IDIOT, IMBECILE, AND MORON*

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THE wide-spread use of intelligence tests has produced a marked curtailment of the technique of mental diagnosis Quite the opposite effect might have been expected, since the results from intelligence tests were originally designed to elaborate the other details of the clinical syllabus So effective have intelligence tests become that many clinical psychologists are strangers to the intimate details of the traditional clinical syllabus. Time was when the clinical psychologist was expected to evaluate his observations in relation to hereditary background, social and cultural milieu, developmental history, medical history, school history, occupational or industrial history, and all those influences, biological, environmental, and personal, which might shed light on the subject's present status Similarly, the examination for present status in earlier days included consideration of the subject's social adjustment, personal characteristics, physical development, motor skills, educational attainment, special abilities and disabilities, habits, interests, attitudes, affective reactions, and other wide-spread psychological considerations In this complete appraisal the measurement of intelligence was only one detail, although usually the most important

In those days, even the intellectual aspect of individuality was conceived as something more than a score on a standard intelligence test, involving as it did such items as readiness and clarity of comprehension, persistence of concentration, autocritical judgment, facility of reasoning, range of vocabulary, span and type of memory, in short, the psychological as opposed to the psychometric side of clinical psychology

This clinical psychology, established by Witmer, encouraged by Huey, championed by Wallin, promoted by Goddard,

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assisted by Whipple, was dependent for its mental measurement techniques on the work of Cattell and his associates This field of mental tests was ably summarized in Whipple's manual, with which few clinicians of today seem to be familiar In those early days the clinical psychologist was presumed to be familiar with differential symptom-complexes, or what our medical colleagues call clinical syndromes In the absence of rule-of-thumb methods and statistically established differentiating norms, much resourcefulness was required on the part of the clinician to establish an expert or artistic type of diagnosis. Classification dealt with an individual's status in respect to some particular characteristic such as bright or dull, weak or strong, ignorant or learned, while diagnosis was the synthetic appraisal of all detailed characteristics in some unified whole or clinical category, for purposes of prognosis, disposition, and treatment

Has the need for such clinical psychology passed, or has our preoccupation with objective, standardized procedures led to over-simplification in diagnosis? We cannot, even if we would, return to the days which preceded the Binet Scale We are too dissatisfied with vague, random, individual, and unverifiable examination methods Unsystematic methods of history taking, and the exercise of personal judgment in the interpretation of heterogeneous data are scientifically unsatisfactory On the other hand, there are few standard schedules for history taking, and the criteria for interpreting histories are unsatisfactory Our enthusiasm for statistical methods of combining and interpreting miscellaneous data is well directed. We do gravely need more systematic, more objective, more standardized, more diagnostic methods if the practise of clinical psychology is ever to be passed from a handful of experts to a host of technicians

Let us examine this situation as it affects the field of mental deficiency The diagnosis of feeble-mindedness is one of the important problems of applied psychology, and the consulting psychologist here plays a rôle of special importance Mental deficiency is a developmental defect which involves nearly

every phase of those individual differences with which the psychologist is primarily concerned Our characteristic preference for objective and quantitative methods offers many advantages over the impressionistic approaches of other professional groups The diagnosis of mental deficiency has grave implications for social disposition and educational treatment Consequently, the correctness of diagnosis is important because of the implications for custody, care, treatment, training, and social control We cannot, therefore, view this problem lightly in terms of mere academic interest. Social, personal, and family interests require that we give this work our most earnest consideration as a field of public service as well as scientific interest

Historically, legally, and by general connotation, mental deficiency means feeble-mindedness A threefold criterion is necessary for diagnosis, namely, social incompetence, due to low intelligence, which has been developmentally arrested. To these essential ear-marks of mental deficiency may be added other helpful, but not essential, descriptive traits, such as developmental physical anomalies, educational retardation, juvenile personality, low degree of initiative, limited judgment, and the like These are helpful in diagnosis and serve to confirm a suspicion of mental deficiency in young borderline and adult high-grade subjects Sometimes these accompanying traits may even be used in lieu of other criteria, but always in fact or by implication it is necessary to demonstrate first, social incompetence, then, intellectual incompetence, then, developmental arrest

