Special Education as Social Control:

The historical development of

industrial schools and special classes.

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Abstract

This thesis represents an attempt to go beyond the largely descriptive surveys of previous histories of special education in New Zealand. The argument presented is that special education can be seen as a form of social control. The problem of who is selected for special education and the accompanying rhetoric is examined. It is argued that the definition of children as exceptional (deviant) and the consequent treatment of them constitutes a form of social control. Further, that the medical model has been the dominating influence in defining what is to be regarded as deviance, and has therefore, functioned as a form of that control. To illustrate how an historical analysis of special education in New Zealand can be informed through a sociological perspective, an analysis of the provisions for neglected and criminal children, and the establishment and subsequent development of special classes for backward children is presented.

Contents

Introduction

"Every person, whatever his level of academic ability, whether he be rich or poor, whether he live in town or country, has a right, as a citizen, to a free education of the kind for which he is best fitted and to the fullest extent of his powers".

This now famous statement of policy by Fraser, as the Minister of Education in 1939, reflects a philosophy which is at the heart of justifications for special education provisions: That each child has a right to be educated to their fullest potential despite any handicapping conditions which they might have. As a consequence, the history of special education is characterised by an ever increasing differentiation and categorisation of 'handicapping conditions' which have been perceived as hindering children's educational development. Existing histories of New Zealand special education have tended to focus on these categories and document the subsequent development of provisions to cater for the children identified by those categories. The history of special education has thus usually been presented in terms of an ideology of humanitarian progress.

Through the process of categorisation special education involves the definition of children as 'deviant'. A vast array of categories exist which serve to identify those children. 'Abnormal', 'backward', 'retarded', 'disruptive', and 'maladjusted' are just some of the descriptive labels used to classify them. In this thesis the term

'exceptional children' will be used in a general sense to refer to all those children catered for within special education in New Zealand. That is, those children who are defined as deviating from the 'normal' child in mental, physical, and/or social characteristics to such an extent that it was deemed necessary to provide a modification of school practices or special educational services to enable the development of individual potential. The use of terms such as 'idiot' and 'imbecile' are not used in any way here to be disparaging of the children so defined, they are simply categories drawn from the historical material and are presented here in the sense in which they were initially applied.

Throughout existing historical accounts of the history of New Zealand special education, little attention is given to the way in which children have been perceived and identified as 'problems' and processed for special treatment. Such histories have not examined questions such as why particular groups of children were defined as being 'in need' of special provisions whilst others were not, or why particular policies were implemented rather than others.

To go beyond the largely descriptive surveys of previous histories, a sociologically informed historical analysis of special education is required. The problem of who is selected for special education and the accompanying rhetoric must be examined. An important aspect of social control is involved here: the individualisation and depoliticisation of social and educational problems through the process of defining deviance. A consideration of this process provides the basis for this thesis.

The use of case studies represents the most useful analytical approach to the development of a new historical perspective on special education. The areas selected for this purpose are the provisions for neglected and criminal children, and the establishment and subsequent development of special classes for backward children. Together these case studies cover the period from 1867 to the early 1930's. These areas of concern have been selected for analysis as they represent two of the very earliest provisions for children with `special needs' in New Zealand.

1:   Histories of Special Education in New Zealand: A Review

Students of New Zealand educational history have a wealth of source
material upon which to draw. Apart from various educational and
historical analyses, there exist a vast array of parliamentary acts,
reports, debates, circulars, and miscellaneous papers. This chapter is
not concerned with these primary resources of historical data. The aim
is to review those works which have already sought to make sense of the
mass of historical material which relates to special education in New
Zealand. The review focuses on New Zealand work as early writings on
the special education and the care and treatment of mental illness
abroad are well documented elsewhere (Kanner, 1964; Rothman, 1971;
Ryan Thomas, 1980). Various historical accounts of the development
of special education in New Zealand are reviewed and the common
approach which they take is critically examined. The difficulties with
this approach highlight the need for an alternative perspective on the
history of special education to be adopted.

Early work

The development of the New Zealand education system has attracted much
interest and a considerable number of publications exist which are
concerned with various aspects of its history. Within the context of
these general histories of education however, special education has
received scant attention. From Butcher (1930) to Cumming and Cumming
(1978), discussion of special education is characterised by its brief
and superficial nature. The approach taken is usually that of a

descriptive survey which recounts major events whilst espousing the virtues of contemporary provisions and administrative leaders.

Adopting this descriptive survey approach, Butcher (1930) covers a range of provisions from the boarding out system to special classes. His discussion stems from a 'child welfare' view of special education rather than an 'educational' view, a reflection of where the administrative responsibility was seen to lie at that time.

Campbell (1941), another historian of this era, makes no pretence at comprehensiveness and by his own admission, there are considerable omissions in his work. Special classes and schools, and child welfare, for example, are not mentioned by Campbell despite the fact that by 1940 they were an integral part of the education system. Campbell argues that these omissions result from limitations of space and because the aim of his book was to show something of the way in which educational ideas brought from Britain have been worked out and modified in the colonial environment of New Zealand. The second reason, in particular, fails to justify the exclusion of special education from his work since some excellent examples of overseas influence have been documented. Indeed the influence of special education developments in other countries, particularly Britain, is a recurrent theme in much of the work in the area, and this is exemplified by the view expressed in the 1962 Currie Commission Report: "This is a field in which it is extremely important, as the experience of cerebral palsy showed, to keep abreast of overseas development"(p474). The experience referred to in the report is the visit to New Zealand in 1948 by Dr Earl Carlson, an American specialist in the treatment of cerebral palsy.

His subsequent report and recommendations had a tremendous impact on the later development of provisions for cerebral palsied children within this country. Besides the visit of Dr Carlson, educationalists from New Zealand made study tours abroad and on their return made recommendations that altered the field of special education in New Zealand. The travels of George Hogben as Inspector General of Schools in 1907, and of John Beck as the Officer in charge of the Special Schools Branch of the Education Department in 1925 are two examples of how direct influence of overseas practices and theory have influenced special education: Hogben proposed the establishment of special schools and classes for backward children while Beck's proposals regarding the care and treatment of 'neglected' and 'dependent' children formed the basis for much of the 1925 Child Welfare Act.

The importance of special education developments abroad is recognised by Mathew (1942) in his brief historical survey of the institutional care of dependent children in New Zealand. Unfortunately, child welfare dominates much of his discussion and the educational needs of the children are rarely considered. However, some interesting background and comparative information about special education provisions in several countries is presented, although the relevance of this to the New Zealand situation is not made clear. The only explanation given is that the information is to put the New Zealand case in 'perspective'. Presumably this detail is provided for the purpose of a comparative analysis and judgment as to the relative merits and weaknesses of New Zealand provisions. Mathew, however, does not attempt such an analysis.

The historical review by John Beck (1928) is probably the first of any significance. This brief account traces the development of child welfare in New Zealand from the 1867 Neglected and Criminal Children Act, with a focus on industrial schools, and concludes with a consideration of the effects of the Child Welfare Act of 1925. By 1928 the Child Welfare Branch of the Education Department, of which Beck was Superintendent, had been in existence for only two years. Special education policy was still largely uncoordinated and implemented in a fragmented fashion. Even though Beck had earlier been a reasonably vocal critic of aspects of the industrial school system, his later reluctance to criticise publicly his department for what is arguably limited progress, was understandable. Thus the tone of this early account differs little from the department's annual reports of the same period. In effect both served the same purpose in that they provided an avenue through which the department could report and be accountable to the public at large.

Concerned at the lack of a comprehensive survey of the problem of backwardness, in 1944 the NZCER sponsored the publication of what must be the first substantive history of any aspect of special education in this country. The author was Ralph Winterbourn, a lecturer in Education at the University of Canterbury with an involvement in the clinical study of backward children which spanned several years. The focus of Winterbourn's study was the issue of backwardness and particularly the development of special classes. The report consists of three sections. The first presents historical and statistical background information, the second examines special classes and other institutions dealing with special class children, and the final section

is a broad survey of backward children in ordinary classes.

Although an historical account of special education was not the major aim of his book, the chapter which deals with its development is still arguably the major historical reference in the field. In it Winterbourn introduced a critical element, an element sadly lacking in much of what has since been written on the history of special education in New Zealand. The second section of the book provides the focus of the report and this is where he was most critical. Winterbourn was critical of much of what he saw and heard during the course of his investigation, and suggested that it is perhaps inevitable in a first comprehensive survey of part of the education system which developed for a long time apparently without a clear plan. Much of Winterbourn's criticism was directed at the Education Department's administration, and focused on the lack of coordinated policy planning. Among his major concerns were: the frequent discrepancy between practice and rhetoric, the vacillation of the Education Department over the development of special classes, the lack of training for special class teachers, and the general inadequacy of provision. While his criticisms were directed primarily at practices and provisions during the early 1940's, his questioning approach was maintained throughout most of the historical section. This is particularly true with regard to the early calls for special provisions for backward children and his account of the department's vacillation over the establishment of special classes for these children.

Another comprehensive reference, broader in scope than Winterbourn's survey, is the work of Box (1957). Formerly Deputy Superintendent of

the Child Welfare division, Box compiled notes on the early development of the division outlining the public care of delinquent, neglected, and dependent children in New Zealand. These notes present a thorough chronology of the relevant legal provisions and the impact of those enactments in practical terms. Another useful unpublished work from the same period is by Leaf (1966). He presents a view of the development of special education in New Zealand with particular reference to cerebral palsy. While much of Leaf's MA thesis is concerned specifically with cerebral palsy, he does suggest that special education should be viewed as a natural outgrowth of general education and thus the responsibility of education authorities. Leaf attempts to place the development of special education in a wider context, and with varying degrees of success he traces the movement of societal, political, and general educational sentiment and philosophy where this is seen to influence special provisions for handicapped children.

Generally theses which have been concerned with historical aspects of special education have tended to examine a particular issue or set of provisions in detail with little thought being given to wider issues or contexts. Few have attempted to impose explicit theoretical frameworks on their material. Howse (1966) for instance reviews aspects of the development of educational services for handicapped children in primary schools between 1945-1965. His thesis typically reflects a basically descriptive survey approach with the historical section providing an outline of the development of relevant services. This historical section traces the development of these services in a chronological fashion placing a considerable emphasis on the influence of particular

administrative and academic personalties. In another thesis concerned with New Zealand attitudes and practices towards mental retardation, Haver (1968) surveys the changing concept of mental retardation in New Zealand by focusing on the definitions and explanations of mental retardation given in official papers such as annual departmental reports and the reports of committees of inquiry. In his opening pages Haver discusses the movements in late 18th and early 19th century philosophical and medical thought relating to mental illness. For example the belief in the homogeneity of mental retardation is highlighted as he traces the gradual differentiation between congenital physical deformity and mental retardation. Unfortunately he only occasionally deviates from the chronological survey to give examples from the New Zealand experience to illustrate the influence of these movements in intellectual thought. Thus although Haver outlines theoretical issues which could well serve as a framework for analysis, he fails to relate these issues to the New Zealand material. Despite an early promise of better things, the final product differs little from other descriptive chronological surveys.

A more recent thesis by Fleming (1981), concerned with the eugenics movement in New Zealand, is more encouraging in terms of an attempt to break out of a purely descriptive framework. Fleming considers that the eugenics movement is important to New Zealand's social history and is a reflection of wider social concerns and issues. He traces the development of eugenic thought in New Zealand and attempts to show how and why 'defectives' and the 'unfit' were seen as a social and moral problem. While the level of analysis is at times disappointing, his thesis does indicate areas where further study could yield worthwhile

results. Two particularly relevant areas to the present thesis are: the influence of the eugenics movement on practitioners such as school medical officers, doctors, and social workers; the notion of eugenics as a means of social control, whereby societal ills are explained without seriously challenging the status quo. Fleming is aware of the need for a more critical analysis of the material presented in his thesis and is, apparently, attempting to do so in his current work.

More recent publications

Thirty years after the publication of Winterbourn's work, Ross (1971), presented an historical survey of the development of special education as a chapter in a volume concerned with the broad spectrum of issues involved in special education. As such it was designed to set the scene, to provide an historical backdrop to the work of the other contributors. Drawing heavily upon Winterbourn's work, it successfully fills this function as it traces the development of special education provisions and gives a useful overview of emergent patterns and issues in special education since the turn of the century. However the material is presented in an uncritical manner and several important issues are raised without being examined in sufficient depth or at least being noted as issues. This problem is exemplified by the following statement. "It is not clear why New Zealand didn't establish separate day schools for backward pupils similar to schools for the educationally subnormal in England. Whatever the reason ..."(p21) The issue of whether to establish special schools or classes is an important one. Both were advocated as solutions to the problems facing early New Zealand schooling and the selection of one over the other

must raise important questions about the decision-making processes involved and the values reflected by those processes. Ross makes no attempt to follow the statement up - no possible explanations are given. The issue is simply dismissed with "whatever the reason". A similar example is related to an issue which concerned Winterbourn back in 1944 - the matter of training special class teachers. Ross relates how the one year training programme for special class teachers was dropped during the war "never to be revised despite calls to do so " (1972, p23). Despite noting later that the training of teachers for backward children remained an area in which there was considerable room for improvement, again no possible reasons are suggested for the department's decision not to reinstate the programme. It would seem reasonable to assume that policy matters such as these warrant attention even in a descriptive history. However, in relation to another policy matter, Ross notes the "department's preference to strengthen available resources rather than establishing a network of specialist clinics"(1972, p26). Surely the department had reasons for following such a policy, yet Ross does not suggest any. Once again he raises an issue in a manner which suggests that it is unimportant or unworthy of further discussion.

Overall Ross presents his material in an unquestioning manner raising important issues as bald statements of fact. Even more obviously controversial decisions fail to encourage him to delve into the complexities of the issues. His approach appears to stem primarily from an evolutionary model of the development of education: it assumes that there is a natural progression in the development of provisions which unfolds with time. While a critical analysis may not have been

Ross's primary intention, his style unfortunately removes the necessity of questioning the meaning and timing of decisions. All that remains is a representation of what occurred, when, and who was involved. Because Ross viewed developments in special education as neutral historical events, not as issues which demanded critical attention, a vital aspect of that history is ignored. This type of historical account might well tackle the questions of when, where, and who, but leaves the question of WHY untouched.

Despite the fact that special education represents but one aspect of the wider education system, more recent general histories of education are as disappointing in their coverage of special provisions as are their earlier counterparts. In the works of Dakin (1973), McLaren (1974), and Cumming and Cumming (1978), discussions of special provisions rarely feature. When the subject is addressed, the discussions are of an extremely, limited nature, usually focusing on the issues of legislative provision and/or administrative responsibility. Ewing's (1970) general history of the development of the primary school curriculum is, however, an exception. He is more successful in integrating material relating to special education. Although special provisions are seldom the focus of his discussions and much of the material is scattered throughout the book, special education is at least regarded as part of the education system in general and worthy of some attention.

Why historians have shown such little interest in special education is unclear. A likely reason is the perception of special education as just that - as 'special', and therefore, as something quite distinct

from education in general. If such a view was held by historians they would be unlikely to consider that an examination of the development of special education provisions would provide much insight into the development of the education system at large. The definition of special education as something quite distinct from other aspects of education is thus used to justify its exclusion from such histories. But as Winterbourn (1944) illustrates, developments in special classes and schools had clear links to what was happening in the ordinary classroom. Indeed, as it will be argued, problems in the ordinary classroom were at the heart of the early demands for special provisions for backward children. Provisions which developed to varying degrees outside the mainstream of education seldom, if ever, developed in isolation from the general system. Indeed Fleming (1981) suggests with respect to eugenics, special education too is a reflection of contemporary social concerns and a product of the social, political, and economic contexts in which developments occurred.

Considering the scant attention given to the history of special education, an encouraging start has been made to redress the situation in the recent work by Mitchell (in press). In an opening chapter to a forthcoming book, Mitchell outlines what he regards as significant trends in special education services and then briefly discusses factors which have influenced the development of special education.

The 'trends' approach is a useful departure from the more traditional approach in that it gives an overview - a thematic approach rather than a chronological description of events. As Mitchell points out, for instance, there have been marked shifts in the philosophies and

practices concerning exceptional children in New Zealand. Although these trends are not always unidirectional, or applicable to all categories of exceptionality, the shifts can be illustrated by identifying and tracing particular trends. Thirteen areas in which shifts occurred are identified by Mitchell and include:

From unco-ordinated policies and services to the beginnings of coordination.

From a concern for obvious handicaps to a differentiation of more subtle handicapping conditions.

From an intuitive to a scientific evaluation of the quality of provisions.

