This paper compares the problem of social maladjustment addressed during the child guidance movement of the 1920s and 1930s with the issue of minority overrepresentation revealed in the late 1960s and persisting to the present. Both exhibit similarities as discourses of educational risk that shaped the conception of problems facing youth and influenced the mode of professional intervention. The specific focus of the paper, however, is the contrast in the directional fate of each: Although child guidance became increasingly narrowed to a portion of the middle-class, school-age population, special education broadened its jurisdiction and has helped to shape a view of full inclusion in public education. The contrast in response to challenges that threatened professional authority is identified as the critical difference that accounts for the divergent paths taken.

INTRODUCTION

One of the most commonly heard terms to describe a host of contemporary social problems is the word-set at-risk. Applied to drug and alcohol use, sexuality, and delinquent or criminal behavior, the descriptor is a compact but potent expression of meaning in only two words. The term at-risk is a symbol of subjectively shared meanings that resonates with a diffuse cultural empathy toward the problems facing youth. To be sure, it is in reference to youth, for the age of majority has attached to it, in addition to the realized capacities of access, possession, and participation, the assumed capacity of reasonable and responsible decision making. Aside from adults who are mentally or physically incapacitated, at-risk is a referent to the vulnerabilities that confront children or, more accurately, that lay in wait for children to fall victim.

As a motivation for professional intervention, such a word-set is akin to Tyack and Cuban’s apt term policy talk, comprising “diagnoses of problems and advocacy of solutions” (1995, p. 40). I explore this policy talk by way of a comparison of two historical periods and their problem topics, both of which defined portions of school-age children to be at risk. The first period,
the 1920s and 1930s, involved the problem of social maladjustment, around which the child guidance clinics were established and flourished. The second involves the problem of minority overrepresentation in special education classes, revealed in the late 1960s and persisting to the present. Although the child guidance movement and special education share many features in common, I focus on how they diverged in a critical way. Over the period of the child guidance clinics, its at-risk population became increasingly narrowed to a select portion of the middle-class school-age population. In contrast, the problem of minority overrepresentation, although beginning with claims advanced on behalf of specific groups, progressed in the opposite direction, toward broader challenges that helped to shape a view of full inclusion into public education.

This contrast in the directional fate of at-risk discourses provides some insight into the fate of educational reforms. A discourse that begins with broad intentions but moves toward exclusiveness may leave only a passing imprint on the development of public education. In contrast, a discourse that begins narrowly but turns toward inclusiveness may, aside from empirical merits or weaknesses, leave as its real legacy a framework for growth and innovation.1

CASE COMPARISON AND THEORETICAL ELABORATION

The comparison of the child guidance movement and special education, and specifically the risk issues of social maladjustment and minority overrepresentation, seeks to isolate the factor, or factors, that best accounts for their divergent trajectories. The comparison examines events that are strikingly similar in crucial respects but differ in one crucial outcome. In this regard, their comparison fits the logics of the method of difference, where the strategy is to maximize similarities as a means to identify the key factor or factors that best accounts for their crucial difference.2 Moreover, the similarities between child guidance and special education are not easily explained by some proximity in time; that is, they are sufficiently distant in time to be immune from contagion effects. In other terms, the outcome of interest, alternative directional fates, can be considered essentially comparable, or equivalent, yet the occurrence of the first case in time ought not have a causal impact on the other.

The method of difference proceeds by maximizing the similarities between the cases, in effect controlling for each as a possible explanation for the crucial difference. Several features underscore how similar child guidance and special education are.

First, both experienced internal, professional conflicts. For both the primary actors were three. For child guidance, conflicts gradually increased between psychiatrists, clinical psychologists, and psychiatrist social workers.
For special education, conflicts increased between school psychologists, teachers and special educators. Moreover, for both the pressure of parents exerted an external pressure on these conflicts, a pressure that gained in significance as the professional conflicts intensified.

Second, the professional conflicts within child guidance and special education paralleled the exposure of treatment failures. For child guidance the number of maladjusted children who could not be helped grew in visibility; for special education the factual record of overrepresentation seemed resistant to change, persisting even in a context of cumulative judicial review.

