

## Discovering human resilience

Following on from last month's article, Ann Clarke and Alan Clarke reflect on their five decades of research

The story of how we ended up working at Manor Hospital begins in early autumn 1950. We were newly married, had our PhDs from the Maudsley Hospital and UCL and were looking forward to a year in America, where Alan had been awarded a Rockefeller Fellowship in social psychology. Passages were booked, and US visas granted. Then a close relative became mortally ill, so we delayed our departure. Meanwhile Joe McCarthy had set up the notorious Committee on un-American Activities, with the McCarren Act following. This meant that we had to revalidate our visas, so we duly presented ourselves at the US Embassy. However, our then political affiliations were such that they were cancelled.

So we found ourselves without employment, and a real dearth of possibilities. Fortunately the Physician Superintendent of a large institution for the mentally defective (as they were then called) was looking for two psychologists, so we were appointed there. Our mentors and friends were appalled and quite sure that we would sink without trace, but we thought we could give it a try and if necessary leave after a year. In the event we stayed for 12 very productive years.

### The Manor Hospital and the 1913 Mental Deficiency Act

We were confronted with a population of some 1400 persons, legally certified under the 1913 Mental Deficiency Act

(superseded in 1959). The hospital ran on a weekly budget of £3 10s 0d (£3.50) per head to cover the salaries of staff and running costs. The buildings were old and dilapidated, and the best that could happen to the patients was mere occupation, although there was a school of sorts and several maintenance workshops.

The word intelligence was not mentioned in the Act; instead, mental deficiency was defined as a state of 'arrested or incomplete development of mind existing before the age of 18 years'. This vague description had to be established, and for legal detention certain social criteria were also necessary. These were many, but the most horrific was 'giving birth to an illegitimate child while in receipt of Poor Relief'. If an IQ happened to be low, it was useful in supporting legal action; if not, it could be ignored. In our population, IQs ranged from about 10 to, rarely, above 100; the majority were above IQ 50 (an unusual state of affairs in such institutions where the less able tended to predominate).

Our Physician Superintendent seemed defeatist, both about the possibility of reform and the quality of his staff, but he was very keen on science and its application, and greatly encouraged us to do research. When we started in January

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1951 we were totally ignorant of the field; however, we were vaguely aware of the important work of the first three British pioneers, Herbert Günzburg, Jack Tizard and Neil O'Connor, the latter two of whom we had known at the Maudsley. Our main assets were a knowledge of research design and the problems of psychometrics.

### Psychometric shocks

Tizard had shown that the average IQ of those classed as 'feeble-minded' in 12 hospitals was 70, a considerable shock to all concerned. Thus we expected some of our clients to show higher scores during routine testing.

Our first project was to document 18 young women about whom there were legal queries. These had already been assessed by our excellent predecessors some years earlier. To our astonishment, many of these women showed substantial increments in overall performance, while a few remained constant. We had been brought up to believe in the constancy model: that is, with respect to age peers people did not change much over their lifetime. This ancient idea was reinforced by John Bowlby's (1951) view that the early years are crucially formative. To our anger, the Superintendent (who later became a strong supporter) suggested that we had been differentially 'kind' to some patients. In our defence, therefore, it was

necessary to discover how often such increments occurred and, more importantly, why?

We believed that our findings could not possibly be unique, so we scoured the world literature and found

American longitudinal studies, apparently not known here, that showed that in normal persons some IQ variability is common. So we repeated our study on a larger group, also earlier assessed. First, we found that increments were common, and secondly, we explored five possible explanations, including the

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- Rutter, M. and the English and Romanian adoptees (ERA) study team (1998).

obvious problem of regression to the mean. Only one hypothesis strongly cashed out: a record of severe early adverse experiences predicted IQ increments in adolescence and early adult life. Cruelty and neglect, independently rated by an assessor who knew neither the patients nor their test scores, had apparently impaired their development. Removed from these conditions, our subjects had begun to catch up, thus contradicting Bowlby's view. We published these and other findings in the *The Lancet* (1953) causing a considerable commotion. We discussed our work personally with Bowlby, who, a few years later in a rarely mentioned 1956 paper, bravely indicated that he had overstated his case for inevitable psychological damage arising from early adverse experience.

We were soon to be heartened by an MRC Report on German wartime orphanage children who had been malnourished, but who showed accelerated growth when given modest supplementary diets, another example of biological catch-up. Our own and later studies (1958) in which improved social adaptation was indirectly measured convinced us that early experience, favourable or not, did not inevitably produce lasting effects unless it continued through development. Little or nothing seemed to be known about the origins of vulnerability and resilience. Nearly 20 years later the situation was entirely different (Clarke & Clarke, 1976; Clarke & Clarke, 2003, Chapter 21).

### Rehabilitation

Since a major unstated purpose of institutions like The Manor was to keep those deemed undesirable off the streets, it was not surprising that there was no urgency to release them back into society. There were some half-hearted attempts to teach some of the patients enough to render them self-sufficient, mostly in domestic or gardening occupations, but we saw around us a terrible waste of

human potential. Although not necessarily unintelligent, most were virtually illiterate, having had poor reading instruction with a dearth of phonic analysis; many were inclined to pilfer, and the women were easy prey to unscrupulous men. Their general knowledge tended to be nil. In many cases, years of institutional living had rendered them slow moving and lacking in skills, all of which could be made good with time, determination and patience.

In 1952 Jack Tizard became briefly a guest in our department, setting up a workshop for males in which they were taught simple industrial work for local firms, paid at normal wages. The British economy was booming, and there was a dearth of people to undertake available work. We took this unit over, added another for women, acted initially as our own social workers, finding a new role, thus no longer remaining just psychometricians. Our clients were, when trained, placed by us in local employment, graduating to lodgings, which led to discharge from care. We obtained a qualified social worker, additional psychologists, training supervisors and a secretary. In 1960 a sponsored documentary film, 'Learning in Slow Motion', was made about our work, and widely shown in the UK and North America.

