arrive at the fact that at least 20 million people in the United States are directly involved in the problem of mental retardation. About 1.5 million of these retarded persons are children, and 126,000 or more mentally retarded children are born each year in the United States. This means that approximately 333 retarded children are born each day, or one retarded child born every four and one-third minutes. By 1970, the Department (Vol. 17, page 70) foresees an increase of as many as 1 million in the number of mentally retarded persons. This increase is predicted on general population growth, lengthening life span, and improved rates of infant survival.

These figures are staggering, yet we cannot truly describe the appalling loss to society of potentially creative, contributing citizens who are now victims of mental retardation. We cannot describe the immense suffering of the afflicted and their families. There are also other complicated factors and perhaps we could enumerate only a few at this time. Due to modern advances in medicine, children are being saved today who formerly would have been stillborn, many of whom are mentally retarded.

There is, also, a direct correlation between the complexity of the society and the amount of intelligence necessary to function effectively in that society. It is

estimated that in the next 25 years for example the need for special personnel in Colorado will increase from 75 to 100 percent, but a decrease of 25 percent or more in the need for laborers will occur during the same time span. The United States Department of Labor now estimates an increase in educational requirements beyond high school will go from 30 percent in 1955 to 70 percent by 1970. We can readily see the importance of these changes for the mentally retarded.

In Colorado it is estimated that we have approximately 45,000 to 50,000 mentally retarded citizens. This number will increase by probably 1,500 mentally retarded per year. If some desirable advances in the area of prevention are not made, our present number of retarded state residents will probably double in the next 30 years.

We cannot continue merely to build bigger and better institutions, for if all the mentally retarded in Colorado were institutionalized today we would need more than 30 institutions of the size of the Ridge School. The annual cost to the taxpayer could be over 60 million dollars. In addition, having all of our mentally retarded in institutions is neither desirable nor economically feasible. Less than 10 percent of the retarded are housed in State facilities. **The problem is indeed institutional but the complete answer can no longer be institutionalization only!** Our overall objectives in the field of mental retardation could then be divided into two general categories, 1. Ideal and 2. Practical.

II IDEAL GOALS

Our ideal goals are like the stars, we can never reach them but like the mariners at sea, we may chart our course by them.

Our ideal goal is to put ourselves out of business by eliminating mental retardation! This, of course, means among many other things, research. Research is defined in the dictionary as, "a critical

and exhaustive investigation or experimentation having for its aim the revision of acceptable conclusions in the light of newly discovered facts." For most of our recorded history, however, mental retardation was not thought to be an area suitable for scientific investigation. This faulty thinking was derived from the rather fatalistic ideas of the day concerning our mentally retarded citizens. Until very recently scientists believed: (1) that mental retardation could not be prevented, (2) that once this condition had occurred, little or nothing could be done to help or to ameliorate its undesirable side effects.

Gradually, however, a few far-sighted individuals began to feel that these conclusions were morally wrong and that the reasoning was faulty. They began to see that since the dawn of time society had tended only to shut off the retardates from their contemporaries without attempting to understand and treat them as they did most other human afflictions. Prophylactic measures and ameliorating programs were at last seen as being critically necessary. These seers of our society saw that bigger and better custodial institutions never did and never will answer the problem. They saw at last that mental retardation should be prevented if this were at all possible. If this ideal solution was not possible, then treatment, training and habilitation programs were of paramount importance.

Immediately, however, questions arose as to how best to initiate and conduct these programs. Real knowledge of mental deficiency was found to be quite meager. This need for real knowledge at last forced society to recognize the problem and to stimulate our scientists to probe for bits of truth concerning our mentally less fortunate persons. This knowledge was and is being collected so that we may help these persons reach maximum emotional and intellectual growth. With early recognition and treatment our researchers have shown us that in some cases mental retardation can definitely be prevented. We hope re-

search will be able to prevent mental retardation to an even greater extent in the foreseeable future. We further hope that our school will be privileged to play an important part in this area and future buildings will be requested with research laboratories being of primary importance.