Although the use of trends offers new possibilities for the organisation and conception of a history of special education, it is the second section of Mitchell's paper which is the most promising in that it focuses on an "analytical" history of special education. This section represents an attempt to explicitly suggest and examine factors which have been important influences in the development of special education in New Zealand. Like several authors before him, Mitchell recognises the importance of legislation and practices from other countries and selects several cases to illustrate how they have exerted influence in New Zealand. He notes, for instance, the parallel between New Zealand's Neglected and Criminal Children Act 1867 and the British industrial schools legislation, and refers to the travels abroad of individuals such as Hogben and Beck. The second area Mitchell considers is how the particular socio-political circumstances of any particular time influence provisions for atypical children. To

illustrate the influence of the context from which developments in education arose, he examines the upsurge of concern for child welfare in New Zealand in the early 20th century, and the increasing industrialisation of the same period. The advocacy of various organisations on behalf of exceptional children is considered briefly as is the changing knowledge base regarding the cause and treatment of handicap. The final factor, which Mitchell considers to be perhaps the most crucial, is that of administrative and professional leadership. The calibre of national leaders, he argues, has been a critical issue in the evolution of services for atypical children in New Zealand. Overall much of Mitchell's discussion is underdeveloped, as he attempts to do so much in the space available. He does however give a clear overview of issues in the development of special education, and offers alternatives for dealing with the material in future.

Special education and sociology - A new partnership?

Although historically-oriented research on special education in New Zealand is limited, the recent review by Wilton (1980) indicates that there is a growing body of research literature dealing with various other aspects from the broad spectrum of special education. Most of this research is, however, psychological in nature. Wilton makes this point and argues that there is a need for sociological and politico-economic analyses of special education conditions, policies, and issues. This is especially true of the historical work as the authors generally have a background in psychology or education. Although it would seem that sociologists, like historians, have shown

little interest in special education, it can be argued that a sociological tradition does exist in this field. Referring to the British system, Tomlinson (1982) maintains that there is an existing sociological tradition in special education which is not recognised as such by many practitioners. The tradition to which she refers is that which has come to be known as the structural-functionalist approach in sociology. Within this approach, which emphasises notions of consensus, order, and stability in society, the major concern in terms of special education is how the handicapped person 'fits in' to society. As a consequence, Tomlinson(1982) argues, a whole body of literature has emerged which emphasises the social problems created by the handicapped, particularly for their families and the community.

When applied to special education, Tomlinson (1982) discerns two uses of sociology within the functionalist approach: the social survey approach and the social problem approach. This is a useful distinction and both approaches can be identified in New Zealand work. The major aim of the survey approach is to document the extent and range of handicaps and is thus primarily concerned with categories of defect or handicap and the definition of these categories. The social problem approach is more concerned with administrative aspects related to the provision for handicapped persons, including organisation and management.

It is not disputed that the functionalist approach has made positive contributions in the study of special education. For reasons of planning and resource allocation, it is often necessary to know what problems exist, how extensive these problems are, and what provisions

may be required to cater for them. For this purpose the survey and social problem approaches have played an important role. Because of certain underlying assumptions, however, the structural-functionalist approach is sometimes superficial. Several major limitations of the functionalist approach to special education can be identified. First, it tends to be based on a 'social pathology' model of handicap (Barton and Tomlinson 1981). Under such a model the primary focus becomes that of individual problems and a concern for what can be done 'to' and 'for' groups of handicapped people. The underlying assumption being that problems can be overcome by an increase in organisational and managerial efficiency.

The second major criticism concerns the unquestioning manner in which researchers have tended to accept prevailing 'official' definitions and concerns and integrated these into their research. As a consequence alternative ways of examining issues are ignored and the definitions themselves are precluded from examination. In a discussion of the criteria used to define subnormality, Booth (1978) makes a similar criticism of sociologists arguing that they have adopted without question, and taken for granted, a clinical perspective of subnormality. From a wider perspective Freidson (1975) takes the issue further and gives reasons why the medical conceptions of illness and treatment should not be accepted by sociologists as unproblematic. Briefly, these are: it may well prove to be unwise in the light of history as the medical model is not absolute; the corpus of modern medicine constitutes an extremely heterogenous collection of illness; there is no substantive neccessity for doing so unless it is desired to perform the same task as the medical practitioner - to test and

redefine medical conceptions of illness and treatment, from within that framework.

A further criticism against the functionalist approach it that it generates little interest in examining questions related to notions of power and conflict (Conrad and Schneider, 1980). Relationships between professionals, Conrad and Schneider argue, are often depicted in terms of official interests as being a matter of 'smooth teamwork', or where problems are identified, the answers seen in terms of organisational matters. This limitation stems from a basic assumption of the functionalist approach that a consensus in society is a normal state of affairs. Conflict therefore, can only be explained in terms of an evolutionary model (Tomlinson, 1982).

This model emphasises the role of philanthrophy and humanitarian motives within a context of the gradual extension of services as the needs arise and are identified. Consequently the development of special education is often depicted as a series of 'stages' characterised by the successive identification of increasingly complex categories of exceptionality, and the subsequent provision of services to cater for them. Indeed Putnam (1979) has developed a 'stage theory' in an attempt to account for universal patterns in the development of special education. This theory assumes that the categories exist before they are identified and labeled as such. Existing historical accounts of special education tend to focus on the major events which mark an increasing complexity and diversity in special education provisions. They tend to ignore notions of power and conflict, and in doing so, reflect a tacit belief in an evolutionary explanation of the

development of special education.

Although critics of the approach do not seek to deny the importance of humanitarian motives and the role of philanthropy, they argue that it begs important questions and stops short of an adequate analysis. Any part of an education system does not develop in isolation from other aspects of education or from the rest of society, and the history of that development is a reflection of contemporary social issues and concerns. The forms special education has taken in the past and takes today are the products of particular vested interests in society (Tomlinson, 1982). To ignore issues of power and conflict in the history of special education is to deny a question of importance: In whose interests did special education develop? In an attempt to answer this and related questions, the development of special education must be placed in a wider context than has been the tendency in the past.

A more conscious effort must be made to place it within a theoretical framework which will allow for a more critical analysis of the historical material. Beyond the consideration of historical movements, in particularly medical and psychiatric thought and research, existing histories of the development of special education in New Zealand have devoted little attention to the explicit examination of relevant theoretical discourses. Work undertaken in other disciplines, such as sociology, has generally been ignored. There has not been, for instance, an exchange of ideas between sociologists and those concerned with special education as there has been between educators and sociologists concerned with the issue of social class and school achievement. The recent work from British authors which indicates the

development of a 'sociology of special education', suggests that such an exchange is worthwhile and overdue (Barton & Tomlinson, 1981; Ford et al, 1982; Tomlinson, 1982).

2:   Special Education and Social Control

Theory and practice in special education have been informed by a variety of disciplines and approaches. Medical, psychological, and educational influences have been by far the most dominant; sociological input has been very limited. As the aim of this thesis is to bring a sociological perspective to bear on the social processes, policies and practices which comprise special education, the present chapter outlines the framework within which the later analysis of historical material will be undertaken. To address questions related to how and why some children have been defined as deviant and segregated from others, it is important to examine the way in which the medical model of diagnosis and treatment has been applied to explain deviancy and justify actions relating to assessment and treatment. Although the central focus here is on the power of the medical model as an agent of social control, initially the process of labelling deviancy is examined in relation to the wider issues of power and conflict in sociological theory.

As noted in the previous chapter, the majority of sociological interest in special education has come from those working within a structural-functionalist tradition. Historians of special education in New Zealand have tended to view developments in this field in terms of liberal reforms with education being seen as providing opportunity for social liberation and an "avenue towards the creation of a more just, egalitarian society" (Broadfoot, 1979, p85). However as Archer (1979) argues, education systems do not develop spontaneously and they are seldom the realisation of some ideal form of instruction. Most forms

education takes, she contends, are the political results of power struggles.

Deviancy: An issue of social control

An alternative view which attempts to take account of power relationships and vested interests in education, is the conflict perspective. Although such a label encompasses divergent approaches, some fundamental similarities can be distinguished. The central tenet of the argument for those informed by a model of social conflict and control lies in what is seen as the desire of the dominant groups in society to reproduce themselves whilst stifling discontent and maintaining social order and control (Broadfoot 1979). In contrast to those who adhere to a consensus view of society, education is seen as an important agent in the reproduction of inequalities rather than an avenue to equality, and as such education is seen to be a key agent for legitimating and perpetuating the existing social order.

Within the context of social theory, the concept of social control has been highly contested. It is a complex and multi-faceted topic, with an enormous literature. Social control was a major concept in the work of early sociologists such as Ross (1901), Cooley (1909) and Thomas (1923). Subsequently two major conceptions have developed. Stemming largely from the work of Ross and remaining dominant until the early 1950's, the first view was defined broadly to encompass all processes that presumably contributed to social order by fostering and maintaining order and consensus.

After the 1950's and emerging from the work of writers like Parsons, came a broader notion of social control as a response made to deviant behaviour. Such a view equates social control with conformity or counteraction of deviance. From this perspective the study of social control encompasses formal institutions and agents of control and is concerned with not only negative sanctions against deviance but also with positive attempts to promote conformity. For the purposes of this thesis social control has been conceptualised as the means by which social groups secure adherence to dominant social norms; specifically how they minimize, eliminate, or normalize deviant behaviour in special education, and justify the actions taken towards those thus defined as deviant.

The major argument expressed in this thesis is that the definition of children as exceptional (deviant) and the consequent treatment of them in accordance with the prior definitions constitutes a form of social control. Further, the medical model through its dominating influence in defining what is to be regarded as deviance, has been a major agent of that control. Here the concern is with the changing definitions of deviance and the consequences of those changes. As Cohen (1966) states there are many ways of classifying human actions, but insofar as we classify them this way and try to develop a theory to explain why actions are placed in one class rather than another, then we are concerned with a theory of deviance. Special education involves the classification of children in terms of exceptionality and as such is concerned with defining deviance.

Two major views of deviance can be identified: the absolutist view and the relativist view. Similar distinctions have been made using different labels such as positivist and interactionist (Conrad & Schneider, 1980), objectivist and subjectivist (Goode, 1978), scientific and humanistic (Thio, 1978).According to Hills (1980) the absolutist view of deviance is based on a belief that fundamentally human behaviour can be classified as being inherently proper and moral or conversely as being inherently evil and abnormal. Such a view assumes a societal consensus regarding basic goals to be pursued and values to be held. From this stance deviance must be seen as a product of either internal factors, specific to the individual, or of external constraints to which the individual succumbs.

Relativists, on the other hand, view society as a complex and dynamic aggregate of many different groups with varied goals and values. Stemming largely from a conflict model of society, this view holds that although consensus may sometimes be evident between groups, frequently they are in conflict as each struggles to assert their own values and realise their own interests. From the relativists' view then, deviance is neither inherently unnatural or intrinsic to a particular act, belief, or personal attribute. Those who support a relativist view of deviance maintain that deviance is a social construction, it is "not a property inherent in certain forms of behaviour, it is a property conferred upon these forms by the audiences which directly or indirectly witness them" (Erikson, 1978, p26).

This is not to argue that diagnosis - the labelling process, is an empty exercise or ritual. It is a process which arises out of a

disrupted social context in which accepted norms of behaviour have been violated. The labelling process is thus an attempt to make sense of the situation by placing the behaviour in a conceptual framework which provides a basis for further action. Simplistically the purpose of labelling is two-fold; to separate a group of individuals on the basis of some ascribed condition and then to justify social action taken regarding that group. Once behaviour is defined as deviance (in this case illness or educational exceptionality), the status of the individual is altered. By changing the status of individuals, roles are redefined in terms of how they are expected to behave and what social institutions and professionals will be responsible for their care and treatment.

The following discussion of the medical model focuses on certain consequences of labelling but there has increasingly been a call to examine the process of labelling, not just the products. The problem from a sociological point of view is how behaviours or conditions come to be labelled as deviance (exceptionality or illness). Labelling theorists argue that we must examine the labelling process as critically as the definitions, as deviance is a social construction, and that it is relative and interactive. Deviance is relative in that behaviour can not be described as deviant in any absolutist sense but rather it is relative to the situation in which it occurs and to the people concerned. It is interactive, labelling theorists argue, in that there is not a set number of deviants in the population to be identified but that they are not deviant until so defined. It is not the action that designates deviancy but the perception of the action.

In a sense deviance is created by social rules and norms which assign meaning to acts and attributes and can not exist independently of social life (Ford, 1983). The social context and audience are thus central to the process of labelling, and meanings about both are inherent in any notion of deviance or exceptionality. Definitions of deviance and abnormality are necessarily based on notions of 'normality' and are affected by the contexts of time and place.

For the purposes of this thesis a relativist view of deviance is adopted. It is argued that deviance is socially defined, that is not to say that 'society' defines deviance but that it is a collective act. Social groups create rules, define the limits of acceptability, and enforce the definitions and rules through social judgment and sanction. Any act of defining or sanctioning deviance involves power and the powerful individuals and groups are those who are able to establish and have legitimated their definitions of deviance. Within special education those who adhere to the medical model are in such a position because of the acceptance of that model as the dominant ideology.

The role of ideology

Conflict theories in education stem largely from the work of Marx and Weber. While Marx was primarily interested in analysing social conflict in terms of class and the labour market, Weber was concerned to show that the domination of one group over another could occur in a variety of ways and that the key element in domination was authority. It was the acceptance of legitimate authority as well as outright

coercion that ensured the compliance of some groups to others. Neo marxist perspectives in education however concentrate on the notion that a given educational structure is the outcome of political and ideological struggles between classes.

Bowles and Gintis (1976), for example, have emphasised the correspondence between the social relations of capitalist production in society at large and the social relations in the school. They argue that education, through this correspondence, serves to reproduce economic inequality and distort personal development. They contend that

> when education is viewed as an aspect of the reproduction of capitalist division of labour, the history of school reforms appears less as a story of an enlightened but sadly unsuccessful corrective and more as an integral part of the process of capitalist growth (1976, p49).

In terms of the correspondence theory then the explanation for the apparent failure of compensatory programs and the continuing discrepancies between achievements of different social classes is couched in terms of a necessary reflection of inequalities inherent in capitalist production.

Gramsci on the other hand emphasises the role of hegemony. The term which previously had a narrow application in Marxist tradition was broadened by Gramsci to include an analysis of the means by which the ruling classes obtained the consent of the subordinate groups to their

own domination (McLellan, 1979). In this broadened view the exercise of hegemony is concerned with the legitimation of the prevailing social order in such a way that a particular set of social, economic, and political forces in society come to saturate the 'consciousness' to such an extent as to produce an unquestioning understanding of the existing order as the 'natural' order (Apple, 1979; Broadfoot, 1979). A crucial idea is how hegemony 'saturates' consciousness and is to be understood as something more than mere acceptance or compliance. Williams (1976) captures the complexity of hegemony and goes beyond the idea that consciousness is only a mere reflection of economic structure, wholly determined by one class imposing it on another.

> [Hegemony] is a whole body of practices and expectations, our assignments of energy, our ordinary understanding of man and his world. It is a set of meanings and values which as they are expressed as practices appear as reciprocally confirming. It thus constitutes a sense of reality for most people in society, a sense of absolute because experienced as a realty beyond which it is difficult for most members of a society to move in most aspects of their lives (1976, p205).

Three important notions which are central to the notion of hegemony then are how it saturates consciousness, the consequent unquestioning acceptance, and ideology.

Ideology is an important concept which is multifaceted and has a number of different meanings. It was first used in a scientific sense by Destutt de Tracy in the late 18th century (Williams, 1976a). Although

the concept of ideology is a matter of considerable controversy it is usually taken to refer to some sort of 'system' of ideas, beliefs, fundamental commitments , or values about social reality (Apple, 1979). Roucek, for example, gives the following definition

> a theory of social life that approaches social reality from the point of view of a political or social ideal and interprets them both consciously and unconsciously to prove the correctness of the analysis and to justify the ideal (1978, p150).

Alternatively, ideology can be used to refer to those beliefs which are necessarily generated by a particular mode of production or economic structure (Gramsci, 1971). Interpretations of ideology differ in terms of the range and scope of what is presumed to be ideological and in the function of ideology. Despite the divergent interpretations some commonalities can be identified. According to Apple (1979) ideology is usually taken to have three distinctive features: legitimation, power conflict, and a special style of argument. The legitimation is concerned with the justification of group action and its social acceptance. In terms of Roucek's definition, to justify the ideal, and in Gramsci's terms, to legitimate a particular mode of production or economic structure. Power conflict may be taken to refer to society's formal distribution of resources occurring predominately in the political sphere, or more broadly, the allocation of rewards in any sphere of activity. Special rhetoric refers to the highly explicit terminology and semantic discourse characteristic of the debate which takes place in the realm of theory. The most helpful way of thinking

through the complex characteristics, scope, and functions of ideology, Apple (1979) contends, is to be found in hegemony. The idea that ideological saturation permeates our lived experience, he argues, provides insight into how people can employ frameworks which serve to organise the world and enable them to believe that they have neutral roles in the neutral instrumentation of schooling, whilst serving particular economic and ideologial interests hidden from them.

