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A Study of Fifty Mentally Retarded Children in a Supervised Play Group Experience

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A STUDY OF FIFTY MENTALLY RETARDED CHILDREN
IN A SUPERVISED PLAY GROUP EXPERIENCE

by

Frances Mary Wilkins

A Thesis Submitted to the Faculty of the School of Social Work
of Loyola University in Partial Fulfillment of
the Requirements for the Degree of
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CHAPTER I

THE BACKGROUND OF THE STUDY

The purpose of this study is to review the social situation of fifty mentally retarded children and to describe some manifestation of change that took place in the attitudes and behavior of these children, following a supervised play group experience. Consideration will also be given to the evidences of social and emotional growth in the parents following the supervised play group experience of their children. These children, ranging in chronological age from five to eighteen years, were enrolled from July 10, 1950, to September 1, 1950, in the South Side Special Play School, sponsored by the Retarded Children's Aid, a parent group for the mentally retarded. In addition, the history of the Retarded Children's Aid, with a brief overall picture of parents' groups for the mentally retarded in the United States, should serve as a background.

Probably very few persons, other than those particularly interested in the field of mental deficiency, realize the extent of the problem. In some respects it surpasses in scope and importance many of the accepted educational, social, medical,

and psychological problems of the present day. The number of mentally deficient persons in the United States has been estimated at 1,500,000, with an additionally large number that might be classified as mentally retarded.

A reasonable estimate would place the number of mentally deficient and retarded children at one and two per cent respectively. This means that of the approximately 3,500,000 children born last year at least 110,000 of these do not have the potentials to compete on equal terms with their normal brothers and sisters. An additional five per cent may be in need of special education making a total of seven per cent of the children of school age in need of special care, training or treatment.¹

It is an integral part of American culture for persons with a common interest to band together for the promotion and expansion of that interest. Such a bond becomes closer when it is rooted in an adversity of a very personal nature, and one that is common to all in the group. This, coupled with an awareness that, individually, a parent can accomplish little or nothing in filling the unmet needs of the exceptional child, has provided the necessary impetus for action. During the past two decades parents of handicapped children have been organizing in an attempt to find a solution for their common problem. A significant phase of it is the organization of parent groups for the mentally

1 Lloyd N. Yepsen, Parent Groups for the Mentally Retarded, Trenton, New Jersey, April, 1949, iii.

retarded. *

The amazing thing about the recent tremendous pace at which the parents of the mentally retarded have banded together into groups is not that we have done so, but that it has taken us so long to start. Surely the advent of Parent Groups should have coincided with the awakening of social consciousness in the nineteenth century. Surely there were parents then and their problems, if anything, were as acute as the parents' problems today. The reasons for this failure however, can readily be seen when we consider the difficulties involved, even today, in the formation and continued existence of Parents' Groups.²

Mr. Weingold, Executive Director of the Association for the Help of Retarded Children, of New York City, states these difficulties as threefold.³ First and foremost is the emotional problem that arises with the discovery that a child in the family is retarded. Undoubtedly, many parents of retarded children have been reluctant to admit, perhaps even to themselves, that their child is a deviate from the normal. Such factors as guilt and fear make a frank and honest acceptance difficult, and tend to inhibit the parent in admitting the problem. These factors, in turn, represent one of the major deterrents in the formation of parents' groups. The parent may feel that by such an admission he more or less places his child before the public, and this same public, which is slow and laborious to change, is often curious,

2 Joseph T. Weingold, Parents' Groups and the Problem of Mental Retardation, New York, n.d., 1.

3 Ibid., 1.

unsympathetic, and pitying.

The second obstacle pointed out by Mr. Weingold is closely associated with that of acceptance of the condition of the child; namely, that with this acceptance is too often coupled a resignation which excludes any desire for affirmative action. The third obstacle follows closely on the admission of the condition and the willingness to bring it into the open, and centers on the way in which these parents of retarded children are to find one another.

The father of a Mongoloid child gives expression to these same factors, which he refers to as the "three stages in the growth of a parent of a mentally retarded child."⁴

There was no ray of sunshine, no relief from piled up pain. And then one night I came to a meeting of the Parents' Group and for the first time I realized that I was not alone; that there were others who had the same problem. . . . That was the first stage in the growth of a parent of a mentally retarded child, the stage where one is entirely subjective, concerned almost wholly with himself and the effect things have on him.

Then came the second stage, where I began to think less of myself and more of the little one. . . . What resources could I tap for the benefit of my child? . . . I believe that most of us have gone through that first stage of concern primarily for our child. . . .

⁴ Dan Boyd, The Three Stages in the Growth of a Parent of a Mentally Retarded Child, New Jersey, 1950, 1.

.....

Educators estimate that two per cent of the school population is retarded, but the great majority of mentally retarded children are never admitted to the schools. . . . Each of these children has two parents. Together and with a common purpose, those parents could work miracles! They could sweep away all resistance and enlist the interest and support of the entire country! Yes, this is the third stage, when we merge the problem of our child into the problem of all mentally retarded children.⁵

As parents learn to understand the problem of mental retardation their own mental hygiene is improved and the deviate child is accepted for what he is and appropriate plans made for him.

The basic objectives⁶ of such parents' groups are three in number: (1) To understand the mentally retarded child (2) To understand the problem of mental retardation. (3) To assist in the promotion of adequate facilities for children and adults who cannot compete on equal terms with other individuals because of mental subnormality.

These groups vary in form throughout the country, but usually fall into one of two main divisions: membership associations which may or may not be affiliated with some recognized community agency in the field of education, health, or public

5 Ibid., 1-8.

6 Yepsen, Parent Groups for the Mentally Retarded, 1.

welfare; and educational projects of a group nature, sponsored by these community agencies. Membership classifications likewise differ. Some organizations are open only to parents of retarded children, others limit their membership to parents and relatives, while others include not only parents and relatives, but all interested persons. Although membership may be open to all, "final decisions should be made by the parents and relatives, otherwise the group will deteriorate into just another organization."⁷

During June and July, 1950, a survey was made of the associations of parents for the mentally retarded then in existence in the United States.⁸ Mr. Woodhull Hay, Association for the Help of Retarded Children, New York City, who conducted the survey, reports eighty-eight associations, councils, or units of parents, functioning in behalf of mentally retarded children, in nineteen states. Of this total, thirty are independent, while fifty-eight form part of affiliated groups. In addition, there are two other groups, whose activities serve the same general purpose but which are not included in the above figures because of their nature. One is a committee for mentally retarded children which is part of a parent-teacher association. The other is an association for spastic children, which admits mentally

7 Ibid., 1.

8 Woodhull Hay, Associations of Parents for the Mentally Retarded: Summary of a Survey, June-July, 1950, New York, 1950, 3-4.

retarded children to its school.

The first parent group was organized in 1931, with more than ten established by 1940. After World War II, the first organizational date was 1946. Thereafter, each succeeding year recorded an increasing number of new groups, with nearly twenty appearing in the first six months of 1950. A total of 19,300 dues paying members are reported. All the associations are non-profit. Most of them function through the usual set of officers: president, vice-president, secretary, treasurer, and a board. The larger associations have numerous standing committees. All the associations aim to serve mental retardates irrespective of race, color, or creed.

The survey further shows that the projects in which parents' groups are interested may be influenced by the urgency of present needs or the solving of an immediate problem. Projects currently of interest are placed in three groups, though the boundaries are transversable at will and are often unobserved: (1) those directing their activities chiefly to improving the welfare of mental retardates in state institutions or in private schools; (2) those providing or inducing others to provide, school and other appropriate facilities for mentally retarded children, particularly for those of school age and presently ineligible in the regular school system; and (3) those engaging in activities with a comprehensive program.

As of March 1, 1951, ten parents' groups were functioning in Illinois. Of these, four are located in Chicago, with the other groups in Berwyn, Evanston, Joliet, LaGrange, Peoria, and Rockford.⁹ In order to better coordinate their efforts, these ten groups have organized as a state body under the title of Illinois Council for Mentally Retarded Children. The Constitutions and By-Laws have been adopted by the Council, and now await ratification by the parents' groups. Upon their ratification, application will be made for the State Charter.

The first National Convention of Parents and Friends of the Retarded was held in Minneapolis, Minnesota, on September 28, 29, and 30, and October 1, 1950. This convention, composed of delegates from parents' groups throughout the country, provided the setting for the formation of a nationwide organization to be known as the National Association of Parents and Friends of Mentally Retarded Children. All parents' groups are eligible for membership. Dues have been set at ten cents per unit. A family is considered as a unit. One delegate to the national association is allowed each parent group for their first ten units, and an additional delegate for each one hundred units thereafter. The number of delegates is dependent on the amount of dues the local organization pays into the national group, not

⁹ Appendix I, Name and location of Parents' Groups in Illinois.

on the number of paid memberships within the local organization itself.

Section 5 of the Constitution and By-Laws sets forth the principal objects and purposes for which the national association was formed, as follows:

- (1) To promote the general welfare of mentally retarded children of all ages everywhere: at home in the communities, in institutions, and in public, private, and religious schools;
- (2) To further the advancement of all ameliorative and preventive study, research, and therapy in the field of mental retardation;
- (3) To develop a better understanding of the problem of mental retardation by the public, and to co-operate with all public, private, and religious agencies, international, federal, state, and local, and departments of education, health, and institutions;
- (4) To further the training and education of personnel for work in the field of mental retardation;
- (5) To encourage the formation of parents' groups, to advise and aid parents in the solution of their problems, and to coordinate the efforts and activities of these groups.
- (6) To further the implementation of legislation in behalf of the mentally retarded;
- (7) To serve as a clearing house for gathering and disseminating information regarding the mentally retarded, and to foster the development of integrated programs in their behalf; and

- (8) To solicit and receive funds for the accomplishment of the above purposes.¹⁰

The development¹¹ of the Retarded Children's Aid of Chicago is of particular interest in connection with the present study. On December 6, 1947, the Illinois Commission for Handicapped Children, in cooperation with the Association for Family Living and several other agencies, sponsored a one day institute for parents of exceptional children. At the conclusion of this meeting persons interested in the field of mental retardation were invited to attend the December meeting of the Retarded Children's Educational Project, to be held at Association House,¹² a neighborhood settlement center.

Prior to this, during the fall of 1949, a series of articles had appeared in one of the metropolitan newspapers describing the experimental work being carried on with ten mentally retarded children at Association House. These news articles, and the attendance of fifteen South Side parents at the Association House meeting, stimulated a number of South Side parents to investigate what they might do in their particular area to help their own retarded children. Through the efforts of this nucleus group of parents, arrangements were completed for a general

10 Letter from R. T. Lindh, President, Association of Friends of the Mentally Retarded, Minneapolis, Minnesota.

11 Letter from Hilmar Sieving, President, Retarded Children's Aid, Chicago, Illinois.

12 Association House, 2150 W. North Avenue, Chicago, Illinois.

meeting on January 25, 1950, for the purpose of forming a South Side organization devoted to the cause of mentally retarded children. Publicity for this meeting was supplied by four metropolitan newspapers and sixteen South Side community newspapers. Attendance exceeded two hundred parents, professional persons, and other interested individuals. .

A further informational meeting followed in February. The monthly meetings of March and April were devoted to organizational planning, the drawing up of By-Laws,¹³ and the selection of officers. This work was facilitated by a steering committee of about twenty parents who volunteered their services. The Retarded Children's Aid was incorporated as a "not for profit" corporation under the laws of the state of Illinois on May 25, 1950.

The first major project of the Board of Directors was the formulation of plans for a school program designed to help mentally retarded children achieve the best possible efficiency within their individual capacities. To aid in the formation of such a school, four interested parties, a psychologist, a psychiatrist, and social work executive from Mercy Free Dispensary,¹⁴ and the Institutional Therapy Consultant, Illinois State Department of Public Welfare, offered their services, and composed the

¹³ Appendix II, By-Laws of the Retarded Children's Aid, Chicago, Illinois.

¹⁴ Mercy Free Dispensary, Mercy Hospital, 2526 Calumet Avenue, Chicago, Illinois.

first Professional Advisory Board of the Retarded Children's Aid.

