

Trading one myth for another?: With apologies to Dr. Brabner.

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Abstract:

Six years ago I asserted in print, with some sense of daring, that it was time to admit that the term mental retardation was a myth, a “false and unhelpful categorization of people with very diverse needs and characteristics” (Smith, 2002, p. 64). I quoted from Thomas Szasz's (1960) classic work, *The Myth of Mental Illness*, and described the term mental retardation as being “scientifically worthless and socially harmful” (Szasz, 1960, p. xi). I argued that the term should become an historical artifact of our evolving thought about children and adults with developmental disabilities. In my opinion, the millions of people who have been misunderstood and, sometimes, maligned by the term were deserving of a change in the manner in which they were regarded and treated. A disassembling of the aggregation of human conditions gathered under the term mental retardation might provide an opportunity to enhance our vision of who these people are as individuals and our understanding of their rightful places in our communities (Smith, 2002).

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Article:

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these people are as individuals and our understanding of their rightful places in our communities (Smith, 2002).

In taking this position, I was joining, of course, other voices who were calling for rethinking of the terminology of the field. Still, I thought that what I was saying was somewhat unique. I was wrong.

Recently, while looking through bound volumes of one of the earliest professional journals in the field of intellectual disabilities, I came on an article published in 1967 that was humbling. In *The Training School Bulletin* I found an article written by George Brabner, Jr., with the engaging title of, you guessed it, “The Myth of Mental Retardation” (Brabner, 1967). In the article Brabner compared mental retardation with mental illness, saying that, “Retardation is about as useful a concept [to teachers and psychologists] as mental illness ... [is] ... to the psychiatrist and clinical psychologist” (Brabner, 1967, p. 151).

Brabner argued that mental retardation was an omnibus term that covered a multitude of conditions. He stated that there were more than 100 causes of retardation or “whatever figure is currently in vogue” (Brabner, 1967, p. 150). Even so, Brabner observed, it “seems at times that some kind of unconscious wish to simplify some extraordinarily complicated aspects of human behavior is operant ... [and] the label may serve to conceal more than it reveals” (p. 150). By the way, at my last count, there were nearly 400 causes of intellectual disability cited by the American Association on Intellectual and Developmental Disabilities (AAIDD) (Luckasson et al, 1992).

Brabner (1967) then noted that there had been ingenious efforts to make the meaning of mental retardation as simple as seemingly possible by reducing its meaning to a disability caused by low intelligence. He challenged this conception, however, by saying that a

Child's educational and social handicaps can no more be viewed as caused by low intelligence than can similar handicaps in a troubled gifted child be attributed to high intelligence ... nearly every psychologist and teacher of the retarded is aware of the fact that two children may have identical IQs and yet one will be “diagnosed” as retarded and placed in a special class while the other will be placed in a regular grade. (Brabner, 1967, p. 150)

While acknowledging that the 1961 American Association on Mental Deficiency (AAMD; now the AAIDD) definition had the “commendable feature of viewing low intelligence as ‘associated with’ but not causing impaired adaptive behavior,” he argued that the “relationship between subaverage general intellectual functioning and non-adaptive behavior is far from clear and that any ‘explanation’ of such behavior in terms of intellectual criterion is simplistic” (Brabner, 1967, p. 149).

Brabner (1967) discussed the medical approach to classification that often starts with the grouping of diseases of unknown etiology into broad categories that are later refined as more is known of their origins, characteristics, and treatments. He emphasized that this refinement had not occurred in mental retardation, using the example of phenylketonuria (PKU). When identifying the condition, he said,

They haven't identified a form of mental retardation; they have identified an inborn metabolic error that produces many symptoms only one of which is subaverage general intellectual functioning. But for us as educators and psychologists to lump individuals in the petrifying categories we impose is presumptuous, unrevealing, unhelpful and confusing. (Brabner, 1967, p. 152)

Brabner's (1967) most important insight in the article, in my opinion, comes at the end of his observations on measures that would improve the general understanding and the provision of help to people in the disability category described as “mental retardation.” He explained that he was not necessarily calling for the abolition of “educational categories and classificatory systems, but instead [for a focus] ... on the identification and remediation of the myriad learning deficits which in some cases disrupt, while in others merely detract from, maximal intellectual and social development in all children” (Brabner, 1967, p. 152). I feel that Brabner was calling for a change in thinking, not just a change in terminology in the field of intellectual disabilities. I think that he was saying that the first priority must be to change our concepts and behavior regarding the heterogeneity and diverse needs of the people who had been aggregated under the term. He said that the greatest problem of mental retardation came down to one assumption. “What is this assumption? Answer: that such an animal as mental retardation exists!” (Brabner, 1967, p. 152).

It has now been 41 years since George Brabner issued his call for change. As far as I can determine, little attention was paid to his concerns. In fairness, his article was published in a

journal that, by the 1960s, was not one of the primary publications in the field. Still, his concerns were shared by others (see Blatt, 1987; Gelb, 1989). Brabner's call symbolizes for me, however, the difficulty that our discipline has encountered over the years in changing not only our words but our thinking about intellectual disabilities.

I believe that the name change from the American Association on Mental Retardation (AAMR) to the American Association on Intellectual and Developmental Disabilities is a change for the good. Too much stigma had accumulated around the term mental retardation to allow for its continued use. If all that we change is the terminology, however, it seems to me likely that stigma will begin to accumulate around our new words almost immediately. We need to change our minds as well as our words. I believe that a conversation about the meaning of what we now call intellectual and developmental disabilities is crucial. Indeed, we must focus on the question of how to promote optimal opportunities and development in all of the children and adults encompassed by those terms. I believe that we must recognize that, although we may not be able to find commonalities in their medical, psychological, or educational characteristics, we can understand and communicate commonalities in terms of their need for individualized education, care, treatment, and social acceptance.

For more than a decade, there has been controversy over the AAMR definitional changes in 1992. There have also been calls for an "either/or" approach to mental retardation. A dichotomy was drawn between scientific study of retardation on one hand and advocacy and activism in the field on the other (Smith, 1999, p. 506). As we continue to adopt the terminology of intellectual and developmental disabilities, it is important that we see that there are important roles for both science and advocacy in our field. Although the scientific study of intellectual and developmental disabilities as a category may not be productive, the scientific study of specific disabilities under that rubric (e.g., Down syndrome or Williams syndrome) is possible and promising. Advocacy and efforts to increase public understanding of the meaning of the terms intellectual and developmental disabilities are critically needed. These functions of our professional organizations, and as our responsibilities as individual professionals, may allow us to increase our knowledge while preventing the accumulation of stigma around the new words we have chosen for ancient issues. Otherwise, we may be simply trading one myth for another.

Dr. Brabner, I searched for you without success. If you are reading this, however, thank you for your insights. I am sorry I did not find your article earlier. Thank you also for the loan of your title. I hope we listen to you this time.

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