### The changing outlook

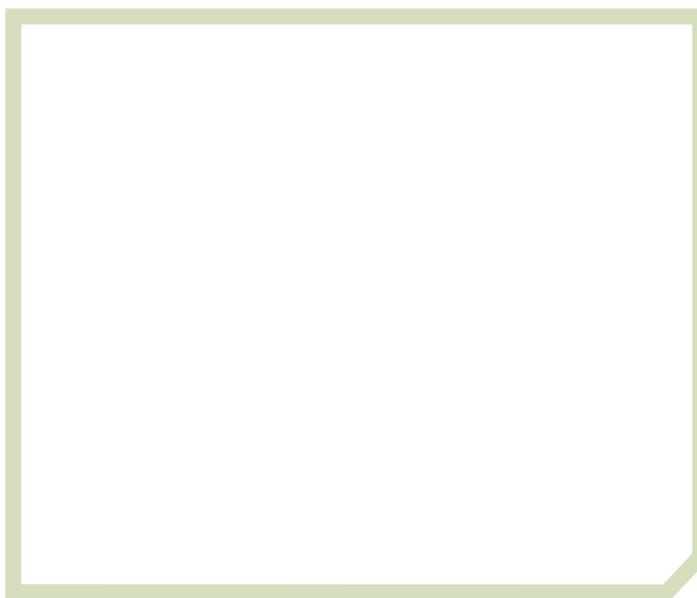
Tizard had shown surprising assets in the more impaired patients after training (e.g. Tizard & Loos, 1954). We extended this work in the IQ range 24–41 (Clarke & Hermelin, 1955) by showing that 'imbeciles' could learn industrial tasks and transfer their skill to other activities.

A few years later, in 1958, we brought together a number of psychologists to publish a textbook covering a wide range of topics arising from various researches, including rehabilitation, the only social therapy required. We called it *Mental Deficiency: The Changing Outlook*, and no medical practitioner was involved. These

contributions became the basis for the written and oral evidence by the BPS to the Royal Commission on the Law relating to Mental Illness and Mental Deficiency (1954–1957). Three further editions of our book were published over the next 27 years, all indicating that much could be done for this population.

### From deficiency to academia

In 1962 Alan was appointed to the first Chair in Psychology in the University of Hull, and a year later we were awarded



research grants successively from the Nuffield Foundation and the New York Association for the Aid of Crippled Children. These enabled us, with the help of local Adult and Junior Training Centres and normal nursery schools, to extend our earlier work on learning transfer – the effects of learning one task on learning another. In tasks demanding classification we found that the greater the complexity of the task the greater the transfer, even extending to concept formation where practice had a positive influence on the acquisition of new concepts. In other words, practice in cognitive processes enhances thinking in these naive populations. A stream of publications on this theme continued (e.g. Clarke et al., 1967).

### Analysing Burt

Our interest in polygenic and environmental interactions caused us to look carefully at some of Burt's final studies, which led us to conclude that there was something very wrong with his

Developmental catch-up, and deficit, following and after severe global early privation. *Journal of Child Psychology and Psychiatry*, 39, 465–476.

Tizard, J. & Loos, F.M. (1954). The learning of a spatial relations test by adult imbeciles. *American Journal of Mental Deficiency*, 59, 85–90.

## looking back

findings. After prolonged textual analysis it became clear to us, and later to most others, that many of his results were fictional (summarised in Chapter 15, Clarke & Clarke, 2003).

### Early experience

As indicated, our earliest research suggested that early experience, if discontinued, would have effects that would fade. Of course most people remain in the same happy or unhappy conditions throughout childhood, so for them there are obvious continuities. This leads rather easily to the fallacy that early experience rather than longer influences must have long-term potency. It follows that brief early interventions, without later environmental enhancement, will reflect the law of diminishing returns (which we predicted for the Headstart programmes).

From 1951 onwards we searched the literature to find evidence to disconfirm or confirm our findings. In the mid 1970s we invited a group of 10 people, including Urie Bronfenbrenner, Alfred Kadushin, Jerome Kagan, Michael Rutter

and Barbara Tizard, to contribute to our book: *Early Experience: Myth and Evidence* (1976). The emphasis was on myth.

Above all, Bowlby, who had already modified his original claim, indicated in one of his last papers (1988) that: the central task is to study the endless interactions of internal and external (factors) and how the one is influencing the other not only during childhood but during adolescence and adult life as well. ... Present knowledge requires that a theory of developmental pathways should replace theories that involve specific phases of development in which it is postulated that a person may become fixated and/or to which he may regress (pp.1 and 2).

Naturally we agree with every word.

### Retirement

After retirement, as emeritus professors we published two further books (2000; 2003); in the latter we suggested that resilience is a basic human characteristic with the usual individual variations. It

depends on the strength of internal biosocial resources, interacting with the degree of social support, and also especially the duration of such support.

During our NHS and academic careers our researches have led to many fruitful contacts and to two joint international awards. We have noted very relevant research during the last decade published by Rutter and the ERA team (1998) and by Bruer (1999).

Summarising 50 years' work, it is gratifying to note that our findings on early experience and resilience, which were originally so controversial, are now generally accepted. These have an on-going effect on changing policies on adoption and fostering of deprived children. So, too, our early work on the mentally retarded and learning disabled continues to influence their care and training.

**I Ann and Alan Clarke** continue their interest in developmental issues, lecture occasionally and from time to time publish 'final' articles of which this is yet another [alanann@waitrose.com](mailto:alanann@waitrose.com)

