A study of the public school provisions for the mentally handicapped children in Gary, Indiana

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A STUDY OF THE PUBLIC SCHOOL PROVISIONS FOR
THE MENTALLY HANDICAPPED CHILDREN
IN GARY, INDIANA

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL
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FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

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ATLANTA, GEORGIA

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CHAPTER I

INTRODUCTION

Significance of the Study

Treatment of mentally handicapped persons has presented one of the grimmest chapters in human history. Among the savage tribes and the peoples of early civilizations, such persons were rejected and considered outcasts. They were conceived of as mad people, fools, or those who had outraged the gods. These people were believed to have committed a sin and their bodies were possessed with demons or spirits. It was felt that the only cure was to drive the demons and spirits out of their bodies by incantations, ceremonials and other ingenious devices such as prayer and sacrifice, herbs and drugs. As a consequence, they were physically scourged and tortured and in many instances hanged, burned, or drowned.

Not until the Christian era was there an appreciable change in the attitude toward afflicted human beings. In the seventeenth century this was exemplified by Saint Vincent de Paul in the establishment of shelters for the mentally, emotionally, and physically handicapped.

Long after the doctrines of demoniacal possession, magic, and punishment for sin were discarded, a strong belief developed that mental disease could be explained just as physical disease could. The studies of Emil Kraepelin and Sigmund Freud provided an approach to the phenomena of mental disease.

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disease. Freud's analysis of the unconscious opened up the possibility of a wholly new orientation to the human mind and personality with increasing emphasis on the fact that life experiences and one's psycho-biological orientation rather than demons or evil spirits made for mental disease.\footnote{Sigmund Freud, \textit{New Introductory Lectures on Psycho-analysis} (New York, 1933), pp. 82-112.} As a result of the contributions of psycho-analysis made by Freud and his contemporaries, emphasis was placed upon the improvement of custodial care and psychiatric treatment of the insane.

Not only did the care and treatment of mentally handicapped persons attract the attention of psycho-analysts, but educators too became interested in the intellectual achievement of these handicapped persons and felt that they had enough intellectual capacity to benefit from some modified educational and vocational training.\footnote{Harry J. Baker, \textit{op. cit.}, p. 269.} So, by the nineteenth century, individualized services for the mentally handicapped had permeated educational settings. By 1837, Dr. Samuel G. Howe, in Massachusetts, started the first class to train idiots. A few years later, Horace Mann, emerging as a crusader for schools in Europe, advocated the establishment of special schools for the feeble-minded in America.\footnote{Ibid.}

These efforts by Howe and Mann influenced the establishment of Massachusetts School for "Idiotic Youth" in 1850. The curriculum of the special classes and schools was designed to the mental capacity of these children.

In spite of the early efforts to teach and train the mentally...
handicapped child, certain limitations were inherent in the lack of understanding of individual mental measurement and capacity. With the advent of psychology in 1879, it was discovered that many of these children were not only slow to learn, but lacked the intellectual capacity to do regular classroom work beyond the second or third grade. They had inadequate innate intellectual capacity to benefit from the curriculum of a regular school. Therefore it was necessary to develop a program centered around their particular needs. A prerequisite in this direction was an understanding of these children and the problems they presented.

Many states and cities developed programs for mentally handicapped children.¹ Special programs in the public school system have been in existence in America since 1879 when the first special class was organized in Springfield, Massachusetts. Chicago followed in 1898 and Detroit in 1903.² In 1948, in Gary, Indiana, a committee composed of principals and supervisors made a study of the problems of its mentally handicapped children.³ In the five public schools studied, there were eighty-seven children enrolled who were seriously handicapped intellectually, 546 who could be classified as being retarded, and ninety-eight who were seriously retarded as to academic achievement.⁴ These children represented difficulties in the regular classes, a large percentage of them becoming

²Harry J. Baker, op. cit., p. 269.
⁴Ibid., p. 1.
truants or presenting behavior problems manifested in many ways. Because of the large number of children requiring treatment, the school officials of the Gary, Indiana Public School System expanded the regular school program so as to provide special services for these children.

While a student social worker in the Child Welfare Department of the Gary Public School System during the period between September 1, 1950 to February 26, 1951, the writer became aware of the large percentage of children referred to social service because of social and intellectual limitations and became interested in making a study of the provisions of the Gary Public School System for these children.

**Purpose of the Study**

The purposes of this study were to present the history of the development of services in the Gary Public School System for mentally handicapped children enrolled in its schools; to indicate some of the services provided by the Gary Public School System to meet the needs of these children; and to point out the role of community resources in facilitating the school's services.

**Method of Procedure**

Data for this study were collected from the following sources: first, by studying the case materials of the schools; second, through personal interviews with some of the mentally handicapped children; third, by exploring literature and reports of the Child Welfare Department of the City Board of Education and the Gary, Indiana School System; fourth, by

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1Ibid., p. 2.
studying reports prepared by the teachers; fifth, by conferring with classroom teachers, principals, psychologists, and administrative officers of the City Board of Education; and finally, by supplementing these data with information from the literature pertinent to the subject.

