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Identifying the ‘subnormal’ child in an age of expansion of special education and child science in the Netherlands (c.1945–1965)

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Between c.1945 and 1965 across the West special education has grown and differentiated substantially. In the Netherlands this expansion ran parallel to the academic recognition and rapid development of the study of learning disabilities. How are these two processes related? This article argues that in this country child science and special education have mutually stimulated each other’s growth and development. The creation of new categories of special-needs children brought about a climate in which the study of learning disabilities and their treatment could flourish. This, in turn, produced further differentiation between children with learning difficulties. Soon problems of identification and categorisation of mentally ‘subnormal’ children proved too complicated to rely on intelligence testing and medical-psychological diagnosis alone. Educational prognosis, based on long-term observation and all kinds of testing, became the key to a child’s future at school and educationists instead of psychologists became the foremost keyholders.

Keywords: child sciences; special education; mental subnormality; normalisation; testing

Introduction

Between the 1940s and the 1970s special education grew and differentiated substantially. Throughout the Western world new types of separate schools and classes for newly recognised categories of special-needs children appeared. Next to the already existing schools for the deaf, blind, epileptic, ‘psychopathic’, physically handicapped, and feeble-minded,¹ special schools and support or remedial classes were now created for children with only minor mental deficiencies, like specific learning difficulties and behavioural problems.² With the feeble-minded these children were brought together under the label ‘mentally subnormal’ and they were conceived of as at risk of mental ill health and delinquency.³ The efficiency of special schooling

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¹This article employs an outdated terminology of ‘feeble-mindedness’, ‘mental deficiency’ and ‘backwardness’ for reasons of historical accuracy. These terms and the model of disability with which they were associated are now obsolete and offensive to people with learning difficulties.

²Gerald Coles, *The Learning Mystique: A Critical Look at ‘Learning Disabilities’* (New York: Fawcett Columbine, 1987).

³*The Mentally Subnormal Child: Report of a Joint Expert Committee Convened by WHO with the Participation of United Nations, ILO, and Unesco* (Geneva: WHO, 1954).

of mentally deficient children tended, moreover, to be improved by differentiating more particularly between pupils who could or could not be expected to learn the basics of reading and writing and could, consequently, be expected to qualify for a job in a modern, industrialised society. During these years of sustained economic growth and industrial development across Europe,⁴ and more than in previous years, an effort was made to educate as many handicapped children as possible and turn them into useful citizens in society. Although the expansion of special schooling was a general phenomenon, there were significant differences between countries as to the extent to which these children were either sent to special schools and residential institutions or supported within regular schools. Within this range the Netherlands stands out as a country in which relatively few children were sent to residential institutions and very many attended special schools instead of remedial classes within regular schools. As a consequence, in the 1980s the Netherlands had one of the lowest levels of integration of special-needs children into regular schooling in the Western world.⁵

Apparently, during the post-war years the process of ‘normalising’ childhood, referring both to the differentiation between the normal and the abnormal and to correcting or disciplining the latter,⁶ reached a new phase. As André Turmel has demonstrated, the child sciences, and particularly child psychology, have played a leading role in this process, which has manifested itself since the nineteenth century.⁷ In the Netherlands, the country we focus on in this paper, the German tradition of educational philosophy dominated the academic study of education up to the Second World War,⁸ with the consequence that empirical child study remained marginal for a relatively long time. This is true also for the study of child pathology and the treatment of learning and behavioural disorders.⁹ During the post-war era, however, the study of learning disabilities and remedial teaching was finally recognised in academia. This happened largely in the wake of the establishment of academic chairs, clinics and laboratories in the fields of child psychiatry, child neurology and child psychology.¹⁰

⁴Kees Schuyt and Ed Taverne, *1950: Prosperity and Welfare: Dutch Culture in a European Perspective* (Den Haag: SDU, 2000).

⁵Sip J. Pijl and Cor J.W. Meijer, ‘Does Integration Count for Much? An Analysis of the Practices of Integration in Eight Countries’, *European Journal of Special Needs Education* 6 (1991): 100–11.

⁶This concept was originally developed by Michel Foucault in *Surveiller et punir: naissance de la prison* (Paris: Gallimard, 1975). As regards children it has been elaborated most extensively by André Turmel, *A Historical Sociology of Childhood: Developmental Thinking, Categorization and Graphic Visualization* (Cambridge: Cambridge University Press, 2008). See also Annemieke van Drenth and Kevin Myers, ‘Normalising Childhood: Policies and Interventions Concerning Special Children in the United States and Europe (1900–1960)’, *Paedagogica Historica* 47 (2011): 719–27.

⁷Turmel, *A Historical Sociology*; André Turmel, ‘Childhood and Normalcy: Classification, Numerical Regularities and Tabulations’, *Journal of Educational Research* 27 (1998): 661–72.

⁸Ernst Mulder, *Beginsel en beroep. Pedagogiek aan de universiteit in Nederland 1900-1940* (Amsterdam: Universiteit van Amsterdam, 1989).

⁹*Een buitengewone plek voor bijzondere kinderen. Driekwart eeuw kinderstudies in het Paedologisch Instituut te Amsterdam (1931–2006)*, ed. Marjoke Rietveld-van Wingerden (Zoetermeer: Meinema, 2006).

¹⁰H. Baartman, ‘Ontwikkelingen in de theoretische orthopedagogiek’, in *Orthopedagogiek: inzicht, uitzicht, overzicht*, ed. R. de Groot and J. van Weelden (Groningen: Wolters-Noordhoff, 1992), 46–74; Timo Bolt and Leonie de Goei, *Kinderen van hun tijd. Zestig jaar kinder- en jeugdpsychiatrie in Nederland 1948–2008* (Assen: Van Gorcum, 2008).

Therefore, at the time special education not only grew and diversified rapidly, but also became more particularly based on science. In 1949 Amsterdam proudly hosted the Second International Congress on Orthopedagogics (*Second Congrès International pour la Pédagogie de l'Enfance Déficiante*). It was chaired by Izaak Ch. van Houte, the National Inspector of Special Education who was to be appointed in 1950 by the University of Amsterdam as the first full professor in this field of study. About 700 participants from 31 countries discussed the education of all kinds of handicapped children, from the blind and deaf to the 'very difficult', 'neglected' and 'partially defective' ones, as well as the training of future special educationists.¹¹ The conference marks the acceleration of a process of scientisation of the teaching of special-needs children. Apart from educational sciences in general, the newly developing academic field was fed intellectually by child psychiatry, developmental psychology and educational psychology, each of which had become an established field of empirical research in the interwar years, particularly in German-, French- and English-speaking countries.¹²

Research into the history of special education has so far focused primarily on the first half of the twentieth century, when policies and interventions aiming at normalising childhood were developed and special education was institutionalised.¹³ Comparative studies of the more recent integration of handicapped children into regular schools, on the other hand, consistently limit their scope to the national policies, starting in the 1970s, that grew out of the increasing discontent with the segregation of special-needs children and the towering costs of special education in an age of economic depression.¹⁴ The intermediate period of unlimited growth and the role played by the developing scientific study of the teaching of 'subnormal' children have remained relatively unexplored.¹⁵

This paper addresses the relationship between the development of child science and of special education. Have they mutually stimulated each other's growth and development during the post-war years? As regards the English-speaking world it has been claimed that the growth of special education has implied an increased

¹¹*Proceedings of the Second International Congress on Orthopedagogics, Amsterdam 18–22 VII 1949*, ed. I.C. van Houte and Berthold Stokvis (Amsterdam: Systemen Keesing, 1950).

