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## EDITORIAL

One can probably assume that staff in institutions, training centres, group homes, etc. generally refer nowadays no longer to mentally handicapped adults as 'children', though one cannot be too sure that there are not still pockets of this obsolete tradition flourishing in some obscure corners of custodial provisions. Yet, even if the term 'children' is as out-of-date as 'oligophrenics' and 'idiots', many people will still treat dependent adults as children whether they are mentally handicapped, sick or old. Determined efforts are of course made to prevent this patronizing attitude by emphasizing a more formal approach and addressing the mentally handicapped person as Mr. or Miss, referring to them as 'clients' or 'residents', or using pompous terms e.g. 'the student must now be seated on his pot'. At the same time one can not help feeling that this honest attempt to place the mentally handicapped into the community as 'Mr. James Savage', may make it more difficult to express emotional warmth towards 'Jimmy' himself.

The important point is, however, that adults are still seen as children despite the camouflage of 'client' and 'Mr.' and that this attitude may colour and infiltrate all the activities and experiences with which the adult is faced. We know that the mentally handicapped would generally prefer to continue with the security of paternal guidance and there is little evidence of him striving deliberately towards a modicum of personal independence. If the child-adult relationship continues too intensively during a time when the mentally handicapped should be assisted to develop into a more independent person, then we fail to make full use of our scientific and empirical knowledge and of the new, favourable conditions we have created for these deprived people. This only prolongs and consolidates their childhood just at that time when we have the best chance of phasing out some of their extreme dependency which could be reduced to some remarkable extent. We often slip quite unawares into faulty attitudes, rooted in our concern for the handicapped person's wellbeing, when we are hesitant to let the adult take a risk — when we do not trust him with money — when we prefer him to learn a skill in the security of a classroom rather than in the context of living — when we compare his achievements with those of children instead of his intellectual peers. As the leading article of this issue points out, adults must be assessed with material on an adult level and recreational skills to be developed must be commensurate with the adulthood of the person. This will provide new perspectives on their abilities and will suggest new ways for teaching and training, which could never be adequately explored if their adulthood is not the basis for it.

Of course, an orderly classroom with neatly laid out educational accessories and gadgets is easier to manage and is more impressive, than a cupboard in the livingroom which is used for storing away a large number of containers of various sizes and shapes in this limited space and which provides ample opportunity for acquiring directly relevant adult skills on shape, weight, size, texture, etc. without having to regress to the child/school

situation. A domestic cleaning cupboard with a variety of different dusters, brooms, cleaning fluids, polishes, etc. will give more opportunities for developing the underused senses of touch and smell and the ability to judge appropriate means for cleaning surfaces of varying textures, than any educational apparatus with small phials to smell from, samples of textures to touch, etc. designed for children.

Regarding the mentally handicapped adult as a big child — supported by the concept of Mental Age, which still lingers on, — results in sending him to a special classroom in the Training Centre, handing him over to a 'proper' teacher, giving him toys corresponding to his mental level and pushing him through a sequence of steps derived from normal childhood development. There is, of course, some theoretical justification for this 'back to school' approach and it is fortified by the fact that, organisationally seen, it is easier to adopt and adapt an existing and well-developed methodology for children, than to develop a new methodology, derived from the new premise of adulthood with limited mental abilities.

We must break away from that child orientated outlook in teaching adults — even if for no other reason than that there is so little time available. We must regard the mentally handicapped adult as a person who has to be familiarised with adulthood as quickly and effectively as possible. Learning must then take place in an adult setting, in the situations which he experiences daily and continuously, which he can feel, absorb, investigate and get familiar with and which offer him also a wide range of opportunities for acquiring new techniques and new skills. We must also face up to the fact that the two or three sessions which we at present set aside for 'Further Education' in evening classes, training flats, domestic science units, social education centres, etc. are only a stopgap but not an effective way for reaching our goals. They demonstrate that mentally handicapped adults can learn relevant skills, but at the same time they make us aware that the mentally handicapped person's development is prematurely and artificially brought to a stop because we fail to nurture the adult adequately in an adult environment. Probably some 50% of the minus scores in scales of social competence are due to depriving the adult of relevant and continuous experiences which are not offered because we think of him as a child.

It is surely not too difficult to enrich and expand the opportunities offered by the home, hostel, institution, etc. so that the educator can make use of a realistic life setting to reach defined goals rather than having to withdraw into an artificial 'educational framework'. It is time that more efficient methods are introduced which are not simply a variation of normal educational practices but are based on the conviction that it is 'normal' to apply a specialised approach to the further development of an adult with a mental handicap.