

THE INTELLECTUAL AND SOCIAL STATUS OF CHILDREN OF MENTAL DEFECTIVES

By

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PART I

INTRODUCTION

THE purpose of this survey was to assess the intellectual and social status of 150 children of 73 certified mental defectives. It is proposed to discuss the mothers in this paper and the children in a further one. The mothers in this group were all at one time patients at the Fountain Hospital. Much of the initial work was done by Mrs. L. Mundy, the Senior Psychologist, who had already tested most of the mothers, and Miss Kerry, the social worker, who had maintained contact with many of the discharged mothers and their children. One of the main factors which have made the research easier has been the general good feeling towards the Fountain felt by our ex-patients. They want the Fountain in general and the Physician Superintendent in particular to know how they are and what they are doing. Dr. Hilliard's "somewhat unorthodox procedure with difficult cases" (1956) and his views on feeble-mindedness have now become fairly generally accepted. His view that many of these women can work successfully in the community has been substantiated already. It is hoped that this survey will help to avoid the inhuman and expensive administration process whereby an allegedly feeble-minded mother is permanently separated from her child.

HISTORY

Feeble-mindedness was first considered as a major problem at the beginning of this century. This was due to a variety of causes. Those administering education realized that there was a group between the normal and the ineducable. In 1899 provision was made for these children in special schools. Educationalists themselves changed their attitude and became more hopeful that something could be done for these children. Their confidence had been slightly tempered, but they still hoped that planned education would make certain grades of defectives socially efficient. On the other hand, Francis Galton (1869) writing on "Hereditary Genius" had drawn an obvious parallel with defectives. Fear of defectives on eugenic grounds arose from these views. This was coupled with a political fear that with universal suffrage the "degenerate members", who were all too prolific, would control the country and decide who was to govern. The dangers of giving this group of people full citizen rights was emphasized even more in America than in England. Binet in 1902 encouraged people's scientific interest in defectives by producing an intelligence test. This was first used for discerning subnormal children, and provided the means by which defect could be measured.

In this way Intelligence tests, Educational Acts and theory, political

awareness, genetic discoveries and eugenic fears, as well as social conscience all led to the "discovery" of the feeble-minded.

At first the concept of feeble-mindedness was rather loose and it is interesting to note the rather dogmatic statements made by responsible people around this time.

Davenport (1911) in *Heredity in Relation to Eugenics* and using Goddard's genealogies writes: "Low mentality is due to the absence of some factor, and if this factor that determines normal development is lacking in both parents, it will be lacking in all their offspring. Two mentally defective parents will produce only mentally defective offspring."

Downing (1931), also quoting from Goddard's results says: "feeble-mindedness apparently behaves as a Mendelian recessive . . . If a feeble-minded individual comes from parents, both of whom are congenitally feeble-minded, or who have a great deal of feeble-mindedness in their ancestry, such a one is taken to be a pure recessive as far as his character is concerned, and his germ-cells have a double dose of the factor for feeble-mindedness (FF). When two such persons mate their offspring would be expected to be all feeble-minded . . . Out of 144 such matings resulting in 482 offspring whose records are known, Goddard found that 476 were feeble-minded." He goes on to describe "matings" of normal-feeble-minded (NF) and (FF) giving half normal and half feeble-minded offsprings and of two NF types who give children in the ratio of three normals to one feeble-minded.

Fernald (1912) writes: "Feeble-minded women are almost invariably immoral and, if at large, usually give birth to children who are as defective as themselves."

In a pamphlet by Neff *et al.* (1915) entitled "The Degenerate Children of Feeble-minded Women" is found the following: "Practically all poor, feeble-minded women at large become mothers of illegitimate children soon after reaching the age of puberty . . . The histories of these feeble-minded women and their feeble-minded children are all practically the same. Their unfortunate birth, helplessness, pauperism and ruin is part of a continuous series whereby the community is constantly supplied with the elements of degeneracy."

A. E. Tredgold (1929) writes, after pointing out that unfit members in society now survive: "The result is a state of disharmony between society and its degenerate members, in which the unfit multiply, and threaten the race with economic and biological disaster."

Berry and Gordon (1931) in *The Mental Defective* write: "The mental defective is often responsible for the making of the slum, and swells the ranks of the drunkards, vagrants, criminals and prostitutes—all more or less charges on the community."