Scope and Limitations

This study is focused upon the development of the program for mentally handicapped children in the Gary Public School System, Gary, Indiana from 1920 to 1951. It was limited to six Public Schools in Gary, Indiana, namely: Roosevelt, Froebel, Carver, Lincoln, East and West Pulaski. Because the program was relatively new and in an experimental stage, a limited amount of material was available for research purposes.
CHAPTER II

DEVELOPMENT OF PROGRAM FOR THE MENTALLY HANDICAPPED CHILDREN

Legal Requirements

In 1851, when the Indiana State Constitution was drafted, there was a stipulation which authorized the State to provide special services for individuals with mental disorders.\(^1\) By 1887, an Act had been passed by the Indiana General Assembly requiring the State to establish a school for the feeble-minded known as the Indiana School for Feeble-Minded Youth, which later became the Fort Wayne State School.\(^2\) This service offered by the State was the only one available for handicapped children in Indiana in thirty-six years.

Not until 1920 did any locality assume some responsibility for this neglected group. At that time the City of Gary set up a special program for mentally handicapped children enrolled in its schools.\(^3\) Special classes, or opportunity classes as they were called, were organized for those children with learning difficulties. This attempt to meet the academic needs of these children in keeping with their individual mental capacities was further expedited with the development of psychological service within the Child Welfare Department of the Board of Education in 1927.\(^4\) Since this time, there have been two full-time psychologists and

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\(^1\) Indiana Constitution, Article IX, Section 1.

\(^2\) Indiana Law (Acts of 1887), Section 1.

\(^3\) Statement by Miss Bernice Engles, Supervisor, Elementary Schools, Gary, Indiana, Personal Interview, January 11, 1951.

\(^4\) Policy Manual of the School Board of Trustees, Gary Public Schools (Gary, Indiana, August 1, 1948), p. 66 (Mimeographed.)
one assistant whose services were provided at the expense of the Board of Education.

In 1931, the State of Indiana launched a statewide program providing special services for all mentally handicapped children on a local basis. An Act was passed by the Indiana General Assembly, making it mandatory for the Board of Commissioners, as prescribed by the State Board of Education and the State Board of Charities, to provide special services for all children within its towns and cities who presented mental limitations. The law stated that:

The Board of School Commissioners of School Boards of each city and town and township trustee of each township shall within the passage of this Act and annually thereafter ascertain and report under regulations the Board of State Charities, the number of problem children and children three or more years retarded in mental development who are in attendance upon the public schools of its city, town, or township, who are of school age and reside therein.

The following year, in 1932, the law was amended so as to include special educational facilities as a special service for mentally handicapped children. The law further stated that:

The school authorities of the cities, towns, and townships in which there are twenty-five or more problem children and children three years retarded in mental development may establish special classes adapted to their needs and mental attainments.

In accordance with these Acts, the school officials of the City of Gary increased its services to the mentally handicapped children enrolled in the public schools. The developments in psychiatry increased the appreciation of the emotional life of the individual. Educators were helped to learn more about the causes of behavior and methods of helping in

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1Indiana Law (Acts of 1931), Article VIII, Section 6086.
2Ibid., Section 6087.
personal and social adjustment. They became aware of the fact that emotional reactions of the child to his experiences in school and outside played a vital part in the child's school adjustment. With the help of the psychiatrist, attempts were made to help to appraise the nature of the emotional difficulties and to devise methods of treatment.

In 1935, a psychiatrist was employed on a part-time basis in the Gary Public School System. Later this service was terminated because of lack of funds to finance the cost. By 1942, social casework service became another auxiliary aid to effective services to retarded and disturbed school children. Social caseworkers with at least one year of graduate training in social casework or one year of supervised training in a recognized social casework agency were employed to help in the social study and treatment plans for these children. When school social caseworkers were added to the schools to aid the teachers in studying and understanding children who presented behavior problems, the retarded child received their attention also. Casework service in the schools was expanded with an increase in professional personnel. Since the development of the child welfare program in 1920 and social casework service in 1942, there have been sixteen full-time paid school social caseworkers in the Gary Public School System.¹

Seven years later, in 1949, the school social service was expanded to include a special school for mentally handicapped children. In this school, these children were given instruction individually designed to decrease the struggle of competition, the frustration of repeating the

¹Mark C. Roser, op. cit., p. 10.
same grade a number of times, and the fear of being left behind with children much younger and smaller.

By 1950, there were three special schools in Gary for mentally handicapped children including the Stewart House,¹ the Gleason Park School,² and the Vocational School located in the Goodwill Industry.³ The Gleason Park School was a further extension of the Stewart House School. Because of the tremendous increase in the enrollment of children needing special educational services, and because of the lack of facilities and personnel, overcrowding prevailed and the Stewart House School could not accommodate all the children registered. At the same time, a special class was organized in the Vocational School to offer training in vocational skills for children over sixteen years of age. This class aimed to prepare and give appropriate training to these adolescents in an effort to help them develop civic and occupational usefulness. It was believed that a wholesome relationship with instructors and vocational training would help the majority of these children to become productive citizens. Toward the accomplishment of this end, the instructions and tasks assigned were modified to meet their intellectual level.

