

Strauss and  
Lehmann

BRAIN-INJURED CHILD



PSYCHOPATHOLOGY  
and EDUCATION of  
the BRAIN-INJURED  
CHILD

# PSYCHOPATHOLOGY and EDUCATION of the BRAIN-INJURED CHILD

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To  
THE WAYNE COUNTY TRAINING SCHOOL  
AND ITS  
MEDICAL SUPERINTENDENT  
ROBERT H. HASKELL

# ACKNOWLEDGMENT

The emphasis which we have placed upon the particular mental makeup of brain-injured children and the resulting need for special educational techniques is the original idea of one of us. The research work which has been undertaken has been made possible through the efforts of many friends and collaborators, all of whom we are unable to enumerate. Among those who have contributed to the material presented in this book we wish to mention in particular Dr. Heinz Werner, Brooklyn College, Brooklyn, New York. Dr. Newell C. Kephart, Purdue University, Lafayette, Indiana, and Dr. Betty Martinson-Horne, Denver, Colorado deserve our thanks for their assistance.

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We also wish to acknowledge the most friendly attitude of authors and publishers whom we have asked for permission to quote from the originals—from publications which have important bearing upon our own work. We are indebted to them all.

It is with real modesty that we mention our feeling for the imperfections which remain in the completed book. We are also aware that the contribution we have made is minimal compared to the work which lies ahead.

ALFRED A. STRAUSS  
LAURA E. LEHTINEN

*October 1947*  
The Cove Schools  
Racine, Wisconsin



help him "work better where other children won't disturb him." For a very hyperactive and disinhibited child we have even resorted to the expedient of isolation behind a clinic screen.

The behavioral response of the children in the special classroom is immediate and can be taken to substantiate the adequacy of our therapeutic approach. Loud talking, running in the room, attacks on other children diminish and often disappear in a matter of days; the formerly unmanage-

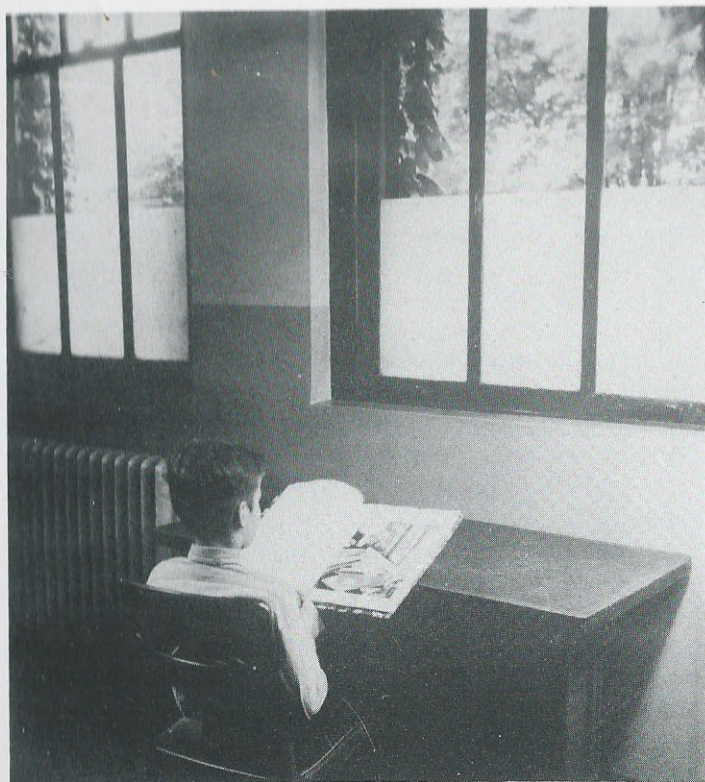


FIG. 23. Reduction of stimuli from outside.