These views led to a fairly widespread movement in favour of sterilization. In England the departmental committee on sterilization presented its report in 1933. Various studies had previously been carried out purporting to show that defectives had larger families than normal, even though they had an increased death rate. Sayer during 1904–1906 found 7.6 children born in defective families as opposed to 5.1 in a normal family. The death rate brought the defective families down to 4.7 while the normal families had 3.9 survivors. Jones (1934) in a Merseyside survey, found in defective families there were 7.16 children of whom 4.7 survived, while normal working class families had 3.92 children, 1.97 of whom survived. In neither survey were intelligence tests used and the concept of "defectiveness" is rather vague. A. F. Tredgold (1952) quotes similar figures for America. The move for sterilization was always more

popular in America than in Britain where it has rarely been carried out although there has been some support for it.

In due course there was a swing away from the armchair view that nearly all defectives would have nearly all defective children, toward interest in actual results. Those interested in genetics were some of the first to gather family histories. None of these surveys used intelligence tests for the parents and children, but made estimations or relied on relatives' accounts. In several surveys mental defect, alcoholism, mental illness and delinquency were not seen as separate entities. This method of approach was again more popular in America where the most famous family histories investigated between 1877 and 1912 were the Juke family, the Kallikak family, the Hill Folk and the Nam family. Davies and Williams (1930) in their book on *Social Control of the Mentally Deficient*, mention 4 other family histories of defective stock.

Penrose and Turner (1934) described a family history of a defective brother and sister who had had two children who were not defective. This was obviously something of an oddity. Numerous criticisms have been made of the larger studies, but at the time their effect was widespread.

Apart from the family history method, the question as to how great a part was played by inheritance in producing a defective was approached in two ways. Method 1: Surveys were made of the parents of defectives and special school children. The main drawback to this method was that, although the parents were visited, they were not tested. Where the parents were poor, or where there was no home, the children were more likely to be in State institutions. This may have affected the results. Burt (1955) in his book *The Subnormal Mind* points out the fallacies of this method. He writes: "Still more conclusive is a study of the offspring of parents known to be defective. In investigations into heredity the usual procedure is to start from the child and work backwards. It would seem far more logical to start from the parent and work forwards." This then is Method 2. Surveys were made by tracing the children of certified adults or ex-special school children. Lewis (1934) used this method in his sterilization report and states his reasons for doing so in paragraph 24. Until Penrose's study there was, almost always, a lack of definition of what was meant by a mental defective. The seriousness of the defect in both parent and child was not investigated. Mental deficiency was seen as a single syndrome and not as a continuum with normal mental ability. With both methods there was a tendency for the work to be carried out by champions of either the hereditary or the environmental school. A brief tabulated survey of the research with these methods is given in Tables I and II.

It is not proposed to discuss each of these researches in detail. Many are not strictly comparable, but a tendency can be seen for the percentage of defectives found to decrease. Summaries of the results of the two main studies are given.

Lewis (1937) writes: "Whether the cause be bad heredity or adverse environmental conditions, or both, the children of parents, one or both of whom are mentally defective, are, on the average, below normal, and our enquiry shows that nearly one-third of such children as survive are likely to be defective, and more than two-fifths must be expected to exhibit some degree of mental abnormality."

Penrose (1938) writes: "The incidence of defect amongst parents and siblings of patients was estimated to be as high as from 7-9 per cent. (the incidence amongst patients' own children being much higher) and this exceeds by some 6-8 per cent. the figures for the population in general." He found no

TABLE I

Method I. Surveys of the Parents of Defective and Special School Children

Name	Country	Date	No. of Cases	Group	Per-centage of Children With Defective Parents (One or Both, not Specified)	Per-centage of Children With One Parent Defective	Per-centage of Children With Both Parents Defective
Sayer	England	1913	100	Defectives	34	—	—
Reiter and Osthoff	Germany	1921	250	Special School Children	—	56	11.6
Dayton	U.S.A.	1921-23	2,729	Special School Children	15.4	—	—
Morralls	U.S.A.	1924	45	Defectives	73.3	—	—
Mental Deficiency Committee of Surrey County Council	England	1926	500	Defectives	25*	—	0.8
Lokay	Germany	1929	82	Defectives	< 12†	—	—
Myerson	U.S.A.	1930	566	Defectives	29.3	—	—
Brugger	Germany	1930	254	Defectives	23	—	—
Myerson and Elkind	U.S.A.	1930	1,889	Defectives	—	10*	6
Williams	England	1930	100	Special School Children	5	—	—
Berry	England	1933	165	Defectives	60*	—	—
Wildenskov	Denmark	1934	200	Defectives	62	—	—
Herd	England	1934	—	Special School Children	15	—	—
Burt	England	1913-35	—	Special Schools	6	—	—
Penrose	England	1938	1,280	Defectives	7.6	—	—

* Parents defective or insane.