Also, in 1950, the School Social Service Program was expanded to include a field work unit in the schools as a training unit for social workers. These student social workers, like employed staff members, were assigned to the various schools to render services to children and to

¹Stewart House School is located in Stewart Settlement House at 15th Avenue and Massachusetts Street.

²Gleason Park School is located in South Gary at 28th Avenue.

³The Vocational School is located in Goodwill Industry on Broadway.
help the school and the parents to get a better understanding of what the children were experiencing as they attempted to make social academic adjustments. These student social workers, who were a part of the staff members of the Child Welfare Department of the Board of Education, enabled the Department to extend its services to more children requiring casework services.
CHAPTER III

SERVICES AVAILABLE FOR THE MENTALLY HANDICAPPED CHILD

The public school services now being provided for the mentally handicapped children have brought about a change in ideas regarding the incidence of mental deficiency and its relation to behavior disorders. The special services as part of the school curriculum were necessary aids for ascertaining and facilitating the particular needs of the individual child.¹

The officials in the Gary Public School System recognized the needs of the mentally handicapped children enrolled in the Gary Public Schools and set up programs as a special service to help these children and their parents in meeting their individual need.

Psychological Service

Through the developments in psychology, differences in mental capacities were brought to the attention of educators. Intelligence tests evolved as instruments to measure the intellectual ability of each child individually. Convincing evidence was produced of the need that each child be understood as an individual with his own mental equipment, limitations, and abilities. Educators began to think seriously of fitting the school and curriculum to the child's need and providing an education varied and flexible enough to serve the needs of children with a wide range of interests and abilities.²


As previously mentioned, psychological service has been available for children enrolled in the Gary Public School since 1927. At that time, a psychologist was employed to administer intelligence tests to the individual children. This was the first special service program established in the public schools. All children who did not seem to make any achievement in their academic subjects and those presenting behavior problems were screened through referrals from the principal's office. The psychologists provided the school personnel with information and interpretation of the individual test results as an aid for evaluating these children. In specific instances of retardation in reading, the psychologists contributed to the formulation of a diagnosis of the difficulties and made recommendations as to necessary remedial measures for particular children. The psychological data, including the child's reaction to the testing situation, his span of attention, intelligence quotient and the grade level at which he can best function, were a part of the child's school record and were made available to teachers and other school personnel through the principal's office.

The psychological service enabled the school officials to ascertain which children enrolled in the public schools were feeble-minded or had borderline intelligence, and provided realistic understanding of the child's basic intellectual equipment, his capacity to learn and, to some extent, his general emotional adjustment.

Not only were the psychological services beneficial to the mentally handicapped, but they provided individual attention for exceptional children who were referred by teachers and principals for special examinations. These children included the crippled, home-bound, those with hearing,
speech, visual, and other handicaps requiring individual attention. These services covered mechanical aptitude tests as well as other forms of intelligence tests for those children who showed mechanical ability. The psychological test data were used as one of the bases for assigning children to the grade that seemed most suitable and beneficial to their rate of learning. From such knowledge came the best planning for teachers to manipulate the environment of the classroom for the best interest and needs of those children in order that they could make satisfactory educational and vocational school adjustments. The psychological program was geared in order to facilitate cooperation between supervisors, principals, teachers and social workers, plus providing consultation in special cases upon request.

Medical Service

Another service which many of the public schools provide for all children focuses upon the medical needs. Some public schools require medical examinations of all children as a prerequisite for enrolling in school.¹ Medical service in the public schools aims to protect the health of children.² It endeavors to detect the impaired health of children at an early age and give them prompt medical attention. More than that, it affords an opportunity for each child whose parents, because of financial difficulties, cannot afford to pay for the service of a regular physician.


The cost of this service is financed by the Board of Education. In addition, medical service in the public school raises the health standards in the community, because the majority of children being of school age and in attendance can be reached and given medical care through the school's medical department.

This special service within the public schools contributes to teachers' fuller understanding of their children's physical fitness which may be influencing academic and personality development. Furthermore, it helps the school officials to adjust their programs to the limitations and disabilities of certain children and to call to their attention those needing treatment beyond the school's facilities. In cases of the latter, the concern and interest of the parents must frequently be stimulated by the school and other community facilities explored.

In the Gary Public School System, a medical department was established in the early 1930's. Each school was equipped with facilities including the services of doctors and nurses. All children were given physical examinations, vaccinations, and dental service, and were treated for other physical conditions not of a serious nature.