¹²'History of Educational Sciences', ed. Rita Hofstetter and Bernard Schneuwly, *Paedagogica Historica* 40, nos 5–6 (2004): 569–784; Turmel, *A Historical Sociology*.

¹³Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870–1939* (Oxford: Oxford University Press, 2006); James W. Trent Jr., *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley/Los Angeles: University of California Press, 1994); Ian Copeland, *The Making of the Backward Pupil in Education in England, 1870–1914* (London: Woburn Press, 1999); Dorien Graas, *Zorgenkinderen op school. Geschiedenis van het speciaal onderwijs in Nederland, 1900–1950* (Leuven/Apeldoorn: Garant, 1996).

¹⁴*Inclusive Education: A Global Agenda*, ed. Sip Jan Pijl, Cor J.W. Meijer, and Seamus Hegarty (London/New York: Routledge, 1997).

¹⁵One exception is: Michael Grossberg, 'From Feeble-minded to Mentally Retarded: Child Protection and the Changing Place of Disabled Children in the Mid-twentieth Century United States', *Paedagogica Historica* 46 (2012): 729–47. He proposes the concept of 'drift' to understand the process of constant growth and institutionalisation of care for intellectually disabled persons during the mid-twentieth century in the United States, based on deep-seated beliefs and assumptions regarding the need for segregation.

need for intelligence testing.¹⁶ Testing, moreover, is frequently recognised as main expression of the scientisation of education or the maturation of an educational research culture.¹⁷ For the Netherlands it has been demonstrated that intelligence testing of schoolchildren did not play an important role before the war. Unlike in the US, intelligence testing was not used to study entire populations of regular schools in terms of hereditary differences between ethnicity and class and there was no intellectual movement that linked mass testing to eugenic ideals of social improvement. And unlike in Britain, intelligence testing was not used in the selection of children for secondary schooling. In the Netherlands intelligence testing was used only when indicated for individual children and only in the selection of children for special education.¹⁸ This raises the question of whether testing did after all become more important as a means to normalise and categorise children during the post-war era of growth and diversification of special education. In other words, what kind of scientific claims have come to determine the selection of the increasingly differentiated group of ‘mentally subnormal’ children? And what role did psychologists, the protagonists of testing, play in this process of scientisation of the schooling of special-needs children? Did they become the prime authorities in the allocation of these pupils, as has been claimed?¹⁹ Or did they share the selection and allocation procedures with other professions, like medicine and pedagogy, which used to play the key role in this selection procedure?²⁰ And what role has child science played in the process of inventing new labels to distinguish more and more specific categories of ‘subnormal’ pupils on the basis of which the increasing differentiation of remedial teaching proceeded? May we assume that it has acted as multiplier of children considered to be ‘at risk’, as Jeroen Dekker does?²¹

The first section of this paper addresses the history of special education in the Netherlands before the Second World War, especially the way pupils were selected for the schools for feeble-minded children. In the next section a new kind of special school for children with learning and behavioural problems and the selection of its

¹⁶Theresa Richardson and Erwin V. Johanningmeier, ‘Intelligence Testing: The Legitimation of a Meritocratic Educational Science,’ *International Journal of Educational Research* 27 (1998): 699–714; Adrian Woolldridge, *Measuring the Mind: Education and Psychology in England, c. 1860–1990* (Cambridge: Cambridge University Press, 1994).

¹⁷For example: Christian Ydesen, ‘The International Space of the Danish Testing Community in the Interwar Years,’ *Paedagogica Historica* 48 (2012): 589–99; Martin Lawn et al., ‘Embedding the New Science of Research: The Organized Culture of Scottish Educational Research in the Mid-twentieth Century,’ *Paedagogica Historica* 46 (2010): 357–81.

¹⁸Ernst Mulder and Frieda Heyting, ‘The Dutch Curve: The Introduction and Reception of Intelligence Testing in the Netherlands, 1908–1940,’ *Journal of the History of the Behavioural Sciences* 34 (1998): 349–66; Fedor de Beer, *Witte jassen in de school. De schoolarts in Nederland ca. 1895–1965* (Assen: Van Gorcum, 2008), 248–64; Stephen J. Gould, *The Mismeasure of Man* (New York/London: Norton, 1981); Gillian Sutherland, *Ability, Merit and Measurement: Mental Testing and English Education 1880–1940* (Oxford: Clarendon Press, 1984); John C. Stocks, ‘Objective Bees in Psychological Bonnets: Intelligence Testing and Selection for Secondary Education in Scotland between the Wars,’ *History of Education* 29 (2000): 225–38.

¹⁹Hilda T.A. Amsing and Fedor H. de Beer, ‘Selecting Children with Mental Disabilities: A Dutch Conflict over the Demarcation of Expertise in the 1950s,’ *Paedagogica Historica* 45 (2009): 235–50.

²⁰De Beer, *Witte jassen*, 248–64.

²¹Jeroen J.H. Dekker, ‘Children at Risk in History: A Story of Expansion,’ *Paedagogica Historica* 45 (2009): 17–36.

pupils are discussed. The final sections focus on the experts' discourse on 'subnormal' children in general and on the identification and diagnosing of their learning problems. They clarify the way new categories of abnormal children, diagnosed as in need of special provisions and care, have been created by the new researchers of learning disabilities and remedial teaching. Our sources cover the post-war years until the 1970s and include expert reports and professional journals on special education and mental hygiene.

Setting them apart

From 1920, when special education gained a legal basis in the Netherlands, the selection of pupils for schools for feeble-minded children was delegated to school physicians in cooperation with the heads of the receiving schools. Together they constituted the admission authority. Their inquiries as regards a candidate were threefold: a physical examination of the child's health and an intelligence test administered by the school physician, alongside a collective inquiry into the regular school's records on the child to determine the extent and character of the learning problems. From 1919 a Dutch version of the original standardised Binet–Simon test (1911) was available, the Binet–Simon–Herderschêe test. Despite worldwide critique of its focus on language, the test continued to be used nationwide until the 1970s.²²

Criticism of the key role of the physician in this selection procedure was expressed first in the late 1930s by teachers who were of the opinion that the receiving head of the special school ought to play a more important role in the procedure, whereas the physician's role would better be reduced to the purely physical examination of the candidate. Even if the physician was acquainted with the psychiatric examination of feeble-minded persons, as a Royal Decree prescribed from 1933, (s)he still was no expert in the field of testing, these teachers insisted. Trained by psychiatrists in courses for teachers in special education, offered from 1929, a group of head teachers of schools for feeble-minded children acting on behalf of the National Teachers' Union in 1937 showed an early sign of professional self-esteem by reporting critically on the current admission procedure and by proposing a more pedagogical approach to selection.