On the basis of such an argument, using the notions of ideology and hegemony, Shapiro (1980) was concerned to demonstrate how emerging elements of special education contain values, beliefs, and judgments arising out of larger social experience. Innovative practices in special education were seen to embody notions which reflected the dominant ideological structure. Whilst recognising the importance of educational pressure groups and innovative individuals as catalysts for change he argues that the extent of change depends, in the final analysis, not on the perseverance and commitment of individuals and groups but on the parameters set by the social and economic structure. Reform can only proceed to the extent that it is congruent with the needs and goals of the structure. Constraints are not the result of consciously formulated policy or the effect of some kind of administrative conspiracy, but arise from the hegemony of the dominant ideology. Such an ideology he argues serves to maintain the basic contours of society – the distribution of resources, power, cultural experience and ensures the continuity of dominant social and economic groups.

In education, the ideology determines what constitutes 'good' education

and what experiences are deemed to be 'educational'. In reflecting the wider ideology, education becomes the focus for the expression of tensions and conflicts arising from the wider social experience. Attempts at reform become attempts to resolve issues arising from the broader social domain. Accepting Shapiro's argument, it is important to consider the development of special education not in isolation, but in relation to the tensions and conflicts in the wider social context. Explanations of this development, historical or otherwise, must therefore, utilize notions of power, conflict, and control.

Social control through the medical model

In most contexts, social control is usually considered in terms of institutions or agents of control. Medicine was first conceptualised as an agent of social control by Talcott Parsons in 1951 and since that time the notion of medical social control has been conceptualised in several different ways. These range from the micropolitics of physician – patient interaction through to professional collaboration between colleagues. Here the focus is somewhat narrower, the concern being how the medical model as an ideology has dominated the definition of what constitutes deviant behaviour in education and thus how it has been used to legitimate administrative actions taken on the basis of the prior definition of deviance.

One of the most striking features in the history of special education internationally is the early and generally persistent domination of the medical profession in the care and treatment of handicapped persons.

This is particularly true with regard to the category of mental illness. Doctors had long established a clear role in the treatment of mental disorders before they became an educational concern. As the 19th century drew to a close the medical profession was firmly established as the most dominant group concerned with the care and treatment of the mentally ill, and was thus well placed to extend its involvement and sphere of 'expertise' to include other categories of exceptionality.

At this point it is useful to consider some aspects of the development of the medical profession as it relates to the development of special education. During the 17th and 18th centuries medicine came to rely increasingly on advances in the fields of physics, chemistry, and technology. Developments in these areas together with specialised discoveries of medical technique and an increasing concern with careful observation and documentation, the scientific foundations of medicine evolved. As Friedson (1970) notes, without a systematic foundation medical practice could not fail to be more than a variety of traditional conceptions supplemented by quite variable individual clinical judgments. Thus the medical profession acquired an increasing legitimation through a grounding of its practices in scientific knowledge and an increasingly closer conformity to a general paradigm of natural sciences.

Parallel to the development of the scientific foundations of medical practice was the development of what Friedson calls the sociological foundations. This refers to the evolution of an occupation into a true consulting profession and

in command of the criteria that qualify men to work at
healing , of exclusive competence to determine the proper
content and effective method of performing medical work, if
freely consulted by those thought to need its help (1970,
p.17).

With the emergence of an identifiable medical profession with its
increasingly scientific basis, a unified model of medical practice
developed. Based fundamentally on a machine - like view of the body,
its central focus was the internal environment (body) and the external
environment(society) was largely ignored (Dubos, 1959).

The medical model has been variously defined (Conrad & Schneider 1980;
Ford etal. 1983; Friedson 1970). One version which is identified by
Ingleby (1983) as the 'faulty machine' model is confined to hypotheses
of certain physical malfunctions. This model has been championed by
many psychiatrists and is at the heart of Szasz's criticisms
(Szasz,1961; Szasz, 1970). A slightly broader definition attempts to
draw an analogy between physical illness and mental illness and show
how the practices relating to the treatment of the former have been
transposed to the later. This definition is too narrow however as the
medical model underlies practices which are considerably removed from
the direct involvement of the medical profession (such as in education).
A more useful approach which introduces the dimension of power is
presented in Foucault's work and defines the model in terms of a
particular set of practices and power relations (Foucault, 1965;
1973). Thus he argues that when a set of practices which grew up

around the treatment of physical illness is transposed to the field of mental disturbance, it becomes a powerful means of maintaining social order.

A workable definition of the medical model must refer to the means by which that power is created and maintained. At its most abstract level then the model is a medical ideology which involves particular ways of viewing phenomena, more specifically, particular ways of defining phenomena. Characteristically the medical model defines problems in terms of symptom, diagnosis, and remedy. The assumption being that there are known symptoms associated with underlying causes which can be identified and remedied through appropriate treatment. The medical model is as Ford (1983) maintains, a way of looking at problems such as social and behavioural deviance so that it can be defined as illness. As a consequence of this reductionism the medical model invariably focuses attention on the individual in such a way as to locate the source of deviance within the individual.

The domination of the defect or illness explanation of deviant behaviour has been questioned over the years but it is only recently, Albee contends, that the intellectual climate has become favourable to the growth of disbelief and "now the harvest of doubt is ready" (1983, p75). The first challenge to the domination of the medical profession in the care and treatment of the handicapped came in the early 20th century with the emergence of the new discipline of psychiatry. Challenge is perhaps too strong a term however as in effect psychiatry supplemented medical practice as it was itself firmly grounded in the medical discipline and controlled by doctors. Since that time various

other groups have become increasingly involved in the care and treatment of exceptional children. These groups have reflected interests more directly related to education, psychology, and social welfare rather than medicine. As with psychiatry,the emergence of psychology (and especially educational psychology) could be regarded as a challenge at the practical level only, as by and large these new professionals subscribed to the medical model. Indeed as Ingleby (1980) suggests the 'psy-professions' attained their present standing by exploiting the power inherent in the medical model. By aligning themselves with the medical profession they were able to take advantage of an established, unified model with which to underwrite and legitimate their practice.

The use of the medical model in special education initially arose out of the influence of the medical profession upon early developments in special education and later gained varying levels of confirmation and increased legitimation through its adoption and utilization by other groups. Professional groups, such as educators, who may not have explicitly adhered to a medical perspective in their dealings with exceptional children did however accept the prevailing definitions of exceptionality. As these definitions were, by and large, the products of the medical model, the unquestioning acceptance of them meant that other groups involved in special education initially chose to work within a medically defined framework.

This is not to suggest that there existed a high degree of consensus between the professions with regard to what was considered to be most appropriate methods for the care and treatment of exceptional children.

The relationships between such groups as they sought to define their areas of competence and expertise and establish and maintain their professional status vis-a-vis each other, constitutes an important part of the history of special education and must be considered with respect to the changing power relations within it. The interrelationships between various professional groups is important as medicine not only acts as an independent agent of social control, but frequently collaborates with other authorities. This collaboration may take the form of information provider; gatekeeper; institutional agent; technician. These interdependent medical control functions serve to further reinforce and expand the influence of the medical model and highlight the extent to which medicine is interwoven into the fabric of society.

The medical model is thus increasingly influential in society and the boundaries of its sphere of expertise are increasingly difficult to discern. Zola (1972) maintains that it is the change from a commitment to a specific aetiological model of disease to a multicausal one which is largely responsible for the enormous expansion of what is deemed to be relevant to the practice of medicine. By expanding its sphere of legitimate involvement and by collaborating with other authorities, the medical model substantially reinforces its position of power.

The influence of the medical model within special education can be related to a wider process - the medicalisation of society. A process operationalized succinctly by Friedson:

    The medical profession has first claim to jurisdiction over

the label illness and anything to which it may be attached, irrespective of its capacity to deal with it effectively (1975,p251).

This process refers to the way in which the role of medicine, as an agent of social control, has been expanded and maintained. This has been achieved through various forms of control including: control over medical technology; professional collaboration; the expansion of its limits beyond its technically and traditionally ascribed and assumed competence to wider and more diffuse spheres.

The most important means of maintaining this position, however, remains the ideological nature of the model. Being in a position to have a particular set of definitions accepted in principle and realized in practice is one of the greatest sources of social control power.Such power is commonly vested in an institution or agent. Here the focus is on the medical model as an agent of social control, rather than the medical profession, because this is not the only professional group which uses the model as a conceptual framework. Consequently the model has a pervasive influence throughout society.

The power of the medical model is a manifestation of an ideological hegemony which functions to mask inherent contradictions in the model and the controlling functions of special education policy and practice. Within the philosophy underlying the model lies a contradiction between a desire to facilitate the freedom and emancipation of individuals on one hand and its role as an agent of social control on the other. This dilemma can be related to wider contradiction within schooling in

liberal-capitalism as identified by Shapiro (1980). On one hand it promotes the notion that a public system of schooling should be equally accessible to the offspring of all members of society, providing experiences which facilitate shared values and an understanding necessary for social continuity and stability whilst functioning to provide the differentiated experiences and socialisation necessary for those who are to fill different positions in the social and economic hierarchy on the other.

The medical model: Implications for practice

Through its ideological nature the medical model legitimates the position and activities of the professional groups involved in special education and serves to perpetuate the dominant definitions of normality and deviance in society, thereby playing an important role in the reproduction of the established order. Certain implications of the model are apparent which highlight how it functions as an agent of social control. Those central to the considerations of this thesis are the assumption of moral neutrality, the domination of expert control, the individualisation of social problems, the depoliticising of social problems, and the dislocation of responsibility.

An assumption of the medical model which is widely accepted in society is that of moral neutrality. Because of its close association with science and professionalism, medicine is assumed to be objective and value-free. But as Conrad and Schneider (1980) argue, this profoundly misrepresents reality. By its very nature medicine involves making

decisions which are value judgments: "one only needs to scratch the surface of medical designations for deviant behaviour to find overtly moral judgments" (Conrad and Schneider, 1980, p249). Defining something as deviant in terms of illness or 'abnormality', they argue, is to deem it undesirable. Such a definition brings with it the assumption that the problem should therefore be eliminated or at least minimized, perhaps regardless of individual wishes. In this sense the act of defining is itself a moral judgment as it is based on a particular set of beliefs and stems from a particular view as to what should constitute 'normality' in society. Invariably the definition of a particular phenomenon as deviant is the expression of the view of the dominant group in society. Furthermore the legitimation of that view, through the acceptance of the definition, is a product of the cultural production of meaning. Despite the existence of varying conceptions of the phenomenon, one conception comes to dominate, and through the process of hegemony the view it reflects comes to be regarded as the commonsense view.

The danger with the assumption of moral neutrality goes deeper however, because as Zola points out "in the process of labelling a social problem as illness, there is a power imbalance of tremendous import" (1977, p63). This imbalance of power between the professional 'experts' and their clients or patients is central to the second major implication of the medical model — the domination of expert control. Illich states the problem concisely:

> Professionals assert secret knowledge about human nature, knowledge which only they have the right to dispense. They

claim a monopoly over the definition of deviance and the remedies needed... In any area where a human need can be imagined these new professionals, dominant, authoritative, monopolistic, legalized - and, at the same time, debilitating and effectively disabling the individual - have become exclusive experts of the public good (1977, p19-20).

Once something is defined so as to be included within the broad and expanding category of 'illness', it comes under the control of the medical profession. Indeed it is argued that the medical profession has a monopoly on anything which can be conceptualised as illness (Conrad & Schneider, 1980; Friedson, 1975; Illich, 1977; Zola, 1977). Various conceptions of the medical profession are expressed by these authors but generally the medical profession can be thought to include those professional groups which adhere to the medical model as the fundamental paradigm for organising and legitimating their actions. Indeed this monopoly is a result of the way in which the profession is organised and from the legitimation it receives from society, largely because of its assumed moral neutrality and its claim to scientific foundations.

The medical profession retains a near absolute control over certain legally prescribed practices which serve to maintain a monopoly on medical technology - the right to do surgery and prescribe drugs. Although other professionals, such as dentists, may engage in these practices occasionally, the situations in which they can do so are limited and the conditions under which they may do so are clearly defined and monitored. As a consequence, the medical profession

retains an almost exclusive right of access to certain 'taboo' areas — the inner workings of our minds and bodies. One aspect of this type of control is language. The specialised language used by professionals serves to increase the mystification of their profession and decrease the public accessibility of problems deemed to be under their control.

Illich takes the notion of monopolistic medicine further than most, seeing it as central to the broader process of the medicalisation of society, and argues that medicine as an institution has become counter productive. Central to the concern with the monopoly of medicine is the way in which problems are defined. As a result of defining a problem in medical terms, that problem is effectively removed from the public realm. Although there will still exist various cultural conceptions of the problem, it will be the medical conception which is most likely to receive social legitimation and thus come to dominate.

A major problem stemming from the domination of expert control is that the medicalisation of a problem not only removes it from the arena of public debate, but to a degree excludes it from public scrutiny. Once this occurs there is even less control over what is done in the name of medicine. The individual can be subjected to practices, such as drug therapy, psychosurgery, and sterilisation, which would not be considered beyond the auspices of medicine. At one time or another each has been a common practice reflecting a medically oriented search for solutions to social problems. Such practices, which are direct and often very efficient forms of controlling deviance, have been termed 'psychotechnology' (Chorover, 1973).

Although these examples may seem extreme, it is important to realize that such direct forms of social control would not be possible without the prior medicalisation of deviant behaviour. It is through the process of defining a problem as deviance that the problem comes under the control of 'experts'. This point is noted by Conrad and Schneider (1980), who suggest that the medicalisation of deviance is but one part of a larger phenomenon in society - the individualisation of social problems. This process refers to the tendency to look to the individual for causes and solutions to complex social problems, rather than looking at aspects of society itself. Ryan (1971) identifies the process as blaming the victim and discusses how, by focusing our attention on the individual, the process diverts our attention from social conditions and situations. Defining problems in terms of the dispositions, attitudes, values, and cultures of those who represent society's deviants, he argues, ignores the way in which the instructional process or school structure systematically generates problems. Similarly Shapiro (1980) maintains that

in defining the handicap or disability of a student as the individual's problem, we adopt the quintessential bourgeois perspective. Those who overcome 'their' problems become later-day Horatio Algers, pulling themselves up by their boot straps. Those who fail must blame themselves (for lack of persistence, ability, or the vicissitudes of fate) (1980, p222).

He goes on to argue that individualised instruction, as a special educational technique, reflects the bourgeois commitment to individual

effort, a commitment which in turn reflects a "culture whose central tendency is towards the fragmentation of social activity, and the isolation of the individual ego" (1980, p222). Thus behaviour which has been defined as deviant is rarely seen as an adaptation to a particular social situation. This alternative perspective suggests that there may well be something wrong in the situation rather than with the individual. Evidence which supports such a perspective is likely to be ignored or disregarded as long as the focus continues to be the individual.

A perspective which seeks to establish causes and solutions within society is potentially more politically contentious. Once social conditions are identified as contributing to social problems, both the problems and conditions become political issues. Solutions to problems which are seen as being symptomatic of social conditions can no longer be sought from within the individual, the search must become much wider. A major consequence of the medicalisation and individualisation of social problems therefore, is that deviant behaviour is depoliticised. If deviance is seen as an individual rather than a social problem, then it need not be a political issue.

Central to Szasz's criticisms is the argument that the medical model makes an unjustified claim as being an objective scientific approach, and that this appeal to scientific reason removes the deviant act from the political arena and enables deviants to be isolated physically or socially in society. In terms of maladjustment, he argues that by defining the problem in medical (psychiatric) terms, it enables the state to isolate children from the mainstream education system without

having to confront and justify either the fact of isolation or the unacknowledged socio-political features of the definition (Ford et al, 1982).

Deviant behaviour is thus depoliticised by a failure to contextualize it - by a failure to thoroughly examine the context in which the behaviour occurs. For example, Conrad (1977) maintains that by defining the overactive, restless, and disruptive child as hyperkinetic, we ignore the meaning of the behaviour in the context of the school system and fail to consider it as a possible protest against some aspect of the school situation, rather than as symptomatic of an individual neurological disorder. He argues "medicalising deviant behaviour precludes us from recognising it as a possible intentional repudiation of existing political arrangements" (1977, p251). Similarly, Szasz (1970) argues that those who use the ambiguous term mental illness seem to wish to straddle and evade the conflict of interests between the patient and the social environment. Consequently the significance of interpersonal and social conflicts tends to be obscured by the emphasis on conflicts among internal objects (identifications, roles etc.) within the patient.

The final implication of the medical model to be considered here is one which can be viewed as having both positive and negative aspects. In their discussion of medicalisation, Conrad and Schneider (1980) suggest that a positive aspect is that it allows for the extension of the 'sick role' to those labelled as deviants and thus diminishes or removes blame from the individual. The notion of diminshed responsibility is a complex issue, however. On one hand it may remove some of the stigma

attached to deviant behaviour if individuals are no longer held totally responsible for their actions. On the other hand, the medical excuse for deviance is only valid, as Conrad and Schneider argue, if individuals accept the medical definition of the situation and subordinate themselves to an agent of control. Although a definition of illness might reduce the individual's burden of moral responsibility, the individual remains the vehicle of the illness and therefore, the focus of attention. After considering the issue, Zola is forced to conclude:

..despite hopes to the contrary, the rhetoric of illness by itself seems to provide no absolution from individual responsibility, accountability, and moral judgment (1972, p492).