Social Casework Service

Authorities realized that in order to deal wisely with children presenting problems, it was important for the school to know the needs of the child and often help in the making of adjustments requiring acquaintance and cooperation with the home and resources of the community.\(^1\) The importance of having someone skilled in these services of the school's

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\(^1\) Jane F. Culbert, *The Visiting Teacher at Work* (New York, 1929), p. 3.
organization was recognized. Therefore, social caseworkers were added to the schools as staff members to assist the child in making adaptations to his environment and in manipulating the environment to meet his individual needs.¹

Casework services were made available to all children in the Gary Public School System who presented behavior problems.² With the addition of the school social caseworker, a study of the child and his parents was made possible. The importance of studying both the child and his parents is pointed up by Culbert:

"To understand any present situation of poor personality relationship, one must know the family attitudes and the emotional experiences through which the child has passed and what needs these have left unsatisfied."³

All children who exhibited much difficulty in adjusting were referred to the school social caseworker by teachers through the principal's office. The social caseworker became acquainted with the child through conferences with the principal, observations of the child's performances in the classroom, discussions with teachers and information from records which contained family constellation, date of enrollment in school, how many schools attended, how many grades repeated and teachers' comments on his progress. They sought to gain an understanding of the child's interests, attitudes, and desires. The social caseworkers were concerned with the forces blocking the adjustment of the child. They worked therapeutically

¹Ibid., p. xi.
³Jane F. Culbert, op. cit., p. 49.
with him so that optimum development could be facilitated. They tried to secure an understanding of the experiences which caused difficulties in his making adjustment to the classroom situation. The school social caseworker's assistance included securing social history data for case conference study; participating in the formulation of problems and possible treatment plans. They were also responsible for executing many of the recommendations of the conference. In addition, they served as attendance officers, helping to solve problems causing non-attendance, and made referrals to the proper department or agencies when such factors as health, poverty, and delinquency were the source of the difficulty. Direct contacts with the children were used by the social caseworker to gain some understandings of the children's concepts of the causes of their school difficulties. Also, they worked with parents in their homes in an effort to facilitate an understanding of the home environment and its influence upon the child's personality development and tried to establish a harmonious relationship between the parents and the child that would facilitate a wholesome parent-child relationship.

According to Jane Culbert, parents are frequently unaware of the emotional climate existing between them and their children and its effect upon the child and his success or failure in his school life.

The school casework conferences were scheduled twice a month to study those children presenting special problems. This group was composed of principals, guidance teachers, psychologists, supervisors, and school social caseworkers. Frequently, many of these children had been referred

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1Jane Culbert, op. cit., p. 3.
to the guidance teachers for academic counselling. The guidance teachers contributed to the understanding of the child's difficulty and aided in the treatment plan. The conference aimed to study and evaluate the psychological and social data plus educational information regarding the child and to formulate a picture of him as a whole personality. Further, the conference helped to crystalize the common thinking of all working with the child toward the development of a better treatment and correctional program for his mental and emotional needs.

Special School Service

The changes brought about in education during the comparatively recent past have gradually led schools to recognize the need of special schools. The three special schools in the Gary Public School System offered service to mentally deficient children who could not benefit from normal classroom situations.

The aim of these schools was to plan a curriculum which would meet the needs of these handicapped children commensurate with their abilities and capacities. It was hoped that there would be an accepting and permissive relationship between the teacher and the child that would facilitate learning. It was felt that through an interpersonal and helping atmosphere, these schools would enable these children to find satisfactions which would carry over to both their group and family situations. A permissive and non-compulsory group session was considered the emotional

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1Harry J. Baker, op. cit., pp. 398-400.

2Statement by Mr. Mark C. Roser, Director, Child Welfare Department, Gary Public Schools, Gary, Indiana, Personal Interview, November 21, 1950.
climate conducive to the formation and experiencing of satisfactory relationships with an accepting adult person.

The special schools were provided for those children with intelligence quotients of seventy-five and below; those presenting behavior problems who could not benefit from the regular school program, and those who were considered functionally mentally handicapped. There were no compulsory laws forcing these children to enroll in these schools, but once they enrolled they were required to attend regularly. Before deciding to consider a child for special school enrollment, the case conference staff studied his situation. Later, if his parents gave their consent, he was assigned to the special schools.

These schools operated on half-day sessions which were considered long enough for these children. Because their attention spans were short, it was felt that an all day session would aggravate their condition and would cause them more confusion and frustration with the possible consequence that they would drop out of school. Moreover, the school officials felt that many of these children need more time at home with their parents, which a half-day school session would allow.

These schools held two three-hour daily sessions. Children from eight to thirteen attended the morning session and those thirteen and above attended the afternoon session. Remedial work in academic and pre-industrial training was provided for them. Each teacher had not more than fifteen pupils. It was felt that having a group of this size would enable teachers to work with each child individually. All children were given mental tests every six months to evaluate their academic and social adjustments. Those whose test results were satisfactory were re-staffed
and re-assigned to the regular schools.

The schools were an outgrowth of the model of the Froebel School Project\(^1\) which geared a part of its program to those children requiring service in a special school. Personnel trained in understanding and working with children accepted the challenge to help them overcome some of their difficulties and to develop according to their own abilities and capacities.

In addition, those children who could not adjust or profit from the service offered in the special classes or schools, and those who were "home-bound"\(^2\) were given some home tutoring. With the approval of their family doctor and the Gary School Medical Department these children were provided with regular home teachers. This was a means of changing the attitudes of discouraged children and their parents during periods of illness.