In their report the head teachers made it clear that, apart from the more serious cases of clear mental deficiency, a first requirement for a child to be tested for admission to one of the schools for feeble-minded children was that its school performance had to be at least two years behind the norm. Intelligence testing was important too, according to their report, but it should rather be done with a less one-sided language-oriented test than the one that was currently used. Alternatives like Goddard's, Bobertag's and Terman's revisions of the Binet–Simon scale met the mounting international critique of the original test, they had learned from studying the international literature. Moreover, in order to properly test the mental capacities of children below the ages of eight or nine, a non-language-scale test was needed, like for example Pintner's Picture Completion Test. Besides intelligence tests, proper selection of pupils could profit from the use of other kinds of tests, such as

²²Gould, *The Mismeasure*; M. Schouten and N.J.A. van Oudenhoven, 'De Binet–Herderschêe-intelligentietest en haar waarde als selectie-instrument', *Tijdschrift voor Zwakzinnigheid en Zwakzinnigenzorg* 6 (1969): 180–96. The authors showed that in 1969, 69% of all selection authorities of the Dutch schools for feeble-minded children still used this test.

performance, group and character tests. The teachers suggested that they could be used during a three-month period of observation at the receiving special school, during which the educational possibilities of an 'abnormal' child would be determined. All of the proposed tests were to be administered by the head teachers of the receiving special schools, whose judgement was to be decisive.²³

School physicians answered the mounting critique of the existing selection procedure by once more demonstrating its effectiveness. One of them, for example, reported on longitudinal research into the school careers of all children who had been tested in the city of The Hague between 1926 and 1934, comparing the careers of those who had and those who had not been admitted to a special school.²⁴ And a former colleague, who had become Chief Inspector of special education, presented the outcomes of a survey among all heads of schools for feeble-minded children.²⁵ In each case the results supported the claim that the procedure was essentially effective and that the key role should definitely not be given to teachers, but continue to be played by doctors such as school physicians or psychiatrists. According to the physicians, the teachers were not fit to make these decisions, either because they were not trained adequately and did not understand a scientific procedure like testing or because they felt tempted to help a child being tested, with the consequence of a useless result. In other words: teachers were no academics. That was why the procedure should not be changed and doctors and teachers should continue to cooperate as admission authority. It was admitted by some school physicians who contributed to the debate that the Binet–Simon test was seriously criticised by experts, but most of them continued to accept it as a useful means to identify a feeble-minded child.²⁶ 'What is old, is not necessarily useless', the author of the Dutch version of the test, Dirk Herderschêe, himself a school physician and trainer of teachers in special education, avowed.²⁷

Special schooling, according to these professionals, was a blessing for the 'abnormal' child, for regular schooling and for society as it created the opportunity for an otherwise 'useless' person to learn for a simple job and took away the 'burden of the retarded' from the regular school with the consequence of better performance in the teaching of normal children. Parents and teachers were the ones who were to blame for not recognising the importance of an early referral to a special school.²⁸ These arguments continued to be presented in the post-war years, when

²³P. de Boer et al., *Rapport ener commissie, ingesteld door het hoofdbestuur van de Bond v. Ned. Onderwijzers* (Amsterdam: Bond van Nederlandse Onderwijzers, 1937).

²⁴G.D. Swanenburg de Veye, *Het onderzoek der kandidaten voor de buitengewone, lagere scholen te Den Haag in de jaren 1926 tot en met 1934 en de resultaten daarvan* ('s-Gravenhage: Vereniging van Onderwijzers en Artsen werkzaam bij het Buitengewoon Onderwijs, 1938).

²⁵A. van Voorthuijsen, 'De keuze van de leerlingen der scholen voor zwakzinnigen', in *Mededeelingen van het Ministerie van Onderwijs, Kunsten en Wetenschappen* ('s-Gravenhage: Ministerie van Onderwijs, Kunsten en Wetenschappen, 1939), 475–505.

²⁶G.D. Swanenburg de Veye, 'Over het medisch-paedagogisch onderzoek der kandidaten voor Haagse buitengewone lagere scholen', *Tijdschrift voor Buitengewoon Onderwijs* 16 (1935): 19–21; Swanenburg de Veye, *Het onderzoek*; Van Voorthuijsen, 'De keuze'; D. Herderschêe, *De geestelijke volksgezondheid en het vraagstuk der zwakzinnigheid* (Amsterdam: N.V. Noord-Hollandsche Uitgeversmaatschappij, 1947), 97.

²⁷D. Herderschêe, 'Het onderzoek der kandidaten', *Tijdschrift voor Buitengewoon Onderwijs* 16 (1935): 4–5, esp. 5.

²⁸Swanenburg de Veye, *Het onderzoek*, 13.

Table 1. Special education and its pupils (aged 6–12) in the Netherlands.

	Pupils	% of all pupils
1935	11,974	1.03
1945	18,349	1.54
1950	32,914	2.64
1955	43,532	2.91
1960	54,561	3.71
1964	60,788	4.16

Source: *De ontwikkeling van het onderwijs in Nederland* ('s-Gravenhage: CBS, 1966), 26.

they amounted to boasting of the relatively high number of feeble-minded children attending a special school in the Netherlands: some 66% of the children diagnosed as feeble-minded, as against only 5% to 10% in most other European countries. As regards these schools 'our country is on top', a head teacher of a special school happily stated in 1948.²⁹

The rapid growth of special schooling in the post-war years (Table 1), therefore, expresses not so much an increase in the number of handicapped children, but an increased acceptance of this kind of schooling as welfare provision by professionals and the larger public, including the parents, which becomes even more visible in the increasing percentage of primary pupils attending a special school. Feeble-minded children have always made up the larger proportion of these. Between 1950 and 1965 the population of the schools for feeble-minded and learning-disabled children alone grew from 2% to 3.6% of all children aged six to 12 (Table 2).³⁰

Only gradually did a few experts become critical of the rapid growth of special education and the high level of segregation of special-needs children. In 1954, 75% of Dutch feeble-minded children were said to be educated in special schools, as against 15% in France and 20% in Belgium. In particular, the high number of varieties of special schools (14 in the Netherlands as against 11 in England and Wales in the early 1950s) was criticised by a prominent expert, the Chief Inspector of Special Schooling. In 1957 he asked in his annual report if 'our fondness of differentiation had not gone too far'.³¹ This criticism could not prevent that in 1967 no less than 17 different types of special school were officially recognised.³²

A new type of school

In 1949 the Dutch government gave a major incentive to the growth of special schooling by creating a new type of school for children with learning and behavioural problems (*leer- en opvoedingsmoeilijkheden*, LOM). This school was

²⁹These numbers concern conditions in 1938, but it remains unclear from which sources they were derived: W.A. van Liefland, *De school voor het afwijkende kind* ('s-Gravenhage: Haga, 1948), 25.

³⁰Graas, *Zorgenkinderen*, 114.

³¹'Uit het verslag van de hoofdinspecteur van het buitengewoon lager onderwijs. Overgenomen uit: Het onderwijs in Nederland. Verslag over het jaar 1954', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 37 (1957): 113–17, 135–9, 155–7, 173–7, esp. 115.

³²G. Bolkestein and H. Menkveld, *Ontwikkelingslijnen naar speciaal onderwijs* (Nijkerk: Callenbach, 1978). Formalisation of the differentiation between more or less 'educable' feeble-minded children was largely responsible for this increase.

Table 2. Pupils at the Dutch schools for the feeble-minded and LOM children as a proportion of all children (aged 6–12).