The months of April, May, and June, 1950, were devoted to intensive planning and preparation for the opening of the school, to be formally known as South Side Special Play School.¹⁵ The purpose of the school set forth in the Prospectus is as follows:

The South Side Special Play School is intended to serve children who by properly administered psychological examination are known to be mentally retarded, and who are ineligible at the present time to public school admission. . . . The age range of children eligible for acceptance at this time is 5 to 15 years. . . . Each child must be able to walk alone.¹⁶

For enrollment in the school, application blanks¹⁷ were submitted to the Chairman of the School Committee, by any parent or guardian holding membership in the Retarded Children's Aid. From the application blanks the School Committee selected fifty children to form the initial group with which the school would open. Through the cooperation of the Chicago Park District, the fieldhouse at Tuley Park¹⁸ was made available as the first site

15 Appendix III, South Side Special Play School: A Tentative Prospectus.

16 Ibid., 1.

17 Appendix IV, Retarded Children's Aid Application Blank for Admission to South Side Special Play School.

18 Tuley Park, Chicago Park District, 91st Street and Eberhart Avenue, Chicago, Illinois.

of the school. A trained and experienced social group worker was selected as Director, to be assisted by a staff of professional teachers and volunteers. The volunteers included mothers and fathers of the children in attendance, as well as other interested persons.

The manner in which metropolitan Chicago responded to the publicity concerning the opening of such a school was encouraging. A bus company donated the services of one bus, a church contributed the services of another, a drivers' union provided two union bus drivers, a service station supplied gas and oil at cost, a dairy company donated milk for the children five days a week, and ice cream twice a week. Fruit juice and cookies were contributed by organizations, by grocery stores, and by individuals. Specialized toys and expensive equipment were donated or purchased at cost. Gifts of money to cover tuition for financially underprivileged children came in large and small amounts. The State Department of Public Welfare provided the salary for the director. The Retarded Children's Aid engaged in various fund raising projects in order to supply additional financial assistance.

Because of the close association with Mercy Free Dispensary, each of the fifty children accepted for the summer session received at the Dispensary not only a complete physical

examination¹⁹ but also individually administered psychological tests.²⁰ This made possible the establishment for these children of a basic physical and psychological history. In addition, a Home Guidance²¹ person visited the homes of the children and secured from the parent a developmental and social history of each child. It was also the responsibility of the Home Guidance person to promote a better "integration of the medical, psychological, educational and social aspects of the total school program."²² The physical examinations, psychological testing, and home visitation program were completed prior to the opening of the school on July 10, 1950.

19 Appendix III, South Side Special Play School: A Tentative Prospectus, 6.

20 Ibid., 5.

21 Ibid., 7.

22 Ibid.

CHAPTER II

THE STUDY GROUP

Data for this study were secured from the parents on a variety of occasions. These included the time of the children's physical examinations at Mercy Free Dispensary, at the home visit in numerous informal interviews during the eight week summer session of the South Side Special Play School, at meetings of the Professional Advisory Board and School Committee, at monthly meetings of the Retarded Children's Aid, and in follow-up interviews which took place four weeks after the close of the summer session.

The pertinent material obtained from these sources, except that secured during the follow-up interview, went into the formulation of an individual record for each child. Mercy Free Dispensary assumed custodial care of this confidential information. These records included: face sheet information; the application blank¹ for admittance to the school, filled out by the parents for the School Committee and turned over by them to Mercy

¹ Appendix IV, Application Blank for South Side Special Play School, Retarded Children's Aid.

Free Dispensary; the physical examination report; the record of the psychological testing program, which resulted in the establishment of an Intelligence Quotient, Mental Age, and Social Age; and the developmental and social history. The material contained in these individual records was tabulated and analyzed on a schedule² constructed for this purpose.

Data on the study group was divided into two classifications: first, those obtained from the application blanks filled out by the parents; and secondly, the material secured from personal interviews with the parents. Data in the first division covered such factors as: age; sex; previous diagnosis of child's retardation; nature of retardation; previous psychological testing data; where administered; child's approximate mental age; previous school attendance; the presence of any gross physical defects as inability to walk, talk, hear; subject to epileptic seizures; subject to emotional upsets; and twenty statements relative to simple activities performed by the child which the parents checked if they could answer them in the affirmative.

Age and sex distribution data are presented in Table I. The table shows that, of fifty children enrolled, twenty-six, or fifty-two per cent, were boys, and twenty-four, or forty-eight

2 Appendix V, Schedule.

per cent, were girls. Chronological ages ranged from four years ten months to seventeen years seven months, with the greatest concentration between the ages of six and ten years. The table also brought out an interesting fact in relation to the chronological age distribution. Thirty-three children, or sixty-six per cent of the total, were between the ages of four to ten, while only seventeen, or thirty-four per cent, were ten to eighteen years of age. Boys and girls were rather evenly distributed in each age span. Of the thirty-three in the lower age group, seventeen were boys and sixteen were girls. In the upper division, thirteen were boys and fifteen were girls.

At the birth of the child, or some time later, thirty-eight of the parents of these children were given a medical diagnosis relative to the nature or extent of their child's retardation. These diagnoses, eight in number, stated in the parents' own words, appear in Table II.

TABLE I

AGE AND SEX DISTRIBUTION OF 50 CHILDREN ENROLLED IN
THE SOUTH SIDE SPECIAL PLAY SCHOOL

Age Distribution	Total	Boys	Per Cent	Girls	Per Cent
Total	50	26	52%	24	48%
0 to 4 years	0	0	0%	0	0%
4 to 5 years	1	0	0%	1	2%
5 to 6 years	4	4	8%	0	0%
6 to 7 years	8	5	10%	3	6%
7 to 8 years	6	2	4%	4	8%
8 to 9 years	8	3	6%	5	10%
9 to 10 years	6	3	6%	3	6%
10 to 11 years	3	2	4%	1	2%
11 to 12 years	3	3	6%	0	0%
12 to 13 years	3	0	0%	3	6%
13 to 14 years	4	3	6%	1	2%
14 to 15 years	2	1	2%	1	2%
15 to 16 years	1	0	0%	1	2%
16 to 17 years	0	0	0%	0	0%
17 to 18 years	1	0	0%	1	2%

TABLE II

STATEMENT OF 38 PARENTS RELATIVE TO NATURE OF CHILD'S
RETARDATION FROM PREVIOUS DIAGNOSES

Nature of Retardation	Total
Total	38
Mongoloidism	18
Birth Injury	14
Cerebral Genesis	1
Cerebral Palsy	1
Glandular Disturbance	1
Hydrocephalus	1
Organic	1
Spastic Paralysis	1

Many of the parents tell of journeys to various parts of the country to have their retarded child examined, physically and psychologically. With each such trip hope was born anew that perhaps this specialist would give them encouraging news. This points was discussed in length by Dr. Jenkins, who stated that:

Until convinced of the permanent nature of mental retardation parents will persistently seek a cure. If the physician even tacitly holds out hope in this direction, his action will probably be destructive. Parents will grasp at a straw, and if they retain a vain hope that the

child can be made to "catch up" mentally, they will usually not be able intelligently and realistically to face the problem of the child's handicap. Furthermore, parents who are not brought to an acceptance of the child's retardation run from one physician to another, until they may fall into the hands of a charlatan, who exploits their misfortune.³

Parents of retarded children live over and over again those moments when they learned of the retardation of their child. They are indelibly impressed on their minds. It is Dr. Schumacher's⁴ belief that the mental retardation of a child is one of the most severe narcissistic blows to the egos of parents. Out of this traumatic experience grows the need of the parents to make the child normal. The desire to satisfy this need, whether consciously or unconsciously, is the driving power behind the parents' search for a physician who will give credence to their wishful thinking.

It is not surprising to note that forty of these children, or eighty per cent, had been previously tested psychologically. Several of the parents had taken their child to as many as five psychological testing centers located throughout the country. It is understandable that twenty-four, or sixty per

³ R. L. Jenkins, M.D., "Management of the Retarded Child," American Journal of Diseases of Children, September, 1936, Vol. 52, 601.

⁴ Henry C. Schumacher, M.D., "A Program for Dealing with Mental Deficiency in Children up to Six Years of Age," American Journal of Mental Deficiency, July, 1946, LI, No. 1, 53.

cent, were tested at the Child Study Department of the Chicago Board of Education. One of the functions of this department is the administration of psychological tests to possibly mentally retarded children to determine their acceptance or rejection for the Chicago public schools. Children with Intelligence Quotients below fifty are not accepted, even in the Special or Ungraded Divisions. Seven of the children had been tested at the Institute for Juvenile Research, with the remaining nine distributed among six additional hospitals or clinics. As a result of these psychometrics all the children tested were found to have Intelligence Quotients below fifty, which automatically excluded them from the Chicago public schools.

Following these tests the parent was advised of the approximate mental age of his child. Table III indicates the mental age distribution as stated by the parents.

TABLE III

APPROXIMATE MENTAL AGE DISTRIBUTION OF 40 CHILDREN ENROLLED
IN THE SOUTH SIDE SPECIAL PLAY SCHOOL DETERMINED BY
PSYCHOLOGICAL TESTING PRIOR TO JUNE 1, 1950

Mental Age Levels	Total
Total	40
below 3 years	4
3.0 to 3.5 years	9
3.5 to 4.0 years	5
4.0 to 4.5 years	5
4.5 to 5.0 years	8
5.0 to 5.5 years	6
5.5 to 6.0 years	1
6.0 to 6.5 years	1
6.5 to 7.0 years	0
7.0 to 7.5 years	1

At the time the parents filled out the application blanks for the South Side Special Play School, ten of the children were in attendance at private schools, of a nursery character. In some instances there was dissatisfaction on the part of the parents, as they did not approve of the grouping together of normal and retarded children. A total of sixteen children ac-

cepted for the summer session had at some time in the past attended school, either of a nursery or special type. The duration of their attendance is shown in Table IV.

TABLE IV
LENGTH OF SCHOOL ATTENDANCE OF 16 CHILDREN
PRIOR TO JUNE 1, 1950

Duration of Attendance	Total
Total	16
less than 3 months	1
3 to 6 months	3
6 to 9 months	2
9 to 12 months	4
1 to 2 years	0
2 to 3 years	2
3 to 4 years	3
4 to 5 years	1

The application blank requested that the parent describe any gross physical defect present in his child. Forty-two parents stated the following defects as appearing in their children: fifteen, no speech; eleven, defective speech; eight, hyper-activity; four, poor coordination; three, defective vision;

one, bone deformity. Although not primarily a physical defect, hyper-activity is listed as such, inasmuch as the parents included it. Eight of the parents stated that their children had no gross physical defect.

Four of the children were subject to epileptic seizures, although the seizures were almost completely controlled through medication. Nineteen children were subject to emotional upsets. The phrase "emotional upsets" was not defined or limited to the parents; therefore there may have been a variation in its interpretation. Two of the group had previously been institutionalized; one for a period of three months, the other for three and a half weeks. In both cases the parents removed the child from the institution.

Twenty simple activities in which the child might engage appeared as the last item on the application blank. The parents were requested to check each item they could answer in the affirmative. The following table presents these items and the number of children who were able to do the thing requested.

TABLE V

ACTIVITIES IN WHICH 50 CHILDREN ENROLLED IN THE
SOUTH SIDE SPECIAL PLAY SCHOOL WERE ABLE
TO PARTICIPATE PRIOR TO JUNE 1, 1950

Activity	Total
Talks in short sentences	19
Discriminates edible substances	35
Plays with other children	21
Walks about room unattended	49
Goes to toilet unattended	40
Removes coat or dress	43
Eats with fork	43
Gets drink unassisted	36
Avoids simple hazards	39
Uses pencil or crayon for drawing	31
Puts on coat or dress	33
Prints simple words	8
Uses knife for spreading	27
Uses knife for cutting	16
Does routine household tasks	28
Dresses self completely	21
Marks with pencil or crayon	39
Uses skates, sled, or wagon	26
Dries own hands unassisted	38
Brushes own hair completely	15

The second classification of data on the study group was that secured from the parents during the home visit, in the informal interviews at the school during the eight weeks summer session, from the physical examination report filled out by the examining physician at Mercy Free Dispensary, and from the findings of the psychologists at Mercy in the terms of Intelligence Quotients, Mental Age, and Social Age.

The breakdown of data obtained from the parents included such information as: nationality, age, employment, and religious affiliation, the retarded child's status in the home relative to siblings, his play experience, his predominant characteristic, what he enjoyed, and the parents' outlook as to what they hoped their child would gain from attendance at the Play School. Although a detailed developmental history was secured from each parent, such data does not appear to have any particular bearing on this study.

Table VI presents the nationality background of the parents. One of the children was in a foster home and the nationality of her natural parents was not known to the foster parents. Of the thirteen fathers and fourteen mothers listed as American, six of the fathers and six of the mothers were negro.