This program gave teachers an opportunity to establish a relationship with these children, by working with them individually in their homes, which meant more than mere academic learning. The teacher on this assignment had to be most accepting of a child's limitations and had to be able to give him a sense of belonging as well as an opportunity to achieve. Teachers who have positive feelings for children could supply them with acceptance and security which they had otherwise been denied.\(^3\)

Through tutoring for several hours a day and for five days a week, a feeling of

\(^{1}\)Froebel School is located in midtown Gary at 15th Avenue and Madison Street.

\(^{2}\)"Home-bound" refers to those children given home tutoring.

confidence was readily achieved. Teachers involved in such close teaching relationships with these children frequently were serving as very necessary parent substitutes.¹

Cooperative and Collaborative Services

In spite of the effort made by the Public Schools to meet the needs of children requiring psychological, medical, casework, and special school services, there was a lack of essential facilities to meet particular needs of children requiring additional kinds of services.² Therefore, the schools made use of extra-therapeutic means in the community for children to supplement these services which the school could not provide.

The establishment of the Community Hygiene Clinic in Gary in 1942 served as an important factor in stimulating more constructive thinking about the treatment of the mentally handicapped children enrolled in the public schools. The clinic, under the auspices of the Lake County Department of Public Welfare, worked collaboratively with school people in the treatment of children requiring special services beyond those which the school had to offer.³ The case of every child requiring casework or psychological services was reviewed by the school conference every six months or sooner for further evaluation of treatment services and diagnosis of the problem. Those children whose behavior problems were of such nature that they could not be treated by the school services were

¹Ibid., p. 238.


referred to the Lake County Mental Hygiene Clinic through the Child Welfare Department of the Gary Board of Education for further diagnosis and treatment. The school social caseworker prepared transfer summaries and frequently cooperated with the clinic in the treatment process.

The school social caseworkers were responsible for knowing the resources of the community and for cooperating and collaborating with other agencies to provide auxiliary treatment means for particular children who were mentally handicapped. Many of these children came from homes which could not finance the cost of services needed. Consequently, the Department of Public Welfare was used to aid in working out plans for further financial assistance under the family or child care program. In some instances, the Department of Public Welfare collaborated with the school requesting assistance in verifying the eligibility of children and their parents for whatever service they sought.

Some of these children who were mentally handicapped came in conflict with the law and presented and manifested behavior problems which could not be handled by the school personnel. These children were referred to the Juvenile Court by the school official when they could not accept the rules and regulations of the schools and the laws of society. The Juvenile Court worked with the school personnel by enforcing the law in the better interest of the child and the community.
CHAPTER IV

THE PROBLEMS OF THE MENTALLY HANDICAPPED CHILD

The child who is inadequate because of intellectual capacity has many obstacles to face in his own home, his learning situation in the school, and his adjustment in the community. In the home situation he is handicapped because he usually requires more time and more patience than the so-called "normal" child. Consequently, it is difficult for his parents to give him the feeling of total acceptance which is essential for his personal and social development. In view of the fact that he is an ego extension of his parents and is limited in what he can do, his parents frequently see him as a symbol of their limitations. In the school situation, he requires much repetition and drill as he struggles to learn, which is both costly and time consuming. In addition, because he operates much on the instinctual and suggestible level, moving toward anybody who will give him some time and attention, he may become a victim of circumstances and come in conflict with society.

Parent-Child Relationship

Every child, however mentally handicapped, needs a wholesome relationship with his parents. It is essentially through this medium that a child is enabled to effect satisfying personal and social adjustments to his environment. A child deprived of his nucleus of security is oftentimes handicapped in his interpersonal relationships with other members of his

In the case of the mentally handicapped child, the whole parent-child relationship is different from that of the child whose intelligence is average or better. This is even true when the parents are successful, happy, and loving. The mentally handicapped child has his problems beginning with the period of infancy. During this time his parents note that habit training takes a longer time for him and that he requires more patient instruction. They also note that the results of his habit training are not so certain as that of the so-called normal child. His ability to establish control over and relinquish infantile forms of pleasure gratification is impaired. According to Pearson, the slow responses to habit training and the slow appearance of motor functions such as sitting up, crawling, walking, and speaking are the first indications that the child is mentally deficient. At first the parents feel puzzled and make efforts to compel the child to try harder. When their efforts are not rewarded they begin to realize that there is something wrong with the child and try desperately to force him to prove that this is not so. The handicapped child, like most, tries to respond to his parents' wishes to the best of his ability. When he fails, it seems to him that he is constantly displeasing his parents. He begins to feel that he is worthless and that his parents do not like him. On the other hand, when the parents

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3Ibid.
do admit to themselves that the child is backward, their pride is usually hurt and their attitude toward him ceases to be a comfortable and loving one.