It appears that whatever degree of 'diminished responsibility' occurs, it does little to counteract the powerful process of 'blaming the victim'.

The consequences of the medical model, discussed above, are central to the argument that the history of special education must be considered in relation to the notions of power, conflict and control. Through the definition of exceptional children as deviant, in terms of the medical model ideology, a considerable degree of social control is exercised. An examination of early provisions for neglected and criminal children and the development of special classes for backward children illustrates these processes in practice. The following two chapters provide case studies which seek to demonstrate the utility of such a

theoretical framework.

3: Neglected and criminal children

During the provincial period in New Zealand neglected and criminal children were seen to constitute an increasing problem. Early attempts to make provision for these children focused on the establishment and subsequent development of a system of industrial schools. The aim of the present chapter is to examine, within a sociological framework, the policies and practices relating to the care and treatment of neglected and criminal children. It will be argued that these provisions constituted a form of social control which was legitimated through the definition of these children as deviants.

The industrial school system embodied the first notions of special education in New Zealand and thus laid the foundations for a system of special education and child welfare in this country. Although industrial schools can be seen as the forerunners to the present system of special education, they have remained largely unexamined by historians of special education. At present the theses by Beagle (1974) and Whelan (1956) are the only two informative works on the industrial schools. Others consider the development of the system to varying degrees in relation to topics such as delinquency and larrikanism (eg Carrington, 1941). The lack of interest in the industrial schools as part of special education is both intriguing and concerning. Most commonly the beginning of special education in New Zealand is taken as the provision for deaf children with the establishment of the Sumner school for the deaf in 1917. Ross (1972) for example, maintains that when the New Zealand government became

responsible for establishing a national education system in 1877, only two comparatively small groups of handicapped children were recognised as deserving special consideration - the deaf and the blind. In fact, 'special schools' for children deemed to require special attention had been in operation for ten years (see Beagle, 1974; Mitchell, 1984; Whelan, 1965).

As noted in the preceeding chapter, the power of social control is commonly vested in institutions and agents of control such as schools, hospitals, penal institutions, and the family. As such an agent then, industrial schools were but one of a vast number of avenues of social control. Because their development preceeded that of state schools, however, they were one of the first institutionalised agents of social control to be legitimated through the New Zealand education system. The reason for considering the industrial school system in relation to social control is two-fold. First, previous accounts of the system have failed to explicitly acknowledge its controlling function and have presented it as a more or less neutral enterprise. Second, the development of the industrial school system can be used to illustrate how special education can be seen to serve the interests of dominant groups in society.

It can be argued that the definition of social deviance is dependent to a large degree on the interests of the dominant groups. For a developing nation which required that as many of its members as possible were productive, interests which were particularly affected by the provisions of early forms of special education were economic and commercial interests. Since defective people have usually been

identified as potentially troublesome groups, the political ruling class interests in maintaining order and control in society were also important (Tomlinson, 1982).

The accusation could be made that such an argument is overly deterministic and simplistic. Obviously the issue of social control is highly complex and cannot easily be presented in a systematic form. As has been shown (in chapter 2) a social control argument presents an alternative framework for analysis. This perspective contrasts markedly with those generally used by historians of special education, and enables the utilization of notions of power, conflict, and control.

In chapter one of this thesis three major criticisms were levelled at existing histories of New Zealand special education. First they reflect a tendency on the part of the authors to accept prevailing definitions and concerns as unproblematic and integrate them into their work in an uncritical manner. Second, there has been very little interest shown in examining notions of power and conflict in relation to special education. Finally, they reflect a tacit acceptance of an evolutionary model of the development of special education. As a consequence, much of the work is of a highly descriptive nature lacking critical analysis. The developments of special education are presented in isolation from the social context in which they occurred, and occasionally, even in isolation from the development of the broader national system of education.

In the style of literature characteristic of these accounts, early pioneers of special education tend to be presented as highly

individualistic and charismatic. Apart from practical constraints related to the implementation of policy, little thought has been given to how these individuals were constrained and influenced by their social context. The work concerned with the development of the industrial school system in New Zealand exemplifies such criticism. The conclusions drawn by Beagle (1974) illustrate a view commonly expressed in histories of special education which fail to fully consider its social origins. Beagle attributes much of the development of the child welfare system in New Zealand to the efforts of a small, elite group of men.

> In the final analysis, however, the initiative for the intrusion of the state into the field of child welfare in New Zealand throughout this period [1880-1925] came from a small group of 'statesmen in disguise'. This period witnessed the growth of a new and small but very influential class of ambitious, energetic, and imaginative administrators... The fact that the development of a child welfare system in New Zealand was so inextricably bound up with the personalities of these few talented men was testimony to the lack of knowledge about and indifference to the problems of children on the part of the majority of politicians and the public in general (1974,p248-249).

Whelan's and Beagle's accounts of the development of the industrial school system concentrate on outstanding events and the contributions of particular individuals. They are both obviously aware, however, of the importance of the social context in which developments occurred.

Social context, in Whelan's (1956) thesis appears to equate with social and economic conditions. He rarely includes other aspects of the social context such as prevailing philosophical or ideological thought, or the dominant values and attitudes expressed in society at the time. As his consideration of the economic and social conditions affecting the industrial schools is undertaken in the descriptive approach characteristic of his thesis, his attempts to place specific developments in a wider context fail to lift the discussion much above a predominantly descriptive level. Beagle, on the other hand, views the social context more broadly than Whelan and in her analysis of its significance to the development of a child welfare system in New Zealand, the beginnings of a more critical historical approach can be seen. The emphasis of her work remains, however, the pioneering work of various individuals, commonly depicted as crusaders of the public good overcoming obstacles to attain their ultimate achievements in policy formulation and implementation.

Whilst it cannot be denied that humanitarian and compassionate ideals and good intentions played a part in the motives of these early pioneers and that they made significant, if not outstanding contributions, it must also be realized that they could not help but be influenced and constrained by the prevailing cultural values and interests in society. The singling out of neglected and criminal children was not, Mitchell (in press) contends, an arbitrary decision but rather it reflected the social circumstances of the time and place. It was a case of selective welfare, he argues, as not all demonstrably 'needy' groups (aged, alcoholics, unemployed) were recognised as deserving. Why then were these children singled out as requiring

special attention at that particular time? A possible solution must lie in an analysis of the development of the industrial school system (and related provisions) as a means of social control.

This is not to argue that the development of the industrial school system was the result of a consciously formulated policy to impose overtly direct measures of social control on a group which had been deemed by the bulk of society to be deviant. Indeed the history of the development of the system, as outlined below, suggests that legislative action was frequently ad hoc, inadequate, and reflecting anything but a comprehensive policy for the care and treatment of dependent children.

The Emergence of a Problem

From the outset colonial life created conditions of hardship and children were often rendered homeless by the death, sickness, or desertion of one or both parents (Beagle, 1974). During the provincial period the care and treatment of neglected and dependent children varied greatly between the provinces, but was generally based on the principle of neighbourly support and community based charitable aid. This style of aid followed the British tradition of large scale private (charitable) aid, sponsored by a class of wealthy philanthropists. New Zealand was, by contrast, a poor nation without a significant wealthy upper class. The British model was thus impracticable in the New Zealand context. The inadequacy of relying on such provision became increasingly apparent as New Zealand's population expanded and the perceived benefits of urban life attracted an ever

increasing number to the towns. The inadequacy of provision is well illustrated by the Otago gold rush which highlights the impact of social conditions upon family life. During the sudden influx of population into Otago with the onset of the goldrush, women and children were often left to fend for themselves as men sought their fortunes in conditions which were hostile to family life.

The consequent conditions of hardship for those left to fend for themselves led to an increase in juvenile crime which was the cause of considerable alarm by community leaders throughout the province. In response to the number of children wandering the streets without apparent control or support, the first ragged (free) school was opened in Dunedin in 1863. The following year the provincial Council passed an ordinance which gave the superintendent of the province the authorithy to make provision for the care and custody of neglected and delinquent children by establishing industrial or reformatory schools. This ordinance was modelled closely on the Victorian Act of 1864 and in turn came to form the basis of the Neglected and Criminal Childrens Act 1867 which provided for the care and custody of 'Neglected' and 'Criminal' children and attempted to "prevent the commission of crime by young persons"(1).

This act was passed largely in response to pressure from the provincial councils, especially Otago, for central government to establish a national basis for the care of dependent children. It represented the first set of legal provisions relating specifically to child offenders and children in need of care and protection in New Zealand. It was hardly a contentious issue and the 1867 Act was passed with a minimum

of discussion, reflecting the recognition perhaps that such a measure
was imperative and could not be postponed any longer (Beagle 1974).

For the purposes of the Neglected and Criminal Children Act of 1867 the
neglected child was defined as any child found begging, wandering the
streets with no settled place of abode or means of subsistence, or
residing in a brothel or associating with a convicted vagrant, reputed
thief, prostitute or habitual drunkard. In addition, any child having
committed an offence punishable by imprisonment could be sent to an
industrial school if warranted by the child's age and circumstances, as
could children whose parents testified as being unable to control them
(2).

The terms of the act give an indication of the conditions of urban life
and attitudes toward the value of child life at that time. Fluctuating
economic conditions and an uncertain future for the ordinary worker,
and the seasonal nature of much of the work which was available, placed
heavy burdens on family life. As the statistics on the committals to
industrial schools suggest, deserted wives and children were a
continuing feature of New Zealand life during the late 19th century and
early 20th century. Between 1880 and 1920 the majority of children
committed to industrial schools were classified as destitute. Although
the proportion of committals due to destitution fell from 63.2% in 1880
to 33.7% in 1915, destitution was not surpassed as the primary factor
behind industrial school committal until 1920, by which time the entire
character of the system had changed (3). At no time during this period
did those convicted of an offence constitute a majority of committals.
In 1880 the overwhelming majority of children in industrial schools,

Beagle (1974) claims, came from broken homes where the parents through misfortune or wilfull neglect had left their families to fend for themselves. The father was the principal offender in this respect, his departure frequently relating to employment opportunities. Employment was difficult to secure and work which was more readily found, such as odd jobs on sheep stations or temporary work at roadmaking, was best acquired and held by men without encumbrance (Sutch, 1966).

Neglected or Criminal?

In communities throughout the colony neglected and criminal children as a group were seen to constitute a problem of some significance. Provincial council members, church and charitable organisations, and the public at large increasingly expressed alarm over the increasing numbers of dependent and criminal children in their communities. This concern stemmed primarily, it will be argued, not from a concern for the welfare of the children, but rather from the perceived threat to social stability and community moral standards. When the first industrial school was founded in 1867, for example, it was for the express purpose of

> rescuing young boys and girls from the paths of vice and
> infamy, and providing them with such a training as would fit
> them to become useful members of society (4).

The act was a direct response to the increasing number of vagrant children being committed to prisons. As prisons were devoid of any

classification and children committed to them mixed with criminals of all types, committal was frequently seen as an inadequate and inapproriate method for dealing with young offenders.

The resident Magistrate in Christchurch, Mr C Bowen was of such an opinion. Throughout the 1860's and 1870's he repeatedly called for the establishment of a reformatory, declaring that the inadequate supervision and education of children under the age of fifteen was resulting in the growth of a distinct criminal class in Christchurch. The dilemma facing magistrates, Bowen argued, was that they could either "let the young offenders go, and risk injury to society, or commit them to goal and ensure their ruin" (5). As the committal of children to gaol continued to be a common practice it can only be assumed that the welfare of society was given first priority (6).

This dilemma highlights a contradiction faced by the wider society with regard to dependent children: That is a humanitarian concern for individual wellbeing and freedom on one hand, and the desire for social control and stability on the other. Whilst it was recognised that neglected and criminal children were, in part, the products of a particular set of social circumstances, they were also held accountable for their own actions and thus, by implication, the position in which they found themselves.

Within the 1867 Neglected and Criminal Children Act a sharp distinction was drawn between industrial schools which were for the 'neglected' children and the reformatory schools which were to cater for children "convicted of any offence punishable by law either upon indictment or

summary conviction" (7). Thus in ideological terms the distinction was clearly made. In practical terms, however, the distinction had little impact. In the treatment accorded to each, there was little difference. These children were seen to constitute a relatively homogenous group, and the perceived need to firmly control the criminal element amongst them was translated into a desire to control this group as a whole. The desire for control stemmed from the perception of their behaviour as deviating from acceptable social norms and thus threatening the interests and goals of the dominant groups. These children, it was feared, constituted a new youthful criminal class.

The concern with the rise of a youthful criminal class formed the basis of pressure placed on central government by the provincial councils to make provision for dependent children on a national basis. Comments illustrative of this concern were made by Mr Justice Chapman in 1864. With reference to the destitute and vagrant children "running about the streets of Dunedin" he argued that,

> if the government does not take them in hand I fear they will
> become trained as members of a criminal class. It is of the
> utmost importance that these children should be educated in a
> proper manner, and if they have already fallen into crime,
> there should be some means of reformation in the grasp of the
> state (8).

The concern over the rise in juvenile crime and the increase in the number of destitute children was reflected in the Neglected and Criminal Children Act. It was passed as it was

deemed expedient to provide for the care and custody of 'neglected' and 'criminal' children and prevent the commission of crime by young persons (9).

As noted above, in the 1867 Act, the distinction between criminal and neglected children was clearly defined. A judge or resident magistrate was authorised to specify the type of school (industrial or reformatory) to which a child could be sent (10). In reality little distinction had been made between children in terms of where they were sent and they commonly resided in the same institution (11). Consequently in 1882 the distinction between neglected and criminal children was removed in an amendment to the 1867 Act. Although the Bill passed through the house quickly, it met with criticism in the council where some members were concerned with the scope of the bill whilst others were concerned with it's adherence to British Precedent (12).

The 1882 Industrial Schools Act did draw heavily on British precedent with the major departure being the legalising of the confinement of criminal and neglected children together in the same institution. It was admitted by the Minister of Education that the amendment which removed the distinction between neglected and criminal children was largely due to financial considerations as there were insufficient separate industrial schools and reformatories to make such a distinction feasible (13). Despite the system of industrial and reformatory schools, provision for dependent children was not altogether adequate. Many Magistrates failed to utilize these

institutions which were established to receive neglected and delinquent children and continued to commit them to gaol for trivial offences such as petty theft and vagrancy (Beagle, 1974;Whelan, 1956). This continued practice further illustrates the homogeneic way in which these children were viewed and the way in which the 'criminal' element in that view dominated.

Apportioning Blame

The problem of neglected and criminal children was exemplified by the the concern over larrikanism (pettydelinquency) which was seen to be an increasing problem in the late 19th century. However as Beagle comments, while it was a pressing problem, it is evident that there was a general overreaction to it.

> Characteristically, the commissioner of police in 1892 referred to the growth of larrikanism as an 'undoubted evil', against which the authorities must be constantly on their guard (1974, p208).

Viewing larrikanism as an aspect of the rise of juvenile crime and as indicative of the moral degradation of society, community stalwarts, in attempting to ascertain the reasons behind the problem, were ever ready to apportion blame. Larrikanism, as with destitution, was seen to be a form of individual deviance. Individuals were held accountable for their own actions regardless of their social or economic circumstances. Indeed they were regarded as being, to a large degree, to blame for

those circumstances. As larrikanism was associated primarily with children, much of the blame was also attributed to a lack of parental discipline - thus further reinforcing its conceptualisation as an individual problem.

This type of attitude was expressed in an 1889 issue of the Auckland Weekly News:

> This generation of parents, it seems, cannot govern the young people. Fathers appear in the police court and state on oath that they cannot exercise any control over their children, who are yet old enough to be public nuisances. The youngsters have taken charge of society in the colonies (14).

The laxity of parental control was seen to be symptomatic of the decay of family life and a problem which necessitated speedy counteraction.

> Owing to the climate and other conditions, children have a great tendency to break away from home life which has done so much to build up the British character, and unless some means of combating this tendency is forthcoming, the evil will greatly increase (15).

Again the blame was placed squarely on the shoulders of the individual. Whilst the conditions of life are seen to be significant, the argument is couched in terms of the individual's failure to adapt to the circumstances of the environment. The problem is not considered in terms of society's failure to support the needs of the individual and

the family in the urban, colonial situation. Beagle (1974) pursues
this line of argument and presents an alternative view of larrikanism
as, to a certain extent,

> an expression of an essentially crude environment of a colony,
> an environment which tended to produce an extremely
> independent outlook in its young people to whom the community
> constraints passively accepted in more mature societies were
> an anathema. At its roots larrikanism represented a revolt
> by these young people against a society which forced children
> to grow up too quickly and become part of the workforce and
> which was, if not hostile, at best unconcerned about the
> problems of youth (1974, p214).