But how shall we define these criteria, how shall we measure them, and what differentiating standards should we employ? Social competence has never been adequately defined, never objectively measured, and never differentially standardized. Only vague, incomplete, or impressionistic descriptions are available, and these do not agree among themselves in emphasizing the same or even the essential details This lack is particularly evident in the case of children, so evident in fact, that educational disability has been widely em-

ployed as a substitute for social disability. We are further troubled by the questions of time, and place, and circumstance The station in life to which one is born, the degree of civilization, the racial or cultural level, the exigencies and conventions of the day and the environment are all so difficult to allow for that no universal standard of social competence seems possible of formulation.

In establishing the intellectual criterion for mental deficiency we are in a much better case Here the Binet-Simon Scale serves so well as to overshadow all other criteria, and even threatens to supplant them Yet the intellectual criterion cannot be suitably established until the social criterion has been satisfied In the lower grades of mental deficiency this social criterion may be assumed, because the social competence of the low-grade feeble-minded is practically self-evident. But in the case of growing children, and in the case of high-grade feeble-minded adults, the intellectual standard must remain uncertain until it can be validated against some social standard which shall be reasonably adequate. This is the reason why there is so much controversy as to the upper Binet IQ limit for the young feeble-minded and the upper Binet mental age limit for the adult high-grade feeble-minded

Most of what we know objectively and quantitatively about the intelligence of the feeble-minded is limited to the use of the Binet Scale The varying results obtained by group tests as compared with individual tests, by verbal tests as compared with non-verbal, and by paper and pencil tests as compared with performance tests, have not yet received adequate attention What we know about the differentiating value of Binet mental ages has been applied indiscriminately to other systems of intelligence measurement Yet it can easily be shown from a study of these different tests that the interpretation of test data requires intimate knowledge of the different qualities of intelligence and the statistical aspects of test standardization from the point of view of differentiating norms. Thus, the standard of mental deficiency more or less agreed upon for the Binet Scale does not apply without modification for most other

intelligence tests This situation is still further complicated by the range within which the tests employed are valid and especially by the uncertain upper developmental limit measured by such tests Even for the Binet we have not yet agreed upon the average-normal adult level, nor have we certainly determined the upper mental age and IQ limits for feeble-mindedness

In the case of children the attempt to use the IQ for purposes of diagnosis, and especially for classification by degree of mental deficiency, is complicated by the uncertainties of our knowledge regarding the course of mental growth for different types and degrees of feeble-mindedness If the IQ were constant, this would be a comparatively simple matter, but since the IQ is not constant for more than a limited number of the feeble-minded, but declines at unequal rates with increasing maturity for the different types and degrees of feeble-mindedness, the use of the IQ during the developmental period is subject to very definite limitations.

Considering the third criterion, namely, arrested development, we note at once that this arrest may be due either to limited biological potential or to post-conceptional causes of many sorts This arrest may be sudden or gradual Here again we are definitely limited by the lack of suitable schedules of development which can be applied throughout the period of maturation and which can be interpreted differentially in quantitative terms In spite of the wealth of material in the field of genetic psychology, it is surprisingly difficult to obtain a satisfactory developmental history beyond the period of infancy or early childhood To be sure, if the Binet Scale has been applied during the successive years of development, these results could be used for that purpose as far as intelligence is concerned. But we should still be lacking a record of *social* development during childhood and youth Within some limits, the Binet Scale can be used retrospectively for taking histories by asking the informant at what age the child first knew his name, at what age he could count 4 objects, at what age he could say the days of the week, or perhaps at what age

he could first draw a circle, copy a square or a diamond, or name the usual coins