But if we are able to see further and better in this field of mental retardation today, it is because we are standing on the shoulders of many dedicated men and women who devoted their lives to the quest for truth. Researchers of the past have been people with inquiring minds who were dissatisfied with the knowledge of their day and who were eager to press for improvement. They were able to see many problems that were crying for recognition and solution and they were able to investigate and to design experiments which would test and challenge both old as well as new ideas, concepts and methods. But progress never comes easily and each one of us involved in this work must continue to do his part. Even today adequate program and research in the field of mental retardation is often thought of as being unimportant—a waste of money, and while it may have superficial attractiveness, there is basically little real value. This type of logic seems to be well illustrated by Freud's example of the man who spent his whole life polishing his glasses but never put them on to see.

Other sections of your In-Service Program delineate program development quite thoroughly, but let us review more fully our emphasis upon research and prevention, remembering that it is important to base our thinking upon established facts. In Switzerland, for example, since World War I mental retardation has been cut 15 percent by the simple process of adding iodized salt to the Swiss diet. This practically wiped out endemic cretinism. This type of condition has been practically eliminated in other areas of the world for the same reason. The incidence of mental retardation was decreased another 3 percent

during the same time span due to the practical elimination of congenital syphilis and its dreaded effects on the brain.

The discovery that other types of mental retardation can be prevented by dietary manipulation is also leading to new hope. We know now that such conditions as phenylketonuria, galactosemia, and maplesyrup disease are all caused by the body's inability to break down certain food components in such a way that they can be properly used. Early diagnosis in prompt use of special diets will prevent mental retardation in developing in many of these cases. Recently it has been discovered that it is possible to regenerate nerve tissues of cats in the laboratories. These discoveries may lead to many possibilities for brain injured humans.

Recent technical advances have made it possible to review human chromosomes. The chromosomes are known to be those small thread-like structures that exist in all of our body cells and contain our genes. As the chromosomes contain that material which determines an individual's physical and perhaps mental characteristics they are increasingly a source of concentrated scientific inquiry. We know furthermore that a normal person has 23 pairs of chromosomes. One set of 23 from his father and another set of 23 from his mother. These he receives at the time of his conception. We know now, however, of over 30 different conditions which have an abnormal number of chromosomes. Most of the persons having these abnormalities are mentally retarded, that is, mongoloid, etc. This field of inquiry may be an area in which many of our scientific breakthroughs may occur. It is possible that enzyme therapy can in the future prevent mental retardation from developing in some of these cases.

III PRACTICAL GOALS

We know that we have and will always have mentally retarded with us, however, and so we must concentrate

therefore on practical programs of effective care, training and habilitation.

In establishing the overall program at Ridge School the following basic principles are suggested to constitute our guideline: 1. **THE MENTALLY RETARDED DIFFER IN DEGREE, AND NOT IN KIND, FROM OTHER HUMAN BEINGS.** Retarded people experience hope, fears, love and hate, can be happy or sad, healthy or sick, satisfied or lonely, the same as everyone else. I would like to mention a story concerning Alexander the Great who was not satisfied with the performance of his troops, and decided to create the perfect soldier: a person who could survive all types of hardships, would obey orders without question and perhaps most importantly, he would feel neither compassion nor emotional warmth toward his fellowman. And so he took 1000 babies and isolated them from any warm contact with any adult. They were fed and kept clean, but this was done in a mechanical fashion. As the story goes, Alexander may have succeeded in his experiment, except for one thing, all the babies died before they reached the age of one year. The point of course is no child can survive if he or she is totally isolated from all warm human interactions with adult figures. How we relate to our residents is extremely important. The prime request of a good person to work with the mentally retarded, therefore, seems to be the same as that which makes a good parent. We must basically like and relate to the children with whom we are working. The children should realize this and respond to it. A good employee who does not like our children, who is disrespectful, who minimizes, who judges, who insults, and who tends to afflict bodily harm upon a resident, should never work with the mentally retarded. The possibility that such a person would be a good employee is just as slight as the possibility of a man getting trampled to death by a herd of snails. Theoretically it is possible, I suppose, but it happens rather seldom.