In spite of the parents' sympathy and pity, their feelings toward the child contain elements of resentment, irritation, and hopeless apprehension. As their ambivalence increases they tend to disguise their feelings by overprotecting and coddling the child. However, in spite of their attempt to repress their hostility they frequently have a conscious awareness of the fact that they are ashamed of the child. Some parents become openly irritated and punitive. Others feel very guilty, as if they were deliberately responsible for the child's mental difficulty. The following case is an illustration of this feeling on the part of parents:

Case 1

George, a twelve-year-old first grade pupil of X School was referred to the case conference by the principal because of his seeming learning difficulty and his inability to adjust to the school situation. In class, George laughed frequently, engaged in fights and quarrels with other children, and was considered a nuisance by his teacher. He was restless and fidgety. Many times George did not attend classes and spent the day playing in the streets.

The social history revealed that George's parents were deeply religious. When George was born he received a cranial injury resulting from instruments which were used in delivery. Psychological examination revealed that he had an I.Q. of 50. His parents would not allow him to go places alone. They tried to select his playmates and became involved in many of his conflicts with them. When George became of school age he encountered difficulty going to and from school. His parents assumed this task. One day while reading the daily paper, the mother saw an article about the special school. She remarked, "The Lord has heard my prayers." She requested that George be placed in this school.

According to the social history George was injured at birth by

\[1\text{Ibid., p. 195.}\]
instruments which were used in delivery. This injury was considered a major contributor to his mental deficiency.¹ Schilder,² among many others, says that sadism, restlessness and excitement are common symptoms of mental deficiency after head injury. Levin believes that most restlessness is the result of some structural defect of the frontal lobes usually of developmental origin.³

The guilt feelings on the part of the parents for George's mental difficulty were obvious to both the parents and the worker. This feeling of guilt may be indicated by the parents' refusal to allow George to go places alone and by their deep religiousness. Overprotection seemed inherent in that his parents selected his playmates, engaged in his conflicts, and took him to and from school. Schilder⁴ has also pointed out that organic diseases occurring in the child's life make him more dependent on the parents, and they in turn tend to overprotect the child.

In the school situation, George was in constant conflict with his classmates and frequently violated the laws of the school by truanting. Truancy seems to involve an attempt on the part of the child to escape from real or fancied injuries, either physical or psychological situations which are intolerable. He does this by physically removing himself from a disturbing environment. The child wanders in a park, goes to

¹Harry J. Baker, op. cit., pp. 264-265.
movies or stays at home if the parents are at work. There are psychological forces inside and outside of the child which seem to drive or pull him away from uncomfortable situations.¹

Many parents are reluctant about placing their child in a special school, but this was not true of George's parents. The Board of Education, through the social worker of the Child Welfare Department, offered additional services to this family. He held a series of conferences with the parents, which assisted them in relieving their guilt feelings and in becoming more accepting of the reality of George's limitations. He assisted the parents in their acceptance of the special school as they realized that George would be more comfortable with less pressure for achievement than in the regular school. George did make a more satisfactory academic adjustment and got along better with his teacher and his schoolmates.

The lack of parental stability may accentuate the problem of mental deficiency. The mentally handicapped child who cannot find his place in the family setting tends to feel unwanted and insecure. These feelings may interfere with his real capacity to learn, especially when he is deprived of love, affection, and the attention of someone he loves. He may react to the situation with some regressive neurotic tendencies. Case 2 illustrates the attitudes and feelings of a mentally defective child who, because of parental instability, had difficulty in relating to his parents, teachers and classmates.

Case 2

Harry, a ten-year-old, second grade pupil was referred to the social worker because he did not seem to show any academic or social growth. He was aggressive and uncooperative in the classroom. He was highly emotional, enuretic, and exhibited effeminate tendencies. His classmates called him "sissy." He was in frequent fights and quarrels with them. Psychological tests revealed that he had an I. Q. of 60.

When Harry was three years old his parents were divorced. The mother was given custody of the child. Later, the mother married a man who showed no affection for the child. Harry never seemed happy at home. He could not adjust himself to the classroom situation. His mother insisted that the school was responsible for Harry's learning difficulty and persistently stated that "if teachers were teaching 'something' the boy wouldn't be so dumb." She insisted upon teachers whipping Harry when he did not know his lesson.

It was obvious that Harry's aggressiveness may be indicative of some unresolved conflict. According to Gordon Hamilton the child who is extremely aggressive has a defective super-ego. He is unable to restrain himself within, and therefore acts out his impulses depending upon his feelings.1 Harry's seeming inability to adjust to the school situation may be an expression of his feelings toward his parents.