	Feeble-minded	LOM
1950	2.13	0.04
1955	2.23	0.11
1960	2.75	0.31
1965	2.94	0.62
1970	2.93	1.10
1975	2.86	1.72
1980	3.08	2.38

Source: Dorien Graas, *Zorgenkinderen op school. Geschiedenis van het speciaal onderwijs in Nederland, 1900–1950* (Leuven/Apeldoorn: Garant, 1996), 114.

explicitly meant for children with a normal IQ who were nonetheless troubled by specific learning difficulties or ‘partial defects’ like dyslexia or dyscalculia and by behavioural problems that were likely to be caused by their learning difficulties. The Royal Decree that created the new type of school, which grew out of a local Amsterdam initiative,³³ also introduced a partial psychologisation of the selection for special schools as it prescribed that the admission authority for this kind of school include a ‘test psychologist’, a requirement that applied equally to the school for children with serious behavioural problems, formerly known as a school for ‘psychopaths’. Until the 1970s this requirement did not apply to schools for the feeble-minded, an exception that was probably made because the number of psychologists was still very limited in the immediate post-war years. From 1972 the psychologist-member of the admission authority could be replaced with a special educationist ‘with a licence for testing’,³⁴ an addition that reflected the availability of a first generation of academically trained special educationists, alongside the child psychologists and child psychiatrists who had entered the labour market about a decade earlier.³⁵ The newly created school for children with learning and behavioural problems (LOM) was an immediate success in terms of growth. Between 1950 and 1968 the number of these schools increased from four to over 100.³⁶ They absorbed a rapidly growing percentage of all primary pupils (aged 6–12): from 0.3% in 1960 to 1.1% in 1970 and 2.4% in 1980. This growth becomes even more remarkable when set against the almost stable percentage of all pupils admitted to the schools for the feeble-minded in the same years (see Table 2).³⁷ The latter apparently did not lose pupils to the new schools. It was the other way round: the new schools attracted a new category of children who had not been identified as in need of special education before. As LOM children had comparably poor school performance (on average they were two years behind other pupils), intelligence testing

³³Mineke van Essen, *Wilhelmina Bladergroen. Vrouw in de eeuw van het kind* (Amsterdam: Boom, 2012).

³⁴De Beer, *Witte jassen*, 263.

³⁵Eric Haas, *Op de juiste plaats. De opkomst van de bedrijfs- en schoolpsychologische beroepspraktijk in Nederland* (Hilversum: Verloren, 1995); Bolt and Goei, *Kinderen van hun tijd*. Baartman, ‘Ontwikkelingen’.

³⁶J.L.L. Knijff, ‘Het besluit Buitengewoon Onderwijs 1967 en de geestelijke volksgezondheid’, *Tijdschrift voor Orthopedagogiek* 5 (1968): 154–67.

³⁷Graas, *Zorgenkinderen*, 114.

was considered crucial to distinguish these pupils from feeble-minded children. The creation of the LOM school, therefore, immediately added to the seriousness of the selection problem. Experts warned that feeble-minded children had to be kept out in order to guarantee the new school's effectiveness.³⁸

Research into learning problems developed first at the Amsterdam Pedotherapeutic Institute, which was established in 1949 to scientifically guide the new kind of school and was led by Van Houte. One of its studies, issued in 1963 and based on a sample of the pupils of two local LOM schools, shows that indeed most of them had an IQ between 90 and 110, whereas admission to a school for feeble-minded children at the time required an IQ below 80. Another difference between the two kinds of school was the age of admission. Feeble-minded children were admitted to their schools mostly at ages seven and eight, after one-and-a-half to two years of regular schooling. LOM pupils were admitted considerably later, at ages nine and 10, after more years of experiencing failure and discouragement at the regular school, according to the researchers.³⁹ Another difference between the two types of school was purely theoretical, as pupils of the LOM schools were expected to return to a regular school after therapeutic treatment in the special school. In reality, however, like the feeble-minded, they never did.⁴⁰

The difference between the LOM school and the school for 'psychopaths', which from 1949 was called the school for 'very difficult' (*zeer moeilijk opvoedbaar*) children, was to be found in the seriousness of their pupils' behavioural problems. 'Very difficult' children were also normally gifted intellectually, but they were much more emotionally disturbed and they frequently came from broken homes, experts claimed.⁴¹ The behavioural trouble of children attending a LOM school was usually directly related to their learning difficulties, which according to the Institute's researchers caused inhibitions, failure anxiety and feelings of inferiority.⁴² Each of the three types of school recruited its pupils primarily from the working class and each provided a safe haven for children who could profit from a more individualised approach, the normative size of their classes being about two and a half times smaller than that in regular schools (18 as against 45).⁴³ The small size of the classes in LOM schools may be the reason why the selected pupils' parents – unlike those of feeble-minded children⁴⁴ – were not reported to have opposed placement at this kind of school. They probably conceived of the LOM school as an opportunity for their child to receive proper help and support.

³⁸Th. Hart de Ruyter, *Debilitas mentis, zwakbegaafdheid en vertraagde ontwikkeling* (Groningen: Wolters, 1961, orig. 1949).

³⁹T.J.C. Berk, J. van Weelden and A.J. Wilminck, *Kinderen met leer- en opvoedingsmoeilijkheden aan twee Amsterdamse L.O.M.-scholen* (Utrecht: Bijleveld, 1963).

⁴⁰A.J. Wilminck and I.C. van Houte, *Opvallende kinderen. Onontsloten gebied in de gewone lagere school* (Utrecht: Bijleveld, 1958), 22.

⁴¹D. Wiersma, *Orthopaedagogische beschouwingen* (Den Haag: HAGA, 1952); A.J. Wilminck, 'Enige selectieproblemen en ontwikkelingsaspecten rondom de scholen voor kinderen met leer- en opvoedingsmoeilijkheden', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 41 (1961): 65–77.

⁴²Berk et al., *Kinderen*, 91–7.

⁴³Between 1950 and 1965 special schools had a normative range of between 12 and 24 pupils per class as against 45 in regular schools. In reality classes were often larger: 'Uit het verslag'; Knijff, 'Het besluit'.

⁴⁴See for these complaints for example Kevin Myers, 'Contesting Certification: Mental Deficiency, Families and the State in Interwar England', *History of Education* 47 (2011): 749–66.

A closer look at the population of the LOM schools and at the criteria for admission reveals that learning difficulties, attention deficit and neuroticism were positive indications for selection. Feeble-mindedness and psychopathic behaviour were the most important counter-indications. The Institute's report on the pupils of the two Amsterdam schools gives a description of their medical condition, the results of psychological tests and an extensive description of their learning difficulties, acquired and missing competences, and attitude towards learning and the teacher, leading to a description of each individual child. In spite of the obvious importance of the IQ score, the qualitative description of each child, his/her appearance, family background and the educational peculiarities appear as much more important than the test results. The selected children's IQ was tested with the Hamburg Wechsler Intelligence Test for Children (Hawik, verbal and performance), which combined measuring and observation, and the revised Terman–Merrill or Stanford–Binet test, which was available in a Dutch standardised version from 1937.⁴⁵ Their emotional health and character were tested with Rorschach's inkblots, Michigan Pictures, and free drawings of trees and people. The children's medical histories and the descriptions of their families were taken from the records of the school's selection procedure and were collected by psychiatric social workers, trained at one of the child guidance clinics. The Freudian dominance of child psychiatry in those days is reflected in frequent mentioning of overprotective or neglectful mothers and of problems with identification with an alcoholic or absent father.⁴⁶

The LOM school's effectiveness in terms of compensating for poor school performance turned out to be disappointing; the pupils did not catch up. They continued to be behind normal pupils in one or more basic scholastic competences such as reading, writing and arithmetic. Nevertheless, on the basis of prolonged observation and extensive teachers' reports the researchers ascribed an intrinsic value to the LOM school because of its more individualised approach. The justification for this much more expensive kind of school was found in relief for the regular school by taking away the burden of these poorly performing and maladapted pupils and in release for the emotionally disturbed child. The researchers of the Amsterdam LOM schools claimed: 'being freed from tight feelings, learning to work with pleasure, and gaining courage for the future are invaluable positive results'.⁴⁷

During the 1970s and 1980s LOM schools would absorb the growing numbers of children diagnosed with the precursor of Attention Deficit Hyperactivity Disorder (ADHD), Minimal Brain Damage/Dysfunction, who suffered from a short attention span, restlessness and many other adverse conditions. Finally, in the late 1990s the LOM school was combined with the school for the educable feeble-minded.⁴⁸ Throughout their existence intelligence testing and its results have continued to play an important role in the categorisation and distribution of pupils between these two

⁴⁵J. Luning Prak, *Tests op school* (Groningen/Djakarta: Wolters, 1952); <http://www.adng.nl/tests> (accessed July 31, 2013). The Hawik test was available from 1956 in a German version. Tests were often translated from a German, French or English original by individual psychologists for use in their own clinic, institution or school psychological service.