Pure compassion or warmth alone, however, is not enough. A good employee who works with retarded, therefore, should be able to see things through the eyes of the individual child. He must be able to perceive the retardate as a unique individual with individual patterns and needs. The person who treats all mentally retarded persons alike is comparable to the self-educated Doctor who made the same diagnosis for every patient because it was the only diagnosis he could make. Employees, therefore, must realize that they should respond in a unique way to each one of our residents in such a way as to be most beneficial to that particular individual.

2. NO ONE SHOULD ENTER THE INSTITUTION WHO CAN BE CARED FOR IN A COMMUNITY. NO ONE SHOULD REMAIN WHO CAN ADJUST OUTSIDE. People who enter should do so because the community at present cannot fully help them. Some require exacting medical care or special education; others came from broken homes or unstable family situations; others have been antisocial. For many our school can be a place for their temporary stay, where preparation is made for community adjustment. However, exit should not only mean that they have been helped, but also that the community is now stronger, more understanding, and better equipped to help them. Parent groups particularly are beginning to respond to the challenge. The development of **community resources** is of utmost importance and Dr. Wesley D. White, Chief of the Division of Mental Retardation, is making a special effort in this regard. We must be careful though so as not to communicate the impression that our School is closing its door to our function as a training and habilitation center.

3. EDUCATION AND TRAINING OF THE RETARDED SHOULD PREPARE THEM TO ADJUST TO AS MANY CURRENT DEMANDS AND RESPONSIBILITIES OF SOCIETY AS THEY ARE ABLE. With emphasis on fostering growth and training rather than custo-

dialship, our goals while culturally appropriate, should be tailored to the individual and allow him as much freedom for discovery, expression and adventure as circumstances will allow. However, all of this must be done within a controlled setting. No child will ever internalize self controls unless we as their teachers provide the necessary direction and guidance.

4. AN INSTITUTION CARING FOR THE MENTALLY RETARDED SHOULD CREATE "AN INSIDE SOCIETY WHICH DIFFERS FROM THE OUTSIDE SOCIETY ONLY WHEN INSTITUTIONAL DEMANDS REQUIRE IT". In other words we want Ridge School to be as much like the community as possible. We want to have a snack bar, we want to have our own movies, we want to get away from the conclusions of recent research findings which indicate that a State Institution for mentally retarded deterred rather than fostered the education of the child.

5. THE INSTITUTION SHOULD ENLIGHTEN THE COMMUNITY ABOUT THE PROBLEMS OF MENTAL RETARDATION, AND CONTINUE TO COOPERATE AND EVEN MERGE WITH COMMUNITY AGENCIES. Staff people should be active in community councils, planning groups, and inter-agency conferences. Concurrent case-work service to parents, training of personnel, evaluation of treatment, methods and cooperation in research are additional needs toward this end. The training programs which have been initiated are an excellent beginning. We hope in the future to encourage each employee to receive additional training in the areas of his own specialties. Further, the community should involve itself we feel with the Ridge School. Our doors must always be open to parents, to students, to volunteers, to local citizens, to visitors and the like. Of course, in this period of extremely rapid expansion, each one of us will be called upon to assert additional efforts in order that our growth may be well-planned and controlled.

6. THE INSTITUTION SHOULD ALSO SERVE AS A FOUNTAIN HEAD FOR NEW IDEAS, PROGRAMS, INQUIRIES, FOR IT SHOULD BE A PLACE FOR INTELLECTUAL GROWTH, FOR THE RESIDENTS AS WELL AS THE STAFF. Along this line, perhaps, we could recall Lincoln's words to Congress on December 1, 1862, when he said, "The dogmas of the quiet past are inadequate to the stormy present." And also Will Durant's comment, "Truth always originates in the minority of one and every custom begins as a broken precedent." In institutions we must protect the rights of this minority. Often it is an idea which an individual has and which is not allowed to foster and grow which later generations may regard as keen insight. We hope that each one of our staff will feel that he is part of our program and will contribute to it as in the past.