In the case of Harry, it is evident that the emotional climate in the home as indicated by the parental conflict and divorce was not conducive to his emotional adjustment. The parental emotional insecurity and conflict exhibited by their marital situation and the mother's attitude toward his school adjustment seemed only to aggravate Harry's aggressiveness. Because of these negatives exhibited by his parents, he seemed unable to establish a wholesome relationship with them to help him in his

own emotional adjustment. Leavitt has stated that since character formation depends upon emotional attachments, poor parental spirit, constant bickering between parents, questionable behavior by parents, flagrant drunkenness or immorality on the other hand will produce greater insecurity than actual deprivation of adequate food or shelter.¹ Harry's enuresis seems confirmation of an unsuccessful personality development. In keeping with the theory of English and Pearson, Harry may have clung to this symptom as he was unable to get gratification from his parents to compensate for relinquishing the physical pleasure of wetting.²

When the case came to the social worker's attention through the case conference, he recognized that Harry's problem was a combination of intellectual limitation and parent-child relationship. It was felt by the conference that a change of environment in both the home and school situation would offer assistance to Harry in reducing his discomfort. The school social worker interpreted the boy's difficulties to his parents, and recommended special school placement. At first the parents were reluctant, feeling that the public school had not done all it could to help Harry. As their guilt and projection subsided through contacts with the social worker, they gave consent to his enrollment. In this more accepting setting, Harry made improvements in his academic and social progress. Correlating this improvement was a more accepting attitude from his parents. As a result, the parent-child relationship became more wholesome.

¹William Leavitt, op. cit., p. 163.

Teacher-Pupil Relationship

A child experiences his first community living in the school situation.\(^1\) He finds in the school a similar pattern of life to that which exists in the home. That is, the teacher presides over the classroom as the parents preside over the home. Kanner says that the teacher's responsibility in molding the personality of the child is second only to that of the parents.\(^2\) In the classroom the teacher is confronted with the problem of dealing with a group of individuals whose intellects, emotions, and volitions are all varied and constantly changing. He tries to devise a daily routine that will best serve the largest number; but he often finds it impossible to meet the individual needs of some children who do not lend themselves to education on the plan of mass production. Many teachers feel that a child whose emotional life is twisted and warped by unhappy environmental situations, whose lack of interest in his studies is perhaps due to mental deficiency should not be allowed to pass on from grade to grade. Others feel that it is as important to know the child as to know the subject matter, and realize that one of the chief responsibilities is to understand the needs of a child and to use methods that develop confidence, trust, and cooperation.\(^3\)

Rennell and Woodward state that a child's reaction to his teacher is of crucial importance to him and that fear, frustration or hostility induced by his school experience can develop or exaggerate patterns of

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\(^1\) Leo Kanner, *op. cit.*, p. 238.

\(^2\) Ibid.

behavior that will determine his whole life adjustment. They further say that a child's present actions are based upon his past experiences, shaped by his present situation, and influenced by his desire and hopes for the future; and that teachers whose reactions to children are based on this concept will accept all children regardless of the nature of their difficulty, because what children do is in reaction to their environments and mental endowments. More than that, any teachers who believe this cannot seriously reject or blame children for what they do because their behavior is seen only as a symptom of underlying causes.1

As previously mentioned, the child who is inadequate because of intellectual capacity exhibits many problems in the classroom situation. His behavior may be either active or passive. The following case illustrates the attitude of a teacher toward the behavior of an aggressive boy who was in the regular classroom situation, while waiting to be staffed by the conference for special school placement:

Case 3

Jerry, an eleven-year-old boy in the second grade, was referred to the school social worker by his teacher because of unsatisfactory academic progress and classroom adjustment. According to the teacher, Jerry's behavior was uninhibited. He ran about the classroom without permission, yelled across the room and out of windows at his classmates, talked aloud to himself, and boxed at his shadow. He was seldom clean and tidy in appearance. The teacher claimed that she could not tolerate Jerry's behavior and frequently punished him. The children would antagonize Jerry by teasing him. They nick-named him "stupid." On psychological examination, Jerry showed an I. Q. of 65.

When Jerry was five years old his parents separated. He and his siblings stayed with the parental grandparents. Jerry never saw his mother again until he was ten years old. At this time his parents decided to live together again.
Frequently, a teacher reacts negatively to a child's behavior because of the lack of knowledge and understanding of the predisposing, precipitating and perpetuating factors influencing the difficulty. As already pointed out, the teacher should know the child whom he is teaching as well as the subject matter. He should seek to understand the child as an individual and try to supply him with emotional security. To help teachers achieve this wholesome attitude toward their pupils is one of the functions of the school social worker.

It was obvious to the worker that the teacher's actions were based upon the lack of understanding of the social, psychological and mental factors operating within the child, producing behavior difficulties. He attempted to increase the teacher's understanding by making him aware of the child's experiences and need for love, affection and security. Having this understanding, the teacher changed his attitude toward the child, becoming more sympathetic. This change in the teacher's reaction was reflected in a change in the child's behavior. He became less aggressive and made a satisfying adjustment in the classroom situation. It is apparent that a wholesome teacher-pupil relationship is just as important as a wholesome parent-child relationship.