† Lokay's results are given in the form: "12 per cent. of the parents were defective"

TABLE II

Method II. Surveys of the Children of Defectives

Name	Country	Date	No. of Parents	No. of Children	Percentage of Children Defective	Intelligence Test Used
Burt	England	1913	Nearly 500	—	14	Yes
Brugger	Germany	1930	—	—	41	No
Vanuxem	America	1931	—	229	69	No
Woodall	America	1932	—	119	44	No
Lewis Sterilization Report	England	1934	—	3,650	16.9 (23.5 retarded)	No
Penrose	England	1938	67	124 56 tested	30.3	Partly
Stippich	America	1940	—	48	21	Yes
Skeels and Hanns	America	1948	—	87	< 5.5	Yes

unequivocal evidence of sex-linked genes (inheritance factors) in the causation of mental defect. On the other hand, there was definite evidence in favour of Mendelian recessivity and dominance respectively in some of the rarer conditions he found among these patients. He concludes that the aetiology of mental defect is multiple and may be caused by gene mutation.

In his survey Penrose quotes no correlation figures between the parents and their children but says that "the grade of child appeared to be almost independent of the grade of the mother". He found just over 30 per cent. of the children of mental defectives to be themselves defective.

Tredgold (1952), summarizing some of the above researches, writes that "Mental defect is present to a varying extent in the parents of defectives (in England in about 10 per cent. of cases); but it occurs to a much greater extent in the children of defectives (in England about 50 per cent.). In general, I think it may be said that these figures point to a progressive family increase in the severity of the mental abnormality and in the number of persons affected."

Burt's studies stand out as claiming much smaller percentages than his contemporaries. This may be due to the fact that he is dealing with a rather brighter population (special school children) rather than all grades of patients in an institution, but it is also likely to be due to his greater experience and objectivity and to the fact that he used intelligence tests and actual interviews with the children in his survey. The figures in this research appear to agree more closely with his than with many of the others.

Finally, Penrose can again be quoted as saying in 1952: "Personally I do not believe that there is any truth in the idea that deterioration of the population will occur if high-grade defectives are allowed to breed naturally. However, judged from the point of view of the child, the conditions of health and nutrition depend upon the mother a great deal and I think that each case must be judged upon its merits as a medical rather than an eugenic problem." Many of these surveys do not define clearly whether they are using legal, social, intellectual or statistical criteria to denote mental deficiency. By "defective" it is not always clear if they mean those who are actually certified, or those who are socially incapable, or those who are below a certain level of intelligence.

THE MOTHERS

(a) DESCRIPTION OF GROUP

Number. Of all the mental defectives who have been admitted to the Fountain Hospital, 73 are known to have had children. Four of the mothers were short-term "Place of Safety" cases, but different in no other way from the main group and have therefore been included. The mothers were all South Side Home patients admitted round about the age of 22.

Age and length of stay. The average age of the mothers in December, 1956 was 40.8. The average age at certification was 22 years (73 cases) and the average age at discharge was 36 years (65 cases). Those discharged had been certified for an average of 14 years.

(b) INTELLIGENCE OF MOTHERS

In 3 cases out of the 73 no intelligence tests were given. These were old cases and were transferred or discharged before the appointment of a psychologist to the hospital. Of the remaining group, 54 had Full Wechsler-Bellevue tests, 10 had Verbal Scale Wechsler tests, 59 had Terman-Merrill 1937 Revision of the Stanford-Binet Form L tests, and 51 had Progressive Matrices tests.

All the tests were given by Clinical Psychologists, most of the above were given by Mrs. L. Mundy, Senior Psychologist at the Fountain Hospital. When the mothers' test scores are averaged the 70 have a mean I.Q. of 73.5. The results with the Terman-Merrill and Wechsler-Bellevue tests were found to be very different. Considering just the Terman-Merrill results, the mothers have an average I.Q. of 61.1 with a range from 38-84. This then appears to be a fairly representative sample of high-grade feeble-minded mothers. However, if one considers the Wechsler-Bellevue I.Q. they are considerably higher. Forty-four of the 73 mothers have been given the Full-Scale Wechsler and their average I.Q. is 83.1 with a range of 49-113. The 51 Progressive Matrices scores give an average I.Q. equivalent of 81.1 which agrees closely with the Wechsler average. A group of 40 mothers have had both the Terman-Merrill and Wechsler-Bellevue tests. In all but 12 cases they were given within 2 or 3 days; with these 12 cases the order and length of time between tests did not appear to affect the scores consistently in any direction. These 40 mothers had an

