

# TRAINING TEACHERS FOR MENTALLY-HANDICAPPED ADULTS

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## Presuppositions

In his recent psychological study of the English schoolboy, "Contrary Imaginations," Liam Hudson has set an odd precedent for writers in the field of psychology: "a subject in which the audience should have a knowledge of the experimenter's presuppositions before interpreting his results . . . . . I propose therefore to declare my personal prejudices about what is good psychology and what is not." (1) His point is well taken and is as valid for the experimental field of education which is the training of teachers for mentally-handicapped adults as for Hudson's field of creativity with the highly intelligent. Perhaps more so: for this is as tricky a minefield of controversy as the devious could devise. I declare my hand, with a statement of my personal prejudices, because this, together with factors of history and regional bias, will colour the direction the course took during the two years it was in my control.

First, for me, the argument "health or education" is sterile. I believe the rightful place for the mentally subnormal is in schools under the aegis of the education authority. I was one of the simpler souls who believed implicitly in the words of the 1944 Education Act that every child had a right to education according to his age aptitude and ability-period. The Royal Commission Report 1957 was merely a shocking aberration: "the main responsibility for providing training centres for the severely subnormal children . . . . . should continue to be regarded as a health service rather than an education service." (2) The constitution of the committee and a list of witnesses give rise to indelicate thoughts of presupposition and prejudice underlying that report. However, more recently, sweetness and light has tended to flow more liberally and particularly from the field of education. It is apparent in Stephen Jackson's book "Special Education in England and Wales," which includes a section on junior and adult centres, justified in his introduction:—"although training centres for the subnormal . . . . . do not in England and Wales come under the control of the education authorities the author believes that training centres are as much concerned with the process of education as are schools. The children attending schools for the educationally subnormal merge intellectually into those attending training centres; it therefore seems reasonable to discuss training centres . . . in the context of education." (3)

My second presupposition was that I considered my prime function as a tutor was to train teachers not instructors. Briefly I considered the function of an instructor was to impart a certain body of knowledge as efficiently and effectively as possible whereas the role of the teacher is much more subtly woven with the problem of human relations and growth and development whilst including the functions of the instructor and using some of the same psychological skills and techniques. In short instruction deals with material and teaching with people.

My third prejudice is that I regard much of what passes for education and training in the adult centre as trivial and in some cases as downright nonsense: "Yes, we do social education every morning for thirty minutes when the trainees come in. They sit down and recite Gunzburg's Social Sight Words off the chart on the wall." (It is fixed there permanently). The author of "Social Rehabilitation of the Sub-

normal" (4) would, I know, abhor this kind of maltreatment of his work. This ludicrous attitude shows only that the people who use the work in this way have *not read it, or worse, having read it have not understood it. I believe it is essential that education should continue beyond the mystical age of 16 with opportunities to develop social, language and vocational skills applying to a wider area of life and extending beyond the bounds of the centre to the world of work.* (see Jackson Chap. XVI). This conviction I hold in the light of my own experience of teaching subnormal adults and in the knowledge that the idea of mental development ceasing at 16 is outmoded, outdated and discredited and indeed only has a semblance of truth when no attempt is made to continue education past this stage. In the words of the Scott Report: "there is nevertheless a need for the teacher in the adult centre to *continue a great deal of the work of the teacher in the junior centre. The importance of even a limited measure of independent life in the community points to the need for social education in the widest sense. Consideration of this sort suggest that there are no grounds for believing that there is any great change in the needs and potentialities of the mentally subnormal at the age of 16 years, i.e. the age commonly adopted for transfer from junior to adult centres.*" (5) Gunzburg makes the point with considerably more emphasis: "motivation which arrives after the age of 16 years enables the mentally handicapped to continue to benefit from further education and training and it would do him and society a disservice if that training were precipitately brought to an end . . . . . A premature full time work experience at that critical point will bring further developments in other important aspects to a standstill and will in fact make the subnormal socially more inefficient than need be. Far from making him more useful and comparatively more independent, he is being made less useful and less independent by a one-sided narrow type of training" (6). The message could not be enunciated more clearly or simply. Yet centres throughout the country do not heed it and continue their "occupational" roles, veneered now with "industrialization," having put aside the rugs (and these persist as a full time occupation in some areas).

