Mental Defectives in 1900: People with Learning Disabilities in 2000. What changed?: A Reply to Matt Egan

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Perhaps inevitably, the growth in attention to the history of a field says as much about the present as it does about the past. This is particularly true of learning disability where the interest in historical study has burgeoned in the past two decades or so. One can hardly but be left with the impression that the answers to problems and concerns of today can somehow be found in the study of the past. This is all the more striking given how often researchers fail to make it really clear how they see this connection being made.

A comparison with the historiography of psychiatry is a revealing one for it is easy to see how revisionist and critical histories played a pivotal role in the reorientation of thinking about psychiatry, the role of the institution and even the reconceptualisation of mental health and illness. On the one hand the field learning disability shares many of the same features as mental illness over the past fifty years: a growing critique of institutionalisation and a move towards community based services. On the other hand, these similarities raise the question of why it should be that the history of madness received so much more attention and that so much earlier than the history of idiocy, which hasn’t really flourished in earnest until the 1990s. The comparison with mental illness is an important one for other reasons, not least the obvious connection provided by psychiatry between madness and idiocy. We can also learn something about the uses of history as both critique and ideology.

Sadly, much and perhaps most of the work the work that has been published on the history of learning disability has tended to be somewhat Whiggish in nature, falling into a similar trap which Andrew Scull identified in psychiatry where the

…reiterated emphasis [by reformist critics] on the horrors endemic and inextricably part of the Victorian bins to which earlier generations consigned the mentally disturbed has helped to legitimize the notion that any change (though preferably a drastic change) must represent an improvement over what has gone before… (Scull, 1989, p.302)

I make this point, not as a direct comment on the paper (Egan, 2003), but in order to situate my own comments within this wider question about the uses to which history is put. The questions of ‘how’ and ‘why’ the study of the history of learning disability and of the people so-defined are seen as helpful to us in our present day struggles and problems, is a fascinating one, and given the centrality of these issues to the paper, I am particularly pleased to be able to comment on them.

Social constructionism

Obviously it is difficult to comment on a presentation which is itself only a fragment of a much larger work; difficult also to infer fully the theoretical framework and assumptions which underpin it. That said, the first point I would want to make about the paper is to suggest a reformulation of the central problem. Egan suggests,
The problem is, has the incidence of learning disability really increased so rapidly, or is the increase really just a mirage – caused by changing definitions and educational standards? (Egan, 2003, p.5)

Taking the paper to lie in a broadly defined ‘constructionist’ mode, this formulation poses certain problems. These lie in the double use of the word ‘really’: has learning disability really increased, or is it really just a mirage. There is an implicit appeal to a standard of objective reality that is not constructed through language and social practices. The initial incidence is implicitly real in a way in which the increased numbers, should they turn out to be the result of changing systems of classification and schooling, would not be. For the constructionist, at least, there can be no such appeal; the ‘reality’ of both the initial incidence and the subsequent ones are all constructed. The issue is not whether the incidence is ‘real’ or ‘constructed’, but how, when and why it is constructed at different times. A reformulation might go something along the lines of:

The problem is, how have changing definitions and educational standards contributed to the enlargement of learning disability as a social category?

The value of this line of exploration is, I think, immense. Whilst debates about learning disability as a social status constituted through the workings of language and social practices have consumed a large amount of time and journal space for the American Association on Mental Retardation, and particularly in its journal *Mental Retardation*, such debates have been far more limited in this country. More engagement with some of those debates, particularly around the future of the category ‘mild mental retardation’, would both strengthen the study and make a valuable contribution to stimulating similar debates in this country.

**Mental deficiency as a social problem**

The paper makes reference to the contradictory ways in which mental defectives are variously seen as deviants and worthy innocents. There has been a good deal of very valuable work on the way in which menacing figure of the moron came to be constituted as the social problem of the early twentieth century, particularly in America. However, there is another important aspect to be explored, namely defective as a hapless social burden.

The Charity Organisation Society, whose main aim was to distinguish the deserving from the undeserving, comment that:

…the removal of an imbecile member of a struggling working-class family is a necessity… (Charity Organisation Society, 1871 *Education and Care of Idiots, Imbeciles and Harmless Lunatics*, Report of a Special Committee, Charles Trevelyan, chair, Longmans, London)

To be deserving is clearly no guarantee of social value. With the best will in the world, the defective holds back the progress of the family and of society; consuming valuable resources and contributing nothing in return. Matthew Thomson comments on the colony system as an ‘exchange’, liberty for care, which again points to the link, not to danger, but to productivity and social efficiency.
We can see the same theme of the defective as “an inert mass...a dead weight which encumbers the school” in the impetus for removal from mainstream education (Binet and Simon, 1914, p. 18). This theme is one which generally receives less attention than the more disturbing and objectionable one of eugenics, but the fact that it precedes it and forms the basis of the enlarged category deserves further attention.