TABLE VI

NATIONALITY BACKGROUND OF 50 CHILDREN WHO ATTENDED THE
SOUTH SIDE SPECIAL PLAY SCHOOL

Nationality	Father	Mother
Total	50	50
American	13	14
Bohemian	0	1
Canadian	1	0
Danish	1	1
English	1	0
French	1	0
German	6	11
Irish	10	5
Italian	3	3
Jewish	4	4
Yugoslavian	1	1
Polish	5	5
Scotch	0	1
Serbian	1	1
Swedish	2	2
Unknown	1	1

It is of interest to note that forty-four of the children were living with their natural parents; two, with divorced mothers; one, with a widowed mother; one, with a natural father and stepmother; one, with a maternal aunt; and one, with foster parents. The ages of the natural fathers ranged from twenty-nine to fifty-nine years, with the average age 43.84 years; the natural mothers' age span was from twenty-four to fifty-eight years, with the average age 40.85 years. Table VII shows the age distribution of forty-five natural fathers and forty-seven natural mothers.

TABLE VII

AGE DISTRIBUTION OF 45 NATURAL FATHERS AND 47 NATURAL MOTHERS OF THE CHILDREN ENROLLED IN THE SOUTH SIDE SPECIAL PLAY SCHOOL

Age Distribution	Father	Mother
Total	45	47
20 to 25 years	0	1
25 to 30 years	1	2
30 to 35 years	4	8
35 to 40 years	11	9
40 to 45 years	7	13
45 to 50 years	10	8
50 to 55 years	6	4
55 to 60 years	6	2

The distribution of the parents according to religious affiliation was: Protestant, twenty-nine parents; Catholic, sixteen parents; and Jewish, four parents. The religion of the foster child's parents was not known.

The forty-five natural fathers were all employed; thirteen in work of a professional nature, and thirty-two in non-professional work. Only two of the natural mothers were employed full time, and two, part time. Many of the mothers desired to seek employment but could not do so because of the constant care and attention required by the retarded child.

Fourteen of the study group were the only child in the family, nine had younger siblings only, while sixteen had only older siblings, with nine having both younger and older siblings one was a twin with no other siblings. Twenty-three of these retarded children were the first born of their parents, ten were the second child, eleven, the third child, three, the fourth child, one, the sixth, and one, the seventh child. There was nothing known regarding the natural family of the foster child.

Seemingly to substantiate the degree of burden borne by the mother in the care of a retarded child, data show that only eighteen of the study group were able or allowed to play in their own yards without constant supervision. The remaining thirty-two could not do so for one of two reasons: either the child was not aware of the danger of wandering away from his

home, or else, the neighborhood children, and adults too, failed to accept the child's handicap and ridiculed and tormented him.

In this regard, Arthur L. Rautman has stated:

Mental retardation is, after all, a broad social problem. The general public must be helped to view mental defect as a warm, human and humanitarian problem which affects intimately and sometimes disastrously the lives of all who happen to be members, not only of the immediate family of the individual affected, but also of any of the various interlocking constellations in which any member of our society moves. People must be brought to appreciate the omnipresence and the immediacy of the problem of mental retardation in our complex society.⁵

The predominant characteristic of the individual members of the study group are as many and varied as one might expect from normal children. "The mental retardate often has a limited attention span, is docile or aggressive, the personality deviations being manifold. He is not, however, necessarily defective in emotion or instinct."⁶ It is not surprising, therefore, that the parents of these children state the following as predominant characteristics: unacceptable behavior mannerisms, emotions all mixed up, senseless laughter, restless, hyperactive, cheerful, helpful, timid, withdrawn, short attention span, inquisitive, slow, easily frustrated, easily frightened, nervous, meticulous, independent, happy, no sense of danger, individual-

⁵ Arthur L. Rautman, "Society's First Responsibility to the Mentally Retarded," American Journal of Mental Deficiency, October, 1949, Vol. 54, No. 2, 161.

⁶ Irwin Goldstein, "Implications of Mental Deficiency," Occupational Education, April, 1948, Vol. 5, No. 7, 152.

istic, strong-willed, and jealous.

It has been said that many of the social and emotional difficulties of mentally handicapped children reflect parental attitudes. Dr. Levinson⁷ has brought out the fact that parents of mentally deficient children are almost without exception deeply sensitive about the mental status of their children, looking upon the retarded condition as a reflection upon themselves. A mentally retarded child's ability to comply with social demands may be a cause of frustration on the part of the parents, arousing their aggression, resentment, and hostility. In turn, the retarded child, who requires the security of his parents' love even more than the normal child, is frustrated and made insecure. He may then turn on his environment, becoming increasingly hostile, irritable, and destructive.

In stating what their children enjoyed most it is not surprising that the parents mentioned the radio and records as far outnumbering any other of the items. This bears out Bertha Schlotter's statement that "the stimulating effect of rhythmic movements are basic in the education of the mentally defective."⁸ Although the radio ranked first in providing pleasure to members

7 Abraham Levinson, M.D., "Pneumoencephalography in Mentally Retarded Children," American Journal of Mental Deficiency, July, 1947, LII, No. 1, 8.

8 Statement of Bertha E. Schlotter, Institutional Therapy Consultant, Illinois State Department of Public Welfare, personal interview.

of the study group very few were interested in television, and then for short periods of time only. Many enjoyed thumbing through magazines and colored pictures, attracted by the brightly colored illustrations. There were some few who could be kept occupied for brief periods with crayons. Some of the activities mentioned less frequently were such things as: playing with dolls, mechanical toys, helping around the house, playing with a wagon or tricycle, listening to stories, baseball, hand work and blocks. Only one of the group was at all interested in the movies.

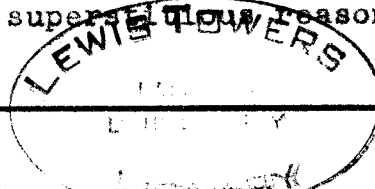
During the home visit the parents were requested to state what they desired most for their children to gain from attendance at the South Side Special Play School. In this regard it must be kept in mind that for thirty-four of the group, this was to be the first contact with other children, and possibly adults, outside the immediate family circle. The depth of meaning back of the parents' outlook for the session has a greater significance when this is kept in mind. The statements are listed according to the number of parents making the same request, a greater number of parents mentioning the items listed first.

- (1) To learn to play with other children.
- (2) To learn to enjoy the company of other children.
- (3) To develop a personality and become acceptable socially.
- (4) To get along peaceably with other children.
- (5) To develop a happy attitude towards others.
- (6) To become more relaxed in the company of others.

- (7) To learn to cooperate with other children.
- (8) To learn to do something with the hands.
- (9) To participate in the activities of other children without becoming over-stimulated.
- (10) To learn something instructive.
- (11) To be amused and kept happy.
- (12) To learn how to amuse self at home.
- (13) To learn to speak.
- (14) To improve in speech habits.
- (15) To learn handicrafts.
- (16) To learn to give in to the desires of others.
- (17) To have an outlet for excessive energy.
- (18) To receive some academic training.

Writers in the field of mental deficiency have often pointed out how difficult it is for parents of retarded children to view their child and his retardation objectively. Quite generally, the eighteen statements listed above reflect an objectivity on the part of these parents. Their membership in a parent group presupposes, at least to a degree, an acceptance, not only verbally and intellectually, but also emotionally, of their children's handicap. To one who has not been associated with parents of retarded children it might appear a simple thing for such a parent to join with others having a similar problem. However, this may not always be the case. There is probably nothing harder for mothers and fathers to accept, or for that matter to recognize, than their own child's subnormal intelligence; no other handicap gives rise to so many false hopes.

Parents frequently feel a sense of responsibility, which may be closely akin to guilt, for the handicap of a retarded child, and often for illogical or even superstitious reasons.



The reaction of many parents to such a situation is to withdraw from normal social contacts, to live the life of a recluse. For many of these parents it took considerable will power to become part of a group, which, so to speak, advertises to the world that its members have retarded children. In this connection, Arthur L. Rautman has pointed out:

Those parents who have not been able to achieve a realistic understanding and an emotional acceptance of the problem of retardation in their child usually attempt to hide the reality from the world, either by refusing to admit to others the fact that their child is retarded, or in some cases, by refusing or even being able to recognize the retardation themselves. They may concentrate their attention upon a few abilities which the child possesses, and through constant practice, they develop what often becomes a full-blown delusion of hope and expectation for ultimate achievement.⁹

At the close of the examination and as a part of the physical examination report, the examining physician at Mercy Free Dispensary made a diagnosis of each child's condition. As might be expected, these diagnoses were similar to those shown in Table II, which were made at prior physical examinations. The distribution of the children according to types of diagnoses were: Mentally Retarded--Physically OK, twenty-four; Mongoloid, eighteen; Birth Injury, three; Cerebral Palsy, one; Epilepsy following Encephalitis, two; Hydrocephalus, one; and Microcephaly,

⁹ Rautman, "Society's First Responsibility to the Mentally Retarded," 160.

one.

Following the psychological testing, the results, in terms of Intelligence Quotient, Mental Age, and Social Age, were used as one of the bases in grouping the children for their activities at the South Side Special Play School. Tables VIII, IX, and X show the results of the testing program.

TABLE VIII

INTELLIGENCE QUOTIENTS OF 50 CHILDREN ENROLLED IN THE
SOUTH SIDE SPECIAL PLAY SCHOOL ON THE
REVISED STANFORD-BINET, FORM L

Intelligence Quotient Range	Total	Boys	Girls
Total	50	26	24
test results not determinable	11	5	6
Below 30	8	5	3
30 to 35	8	3	5
35 to 40	10	5	5
40 to 45	3	0	3
45 to 50	3	3	0
50 to 55	2	2	0
55 to 60	1	0	1
60 to 65	1	1	0
Not available for testing	3	2	1

TABLE IX

MENTAL AGE DISTRIBUTION OF 50 CHILDREN ENROLLED IN THE
SOUTH SIDE SPECIAL PLAY SCHOOL ON THE
REVISED STANFORD-BINET, FORM L

Mental Age Levels	Total	Boys	Girls
Total	50	26	24
test results not deter- minable	13	6	7
2.5 to 3.0 years	11	8	3
3.0 to 3.5 years	6	3	3
3.5 to 4.0 years	7	3	4
4.0 to 4.5 years	5	3	2
4.5 to 5.0 years	1	0	1
5.0 to 5.5 years	3	1	2
5.5 to 6.0 years	0	0	0
6.0 to 6.5 years	1	0	1
not available for testing	3	2	1

TABLE X

SOCIAL AGE DISTRIBUTION OF 50 CHILDREN ENROLLED IN THE
SOUTH SIDE SPECIAL PLAY SCHOOL AS INDICATED BY
THE VINELAND SOCIAL MATURITY SCALE

Social Age Levels	Total	Boys	Girls
Total	50	26	24
1 to 2 years	2	1	1
2 to 3 years	12	5	7
3 to 4 years	12	9	3
4 to 5 years	5	5	0
5 to 6 years	8	1	7
6 to 7 years	2	2	0
7 to 8 years	1	0	1
8 to 9 years	1	0	1
9 to 10 years	1	0	1
not available for testing	6	3	3

These data on social age conclude the presentation of factors common to the group as a whole. In view of the fact that no attempt was made to secure an even distribution between boys and girls, it is interesting to note that the first fifty applications, which comprise the study group, were almost equally divided in relation to this factor. Also, in general, the parents were satisfied with the experience, only two of them commenting

on possible negative qualities. It is likewise interesting to note that the predominant characteristics of these children, as stated by the parents, differ little from those which any group of fifty parents might give in describing their normal children.

CHAPTER III

THE SUPERVISED PLAY GROUP EXPERIENCE

Before entering upon a discussion of some of the manifestations of social growth evident in the study group, following the eight week summer session at the South Side Special Play School, it seems advisable to present a brief picture of the summer session.

A social group worker was selected by the School Committee to act as the first Director of the school, and to organize the school program around social group work procedure. Perhaps the distinguishing characteristic of social group work is the fact that the group worker uses the social relationships within the group experience as a means of individual growth and development for the members. The objectives of the group worker include provision for personal growth according to individual capacity and need, the adjustment of the individual to other persons, to groups, and to society.

The mentally deficient child is severely limited in his social adaptations and for this reason it was hoped that the social group work approach would prove particularly beneficial.

This limitation in social adaptiveness, found in the mentally deficient, arises from his intellectual incapacity, which is characterized by poor judgment, poor associative and adaptive powers, and the lack of insight into his environment. He possesses the same social and emotional possibilities toward his environment as the normal child, although there may be a wide variation in his reactions. Such reactions are often unacceptable to society, being referred to as aggressiveness, hostility, hyper-activity, and the like. These should not be looked upon as of prime importance in themselves, but rather as symptoms of some form of maladjustment. For instance, anger may be caused by frustration, and incorrigibility may be the result of feelings of inferiority. In attempting to help mentally retarded children Gladys L. Rhodes¹ has suggested that while the child is still young he must be provided with experiences which will result in feelings of happiness for him, cause him to think of others, and permit him to try more difficult and new experiences in order to develop tolerance, learn endurance, and feel a sense of responsibility.