Lastly I must state my belief that understanding of the adult is underpinned by an understanding of the child; attempts at understanding the subnormal is buttressed by a groping understanding of the normal. I still experience a mild astonishment at the reaction of authorities to the idea that those concerned with adults should consider children even for a very short, inadequate, time. References to support this view are myriad. A nodding acquaintance with Bowlby (7) and Hadfield (8) should provide sufficient sources (refrain from mentioning the name of Freud for fear of apoplexy in some quarters). But brief mention should be made of a recent article by Asher Cashdan (9) referring to the similarity of maternally deprived children, subnormal children in institutions, and significantly day centre children from normally good homes and his reference to the work of A. D. B. Clarke (10) who notes the changes in intellectual standing amongst subnormal patients released in adolescence. He infers that lack of appropriate stimulation in early years is responsible for delaying these changes into adolescence, a factor of some significance for those dealing with the subnormal at the senior level who should be providing the correct stimulation. It should also be obvious from this that an understanding of childhood is imperative for dealing with adolescents and adults. It also imposes a need to understand developments in the junior centre as a preparation for adult centre work.

## Syllabus

The Training Council for teachers of the mentally handicapped published a guide to the diploma course for mentally handicapped adults in September 1965. (11). The major part of this guide is devoted to an outline of a syllabus. Before

briefly outlining the areas suggested in this, the point should be made that courses approved by the Council have to submit a syllabus for approval, a timetable of work, and, annually, a report on the course and the lecturers involved; it also has a hand in examining. The Council and its officers have, then, considerable influence on the courses, if it is so desired.

Five main areas of work are suggested:

- (1) *Social Studies*: a consideration of the social background and the social services. This would include work on the Mental Health Act, 1959 and its history, social implications of subnormality and attitudes together with an acquaintance with the statutory and voluntary bodies and the structure of the services.
- (2) *Practical Work*: recording, observation, visits, teaching practice (including junior centre). Visits are suggested to schools, centres, workshops, factories etc.
- (3) *Education*: as a preparation for living and working: including principles and practice of further education and social training, language, number, word recognition, home-making, recreation and the use of leisure, students use of practical classes (woodwork and metalwork skills etc.)
- (4) *Growth and Development*, psychology, medical aspects: the suggestion is that this study should cover normal as well as subnormal development.
- (5) *Workshop Organisation and Practice*: including construction and organisation of programmes, contracting, techniques of efficiency and safety.

This outline does not do justice to the document but will serve as an indication of the content. The Scott Report comment is appropriate here: "those in charge of the courses in different places, will no doubt, while following the main syllabus, develop individual ways of organisation and approach." (Appendix B, Page 34). This was certainly true of the Birmingham course. In order to give some kind of structure I decided at the outset to key the various aspects to a case study of growth and development from birth to old age, reviewing the normal as well as the sub-normal field, which would be my own responsibility as a lecture course. Linked in with this would be a study of psychological principles (again my responsibility) and medical aspects of subnormality from a developmental point of view. An artificial division was made so that principles of teaching and social rehabilitation appeared to be divorced from this main study but students quickly grasped that the study was fundamental to their understanding in these subjects and reinforced their learning in them. The same was true of language development and number work. Social studies after a brief historical survey and a study of the 1959 Act were keyed to a case work approach which was more down to earth and was followed up by vacation tasks—visits to courts, clinics, employment exchanges etc. (A comment here on the deplorable attitude of authorities who insist on the return to work of students immediately a course "break" starts, leaving students no time to follow up course work, no time for vacation tasks, and worse no time for a break from what is a very strenuous, closely packed schedule of demanding work).

The practical work of the course covers placements, visits, workshop practice, the acquisition of new skills (woodwork, metalwork, domestic skills, gardening) physical education and recreation including swimming. Prolonged contact with adult subnormals and hospital experience was achieved with a twice weekly programme of activities with patients from two hospitals both in the community and within the hospital. Each student had up to a maximum of five hours per week

in workshop practice and was required to learn a new skill. These practical sessions were held twice weekly in the evenings. Visits of observation were arranged once a week and were designed to give students a picture of normal and special education, special care units, junior and adult centres, sheltered workshops, hostels, hospitals, factories—for work breakdown, jigs, and particularly rehabilitation schemes for the subnormal and mentally ill—Remploy, industrial rehabilitation units and the industrial safety centre. There were three placements: one week in an E.S.N. school where particular note was made of school leaving programmes (especially for those who would go on to the adult centre); five weeks with a transition group (15-18 years) in either junior or senior centre (the largest proportion, nearly 2/3, were in adult centres); and a final five weeks in an adult centre or hospital where the student was required to carry out a programme of social training and teach a new work skill.