⁴⁶Berk et al., *Kinderen*, 91–7.

⁴⁷*Ibid.*, 182.

⁴⁸K. van Rijswijk and E. Kool, 'De ontwikkeling van het speciaal onderwijs in de tweede helft van de 20^e eeuw', in *Het kind van de eeuw: het kind van de rekening?*, ed. R. de Groot and J.D. van der Ploeg (Houten: Bohn Stafleu Van Loghum, 1999), 131–55.

types of school, with the concept of what actually was a ‘normal’ IQ fluctuating between a minimum score of 75 and 90 in the 1980s.⁴⁹

The introduction of the LOM school indeed promoted testing, the introduction of new tests, and the study of learning difficulties and their treatment. As matter of fact the school acted as a laboratory for the development of all kinds of therapeutic treatment of learning disabilities like dyslexia and dyscalculia, as demonstrated by innumerable contributions to professional journals.⁵⁰ Its most valuable contribution to child science, therefore, has not so much been the promotion of testing, but systematic reflection on the largely individualised therapeutic treatment of learning-disabled children, based on long-term observation and standardised reporting by remedial teachers, from which practice ‘orthopedagogics’ has gained status as an academic field of study.

The ‘subnormal’ child

In 1935 the British psychologist and eugenicist Cyril Burt, who played an important role in the development of child guidance clinics and of testing, had invented the label ‘subnormal mind’ for slightly deviant but not seriously mentally handicapped children. Immediately after the Second World War this category received an explosion of attention. Partly this was due to the World Health Organization’s (WHO) prioritising of care for mental health in 1948, followed by John Bowlby’s famous report on early childhood as the age during which prevention of mental illness ought to begin, *Maternal Care and Mental Health* (1951). Early detection and prevention of mental ill health likewise were the main focus of a WHO seminar in 1954 in Oslo entitled ‘Mental Health and the Subnormal Child’, attended by 43 experts from 13 European countries. The ensuing expert report testifies to this increased concern and in turn stimulated governments and private initiative to develop new programmes and services for intellectually, emotionally or morally ‘subnormal’ children.⁵¹ In part the mounting interest in this wide category of only slightly deviant children grew out of intellectual and institutional developments that had started in the interwar years with the mental hygiene movement and the establishment of the first child guidance clinics. They were reinforced after the war by the wide approval of Bowlby’s and Anna Freud’s application of psychoanalytic theory to children’s health and emotional development, each of which emphasised the potential abnormality of every normal child. Partly the war itself and its aftermath of social disruption and authority crisis seem to have stimulated among professionals and politicians an

⁴⁹Y. J. Pijl, *Het toelatingsonderzoek in het LOM- en MLK-onderwijs* (Groningen: RION, 1989).

⁵⁰J. van Weelden, *Samenvatting en overzicht van het pedagogisch-didactisch onderzoek in de praktijk van het buitengewoon onderwijs* (Zwolle: Kompas, 1970).

⁵¹*The Mentally Subnormal Child*; M.A. Stolk, ‘Mental Health of the Subnormal Child’, *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 37 (1957): 167–73. Prevention of mental subnormality was a key interest throughout the 1950s. See for example Richard L. Masland, Seymour B. Sarason, and Thomas Gladwin, *Mental Subnormality: Biological, Psychological, and Cultural Factors* (New York: Basic Books, 1959).

increased fear of the masses, of maladapted and delinquent youth, and of the developing new, independent, and therefore potentially subversive, mass-youth culture.⁵²

These conditions may help explain why Burt's ideas reached a wider audience outside Britain after the war. This concerns especially his earlier studies on *The Subnormal Mind* (1935) and *The Backward Child* (1937), as well as his plainly eugenic *Intelligence and Fertility* (1946) and his more practical *The Causes and Treatment of Backwardness* (1953). He warned against the degenerative influence on the British population of the differential birth rate, implying an increasing share of all births of 'mentally subnormal' children born in the lower classes, as against a declining share of more intelligent children born in the less prolific upper classes. The ensuing imbalance, in his opinion, was endangering the vitality of the nation.⁵³ Apart from his original study on 'subnormality', none of these books were translated into Dutch, probably because eugenics was not very popular among Dutch intellectuals, and particularly not after five years of Nazi occupation.⁵⁴

Nevertheless, in the post-war years Dutch pedagogues, psychologists and psychiatrists were likewise obsessed with slightly deviant children, their growing number, and the threat to mental health they were said to embody.⁵⁵ Newly edited series brought a stream of publications on problem, deviant, deficient, neglected, criminal, or simply abnormal children.⁵⁶ At the same time the number of child guidance clinics – which examined, tested and treated these children – increased rapidly: from eight in 1947, to 15 in 1952 and 83 in 1962, together with a growing number of separate Roman Catholic clinics. In cases of doubt these clinics IQ-tested their clients, as they refused to treat children who did not have a 'normal' IQ.⁵⁷

The post-war fear of the growth of the number of intellectually, emotionally and morally 'subnormal' children is reflected in two large-scale studies into lower-class children's health by Dutch public health officials in the immediate post-war years. In 1947 the school physician of a poor, largely agrarian area in the north of the country examined the complete population of the three lowest grades of 40 elementary schools in his district. Among 1800 pupils he found an alarming number of children

⁵²John Stewart, "'The Dangerous Age of Childhood': Child Guidance and the "Normal" Child in Great Britain, 1920–1950', *Paedagogica Historica* 47 (2011): 785–803; Mathew Thomson, 'Mental Hygiene as an International Movement, 1918–1939', in *International Health Organisations and Movements*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995); Marijke Gijswijt-Hofstra and Roy Porter, eds., *Cultures of Psychiatry and Mental Health Care in Postwar Britain and The Netherlands* (Amsterdam/Atlanta: Rodopi, 1998); Nelleke Bakker, 'Child Guidance and Mental Health in the Netherlands', *Paedagogica Historica* 42 (2006): 769–91.

⁵³L.S. Hearnshaw, *Cyril Burt: Psychologist* (Ithaca, NY: Cornell University Press, 1979). Burt first developed the concept of 'subnormal' intelligence in 1925 in a study on youth delinquency, which was reprinted four times between 1945 and 1952: Cyril Burt, *The Young Delinquent* (London: London University Press, 1952, reprint).

⁵⁴Cyril Burt, *Geestelijke onvolwaardigheid* ('s-Gravenhage: HAGA, 1936). See for the Dutch eugenics movement: Jan Noordman, *Om de kwaliteit van het nageslacht. Eugenetica in Nederland 1900–1950* (Nijmegen: SUN, 1989).

⁵⁵For example: Herderschêe, *De geestelijke volksgezondheid*; J. Luning Prak, *Menschen en mogelijkheden. Een psychologische beschouwing over de variatie van het verstand* (Amsterdam: Scheltema & Holkema, 1948).

⁵⁶*Afwijkende kinderen* published studies of liberal academics and *Probleemkinderen* published studies by Roman Catholics.