Bertha E. Schlotter, a social group worker with much experience in working with the mentally deficient, has pointed out that:

Basic in the education of the mental defective is a program in creating social situations

¹ Gladys L. Rhodes, "The Non-Academic Part of Our Program for the Mentally Retarded," Journal of Exceptional Children, January, 1943, IX, No. 4, 111.

which advance the individual to higher levels of learning at his own rate of development. The underlying ideology for this work consists in setting up a stimulating situation which induces free, spontaneous problem-solving behavior and provides a medium of expression. Another concept underlying this work is that nothing is so stimulating to a person as other persons.

To a large degree the mental defective child's education must depend upon work, play and other forms of social arts, including musical activities which seem to be one of the most effective and unobtrusive means by which group organization and unity are achieved.²

The daily school period extended from about 9 A.M. until 12:30 P.M. Except for those children whose parents brought them to the Fieldhouse at Tuley Park, the others were picked up by one of the two buses, and returned home at the close of the session. In order to reach the Park at approximately nine o'clock it was necessary for the buses to begin their pick-ups around 7 A.M. This meant that those children living at the greatest distance were on the buses four hours a day. Mother volunteers rode on the buses each day. Shortly after the arrival the children were served fruit juice and cookies; and at 11:30 A.M. they ate the lunches they had brought from home, milk being provided each day, and ice cream twice a week.

The children were divided into five groups: the older

2 Statement of Bertha E. Schlotter, personal interview.

girls' group,³ the older boys' group,⁴ and three younger mixed groups.⁵ The two older groups remained more or less permanent. A number of changes in the younger groups were advisable before the divisions took on any semblance of a permanent character. One of the younger groups was composed of seven children, chronologically between five and ten years of age, who, because of excessive aggressiveness or withdrawness, required almost individual attention. Their activities were directed along quiet, less stimulating lines. Each group was assigned to a particular Club Room, which soon became familiar to the group. The three younger groups remained in their own rooms for the lunch period, although the older boys' and older girls' groups lunched together.

The study group had at its disposal all the facilities of the Park and Fieldhouse, which included individual club rooms, two fully equipped gymnasiums and playgrounds, a wading pool, sand piles, an equipped playground for younger children, and shady, grassy spots for quiet activities. The activity periods varied in length from day to day, according to the interest and spontaneity of the group. Except in inclement weather a great portion

3 Appendix VI, Table Showing Intelligence Quotients, Mental and Social Ages for the Members of the Older Girls' Group.

4 Appendix VII, Table Showing Intelligence Quotients, Mental and Social Ages for the Members of the Older Boys' Group.

5 Appendices VIII, IX, and X, Tables Showing Intelligence Quotients, Mental and Social Ages for Members of the Three Younger Mixed Groups.

of the time was spent out of doors. A restful, relaxing activity was usually selected for the period immediately after luncheon.

It is impossible to put into words the experiences of the staff during the first few weeks. Suffice it to say that there were assembled together for three and a half hours daily, five days a week, fifty mentally retarded children who, for the most part, had never previously associated with children or adults outside their own family circles. They were faced with innumerable new situations: rising early, the preparations for departure, the arrival of the bus, leaving mother behind, the bus ride with all its strangeness, the Park and Fieldhouse with their vastness, the new activities, and the lunch period. Many other points might be listed, for everything was new and strange.

The varied program of the two older groups included such activities as: singing games, rhythms, art work, ball games, puzzles, miscellaneous group games, and the use of the playground. The younger group, where the attention span of each was even more limited than with the older group, were not able to play as long at a game nor were they able to engage in as many group activities. Their activities centered about simple singing games and puzzles, toys, imaginative story play, and the use of the playground.

The bus ride proved to be an unplanned socializing experience of considerable importance. The first week was rather a trying experience for the mother volunteers who rode on the buses.

However, the "strangeness gradually wore off, and the children's recognition and enjoyment of one another became increasingly evident. Each day the mother volunteers approached one or another of the staff, usually with tears in their eyes, to report an incident, thrilling to all working with these children. "Johnny smiled this morning when the bus picked him up," or "Mary said a word today," or perhaps, "Tom pointed out the window of the bus to Sally waiting with her mother on the corner." It was not long before the children knew one another by sight, and the speaking children called one another by name.

As each child was picked up, those already on the bus would call out a greeting and all wave goodbye to mother and dad. The same procedure went on during the return trip--all waved and called goodbye as each in turn left the bus. Gradually, as the neighborhood children learned a bus came for Johnny or Mary, they gathered, friendly and interested, to participate in the departure and return. Quite suddenly, these retarded children had gained status in their own family circle. A brother or sister proudly announced to all, "Johnny goes to school, now." They were important in the neighborhood, too--they had belongings exclusively theirs, "Johnny's lunchbox," "Johnny's bus," "Johnny's school." When mother would spend a day at the school as a mother volunteer, the siblings were often heard to say, "You never come and spend a day at my school, but you go to Johnny's school one day a week."

One Saturday morning during the session, a seven year old, taking his lunchbox, of which he was very proud, managed to leave the home without his mother's knowledge. His absence was later discovered and reported to the police, who broadcast his description. Tom was located later that afternoon, in a town about forty miles south of Chicago. It being Saturday, the schoolbus had not called for him, so Tom managed somehow to get on a bus. In his mind a bus took him only one place, to school.

Toward the close of the session an appraisal of the evidences of group progress was made within each group. In the older groups the singing games had proven very popular. The boys and girls had learned the words to most of them, enjoyed pantomining the actions of the stories, and requested special favorites again and again. They also enjoyed rhythms, clapping or bouncing rubber balls to them, and finger plays. They imitated animals and toys to music, played drums (empty coffee tins) and cymbals.

The girls in particular spent considerable time in finger painting, coloring pictures, cut out designs, making colored paper chains and constructing various animals from covered wire. During the individual play period considerable improvement was noted in the construction of puzzles, as many were able to advance from simple to more advanced types. Both the boys and girls enjoyed various simple activities using the ball or beanbag. Because of this activity some made remarkable improvement in

muscular coordination. The playground was a favorite with all. Here, in the wading pool, on the swings and monkey bars, and in the sand box, they learned to play together. At the outset many were afraid of the wading pool, and it often required hours of patience from one of the staff or a volunteer before a child could be induced to put even one toe into the water.

The increased group feeling among these older boys and girls expressed itself in many ways. They began to discipline one another, to resent any interference in their activity, and promptly showed displeasure if one or another of the group resorted to attention getting devices. They showed interest in helping one another, and became more aware of those around them as other human beings, with possible likes, dislikes, rights, and privileges. There were many attempts at mutual helpfulness during the lunch periods and with wraps.

With earnestness and good will they demonstrated a desire to help plan the day's activities by suggesting games, songs, and other activities in which they wished to participate. The lunch periods became more and more a time of relaxation, with interchange of comments about home, the bus ride, a new article of clothing, or their lunches. It was during the lunch periods that many of the group learned to drink from a straw, an accomplishment which they had never mastered at home. On some occasions when the older groups were combined with the younger, these boys and girls

could be depended upon to aid the leaders in starting the games.

The program of the younger group followed along similar lines, although the activities were more simplified. They too liked music and singing games and enjoyed participating in rhythms, especially the cymbals. Finger plays were used with considerable success. Imaginative story play was a favorite with all, to which they responded as a group better than to any other activity. The playground was a source of wonderment to each, once the fear and strangeness of it had been overcome. They came to enjoy the baby swings and teeter-totters, and were even able to play little circle games out of doors without becoming distracted.

The most noticeable improvements in this group were evidenced in the more relaxed and quiet demeanor of the children, the failure of little distractions to annoy or disturb them and the facts that lunch periods became more quiet and there was less aimless running about, as well as their enjoyment in playing with one another.

Although results were less spectacular with the special group, where each required individual attention, it nevertheless served its purpose well. A few of the children were able to go into the younger group and made a good adjustment there. The remaining became more aware of what went on about them, learned to share toys with one another, and gained somewhat in self-confidence.

The⁶ total days attendance for the summer session was 1,634 days, with an average daily membership of 40.85 children. Absences were due to illness, vacationing outside Chicago, five days of heavy rains during the hours the buses were picking up the children, and four occasions on which only one bus was in operation.

At the close of the summer session, the consensus of opinion among the parents and the staff was that the eight week play group experience had far surpassed all expectations. These children had found happiness, they liked their school, and felt at home in its atmosphere. The words of Dr. Butler seem to apply to the summer experience:

The mental defective has a future if we will but understand his needs, do something about his needs, meet him where we find him, and help him to succeed at his own level in the way that is best for him.⁷

⁶ Appendix XI, Record of Daily Attendance at the South Side Special Play School, July 10, 1950, to September 1, 1950.

⁷ Fred Otis Butler, M.D., "The Mental Defective and His Future," American Journal of Mental Deficiency, October, 1949, Vol. 54, No. 2, 165.

CHAPTER IV

SOME MANIFESTATIONS OF SOCIAL GROWTH IN THE STUDY GROUP FOLLOWING THE SUPERVISED PLAY GROUP EXPERIENCE

Four weeks following the close of the summer session of the South Side Special Play School, the fifty parents, whose children had attended, were contacted for the purpose of determining their willingness to participate in a follow-up interview relative to the possible benefits derived by their children as a result of the session. Purposefully, four weeks were allowed to elapse before the follow-up interviews were scheduled, in order to allow the parents sufficient time to better evaluate the possible benefits of the summer program. All expressed a desire to do so, but for various reasons ten were unable to participate. Forty of the parents, therefore, took part in the follow-up interviews, which were held at Mercy Free Dispensary.

Prior to the appointments, the parents were acquainted with the questions which were to be asked of them, and it was suggested that both parents, as well as other members of the family, and friends, too, if they had had an opportunity to observe the child before, during, and after the play school experience, discuss the answers after careful and thoughtful consideration.

It was impressed upon the parents that the criticisms which they set forth might be of a negative, as well as a positive, nature.

The following questions were asked of the parents:

- (1) Do you believe that attendance at the South Side Special Play School has been of benefit to your child?
- (2) In what way has your child manifested evidences of social growth, apparently resulting from his attendance at the South Side Special Play School?
- (3) In the event your child did not benefit from attendance at the South Side Special Play School, in what way was it detrimental to him?
- (4) Have you, as a parent, benefited, either socially or emotionally, as a result of your child's attendance at the South Side Special Play School, or because of possible experiences resulting from your contact with the school?

The replies to the first three questions will be discussed in this chapter, but the results of the last question, relative to the parents, will be reserved for consideration in Chapter V.

In replying to the first question, thirty-eight parents answered in the affirmative, and two, in the negative. In answering the second question the thirty-eight parents enumerated a total of seventy-eight manifestations of social growth which they attributed to attendance at the South Side Special Play School. Exception may be taken that some of these statements of the parents should not be considered basically as evidences of social growth. For the purpose of this study, however, any improvement

noticeable in the child, which the parent sincerely believed developed as a result of the play group experience, is considered as a factor bearing on the apparent elevation of the child's level of social maturity.

It has been difficult to decide the best way in which to present these statements of the parents, inasmuch as it seems advisable that they remain in the parents' own words, in order not to detract from the thought which the parents wished to convey. In any revision of wording, solely for the sake of a more uniform classification, there is always the danger that at least some of the true meaning of the original words may be lost. Therefore, an attempt was made at categorizing the material in two simple divisions, first, those manifestations of social growth pertaining to the child, and secondly, those bearing on the child's relations with other persons. However, this procedure proved impractical because of the degree of overlapping. As a result, the following accounts of the parents are presented without further introduction.

My child is now willing to go to bed early and falls asleep immediately. Before our school opened he was never tired at night and it often took three or four hours for him to fall asleep, then he was restless all night. All of us in the family were exhausted trying to get him asleep. Our efforts seemed to make him so nervous and upset.

Our little one is now happy and smiling all the time. She used to be listless, disinterested

and sullen. There was nothing in which she would take an interest.

My little girl is quiet and relaxed at home where she was formerly tense and seemed to have some trouble or worry on her mind. I don't know what she could have been worried about for she understands so little.

Richard now has such a wonderful appetite. It must be because of the many hours he has spent out of doors. Formerly, he was fussy about his food, and ate so little. The doctor has said we may discontinue his regular tonic, since his appetite has improved so much.