The importance of mass compulsory schooling is well established as crucial in the formation of the modern category of learning disability. As Matt notes, the very large majority of children identified as ‘mentally defective’ when testing is introduced to the educational system would not have been regarded as ‘idiot’ or ‘imbecile’ on previous measures. Binet and Simon’s early investigations into the incidence of deficiency in French schools on behalf of the Ministry for Education bears out this point. Indeed, the extent of the expansion of ‘mental deficiency’ over ‘idiocy’ gives lie to the suggestion that ‘learning disability’ is a current term for what was once called ‘idiocy’.

Of course, the connection between the modern formation of learning disability and education goes back even beyond this. Most of the institutions for idiots established in the nineteenth century were created through hope in the application of new pedagogical methods. This sets up an interesting paradox, between the discourse which takes education as the very foundation for optimism for the idiot, and that which sees it as the reason for the exclusion of the defective from the classroom.

The centrality of schooling to the modern category of learning disability is so great that I think we actually need to separate it out from any analogous status in adulthood and perhaps even pre-school children. Matt notes the fact that the large majority of people identified as ‘learning disabled’ during school years never reappear in adult services and cease, for all intents and purposes, to be learning disabled. (Almost by definition if we adopt a social competence model.) This phenomenon is not only true post-school. As The Same as You comments:

> Although many children in Scotland are diagnosed before they start school, far fewer people are diagnosed than the research suggests exists. (Scottish Executive, 2000, p.26)

So strong is this connection between schooling and learning disability that, I think, we need to go so far as to say:

> Children do not fail in school because they have a learning disability. Rather they have a learning disability because they fail in school.

If this kind of thesis is accepted, then a number of implications and questions follow. How does the prevalence of learning disability in adulthood today compare with the figures for the late nineteenth and early twentieth century? By this, I mean the de facto prevalence as measured in, say, service contact. By removing the biasing effects of childhood learning disability as the by-product of the school system, we may see a different pattern of change to the actual numbers of those labelled and treated as having a learning disability. It may be that there has been significantly less increase to the prevalence of adults with learning disability than the figures presented suggest.
The next question is whether we need to reappraise the assumption that there are masses of people with learning disabilities who are falling through the net of services and for whom we should become more proactive in seeking out and helping. Matt quite rightly opens up this position for scrutiny, for it rests on the assumption that ‘learning disability’ relates to some ‘fact’ about a person, a feature or characteristic which professionals ‘discover’ and ‘treat’, rather than something which actually arises out of a series of complex interactions between people, their environment and the prevailing bodies of knowledge through which they become constituted: as ‘learning disabled’, as ‘psychologists’, as ‘carers’, etc. Evidence suggests, however, that people are not so much falling through the net, as actively choosing not to enter adult services and to not accept anything which will sustain their status as ‘learning disabled’ into adulthood. This is an area in which this study could be enormously important, particularly as we embrace national registration, which will inevitably make such ‘escape’ more difficult.

A more radical step might be to stop regarding learning disability as anything other than a category of the schooling system and not even expect that most of the children drawn into it would continue on into an equivalent adult status. For all the talk about ‘competence-based’ models of learning disability, which have been dominant since the 1950s, there has been remarkably little acceptance of its corollary that we cannot assume a close association between competence in the classroom and social competence in adulthood.

**The growth of learning disability**

The thrust of the paper is to produce an argument that the tendency of all the developments and changes in the field of learning disability over the past hundred years or so have been to produce an ever-expanding population. However, I wish to make a number of points which need some attention before any firm conclusions can be drawn.

The graph presented in the paper shows the kind of trend that the paper as a whole seems designed to show was typical of the twentieth century. However, the dates need closer attention. The steady growth of the population of special education classes and institutions will almost certainly be the result of various factors, one of which may be simply the time it takes for new assessment procedures and identifications to work their way through the system. To what extent, for instance, did the expanding population the product of larger numbers of younger children identified as defective growing older, and to what extent was testing and removal carried out on children already at an advanced stage in the school system? To what extent does it reflect the fact that expanding capacity in the special education system takes time? There is inevitably a time lag between changing definitions and new policy goals, and their actual implementation. Does the graph show any signs of levelling out post-war?

Consider, for instance, that Binet and Simon actually projected a prevalence rate for mental deficiency in schools of around two per cent. This is broadly similar to current Scottish Executive estimates.

What happens in the years preceding and following the graph dates needs careful study, particularly in relation to schooling, given that this is where the vast majority of identification takes place. Egan leaves us with the suggestion that learning disability is an ever-growing category, but the impact of mainstreaming surely opens this to question.
What we can say about the trends that this is producing will be a crucial issue in sustaining this argument. How has mainstreaming and statementing influenced rates of identification of learning disability in school-aged children?

Also, the projected one per cent growth in the number of people with learning disability alluded to in the paper, seems to blur two distinct trends. The one which it alleges is occurring, i.e. through the innate tendencies of the system, and the one being alluded to by the Scottish Executive, which is a simple demographic change based on an ageing population with lower than average rates of geographical mobility.

Lastly, as intriguing as the final statement is, the rhetorical flourish does not do justice to what is a far more nuanced and interesting approach to the topic. The least persuasive aspects of the paper are those that smack dangerously of some kind of systemic teleology, whilst the most are those which focus on the study of the past as the evolution of an incoherent and contradictory complex of elements which continue to enmesh the present in their tangle.

references


