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EDITORIAL

One begins to wonder whether our justified attempts to label and subdivide into categories an otherwise unmanageable mass of data and impressions, do not affect our judgement, aims and efforts to such an extent that "labelling" impedes progress rather than assists it. This, for example, applies to the word "educable" which is expelled from the world of severe subnormality and replaced by "trainable." Very grudgingly the word "teacher" has now been accepted in junior training centre work, though there is some doubt whether it is applicable to the people who teach in adult training centres. The term "trainable child" refers to the child with an I.Q. below 50, whilst the child above that dividing line is considered "educable." The implication is that education in the sense of 3-R work is only for those above that dividing line but not for those below it. Whilst one does not dispute the fact that learning the 3-R's by those below a certain level is a useless trick which can be performed, but not applied, it is rather disconcerting to see that the word "educable" is interpreted so narrowly. Describing the rehabilitative effort for those under I.Q. 50 simply as "training" suggests a narrow approach and outlook which may not be helpful in the developments taking place now.

There has always been a number of severely mentally subnormal people who were absorbed by the community without special provisions being made for them. This was—and is still—possible in a largely unmechanised agricultural community. The last 50 years have however seen an industrialised society making increasingly more elaborate and humane provisions for the custodial care of its severely subnormal members more or less at the same rate as demands and requirements posed by that same society, have increased. There is no doubt that life has become tougher, more demanding and more complex, and there is less and less natural support through home, tradition, customs, relatives than in the past. The welfare services of various types are barely able to keep up with the many new problems created by "progress" and one may well gain the impression that considerable extra effort and systematic application are necessary to outpace this natural development to enlarge the actual number of "successes" rather than only maintaining the status quo.

That the severely handicapped person can do better, and is more competent today, that we thought yesterday, need scarcely be pointed out any longer in professional circles. There is now enough evidence to suggest that there are untapped resources which have gradually been brought into play because the gradually increasing needs force the development of more effective approaches. It is true that nowadays the proportion of successes at rehabilitation may be in the long run not higher than in the past, but this has been achieved against increasing odds. The subnormal and his teacher aiming at, at least temporary, avoidance of institutional

care of one or the other kind (hospital or hostel), are up against the increased requirements of a society that were easier to tackle some 50 to 60 years ago. Thus, "success" could be regarded as a more solid achievement now than it was in the past. On the other hand, people have become more aware of the problems involved, are more willing to assist, are more tolerant and can afford to provide working and living opportunities in the community. This has helped considerably in tackling the harder tasks imposed by the more complex society in which the subnormal has to live, and has made it impossible to judge fairly whether increased education and training have made the mentally handicapped more competent than in the past.

As far as the educationalist is concerned, he must obviously avail himself of the opportunities offered by goodwill, and a spreading awareness that a mentally handicapped person is not an active dangerous lunatic. On the other hand, his methods and approaches to the problem must become increasingly more effective and to the point if he is not only to *maintain* a proportion of "rehabilitation success" but also to *increase* it in the face of a more demanding life.

We have got rid of the old term "colony" and substituted "hospital" because the former no longer reflected the new more active approach, and the "occupation centre" has become a "training centre." The new terms may not be generally liked but there is no disagreement that the old terms are unsuitable. Labelling a child as trainable, describes not only a certain limited type of approach but implies also, definite actions which decide a child's future. "Education" relates to more than the acquisition of the 3-R's. At its most elementary levels, the knowledge of how to behave and live with others, how to apply knowledge collected incidentally and informally to new situations, all acquired by the normal child in his pre-school days, is education in its broadest sense. It is also a type of knowledge which is probably within the mental capacity of the severely subnormal if we were only to apply our findings relating to learning by normal children, to work with subnormal older children. If this is Education—fostering an increasing awareness by offering relevant and stimulating experiences—why do we hesitate to give it its proper designation in the case of the subnormal child? Admittedly there will be, as in the normal child, many skills which are best acquired by training, (e.g. toilet habits) but to extend that limited and specific aspect to the whole area of teaching endeavour reduces the work to the level of the trainer and his performing dogs. If it is generally accepted that what is being done is education, but education with the different contents of *social* rather than *academic* knowledge, the dividing line which separates at present entirely different approaches could well disappear. In both groups, those below and those above I.Q. 50, social education is the main theme of teaching. Depending on their intellectual ability, various pupils travel different distances along the road to social competence. Some, (those above I.Q. 50), will incorporate some academic work into their syllabus, others will not, yet all of them will be given education—social education.

There is obviously more to this than simply admitting the term "Education" into severe subnormality. The teacher must not only be aware of the different contents of the syllabus for the severely subnormal (*social* education), but also that the many typical characteristics of these children demand a very full understanding and application of the methodology of teaching (with special reference to the subnormal), to make the adoption of the term "*Education*" a true indication of the work carried out with the severely mentally handicapped.