Mary now has such a pride in herself and her appearance. She keeps telling us at home, as well as all the neighbors, "I am a school girl now." She didn't want me to even comb her hair before.

The most noticeable improvement in our child is her new spirit of cooperativeness. Anything we ask of her she will do willingly. Before going to school, her answer to every request was, "No."

My daughter's general behavior has improved beyond our expectations. Her father has never liked to take her in public because her actions were most unpredictable. Now he enjoys taking her out for a walk, or a ride on the bus. There seems to be a companionship between them.

The neighbors now tell me that my child acts "grown up," and has lost many of her babyish ways. Before this change they preferred not to meet her on the street. They told me that she made them feel so strange. Now she talks with them quite spontaneously, and is unafraid.

Never could we have imagined that such a change would come about in our son as a result of his contact with the other children at the school. His mind used to seem dead, now he is interested in everything around the house and in his outside environment. I would say he is not only more interested, but more inquiring. He now asks what is cooking on the stove or what

kind of a car is passing on the street.

Our son has always been restless and hyperactive, and a great care because he required someone's constant attention. I hardly know the best way to describe the change that has come over him, except to say that he must be more contented with-in himself. He seems to have found that for which he previously sought, probably a desire for the companionship of other children with whom he felt equal.

It has always been hard to take our child in public for she dawdled along so slowly. We found it necessary to coax her each step of the way. Now it seems that she leads the way, and wishes to be the first. A certain fear has left her.

Perhaps it is because my husband and I did not train Betty properly, but we never had success in disciplining her. Our wishes were ever adjusted to suit her desires. She has now learned what discipline is, and appears to enjoy the restriction which it imposes upon her.

Possibly even to a retarded child life becomes monotonous when they have no place to go, and nothing in particular to do. The routine of the school activities, as well as the routine needed at home in the preparation for school, have benefited our son greatly. I once read that parents should adhere to an exact schedule with such children as ours, but as the years go on one is apt to become careless, and take the line of least resistance. I now see the full value of routine.

As many of the other mothers have mentioned to me, our child too, has gained greatly in a spirit of independence. She no longer runs to me if we chance to meet at the Park. At home too, she will now get a drink of water unassisted, go up the stairs without help, and attempt to open the door. Before she seemed not to have the interest to try anything.

What a joy it is not to have so much fuss and confusion in getting our child dressed. It has

always been a struggle, but now she appears not to mind and follows exactly any simple direction we may give.

The neighbors tell me that Johnny has acquired a "school boy look." I pressed one of my neighbors for an explanation of what she meant. Her answer was that now the child seems to have a purpose, a reason for living.

The greatest benefit to our child from his school experience has been the fact that he now feels important, not only in his own family but also in the neighborhood. He does things now that the other children do, but even more than this, he has several things they do not have. For example, he has a bus which comes down our street just for him. His lunchbox too, is of interest to the neighborhood children. Some of them have requested that their mothers purchase one for them before their school opens this fall.

Even though Mary has always enjoyed the radio and her record player, and has had her favorite songs, we have never heard her hum a melody or sing a few words of a song. Often now, she sings snatches of the singing games which were used at the Park.

It may not appear of any importance, but we are grateful for a simple thing which our son has learned, and that is to drink from a straw. We tried time and again to teach him this, but without success. He was just not interested. At school he seemed to follow the other children and do as they did, or as he was told to do. Perhaps we tried too hard.

For years it has taken several hours for our child to complete his morning toilet and breakfast. Apparently, there was no incentive for speed. It was necessary that I spend two hours with her. None of the suggestions given me by doctors or psychologists proved effective in speeding up the process. I believe the bus proved to be the magic power which worked the change. From the moment the child is awakened, we cannot move too speedily to suit her. The word constantly on her lips is, "Bus,

bus," and she insists on running to the window at regular intervals to look for it.

Our child used to accept defeat as a matter of course, for she so seldom met with success. Perhaps this was our fault, but with normal brothers and sisters, it seemed she could not keep up with them. Now she has a new spirit about her, one of persistence, even in the face of possible lack of accomplishment.

Although our child can speak and understand all that is said to her, she has never seemed to have much of a desire to converse, over and above what was necessary to satisfy her own needs. Sometimes now her brother remarks, "Does my sister have to talk all the time?" She is more like a companion to me for we can carry on a conversation together.

We could never allow our boy out of doors alone for he would attempt to run away. Now he is content to play for hours in his own yard with his toys. These toys did not interest him before.

Even though the neighborhood store is only a block away, with no streets to cross, Tom could not be induced to go there alone. It seemed he was afraid, and this annoyed his father. One day toward the close of the school session I mentioned needing some article from the store and Tom offered to go for it. Since that time he goes each day, sometimes with a note, sometimes without, if I need only one item. The clerk at the store tells me how much he has improved.

Our child has become much less tense and nervous. For years I have tried to get her to take a nap in the afternoons, but without success. Each afternoon now, upon her return from school, and after a bath, she sleeps for several hours. The fresh air and physical exercise and activities at the Park have toned up her entire system.

Just a week ago my husband and I took our child to the family doctor for her periodic check-up. He says she is in better physical condition than ever before, and has gained in weight.

* It is really a pleasure to take my daughter to the neighborhood store with me. She no longer pulls things from the shelves, or cries if she cannot have everything she wishes. She is friendly and smiles if someone speaks to her, and even waves goodbye to the clerk as we are leaving.

Bill's greatest improvement is in regard to his eating habits. He would never even attempt to hold a glass, now he does so easily; and eats more daintily, too. To him each lunch period with the other children was like a party.

It may sound strange but our son now seems to be happier in the company of his own family, and less discontented. This is possibly because my husband and I now understand his limitations better and are more sympathetic with him, but also because he has apparently found something outside of us that has proven interesting and stimulating. Life is no longer such a boring affair for him.

Our child is much more affectionate towards us and seems to have a greater appreciation of the family's show of affection towards her. Prior to her attendance at school she resented any demonstrations of affection on our part and showed none towards us.

What the play school experience has done for our child is hard to explain. Perhaps the nearest I can come to expressing what I mean, is to say that she has apparently developed a greater sense of security, not only within the family circle, but also in her approach to the outside world. She no longer seems to be afraid. As a relative remarked to me, "The sad look is gone from her eyes."

Mary Jane has lost much of her possessiveness. She formerly refused to share with anyone, regardless of the abundance of what she possessed, or if she had any use for the article. Anything that came into her hands she seemed to wish to draw to herself. Now she shares her toys and candy with her brothers and sisters, and also with the neighborhood children.

When parents have carried the burden of a

retarded child for years, they probably at times, fail to adhere to the degree of consistency in handling which would most benefit the child. The importance of such consistency, even in little things, has been impressed on our minds anew, because of the benefits that have resulted from such handling during the summer session.

Our child's attention span has been greatly lengthened this past summer. Before the session it was impossible to hold her attention to any one thing for more than a few minutes at a time. She will now listen to her mother read quite a lengthy story, and is herself content to sit for fifteen or twenty minutes looking at a magazine or picture book.

Frank is now much better able to participate in the activities of interest to his brothers and sisters. He is easily incorporated into their play and it is no longer necessary for them to adjust their level of play to him. They seem to have developed a new sense of respect for him in which they seek him out, asking his participation in their games.

Our Jim has become quite a popular boy in the neighborhood. His playmates have come to me saying, "That's certainly a wonderful school that Jim goes to. He plays swell now, and knows a lot of new games." Before, these same boys had shunned Jim's companionship, going so far as to ridicule him. Because of this, Jim was hesitant about playing out of doors, and was restless and disgruntled about the house.

We are pleased that attendance at the play school has fostered the development of a competitive spirit in our child. He is no longer apathetic and content to be the "under dog," but seems to have a new appreciation of success.

Before Kay's experiences at the school it was impossible to reason with her. She was unable to retain or understand what was said to her. It is now possible to sit down patiently with her and in a very simple manner explain the reasons why she should or should not do certain things.

" Jerry is so much more active now. His former apathy and disinterestedness has disappeared.

Joan has always been a shy, withdrawn, self-conscious child. Because of this we were afraid she would not adjust at the play school. It was a slow process but toward the middle of the session an improvement was noticeable. Since that time she has lost most of her self-consciousness.

It is remarkable how much responsibility our child can assume, even at the expense of giving up something which means much to her.

Despite the fact that our little girl has always been nicely dressed, she has never taken any interest in her clothes, being quite satisfied to wear the same dress day after day. Probably because of her association, for the first time, with other little girls, she has taken an interest in her clothes, selecting the night before, what she wishes to wear the following day. She has even tried to describe to me the dresses of some of the other girls.

The rhythms and exercises have been the means of developing better muscular coordination in our boy. His father is so proud of him for they now play catch together.

George has shown an increase in initiative. It is now possible for him to find ways of entertaining himself. He makes up his own games, patterned after those he learned to play at the school.

Jane has suddenly taken an interest in helping me about the home. Before she would do little jobs only if I asked them of her. Now she asks if there is something she may help me with, and some routine tasks she does without a reminder from me.

We purchased a television set last spring thinking the child would enjoy it. This, however, was not the case, for he showed little interest in it. Since the school experience this has changed. He recognizes certain objects on the screen and calls them by name. It is like a game to him.

" Our child has become much more obedient.

Helen has learned to be away from me, which has been good for her. She no longer depends so entirely on me, but is happy and contented in the company of others.

Unless a person knows from experience the thrill that a parent receives from some little accomplishment on the part of their retarded child they cannot appreciate how pleased we are with Al, and just because he can now lace his own shoes. He enjoyed playing with the wooden shoe at the school and learned his lacing there.

Our child is much less hostile and has fewer temper tantrums. Formerly he seemed to recognize nothing outside himself.

The neighbors speak about how sociable our son has become since his experiences at the school. He now passes the time of day with them, and also asks about their gardens.

In considering the statements of the parents, the words of several leaders in the field of mental retardation are more strongly impressed upon our minds.

The basic characteristic of mental deficiency is limitation - in adaptive power, in associative power, in learning speed; and this limitation is so great that it extends to the learning and practicing of the simple operations the average child picks up casually.¹

Perhaps for those who have not worked with mentally deficient children these statements of the parents appear as trivial factors

¹ Richard H. Hungerford, Chris J. DeProspero, Louis E. Rosenzweig, "The Non-Academic Pupil," American Journal of Mental Deficiency, April, 1949, LIII, No. 4, 552.

hardly worthy of mention. It must be remembered, however, that looking for potentialities in a retardate is entirely different from looking for them in the normal child. With retarded children the smallest trace of an ability should be fostered and trained.

Society must come to realize that the handicap of mental retardation has affected a definite proportion of the world's population since time immemorial, and, as our society increases in relative complexity, the problem becomes more, rather than less, important. Although an age-old problem, it is still a major crisis in the life of each parent confronted with it. Once the parent accepts the fact and degree of the child's handicap and takes him for what he is, they have won half the battle for his happiness.

The slow child's tragedy is not necessarily his slowness, of which he may be quite unaware, but the attitude of other people toward it, and their demands upon him. For, after all, the retarded child is not unhappy, nor, from his point of view, is he unfortunate. Despite his limited mentality, his feelings are the same as those of other children, and like them he can be ashamed and hurt, proud and self-contained. He may have the same desire to please, and is sensitive to being loved or not. In the event the child of limited ability is continually exposed to failure he cannot fulfill the expectations created for him and

serious emotional disturbances are apt to result. On the other hand, if he is expected only to do what he can do, if he is praised for achievements which may be small in themselves but are great for him, if he is made to feel loved and secure in his place in the family, however limited that place may be, he can be as happy as any normally intelligent child. There are those who hold that his chances for happiness may be even greater, for his desires are less complex.

These statements of the parents tend to show that a large share of the problems of the mental defective child result, not directly from his intellectual limitations, but primarily from his inability to adjust to the demands of society. Inasmuch as society does not fully comprehend the true nature of his handicap, it tends to make the same social demands of the retardate as it does of the brighter child. The result of such a situation is that the mentally retarded child is constantly frustrated by the excessive demands imposed by society which are impossible for him to meet.

Although the defective's reactions to impulse may be erratic and slow, he usually presents an ardent craving for conformity, to be like others. In speaking of the mentally retarded child, Irwin Goldstein has remarked:

He wants to work, play, and do as others do. He does not wish to be singled out as a peculiarity, as being different. He wants to participate with the group as a functioning,

contributing member. Above all, he wants to earn the respect and esteem of the group. Essentially he is a human being.²

The mentally deficient child has not the ability to defend himself adequately against rejecting attitudes, either from his family, or the outside world. If deprived of love and social acceptance, his emotional security is seriously threatened and an instability develops. It must be kept in mind that the mental defective lacks the intelligence and other personality resources which enable a normal child to adjust to his environment. As a result the defective child may develop undesirable personality reactions such as attention-getting behavior, uncontrolled emotionality, or aggressiveness, all in an effort to find the proper means of adjusting to his threatening environment.