Finally, and what may be the most striking similarity, both gravitated toward the intellectually normal child who was nonetheless maladjusted or failing in school. For child guidance this is exemplified by its eventual concentration on the child of normal intelligence who was otherwise socially maladjusted. For special education this is exemplified by the dramatic rise of learning disability (LD) by the late 1970s, a concentration on the discrepancy between intellectual normalcy and low school achievement. Moreover, this similarity is further emphasized by a discernible shift from a more social diagnosis to a more individual, psychomedical one. For child guidance the shift was a retreat from the broader social mission of guidance to a psychodynamic model narrowed to the emotional sources of maladjustment (Horn, 1993, p. 146). For special education the wide acceptance of learning disability theory blunted, in part, an explanation of school failure attributed to social factors. Where child guidance “sought neurological explanations of aberrant behavior” (Napoli, 1981, p. 55), learning disability theory entailed a “neurologization of psychology” (Carrier, 1986, p. 51). Although this mutual similarity suggests a restriction in professional jurisdiction, for both child guidance and special education the incidences of treatment failures persisted. Herein lies the genesis of their divergent paths.

SOCIAL MALADJUSTMENT AND CHILD GUIDANCE

The child guidance movement of the 1920s and 1930s represents one of the more bold and innovative reforms of this century. It was begun in 1921 under the auspices of the Commonwealth Fund of the Rockefeller Foundation. In that year the Fund’s first director, Max Farrand, established the Program for the Prevention of Delinquency and sought proposals that would fit with the aims of “scientific philanthropy.” Coincident with the rising professional influence of the National Committee for Mental Hygiene (NCMH) established in 1909, the Fund declared juvenile delinquency to be among the most serious problems facing youth and, as a consequence, afflicting society as a whole. Yet the Fund’s philanthropic scope reached beyond delinquency, encompassing the health and welfare of all children.
The response to the solicitation of proposals was swift, coming from a host of experts in delinquency and social welfare. The work of William Healy stood out as a defining model against which proposals were evaluated. As director of the Psychopathic Institute in Chicago, Healy was the only psychiatrist who had worked with delinquents before the war. With the publication of his *The Individual Delinquent* in 1915, Healy established the professional relevance of psychiatry to the diagnosis of delinquency (Healy, 1915). Yet as the title of his work conveyed, Healy’s method was based on the uniqueness of each individual delinquent. The diagnostic task was to work backward, to unravel the intricacy of causation that underlay the conflicting emotions and troubled behaviors of delinquency. The relevance of medicine and psychiatry to the problem of delinquency was embraced; the requisite third element was their social application.

The final design of the Fund’s program for the prevention of delinquency, coming out of the Lakewood, New Jersey Conference in 1921, contained four parts: the Bureau of Children’s Guidance in New York, the founding of demonstration child guidance clinics in seven cities across the country, an extension of the work of visiting teachers, and a joint committee to disseminate research and to publicize work to lay audiences (Horn, 1989, p. 31). The professional staff structure of the Fund’s program to prevent delinquency was composed of psychologists, psychiatrists, and psychiatric social workers. But most important, the context of this mutual, professional cooperation was to be the local community itself. Inside the community would be the child guidance clinic, the focal point that marshaled the sources of the community “in behalf of children who are in distress because of unsatisfied inner needs, or are seriously at odds with their environment—children whose development is thrown out of balance by difficulties which reveal themselves in unhealthy traits, unacceptable behavior, or inability to cope with social and scholastic expectations” (Stevenson & Smith, 1934, p. 1). Thus, at the beginning of the movement, the population of children conceived as at-risk encompassed delinquent behavior, emotional disturbance, and dependency. Soon the compact label socially maladjusted became the accepted description of this target population.3

The demonstration clinic was the centerpiece of child guidance. Children would be referred to it by the juvenile court, by private agencies, churches, hospitals, families, or schools. The spread of guidance clinics, especially as mobile units, was swift. There were only 11 clinics in 1921, but by 1926 the number had risen to 72, and 1 year later there were 102 (Lowrey & Smith, 1933, p. 3). As the records of clinics were accumulated and disseminated, the extent of maladjustment appeared considerable, suggesting as fact that “behavior troubles in small children, bad habits and emotional instability, are widely prevalent in the whole population” (Thomas & Thomas, 1928, p. 87).
The spread of guidance clinics throughout the 1920s expanded the optimism of psychiatric social work and its capacity to diagnose the signs of maladjustment. By the end of the decade, however, attention turned to the evaluation of procedures and claims of successful intervention. The Division on Community Clinics of the NCMH conducted a series of conferences between 1930 and 1932 with the intent to assess the results of treatment. The conferences failed to reach any clear assessment, in large measure because the evidence was so disparate and conflicting. The vision of disciplinary cooperation was unfulfilled; therapeutic methods and etiologies varied among clinic staff and across clinics themselves. What constituted a successful case was more often founded on subjective judgments than on scientific criteria. There was little basis for comparisons among cases, but a great deal of acknowledgment that the sources of maladjustment were complex. A scientifically valid basis on which a clinic could measure the success of therapeutic intervention was abandoned; in its place the conferences worked out an “index for appraisal, a concept of case movement: a recognizable change with reference to a defined goal” (Stevenson & Smith, 1934, p. 149). Despite the nearly insurmountable barriers to experimental validation, the child guidance movement held onto its commitment to the polygenetic sources of maladjustment.