The diagnosis of mental deficiency is commonly followed by a classification according to degree and type In common practice the classification by degree is simple enough in terms of the standard mental age classification For this purpose the lowest grade of mental deficiency, idiocy, is considered as including those feeble-minded whose Binet mental ages are below 3 years, the intermediate grade, imbecility, includes those with Binet mental ages between 3 and 7 years, while the highest grade, moronity, includes those with Binet mental ages from 8 to some uncertain upper limit, usually taken from 9 to 14 years An IQ classification is sometimes employed considering as idiots those of IQ's below 25, as imbeciles those with IQ's between 25 and 50, and as morons those with IQ's between 50 and 75 The doubtful value of this IQ classification has already been pointed out because of the tendency of the IQ to decrease as age increases among the feeble-minded

The central thesis of this paper is that idiocy, imbecility, and moronity are not mere successive stages of a mental-age continuum, but are different categories of a common condition, differing qualitatively as well as quantitatively from each other To those who live with the feeble-minded, an idiot is not just a person with a mental age below 3 years On the contrary, the idiot is a person who cannot protect himself from ordinary dangers, who cannot provide for his ordinary wants, who has practically no speech, and who needs throughout his entire life that kind of personal assistance which is commonly given to children under 3 years of age To be sure, this degree of social incompetence is *correlated* with a similar degree of intelligence, but idiots differ much more among themselves in their Binet mental ages than they do in social dependence. The social dependence is the primary consideration, and the low intelligence is the explanation of it As among all of the feeble-minded, this social dependence and this low intelligence of the idiot are due to lack of development rather than to deterioration Those who live with idiots have little difficulty

in diagnosing them as such without need of mental tests except as the measured degree of intelligence confirms the diagnosis If a person is an idiot, he is feeble-minded

Likewise the imbecile, while able to protect himself from simple dangers, provide for his ordinary wants, feed and dress himself, and exercise a fair degree of speech, is incapable of performing any but the simplest occupational tasks, of acquiring any appreciable degree of literacy, or of getting along socially without continued supervision These are the essential characteristics of the imbecile To them must be added a history of development which shows that he has never exceeded these same abilities To be sure, his mental age, physical characteristics, personality, and other traits will add confirming details, but again those familiar with the feeble-minded have little difficulty in recognizing him on the basis of his social dependency If a person is an imbecile, he is feeble-minded

The moron, on the other hand, while capable of performing all the social achievements of the idiot and the imbecile, goes beyond these by acquiring a low degree of literacy, by learning occupational pursuits at the common labor, factory-operative, or apprentice level of employment, and by getting along socially with only occasional supervision The moron, however, is not capable of getting along "on his own" socially with more than marginal success, or of providing for others, or of exercising good judgment in social adaptation The moron is much more difficult to recognize than the idiot or the imbecile, because in his other characteristics he closely resembles the dull-normal, and his intelligence level reaches well into the lower limits of normality In fact, the Binet mental age criterion of feeble-mindedness breaks down at the upper moron level because the high-grade moron's Binet age may reach as high as the quartile and in some instances even up to the average of the normal distribution It is this social incompetence of the moron that distinguishes him from the dull-normal more specifically than his other qualities If a person is a moron, he is feeble-minded.

The dull-normal, on the other hand, exceeds the moron in

social competence, but resembles him in intellectual level and educational attainment Many dull-normals, especially those who are verbally handicapped, do not succeed in school work beyond the fifth or sixth grade, and many of them have Binet mental ages as low as 8 or 10 years The dull-normal, however low his intelligence, and however low his cultural or economic level, is socially competent in that he can manage his own affairs without need of supervision. Dull-normals constitute a fairly large number of the population and the programs of custody, treatment, training, care, and disposition developed for the feeble-minded, do not properly apply to them. If a person is a dull-normal, he is *not* feeble-minded

Idiots, imbeciles, and morons are feeble-minded, and only they. Their condition is reflected in their social inadequacy which results from limited development of the intelligence. But persons of low intelligence who are socially adequate cannot be considered feeble-minded. The Binet mental age concept of intelligence leaves an overlapping between the high-grade feeble-minded and the low-grade normal which seriously weakens the criterion of arrested intelligence as part of the diagnosis If morons "test" as high as Binet mental age 14 and dull-normals as low as Binet mental age 7, it is obvious we cannot use Binet mental age alone as a differentiating standard. Other measures or concepts of intelligence must be employed here which afford a high degree of separation for these two groups. That such other tests and such other concepts are not widely used is a serious reflection on our clinical and our psychological resourcefulness.

