Classification of Exceptional Children as a Guide in Determining Segregation.

By Maximilian P. E. Grossmann, Ph.D., Plainfield, N. J.

Reprinted from the BULLErrN OF THE AMERICAN ACADEMY OF MEDICINE Vol. X. No. 5 October, 1909.
EXCEPTIONAL CHILDREN NOT NEEDING SEGREGATION.

I.

CLASSIFICATION OF EXCEPTIONAL CHILDREN AS A GUIDE IN DETERMINING SEGREGATION.¹

By Maximilian P. E. Groszmann, Ph.D., Educational Director of the National Association for the Study and Education of Exceptional Children, Plainfield, N. J.

In discussing methods of dealing with those exceptional children who do not need segregation, we must first agree as to what is meant by segregation, and secondly determine which classes of exceptional children should be segregated from human intercourse.

Segregation may be permanent or temporary; custodial or merely institutional. The worst cases of degeneration require permanent custodial care, which implies that they are unmitigated burdens of society. Institutional cases may be made productive in a sufficient degree to pay for their maintenance, entirely or in part; there are instances when even custodial cases were made productive in a small measure.

Unsegregated exceptional children, that is to say those who are neither custodial nor institutional cases, may require special schools (day or boarding) or special classes in ordinary schools, for different lengths of time, so as to have the benefit of individualized adjustment in matters of instruction, discipline and bodily régime. Or they may need merely individual methods at home and in school, eventually accompanied by medical treatment, surgical operations or a special hygienic regulation.

Segregation, in its full meaning, refers therefore only to those children who have to be taken out of human society altogether, temporarily or permanently.

A clearer understanding of the problem of exceptional children has heretofore been difficult, owing to the indefinite and arbitrary use of terms applied to different kinds or classes of ex-

¹ Read at the 34th annual meeting of the American Academy of Medicine, Atlantic City, June 5, 1905.
ceptional development, and to the lack of perspective in determining their relation to a normal standard. Much confusion has resulted from this haziness of classification. To obviate this I desire to submit a tentative classification and terminology as a working basis. This classification has the endorsement of many leading physicians and educators, although there is, of course, some difference of opinion in matters of detail, and it may help us in appreciating better what we are talking about.

**Diagram of Social Strata**

*Accompanying a Classification of Exceptional Children.*

To facilitate discussion, printed copies¹ of this classification have been distributed and the diagram presented here may assist you in following my argument. In the valuation of this suggestion, I beg to request caution in regard to the following points:

1. No classification can differentiate all individuals. Any attempt to undertake such an absolute classification would be like a Procrustean bed in which the poor sleeper was stretched mercilessly so as to fit its length if he were too short, or have his feet cut off if he happened to be too long for the bed. There are types so unstable that they present varying characteristics at different times, and others which exhibit combinations of exceptions. Thus we find blind children who are also feeble-minded, or neurotic children who show bodily deformities. There is a large assortment of such mixed types.

2. It is extremely difficult to determine a normal standard so as to preclude ambiguity. We shall have to be satisfied with certain axiomatic statements which, like the axioms upon which mathematical science is based, are taken somewhat on faith.

3. Deviations from the normal standard do not invariably imply a corresponding decrease of usefulness for human progress. Quite the contrary. Blind or crippled children may grow up to be benefactors of mankind. There is in particular the neurotic group which has furnished leaders of our race: poets, thinkers, inventors, patriots, enthusiasts. It is often a matter of circumstances; that is to say, environmental causes will determine which way the pendulum will swing—which way the potentials of an individual will gravitate. Here it is where the community and its forces will be determining factors. It has been said that it requires as much mechanical ingenuity to pick a complicated lock as is needed to construct one. The poet and the falsifier do practically the same thing—only from different motives. And it is reported of a great surgeon of France that he had the instincts of a torturer and murderer turned to salutary account. Thus, the potentials of an individual may be so developed that they become constructive, positive, while

¹ See p. 458.
there is also the danger of their molding a child into a destructive, negative influence. Here you have your tramps, criminals, cranks, insane on the one hand, and your geniuses on the other.

4. In one detail or another, a different viewpoint may suggest other, or additional, terms for special types. Thus, in the atypical group, some psychiatrists may feel justified in distinguishing psychasthenic children from neurasthenic children. There is no reason why such views should be antagonized. They are just as tenable and perhaps closer to the truth than the view here offered. In this classification, psychic characteristics have been expressed in terms of neurotic conditions—they have been assumed to be functions of the nervous system.