The ambiguous concept of case movement may have been an ingenious means to accommodate the autonomy of local guidance clinics and at the same time bolster the national stature of child guidance itself. Yet during the 1930s, the need to proclaim successful outcomes led to a “narrowing of the child guidance enterprise,” and its “increasing focus on the internal, emotional well-being of the individual child” (Horn, 1993, p. 150). The narrowing of child guidance as an enterprise began with a turn away from delinquency and toward cases that could yield the greatest probability of success.

The narrowing of child guidance followed the course and record of treatment success. In the beginning years of the movement, the focus was “the study and treatment of the whole child” (emphasis added; Truitt et al., 1929, p. 7; also Wyatt, 1948). The mission of the clinic was to gather and interpret the variety of symptoms, and then to extend to parents, the public school, and the juvenile court the collective advice of clinic staff. To be sure, the clinics excluded the child whose problems exceeded the likelihood the treatment would be successful. Hence, feebleminded and seriously delinquent children were beyond “their treatment and worthy of their optimism” (Horn, 1989, p. 40). Nonetheless, as case records accumulated, a base of evidence became available to assess treatment success.

By the end of the decade, a sufficient volume of records permitted a comparison of treatment results for earlier cases that could now be followed up. In one of the largest efforts, conducted by the Smith College
School for Social Work, Witmer and her students reported results of assessments of all cases at the Institute for Child Guidance in New York during a 3-year period (Witmer, 1935). Although conceding that the potential “number of variables was large and the possibility of control slight,” Witmer stated frankly that “Most of the objective traits of the patients and their families . . . bore little or no relation to the outcome of treatment” (p. 352). Most conspicuous was the failure of “type of problem” and “diagnostic label” to be “predictors of the results to be expected from treatment.”

However, against these null results, Witmer reported that “some of the more intangible aspects of family life” were related to treatment success. Specifically, the “feelings and attitudes toward treatment that the parents exhibit in the early interviews” predicted outcome of treatment. The feelings and attitudes centered on the mother, for evidence suggested that “if the mother comes to the clinic recognizing that the problem lies in herself” (p. 352), there was a greater chance for success.

The findings reported by Witmer reflected a change in the conception of the problem child and in the sources of maladjustment as well. The change was a retreat from the more sociological context of childhood deviance to the immediate problems of individual cases. The change was reflected in presenting problems, from “largely misconduct or behavior difficulties in the early years to emotional or psychological difficulties” by the 1930s (Horn, 1989, p. 176). The change in presenting problems paralleled a “shift to the psychodynamic model.” Yet, as Witmer’s results told, this was not followed by any increase in successful outcomes.

The narrowing of the child guidance movement was promoted by the professional motivation to increase successful results. This motivation was itself enhanced by the increase in cases referred by parents, a result of a decline in the ties that linked guidance clinics to community agencies. As these ties diminished, child guidance became more medicalized, and as it withdrew to narrower boundaries of clinical casework, psychiatrists assumed the leadership role over their clinical psychology and psychiatric social work coworkers.

From the original conception of the whole child and its treatment within the context of the community, the clinics of the child guidance movement became increasingly linked to a middle-class, native-born population. This was a movement away from social diagnosis, which may involve drawing a causal inference from a general rule to particular cases, or from particular cases to a general rule (Richmond, 1917, p. 81). As child guidance became linked to a middle-class, native-born clientele, its rules of inference moved from the former to the latter, retaining nonetheless the belief in a “general rule.” For a movement that began with inclusive and reform-minded goals, the intellectually normal but misbehaving middle-class children became the eventual at-risk population.
MINORITY OVERREPRESENTATION AND SPECIAL EDUCATION