Herman M. Jahr has made an interesting comment along this same line of thought:

Some of these children, particularly those who achieve a mentality of two to four or five years, are conscious of their differences in social status from those of their normal fellows. They are mentally deficient, but they are not fools. They understand they are handicapped, and their handicap is accentuated in the presence of children with normal mental equipment.³

Although they did not condemn the school program, the parents of two of the children thought that its effects had been

2 Goldstein, "Implications of Mental Deficiency," 152.

3 Herman M. Jahr, "Twilight Land Children," Hygeia, November, 1946, Vol. 24, No. 11, 819.

detrimental, rather than beneficial, as far as their individual children were concerned. Both stated that their children had picked up undesirable habits: one, in relation to uncontrolled screaming; and the other, the acquisition of unacceptable table mannerisms, such as tipping over a glass of milk if angry, or throwing bits of food on the floor.

From the statements of the parents of the study group it can be concluded that these children gained physically, mentally, and emotionally from their play group experience. It provided them with an opportunity for manual experience, artistic experience, play experience, and experience with a larger environment, and lastly, social experience in lifelike situations in which there was a greater degree of self-direction and self-motivation. These experiences the children would not have been apt to acquire in a sufficient amount and satisfactory form except under a planned program, such as the South Side Special Play School provided. All of these experiences led to an increase in that quality of such importance to the well-being of the mentally handicapped child, namely, social adaptability.

CHAPTER V

SOME MANIFESTATIONS OF SOCIAL AND EMOTIONAL GROWTH IN THE PARENTS FOLLOWING THE SUPERVISED PLAY GROUP EXPERIENCE OF THEIR CHILDREN

On many occasions throughout the play group experience, the parents of the study group volunteered information regarding the benefits which they, as parents, were deriving as a result of their child's attendance at the school, as well as in the new contacts that were available to them because of the school. These repeated remarks on the part of the parents led to the inclusion of Question Four in the information sought in the follow-up interview with forty of the parents. Question Four was stated as follows:

Have you, as a parent, benefited, either socially or emotionally, as a result of your child's attendance at the South Side Special Play School, or because of possible experiences resulting from your contact with the school?

Before an enumeration of the parents' comments, it is well to keep in mind several facts. First, that the whole question of retardation presents, to the parents, a basically personal problem of understanding and self-control in the presence of their child's affliction. Secondly, that the parent must be able

to nourish a "natural affection and consciousness of security in the child, and thirdly, that it is the responsibility of the parent to seek intelligently, and with courage pursue the best plan for the child. Back of each parent's realization of his child's retardation runs the same gamut of inescapable emotional and mental trials, of heartbreak, sometimes akin to despair. "The successive phases that the parent goes through may run something like this: bewilderment, suspicion, shock, protest, education, acceptance, resignation."¹ The acceptance stage has been reached when the parent is willing, if occasion calls for it, to speak frankly and without embarrassment about his child's retardation. This is often made easier by association and discussion with others in similar circumstances. One of the most distressing details of the experience is the hopeless sense of isolation, coupled with indifference, misunderstanding, and thoughtlessness, not only of friends and neighbors, but often of members of the immediate family, at times even of one or other of the parents. These personal hardships are enhanced by the slow process of social acceptance, public education and cooperation.

In considering these comments of the parents, it is well to recall that, for most of them, the mothers in particular, the school provided the first opportunity since the birth of the

¹ Woodhull Hay, "Mental Retardation Problems in Different Age Groups," American Journal of Mental Deficiency, October, 1950, Vol. 55, No. 2, 192.

child for the mother to be relieved of its care for so many hours each day. Secondly, the school offered to the parent, possibly for the first time, an acceptance of his child as he was, with the absence of the answer to which these parents had become accustomed, "No, we do not accept your type of child."

The following accounts are stated in the parents' own words:

My husband and I now realize that we do not have the world's worst problem. We are so grateful that our child's handicap is no greater. After we learned the true condition of our child, we broke off all contacts with our former friends. For some reason we had a sense of guilt about this child, as though his condition were our fault. It took a long time before we could bring ourselves to join the parent group, then there was much discussion if we should enroll our child in the school. Our whole lives were centered on this child, feeling sorry for him and for ourselves. Our child's condition still hurts, but we are accepting it more intelligently and know there are others with heavier burdens to bear.

That terrible sense of being alone in the world with a load too heavy to bear has left us. We now know we are not alone, there are others with us, some just a few blocks away, hundreds in the city and thousands in this country. Before, we didn't seem to realize that there were other parents with retarded children.

Never since Mary's birth have I had as much freedom as during the hours she was at school. A new life opened up for me.

Our whole family has a better outlook since the school experience. We have broadened out, and have something to look forward to.

Our greatest consolation in regard to the school, is that through it, we are actually part of a program

doing something tangible to help all retarded children, just not our own. A parent can do nothing alone, no one listens to a single voice. It is only through cooperation that something of lasting value can be accomplished for such children.

There seems to be a changed attitude in our home, we are more "one," all working together for a single purpose, to help our children.

My husband is much more cooperative since our son has been in school. It seems to have given him a new hope, for the child's interests have broadened and he is more obedient.

The sharing of our problems with other parents has helped to make my husband and me more tolerant and understanding of one another. We feel less sorry for ourselves.

Joining the parent group, our participation in its activities, the plans and opening of the school and our child's attendance there have all acted as a source of mental stimulation for both of us. My husband and I are active in the organization and feel we are finally able to do something concrete for our child and for all mentally retarded children.

Freedom from the care of our retarded child during the hours she was at school has made me more patient, not only with her, but with the other children and with my husband as well. A certain heaviness of heart has left me.

My husband has taken a greater interest in our child since he has attended school. Although he tried never to show it, I know he has always been ashamed of the boy. Now he seems to enjoy his companionship.

Our entire family seems to have been drawn more closely together since John attended school, and I spent some time at the school as a mother volunteer. John enjoyed the games so much at school that he and I started playing them at home, then my husband joined us, followed by the older children. The games are a nightly occurrence now.

*We have learned the value of cooperative effort. Without the cooperation of all the parents, our school could never have become a reality. What one parent alone could never have accomplished, the group has made possible.

No one could have convinced me that I was rejecting my child, but I know now that we failed to give him sufficient love and security. We were ashamed for ourselves. All this has made me come out of my shell, my one desire is to help other parents who have retarded children. If we could only reach all of them!

We are no longer as emotional in dealing with our child, but are able to keep calm and self-controlled, even when he is most difficult to manage.

There have been times when I have been ashamed to go out on the street with our child because of his unpredictable behavior. During the play school experience she lost much of her aggressiveness and has become more acceptable socially. Of late I have been able to take her for several bus rides, and all has gone well. She formerly became hyper-active when in a crowd of people.

At times I believe that my husband and I have profited more from the school experience than even our child, we are no longer buried in our own self-pity.

My husband and I are happier for what all this has done for the older children, even more than for ourselves. They are so proud of their brother now and the little things he is able to do. Before, the older ones didn't like to have their friends come to the home, or to ask questions regarding their brother. Now they're inviting them over to see what Phil can do.

With Mary away at school I had time to do the shopping, which before had to be done by our eldest son. It was hard on him, with his high school work and evening job. It seems I was able to do everything in a more leisurely manner while Mary was away.

With what I have learned at the school, and the

free time I have had while our child was away, I have become more confident of my ability to control her.

The thought of our child formerly hung over us as a "dark cloud"; we felt so alone and helpless in the face of such a huge problem. Now our outlook has broadened, we see beyond our own problems.

The same qualities that have developed within our child are reflected in us. Since he is happier and more contented, we are also.

The hours Bill was at school gave him a rest from me, as well as being a life saver for me. We no longer get on one another's nerves, as each has had a rest from the other. When he returns home we are happy to see one another.

It seems now that we were always pushing our child ahead, forcing him to attempt things for which he did not have the ability. As a result of the summer experience we have learned not to expect so much from him, and as a result we are all more relaxed and happy.

Not being with the child twenty-four hours a day has helped me physically, mentally, and emotionally. I am much more relaxed and have a better outlook on everything.

For one reason or another there is a more peaceful atmosphere in our home, and we are all more contented. The school has given something to our little girl which she has never had before; and our experience in the parent group and at the school have given us a new lease on life.

Since the neighbors have learned of our parent organization and the school program, they have become more aware of the whole problem of mental retardation. It has amazed them that no provision has been made for the retarded child in modern educational programs. Many of the parents have told me of the interest of their neighbors too. My husband and I believe that if each of us with a retarded child could only interest a few persons we would be accomplishing something very worthwhile.

From these statements of the parents one cannot help but be impressed with the necessity for parents of retarded children to have or be given insight into the problem of mental deviation as a broad social problem rather than as a personal catastrophe, an affliction visited on them alone. Here the work of parent organizations to aid the mentally retarded is invaluable. No amount of help from an "outsider" can give a parent quite the same release from a feeling of isolation as the intimate relationship which they experience when they have the opportunity to meet other parents who have endured the same problem with all its overwhelming complexities.

The vast majority of the parents of retarded children are bewildered, frightened, and overwhelmed with a sense of guilt. It is very difficult for them to be objective when their own flesh and blood is involved. A parent's reaction to a defective child may be manifested in a variety of ways. All children, in varying degrees, reflect the frustrations, emotional disturbances, and the conflicts of their parents. The parents' own feelings of insecurity and inferiority show up in the adjustment of the child and are factors to be reckoned with in helping the child develop satisfactorily. Much has been written about the defective child's need for emotional security, or needs for adequacy and self-expression, yet little time or thought has been channeled in the direction of parents who must cope with a lifetime problem of

mental retardation in their offspring.

Since the home makes up such a large part of the defective child's environment, it is extremely important for the adjustment of the parents to be considered. Seldom is the retarded child a credit or source of joy to his parents, and because of this he is likely to be, not only the cause of their frustration and humiliation, but also the recipient of the harmful effects of this humiliation and frustration. This is most unfortunate, particularly for the retarded child, for his needs, even more than those of his brighter brother, will be seriously harmed by the absence of parental confidence, love, sympathy, and understanding. It is often difficult for parents to avoid spoiling the retarded child by their oversolicitude and overprotectiveness. Such spoiling is extremely common and not infrequently creates a more serious obstacle to adjustment than the retardation itself.

From the play group experience and its effects upon the children the parents learned that they must meet their child's problem in terms of himself, setting for him attainable goals, with training geared to his own capacity. They are now aware, too, that many of the social and emotional difficulties of the mentally handicapped reflect parental attitudes. It must be kept in mind, however, that larger than the problem of the parents' acceptance of a handicapped child is the problem of his acceptance by society. This acceptance must eventually embrace wholeheartedly and

make its underlying philosophy the bringing of each retarded child to the highest attainment of his talents within his capabilities.

SUMMARY AND CONCLUSION

The purpose of this study was to review the social situation of fifty mentally retarded children and to describe some manifestations of change that took place in the attitudes and behavior of these children following a supervised play group experience. Consideration was also given to the parents and the evidences of social and emotional growth in them following the supervised play group experience of their children.

The study covered fifty mentally retarded children, ranging in chronological age from five to eighteen years, who were enrolled in the South Side Special Play School, sponsored by the Retarded Children's Aid, a parent group for the mentally retarded, from July 10, 1950, to September 1, 1950. Data for this study were secured from the individual case records at Mercy Free Dispensary, and from a home visitation program, as well as from numerous personal interviews during the summer session. Four weeks following the close of the summer session, and just prior to the opening of the fall term, a follow-up interview was scheduled with forty of the fifty parents whose children attended the summer session. During the follow-up interview the parents were asked four questions dealing with the changes which they sincerely

believed had come about in their children and themselves as a result of the play group experience. Of the forty parents approached for the follow-up interview, thirty-eight presented numerous evidences of social and emotional growth, not only among their children but in relation to themselves as parents.

This type of study does not lend itself to a series of cut and dried conclusions. Neither did it attempt to prove that one particular method of approach to mentally retarded children was superior to any other. In this experience the social group work approach was the one used and it proved successful. Perhaps another method, or a combination of several, might have brought about equal or better results. There were those of the parents who desired that an academic approach be incorporated into the program, for those of the group who might possibly benefit from verbal and symbolic learning. This was not a part of the summer program, but consideration was being given to it for the fall session.