⁵⁷Bakker, 'Child Guidance'.

(24%) with an IQ below 80, who had not (yet) been placed at the one school for feeble-minded children available in the district's only town. Equally alarming was the low average IQ score of 86, with more than two-thirds of the children showing a 'subnormal' (below average) level of intelligence (< 100). He had used the Pintner–Cunningham non-language group test for young children, which had recently been translated and standardised for use in the Netherlands. The school doctor had moreover questioned the heads of the schools about the school results of the children, their attention, the professions of their fathers and the orderliness of their families. The heredity of the IQ was confirmed to such an extent that the higher the father's profession ranked, the higher the children's IQ scores, the better the school results and the more 'decent' the families were.⁵⁸

Comparable research into the physical and mental health of the seven- to nine-year-old pupils of four elementary schools in working-class neighbourhoods in the City of Rotterdam, initiated by the City's Public Health Service and reported in 1952, shows an even more particular fear of a growing number of educationally 'subnormal' children. To determine the children's IQ the physician-researcher used the Terman–Merrill IQ test. He found an average score of exactly 100 and only 5% of the children with an IQ score below 80 and another 13% with an IQ score below 90. Again, the researcher found a strong positive correlation between the children's IQ scores and their father's level of education, his income and the quality of the family's housing. In spite of the relatively high level of the IQ scores, the physician expanded on the problem of 'subnormality'. He was not so much concerned with the 5% of pupils who for one reason or another had not yet been referred to one of the schools for feeble-minded children in Rotterdam, but with the 13% with an IQ score between 80 and 90 and especially with the 34% who had already repeated a class and could therefore probably be considered unfit for regular schooling. The researcher referred to recent educational statistics, showing that only 47% of all primary pupils finished elementary school without repeating a class, and to a more general estimation that the population would, next to 2.5% of feeble-minded children, include 25% of children who were unfit for regular schooling. From this group, the 'retarded' or 'backward' (*achterblijvers*) with an average IQ score between 80 and 90, relatively many delinquents were said to be recruited.⁵⁹

During the 1950s the problem of 'debilization' (the presumed decrease of the average IQ) of the population and the need to prevent further degeneration were also discussed among professionals working in special education.⁶⁰ The key concept was *zwakbegaafdheid* (weakly gifted people), an equivalent of Burt's concept of

⁵⁸G.J. Bruijtel, 'Onderzoek naar de intelligentie van schoolkinderen in Zuid-West Drenthe', *Tijdschrift voor Sociale Geneeskunde* 23 (1947): 213–16.

⁵⁹J.H. Lamberts, 'Een onderzoek naar de sociale toestand, de voedingstoestand en het intelligentiequotient van Rotterdamse schoolkinderen in 1947, 1949 en 1951', *Tijdschrift voor Sociale Geneeskunde* 28 (1952): 347–64. He referred to an unspecified publication of Ph.J. Idenburg, a researcher at the governmental Central Bureau of Statistics. He also referred to unspecified publications of J. Luning Prak, the most prominent testing expert and a eugenicist, who created Dutch standardised versions of the Terman–Merrill and the Pintner–Cunningham IQ group tests: Haas, *Op de juiste plaats*. See also: <http://www.adng.nl/tests> (accessed July 31, 2013).

⁶⁰In the early 1950s the concept was used frequently in the journal on special education: I.C. van Houte, 'De paedagogische betekenis der zwakzinnigheid', *Tijdschrift voor Buitengewoon Onderwijs* 30 (1950): 185–96; 'Uit het verslag van de hoofdinspecteur van het buitengewoon lager onderwijs', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 34 (1954): 196–200.

‘educational subnormality’. It referred to people who were fit only for manual labour but not feeble-minded and to children with a normal but relatively low IQ. Unlike Burt,⁶¹ Dutch experts did not advocate the creation of a special type of school for this category of children. Instead, they claimed that the regular school had to adapt more particularly to their needs and provide opportunities for individual support and remedial teaching to compensate for the deficiencies. The school had to ‘undo’ the degenerative tendencies.⁶² The creation of this new category was a product of statistical thinking and an expression of the pathologising of all IQ scores below the statistical average of 100, independent of children’s attitude toward school work and their actual attainment level.

Some experts went beyond numbers and test results in discussing children’s mental health. One was the founder of Dutch school psychology and one of the first psychologists practising in schools, Leon van Gelder. In 1953 he published a programme for this new profession, emphasising the role of the school psychologist in diagnosing and treating learning difficulties. Trained as a teacher himself, his interest was much more focused on the development of methods of remedial teaching than on diagnosing as such. Psychodiagnostics, moreover, according to him had to be understood in the widest possible sense, considering not just a child’s IQ score, but school performance, character and family background as well. As regards ‘subnormal’ children he referred to British research by Burt and F.J. Schonell into educational ‘backwardness’, from which he borrowed the idea that, in addition to 5% feeble-minded, the school population would include between 20% and 30% of ‘subnormal’ (*zwakbegaafde*) children.⁶³ These were either retarded, partially deficient or backward, conditions which, according to him, had to be addressed in the regular school by improving the diagnostics of learning difficulties by means of long-term observation and by developing effective ‘therapeutic’ approaches.⁶⁴ Unsurprisingly, this psychologist developed into a special educationist and was appointed as the third full professor of special education studies in 1964.

In 1955 the Amsterdam Pedotherapeutic Institute issued a study on educationally ‘subnormal’ (*zwakbegaafde*) children, authored by two educationists, one of them the director of the Institute and professor of special education studies, Van Houte. He and his co-author subscribed to the findings of other researchers, such as the doctor from Rotterdam, that about 25% of primary pupils were unfit for the existing kind of schooling, but criticised the Rotterdam practice of having so many children repeat one or more classes. As educationists they conceived of it as unnecessarily demotivating for children. Unlike physicians and statisticians the former teacher Van Houte and his colleague did not equate the number of children having to repeat a class with the number of educationally ‘subnormal’ children. They estimated that no more than 10–20% of primary pupils were ‘minus varieties’ with an average IQ of

⁶¹Cyril Burt, *The Causes and Treatment of Backwardness* (New York: Philosophical Library, 1953).

⁶²‘Het onderwijs in Nederland. Verslag over 1953’, *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 36 (1956): 72–5; J.M. van Bemmelen, ‘Onaangepast gedrag bij gehandicapte kinderen’, *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 39 (1959): 1–12.

⁶³It is interesting to note that Van Gelder ignored Burt’s more recent estimation of not more than 10–11% of educationally subnormal children: L. van Gelder, *Ontsporing en correctie. Een inleiding tot de schoolpsychologie* (Groningen: Wolters, 1964, orig. 1953), 37.