Child and Community

The mentally handicapped child who has been rejected in his interpersonal relationships in the home and school situations often becomes a problem to the community. The incapability of competing with normal children and the increased resentment shown him in the home and school may drive him elsewhere for the satisfaction of his needs.1 He turns

from situations which give him too much pain to other situations less painful. He may move toward anyone who accepts his mode of behavior, possibly "falling in" with a delinquent child or gang that accepts him because of his usefulness to them, being ignorant of their planned depredations. Frequently he may even seek out the delinquent gang himself, and, in his association with them, adopt whatever code of ethics they prescribe for him, however conflicting it may be with that of society. Investigators agree that lying, stealing, fighting, and abnormal sex interest are the chief behavior problems presented by the gang. The following case is centered around an adolescent boy who was in constant conflict with the law enforcement officials for violating the laws of society.

Case 4

Bob, a fifteen-year-old sixth grade adolescent boy, was known to the School Case Conference and to the Juvenile Court for excessive petty stealing. According to his parents, Bob stole from them and their neighbors. On several occasions Bob and other teenage boys were caught stealing from community stores. The school records indicated that his scholastic ability was poor and that he had begun to truant from school soon after entering. He showed an I.Q. of 70.

Bob was the oldest of seven children. His parents lived in a four room apartment. The father's income was too inadequate to provide sufficient food and clothing for the children. Many times they went to school hungry and improperly clad. There were frequent family disputes. The father was brutal in his disciplinary measures, sometimes inflicting physical abuses upon Bob.

It has already been said that a child who is deficient in his mental ability operates much on the instinctual and suggestible level. He has a poor conception of moral judgment and may be unable to choose between

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right and wrong. If he is further frustrated with overt or latent parental rejection he may become involved in non-acceptable behavior and fall into conflict with the law. In the case of Bob we have seen evidences of behavior which may be attributed to mental retardation superimposed upon by fundamental lack of emotional security.

It was also indicated to the worker that the economic situation in the home with resultant deprivations might have been influencing Bob's difficulty. The social worker not only contributed to the parents' understanding of the boy's intellectual and emotional problems but acquainted them with community resources where they might receive financial assistance. In a follow-up study, the worker learned that the parents were receiving family assistance from the Department of Public Welfare and that Bob had been given a paper route and that there had been no further evidence of his stealing.
CHAPTER V

SUMMARY AND CONCLUSIONS

Some consideration has been given to the care and treatment of mentally handicapped persons as far back as the beginning of the Christian era. Then, people looked upon mentally handicapped persons as afflicted human beings and sought to change the attitudes of other people toward them. Gradually more consideration has been given to the welfare of this handicapped group. Since the middle of the nineteenth century, provisions have been made both by public and private facilities on a state and local basis for the care and treatment of mentally deficient persons.

Several states and cities now have established programs for the welfare of these individuals, but the State of Indiana is recognized as one of the first to make provision for the mentally handicapped persons on a state and local basis. In 1851, when the State Constitution was drafted, there was a stipulation authorizing the state to provide services for mentally defective individuals. Also, in 1887, the Indiana General Assembly passed an act authorizing that a school be established for the feebleminded, known as the Indiana School for Feeble-Minded Youth, which later became the Fort Wayne State School. Later, in 1931 another act was passed by the General Assembly, making it mandatory for the State of Indiana to provide special services for all children with mental deficiencies enrolled in the public schools.

The City of Gary had begun to provide a special service to mentally handicapped children enrolled in its public schools as early as 1920, when special classes were organized for children with learning difficulties.
By 1927, the Public Schools were provided with psychological services; in 1935, a psychiatrist was employed to render services to those children requiring more intensive treatment. However, this latter service was short-lived because of insufficient school funds. By 1942, social workers were employed as staff members of the Child Welfare Department of the Public School System to aid in the social study and treatment plan for all children requiring a special service. Also, by 1950, the school social service program had expanded to include a field work unit in the schools for training social workers whose functions were the same as the regular employed workers. In 1949, three special schools were established to accommodate the mentally handicapped child who could not fit into the regular program.

Special services were available to all children enrolled in the Gary Public Schools. They included: (1) a psychological testing program which gave psychological examinations; (2) a medical department which was established to aid in the appraisal of the children's health; (3) the case conference, including the psychologists, principal, supervisor, guidance teachers, and social workers, was organized to study the problems and formulate treatment plans for children who presented behavior problems; and (4) community resources, such as the Mental Hygiene Clinic to aid in cases of gross pathological disturbances, the Lake County Department of Public Welfare for financial assistance under the family and child-care program, and the Lake County Juvenile Court for assistance in the enforcement of the school regulations and the laws of society.

All of these services assisted the school officials in isolating and helping the mentally handicapped children enrolled in the public schools.
The methods contributed to the understanding of the mode of behavior of these children in their interpersonal relationships in the home, school, and community. Because of the large percentage of mentally handicapped children enrolled in the public schools, and the resulting behavior problems which they presented in the home, school, and community, the officials in the Gary Public School System found it necessary to make some provisions for these children on an individualized basis in order to help them resolve their conflicts. The school officials felt that these special services would help to reduce juvenile delinquency and decrease the number of children committed to correctional and mental institutions.

The City of Gary, founded in 1906, is one of the youngest cities in the State of Indiana. Nevertheless, its public school system excelled those of many older and larger cities in Indiana and elsewhere in providing special provisions for mentally handicapped children.
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