If these assumptions are sound, we are still faced with the need for measuring social competence as a developmental function, a need which has never been met since the days of Itard It was our direct attack on this problem that produced the Vineland Social Maturity Scale If the successive degrees of social competence are so definitely revealed as we have intimated among idiots, imbeciles, and morons, as successive degrees of mental deficiency, it should be possible to express this competence and its degrees of progressive development in

objective, measurable terms. If this could be done on a basis of genetic maturation, the problem would be greatly simplified and we should have a direct means of evaluating a person's present status, and perhaps his developmental history, and perhaps even his probable future development.

In undertaking this task, we had the very great advantage of the philosophy and method so successfully employed by Binet and Simon. We needed only to list a number of the essential ways in which social competence evolves among normal persons, from infancy to adult life If performance items could be found with relatively short and steep maturation curves, this would increase the possibility of sharp differentiation of one age group from another. If these social performances could be relatively independent of sex, special training, social class, time and place, personality, intelligence, and so on, and if we could measure the social products of these influences instead of these influences themselves, we might hope for some useful outcome

When these different degrees of mental deficiency are viewed as separate categories rather than successive degrees of deficiency, we see new possibilities for study, treatment, and disposition Thus, idiocy is found to be predominantly of the secondary type, that is, of pathological rather than of hereditary origin. Idiocy resembles a state of permanent social and psychological infancy. But if the idiot is compared with adult anthropoids rather than with human infants, wholly unsuspected types of adaptive behavior are uncovered, and the comparative psychology of the idiot becomes better understood. Moreover, the disposition of the idiot from the point of view of custody, treatment, and care is found to be fundamentally different from that which obtains for imbeciles and morons The idiot is personally helpless and socially useless, a burden rather than a menace, requiring attendance in nearly all his wants and making little significant response to training outside the field of self-help.

The imbecile, in contrast with the idiot, compares rather favorably with young children except that he lacks their ca-

pacity for original adaptation, their natural vivacity, their spontaneous inquisitiveness The imbecile presents a different order of ability than that found in the idiot, although we must for the moment beg the question as to whether this is a fundamental difference in kind or degree of behavior Imbecility corresponds to the period of normal childhood between 3 and 8 years of age with all the concrete and animistic implications, as well as the attitudes of personal reference, so common with young children The treatment and training of imbeciles is substantially similar to those which obtain with the pre-school child, or at least the child below second grade This means an almost complete absence of educability along scholastic lines and a heavy dependence upon habit training and drill

Moronity, on the other hand, corresponds to a state of permanent early adolescence or perhaps pre-adolescence, with its typical emotional instability, striving for personal recognition, and almost normal approximation to independent adult activity The moron, in contrast with the idiot, is principally of the primary or hereditary type, with a low genetic potential, usually reflected in simple developmental deficiency. There is reason to believe that the moron shows some qualitative variation from the normal as well as quantitative deviation, but this is much more subtle than is the case with idiots The most obvious defects in the moron are his absence of good judgment, his naive personality, his unstable social morale, his weak inhibitions, and his low capacity for sustained effort under stress The dull-normal shows a small but critical difference in these respects It must be confessed, however, that these subtle differences have not yet been scientifically substantiated by experimental investigation

These considerations should influence any program for the social disposition and control of the feeble-minded The means provided for measuring these abilities directly through such an instrument as the Vineland Social Maturity Scale greatly simplifies and clarifies these problems. Dealing as the scale does with the primary aspect of mental deficiency, namely, social incompetence, and providing as it does for the third

criterion, arrested development (since this scale can be used as a developmental schedule), the diagnostic demonstration of mental deficiency is made easier and the indications for treatment and disposition self-evident It is obvious that without some such standardized instrument, our information regarding feeble-mindedness and the measures for its control, must continue haphazard rather than scientific With such an instrument we are now in a position to evaluate other aspects of mental deficiency and to clear up some of the confusion now existing in the other aspects of mental diagnosis