In 1899 the newly appointed Director-General of Schools, George Hogben,
carried out an extensive investigation into the problem of dependent
children. The findings of his investigations were embodied in the 1900
Annual Department of Education Report (16).

On the basis of the causes identified in the course of the
investigation, Hogben called for the review of the 1882 act. He
considered that the worldwide increase in delinquency was caused by a
number of factors including: the stress of modern life, unhygenic
surroundings and consequent inferior physique, the temptations caused
by overcrowding and ease of theft in towns, inheritance of poor moral
and physical qualities, and parental neglect and bad example(17).   It
is interesting to note that the causes attributed to the problem
altered little in seventeen years. In a special report to Parliament

in 1917, the Minister of Education (Hanan), produced a list of the causes of juvenile delinquency much the same as Hogben's with the addition of two more factors: employment in unskilled labour, and a lack of reasonable means of occupying leisure time after leaving school (18)

A lack of concern for, or understanding of children who had little alternative but to wander the streets was often apparent and is illustrated by the attitude expressed during the debate on the Naval Training School Act 1874: "Those ill conditioned and corrupt lads should be sent to reformatories and brought up by the terror of the rod" (19). In line with the definition of the problem in individual terms, the solutions advocated focused on the individual and were mainly negative and repressive.

According to Hogben, for example, the development of juvenile delinquency occurred in three stages; the tendency towards nomadic habits which led to petty thefts and later to more serious crimes against property and person (20). Thus one of the factors which he considered to be at the heart of the problem was truancy. Wishing to attack the problem at its roots by preventing nomadic habits, Hogben advocated the establishment of day industrial or truant schools, firmer application of the School Attendance Act, and an increase in fines for irregular attendance to instill in parents a sense of responsibility for their children. The basis for the treatment of juvenile offenders was to be classification and a clear distinction was made between orphanages, industrial schools, and reformatories. Hogben's proposed child welfare scheme consisted of two industrial schools and two

reformatories, the establishment of day industrial schools in the four main centres, and the establishment of receiving homes to provide for easier placement in and fuller supervision of the boarding out system. The proposed changes were received with barely any criticism or modification and were quickly put into operation as the legal machinery for actioning them was in place from previous legislation.

Hogben's review and subsequent implementation of a new scheme of industrial schools and reformatories, represents the first real attempt to develop a definite system of child welfare in New Zealand. Prior to 1900 legislative initiative was largely derived from British example with little notice being taken of developments in Europe or the United States, or of New Zealand's unique colonial character which made the wholesale import of British legislation a precarious enterprise.

Colonial attitudes towards the poor, criminal and defective were inextricably bound together as were notions of child life and productivity. The harsh environment demanded that its members be productive and contribute to the family and community, there was little understanding of the conditions which resulted in men being unable to provide for their families. Illustrative of the emphasis placed on the work ethic and edict of self-help is the statement by Waterhouse in 1888

> "The very first thing to teach a child is to work, so as to make his labour useful... One of the first things to be done in these schools [industrial schools] should be to teach children to labour and to accustom them to work, which is

more important than to teach them the rudiments of education"

(21).

Accepting Responsibility

From the outset the state was reluctant to assume responsibility for dependent children. Charitable aid and aid from the provincial councils proved inadequate and central government could ignore the problem no longer. The assumption of responsibility was a departure from the social policy of the period as provinces were generally expected to take responsibility and make full use of the energies and resources of voluntary, charitable organisations. Early charitable organisations in New Zealand had a distinctive character and appeared to be quite selective in terms of who they were willing to aid. The following resolution passed by the Society for the Protection of the Home and Family (presumably an organisation concerned primarily with child welfare) led Beagle (1974) to question whether the charity dispensed by the philanthropic society was for the 'genteel poor'. The resolution asked Government to provide

> some more drastic punishment to meet the case of the hordes
> of larrikans who infest many of the roads of Auckland in the
> evening to the discomfort and alarm of women and children
> (22).

Similarly the Benevolent Society Committee whose school became the first industrial school under the 1867 Act welcomed the legal

guardianship. However, after the committal of six children under the provisions of the Act, they complained that they had never "contemplated opening their doors to the criminal classes" (23). Although central government favoured the British system of large scale voluntary charity, New Zealand lacked a sizeable wealthy class to support such a system, and they were therefore compelled to support the small scale church organisations and benevolent societies through assistance from the charitable aid grant.

The legitimate role of the state in New Zealand was seen to be much wider than it was in Britain, largely as the result of the need for the state to provide much in the way of public works and ammenities to provide a basis for the future economic development of a young colony. As a consequence there was an increasing expectation and willingness to turn to the state for aid in social matters. The government was caught in a dilemma however, as although the expectation of aid increased there was an unwillingness to have state interference in what were seen as private or family matters. This dilemma is illustrated by the 1909 Industrial Schools Amendment Act which contained a concept involving a major extension of state power. The act authorised the detention of industrial school inmates beyond twenty one years in cases where they were deemed "by the Minister of Education to be 'morally degenerate', or not in the public interest a fit person to be free from control" (24). Within the terms of the act the period of detention could be extended at four yearly intervals, thus without a stipulated maximum limit, lifelong detention could be effected if it were considered to be warranted. A number of members expressed doubt about the legitimacy of such a radical move which was seen as an infringement of the liberty of

the subject (25).

Until 1900 the private industrial schools had run as independent institutions with very little government involvement. In the terms of the 1882 Industrial Schools Act, private schools were deemed to be those schools approved by the Minister of Education and supported wholly or partially by private moneys or entirely under the management of private persons or corporate bodies. Under the Act inspection of industrial schools was limited to inspectors appointed under the Act and education inspectors appointed to industrial schools. The only other form of state control over private industrial schools was that the appointment of managers had to be approved by the Education Department. In 1900, however, a serious scandal developed which came to be known as the 'Stoke Affair' (26). The scandal arose from reports of maltreatment at St Mary's Industrial School, a Roman Catholic institution in Nelson. These reports set in motion a Royal Commission of inquiry which upheld the majority of complaints and brought the spotlight to bear on the relationship between the state and private institutions. The commission concluded that the abuse arose largely out of the fact that

St Marys Industrial School, being a private school under the Industrial Schools Act 1882, stands on a different footing to government industrial schools and is not subject to the same supervision and inspection as government schools are although the majority of boys at the school are committed there by magistrates and are supported by government or charitable aid boards (27).

The Private Industrial Schools Regulations and Industrial Schools Amendment Act 1900 was a direct result of the commission's findings and recognised the existence of separate private schools whilst placing them under state inspection and greatly increased control. As a result of this amendment which represented a reversal of the previous policy of non-interference in the management of private schools, all existing private schools, except the two major Roman Catholic schools, were no longer recognised as functioning as industrial schools.

This 'band-aid' approach which the 1900 Act reflected, was a common feature of the legislation pertaining to industrial schools and illustrative of the government's reluctance to assume responsibility for dependent children. A large amount of the legislation appeared as an afterthought to bring the law into line with the practical realities of the situation. The 1867 Act was closely modelled on the British system and practical difficulties were encountered as administrators attempted to use a system which had been transported in total to the colonial setting.

The amendments prior to 1880 were intended to make the law more 'workable' by bringing it into line with what was occurring in the day to day running of the system. The provisions of the original act, for example, included the establishment of separate institutions to enable the sexes to be kept apart. Due to financial constraints males and females were often committed to the same institutions, which was in direct contradiction to the act. Similarly changes in the licencing out system were made in accordance with day-to-day administrative

practicalities. Changes in policy were commonly reactions to administrative and practical difficulties. They did not result from a clearly formulated plan for the development of provisions for neglected and criminal children, based on a concern for their welfare and needs.

Until the abolition of the provinces under the 1876 Act, the control of industrial schools, along with orphanages, remained the responsibility of each province. From 1876 the control of these institutions became the responsibility of the Minister of Justice. The four years that followed, during which the Justice Department administered the industrial schools have been called a 'period of stagnation' (Whelan, 1956). During this time the department failed to produce any constructive solutions to the problems faced by the industrial schools and communities from which their inhabitants were drawn.

The transfer of authority for industrial schools to the Education Department came about in 1880 thus ending an era of administrative inertia which characterised the period of Justice Department control (Beagle, 1974; Whelan, 1956). The Education Department set about its new task with energy and enthusiasm and within two years the first major piece of legislation pertaining specifically to industrial schools (1882 Amendment Act) was passed.

In the 1908 Industrial Schools Act all the legislation pertaining to industrial schools was consolidated with no major changes being made. The 1909 Act, which included the authorisation for the detention of industrial school inmates beyond twenty-one years, was the first piece of legislation passed since 1882 which introduced a new principle, as

the previous amendment acts largely amplified the main act in minor aspects. Further testimony to the lack of clear policy directions and the ad hoc nature of much of the legislation pertaining to the care and treatment of neglected and criminal children.

Within the decade following the 1908 legislation there was mounting discontent and dissatisfaction with existing legal provisions pertaining to dependent children and what was seen as minimal progress in the development of a comprehensive child welfare system. This discontent and a return to administrative inertia was highlighted by the appointment in 1916 of John Beck to the position of Officer-in-charge of industrial and special schools. The youthful approach and active reforming zeal he brought to the position (Beagle, 1974) was to cause a considerable amount of conflict between what Beagle describes as the 'new reformists' and the 'old guard'. People like Pope, Habens and Hogben (28) who opposed the reforms proposed by Beck were senior officers of the Education department, retired or on the verge of retirement who had been "ahead of their time in innovations in earlier years but now had become cautious and conservative, anxious to preserve the system they had worked so hard to develop" (Beagle, 1974, p64). Although the primary aim of this chapter is to examine the development of provisions for neglected and criminal children in light of a social control perspective, the importance of contributions by various individuals is not denied. Beck's highly significant contribution to the development of a system of child welfare is illustrative of this type of individual effort. It must not be overlooked, however, that this influence is seldom easily acquired. As various groups and individuals sought to define their roles and

influence policy and practice with regard to neglected and criminal children, interests were bound to conflict and tensions arise. The difficulties Beck encountered in implementing his policy recommendations illustrates this conflict of interests and struggle for power.

The most pressing problem Beck faced as the new Officer-in-Charge of Industrial and special schools, was the mounting pressure on the industrial schools due to the increasing number of committals to already overcrowded institutions. To remedy the situation he proposed to avoid further committals and drastically reduce the numbers residing in institutions by substantially extending the probation system which was in operation in Auckland and Wellington. Beck continued to argue the need to replace outmoded and outdated legal machinery, and in 1917 the Minister (Hanan) presented a report to Parliament on the proposed changes which would result in a new system and bring to an end industrial schools as they were known.

Beck worked to put his proposals into action despite opposition and several changes were affected which were made without legal sanctions and thus dependent upon the cooperation of the magistrates and police. During 1917 and 1918 Juvenile probation officers were given legal status, and the boarding out and juvenile probation systems were extended(29). The industrial schools and reformatories were purged of large numbers of inmates who were placed in employment, boarded out, or placed with families or friends. This resulted in the closure of two large residential institutions in 1918-19 and a great reduction in the number remaining in institutions (Box 1957).

Although in practical terms the industrial school system had given way to a more comprehensive system of child welfare and special education, full legal sanction for the new system was not achieved until 1925 with the passing of the Child Welfare Act. In the intervening years Beck had continued to press for legislative action to cover the changes which had already been initiated and to provide for further development. The eventual passing of the 1925 Child Welfare Act represented the culmination of several years of intensive effort on Beck's part to overcome indifference and opposition to his proposals and marked the beginning of a new era in the provision for dependent children in New Zealand.

<u>4</u>:   Special classes for backward children

<u>Creation of a Problem</u>

The 1877 Education Act is invariably taken as the beginning of a
national system of education in New Zealand. The passing of the act
represented hopes for a system in which all children could realise
their potential and develop to fulfil useful and productive roles in
society.   It soon became obvious, however, that an increasing
proportion of the pupils for which it catered where not achieving the
same levels of attainment as their peers. Although special classes for
backward children were not established until some thirty years after
the 1877 Act, the problem of backwardness was thus recognised much
earlier. The establishment of special classes forms the basis of this
chapter. As with the development of provisions for neglected and
criminal children, the provisions for backward children can be viewed
as a form of social control. The definition of these children in
accordance with an 'illness' perspective of deviance served to
legitimate their exclusion from mainstream schooling.

The first reference to special schools in relation to the problem of
backwardness appeared in the 1896 report of the Wellington
inspectorate. In this report concern was expressed that the newly
appointed truant officers would bring an influx of backward children
into the schools(1).   To resolve this the inspectors suggested
establishing special schools, which were already in vogue in London at
the time.

A further call for special schools was made again in 1904 by the New Zealand Education Institute (NZEI) who stated that: "it is desirable and imperative that schools and asylums be established for children who are morally weak... this Institute urges the premier, as Minister of Education, to establish such schools without delay" (2). The NZEI had, for some time, been concerned about the number of 'dunces' who were finding their way into classes inappropriate to their ability. In the 1893 presidential address Watson claimed that "at present the quicker children do not get a fair share of the teacher's attention. The successful teacher gives far the greater part of his time to driving on the dunces" (3). Cowles as the 1984 president referred to the number of pupils who slipped through to higher classes before being adequately prepared to cope with them. The teachers, he maintained, "find them to be a source of worry and embarrassment and a hindrance to their fellow pupils". He believed that the problem could be easily overcome in small schools but that "in larger schools the undesirable pupil is difficult to dispose of"(4).

The solution advocated was the abolition of the rigorous standard pass system and granting headteachers the power to retain pupils behind their age mates. As early as 1891 the NZEI suggested to the Department of Education that "headmasters should be given the power to leave behind backward children in a class below that of their fellows for all subjects or for the one in which they are behind" (5). The same year some flexibility was introduced when head teachers were permitted to promote pupils who had failed. But as Ewing (1970) notes, this regulation was soon dropped. It was too much, he argues, for a system

which equated pupil progress with examination success and which was more concerned with the problems of promotion than with the complex causes of backwardness.

It took almost nine years before even part of the solution advocated by the NZEI won the approval of the Minister of Education. In regulations gazzetted in December 1899, the examination of all children, except those in standard six, was taken out of the hands of the inspectorate and entrusted to headmasters. They were also given a degree of freedom to classify pupils according to attainments in English and arithmetic (6). However, the inspectorate retained an important right to overturn the decision of a headteacher if it were deemed to be necessary. The standard six examination continued to be conducted by inspectors and although it became known as the 'proficiency' examination, it remained essentially the same. The term proficiency was borrowed from the English system and was considered as a 'labour certificate' which specified a standard of education attained by a pupil seeking employment.

Apart from a name change, which did little to lessen the emphasis placed on examination success, the 1899 regulations maintained the status quo for those in standard six. In terms of backward children, however, it appeared that a new era was about to dawn. Proposals, such as those discussed above, were forwarded regularly and commonly expressed the belief that the difficulties associated with backwardness would diminish if headteachers were given the authority to examine and classify their own pupils. In theory, children would be allowed to proceed at their own rate, they were no longer to be driven to attempt

what they were considered to be incapable of. After headmasters were
given that discretion in 1899 the situation did not improve, hopes for
a new order were only partially fulfilled.

It is apparent from these early expressions of concern about the number
of backward children in the schools, that the problem of backwardness
was increasingly seen to be related to the issue of promotion. In
effect the problem of backwardness arose out this issue. An attitude
prevalent in the New Zealand public at the time is reflected in the
1913 Otago inspectors' report:

> There has grown up in Otago a strong tendency among parents
> and school authorities generally to judge the efficiency of a
> school by the percentage of proficiency passes in S6
> [standard 6] (S6 competency, we regret to notice, is looked
> upon almost with contempt as a modified form of failure). As
> a result of this false notion most head teachers are too
> exacting in making promotions from S5 to S6. Where there is
> doubt as to the promotion of a S5 pupil, we fear that the S6
> teacher too often gives his vote against promotion... The
> outcome is that the pupil remains in S5, loses ambition, and
> leaves when he reaches 14 years of age (7).

Education was the hope of the new generation and it was instilled in
children that they were to make the most use of it. Keeping up and
passing into the following year with the rest of the class was the way
to achieve the best results. To be retained a year was seen as the
road to academic failure.

Early educators' and administrators' interest in backwardness then arose initially out of a concern with promotional problems. Backward children were seen as a hindrance: they held up the rest of the class and absorbed a disproportionate amount of the teachers' attention. Backward children themselves were seen as the heart of the problem. As Winterbourn argues, it appears that the majority of teachers and inspectors regarded backward children as

the product of one or other sins of laziness, poor attendance, or a slow wit. All could be put through the same mill but some would require to go through it twice or thrice. 'Repetition' not 'understanding', was the cure all (1944, p26).

Such criticism was hardly new. The following complaint against the standard pass system appeared in the Lyttleton Times in 1885:

One would imagine that those who designed our system were under the impression that every boy and girl in a large class might do as well as the best in it, if all would only work alike (8).

