

THE MENTALLY RETARDED

Mentally retarded persons today are entering or re-entering society in two ways. The new phenomenon of "normalization," coupled with the current trend of "de-institutionalization," causes the emergence in our midst of retarded persons who for a few (or for many) years have been enclosed behind the "protective" walls of state institutions. And newborn retarded children continue to be born each day.

Medical progress and new means of controlling behavior contribute to the acceptance of mentally retarded persons within society. This growing attitude of acceptance accounts for the fact that most of the newborn children will not be hurried off to institutions or hidden in cellars or garrets.

Society has come a long way — from ignoring the problems linked with mental retardation to beginning to deal with them. How does a Christian community respond to the entry and re-entry of retarded people into its midst?

Formally speaking, mental retardation refers to subaverage intellectual functioning which originates during the developmental period (from before birth to about age 16) and which is associated with impairments in physical maturation, social adjustment and learning activities. Simply put, this means that such a person does not possess the behavioral skills usually present in an individual of his or her age. Mental age, social age, and physical age do not correspond.

Throughout history this condition has elicited various responses — from the pessimistic view that retarded persons can learn nothing at all and are even dangerous, to acceptance of the realistic and proven fact in our day that retarded children can learn and are more normal than abnormal. A glance at the institutions built at the turn of the century reveals the attitude of the time toward separation and mere custodial care.

The assumption underlying the trend toward "normalization" is that if retarded people are allowed to live with "normal" people and see how they live and act, they may acquire normal traits almost without trying. If given a deliberate chance for this kind of living, they may do quite well.

Since the identifying characteristic of retardation is mainly the slower pace of learning, integrating retarded children with their normal peers to a greater or lesser degree has proven to be to their advantage. They will always need special care and attention, but these are simply aspects of the proper method and degree of integration.

What is true of their process of learning applies to all aspects of their integration into society, including their capacity for job training, their social maturation and behavior in public, their acceptance within the civil and religious communities, the exercise of their rights as members of society, etc. Is society ready to accept them as equals with the right to contribute to as well as receive from the human family? Is the Church ready to accept them?

The Supreme Court decisions which legalized abortion have opened the door to euthanasia in its many forms.

Proponents of euthanasia bills tend to include retarded persons, especially the profoundly retarded, in the category of the "terminally ill." Florida's bill would permit the state to extinguish the lives of 90 per cent of the 1,500 most retarded people in state hospitals. The proponents insist that they only favor death for those "whom some people would have difficulty in recognizing as human beings."

The humanist assumes that avoiding or reducing suffering in this life is the only purpose of living. Why care for the profoundly retarded when they can have only a very marginal performance in our complex society?

A century or so ago, the Church's role in caring for those in need stood out plainly. Orders of religious women and men valiantly responded to the needs of immigrants, children, the sick, etc. As society became more complex, however, tasks once performed only by the Church began to be taken over by civil authorities. This was inevitable and good.



There has been much progress. Just recently retarded children have been given the legal right to take advantage of free education. In 1950 parents of the retarded organized as the Association for Retarded Citizens to fight for civil rights and respect for their children. The American Association on Mental Deficiency has been working in the field for almost a century, with a strong orientation toward medical help. The Council for Exceptional Children focuses its attention mainly on the educational aspects of mental retardation. Local community services are increasing to assist families in dealing with the problems they face because of mental retardation.

As all of these services emerged, the Church, unfortunately, slipped into the background. Except for isolated efforts by private institutions, the Church adopted the same attitude of non-involvement characteristic of anyone not personally touched by the problem. Organizations and people working for the cause confronted a generally apathetic society that preferred to ignore the problem and pretend it didn't exist.

One of the prime responsibilities of the Church is the education of its members concerning the presence of retarded persons in our communities and the appropriate Christian response to them. Such education is beginning to take place but must continue to progress and grow. It can be considered on four levels.

1) Educating the community at large. Opportunities for attitudinal education are available in dioceses and parishes. This is most important. As mentioned above, many parish communities face the challenge of responding to the entry and re-entry into society of retarded and handicapped individuals. Attitudes — of acceptance or rejection — will make all the difference in the world.

A most obvious example is the opening of small group-homes or hostels in residential settings to house retarded young adults who are undergoing job training or already hold jobs. All too frequently, when a site is chosen for such a residence, the neighborhood reacts vehemently and petitions to prevent the group-home from being established. Why? Fear-ridden thinking, twisted notions of who (what) these retarded persons are and what they will do to the neighborhood children, along with a host of other prejudices arising from poor information and un-Christian attitudes. Pulpits and other media of church communication should be used in such cases to inform and educate the general Catholic community and specifically the individual parish communities in whose neighborhoods these group-homes are popping up.

Catholic businessmen should be encouraged to hire properly trained retarded citizens. Young adults and even teens can be trained to become advocates for retarded persons in the parish who need guidance and help in their re-entry into our midst.

2) Educating the clergy. The education of parish communities presumes that the clergy are aware of the presence of retarded and handicapped persons and are sensitive to their place in the community. Courses should be provided for seminarians to prepare them for ministry to the handicapped person. Priests who are in need of instruction in this area should have access to workshops and seminars on the diocesan level.

A priest needs such training in order to deal with the traumatic moment of the birth of a retarded child, to counsel parents in making important decisions, to educate the local community to adopt attitudes of acceptance and offer positive response to handicapped persons. He will even find himself faced on occasion with the potential marriage of mildly retarded parishioners and with the need to prepare them for the sacrament. Certification programs are available for people who minister to mentally handicapped persons.

3) Educating teachers of religion. More retarded children will be entering religious education classes in parishes in the future simply because more will be living at home instead of in institutions and will be attending school for general subjects. Teachers of religion must be trained for this situation; they must be given added help and suggestions for dealing with these children.

For some retarded children special classes will be necessary since they would be at a grave disadvantage in the midst of their normal peers. These are children whose greater degree of retardation makes them unable to fit into regular classes. Special classes for such children should be provided in the parish when possible, instead of transporting them to a center outside the parish and perhaps at a considerable distance.

Retarded adults should not be neglected but given opportunity to come together for further religious education and parish social events. People should be trained to initiate and promote such education and social contact for retarded adult parishioners and make special efforts to integrate them into the ordinary community events of the parish.

4) Educating Families of Retarded Persons. When a family faces moral questions connected with mental retardation, to whom should they turn? Counseling should be available through the local Catholic community.

For example, when a mother is alerted through genetic counseling that her child will be a Down's Syndrome baby (mongoloid), she may be advised to have an abortion. How does she handle this? How does the family handle it? Catholic moral teaching forbids her to abort the baby. What does the local Catholic community offer her and the family by way of positive aid and support when she brings this new member of the community into the world? Information about available services should be readily available to parents and family members.

If the Church is to meet the needs of retarded persons who enter local parish communities, an efficient structure is necessary. Each diocese should have a department of pastoral care and religious education for the handicapped serving as a communication source and resource center for parishes.

Parish programs of religious education should be established under the direction of leaders working with diocesan consultants.

Adaptation of liturgical worship will sometimes be required for groups made up mainly of handicapped persons. Such liturgical celebrations will make possible greater participation in and appreciation for the Mass and will also prepare the handicapped to participate more fully in regular parish liturgies. It is important that, where possible, retarded and handicapped persons be integrated into, and not just physically present at, the liturgical worship of the parish and other parochial functions.

The Church is taking steps slowly to respond to the presence in society of mentally retarded and handicapped persons. A tremendous task remains, however, to spread these programs throughout the Church in America.