average Terman-Merrill I.Q. of 63. and an average Wechsler-Bellevue I.Q. of 83. The correlation between the two tests is .72. On all the Wechsler tests the average verbal I.Q.=80.7, and the average Performance I.Q.=88.8. These results are very similar to those found by Charles (1953). However, he compared 1916 Binet Scores with the later Wechsler I.Q.s. He found the Wechsler Verbal I.Q. approximately 14 points higher, the performance I.Q. more than 30 points higher and the full scale I.Q. about 23 points higher. The whole question of the relative scores on the two tests is being investigated by Mrs. L. Mundy. These cases are a selected sample (because they have had a child) of her larger group of feebleminded women. A number of studies have been done on the correlation between Wechsler-Bellevue Scale and the Terman-Merrill, but most investigations do not use this feebleminded to dull normal group. Ainsworth, Wagner and Strauss (1945) found a higher performance than verbal score in a group of similar girls. Earl (1940) noted a higher performance score among those more suitable for licence and Rapaport (1946) quotes a large number of studies on these two tests. The Terman-Merrill is basically a children's test and although the Wechsler appears to give rather high scores at times, the success rate of the mothers as described later seems to indicate that it has a higher predictive value. This view is held by Whitcomb (1945), who writes: "The Wechsler-Bellevue Scale, although it is not so widely used as a basis for classification in institutions for adult defectives as the Binet, does seem to be the more accurate measuring instrument."

One of the obvious differences in the two tests is that the Wechsler allows for deterioration while the Terman-Merrill does not. The average age of the mothers when they were given the Terman-Merrill test was 34 so that 3 per cent. or less than 3 points might be accounted for by this. The difference in standard deviations of the Wechsler and the Binet is another factor which might help to account for the 20 points. The standard deviation of the Terman-Merrill is not constant for age and is not given for those over 18 years (Terman and Merrill, 1947). It has been taken as 16.5 and the Wechsler standard deviation as 15 (Wechsler, 1944). When the average scores of the two tests are converted to an SD of 16 points, the Terman-Merrill average of 62.5 becomes 63.2 and the Wechsler average of 82.5 becomes 80.8 for 40 cases.

Another fact which needs to be taken into account is that while the Terman-Merrill is a mainly verbal test the Wechsler is made up of verbal and performance items. The women in this study are performance-biased as shown by their average Wechsler performance score being 8 points higher than their verbal score. A possible explanation is that a girl who for hereditary or environmental reasons does badly at school may be better on the performance side. If just after leaving school she becomes a nuisance, she would be far more likely to be certified than a verbally biased girl. Later her performance ability might well lead her to make a good work adjustment and to be an obvious case for discharge. Whether this difference is due to the verbal items being more sensitive to environmental hazards is a moot point.

All these differences at the most would account for about 9 points. The variation in range should also be noted. With these women the Terman-Merrill range is 46 points whilst the Wechsler range is 64 points.

The mothers as a group appear to have been living below their capacity. Mundy (1954), Clarke and Clarke (1954) have shown considerable rises in the I.Q. with girls of this sort, both on coming into an institution from a bad home background and on going from the institution to a post outside. An assessment of the home background of these girls was therefore made.

(c) FAMILIES FROM WHICH MOTHERS CAME

In looking through the mothers' files it was noticed how many came from overcrowded homes, or had just lost a parent or were physically handicapped in some way. To try and assess these factors, four headings were made: Physical, Emotional, Educational and Economic handicaps. It is of course difficult to assess the extent of these after thirty or more years, but the sub-headings were made as objective as possible. The groups are not in any way exclusive, but extremely interdependent. The death of the father in a family almost certainly meant that they were economically worse off. These secondary effects of the main factors are not included in the following assessment.

Physical Handicaps

Defective sight	..	..	..	..	..	..	11
Defective hearing	..	..	..	..	..	..	9
History of epilepsy	..	..	..	..	..	..	6
Defective speech	..	..	..	..	..	..	5
Endocrine disturbance	..	..	..	..	..	..	4
Poor general health	..	..	..	..	..	..	3
Alleged congenital syphilis	..	..	..	..	..	..	3

All these factors might lead to an underestimate of their intelligence at the original interview when they were certified and most would be a handicap in education. Thirty-six mothers suffered from one or more physical handicap.