In terms of conclusions it can be said that the first session of the South Side Special Play School was successful. This statement is based on the fact that the children were happy and contented in the group situation and the companionship it provided. They enjoyed the activities in which they participated and carried back to their homes evidences of physical, mental, social, and emotional growth, which brought joy and happiness to

their parents.

They were likewise provided with an opportunity to gain recognition, and a chance to achieve something, a chance for expression. Their feelings of security, confidence, and happiness in school were carried over into their homes and the community. Through the program the parent lost his former sense of helpless isolation with his problem, and was able to divest his mind of entrapping emotions and more bravely face the future with its necessity of laying out and maintaining a sound program for his child.

The summer experience certainly proved that the study group was trainable, some to a greater degree than others, as was to be expected. Dr. Butler has stated:

A mentally defective child has a future, a future that depends not alone upon the individual's limitations or capacities but more so upon society's attitudes, resources, and willingness to provide for him medically, economically, educationally, and socially.¹

Any program to be considered for "trainable" mental defectives must be of benefit to the retarded themselves, or it is of no use. Such a philosophy must be based on a realistic view of the strengths and weaknesses of these children, as well as the place that they will eventually occupy in society. It is

1 Butler, "The Mental Defective and His Future," 164.

certainly the function of special education to help the retarded realize their potentialities to the full.

There are those who hold that education for the mentally retarded is not different in its aim from education for any group of children. The aim of all teaching should be to train the individual to live better, to teach him to use all his capacities, and to provide him with opportunities for the development of confidence within himself and security within the group. These three objectives of all teaching, whether for the normal or the retarded child, were accomplished for the study group through their play group experience.

APPENDIX I

PARENTS' GROUPS IN ILLINOIS*

Name	Location
Community Welfare for Handicapped Children	LaGrange
Mentally Retarded Children's Aid	Berwyn
North Shore Association for Retarded Children	Evanston
Parental Group for Mentally Retarded Children	Joliet
Peoria Retarded Children's Educational Project	Peoria
Retarded Children's Aid	Chicago
Retarded Children's Educational Project	Chicago
Rockford Parent Group for Mentally Retarded Children	Rockford
Society for the Advancement of Retarded Children	Chicago
Uptown Aid for Mentally Retarded Children	Chicago

* Additional information regarding the Parents' Groups in Illinois can be secured from:

Illinois Commission for Handicapped Children
Miss Jane Bull, Executive Director
160 North LaSalle Street
Chicago, Illinois

APPENDIX II

SOUTH SIDE SPECIAL PLAY SCHOOL APPLICATION BLANK

RETARDED CHILDREN'S AID

(This information will be kept confidential)

Name of both parents _____

Address _____ Zone _____ Phone _____

Child's full name _____ Sex _____

Date of birth _____ Is your child at home? _____

If attending school give name _____

Has the nature of your child's retardation been diagnosed?
(As brain injury, Mongoloid, Cretinism, etc.) Yes _____ No _____

Please state the nature of retardation _____

Has your child been tested psychologically? Yes _____ No _____

Give date of last test _____ Where? _____

Can you give your child's approximate mental age? _____

Has your child any gross physical defect, as inability to walk, talk, hear? Yes _____ No _____ Describe _____

Is your child subject to seizures? Yes _____ No _____

Is your child subject to emotional upsets? Yes _____ No _____

Can you arrange transportation? Yes _____ No _____ How? _____

Please check each of the following that your child does. (It is not necessary that the child do all these things.)

- | | |
|---|--|
| <input type="checkbox"/> Talks in short sentences. | <input type="checkbox"/> Puts on coat or dress. |
| <input type="checkbox"/> Discriminates edible substances. | <input type="checkbox"/> Prints simple words. |
| <input type="checkbox"/> Plays with other children. | <input type="checkbox"/> Uses knife for spreading. |
| <input type="checkbox"/> Walks about room unattended. | <input type="checkbox"/> Uses knife for cutting. |
| <input type="checkbox"/> Goes to toilet unattended. | <input type="checkbox"/> Does routine household tasks. |
| <input type="checkbox"/> Removes coat or dress. | <input type="checkbox"/> Dresses self completely. |
| <input type="checkbox"/> Eats with fork. | |

- | | |
|---|--|
| <input type="checkbox"/> Gets drink unassisted. | <input type="checkbox"/> Marks with pencil or |
| <input type="checkbox"/> Avoids simple hazards. | <input type="checkbox"/> crayon. |
| <input type="checkbox"/> Uses pencil or crayon for drawing. | <input type="checkbox"/> Uses skates, sled, or |
| | <input type="checkbox"/> wagon. |
| | <input type="checkbox"/> Dries own hands unas- |
| | <input type="checkbox"/> sisted. |
| | <input type="checkbox"/> Brushes own hair com- |
| | <input type="checkbox"/> pletely. |

I hereby give permission to the above organization to release any of this information to the Board of Education or other qualified agency with the understanding that it is used for selection only.

Date _____ Your Signature _____

APPENDIX III

B Y - L A W S

of the

"R E T A R D E D C H I L D R E N ' S A I D"

CHICAGO, ILLINOIS

O R G A N I Z E D

1 9 5 0

by the

S O U T H S I D E P A R E N T ' S G R O U P

B Y - L A W SARTICLE 1
NAME

This Organization shall be known as Retarded Children's Aid.

ARTICLE 2
AIMS AND PURPOSES

- (1) The aims of this organization shall be:
- A. To educate the public and the parent regarding the problems of the mentally retarded.
 - B. To bring together parents and friends of mentally retarded as an organization for the purpose of discussing mutual problems and means of fulfilling our obligations to the mentally retarded.
 - C. To devise means of establishing and maintaining recreational and educational facilities for the mentally retarded. Also, to impress upon public officials, the Board of Education, the Welfare Department, and the general public the urgent need for additional educational facilities for the retarded.
 - D. To assist in establishing and maintaining homes for dependent retarded children and also for retarded children whose parents, due to sickness or other causes, are unable to care for their child.
 - E. To aid in the development of medical and psychological research on mental retardation.
 - F. To further the general welfare of the mentally retarded.
- (2) In order to raise funds for the purpose of promoting these aims, public solicitations and other means shall be made.

ARTICLE 3
MEMBERSHIP

- (1) There shall be two classes of membership - Active and

Honorary.

- (2) Honorary membership may be bestowed by the Board of Directors upon any person or persons who have distinguished themselves by displaying special interest in mentally retarded people.
- (3) Membership shall be effective for a period of one year.
- (4) Auxiliary groups may be admitted to non-voting membership upon application to the Board of Directors, subject to rules and regulations as set forth by the Board of Directors.

ARTICLE 4 FISCAL YEAR

The fiscal year shall be from January 1 to December 31, inclusive.

ARTICLE 5 ADMISSION FEES, DUES, AND ASSESSMENTS

- (1) There shall be no initiation or new membership fee charged.
- (2) Annual active membership dues shall be \$3.00 per year payable in advance. This \$3.00 payment shall include all parents or guardians from one family.
- (3) Honorary members may make voluntary contributions. No dues shall be charged.
- (4) In the event of special facilities being provided for the welfare of retarded children or adults, assessments may be levied against the parents or guardians of the people deriving the benefit from these facilities. Such assessment shall be determined by the board of directors and approved by a majority vote of the membership present at any meeting. All members shall be informed by mail prior to the meeting of the impending action.
 - A. Applicants for school, projects and facilities shall be admitted to such special projects or facilities on the basis of the requirements of such group and the probable adjustment of the individual applicant to such project; except, that in the case of the number of eligible applicants exceeding the capacity of such facilities, preference shall be given on the basis of the relative activity of the parents of such eligible applicants.
- (5) At the discretion of the Board of Directors, the necessary

fee may be waived in the whole or in part for active members.

ARTICLE 6

- (1) The elected officers of the association shall be:
President, Vice-President, Treasurer, Recording Secretary, and Corresponding Secretary.
- (2) The elected officers shall be chosen from those members who are or have been parents or legal guardians of a retarded child.
- (3) The Board of Directors of the Association shall consist of the five (5) elected officers, the immediate past President and five (5) additional active members duly elected at a regular membership meeting, provided that at least two (2) of the additional active members so elected are, or have been, parents or legal guardians of a retarded child.
- (4) The term of each officer shall be for a period of one year and thereafter until his successor is duly elected and qualified. No officer may hold term in the same office for a period of more than two consecutive full terms.
- (5) The term of each member of the Board of Directors shall be for a period of one year, or until such time as a successor is elected and qualified. Directors may be reelected to succeed themselves.
- (6) A vacancy on the Board of Directors may be filled by action of the remaining members of the Board for the unexpired portion of the term.
- (7) The chairman of the Board of Directors shall be elected by the members of the Board of Directors.
- (8) Any officer or director may be subject to removal by the majority vote of the entire balance of the Board of Directors for cause. To be considered, the charges must be in writing and signed by at least four board members. A copy of the charges shall be served on the accused officer or director personally or by registered mail at least 5 days before the date of hearing by the Board. The removal must be ratified by a majority of the members attending the next membership meeting after the action by the Board.

ARTICLE 7
ELECTION OF OFFICERS AND DIRECTORS

- (1) Officers shall be elected at the annual business meeting held in December of each year and shall be installed in January.
- (2) A nominating committee shall be appointed by the President at the October meeting consisting of two members. Three additional members of the committee shall be elected from the floor. The committee will choose their own chairman.

This committee shall submit a slate consisting of at least one nominee for each office and each position available on the Board of Directors at the November meeting. This slate shall be included in the meeting notice for the November meeting.

Additional nominations may be received from the floor at the November meeting, after which time the nominations will be closed.

- (3) All nominations for officers shall also be considered as nominations for the Board of Directors.
- (4) A simple majority shall be sufficient to elect any officer or director. In the event of a tie vote, a second vote shall immediately be held limited to those candidates who are tied.

ARTICLE 8
MANAGEMENT

- (1) The affairs of this organization shall be managed by the Board of Directors.
- (2) Disbursement checks must be signed by any 2 of the following four officers: President, Vice President, Treasurer, Recording Secretary.

ARTICLE 9
DUTIES OF THE OFFICERS

- (1) The President shall serve as chairman of all meetings of the members. He shall appoint all chairmen and members of the committees that are required for conducting any activity for the welfare of the organization.

- (2) The Vice-President shall serve in the absence of the President.
- (3) The Treasurer shall have the custody of all funds of the association and shall keep regular books of accounts and records. Upon request of the Board of Directors he shall give satisfactory bond for the faithful performance of his duties, said bond fee to be paid for by the association.

He shall keep records of all moneys due the association and take such steps as might be necessary to effect collection. In behalf of the association he shall endorse all checks payable to it and deposit them and all other of its funds to the credit of its account with the bank or banks selected by the Board of Directors.

He shall submit statements of receipts and disbursements in detail and of assets and liabilities in detail of the association to its members at each meeting and at the close of the fiscal year. He shall file all necessary governmental financial reports.

- (4) The Corresponding Secretary shall issue the notices of all meetings and prepare all necessary correspondence.
- (5) The Recording Secretary shall keep the minutes of all meetings and submit them at regular meeting for approval by the membership. He shall be custodian of the corporate records and shall have custody of and affix the seal of the corporation and shall perform such duties as may be prescribed by the Board of Directors.

ARTICLE 10 MEETINGS

- (1) Meetings of the membership shall be held monthly, except that meetings may be dispensed with during July and August.
- (2) Meetings of the Board of Directors shall be held monthly, except that meetings may be dispensed with during July and August.
- (3) Special meetings of the Board may be called upon the written request of three or more Board members.

ARTICLE 11 QUORUMS

- (1) Six Directors shall constitute a quorum at any Board of

Directors meeting.

- (2) Fifteen active voting members shall constitute a quorum for conducting all general meetings.

ARTICLE 12

- (1) All members shall be eligible to participate in any election or vote on any issue. Only one member from each family may vote or hold office.
- (2) A majority vote, unless otherwise stated in these by-laws, of the active members present shall be necessary to approve any motion, or to elect any officer or Board members.
- (3) All voting for officers and Board members shall be by secret ballot. Voting on any motion may be by secret ballot when requested by any active member.

ARTICLE 13 AMENDMENTS

The by-laws may be altered or amended by a 2/3 vote of the active membership present at any meeting. Any member desiring to alter or amend these by-laws shall submit the details of the change so desired to the Corresponding Secretary at least 15 days prior to the meeting. The Corresponding Secretary shall include the details of the change in the notification of the meeting to the members.