able child becomes quite tractable. A first grade pupil whom the teacher finally refused to keep in her class ran about the room, sang, laughed out loud, removed shoes and stockings, and completely disrupted any organized group activity. After a week behind the screen in the special class, this behavior disappeared so completely that the screen was no longer necessary; the behavior described has recurred only in moods of exaltation or in situations of relatively unusual excitement. The children often recognize the transformation in themselves and verbalize their reactions to the change



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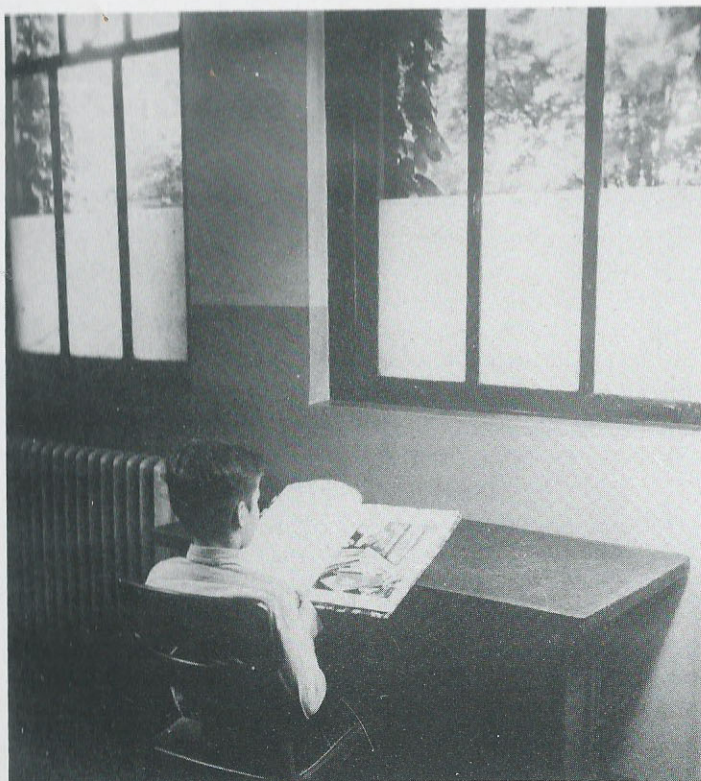


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in environment. A brain-injured child who was transferred to the special class from a sight-saving classroom because of inability to control loud talking, laughing, and wandering about the room remarked after a brief period of adjustment, "I'm glad I'm not in that other room any more; there were just too many kids in there; I couldn't stand it." (In reality the number of children in the sight-saving classroom at one time was no greater than in the special methods class.) The response to facing the wall or sitting behind the screen is similar. The children recognize the

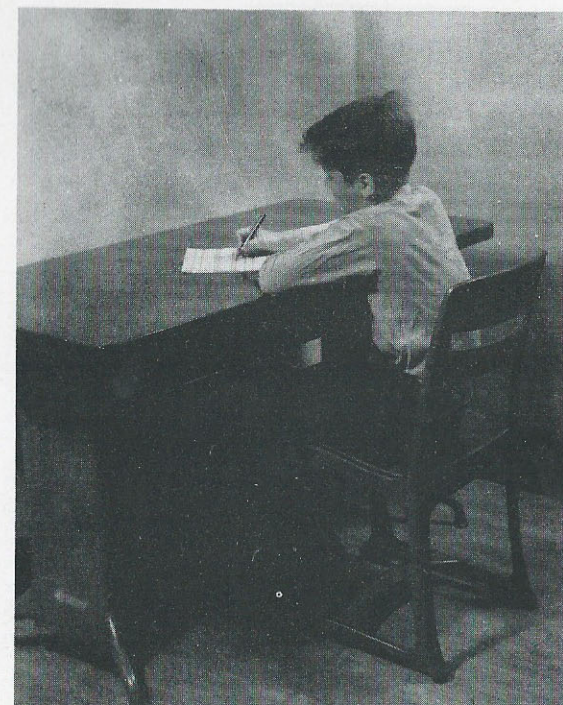


FIG. 24. Reduction of stimuli within the classroom.

purpose of the separation and become aware of the feeling of well-being it produces. On some days children will spontaneously request permission to sit away from other members of the group or behind the screen. It is not unusual for a child whose desk has been replaced within the group after a period of separation to request a return to the old arrangement, explaining that he "feels better" or he "gets more work done."