Emotional Handicaps

To differentiate between the mothers who were certified patients and their own mothers, the latter have been referred to as grandmother, thus:

Grandmother
 Mother—(patient at the Fountain)
 Child
 Grandchild (of patient)

Emotional Handicaps

Mother illegitimate	..	..	..	..	..	..	9
Grandmother died or left home before mother aged 5	..	..	..	..	..	..	7
Grandmother died or left home when mother aged 6–10	..	..	..	..	..	..	3
Grandmother died or left home when mother aged 11–21	..	..	..	..	..	..	8
Grandfather died or left home before mother aged 21	..	..	..	..	..	..	21

Total mothers included in above 43

Grandmother described as emotionally maladjusted	..	..	..	..	..	..	20
Mother separated from home for more than 4 years before 16	..	..	..	..	..	..	10
Mother described as emotionally unstable	..	..	..	..	..	..	19*
Mother described as psychotic	..	..	..	..	..	..	5*

Total mothers included in above 67

It is very difficult to assess whether the mothers were emotionally upset because of events before certification or whether this was their reaction to

certification and being put in an institution. Out of these 24 cases (described as emotionally unstable and psychotic), 16 were either illegitimate, had lost a parent or had a maladjusted grandmother, 3 more had physical handicaps.

Sixty-seven mothers came under this heading of emotional handicap, nearly 92 per cent. The disturbance in their home life was fairly certainly one of the main factors that brought these women under the Mental Deficiency Act.

Educational Handicaps

These are rather difficult to evaluate because the social and medical histories merely mention the school and length of stay. Many of the cases are old and it is now impossible to say whether any misplacement as to length of stay in elementary or special schools occurred. The attitude of the teachers and the size of the class could have made a considerable difference. The large number of physical handicaps have to be taken into account as well as the emotional factors, both are in a sense educational handicaps. Those belonging to education *per se* were:

Educational Handicaps

Missed school for long periods (due to illness, playing truant or helping at home)	8
Over 5 changes of school	5
Less than 5 years schooling	3
Foreign language difficulty	1
	—
<i>Total mothers included in above</i>	14
	—

Economic Handicaps

Again this is difficult to evaluate as the economic status of this group has altered considerably during the last 50 years.

Economic Handicaps

Father generally out of work and family very poor ..	7
Public assistance given almost continuously	4
	—
<i>Total mothers included in above</i>	11
	—

In 15 cases the family circumstances were not stated fully enough or there was no home to assess. In a total of 11 cases the economic handicap was very severe, but in many more cases the family were managing on very little.

A large family does not always mean economic hardship and was more usual at the beginning of the century, but these families appear to have been even larger than average. By Penrose's definition (1950) this group are certainly biologically fit: 50 of the mothers are from families of 5 and over and 21 of these come from families of 10 and over. In every case but one the mother had another handicap beside being one of a large family.

The number of siblings was not known in 3 of the cases. The remainder had 527 siblings or an average of 7·3 each. In 48 cases where the death rate of the siblings was known, it was 108 or 26·8 per cent. This death rate is similar

to that found by Penrose in the siblings of certified patients which was 27 per cent. Penrose (1938) writes: "the number of children born to feeble-minded persons has been investigated by different observers with diverse results, though most workers have found a correlation between size of family and parental intellectual inferiority. It appears from my own figures, that the highest fertility is associated with a parental intelligence which is on the borderline of mental defect as it is generally understood; as the mental grade of parent diminished below this point, fertility also diminishes." Elsewhere (1950) when discussing the whole problem of differential birth rate with respect to mental ability he says "that there is a maximal fertility at some point between I.Q. 50 and I.Q. 80". The matter is discussed further in the 1946 Galton Lecture "The Trend of National Intelligence".

Eighteen of the mothers had at least one sibling who had been under the Mental Deficiency Act. The I.Q. of these mothers and their children will be discussed later.

As a whole, 36 Mothers had one or more Physical handicap
 67 Mothers had an Emotional handicap
 11 Mothers had an Economic handicap
 14 Mothers had an Educational handicap.