We can learn also from the examples of advances being made in other countries. Some Northern European countries, for example, are far ahead of the United States in building small residential institutions of 100 residents or less. Many simply close down during the summer. They accomplish much more with lower intellectual groups. They have the intimate interaction that we should try to emulate. We are today somewhat like Alice in "Through the Looking Glass," in that we must keep running faster and faster in the field of mental retardation in order to be able to stay where we are. It can be tragic when progress catches up with us, but we cannot afford to stay where we are. Society is becoming increasingly complicated. Technological advances are being made with blurring speed. Standards of living are being raised. Wars are being fought for the minds of men. As our society becomes more and more complex, however, an increasing proportion of our citizens are unable to understand and to compete adequately in this welter of kaleidoscopic patterns that we know as our every day society. These unfortunate persons without help are overwhelmed by a society

that they cannot understand. They too often become our society's garbage without direction, without hope.

Disembodied ideas or compassion alone will never be enough. We must stimulate, direct, encourage and carry out all types of research into the causes and effects of mental retardation. We must initiate all types of treatment, training, and habilitation programs designed to help our mentally retarded citizens to live as emotionally mature, socially useful and as personally satisfying lives as possible. Those of us who are closest, both physically and emotionally, to this problem must provide the map, the road sign and the energy necessary to reach the desired goals. The way, however is not easy, for as John Burroughs said, "We cannot walk through life on mountain peaks."

No significant advance has ever been made in any major problem of society, however, until people become aware that such a problem exists. In the area of mental retardation, we must make it impossible for any significant portion of our society to cloak themselves in smug solutions that mental retardation is not their business. We should use all available means of communication from word of mouth to television, to focus people's minds on the great social and humanitarian significance of this problem. We must make people uncomfortable with the knowledge that the basic needs of a substantial number of society's mentally retarded citizens are not being met.

CONCLUSION

Today in all probability, the United States is at the end of one era and at the beginning of another. The era that we are leaving is one in which one in four marriages ends in divorce. There are more barmaids than college girls. There is more money spent on toys than text books. More money was spent for research on how to beautify the human hair than was spent on trying to find out what went on inside the human mind, more money spent by the Department of

Agriculture for improving swine herds than was spent on research in mental retardation.

History indicates that such transitional periods have been the spawning grounds of many dynamic changes in our whole cultural, economic scene. It seems quite possible that during the next decade this boiling chaldron will emit many things that will do much to remold our national character, to chart our national aspirations and to clarify our goals. Due to the fact that the field of mental retardation is an inseparable part of our contemporary society, these new forces must be recognized, analyzed and understood. They must be adjusted to if we are to maintain our present momentum. The future may be turbulent but let us remember Victor Hugo's words, "All of the soldiers, armies and weapons of the world are not as powerful as an idea whose time has come."

The future, then, will see an increased accent upon education and training in all areas. But as we continue to move forward, to do so will require more and more in the way of energy, talent and determination. To prepare for and join with these dynamic new forces in the next decade will serve as the greatest of all challenges. But, we can be confident, for we have the powerful and ever abiding promise of help and guidance from the One who said: "Having done it unto the least of these, my brethren, ye have done it unto me." Indeed, as Dr. Itard suggested in working with those who will never be privileged to experience the joys of life as greatly as we, there is a common bond which binds our joint efforts and is worthy of heavenly benediction.

AN EDUCATIONAL BILL OF RIGHTS ' FOR THE RETARDED CHILD

Adopted by the Board of Directors of the National Association for retarded Children October 18, 1953.

1. **EVERY CHILD**, including every retarded child, is important and has the right to opportunities for the fullest realization of his potentialities, however limited, for physical, mental, emotional, and spiritual growth.
2. **EVERY CHILD**, including every retarded child has the right, to affection and understanding from those responsible for his care and guidance during his years of dependency.
3. **EVERY CHILD**, including every retarded child, has the right to a program of education and training suited to his particular needs and carried forward in the environment most favorable to him, whether that be the community public school, the state residential school or his own home.
4. **EVERY AMERICAN CHILD**, including every retarded child, has the right to help, stimulation and guidance from skilled teachers, provided by his community and state as part of a broadly conceived program of free, public education.
5. **THE PARENTS** of every child, including every retarded child, have the right to determine for themselves, on the basis of competent advice, the course of care, training and treatment, among those open to them, which they believe best for the well being of their particular child and family and to have this decision respected by others.

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