5. This classification is intended to be one of children and not of adults. Take, for instance, cases of insanity. Congenitally insane children are plainly abnormal. Insane adults may be the product of acquired disease, or of neglect of neurasthenic conditions in childhood. Such conditions are observed in the group of what I have termed atypical children. Neurotic and neurasthenic children exhibit symptoms of unstable nervous, mental and emotional equilibrium and may develop, through environmental causes (neglect or unfavorable influences of some kind), true psychoses, although perhaps only for a period of time and not permanently.

6. This classification does not imply rigidity of types. Individuals of lower classes, within certain limits, may be educated up to higher levels. This is especially true within the normal group, which includes the typical, pseudo-atypical and atypical children. The submerged classes as well as the representatives of rudimentary, primitive development may be gradually elevated to higher planes of civilized life. This refers to what is often called the "lower strata" of society; also, to the problem of certain classes of immigrants; to the assimilation of the American negro; and also to the "white man's burden:" the dealing with races of lesser civilization. The solution of these problems cannot be hoped for within the limit of the lifetime of individual representatives of these classes, but can be accomplished only by educational and social processes which extend through generations.

There is also a frequent backsliding, or dropping out, of individuals of higher groups into lower groups, through lack of education, or opportunity, or through other unfavorable circumstances. Even typical children may lose their balance, may degenerate, or be vitiated.

The recognition of these two facts, of the ascending and the descending scale, means the stating of the greatest and gravest of social problems. It is the very keynote of this symposium.

One word in regard to the terminology employed: Ordinary dictionary definitions of the terms used in this classification are lacking in precision. It is therefore allowable to give to the terms which are here suggested for designating the different groups, a definite meaning and content. In spite of the dictionary obscurity, however, the definitions quoted at the bottom of my classification will show that the manner in which the terms "normal" and "abnormal," "typical" and "atypical," are here employed is approximately in accord with the common usage of these words. One of my critics has suggested the substitution of the term "paratypical" for "pseudo-atypical."

Our diagram represents the circle, or compass, of human society. Outside of the circle is the abnormal child—the non-human group, so to speak. Abnormal children (feeble-minded, insane, criminals, etc.) cannot enter the province of normal human activity and competition. Many may, as has been demonstrated, be made self-supporting, as even domestic animals are; but they are the ones who require custodial or institutional care permanently.

In the center of the circle, as in the bull's-eye of a target, representing the aim of human development, stands the complete, well-poised normal child of the 20th century, the type of modern civilization. Within the limits of an average balance of potentials there is, of course, a great number of variations, each individual differing to some extent from the so-called average, representing excellencies and proportions of its own. But there is a sufficient natural poise to prevent eccentricity or derail-
ment. When there is such a degree of disturbance of the normal equilibrium that the pendulum of reaction will not swing back in the proper measure, exceptionality begins.

The concentric circles, or rings, of the diagram represent the different layers, or strata, of human society. They indicate relative distances, or deviations, from the normal standard as exhibited by the child of normal balance. Neither the distances nor the areas shown here can be taken as indicating exact relations, as the available data, statistical and qualitative, are entirely inadequate. But the farther a layer is removed from the center, the more have the potentials of the individual tended towards abnormality.

Some of the deviations may not destroy, but merely hazard, the possibility of normal equilibrium. All those children whose deviations are of this kind are therefore still included within the normal group. They represent merely deviations from the type of modern civilization, apparent or genuine, and not from the standard of human nature. For them, the importance of this symposium is particularly great, and clinical cases of children who are helped to overcome their difficulties can be multiplied.

There are first of all those who are here called pseudo-atypical, that is, those who represent no real pathologic deviation. They need little or no segregation. Special or ungraded classes in schools will help those who have suffered from change of educational regimen; or who have an unusually slow rate of development, without being really retarded; those who were affected by illness, lameness, deformity, visual and aural defects, adenoids, etc. It is unnecessary to point out the particular way in which school physicians and family physicians, dispensaries and hospitals, school and district nurses and the like, can cooperate with the school and home efforts to set this class of children right.

A type of children whose special claims are often overlooked and who therefore may develop tension somewhere, are those of unusually rapid development. They need special classes or methods and an evening-out process. Children difficult of management and neglected children require the co-operation of school and home; of physiologists, neurologists, and sociologists; of juvenile courts and rescue workers—but rarely prolonged segregation, if any. With them it is often merely a matter of change of environment, of a change of educational climate, so to speak.