⁶⁴*Ibid.*, 230–59.

about 90; others who failed at school were victims of bad teaching.⁶⁵ Unlike the psychologist Van Gelder, the two educationists criticised the high numbers of ‘subnormal’ schoolchildren (up to 50%) mentioned by some British and American authors to illustrate the process of degeneration of the population as unrealistic.⁶⁶

As to the causes of the assumed increase in the number of ‘subnormal’ children, heredity was not mentioned. Van Houte and his colleague pointed at a more complex society, improved medical care at birth, saving the lives of many ‘miscarriages’, selective emigration, differential reproduction, and more individualised teaching, which unmasked backward children as unable to meet the new demands. According to them schools ought to better protect these pupils, especially as emotional ‘neglect’ was often a cause of their failure at school. The solution was to be found in more support for educationally ‘subnormal’ children and more differentiation as regards the desired attainment level in the regular school by the introduction of minimum and maximum demands. Classes had to become smaller and more professionals had to support the teaching staff, particularly psychiatrists, psychologists and academically trained educationists. These pedagogues believed in the possibility of prevention of ‘subnormality’ (*zwakbegaafdheid*) by a school supported by a team of experts.⁶⁷

This line of thought was further developed in another study by the Amsterdam Institute, published in 1958, authored by Van Houte and another colleague. They studied the files of the pupils of three local regular schools in working-class neighbourhoods who at their request had been recognised by their teachers as ‘conspicuous’ (*opvallend*). Their study estimated the number of ‘conspicuous’ primary pupils to be 20%, as against 8% feeble-minded and 20% educationally ‘subnormal’ children, a total number which amounted to almost 50% abnormal children, an exceptionally high number, which Van Houte himself had criticised only three years earlier. The category of ‘conspicuous’ children consisted of children who were either retarded or showed behavioural problems, whereas their abnormality was not serious enough to qualify for a special school. Moreover, the majority of these children would have qualified for treatment in a child guidance clinic had they been referred, as 96% were said to be suffering from physical or mental ‘inhibitions’ or developmental ‘disorders’. As to the causes, the emphasis was put on the environment. For example, 88% of these children were said to suffer from emotional neglect. The research population, however, was described in detail only as regards their learning or behavioural problems. Their IQ was not measured; their intelligence was described only in broad terms like ‘below average’ or ‘backward’. No use, moreover, of any standardised test was mentioned. Nevertheless, the conclusion was drawn that regular schooling had not only to adapt its demands to the 20% of ‘educationally subnormal’ children, but also to provide the 20% of ‘conspicuous’ children with extra support from a team of specialists surrounding the teaching staff, supervised and coordinated by an academically trained special educationist.⁶⁸

⁶⁵P.G. Dix and I.C. van Houte, *Zwakbegaafdheid* (Utrecht: Bijleveld, 1955), 32.

⁶⁶Van Houte, ‘De paedagogische betekenis’; Dix and Van Houte, *Zwakbegaafdheid*.

⁶⁷Dix and Van Houte, *Zwakbegaafdheid*.

⁶⁸Wilmink and van Houte, *Opvallende kinderen*.

By the late 1950s the study of the teaching of children with learning and behavioural problems in and outside the special school partly found justification in the size of the problem as observed. Pleas for special care for up to half of all pupils and for institutionalisation of permanent guidance of the teaching of these pupils within the regular school by academics supported further growth and the establishment of more academic chairs in this field. New and all but mutually exclusive categories of 'subnormal' children were invented and presented by researchers as in need of special support and an adapted curriculum. Experts themselves acted as the moving force behind these processes of differentiation between pupils, pathologising of below-average school performance, and diversification of teaching in regular schooling, in which testing played only a minor role. Failure at school of only slightly deficient children, we must conclude, became increasingly hard to accept in times of rapid economic growth, industrialisation and full employment.

From diagnosis to prognosis

In spite of criticism, intelligence testing continued to play an important role in the selection of pupils for special schools throughout the 1950s and 1960s. School physicians increasingly limited themselves to the physical examination of candidates to find out about their physical condition and possible sensorial or constitutional causes of learning disabilities, a role they fully complied with.⁶⁹ In the selection for the schools for feeble-minded children the Binet–Simon–Herderschêe intelligence test continued to be used and defended as useful by school physicians until the late 1960s.⁷⁰ The testing itself was taken over by the increasingly better trained heads of these schools.⁷¹ In the selection for LOM schools and schools for 'very difficult' children new tests were introduced by the psychologists who had been appointed as selection authority. More advanced and less language-oriented intelligence tests such as the Terman–Merrill, Binet–Bobertag and Pintner–Cunningham were often used to test younger children. Each of these allowed for the establishment of a Verbal next to a Practical IQ (V-IQ and P-IQ), a distinction that was said to be particularly useful in discriminating between feeble-minded and simply more practically than verbally gifted children. The Hamburg Wechsler and the Wechsler Bellevue tests, which combined quantitative measurement with qualitative observation, were usually applied in the testing of children aged 10 and above. Inhelder's reasoning test was advocated in cases of doubt between feeble-mindedness and backwardness. The purely qualitative Rorschach inkblot test, together with interviews and

⁶⁹J. Wester, 'Interim-rapport "Schoolgeneeskundige Diensten"', *Verslagen en Mededelingen betreffende de Volksgezondheid* (1961): 1175–1224.

⁷⁰Schouten and Van Oudenhoven, 'De Binet–Simon–Herderschêe–Intelligentietest'.

⁷¹In 1951 a special degree was introduced: 'Verslag over 1951 van de hoofdinspecteur van het buitengewoon lager onderwijs', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 33 (1953): 102–10, 141–8.

classroom observations, became popular instruments to describe a child's character.⁷² Qualitative methods, requiring long-term observation and involvement with a child, were conceived as fitting an academically trained educationist better than a psychologist, especially because the first of these had usually trained as a teacher before studying at a university. The same is true of the use of school attainment tests and periodical evaluations of a child's performance in a special school.⁷³ As in the case of the test psychologists, jobs were created before a significant number of special educationists actually appeared on the labour market.

The ensuing shift of staff and of focus from a medical-psychological to an educational approach is reflected in the debate on the identification and diagnosing of learning difficulties. At first, properly distinguishing between feeble-minded and normal pupils was the key issue. In the immediate post-war years teachers were still under suspicion of unwillingness to let children leave their regular schools and attend a special school.⁷⁴ Soon, however, the fear of undue non-referrals to schools for the feeble-minded was replaced by fear of undue referrals of 'subnormal' children who did not belong at a special school.⁷⁵ New problems, relating to the new categories of abnormal children, had to be solved, for example how one should differentiate between the pseudo-feeble-mindedness of retarded or backward children who could be expected to catch up with age and truly feeble-minded children who would never be able to do so. Or, how one should differentiate between partial learning defects that could or could not be repaired, a question that particularly bothered experts involved with the selection of pupils for the LOM schools.⁷⁶

The dimension of time and development particularly tended to create new dilemmas. An example is experts emphasising the importance of early recognition of learning problems and early referral to a special school, to prevent mental illness and delinquency, as against other experts who emphasised slow learners' need of time to catch up and advised against early segregation.⁷⁷ Intelligence tests, it was admitted, were useful in the process of diagnosis but they were of limited value as regards the prognosis of a child's development. They were, for example, not to be trusted in determining whether a child was simply not yet ready for school or

⁷²Hart de Ruyter, *Debilitas mentis*; R. Jessurun Cardozo-Van Hoorn and Berthold Stokvis, 'Het gebruik van testmethodes bij de keuring voor het B.L.O.', *Tijdschrift voor Buitengewoon Onderwijs* 31 (1951): 129–32; Ph. M. Van der Heijden, 'Nieuwe inzichten in de psychodiagnostiek der zwakzinnigen', *Tijdschrift voor Buitengewoon Onderwijs* 31 (1951): 117–21; W.A. van Liefland, 'Intelligentie-onderzoek en orthopaedagogiek', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 35 (1955): 90–5, 149–59, 166–71; J.P. Petersma, 'Het hoe? wie? en waarom? van selectie, segregatie en specialisatie', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 38 (1958): 41–9; L. van Gelder, 'Pedagogische diagnose en therapie', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 41 (1961): 41–51; A.J. Wilmink, 'Enige selectieproblemen en ontwikkelingsaspecten rondom de scholen voor kinderen met leer- en opvoedingsmoeilijkheden', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 41 (1961): 65–77; Van Weelden, *Samenvatting*.