ARTICLE 14

- (1) In all questions involving Parliamentary Rules, Roberts Rules of Order shall be the governing authority.
- (2) All minutes and other documents in possession of the members of the Board of Directors and officers shall be carefully filed and turned over to the succeeding officers and Board members.
- (3) The Treasurer and Secretary's records shall at all reasonable times be available for inspection by any active member of the organization.

APPENDIX IV

SOUTH SIDE SPECIAL PLAY SCHOOL

A Tentative Prospectus

(Fourth Draft)

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1. Purpose - The SOUTH SIDE SPECIAL PLAY SCHOOL is intended to serve children who by properly administered psychological examinations are known to be mentally retarded, and who are ineligible at the present time to public school admission. It is a non-sectarian school aimed to train and educate these children by play and hand activities, to develop each child to the fullest extent of his individual capacities.

The age range of children eligible for acceptance at this time is 5 to 15 years, with the possible inclusion of 16 year olds who might be able to participate in and benefit from the activities of the younger children. Each child must be able to walk alone. There shall be no preferential treatment because of race, creed, or color.

2. Organization - The School is a private, non-profit project of a voluntary association of South Side (Chicago) parents and friends organized as RETARDED CHILDREN'S AID. This group operates under approved by-laws and elected officers. It is chartered as a not-for-profit corporation under the laws of the State of Illinois.

The School Committee of this association, responsible to its Board of Directors, has been appointed to execute generally approved plans for the School, to employ its personnel, and to conduct all the business for the School.

The Professional Advisory Council has been selected to advise the School Committee through its chairman in the establishment of standards and policy for the school. The Council consists of professional men and women in group work, medicine, psychiatry,

psychology, social service, education, law, and related fields.

3. Administration and Staff - The entire personnel of the School, known hereafter as the Staff, is appointed on the basis of qualifications set up in consultation with the Professional Advisory Council.

The Consultant in Institutional Therapy for the Department of Public Welfare, State of Illinois, will develop standards of qualifications for the teaching staff of the School. She will also prepare a basic plan of activities, staff meetings, in-service training, and parent education groups to be adapted and used by the Teacher-In-Charge. On such matters as she deems it advisable, the Consultant will confer with the Professional Advisory Council.

The Teacher-in-Charge of the School is appointed with the approval of the School Committee and the Board of Directors of RETARDED CHILDREN'S AID. The Teacher is responsible to the Chairman of the School Committee for the program of the School.

Duties of the Teacher-in-Charge include the following:

- To discuss professional problems of the School directly with the Consultant in Institutional Therapy, State of Illinois;

- To submit regular bi-weekly written reports to the Chairman of the School Committee on the progress, problems, and needs of the School;

- To confer with the Chairman on all matters requiring policy decision;

- To discuss problems with any member of the Professional Advisory Council as the need arises;

- To attend meetings of the Professional Advisory Council upon invitation;

- To arrange and conduct Staff meetings;

- To organize an in-service training program for the Staff;

- To organize parent education groups.

The Teacher-in-Charge will be provided with an Assistant Teacher, plus regularly scheduled volunteer attendants for the physical

assistance and supervision of the children.

4. Facilities - The first term of the School is to be eight weeks, beginning with the week of July 10, 1950.

Plans are under way to provide insured transportation by RETARDED CHILDREN'S AID for those children who have no other means of getting to the School.

The facilities of Tuley Park, at 90th and Eberhart Streets, Chicago, are being made available by the Chicago Park District through Mr. John Henry Morris, Park Director, for the site of the school during the summer term of this year.

Under present arrangements each child will be expected to bring his own lunch from home; milk will be provided by the School at cost.

Public liability insurance covering the children while on the grounds of the School is to be provided by RETARDED CHILDREN'S AID.

The highest standards of safety, cleanliness, health, and fire prevention are to be observed rigidly by the School and all its personnel as a minimum requirement.

5. Enrollment - Preliminary enrollment is completed by submitting to the Chairman of the School Committee a school application blank supplied by RETARDED CHILDREN'S AID. Parents or guardians who apply must be members of the association. Applications are considered in the order of their receipt.

Tentatively, the total enrollment is set at fifty children; subsequent applications are being placed on the waiting list.

The parents of children accepted for the School will be assessed a fee to cover the cost of operation.

Transportation for those who require it will be extra. At present the total school and transportation fee is estimated at approximately \$35 a month. Special arrangements may be made for parents who are financially unable to pay the full fee.

6. Affiliation with other Community Agencies: Psychological services - In order to determine the placement of a child into a particular group in the School, it is of utmost importance that there be a uniform record of properly administered psychological examinations for him. Such a record, in addition to

its value for the child, may well be the basis for future research in the field of mental deficiency.

The test is to be administered before the child enters the School, followed by frequent re-examinations to determine the effect of play therapy upon the child's level of social maturity as the School program progresses. This is to be an integral part of the program and service of the School.

At this time the Psychology Department, Loyola University, has arranged for a doctoral candidate in psychology to establish such a record for each child entering the School for the summer term. It is hoped that this project can be used as the basis for a doctoral dissertation showing the effect of play therapy upon the intellectual capacities of the children.

The Psychologist will attend all meetings of the School Staff, as well as those of the parent education groups.

7. Affiliation with other Community Agencies: Medical Services -
Since the purpose of the School involves the development of a well-rounded program of growth for the children, it is necessary that complete physical examinations be administered by a single agency. This is desirable also because it will result in uniform records which are necessary as a factor of control for future study and research.

At this time it has been made possible to arrange with Mercy Free Dispensary to give a complete physical examination to each child accepted by the School before his admittance. This will include a neurological examination, laboratory test, complete blood count, urinalysis, blood Kahn, chest X-ray, and patch test. If there are recommendations for further medical treatment, the information thus obtained by the Clinic can be forwarded to the child's own doctor if desired, or resources at the Clinic may be made available if preferred. This service will be under the direct supervision of the chief of Pediatrics, Mercy Hospital and Stritch School of Medicine, Loyola University. The fee for this complete physical examination will be \$5.00.

8. Home Guidance - In order to develop a better understanding of the child and his relationship to the parents and siblings, a Home Guidance program is essential. It is most important that the child's activity in the School be interpreted to the parents so that every use can be made in the home of the techniques employed in play therapy in the School. Likewise, the Staff of the School should have as comprehensive as possible an understanding of the

position of each child in his home environment. This is properly the responsibility of a guidance person who can discuss these problems with each parent individually. It is essential also that this person be a member of the School Staff.

At this time it has been possible to secure such a guidance person through the School of Social Work, Loyola University, at no expense to the School. This person will be under the direct supervision of the Director of the Mercy Hospital Social Service Department.

The guidance person will promote a better integration of the medical, psychological, educational, and social aspects of the total School program. Frequent consultations between the guidance person and the Teacher-in-Charge will result in a better understanding of the child at home and in school. The guidance person will attend all meetings of the School Staff as well as those of the parent education groups.

APPENDIX V

SCHEDULE

Name: _____

C.A. _____ M.A. _____ I.Q. _____ S.A. _____

Lives With _____ Only Child _____ O.C. at Home _____

Siblings at Home	M	F	OLDER	YOUNGER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others in Home	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous School Attendance _____ Where _____ Duration _____

Play Unattended: Own Yard _____ Neighborhood _____ Store _____

WFD Medical Diagnosis _____

Previous Medical Diagnosis _____

Under Medication During Summer Session _____ Institutional Case _____

Characteristics as Stated by Parent in Application _____

What Child Can Do - As Stated by Parents _____

What Child Enjoys - As Stated by Parents _____

Child's Reaction to Discipline - As Stated by Parents _____

Mother: Age _____ Type of Employment _____

Father: Age _____ Type of Employment _____

Parents' Outlook _____

APPENDIX VI

CHRONOLOGICAL AGE, INTELLIGENCE QUOTIENT, MENTAL AGE, AND SOCIAL AGE OF 11 GIRLS PLACED IN THE OLDER GIRLS' PLAY GROUP

Number	C.A.	I.Q.	M.A.	S.A.
1	13-2	36	4.9	5.6
2	9-8	55	5.4	5.0
3	10-2	34	3.5	n.t.*
4	14-9	36	5.1	8.0
5	12-0	31	3.9	5.0
6	15-3	-30	3.10	5.0
7	17-6	40	6.0	9.0
8	9-8	-30	2.8	5.0
9	12-6	33	4.1	5.0
10	7-10	38	3.0	5.0
11	12-6	32	4.0	7.0

*not available for testing

APPENDIX VII

CHRONOLOGICAL AGE, INTELLIGENCE QUOTIENT, MENTAL AGE, AND SOCIAL AGE OF 10 BOYS PLACED IN THE OLDER BOYS' PLAY GROUP

Number	C.A.	I.Q.	M.A.	S.A.
1	13-6	-30	3.1	n.t.
2	13-1	-30	2.10	3.5
3	11-11	32	3.10	6.0
4	11-0	-30	2.7	n.t.
5	14-0	38	5.3	6.0
6	11-4	35	4.0	4.5
7	7-2	48	3.5	5.5
8	10-1	36	3.8	3.0
9	10-0	28	2.10	4.0
10	13-11	n.t.*	n.t.	n.t.

* not available for testing

APPENDIX VIII

CHRONOLOGICAL AGE, INTELLIGENCE QUOTIENT, MENTAL AGE, AND
SOCIAL AGE OF 16 BOYS AND GIRLS PLACED IN ONE OF
THE YOUNGER MIXED PLAY GROUPS

Number	C.A.	I.Q.	M.A.	S.A.
1	9-5	35	3.4	3.4
2	8-2	32	2.7	3.0
3	8-0	n.d.*	n.d.	3.4
4	6-3	n.d.	1.0	2.0
5	5-2	52	2.8	2.5
6	6-6	46	3.0	3.0
7	7-0	n.t.**	n.t.	n.t.
8	6-1	39	2.5	3.0
9	5-11	n.t.	n.t.	3.10
10	7-10	52	4.1	4.0
11	8-4	35	2.11	4.0
12	9-1	46	4.2	3.0
13	4-9	n.d.	n.d.	2.5
14	8-3	43	3.7	2.5
15	6-11	37	2.7	2.5
16	9-10	32	3.2	3.0

* Test results not determinable ** Not available for testing

APPENDIX IX

CHRONOLOGICAL AGE, INTELLIGENCE QUOTIENT, MENTAL AGE, AND
SOCIAL AGE OF 6 BOYS AND GIRLS PLACED IN ONE OF
THE YOUNGER MIXED PLAY GROUPS

Number	C.A.	I.Q.	M.A.	S.A.
1	8-10	n.d.*	n.d.	2.0
2	5-0	n.d.	n.d.	2.0
3	10-5	n.d.	n.d.	3.0
4	6-11	39	2.8	2.5
5	7-5	40	3.0	2.0
6	5-2	n.d.	n.d.	2.0

* Test results not determinable

APPENDIX X

CHRONOLOGICAL AGE, INTELLIGENCE QUOTIENT, MENTAL AGE, AND SOCIAL AGE OF 7 BOYS AND GIRLS PLACED IN THE SPECIAL PLAY GROUP

Number	C.A.	I.Q.	M.A.	S.A.
1	9-5	30	2.6	3.0
2	8-0	n.d.*	n.d.	3.0
3	8-0	n.d.	n.d.	1.5
4	6-0	n.d.	n.d.	2.5
5	7-4	n.d.	n.d.	2.0
6	6-4	n.d.	n.d.	2.0
7	6-4	n.d.	n.d.	n.t.**

* Test results not determinable

** Not available for testing

APPENDIX XI

DAILY ATTENDANCE RECORD AT THE SOUTH SIDE SPECIAL PLAY SCHOOL FROM JULY 10, 1950, TO SEPTEMBER 1, 1950

Date	Number Present	Date	Number Present
7-10-50	49	8-7-50	40
7-11-50	45	8-8-50	41
7-12-50	48	8-9-50	39
7-13-50	42	8-10-50	40
7-14-50	46	8-11-50	41
7-17-50	43	8-14-50	33*
7-18-50	41	8-15-50	42
7-19-50	40	8-16-50	42
7-20-50	44	8-17-50	40
7-21-50	44	8-18-50	38
7-24-50	44	8-21-50	24*
7-25-50	43	8-22-50	39
7-26-50	41	8-23-50	38
7-27-50	41	8-24-50	37
7-28-50	41	8-25-50	38
7-31-50	42	8-28-50	39
8-1-50	42	8-29-50	39
8-2-50	43	8-30-50	42
8-3-50	40	8-31-50	40
8-4-50	39	9-1-50	44

* Only one bus in operation.

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