Two points should be emphasized in this connection. One is the function of the special or ungraded class. Where such classes or schools have been articulated with school systems, they have often become veritable dumping grounds for all sorts of children with whom nothing could be done in ordinary classes. In my mind, the special class should be in the nature of a clearing-house under the management of organized forces: the teacher, the school principal, the school physician, the pathologic expert, and such other officers as an intelligent school board and superintendent may create. From the special class the pseudo-atypical child may speedily be returned to the ordinary classes. Other children should be distributed among such educational agencies as will meet their special requirements: truant and reform schools, educational sanatoria, institutions and asylums.

The other point is a warning. Only too often a purely medical cure is considered sufficient. Take for example cases of adenoids. A very large number of children have been redeemed from apparent dullness and even viciousness by the resection of enlarged tonsils and adenoid growths. But apart from the possibility of recurrence, which is often due to the continuance of bodily conditions which favor the growth of adenoids, so that even after their removal a special regimen is indicated—there is also this other consideration. During the time of ill-adjustment, when the afflicted child was fighting its battle with adverse circumstances, in school and at home, drifting into a state either of apathy or resentment, it developed mental habits of response which are clearly defective. These habits are not easily dropped. Even after the adenoid cloud has passed away such child may need very expert educational treatment for some time after its cure.

The atypical group of children is very interesting. For neurotic and neuasthenic children, temporary segregation,
or at least education in special schools where their entire life can be remodeled, is indicated. They need a most careful adjustment of their medical, hygienic, instructional and disciplinary regimen. They are a much misunderstood and much neglected class of children, and yet they deserve their full share of attention. They suffer from an unstable equilibrium—that is to say, their potentials are insecurely poised. They are exceptional in the sense that they may be above as well as below the average to a considerable extent. They may develop brilliancy and constructive leadership, as well as fall by the wayside and become destructive and negative influences. They may reach the pinnacle of ecstasy and genius, or sink to the depths of despair and crime. What a task for the positive forces of society! It is for these children, if for any, that society at large, and educators, physicians, homes, sociologists, etc., must co-operate to establish provisions for timely relief.

Children of retarded development may either represent a condition of continuous retardation, and then it is largely a matter of time when they will reach normal maturity. Recent investigations in New York have pointed out the necessity of distinguishing between the physiologic and psychologic age of a child, on the one hand, and its chronologic age on the other. These researches are of great importance in dealing with this class of children. There are also cases observable where there is a sudden acceleration of development. This acceleration occurs especially during the periods of pubescence and adolescence. But usually there is belated maturity, and it requires the co-operation of physician, educator and home to guard against the danger that a mere retardation may degenerate into positive arrest of development.

The children of the sub-normal group, those who are merely incomplete or defective, are most encouraging. Of course, as their potentials are incomplete, one or more of the normal capacities having dropped out, they can never attain the perfect norm of human nature. But so much has recently been done for unhappier of this class, the epileptic, the blind, the deaf and dumb, the deformed, the cripples, that proof is abundant that they need a very small measure of segregation, and may, if properly handled and given the opportunity, develop into most useful citizens. The least hopeful class of this group and the one that may need segregation in special colonies or villages, are the epileptics.

With the children whose development is permanently checked before maturity is reached, this symposium has little to do as even preventive measures for this class are very doubtful. Although we may, especially through medical and educational co-operation, mitigate their difficulties, moderate the effects of disease or nerve shock—or through social relief improve their life conditions, they will remain more or less permanently derailed and will require segregation. Redemption through prevention may come in the next generation.

The same is true of children of rudimentary or atavistic development. There are yet entire races which have not been touched by the progress of modern civilization and which represent racial or social strata in which the social instincts are undeveloped. They are the fringe of human society. They are the “white man's burden.” They are present even within the political boundaries of modern races—absorbed and only partially assimilated elements. Here you have your negro problem, your immigrant problem. And finally there are individuals, freaks of nature, so to speak, in which there appears an “atavistic” reversion of normal instincts although they are born from normal parents.

With these classes of the sub-normal group, it is largely a problem of social adjustment so that there may be an ascending scale at least for the generations to come. It is not a problem of the individual to be solved during his span of life.