Pressures from various sources, large classes, inspectors, the 1904 regulations requiring three examinations yearly, and the institute itself all tended in practice to demand a uniformity among pupils which did not exist (Ewing, 1970). The assumption underlying the standard pass system was that schools were catering for a relatively homogenous

group of children. Because administrators and educators assumed a uniformity which did not exist, pupils who did not succeed in the clearly defined terms of the examination/promotion system, were regarded as being deficient in some way. The 'payment by results' system in Britain was based on similar assumptions. Under this system the bulk of the government grant, which usually provided for about half a school's annual income, depended upon the performance of pupils in the examinations conducted by HM inspectorate. In essence the system assumed that the majority of children, if not all, were 'normal' (Sutherland, 1984). The norms in this case, as with New Zealand's standard pass system, were clearly delineated by a sequence of arbitrarily imposed examinations of numeracy and literacy.

Through the standard pass system, a standard curriculum was imposed on all pupils and acted as a sorting mechanism. Those who were unable to master the curriculum within 'acceptable' time limits were defined as failures and 'backward'. Their learning was 'retarded' in relation to the 'normal' child of similar age who mastered the set tasks in the given time. Because of the system's assumption of normality and homogeneity, the imposition of the rigid curriculum and examination process actually 'created' the problem of backwardness.

The assumption that 'backwardness' existed outside the school or classroom itself, was illustrated by the concern in the 1890's that the newly appointed truant officers would bring an influx of backward children into the schools. Backward children were, however, consistently defined in academic terms as those pupils who were behind their agemates in academic achievements - those who were 'academically

retarded'. Backwardness was thus an educational term, it did not refer, as various acts clearly stated, to severe defects of the mind or body. 'Idiots' and 'imbeciles', for example, were clearly identified as not the proper candidates for special class placement (9). Backward children were not identified and defined as such until they were forced to conform to the mould created by the standardised curriculum. Because of the curriculum's rigidity there were only two options; pupils could be moulded to fit within the clearly defined limits of 'normality', and therefore, academic success, or they could be excluded. With the schools' inability to cater for an increasing proportion of their students, the number of pupils being excluded on the grounds of backwardness increased. Because the curriculum was a 'given' and served as the baseline for definitions of academic success or failure, of normality or exceptionality, exclusion from regular classes was justified on the grounds of individual inability, or deficiency.

Thus it is hardly surprising that the possibility of a modified curriculum or the adaptation of prescriptions to the capacities of other-than-average children, was rarely considered. There was no evidence, for example, to show that the 'dual classification' system in arithmetic and English, introduced in the 1899 regulations, was used to any extent. This system of classification gave headteachers the opportunity to introduce some flexibility. Pupils could be allowed to advance in either arithmetic or English if they were proficient in the subject whilst remaining in a lower class for the other subject in which they required further instruction. The failure to make use of such an opportunity highlights the way in which the curriculum was

perceived as 'a given', a set entity which defied modification. There were some, however, who were uncomfortable with the curriculum's rigidity and sought to alter it. A particularly interesting scheme which did recognise possibilities in curriculum modification, was proposed in 1907 by an Auckland inspector, E C Purdie. Stressing the advantages of ability grouping, Purdie presented a scheme for the establishment of schools for pupils above standard three (similar to the present intermediate schools). The most interesting aspect of his argument, in terms of backwardness, was his illustration of the possibilities of modifying the curriculum to suit children of varying abilities, particularly the very dull and very bright (Ewing 1970). Such a proposal was unusual, however, as the majority of solutions advocated for dealing with the problem of backwardness concentrated on the notion of making provisions which were quite distinct from the mainstream curriculum, such as special classes.

Special classes, as distinct from special schools, were first proposed as a solution to the problem of backwardness in 1907 by the Director General of Education, George Hogben. Shortly after returning from a study tour of the United States and Great Britain, Hogben proposed that backward children in the four main centres should be catered for in special classes. It was proposed to send those in other districts, and more seriously defective cases, to residential schools(10). Two residential schools, Otekaike for boys and Richmond for girls, were established in 1907 and 1916 respectively. Hogben's plan for special classes took much longer to come to fruition.

The problem of backwardness amongst pupils continued to be of major

concern to the school inspectorate. In 1911 the Otago inspectors' report drew attention to the existence of children who, although not classified as 'mental defectives', were nevertheless unable to keep pace with their age mates and were, therefore, in need of some special treatment. Taking up Hogben's proposals from 1908, they urged that specially staffed schools be established in the main centres because teachers had neither the time or energy to give the level of individual attention necessary without disadvantaging the remainder of their students (Winterbourn, 1944).

With regard to the education or training of children with special needs, the Education Act 1914 included two significant clauses. The Act restated the duty of parents to provide for the effective and suitable education of their blind, epileptic, deaf, or feebleminded children. The distinction between feebleminded and backward children was very vague at this time, indeed the terms appeared to be used interchangeably. The compulsion on parents was first stated in the 1901 School Attendance Act which referred to blind and deaf children only. Defective and epileptic children were included in a similar clause in the 1907 Education Amendment Act. This act defined the defective child as one

> who not being idiot or imbecile, and not being merely backward, is by reason of mental or physical defect, incapable of receiving proper benefit from instruction in an ordinary school, but not incapable by reason of that defect of receiving benefit from instruction in a special school or class (11).

It is worthy of note that the 1907 Act referred to special classes or schools when in fact no such provision existed. The compulsion on parents to provide an adequate education for their defective offspring was continually stressed in legislation since the 1901 School Attendance Act despite the fact that facilities did not exist through which this was possible. The only institutions available for 'special schooling', at the time of the 1907 Act, were the industrial schools which were not supposed to accept such cases into their care. (12). When special classes were established, a decade later, they were for the express purpose of catering for those children deemed to be backward but not mentally defective. This is contrary to the definition outlined in the Act of 1907.

The matter of compulsory attendance raises fascinating issues, one of the most important of which must be the assumptions underlying that compulsion. It appears that education was not something which was seen as a 'right', that is something which the State felt obliged to provide due to popular demand. Rather it was the State that demanded that New Zealand's children be educated. Illustrated by its compulsory nature, and the need to appoint truant officers to enforce that aspect of the law, education was a requirement that the State imposed upon its citizenry. As such education must be viewed as an explicit attempt to provide a means of social control.

New Zealand was a young, developing nation and education was seen as a means to ensure a productive and disciplined workforce in the future. To this end, children were to be trained so that they could become

moral, efficient, and self-supporting citizens. 'Defective' children, (loosely defined by various acts so as to include blind, deaf, epileptic, feebleminded, backward, idiot, and imbecile children), were seen to constitute a problem group in society. Further, because they deviated from the 'norm' and were thus unable to be educated in the mainstream system, it was feared that they would present a continuing problem of social and economic dependence. Because they would lack adequate moral and vocational training, they would be social deviants for the rest of their lives. For a developing nation, based on a capitalist system of production, defective and dependent children (including orphans, vagrants, etc.), therefore presented a worrying problem.

The definition of these children as deviants legitimized both their exclusion from the mainstream education system and the compulsion imposed on parents to provide an alternative education for them. Such a definition is in accordance with the medical model. Indeed this legitimation is illustrative of the ideological power of the model. Although the consequence of their deviancy was viewed as a problem for the State, the source of that deviancy was located firmly within the individual. 'Defective' children were unable to make use of the opportunities offered by the state because of individual deficiencies, thus the responsibility fell upon their parents to ensure that they received an adequate training.

As an increasing proportion of pupils were being 'identified' as backward, it became increasingly obvious that the schools must find some way of dealing with the problem. Although the causes attributed

to backwardness focused on the individual (infirmity, absence form school, 'dim wit' etc.), the solution was sought in the provision of a type of 'compensatory' programme. In terms of an 'illness' perspective of deviance, the 'remedy' was based on the identification of 'afflicted' individuals and their subsequent removal from the ordinary classroom into a special programme. Thus, the second and more important aspect of the 1914 Act, was that it made provision for the establishment of special classes which could be attached to an ordinary school or established as a special school. The classes were to cater for "children who through physical infirmity, absence from school, or otherwise, are below the average standard of education reached by other children of the same age" (13).

The purpose of the classes were clearly to train these children to become worthwhile adults. Strong, as Director General of Education, maintained

> that special classes for backward children have been established in the Dominion for the benefit of those children who, though not able to keep pace with children of their own age in the ordinary academic subjects, are nevertheless well worth educating along manual lines, with a view to making self supporting citizens of them later on (14).

The first special class for backward children was established in Auckland in 1917 under the auspices of the Normal School. This class was established under the regulations governing teacher training colleges gazetted in 1914 which required a college to provide various

'models'. The options included either a kindergarten or a class for backward children. The second class, also established under these regulations, opened at Thorndon Normal School (Wellington) in 1919 and was the first special class actually attached to a primary school. The first was housed quite separately although it still came under the control of the local school. Two additional classes were established in 1921, one in Christchurch and the other in Wanganui. The Wanganui class was the first to be set up under the provisions of the 1914 Education Act. By this time seven years had elapsed since the legislative authority had been given for the establishment of special classes. As the discussion below will demonstrate, these years represent a period during which the Department of Education displayed a considerable amount of indecision and vacillation with regard to the whole issue of backwardness.

Prompted by the 1914 Education Act, the Auckland Education Board requested permission to establish a special class in 1915. Approval was given but subject to the Board appointing a specially qualified teacher. The enormous expense and difficulty of recruiting a teacher from overseas, meant that the conditions imposed by the Department in effect amounted to a refusal. In the 1918 annual Ministerial report, the Department excused the delay in establishing special classes by referring to administrative difficulties relating to the provision of salaries for special class teachers. It had taken three years after the 1914 Act before the matter of salaries for special class teachers had been resolved.

Despite the Department's apparent reluctance regarding the

establishment of special classes, during 1916 school medical officers assisted with the examination of children suspected of being backward and information was obtained on more than 600 cases. As Winterbourn (1944) asks, what was the point of sorting out prospective pupils for classes which did not exist? On one hand the department had paved the way with legislative provision, but on the other had placed obstructions in the way of those who attempted to put the legislation into practice. The fact that the first three special classes in New Zealand were established under teacher training college regulations, not the Education Act which specifically dealt with the issue, illustrates the round-about way that these classes came into being. These first classes were established in effect, in the face of apparent departmental opposition.

By 1919 the future of special classes looked brighter. It appeared that the indecision of the department had come to an end. The education boards were informed of amended regulations and encouraged to establish special classes which would serve groups of schools. The department, it seems, was not prepared for the enthusiastic response of the boards. Several replied, but as Winterbourn (1944) states, once again the department became cautious and announced that the earlier communication was meant only to gauge the level of interest; It was not intended as a spur to activity. Because of the building programme which would be required to implement a policy of special class development, little would be done by the Department in the short term.

In view of this vacillation, it is interesting to note the Ministers' report of 1920. Referring to the question of special classes he

claimed that the issue was receiving attention and reported that

> it is proposed to establish special day classes with cottage
> homes attached for the training of high-grade feebleminded
> and for those who are considered unfit for the classes for
> backward children. The cottage homes will be utilized for
> the purpose of boarding children whose parents are unable to
> provide for them, or homes are in the country districts. By
> means of [all of] these special classes it is hoped to cater
> adequately for all feebleminded children in such a manner as
> will permit the majority of them remaining in their own homes
> under the supervision of qualified officers who will keep in
> close touch with parents and will assist in placing the
> children in suitable employment when the proper time arrives.
> (15)

Optimistic supporters of the special class movement could have been
forgiven for thinking that such a statement heralded a new approach
from the Department of Education. Despite these enthusiastic
proposals, just one year later in 1921, a request to establish a
special class in Otago was refused. It is fascinating that such an
elaborate scheme was proposed at a time when the establishment of
classes had been exceedingly slow and there were only four special
classes operating.

Whilst it is apparent that the early history of special classes is
characterised by inconsistencies between practice and rhetoric, it must
be remembered that during 1914-1918 New Zealand was at war. The period

that followed was one of political instability, and an uncertain export market which did little to restore the community's badly shaken confidence. It was a period commonly described by historians, Ewing (1970) maintains, as a period of perplexity, dissollusionment and sudden shifts in opinion. The major economic recession of the early 1920's saw government departments having to cut costs across the board. The Department of Education was no exception and hopes of expansion were temporarily forgotten. The economic state of the nation during this post war period in part explains why much was contemplated in educational reform with little real activity.

Striving for a New Professionalism.

In 1923 Miss Winifred Valentine was given a temporary appointment to undertake a preliminary investigation into the problem of selecting pupils for special classes. This was nine years after legislation authorised the establishment of special classes. At this time there were seven special classes in operation with three of these having been established under the teacher training regulations. Miss Valentine's appointment, however, ushered in a new period in the devlopment of special classes, a period marked by a more conscious striving towards a more scientific attitude in relation to special classes and their work (Winterbourn 1944).

This postwar striving towards a more scientific approach came in a period which Ewing (1970) argues was a time of venturesome theorising in a psychology of learning based on the nature and needs of children,

and of bold experimentation in curricula and classroom practice. Taking a broader view of the basic purposes of schooling and of the child's role in the learning process, the 'New Education' of the 1920's was a development of the earlier movement of educational reform that had influenced Hogben in 1904. The observations of psychologists, such as Thorndike, Isaacs, and later Burt, "helped weaken the grip of Herbartian psychology and the mechanical teaching which had grown out of it" (Ewing, 1970, p.153). The desire for a more scientific understanding, of and foundation to, the work relating to special classes can be traced back to the first expressions of concern regarding the problem of backwardness. In 1901 the NZEI passed the following resolution:

as medical science has proved conclusively that intellectual dullness frequently arises from physical causes, easily removed, the government be asked to make provision for the medical examination, but not necessarily treatment, of any scholar the headteacher deems to be thus affected (16).

In the ensuing years the NZEI became increasingly interested in establishing a school medical service and continued to look to the medical profession for assistance in solving the problem of the mentally deficient child. In 1914 they appealed to the annual medical conference for cooperation in laying before the government the matter of special training for subnormal children (Winterbourn, 1944).

Beyond the role of School Medical Officers in the examination of candidates for special class placement, the medical profession had

little direct influence over the development and functioning of special classes. The influence of the underlying medical model was more pervasive, however, and was inherently related to the new directions which began to emerge in the field of special education in the 1920's. Medicine epitomized the scientific approach to which practitioners and administrators aspired. For them it appeared to offer an objective, rational framework in which to seek solutions to the problem of backwardness. The problem itself had already been identified and defined in terms of the medical model. Backwardness had been classified as a form of individual deviance, the causes of which were located clearly and firmly within the individual. In line with the 'illness' perspective of deviance, what was required was the clear, preferably early, identification of those 'afflicted' so that they could be 'treated' accordingly. It was in the area of identification that the scientific approach, epitomized by the medical model, promised so much.

The major concern at the time of Miss Valentine's appointment was how to decide which pupils would be placed in special classes. Indeed Miss Valentine's task was to "ascertain if the right types [of children] were being selected" (17). For several years various groups had been pressing the Government to do something about the increasing number of backward children, the children who were falling behind the expected standard. But the question arose for administrators and educators, of where to draw the line - how 'backward' must a child be to qualify for placement in a special class?

The 1923 investigation undertaken by Miss Valentine identified three

types of children being catered for in special classes at that time:

1. Those who were of normal or superior ability but who for various reasons did not fit into the ordinary classes. (Much later these children were educated in what came to be known as adjustment classes).

2. Those so mentally defective that ordinary education was beyond their reach. (Children in this category would have been similar to those who later were classified as intellectually handicapped).

3. Those who though hardly mentally defective learned the usual school subjects so slowly that even at the age of 14 they could not do more than the work of standard 3 or 4 (18).

Her investigation revealed that it was the third group who presented the real problem to be faced, and the reason for the establishment of so many more special classes for backward children than special classes for the other types.

Prior to 1924 much of the debate regarding backwardness was characterised by a confusion over what was termed 'educable' and 'noneducable' backwardness. The ideological significance of this debate has already been argued. For a developing nation based on a capitalist system of production, education was seen as a means of ensuring a productive and disciplined workforce in the future. It was important to make a clear distinction between these children in order to identify those children (the 'uneducables') who were regarded as being beyond hope. The concern was with those who had the potential to

become moral, efficient, and self-supporting adults.

In 1924 the first report of the Superintendent of special classes drew attention to the fact that special classes contained pupils ranging in ability from those who were uneducable to those of superior intelligence. This was a situation viewed with some concern by the superintendent who argued for urgent remedy to the problem(19).

In similar vein the 1924 annual report of the Division of School Hygiene drew a clear distinction between different types of backwardness and stated that it was the duty of the school medical officer, during diagnosis, to eliminate remedial defects which contributed to backwardness, and thus determine the eligibility of these pupils for placement in special classes (Winterbourn, 1944). A supplement to the report, giving the findings of the Commission of Inquiry into Mental Defectives and Sexual Offenders, included an appeal for the scientific selection and care of special class pupils.