Two mothers had none of the above handicaps, one of these came from a large family only and the other came under none of the above headings. It would not be surprising if coming from these conditions some of the mothers tested well below their "true" level and appeared to those dealing with them to be of even lower intelligence than their test score would indicate. In 23 cases an early I.Q. was recorded, the present Terman-Merrill I.Q. was 66.4 whilst the early Terman-Merrill was 54.1, an average difference of 12.3. Several of these women were then described as imbeciles. The early tests often appear to have been inadequately done, they were not carried out by a psychologist and were re-quoted in some cases for more than five years. It seems possible that over the years a maturing process has been taking place. It is also possible that this would have been accelerated by one or at the most two years' intensive training and mothering instead of certification for 10 years or more. Many of these girls would have been very suitable for residential probation rather than certification. In a group of 30 consecutive admissions to a probation home tested recently, over a third had I.Q.s below 90 and in this group gains of over an average of 6 points were noted on re-testing. Residential probation is mainly used for court cases when the home conditions are unsatisfactory and it seems that some of the cases who, in the past, would have been certified following minor crimes, should now be given a year's comprehensive training without certification.

(d) REASON FOR CERTIFICATION

The reasons given for certification varied and the social notes and the certification notes do not always agree. In 44 cases out of 73 the patient's pregnancy appears to have been the main cause of certification. The sections which were used are given below in Table III. The court cases ranged from "found wandering" at 6 years and another "stealing goods amounting to 1/1d." to stealing £3 as the most serious. The time at which the children were born in relation to the mothers' certification is given in Table III.

TABLE III
Reasons for Certification

Section	Explanation	Number
Section 6 ..	Usually used when in social difficulty or when the parents' consent is "unreasonably withheld" ..	53
Section 8 and 9	From a court or place of detention	14
Section 7 ..	Transferred from guardianship	2
Section 15 ..	"Place of Safety" when found neglected, etc., and pending presentation of Section 6	4
	Children born before mother's certification as M.D. ..	=42
	Children whose conception caused mother to be certified ..	=44
	Children conceived while mother detained under order ..	=4
	Children conceived while mother on licence ..	=18
	Children conceived after mother's discharge from M.D. Act ..	=10
	Children conceived after mother's discharge and marriage ..	=32
		150

Three mothers were married before they were certified.

(e) PRESENT STATUS OF MOTHERS

Sixty-five or 89 per cent. of the 73 mothers have been discharged. The remaining 8 are as follows:

Still at South Side (a hostel for adults) (1 being on daily licence*)	4
Transferred (1 being on licence*)	3
On licence*	1

The 65 discharged mothers are employed as follows:

Working	27*
Married	26*
Not traced, but working when last heard of	4*

Eight are not now working:

At home (2 of these attend occupation centre)	3*
In mental hospitals	2
In Old People's Homes	2*
Dead (having worked competently after her discharge) ..	1*

* Thus 66 of the 73 mothers (90 per cent.) have now worked and lived in the community.

Those who are married or employed have been discharged for an average of nearly 5 years ranging from one month to fourteen years. Many of them keep in touch with the Fountain Hospital, contacting the Superintendent or the Social Worker if they want advice or help with filling in forms, and similar problems. The married mothers have a lower average age, but similar intelligence to the unmarried, reflecting the alteration in policy of allowing suitable cases to marry. Taking only the mothers of live children: out of the 28 who are 41 years and over, 7 are married and 21 are unmarried, whereas of the 32 who are 40 and under, 19 are married and 13 are unmarried. The number who have had live children has hardly altered, 28 are over 41 and 32 are 40 and under, but the number married has risen from a quarter to over a half.

(f) MOTHERS AS WIVES, HOUSEWIVES AND MOTHERS

Two very divergent views have been held on the discharged defective's abilities to run a home and bring up children.

1. "Defectives make inefficient parents; if only for social reasons they should not have children." (Lewis, 1934.)
2. "From results one concludes that with the exception of those with I.Q.s between 30-49 the degree of the mother's retardation has no relationship to the adequacy of child care." (Michelson, 1947.)

It was decided to rate each mother separately under the three headings above. The scale was made as objective as possible, but it is realized that this is a way of describing the data rather than a score of any kind. In an effort to check the results, the social worker who has been visiting some of these families, was asked to make independent ratings. A five-point scale was used, a score of 1 meaning she was very poor and a score of 5 very good. A score of 3 indicating an average for the neighbourhood and general social background. The actual criteria used are given in Appendix I.

TABLE IV
Ratings of Mothers as Wives, Housewives and Mothers

Score	20 Mothers	22 Wives	21 Housewives	Total
1	0	2	2	4
2	4	2	3	9
3	7	8	9	24
4	8	7	6	21
5	1	3	1	5
Average score ..	3.3	3.3	3.1	3.2

Discussion

Twenty-three discharged defectives, when they were rated as Mothers, Wives and Housewives, were found to be on average a little better than those of the surrounding district. The social worker made 25 independent ratings as a check. She made three ratings lower than the psychologists, i.e. considering the discharged patient was managing worse than had been thought, but the remaining ratings were the same or higher. In no case were they more than a point apart. She has had considerable experience of working in these localities and considerable reliance can be placed on her assessment of the "average".