A feature of the course has been the weekly symposium where those concerned with various aspects of services for the subnormal have given talks, answered questions, engaged discussion, and joined in the general student group. Visitors have included organisers, supervisors, mental welfare officers, disablement resettlement officers, youth employment service, factory inspector, social worker, parents, psychologists, medical officer, tutors from other courses and the head of the remedial service for the deaf. This proved to be a most popular as well as valuable exercise covering a wide range of topics from ascertainment to administration and the theory of contract-seeking. Extensive use was made of films, slides, discussions and tutorials which were held for individuals daily.

## **Discussion**

The regional bias envisaged by the Scott Report has emerged in practice. In Birmingham it has taken the form of an emphasis on the educative role of staff in training centres. This is not merely due to my personal prejudices but has a basis in the history of the course and the influence of the two previous tutors (B. Flanders and T. Pascoe) and of more significance, due to the fact that there are within a small compass in the Birmingham area a number of leading figures in the field of subnormality with an education bias Gunzburg, Gulliford, Tansley, Brennan—who are or have been, actively associated with the course. This does not mean that all other aspects are disregarded. On the contrary in terms of student/hours, the area of “workshop practice,” in the Training Council’s guide, heavily outweighed the area of “education.” The bias towards education is one that exists because of student conviction to the cause. Critics resenting this bias will find this a particularly bitter pill to swallow.

In retrospect it is possible to see that despite the best of intentions, parts of the course are inadequately covered because of the heavy pressures of time. Much more time could have been spent on managerial function, on administration generally, but more time could have been spent on the dynamics of human relations sub-normal and normal. Especially normal, since so many students still take a long time to understand that they do not just work with the subnormal; they work with other staff too. Profitable time could also be spent in contact with the adult subnormal in a variety of situations including the home. This would say nothing of the need to extend the time spent on examining childhood. I am advocating an extension of the course to two years particularly for the younger students and would suggest an experimental course of this nature perhaps starting when the first three year course for junior staff comes into operation. A two year course was foreseen by the Scott Committee (paragraph 33) and one would hope to see it carried out with the same

vigour as other unpalatable recommendations (for some) in this last hectic four years, despite the "unrealistic" label attached to the report. (see the report's preface).

The Training Council already exerts considerable influence over training teachers with the system of syllabus approval, examination vetting and awards. Indirectly it has the power to assert its influence in the appointment of tutors to courses. It has this month taken the first step in the establishment of an "inspectorate" which could in the future have the greatest influence on training courses. This is the advertisement calling for the appointment of "advisory mental welfare officers," a singularly unfortunate title, and a more unfortunate advertisement which equated university training with a training course. The terms of reference are not clear at the time of writing (before any appointments have been made) but appear to be concerned with advising centres and authorities on education and training. This is analogous to the role of the education inspector. The inference I draw is that as with the inspectorate in the education field the logical development will be for an extension of function into the field of training courses and a spread of advice and influence. In the long term this kind of development should be welcomed because it will mean a positive influence on the maintenance of high standards throughout the country. What it does demand is the appointment of people of a very high calibre in the initial stages who must be capable of holding their own in the crises that will arise with the transfer of this field into the ken of the Department of Education and Science, which seems inevitable.

The time has probably come for the Training Council to take stock. 1967 will see the fifth year of intense activity since the report with the number of courses of training expanding at a furious rate. The half decade seems to me to be a good time to pause for breath, retrospection, analysis and programming carefully, with a new report setting down the guide lines. Certainly the next half decade is going to produce crises in training courses with regard to the "health/education" battle, precipitated almost certainly by the three year training course to be established with the collaboration of a university institute of education. Positive action will be demanded on this both by pressures of necessity and parental power-blocks, and also by the pressure of a growing nucleus of professionally minded trained teachers of the handicapped.

## Conclusions

Personal prejudices, regional bias and history play their part in influencing the flavour of courses of training for teachers of the mentally handicapped. Birmingham is no exception to this. This was foreseen by the Scott Report and appears to be welcome within the broad limits set by the Training Council guide to the syllabus. It was seen in retrospect that to give adequate coverage to many points in the course training should be extended to two years. The role of the Training Council was discussed in relation to the courses and speculations made on a future inspectorate. It was also suggested that the time had come for a fresh look at the situation with a second report of retrospection, analysis and guidance.

Finally, I must say that I write entirely in my own capacity and disassociate the National Association for Mental Health and the present tutor of the Birmingham Course for anything that I have written. I do this out of respect for the N.A.M.H. as a body that harboured me for two years and gave me freedom to develop the course at Birmingham, without interference in its organisation, without discouraging me in the experiments I made. For this I honour it and its officers. For this reason I must state that the presuppositions, prejudices, criticisms, and speculations are all my own.

## References

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