

**THE BACKWARD CHILD, A STUDY
OF THE PSYCHOLOGY AND
TREATMENT OF BACKWARDNESS;
A PRACTICAL MANUAL FOR
TEACHERS AND STUDENTS**

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The Backward Child, a Study of the Psychology and Treatment of Backwardness; A Practical Manual for Teachers and Students by Barbara Spofford Morgan

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BARBARA SPOFFORD MORGAN

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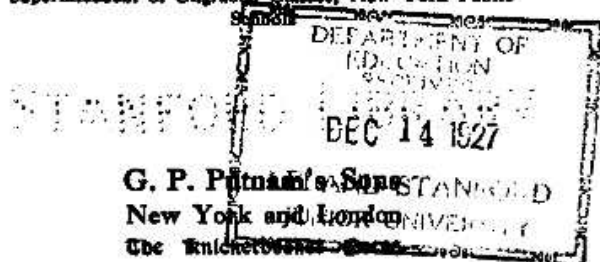
By

Barbara Spofford Morgan

With an Introduction by

Elizabeth E. Farrell

Superintendent of Ungraded Classes, New York Public



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INTRODUCTION

THE problem of backwardness in children is one which necessarily occupies the attention of school administrators. A solution was expected by many when medical inspection of school children became general. Undertaken first as a public health measure, the medical inspection was soon centred on the detection and the correction of physical defects found in school children. We were then flooded with information as to the number of children suffering from defective vision, defective nasal breathing, malnutrition, etc. A vigorous campaign was carried on for their correction. Teachers and school superintendents looked for the almost total elimination of the problem of retardation when physical defects were corrected. This, however, was not the case. Certain children were still unable to make progress. Disci-

pline was no whit easier. Another remedy was needed.

The remedy lies in the recognition of individual differences in the mental make-up of school children. Gross differences we have recognised, at least since the time of Seguin and Itard. Of the finer distinctions we have been unconscious, as is evidenced by the general uniformity in school curricula throughout the country; the literature on methods of teaching; the training given to persons desirous of entering upon teaching as their life work. Because we could see the damage done to children's bodies by hours spent at desks too large or too small, we have now provided adjustable seats and desks. Because we could not see the damage—either positive or negative—which is done to the minds of children who are forced to attend a school where the particular mental differences and difficulties are not understood, we have put the whole burden upon the child and called him stupid.

Mrs. Morgan's work is an effort to direct

Introduction

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the minds of teachers to this point. No one can read this book without feeling the absolute necessity of breaking into smaller sections this great group of backward children, in some such way as the physician has separated the group of sick persons into those with digestive disorders, nervous disorders, circulatory disorders, etc. Unless the physician can localize the disturbance from which his patient is suffering, he is bound to do experimental work, and by a process of elimination seek to establish principles of treatment. Similar work with backward children will result in groups of those with disorders of attention, deficiencies of volitional control, etc. To carry the analogy a step further,—it is realized that the physician has to reckon with personal idiosyncrasies when he prescribes medicine. All who need a stimulant cannot take quinine.

What is the practice in treating backward children? We assume that what the backward child needs is not different mental stimulants, but more of the same thing. As

analysis

a consequence, we have classes for backward children where the bare bones of reading, writing, and arithmetic are offered. The effort is made to give these children the elements of education without any knowledge of their ability to get control of and to use the particular elements offered. We never question the ability of a child to learn to read; we assume that each child is able to learn long division. When they fail to do either, we never question the appeal made by the teacher in her work. The type of thing the child remembers is seldom known; the way in which he attends, the relation between his emotional life, his power of imagination, and his volitional control almost never modify his school experiences. We have taken for granted and trained accordingly the most complex mechanism in man,—the human mind. We have haggled, and are still haggling with its intricate yet delicate, instinctive, perceptive, emotional, and volitional power. The teacher of some day will look back upon us as we look upon the

soothsayers and astrologers of a much earlier time. As they did, so we are doing, ladling out our notions and our cure-alls. As they treated, all bad health was alike; so, generally speaking, is our treatment of all mental defects the same. The children of the muses are not fed on the ambrosia of the gods. The school treatment of the leaders of men to be, does not differ one iota from that of the man with the hoe; the same kind and amount of food is given to all children in the elementary school.

The teacher of the future, not too far distant, will want to know—not that the child is backward, but in what particular area of his mental functioning he is strong, and where weakness dominates. She will want to know how he is to be trained; what sense appeal to make; she will ask that an educational prescription be given in order to save her own strength and to conserve the pupil's self-respect.

ELIZABETH E. FARRELL,
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New York Public Schools.*

December 1, 1913.