Mothers. In twenty cases the mother is now looking after her own children. This group contains most of the recent cases. In the past it was seldom attempted. On the rating scale, the average for these mothers when rated for child care is 3.3, which is considered as normal mothering ability. However, this is not a situation in which one can be content with averages. No mother had a score of 1, but 5 had a score of 2. These are cases where it is necessary that some help should be given. The mothers have almost certainly never been given any advice on how to deal with children of over two years. Their own unsatisfactory upbringing is bound to have been a drawback. Michelson (1947) in the study referred to earlier found a tendency for child care to become less adequate as the number of pregnancies increased or the number of children in the home increased.

Wives. Twenty-two women were rated on the general success of their marriage. The average score was 3.3. Two women were separated from their

husbands and 3 were unhappy, but together. Seven seemed average for their social group, 7 seemed rather happier than average and 3 seemed extremely contented. On the whole these girls are at a grave disadvantage when marrying; they have a past which probably has effects similar to those of a prison sentence or a long stay in a mental hospital. It is very difficult to attach blame to an unhappy marriage, but it was felt that in 2 of the 5 more unsatisfactory marriages, it was largely the husband's fault that the marriage was not a happy one. The discharged defective is not always a liability to a man, several of the women were working as well as running a house, in 2 cases the wife was keeping the husband while he was ill, by domestic work.

Housewives. The ratings for this ability had a very similar distribution to that of the women as wives, but individually there was considerable difference. The average rating for this group was 3·1, slightly lower than that of the other groups. One would expect this to be the highest average, as, if a girl gets any sort of training in an institution, it is usually in housework, not in child care or human relationships.

In considering the various ratings together the mothers can be divided into two groups, those whom the social worker or the writer considered were below average for one or more of the abilities mentioned, i.e. one or both of us gave them a score of 1 or 2, and those who had no such score. The average I.Q. of the 11 mothers with low scores was 81·5. The average I.Q. of the 15 mothers with no low scores was 81·9. It appears for this group of mothers, intelligence is not the main factor affecting their abilities as housewives, mothers and wives.

(g) EFFECTS OF INSTITUTIONALIZATION

The 73 mothers have an average of 14 years as certified patients. The majority of them are now considered able to manage their lives for themselves. The effects of such long periods under supervision do not appear to have been investigated. This is considered to be a suitable subject for research, but no systematic work was done on the problem in this survey. It was noted, however, that some of those with housing difficulties were relying solely on the housing authorities and felt "someone ought to do something about it". This dependence on authority may well be typical of the larger normal social background from which these girls come, rather than a product of certification. It was also noticed that some of the girls had married men much older than themselves. This is a similar finding to an American study (Ainsworth *et al.*, 1945) where it was found that "46 per cent. of these girls had chosen as their spouse a man between 5 and 16 years older than they were". It might be interesting to find the main difficulties a girl experiences when she is first on licence after a long period of certification, so that a training programme for pre-licence girls could be organized, if only lasting a few weeks or months.

DISCUSSION

It is important to decide whether these mothers really are properly described as feeble-minded. Even if they are not, are they typical of the certified "feeble-minded" patients in other institutions?

Feeble-mindedness has often been loosely defined and it has sometimes been implied that a feeble-minded person is someone who is certified as feeble-minded. Porteus (1941) stresses the need to demonstrate that a person is socially inefficient before he can properly be called defective. Also as feeble-mindedness

is usually taken to imply intellectual defect it should be demonstrable by standardized tests. Definitions of feeble-mindedness usually contain references to both social inefficiency and low intelligence. Do the women in this survey come under the heading of feeble-mindedness? Many of them were transferred to the Fountain Hospital at various times from other institutions. They were regarded as being able to do a certain amount of simple work within the hospital, but their previous institutions did not consider them suitable for licence. All these girls have been certified and most have been considered social failures. This term covers too wide a category and needs limitation by reference to intelligence. Out of the 70 girls tested, only 9 scored consistently below I.Q. 60. Thirty women scored consistently above I.Q. 60. Thirty-one women had scores both above and below 60.