We must strongly emphasize that these arrangements do not produce withdrawal or autism or encourage mannerisms, since the brain-injured child, like any normal child, needs social contacts, enjoys group living, and



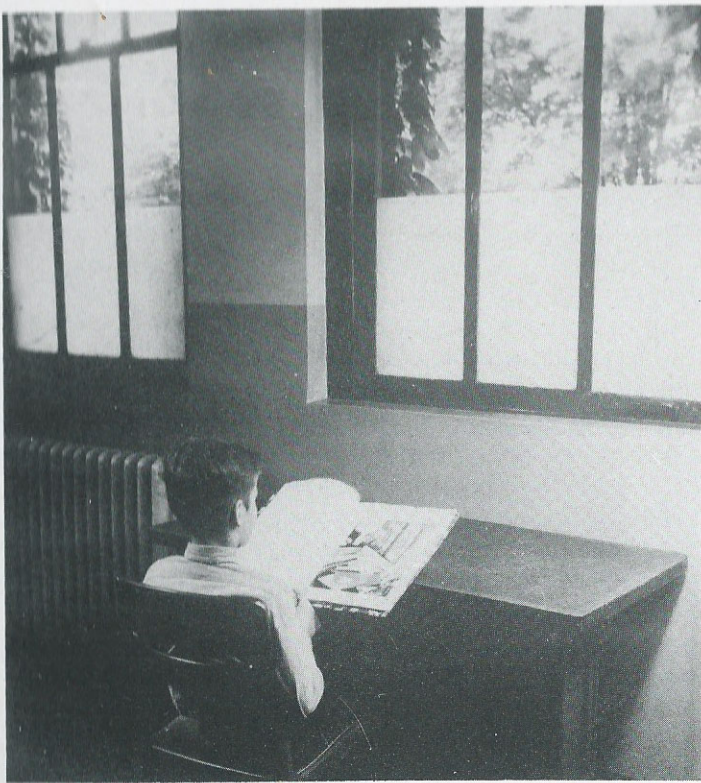


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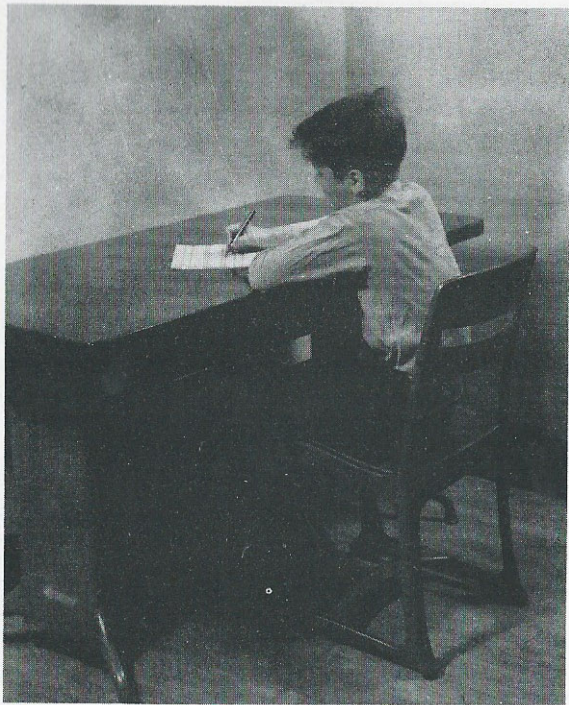


FIG. 24. Reduction of stimuli within the classroom.