The Committee of inquiry urged the Department of Education to obtain the services of a psychologist with a view to creating a complex system for the study of individual children in schools, their classification according to mental capacities, and the adaptation of the curriculum to suit varying needs. Pointing to the slow progress in establishing and developing special classes, the report contended that it would be economically sound and socially valuable to make full provision for 'subnormal' children even though it would involve a considerable expense(20). The report appeared to have limited influence, with only brief mention in the annual report from the Minister the following

year.

Also during this post war period much interest was expressed in the
tests which were being developed overseas for the measurment of ability
and achievement. The problem of selection was still uppermost in the
minds of educators. Not only in relation to special classes, but in
relation to schooling in general. The difficulty in 'egalitarian' New
Zealand, according to Faulds (1984), was that the public had shown that
they would not readily accept the imposition of an openly selective
school system unless the selection procedures could be justified.
Under such circumstances, she argues, the activities of the new
psychologists and 'measurement men' were viewed with great sympathy by
New Zealand educators. Ayre's spelling scale, Courtis's standard
practice tests in arithmetic, Ballard's arithmetic test, and the
Haggerty test of educable capacity, were all used to varying degrees by
teachers at this time.

In 1924, for example, the Education Department had all secondary school
and technical high school entrants take the Terman group test of mental
ability. The Terman test was chosen because it had given a normal
distribution of scores in the United States and because it was
"especially designed for the purpose of testing'educability' in the new
environment of the postprimary school" (21). The answer to the problem
of selection lay in the new tests. These tests which were based on an
assumption of innate intelligence, imputed to give a measure of
intelligence which was not immutable and which was predictive of future
achievement. In relation to the problem of backwardness then, the
psychological test was the hope for the future. The Auckland

Inspectors report of 1924 lamented the difficulties associated with the identification of backwardness and stated that

"in the absence of a system of mental testing it is, of course, impossible to estimate with a reasonable degree of accuracy the amount of retardation in any group of pupils"(22).

The difficulties associated with the identification of retardation was at the very heart of the beginnings of the testing movement. Dissatisfied with the traditional medical examination in the diagnosis of backwardness, Binet designed an instrument to identify mentally defective children who might benefit from special instruction. With the publication of that test in 1905, Binet became the founding father of the psychological testing movement. In the 1920's the impact of the movement was felt in New Zealand and the argument for a system of mental testing found sympathy here. The need for such a system, and the hopes which were pinned on it, were expressed in the 1925 annual Ministerial report:

There is no doubt that a great benefit would result if it were possible to provide suitable means of testing the capacity of children by competent persons, particularly at an early stage in the child's career, and also at any stage when there appears some unusual difficulty. Consideration is being given to the means that should be adopted to secure this end (23).

Mckenzie (1984) identified two major uses of psychological testing in New Zealand at this time: testing for school placement, and testing as a means of identifying backwardness. In terms of the latter, the case for testing was based on the belief that a 'proper' use of appropriate tests in the classification of pupils would go far towards the identification and subsequent removal of the causes of retardation. The following illustration is a case in point. Throughout the Taranaki Education Province, in 1927 and 1929, surveys of the intelligence and achievement of some 8000 primary school children were conducted in order to identify retarded children who might benefit from special class instruction. Information was obtained on attainment in spelling, handwriting, arithmetic, and reading. The report of these surveys refers to the "pioneering attempts to apply modern scientific methods to the measurement of the products of school education" (24). This statement is illustrative of the desire to develop a more scientifically based professionalism.

The Burden of Responsibility

Throughout the early stages of the development of a system of special classes, there was considerable interest in the differentiation of backwardness according to the degree of subnormality. This interest stemmed not only from a concern to be more 'scientific' in approach, but also from a desire to define more clearly areas of legal jurisdiction. The question of responsibility was a major force behind the desire to define, differentiate, and categorise backward children.

In relation to a social control thesis, the clear demarcation of spheres of responsibility for a group of deviants is of the utmost importance. Those entrusted with the responsibility of a group such as backward children are also invested with a considerable degree of power. With the burden of responsibility comes the right of power — the power to decide what will be done for and to those children. The legitimation of administrative decisions is made difficult however, when it is unclear where the responsibility lies.

The Education Act of 1910 and the Mental Defectives Act of 1911 defined the type of child coming under the jurisdiction of the Education and Mental Hospitals departments. The Education Act of 1910 required feebleminded children ('educable defectives', not 'idiots' or 'imbeciles') in institutions such as Otekaike to remain the responsibility of the Education department between the ages of 6 to 21 years. The Mental Defectives Act of 1911 made possible the transfer to a Department of Education special school any feebleminded minor received into a mental hospital, at which time they would cease to be under the authority of the Mental Hospitals Department. In conjunction these acts meant, that with regard to minors, the Department of Education was clearly responsible for feebleminded children, the so-called 'educable defectives', whilst the Mental Hospitals Department took responsibility for the more serious, lower-grade types, the 'idiots' and 'imbeciles'.

The clear distinction drawn in the acts was not adhered to in practice however. Winterbourn (1944) argues that, for various reasons, educational bodies have never been content to leave the care of all

low-grade children to the Mental Hospitals Department. The argument does appear to be born out by the pressure brought to bear on the Department of Education to provide for these children in a setting more educationally oriented than that found in mental hospitals. As it was evident that there were a number of children defined as low-grade defectives in special classes, it appeared that in practice the education department catered for these children by default.

The Chief Inspector of primary schools, in his 1924 annual report, recommended that 'higher-grade subnormals' should be provided for first, and that those who were retarded intellectually could be left in the ordinary class where the classification of pupils according to ability would allow them to be handled in context (Winterbourn, 1944). This r recommendation was based on a somewhat hazy distinction between dull and retarded children of average intelligence. More importantly this distinction reflects the gradual recognition that 'social maladjustment' was a separate category of exceptionality. The development of the Industrial Schools system indicates that the existence of the category was recognised to some degree before the 1878 Education Act. The problem of 'social misfits' at this time was not however identified as an educational problem. It was a social and moral issue which had emerged in isolation from educational matters and presented a problem that demanded solutions from a much wider source than the education sphere alone.

In relation to the issue of responsibility, the education of 'imbecile' or low-grade feebleminded children was perhaps the most contentious problem. In 1930, in a memo to the Minister of Education, the Director

General of Education Mr Strong, referred to a difference of opinion which had arisen regarding the education of these children. Noting that the Mental Health Department had only one institution for this type of child (Templeton Farm in Christchurch), he stated that there did not appear to be enough room there for all the imbecile children in the community.

Outlining the solution proposed by the Director-General of Mental Hospitals, Strong stated that "Dr Gray considers, where possible, and particularly where the home environment is of a satisfactory nature, that the parents themselves should look after such children." Strong agreed with such an idea, but faced with applications from parents to have their children educated in special classes, he raised the question, "have the parents of such children the right to secure for their unfortunate children the benefits of education?" His personal view was that they should be admitted to special classes where "they are not repulsive and cannot, in the words of the act, be considered an injurious or dangerous example to the other scholars"(25).

The responsibility for these children created a problem. Legally the Mental Hospitals Department had responsibility for them but was unable to cater for the number which required attention. The Department of Education was reluctantly catering for them by default. The responsibility it seems was once again placed squarely on the shoulders of the parents. Here was a situation where rather than vying for control, the departments concerned were trying to unload their burden of responsibility. Perhaps the reason lies in the definition of these children. Backward children, it must be remembered, were seen to

possess some hope, they were defined as those children who

> though having enough intelligence to be economically self
> supporting later on, nevertheless learns at such a slow rate
> as to be unable to progress beyond standard three or four by
> the age of fourteen (26).

'Lower-grade feebleminded' children, however, were regarded as being so
mentally defective that education, even in the broadest sense, was
beyond them. Backward children, with time and effort, could be trained
to reach at least a minimal level of self sufficiency and productivity.
Such a goal was out of the question for the 'idiots' and 'imbeciles'.

In his 1930 memo to the Minister, Strong also referred to the Eugenics
Board which was set up under the Mental Defectives Amendment Act 1928.
The board was required to inquire into, and make recommendations
regarding mentally defective persons of New Zealand. It consisted of
the Director-Generals of the Mental Hospitals, Health, and Education
Departments, the Controller-General of Prisons, a Medical Officer from
the Mental Hospitals Department, and two others, one of whom had to be
a woman. Thus the three departments represented on the Board and most
vitally concerned with the care of mental defectives were the Mental
Hospitals Department, Health Department, and Department of Education.

In contrast to the situation involving 'lower-grade defectives', the
responsibility for backward children was something which the various
departments were unwilling to relinquish. The fragmentation of
responsibility and the lack of a clear role definition for each

department created considerable tension. Referring to his position on the Eugenics Board, Strong complained:

> I have endeavoured to persuade my fellow members to set out a definite scheme of cooperation which could be modified from time to time as experience may suggest, but which could be closely adhered to in order that friction might be avoided. The Board appears disinclined to adopt any definite organization, and consequently embarrassing difficulties have arisen from time to time (27).

Up until this time the Board had organised two psychological clinics which were engaged in examining the mental deficiency of children in special classes and the inmates of Richmond and Otekaike. Strong maintained that for the two institutions concerned, no difficulty had arisen as the recommendations made by the clinics for the removal of children to mental hospitals were easily carried out. It was not so easy, he argued, to implement the recommendations of the clinics regarding special classes. These classes were under the control of the Education Boards which had no legislative power to remove a child from a special class except where attendance had a detrimental effect on either himself or his companions. Strong's major concern, however, centred on the lack of cooperation between the various parties involved with the education of backward children:

> Unfortunately in the absence of a definite scheme showing the responsibility and powers of the various people concerned in special class work the officers of the Health Department and

Mental Hospitals Department have been inclined to order children to be removed altogether, or to be transferred to other classes. This had led to friction with the teachers, headmasters and the board (28).

Strong had earlier sought clarification on this issue from the Crown Law Office, which advised that no-one but headteachers had the power to prevent a child of school age from attending a public school. Headteachers could only exercise the power within the limits prescribed by the Act. As far as special education was concerned, it meant that they could forbid only those whose attendance at school was likely for any serious cause to have a detrimental effect upon himself or upon the other scholars (29). In 1932 regulations were gazetted directing that no pupil should be enrolled in or withdrawn from special classes except with the approval of the Director of Education. Control of special classes was thus definitely vested in the Department of Education.

The 'Fools Rooms'

By the end of the 1930's it appeared that special classes were here to stay. Whilst those who had fought for their inception and subsequent development were cautiously pleased, they had still to convince some members of the community that the classes were of value. The 1930 March edition of National Education maintained:

A large amount of misconception concerning the 'retardates' and the aims of the class exists in the public mind. Many

people are still under the impression that the children are mentally weak or defective. The class is really designed to accelerate the progress of certain children who are inclined to be backward with their studies. Thus some may make marked improvement in a month or less, and be removed to their normal class (30).

In the same year a new special class was opened in the Hamilton West School to cater for the Hamilton region. By 1930 there was still opposition to the classes and the establishment of new special classes was not necessarily an easy matter. Whilst introducing the speaker at the opening of the special class, the President of the Hamilton West Home and School Association referred to the "spirited efforts of a section of Hamilton women to induce the government to establish a special class here. After a long agitation their requests, in spite of a certain amount of opposition, had been acceded to" (31). As guest speaker, the supervisor of special classes, addressed the gathering. Miss Valentine espounded the virtues and advantages of special classes with the stated aim of clarifying the role which they played in the 'modern' education system. Obviously aware of the perceptions some had of the special classes, Miss Valentine spoke of the difficulties encountered in defining backwardness and stated that while many attempts had been made to define the term, a satisfactory definition had not yet been achieved. For educational purposes, she said,"the backward child of the primary schools is the child who is not good at academic work..." The aim of the class then, was to "provide an environment in which the child could develop what potential they had in manual subjects, secure in the knowledge that they would not be

humiliated by constant academic failure in front of their peers" (32).

The Hamilton meeting and Miss Valentine's address were reported in the Dominion the following day. The same issue published a letter which clearly illustrated the concern of parents and the inconsistencies in some official and semi-official statements. The letter, written by the mother of a boy who was placed in the new class, complained that:

There has been much said by a class of busybody in this town regarding the necessity for these classes and the great number of backward children in the district which would come under this category, that presumably when the classes were at last established the children had to be found to fill them... I was not visited or consulted in any way over the matter. Some teachers evidently 'promote' this type of child at their own sweet will... The room used for the purpose of teaching is called by other children the 'fools' room and other pleasant and appropriate names... However he has been removed to more congenial surroundings. I trust someone else's boy is not grabbed to fill the gap (33).

The accusations made in the letter were strongly denied. In reply to a 'Mother's' letter Miss Grenville, the teacher of the Hamilton class wrote:

Before any child is placed under special class treatment teachers and parents are consulted. Children are tested individually by School Medical Officers and by trained mental

experts who have had wide experience in this branch of work... The statement regarding the 'fool's room' is absolutely incorrect. The attitude of the other children is altogether helpful and friendly (34).

The letter should not be lightly dismissed as an overreaction by a distraught parent or as an isolated incident. It reflected commonly held beliefs and concerns about special classes. The accusations made in the letter highlight the major aspects which concerned critics of the classes: The selection and placement of pupils in special classes, the labeling effect this had on the children, and the lack of consultation with parents. The letter had a greater effect than the parent probably expected. In a response to the debate which it sparked off, the Director of Education granted the Dominion an interview. He argued that

no educationalist in this country questions the argument for the establishment of special classes for backward children. The real problem with this problem is the parent of the backward child. A case in point comes from Auckland. The parent of a boy who had been placed in one of the special classes for backward children had objected strongly to the Auckland Board to the stigma placed upon the child. There should be no stigma (35).

It was often stated that the greatest hurdle in establishing special classes was the reluctance and opposition of parents. Much of this opposition stemmed from the labeling effect of special classes and the

consequent stigma attached to the children in them. A 1942 edition of the Gazette summarised 1 the problem clearly when it stated that

> it is unfortunate that in some cases objectionable names have been applied to these classes. It is to be deplored that in some instances teachers are responsible for this. Cases are known where class teachers have threatened unsatisfactory pupils that if better work were not forthcoming they would be sent to the 'fools' class, etc. There is nowadays little difficulty experienced in getting parents to consent to the transfer of a child to a special class, and once he is there they become so pleased with his progress and happiness that no further trouble is expected. Where a class is established in a small centre it is not unusual to meet a certain amount of opposition. Many New Zealanders have conservative ideas in education and a departure causes them undue alarm (36).

Although such statements did not deny that a problem of special class stigma existed, they did however attribute parental opposition, not to the problem but to a misconception, or lack of knowledge about the work of special classes. Under such circumstances it would seem imperative that parents were consulted over special class placement and given the opportunity to have clarified the issues which concerned them. Reacting to the 'mothers' claim that she had not been consulted, Strong outlined the usual procedure:

> Before a child is placed in a special class, it is customary to notify the parents of the proposed transfer, giving them

the opportunity to state their objections should they have any. Owing to pressure of work on the Department's officers at the beginning of the year, the headmasters of the Hamilton schools were notified regarding the children considered by the experts to be suitable, and it was assumed that they would discuss the matter with the parents before advising them of the transfer. This was apparently not done in every case (37).

Strong went on to refer to the fact that Miss Valentine was in Hamilton the week that the class opened and maintained that most parents took the opportunity of seeing the supervisor while she was there. He clearly implied that the parent in question had failed to avail herself of the opportunity which was offered, and thus had no right to complain.

Other inconsistencies in selection procedures were highlighted by this incident. Miss Grenville attempted to refute the accusation referring to anomalies in selection procedures by referring to the testing which was carried out by 'experts'. However the supervisor of special classes had just stated publicly that headmasters' judgments were questionable and that she 'expected' them to make errors. Referring to the problem of selection, Miss Valentine noted that:

In visiting the schools the investigating officer examines only those children who are selected by the headmaster, whose judgment may or may not be good. It is recognised that headmasters have great difficulty in deciding which cases to

submit and no one expects them to be infallible (38).

After all, headmasters were hardly 'experts', and the identification of backward children was regarded as a complex task, best left to those suitably qualified to undertake it. Although Miss Valentine's statement raises questions related to the issues of control and consistency in special class placement, there was little official recognition of the problem. It appears that the selection procedures in place were, by and large, accepted as being successful. When errors were noticed the blame was invariably placed on the headmasters, not those who were 'officially' designated to make decisions regarding special class placement.

One of the major consequences of the medical model (discussed in chapter two) is the domination of 'expert' control. With the increasing specialisation of selection procedures and the increasing role of psychologists in those procedures, the ideological power of the medical was increased. That ideology justified both the procedures and the increasing assumption of responsibility for them by 'experts'. In turn, the medical model was itself further legitimated through its continued adoption in theory and utilization in practice.