⁷³I.C. van Houte, 'Paedagogische rapportage', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 35 (1955): 172–83.

⁷⁴Herderschêe, *Achterlijke kinderen*; Van Liefland, *De school voor het afwijkende kind*.

⁷⁵G.H. van Dijk, 'Een structuurverandering van de school voor debielen', *Tijdschrift voor Buitengewoon Onderwijs* 31 (1951): 111–17, 132–9, 160–3, 173–9, 217–20; Van Houte, 'Paedagogische rapportage'.

⁷⁶Wilmink, 'Enige selectieproblemen'; Berk et al., *Kinderen*.

⁷⁷Van Bemmelen, 'Onaangepast gedrag'.

remained behind because of retardation or backwardness.⁷⁸ As to the differentiation between feeble-minded and backward children it was suggested that the difference was not so much measurable in terms of an IQ score but was of a qualitative nature. Their minds were of a different nature and they developed differently. Along the lines of Jean Piaget's concept of stages of development of a child's thinking, it was suggested that a more relevant criterion to differentiate between feeble-minded and backward children was a child's capacity for abstract thinking, which unfortunately could not be established before age 11, when it would develop in case of normalcy.⁷⁹ This problem also figured prominently in the debate on differentiation between educable feeble-minded and ineducable 'imbecile' or 'idiot' children, which became increasingly prominent during the 1950s when separate schools for these categories were introduced. Experts agreed that the IQ score was an insufficient criterion and that a child's learning difficulties, family, character, communicative qualities and social behaviour also had to be considered.⁸⁰

During the 1950s researchers became more convinced of the necessity to consider the child as an integrated whole, a person, instead of a body plus a mind. Continental holistic psychologies, such as phenomenology and *Gestalt*, and the various kinds of psychoanalysis, moreover, taught the importance of considering a child's environment alongside his/her individual faculties.⁸¹ Learning difficulties, psychoanalysts taught, were often just secondary symptoms of emotional distress,⁸² as the researchers of the Amsterdam Pedotherapeutic Institute assumed in their research into backward and 'conspicuous' children.

In the early 1960s these tendencies amounted to a consensus among those involved in the scientific support of special education that educationists who had trained at university had to take the lead in the increasingly more complicated process of selection of pupils, a role they already played in the development of remedial teaching. The educational part of the selection was to become more important, as compared with the medical and psychological parts. Doctors and psychologists diagnosed the actual deficiencies and considered a child's developmental history, but educationists offered a prognosis regarding the future possibilities of a child to learn and to develop him/herself, based on long-term observation – not by a quick

⁷⁸F. Grewel, 'Differentiatie van intellectuele tekorten en de didactische consequenties', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 41 (1961): 1–4; vL, 'Uit het buitenland', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 33 (1953): 135–6.

⁷⁹Hart de Ruyter, *Debilitas mentis*; W. Damstra, 'Scholen voor zwakzinnige kinderen en scholen voor moeilijk lerende kinderen', *Tijdschrift voor Buitengewoon Onderwijs* 31 (1951): 50–4; Van Liefland, 'Intelligentie-onderzoek'.

⁸⁰W.A. van Liefland, 'Welke norm moet ten grondslag liggen aan de plaatsing op de imbecilenschool', *Tijdschrift voor Buitengewoon Onderwijs* 30 (1950): 37–43, 57–67; M.G. den Haan, 'Het leerplan op de B.L.O.-scholen', *Tijdschrift voor Buitengewoon Onderwijs* 31 (1951): 121–4, 164–7.

⁸¹C.H. de Leeuw, 'Enkele beschouwingen naar aanleiding van een jaar ervaring als schoolarts-psiater', *Tijdschrift voor Buitengewoon Onderwijs* 32 (1952): 25–31; Dix and Van Houte, *Zwakbegaafdheid*; Wilminck and Van Houte, *Opvallende kinderen*; Van Gelder, *Ontsporing*.

⁸²R. Vedder, 'De invloed van paedagogische en affectieve verwaarlozing op de oligophrenen', *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 39 (1959): 162–74.

intelligence test, but after months of work in the classroom and consequentially from a relationship. ‘Pedagogical diagnostics starts from the question: “how do I have to proceed with this child, who has been entrusted to me?”’,⁸³ Van Gelder emphasised in 1962. Educationists, moreover, studied the causes of learning problems, which were complex and different for each child. Emotions, didactics and the child’s environment were all involved. Based on their analysis of the ‘total situation’, they developed methods of remedial teaching, which could be translated into individualised programmes. Diagnosis, consequently, was not enough. It was only the beginning of the science-based treatment of a child, the new consensus taught.⁸⁴ As a consequence, from the mid-1960s the school psychological services which had been created in the 1950s to provide for the testing and diagnosing of learning-disabled children⁸⁵ began to be integrated into school support services (*Schoolbegeleidingsdiensten*) with a broader task led by educationists, to which psychologists, psychiatrists and social workers contributed their expertise.⁸⁶ So, apart from the name of the service, the approach to the child, and the staff, changed as well.

Conclusion

During the post-war years of rapid economic growth in the Netherlands child science and special education mutually stimulated each other’s growth and development. The invention of a series of new categories of mentally ‘subnormal’ children, from learning-disabled and backward to ‘conspicuous’, tightened up the relationship between special and regular schooling, as the larger proportion of the ‘subnormal’ children were recognised as in need of special support within the regular school. Initially stimulated by a fear of ‘debilization’ of the population, this created a climate in which school psychology and special education could flourish as academic fields of study and create a science base for education in the widest sense. The growth of special education certainly stimulated intelligence testing, incidentally even of entire age groups of pupils at regular schools. In its wake, however, qualitative instruments and methods of selection and determination of ‘subnormal’ children became more important. Issues of distinguishing between the increasing number of categories of ‘subnormal’ children persistently stimulated child science during these years. For a time indeed, psychologists became the prime bearers of child science as regards the teaching of special-needs children. Very soon, however, problems of differentiation and categorisation of ‘subnormal’ children proved too complicated to rely on medical-psychological diagnosis alone. Educational prognosis on the basis of long-term observation and qualitative tests instead of an IQ score became the key to a child’s

⁸³L. van Gelder, *Een oriëntatie in de orthopedagogiek. Capita orthopedagogica et orthodidactica* (Groningen: Wolters, 1962), 43.

⁸⁴*Ibid.*, 45; M.H. Goedman, ‘Een bijdrage in het gesprek over de pedagogische diagnose en therapie’, *Tijdschrift voor Buitengewoon Onderwijs en Orthopaedagogiek* 41 (1961): 90–8.

⁸⁵In 1963, 46 of these services had been established: *Schoolpsychologie. Taak en oriëntatie* (Amsterdam: NIPP, 1964); L. van Gelder, ‘Taak en arbeidsveld van de schoolpsycholoog’, *Maandblad voor de Geestelijke Volksgezondheid* 11 (1956): 1–18, 325–36.

⁸⁶L. van Gelder, ‘De schoolpedagoog’, *Het Schoolblad* 20 (1965): 173–4, 195–6, 211–2; A.J. Wilmink, ‘Discussie over de plaats van de schoolpedagoog’, *Het Schoolblad* 20 (1965): 265–6, 279–80. See also: Haas, *Op de juiste plaats*, 148–54.

future at school. This is why from the mid-1960s school psychological services meant for testing and diagnosing were integrated into school support services with educationists in charge.

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