



**THE PROBLEM OF THE FEEBLEMINDED  
IN NEW JERSEY**

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# THE PROBLEM OF THE FEEBLEMINDED IN NEW JERSEY

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This paper presents certain facts and observations bearing on the problem of the feeble-minded in New Jersey. The reason for giving these facts and making these observations with special reference to New Jersey, is that the facts may to a considerable extent be duplicated in other states and the observations covering general principles are also applicable to the problem in other parts of the country.

Fifteen years ago the solution of the problem of the feeble-minded was thought of mainly in terms of institutional provision. Figures compiled by the Division of Research of the Department of Institutions and Agencies show graphically the increase in institutional provision for the feeble-minded for the last fifteen years. In 1913 six hundred and three persons were being cared for in the New Jersey State institutions for the feeble-minded. Five years later in 1918, this number had increased to ten hundred and twenty-eight; five years later in 1923 the number was thirteen hundred and forty-seven; and now in 1928 the total is twenty-one hundred and sixty-two.

Expressed in terms of percentages the increase for the past five years, 1923 to 1928, has been 60.5%; for the past ten years 110.3%; and for the past fifteen years 258.5%. The average annual increase for the fifteen year period is 17.2%.

If these figures showed the whole picture, the observations which follow would have no point, but when an attempt is made to ascertain to what extent the feeble-minded in New Jersey are being cared for in institutions at least the vague outlines of the true picture begin to appear.

The waiting lists for the New Jersey institutions today, and these lists are constantly growing, show a total of 1230 persons

awaiting admission. While no one knows exactly how many feeble-minded persons there are in New Jersey, these waiting lists indicate the ever increasing demand for institutional provision for society's mentally handicapped members. In attempting to arrive at an estimate of the total number of feeble-minded in New Jersey by using the statistics of the War Department for this State, we find that for every 100,000 drafted men examined during the World War there were 821 men diagnosed as mentally defective. If we accept this as a basis, using our former standards of diagnosis, we must conclude that there are today approximately 31,000 feeble-minded in New Jersey. Of course, these are not all subjects for institutional commitment.

Yesterday those of you who visited the State Institution at Vineland saw an institution which cares for 1,200 persons. If New Jersey were to rely solely on institutional care for providing for its feeble-minded, twenty-six institutions of that capacity would be required at this time.

The facts already given make it evident to the most casual student of this problem that for New Jersey to attempt to care for all of its mentally handicapped in institutions is certainly impracticable, if not actually impossible and unnecessary. But we can go still further and state that not only is it not practicable to carry out such a program but it is not even desirable.

The literature on this subject for the last decade has stressed more and more frequently the fact that a rather large percentage of feeble-minded make valuable members of the community. Convinced that a program for the care of the feeble-minded based on institutional provision alone would be inadequate, New Jersey along with other states, has deliberately faced the situation, and along with other states has been attempting to work out a well-rounded state program. Such a program may be considered under four headings, viz., identification, training, care and prevention.

**Identification** The process of identification, classification and registration of the feeble-minded requires the services of physicians, psychologists, psychiatrists, social workers and educators. New Jersey has a system of state clinics, functioning,

in general, with the county as a unit, and utilizing the services of the members of the staffs of the two State Hospitals for the Insane and of the several institutions for the feeble-minded.

Reports of examinations made at the clinics are filed with the Department which has a registration and classification bureau. A complete system of identification must take into account the fact that a rather large number of persons committed to correctional institutions are actually mentally defective, and provide for the transfer of those whose mental equipment is so limited that training or custodial care in an institution for the feeble-minded is indicated. The classification system in use in the New Jersey correctional institutions provides for a complete clinical study of each person admitted from the physical, psychiatric, psychological, educational, behavioristic and social points of view. Reports on the individual from these various angles are considered at a classification conference and recommendations for training or transfer agreed upon.

The decision as to whether the training recommended through a system of identification should be in an institution or in the community, depends upon the individual case. Where home conditions are unfavorable, when special school facilities are inadequate, or when there are present tendencies toward instability which make good adjustment in the community during the formative years of a child's life difficult, assignment to an institution seems advisable. This decision depends more upon the child's potentiality for adjustment than upon diagnosis on the basis of psychometric tests. Dr. Plant of the Essex County Juvenile Clinic has mentioned the possibility of working out an *adjustment quotient*. Perhaps Dr. Goddard will tell us how we can approximate this *adjustment quotient* in our doubtful cases.

