

How Do Your Children Grow

A study of orphans, 40 years later, suggests the importance of early-life experiences in preventing mental problems

BY ROBERT J. TROTTER

Orphans reared in a mental institution by caring, mentally retarded women fare much better—physically, intellectually and socially—than do similar children reared in a state-run orphanage by trained, but busy, matrons. This finding, when reported in the 1930's by H.M. Skeels, shocked psychologists, especially those who believed in the strict genetic inheritance of intelligence. The Skeels study and others like it eventually changed public policy and forced the closing of the monolithic institutions that were used to warehouse unwanted children. Today, 40 years later, the Skeels study still has implications for psychologists, and possibly for public policy. It is a prime example of the possibility of preventing psychopathology.

Marie Skodak Crissey worked with Skeels on the orphan research. Last month at the University of Vermont in Burlington, she recapped the study and presented results of a 40-year follow-up. Crissey presented the data at the Vermont Conference on the Primary Prevention of Psychopathology—the first such meeting to deal with means of preventing, rather than “curing,” mental and emotional problems.

An orphanage in Iowa was the setting for the study. The buildings used to house the children were old, some of them military barracks dating back to the Civil War. Inside the buildings, conditions were bleak. Infants were kept in cribs that had white sheets draped over the sides, preventing the children from seeing each other. The children had few toys, and their only human contacts were with busy nurses who did little more than feed and change them on schedule. At the age of two, the children were moved into cottages where they ate and slept according to rigid schedules. At the age of six, they received a minimal sort of schooling on the orphanage grounds. “A more barren or unstimulating existence would be difficult to describe,” says Crissey.

Early in the 1930's Skeels, who worked at the orphanage, noticed two young girls. He described these infants as “pitiful little creatures” who were always crying, had runny noses and little or no hair. They were undersized, sad, inactive and spent most of their time rocking back and forth on their beds. Intelligence tests available

at the time suggested that the girls had IQ's of 50 or less. Because of their extremely poor mental and physical condition, it was unlikely that these girls would be adopted. They were transferred to a home for the mentally retarded.

Some time later, Skeels took over clinical responsibilities at the home for the retarded. There he was surprised to find “two outstanding little girls. They were alert, smiling, running about, responding to the playful attention of adults and generally behaving and looking like any other toddlers.” They were the same children who previously had been considered “hopeless.” Skeels found their IQ's to be normal. Skeptical of this finding, he waited a year and retested them. Again, they displayed a level of intelligence well within the range of normal children their age.

What had happened to these children who had been placed (separately) on wards with retarded adults? Each had been “adopted” by a “foster mother” who had plenty of time to devote to a child. Other women on the wards considered themselves to be “aunts” and shared in the care-taking responsibilities. Even the nurses and attendants (unlike those in the orphanage) devoted time to the children—who no longer had time to waste away rocking back and forth on their beds.

Skeels was convinced that moving the “retarded” infants to a more challenging and exciting social setting was responsible for their improvement. In an attempt to demonstrate this, a controlled experiment



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Crissey: The evidence speaks for itself.

was set up. “Eventually,” explains Crissey, “a total of 13 children were involved in a scheme which removed mentally retarded preschool children from an orphanage for normals to an institution for the mentally retarded with the specific goal of improving the intelligence of the children so transferred.” Mothers of two of these “high risk” children were described as “psychotic with mental retardation.” Most of the others were educationally and economically deprived.

The children in this experimental group remained at the institution for periods ranging from five-and-one-half to 52 months. From an initial average IQ of 64 at the age of 18 months, all gained in IQ from 7 to 45 points while at the institution. At six years, the mean IQ showed a total gain of 31 points. When seen as adults, all were self-supporting and independent. “Of this group,” says Crissey, “who had begun life with a major developmental delay, but who experienced a highly stimulating, planned adult-child relationship for some period of their lives, none are retarded or dependent. None have experienced discernible mental health problems and none had social or emotional problems beyond those encountered in every-day living.” Two other groups, children of severely retarded or disturbed mothers, were adopted before six months of age. Placed in normal families, almost all of them overcame their “high-risk” status and are successful as adults.

Not so for a control group of 12 children who had been normal as infants, but who for one reason or another were not placed for adoption. After two to four years in the orphanage, it was found that these children were no longer normal in mental development. One child, for instance, had an IQ of 99 at 14 months of age. By three-and-one-half years, he had an IQ of 54, and by five years his IQ was 35. By the age of eight years, 9 of 12 had been transferred to an institution for the mentally retarded—as residents, not for therapeutic reasons. When seen as adults, it was found that 10 of the 12 had spent all or nearly all of their lives in institutions. These, says Crissey, “fit the classical stereotype of the mentally retarded, minimally skilled, unemployed or unemployable individual. They had a singularly barren, affectionless, detached childhood and as adults they are dependent and socially ineffective.”

The evidence speaks for itself, says Crissey. “Children originating from families in which low intelligence, poor school achievement and social and inadequacy is prevalent, have repeatedly been shown to follow the same familial pattern. When direct changes in life circumstances occur early in the formative period, there are marked changes in the subsequent intelligence, educational, vocational and social achievements of the child. . . . The significance of primary prevention needs no further emphasis.” □