Bearing this in mind, it is worth pursuing the suggestion in a 'mothers' letter that places in special classes were filled, despite the lack of demonstrated need. In the public statements by members of the Department of Education it was implied that there were so many children waiting to be placed in special classes that the problem of places having to be filled did not arise. It is interesting to note

then, the statement by the supervisor of special classes in 1933:

Usually when the supervisor visits these centres [where no
medical officer resides] the special class has vacancies that
should be filled as soon as possible. To have a small class
over a period of months, pending the examination of new
pupils by the school medical officer, is not economically
sound (39).

Apparently economics overrode more humanistic and educational concerns.
The concern over special class stigma may seem a relatively minor issue
in relation to the development of special classes. It is in fact an
important issue as it highlights the inconsistencies between special
class rhetoric and practice. Much of what was expressed in official
statements was in effect an attempt to legitimate what was occuring in
practice.

This incident also illusrates the importance of considering the
question: In whose interests did special education development.? It is
clear from the preceding discussion that concerns for the welfare of
backward children were not the sole reasons for the development of
special classes. Those professional groups whose work related to
special classes had vested interests in the continued development and
expansion of the classes. If the incident discussed above is a fair
indication of the problems related to special classes, any assumption
that they were established primarily to cater for the needs of
individuals, must be reconsidered. A more realistic appraisal might
well suggest that special classes had been established primarily to

deal with administrative difficulties, and difficulties faced by teachers in the ordinary classroom.

5: Summary and Conclusions

At a general level the task of sociology is to describe, analyse, explain, and theorise about social interaction and social relationships (Tomlinson, 1982). The aim of this thesis has been to examine the development of aspects of special education in the light of prevailing social, economic, and professional interests rather than in terms of an ideology of humanitarian progress. For this purpose two case studies were selected: the provisions for neglected and criminal children, and the development of special classes for backward children.

The central focus of these case studies is the question of how some children come to be defined as different and thus segregated from the rest. The issue is that of deviance - where the lines of `normality' are drawn and who decides upon the criteria for qualification. In the preceding discussion, a relativist definition of deviance has been adhered to, the argument being that categories of exceptionality are social constructions. The social definition of the `limits of normality' involves the issue of power. When a group is able to establish and legitimate a particular definition of a phenomenon, so that their definition comes to dominate all others, then that group is in a powerful position. It has been argued (in chapter two) that those working in special education who adhere to the medical model are in such a position. They not only have the power to define `deviance' special education, but have the power to decide what actions are to be taken with respect to those thus defined as deviant.

In a previous chapter this thesis has examined the way in which the medical model of diagnosis and treatment has been applied and used to explain disturbing or disruptive behaviour. A medical model definition serves to legitimate and justify the provision of differing kinds of assessment and treatment according to the prior definition of deviance. Accepting a medical model perspective, problems are defined in such a way a to view the social and behavioural consequences of the problem as a form of `illness'. The focus of attention is thus invariably the individual. The use of the medical model in special education initially arose out of the involvement of the medical profession in the early care and treatment of mental illness and related conditions. Its present power, however, is derived primarily from its ideological nature.

The medical model is an ideology in the sense that it involves the legitimation of a particular view of deviance and justifies the social acceptance of group actions towards deviants on the basis of that view. Through the definition of deviance in terms of an `illness' perspective, the medical model is involved in the allocation of rewards, or the exclusion of groups from particular spheres of activity. If hegemony is to be understood as the legitimation of the prevailing social order in such a way that it becomes to be understood as the `natural order' or `common sense', then the power of the medical model is a manifestation of an ideological hegemony. This hegemony functions to mask inherent contradictions in the model and the controlling functions of special education policy and practice. An important contradiction inherent in the model is the desire to promote freedom and individual emancipation on one hand, and its role as an

agent of social control on the other.

The powerful position of the medical model has been maintained through its assumption of moral neutrality, a domination of `expert' control, the individualisation and depoliticisation of social problems, and the notion of diminished responsibility (discussed in chapter two). This social control power is not exercised through policy which is consciously formulated in order to impose direct controlling measures. Rather it is a much more subtle process of controlling the definition of problems.

Problems Defined

In relation to neglected and criminal and backward children, it was the definition of them as deviant, in accordance with the medical model, which constituted the greatest form of social control power. The case studies of the development of provisions to cater for these two groups of children demonstrate how social and educational problems came to be defined as individual problems requiring individual remedy. A structural functionalist analysis of the development of special education (refer to chapter one), might well suggest that provisions for neglected and criminal children were based primarily on a humanitarian concern for the welfare of these children. Alternatively an examination of the early identification of the problem, in light of prevailing social, economic, and professional interests, suggests that the early concern with neglected and criminal children stemmed primarily from a perceived threat to social stability and community

moral standards.

The increasing number of juvenile offenders, vagrants, and neglected children, was seen to be indicative of the decay of the moral fibre of society. Calls for action consistently focused on the need to keep `young moral degenerates' off the streets and to divert them from `paths of vice and lives of crime'. The practice of committing juvenile offenders to gaol for minor offences is illustrative of the solutions which were advocated for dealing with the problem. As a consequence of defining the problem in terms of the medical model, the solutions were invariably focused on the individual and were negative and repressive in nature. Child dependency and delinquency were not seen as social problems, they were socially constructed as moral issues and an individual problem.

Similarly the early identification of the problem of backwardness arose not so much from educational concerns but from administrative difficulties. The problem of backwardness emerged out of a concern with promotion and the pressure placed on teachers by the standard pass system. Because this system assumed a homogeneity among pupils, the imposition of a rigid, standardised curriculum forced pupils into a mould of `normality'. `Normality' was thus defined by a sequence of arbitrarily imposed examinations; those who did not fit the mould were left in the wilderness of `educational retardation'. The failures were those who deviated too far from the `norm' in a negative direction. A statistical `abnormality' with very real social and educational implications. As with neglected and criminal children the problem was defined in individual terms. The curriculum on the other hand was a

'given' and beyond critical examination. The medical model offered the justification for the exclusion of some pupils from mainstream education on the grounds of individual defect and the inability to master the required tasks which were clearly set by the curriculum.

Attributions of Cause

Central to the process of defining deviance is the search for causes. In terms of the 'illness' perspective of deviancy, underlying causal explanations are sought in order that appropøriate treatments can be prescribed. Because the problem of neglected and criminal children was defined as an individual problem, and the children were held accountable for their own actions, they were thus also held to account for the situation in which they found themselves. As the problem related to children, the causes were seen to lie in the children themselves and in their parents. Hogben's 1908 investigation, for example, identified the causes of delinquency as: the stress of modern life, unhygenic surroundings, a failure to resist the temptations of urban life, inheritance and poor parental control and example. Although some recognition was made of the social conditions of the period, the problem was defined in terms of individual inability to adapt to a particular social situation.

In the search for causes of backwardness, the blame is similarly placed on the individual's inability to cope with a particular set of circumstances. In this instance, the failure to deal with the requirements imposed by a rigid curriculum. In accordance with the

individualisation of a social or educational problem, the cause of backwardness was generally regarded as a `slow wit', sickness, truancy, or `feeblemindedness'. Calls for the abolition of the rigid standard pass system recognised the role this played in the problem of backwardness. The standard pass system was not seen as creating the problem however, simply highlighting it. Similarly, demands for the establishment of special classes were not based solely on the perceived need of a particular group of children. One of the major aims of the special classes was to remove the burden of the backward child from the ordinary classroom so that the teachers and other pupils could go about their business unhindered.

In line with a medical model view of backwardness, the clear identification of the problem was required so that `afflicted' children could be treated accordingly. The eagerness with which those involved with special classes turned to medical and psychological techniques and perspectives for help illustrates how the problem of backwardness was perceived. Psychological tests were seized upon with particular zeal. These tests purported to measure innate intelligence or 'educability' and were thus ideal tools for identifying a problem which was perceived to have its roots in individual deficiency. The medical model thus legitimated the use of the psychological test as a means by which some pupils were excluded from the mainstream education system. Furthermore it justified the increasing specialisation and role of `experts' in the identification of backwardness. As psychologists took an increasing role in the identification and subsequent treatment of backward children, the influence of the medical model became increasingly overt.

Assumption of Responsibility

In both cases, neglected and criminal children and backward children, the state was initially reluctant to assume responsibility. The government vacillated and stalled until it was no longer able to ignore the problems which had been repeatedly laid before it. The pressures for the development of provisions for neglected and criminal children came primarily from the Provincial Councils, as local-based charitable aid increasingly proved to be inadequate. The reluctance to assume state control is illustrated by the unwillingness to interfere in the management and functioning of private industrial schools. With the "Stoke Affair" of 1900 forcing the state to take control, the precarious balance between state assistance or welfare and state control or intervention was exposed. The role of the state in New Zealand appeared to be much wider than it was in Britain, largely due to the need for the state to provide an infrastructure on which to base future progress. This role created a dilemma similar to that highlighted by the "Stoke Affair" but wider in focus. There was, on the one hand an increasing willingness, even expectation, on the part of the general public to accept state aid, but on the other hand, an unwillingness to have state interference in what were regarded as essentially private, individual matters.

The vacillation of the Department of Education over the establishment of special classes further illustrates state reluctance to accept responsibilty for problem groups. Much of this vacillation stemmed from the lack of clarity over the demarcation of roles between departments. It relates also to the difficulties associated with the distinction

which was drawn between `educable and noneducable defectives'. As the definition of problems in terms of the medical model is an important means of controlling deviancy, the differentiation between groups is an important issue. Thus, although it is apparent that the distinction between these types of defect (backwardness and `idiocy or imbecility') was difficult to maintain in practical terms, ideologically there were subtle, yet important differences.

The reluctance of the state to assume responsibility for neglected, criminal and backward children illustrates the difficulty associated with the imposition of a rigid conspiracy theory of social control as an explanation for the development of special education. Using such a theory, this reluctance could not readily be explained in terms of control, power, or vested interests. Indeed it could be seen to counteract a social control argument.

Very early in the development of an education system, parents were compelled to provide an adequate education for their `defective' children. It has been argued (in chapter four) that this compulsion illustrates the view that education was not a right which the parents could demand for their children, but a demand which the state imposed on them. The major aim of the special classes was to train the children to become self-supporting, moral citizens. The same purpose is evident with the industrial schools for neglected and criminal children. These institutions were established with the express aim of diverting their `inmates' from lives of crime and training them to serve useful and productive lives as adults. Similarly with neglected and criminal children the 1867 Neglected and Criminal Children Act drew

a clear distinction between the two groups. It was rarely adhered to in practice however and was removed in the 1882 Amendment Act. The theoretical distinction between `educable' and `noneducable' children or `neglected' and `criminal' was therefore important as it more clearly defined those who would benefit from special training and those who were beyond hope. The remedies or treatments to which each group would be subjected would vary acording to this distinction, as would the definition of whose responsibility they were.

Throughout this thesis the medical model has been heavily criticised. It would be fair to say, however, that in the beginning the model enabled workers in mental health to place their work and concerns in a framework which they could understand: sickness and treatment (Ford et al, 1982). Under the influence of the model a more humanitarian approach to the care and treatment of society's misfitswas ushered in. Even now, Ford et al (1982) argue, the medical model may have some value in cases where either the aetiology is idiosyncratic or where we need to understand why one individual rather than another succumbs to a particular set of social pressures. The focus of the criticisms here is the way in which the medical model has individualised and depoliticised social and educational problems in such a way that the sources and treatment of these problems have been consistently located within the individual. Other perspectives of analysis have therefore been effectively closed off.

The aim of the examination of the medical model was not to undertake a critical analysis of that model per se, but to demonstrate how notions of power, conflict and control can be used to inform an historical

analysis of special education. The major argument expressed in this thesis has been that the medical model, through its power as a form of ideological hegemony, has functioned as a means of social control.

Notes to chapter 3

1. Neglected and Criminal Children Act 1867, Preamble, p.165.

2. ibid, p.167.

3. See Beagle (1974), especially pp184-185, 193-195,   tables 5-4
    & 5-8.

4. AJHR, 1881, I, E-6A, p.20.

5. Whelan (1956) p.77.

6. Documentation of the continuing practice of committing children to
    prison can be found in Beagle (1974), Broadhead (1947), and
    Whelan (1956).

7. Neglected and Criminal Children Act 1867, p.167, S.15.

8. Otago Daily Times, 5 September 1864, p.4.   As quoted in Whelan
    (1956), p.2.

9. Neglected and Criminal Children Act 1867, Preamble, p.165.

10. ibid, p.167.

11. NZPD, XXXIX, 1881, 409 (Pyke).   See. Whelan (1956) p.177   Beagle

(1974) p.29.

12. NZPD, XXXIX, 1881, 409 (Dick)   NZPD, XLI, 1882, 301 (Dick).

13. NZPD, XLIII, 1882,332-334. See Beagle (1974) p.33.

14. Auckland Weekly News, 8/7/1889, p.6 as quoted in Beagle (1974)
    p.209.

15. Auckland Star, 6/4/1896, p.5 as quoted in Beagle (1974) p.210.

16. AJHR, 1900, II, E-3.

17. ibid

18. AJHR, 1917, I, E-H1, 3.

19. NZPD, XVI, 1874, 743 (Brett).

20. AJHR, 1900, II, E-3.

21. NZPD, LXII, 1888, 30, (Waterhouse).

22. Auckland Star, January 1895, np. as quoted in Beagle (1974)
    p.212.

23. Annual Report of the Otago Benevolent Society, 1868. As quoted in
    Whelan (1956), p.34.

24. Industrial School Amendment Act 1909, clause 2, p.153.

25. NZPD, CXLVIII, 1909, 1032-1035.

26. AJHR, 1900, II, E-3B.

27. ibid. p.3

28. Pope was officer-in-charge of industrial and special schools until 1917. Habens held the position of Inspector-General of Schools from 1878 until his death.

29. Memo to the Director of Education from Beck, 8 May 1917, reporting the major changes which had been implemented in the industrial schools system. Memo to the Director of Education from Beck, 16 October 1918, summarising the reorganisation of the industrial school and juvenile probation systems.

Notes to chapter 4

1. AJHR, 1897, E-1B, p.16.

2. NZEI report on emotionally maladjusted children, p.2. National
    Archives, Education Department files, E2 1955/18d.

3. As quoted in Winterbourn (1944), p.23.

4. ibid, p.24.

5. NZEI report on emotionally maladjusted children, p.2. National
    Archives, Education Department files, E2 1955/18d.

6. AJHR, 1900, E-1, p.ix.

7. AJHR, 1919, E-2, Appendix B, p.xviii.

8. Lyttleton Times, 9 September, 1885. As quoted in Ewing (1970),
    p.61.

9. See, for example, 1907 Education Amendment Act, No.47, p.195,
    S.15; 1910 Education Amendment Act, No.70, p.354, S.11; 1914
    Education Act, No.56, p.182, S.12

10. AJHR, 1908, E-15

124

11. 1907 Education Amendment Act, No.47, p.195, S.15.

12. Refer to chapter three for a fuller discussion of the admission policy relating to industrial schools.

13. 1914 Education Act, No.56, p.182, S.127.

14. Interview with T B Strong, Dominion, 4 April, 1930. National Archives, Education Department files, E2 1942/9A.

15. AJHR, 1920, II, E-1, p.46.

16. Winterbourn (1944), p.28.

17. Draft of an article for the Education Gazzettte, 1930. National Archives, Education Department files, E2 1942/9a.

18. ibid

19. ibid

20. AJHR, 1925, III, H-31A.

21. Education Gazzette, Vol.3, (6), 2 June 1924.

22. Winterbourn (1944), pp.65-66.

23. AJHR, 1925, II, E-1.

24. National Education, 2 September 1926, p.254.

25. Memo to the Minister of Education from the Director of Education, 7 October 1930. National Archives, Child Welfare files, CW 40/5/5.

26. ibid

27. ibid

28. ibid

29. Memo to the Director of Education from the Solicitor-General, 23 June 1932. National Archives, Child Welfare files, CW 40/5/5.

30. Copy of a National Education article, March 1930. National Archives, Education Department files, E2 1942/9a.

31. Report of a public meeting, Dominion, 3 April 1930. National Archives, Education Department files, E2 1942/9a.

32. ibid.

33. Letter to the Editor, Dominion, 4 April 1930. National Archives, Education Department files, E2 1942/9a.

34. ibid.

35. Interview with T B Strong, Dominion, 4 April, 1930. Also reported in the New Zealand Herald, 4 April, 1930. National Archives, Education Department files, E

36. A copy of an Education Gazette article, 1942. National Archives, Education Department files, E2 1942/9a.

37. Interview with T B Strong, Dominion, 4 April, 1930. National Archives, Education Department files, E2 1942/9a.

38. Report of a public meeting, Dominion, 3 April 1930. National Archives, Education Department files, E2 1942/9a.

39. Memo to the Director of Education from the Supervisor of special classes. National Archives, Education Department files, E2 1942/9a.

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