It will be seen that two arguments can be developed to explain these results. In the past with a Terman-Merrill test administered by someone other than a psychologist well over half of these women might be labelled feeble-minded on the results. This group are probably quite comparable with so-called feeble-minded patients in many other surveys. On the other hand, with more reliable techniques and other tests, 61 out of the 70 had one I.Q. of over 60. Therefore it could be argued that the majority are not really mentally deficient at all. They are a dull group who have been dealt with under the Mental Deficiency Acts because this was expedient. If most of them are not feeble-minded intellectually there is no genetic reason why their children should not on the whole be normal. It will be seen that there is a case for either point of view. By altering one's definition and the tests used, this group may or may not be suffering from mental deficiency. The more crucial question is whether these women are typical of those found in other mental deficiency colonies. If so, these results can be directly compared without defining feeble-mindedness.

The distribution of the intelligence of the women in this survey does not seem to be very different from that found in other institutions. Over the last ten years there has been a change in policy with these brighter women and many more are rehabilitated now than in the past. This makes any direct comparison difficult. However, two points can be made. First, these girls are similar to those in other institutions because most of them came from other colonies to the Fountain Hospital. Secondly, one must consider the results of the surveys carried out by Tizard and O'Connor (1956). In several recent studies they have found that the average I.Q. of representative groups of adult institutional feeble-minded persons is just over 73. The average I.Q. of the women in this survey is 73.5. They also found that two-thirds of the adult institutional feeble-minded had I.Q.s between 60-80. Using average I.Q.s for the women in this survey, that is, averaging the I.Q.s they obtained on the Wechsler-Bellevue, the Progressive Matrices and Terman-Merrill, a third had I.Q.s above 80 and two-thirds below. The figures in percentages were average I.Q. between 60-80=48.6 per cent., average I.Q. above 80=32.9 per cent., and average I.Q. below 60=18.5 per cent. Although it can be argued that these women are not all feeble-minded, they are similar to those labelled feeble-minded in other institutions.

CONCLUSIONS

Women with intelligence quotients on the Terman-Merrill test in the 50's and Wechsler-Bellevue test in the 70's do seem capable of bringing up a child and running a home.

SUMMARY

Feeble-mindedness was first considered as a major problem at the beginning of this century. Genetical assumptions were then made about the children of mental defectives. Early studies carried out on the parents of mental defectives stated that as many as 73·3 per cent. were defective themselves. Studies carried out on the children of mental defectives claimed that up to 69 per cent. were defective. Some of these studies do not define what constitutes a mentally defective person. Intelligence tests on both parents and children were rarely used.

In this survey a study was made of 73 certified mentally defective mothers and their intelligence was considered. It was shown that in every case but one, these women had had a physical, emotional, economic or an educational handicap in their youth. Nearly all are now working in the community. A survey of the married women found that they were at least average, for their broad social group, when rated as wives, housewives and mothers. It is discussed whether these women are a typical feeble-minded group.

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APPENDIX I

SOCIAL RATINGS

(A) Five-point rating scale used for mothers as mothers, i.e. when caring for their own children.

- (1) Mother has no idea of handling, she rejects one or more of her children, she is hostile to them or they lack both physical and emotional welfare.
- (2) Mother makes mistakes in handling. She has either a lack of affect or is overprotective towards the child. The child has two or more emotional symptoms, i.e. enuresis, fear of the dark, nail biting, and feeding difficulties in the older children.
- (3) Mother seems fond of the child, but may be rather flattened or overprotective, the child may have one not more emotional symptoms.
- (4) Mother obviously proud and fond of the child and shows the child affection.
- (5) The mother-child relation is extremely good.

(B) Five-point scale ratings used for mothers as wives, i.e. in the happiness of the husband-wife relationship.

- (1) Separated because of unhappiness together or have separated more than once.
- (2) Fairly constant rows, couple are unhappy, may have left each other once but are now together.
- (3) The couple are together, there is not a great deal of affect between them, they have quarrels, but have no thought of ever leaving each other.
- (4) The couple seem contented and fond of each other.
- (5) They are obviously extremely fond and think highly of each other.

(C) Five-point rating scale used for mothers as housewives, i.e. the standard of general cleanliness and care of the house and children.

- (1) Manages so badly that one feels action should be taken such as calling in family service units, children look very unkempt.
- (2) Obviously finding children and home difficult. Children do not look well cared for.
- (3) Housework is done, and she is managing, children look fairly clean and tidy.
- (4) The house and children look clean, tidy and well kept on the whole.
- (5) There are definite signs of good housekeeping, she obviously takes a pride in her house.

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