But even here, as we see, there is hope of ascension, and it is this hope upon which this symposium is based. There are tremendous possibilities for the uplifting of the sub-normal and the atypical groups if only we may know and understand the problem in all its aspects.

Allow me to quote in closing the words of Edwin Markham:
TENTATIVE CLASSIFICATION OF EXCEPTIONAL CHILDREN,
Suggested by Maximilian P. E. Groszmann, Ph.D.

A. NORMAL CHILDREN.
(Those who are in accord with the norm, or standard, of human nature.)
1. Typical Children.
   (Those who conform to the average human type, representing the present stage of civilization.)
2. Pseudo-atypical Children.
   (Those who only seemingly deviate from the average human type.)
   a. Children whose Progress in School was hindered by:
      1. Change of schools;
      2. Slower rate of development, without atypical retardation;
      3. Temporary illness;
      4. Slight physical difficulties, such as lameness and minor deformities, slightly impaired vision and hearing, adenoid vegetations, etc. This last class is similar to Group 2 of the Pathological Classes. Sub-normal Group; only that it represents retarded instead of arrested development.
   b. Children of Unusually Rapid Development, without genuine (pathologic) precocity.
   c. Children who Are Difficult of Management.
      Naughty, troublesome, spoiled children, without genuine perversity.
   d. Neglected Children.
      Pseudo-atypical children may be rapidly restored to normal equilibrium.
3. Atypical Children Proper.
   (Those who deviate from the average human type.)
   Hereditary, congenital, and environmental causes.
   a. Neurotic and Neuroasthenic Children.
      Over-stimulation and precocity. Irritability. Excessive imagination and lack of mental and emotional poise.

II

b. Children of Pathologically Retarded Development.
   Impaired conceptual ability due to retarded brain development. Physiologic retardation of growth rate. Special physical causes: Chronic catarrh, chronic difficulties of nutrition, serious chronic affections of vision and hearing, venereal infection, etc.
   Any of these classes, through neglect or adverse environmental influences, may drop down in the scale of development, into lower classes. In other words, the individuals composing them may lose their normal characteristics and degenerate into permanent defectiveness. It is a matter of potentials and their direction. On the other hand, having the normal potentials, atypical and pseudo-atypical children may be restored to normal equilibrium.

B. SUBNORMAL CHILDREN.
(Those whose potentials are incomplete, or underdeveloped.)
1. Defective Children.
   Hereditary and congenital causes.
   Epileptics, blind, deaf-and-dumb, deformed, paralytics, crippled, etc.
   These children can never attain the perfect norm of human nature, as their potentials are incomplete.
2. Children of Arrested Development.
   (Acquired abnormality or defectiveness.)
   a. Pathologic Classes.
      Children born apparently normal, but having their development checked by:
      1. Hereditary causes, manifesting themselves at certain developmental periods;
      2. Special causes, as diseases, fright, accidents, etc.
      The arrest of development may be only partial, as in the case of children deformed by accident; then, there will be mainly a condition of incompleteness, as in Group 1, Defective Children.
   b. Submerged Classes.
      Environmental influences have prevented them from attaining full maturity.
      Children of arrested development will remain essentially subnormal, no matter how well they may be educated within their limits.
3. Children of Rudimentary or Atavistic Development.
   The primitive type, representing mental, moral and social
instincts and activities on the savage, barbarian, or generally uncivilized level.

Primitive races.
Atavistic individuals. These approach the abnormal level.
They represent a reversion of instincts and capacities in spite of being born from apparently normal parents.

GROUPS A AND B CONSTITUTE HUMAN SOCIETY

C ABNORMAL CHILDREN.
(Those who deviate from the norm, or standard, of human nature.)

Hereditary and congenital causes.
Cretins, cretinoids; microcephalics, macrocephalics, hydrocephalics; idiots, idio-imbeciles, imbeciles and feeble-minded; insane; criminals; moral imbeciles and moral perverts.

Abnormal children stand outside of human society and require custodial or institutional care permanently.

DEFINITIONS.
(Standard Dictionary.)

Norm: A rule or authoritative standard.
Normal: According to an established law or principle; conformed to a type or standard; regular or natural.
Abnormal: Deviating from the natural structure, condition, or course; unnatural.
Type: One of a class or group of objects that embodies the characteristics of the group or class; an example, model, representative, or pattern, as of an age, a school, or a stage of civilization.
Typical: Having the nature or character of a type.