**Training** The aim of training in the institution may be to enrich the child's life if he is to remain in the institution indefinitely or to help make him partially or wholly self-supporting if he is able to be returned to the community. New Jersey has worked out a definite training program for all of its institutions for mental defectives, including the colony for idiots at Woodbine. During the past year, a new training institu-

tion for high-grade girls has been opened at Totowa in North Jersey. This school receives only girls who are expected to be returned to the community after a period of intensive training of a practical nature. The Vineland Training School also has in training approximately 350 younger boys and girls who after completing their training there will be transferred to a State institution or returned to the community.

The more stable mental defectives can be trained for community life provided home conditions are favorable. This involves special classes in the larger centers and special attention on the part of rural school teachers. A large percentage of teachers in elementary schools have some mentally handicapped individuals in their classes. If the teachers are to be enabled to meet their responsibilities to the backward or defective child, all teachers' training schools should include courses which will help them to understand these children.

In 1926 there were being trained in classes for the subnormal in the New Jersey Public Schools, 3,333 children. In addition there were in classes for backward and so-called incorrigible pupils 1,135. In one of our cities, Newark, there is already a movement on foot to establish a pre-vocational school for backward children to bridge the gap between the special class as organized at present, and industry.

**Care** For the children whose potentialities for adjustment are so low that release to the community is out of the question, the institution must provide a life as rich in activities and interests as possible. The idiot training at several institutions during the past few years, notably at Letchworth Village, has convinced us that we have just begun to realize the variety of activities in which the feeble-minded can participate. While high standards of care in the institutions for the feeble-minded in the various states have been pretty clearly defined, this is not true when we come to the task of providing care or supervision for those who are to receive their training in the community and for those who are to be released from institutions.

Community control is an important part of any adequate state program and it presents perhaps the newest phase of our problem as well as the most baffling and, I might also add, the

most hopeful. We do know that the old plan for granting outdoor relief without social investigation has little to recommend it. But who can answer with assurance the following questions?

1. Is it advisable for the state registration system to include individuals who are seriously handicapped mentally and yet who may never have to go to an institution?

2. Should the state accept responsibility for and actively supervise feeble-minded persons in the community who have never been actually admitted to an institution?

3. What feeble-minded cases, if any, should be sterilized if they remain in or are returned to the community?

4. Should any of the feeble-minded be allowed or encouraged to marry?

5. How far can local social service agencies be relied upon for active supervision of the feeble-minded?

6. What is the responsibility of the public school system to the feeble-minded child outside of school hours?

7. What should be the relation of the clinics connected with the Juvenile Courts and the Probation Departments?

8. To what extent should colony parole be utilized?

These queries and others which I could make illustrate the fact that the whole question of community control of the feeble-minded is *in flux* at the present time. The Department of Institutions and Agencies is working out a unique experiment along this line in cooperation with the Monmouth County Organization for Social Service. This organization with its allied social service agencies actively supervises the feeble-minded who are released from the state institutions and to a limited extent supervises the cases brought to its attention through the state clinics. Other counties are alert to the problem and are cooperating with the Department through their county officials and social service agencies.

The domestic colony plan has been thoroughly tested and found practicable through the Service Center at Red Bank in

connection with the Vineland State Institution. Plans are under consideration for the establishment of additional domestic colonies as well as farm colonies from the Vineland State Institution, the Colony of New Lisbon and the North Jersey Training School at Totowa.

**Prevention** Any program of prevention must rely upon research. It would be presumptuous on my part to evaluate for this audience the services of the Research Department of the Vineland Training School to the cause in which we are allied. The cooperation between the Division of Research of the Department of Institutions and Agencies and the staff of the Vineland Training School is very close.

New Jersey depends upon the Vineland Training School for standards in clinical work, for the training of psychological examiners and for a progressive attitude, the influence of which is not limited to the borders of New Jersey.

Through its Division of Research the Department is standardizing the reporting system to facilitate the compiling of accurate statistics, without which a proper realization of its problems would be difficult.

The more general influences along the line of prevention include the work of state and local organizations, both public and private. The cooperation of all state departments, especially the Departments of Health and Education, with all welfare organizations is essential to any effective program of prevention.

### **Summary.**

1. The very magnitude of the problem of the feebleminded in New Jersey or in any state renders institutionalization of all feebleminded impracticable, unwise and impossible.
2. It is possible for a large number of the feebleminded to adjust in the community.
3. A comprehensive state program of which institutionalization is only a part should provide for:

(a) Identification through the services of physicians, psychologists, psychiatrists, social workers and educators.

(b) Training in institutions and in the public schools by teachers especially prepared for this work.

(3) Care for custodial cases in institutions and for other cases in the community.

(d) Preventive work through research and cooperation between state, county, city and private agencies.