In 1968, Lloyd Dunn, a prominent figure in special education, published a brief but polemical article that was to be recognized as a signal of potential trouble (Dunn, 1968). Dunn questioned the placement of so many students in classes for the mildly retarded and suggested that many of the students in these classes were of minority background, particularly black students. Dunn’s article was timely, for similar questions were raised just a few years earlier (e.g., Johnson, 1962), but, although read, they were too early. In the immediate wake of Hobson v. Hansen (1967/1969), the celebrated case outlawing tracking in the Washington, DC school system, and in a politically charged climate as well, Dunn more than questioned; he suggested that diagnoses of mild mental retardation were inaccurate and harmful. Legal and constitutional issues were thus aroused within special education.4

Just months later, the statistical evidence in California confirmed that black and Hispanic students were disproportionately placed in classes for the educable mentally retarded (EMR; see Kirp, 1973; Mercer, 1973; Richardson, 1999). Based on state-administered surveys, minority overrepresentation was revealed in cities that had sizeable proportions of black and Hispanic students in their school-age populations. Such evidence was strikingly reminiscent of the patterns disputed in Hobson, but now they were affirmed as national in scope.

In the response to the revelations in California, all students in EMR classes were retested. Almost all white students scored the same, but sizeable numbers of black and Hispanic students now scored above the cutoff for EMR placement. Because the retests were administered by black and Hispanic psychometrists, the claim of test bias was given enormous political fuel.

Almost coincident in their timing were two cases that articulated the evidence to be the results of culturally biased tests and, therefore, to be inherently discriminatory. One of the first class-action suits filed against overrepresentation was Diana v. Board of Education (1973). The fundamental argument in Diana was that Mexican American children placed in EMR classes were not legally mentally retarded because they were not tested in their primary home language. The settlement was confined to this specific challenge, enjoining state schools to test in both English and Spanish where necessary and to produce norms based on Mexican American students in the school population.

Coincident with Diana was the most significant challenge to the overrepresentation of black students. Larry P. v. Riles (1972), the class action suit filed on behalf of all black children in San Francisco, broadened the scope of challenges with the claim that the IQ test was culturally biased and that inaccurate tests violated the constitutional right to equal protection when used to assess black students. The initial demand was for an immediate
moratorium. Larry P. won this moratorium and initiated a decade-long debate over test bias and special education placement.

Plaintiff arguments in Larry P. focused not only on items in the IQ test itself but also on the discrepancy between assessments made about school potential and behavior in settings outside of schools. In Jane Mercer’s account (1973), the diagnosis of EMR was an achieved status, not an ascribed condition of mental retardation; many students played the role of mentally retarded while in school but vacated it upon leaving. Placement in the “non-normative” category of EMR (see Tomlinson, 1982, pp. 64–65) was thus a labeling process that resulted in widely apparent racial and gender disparities. Low socioeconomic, black, and Hispanic students, and males as well, were the categories that were most at-risk for referral to special education and for eventual misclassification. To be at-risk was conceived sociologically: Distance from the values and economic measures of the core culture complicated the integration of families and schools, a circumstance that was especially pronounced for minority students. For Mercer, this distance yielded a measure of “Estimated Learning Potential,” for different cultural groups produce multiple normal distributions. To base assessments of intelligence and decisions on a single distribution was to institutionalize “Anglocentrism” and to sustain the discriminatory outcome of racial overrepresentation (Mercer, 1979).

The outcome of Larry P. was favorable to the plaintiffs. Judge Peckham agreed with the largely sociological explanation for overrepresentation, declaring the IQ test to be culturally biased. This apparent consensus as to the source of racial overrepresentation was altered by the outcomes of cases filed later than Larry P. but with claims and arguments that were strikingly similar. In PASE v. Hannon (1980) filed in Chicago, the judge rejected the claim that IQ tests were inherently biased and minimized the argument that poverty was a significant determinant of IQ deficits. In addition, the sociological linkage between adaptive behavior and the measurement of intelligence was largely severed. In summary terms, “Judge Grady was interested in the tests at a far more micro-analytical level than Judge Peckham” (Elliott, 1987, p. 199).

Similarly, in Marshall et al. v. Georgia, first filed in 1982, plaintiffs claimed that the overrepresentation of black students was rooted in procedural violations and improper interpretations of federal and state guidelines. These claims and arguments for misclassification were rejected. Black students were at-risk of procedural violations, but so were white students. The common thrust of both PASE and Marshall, in contrast to the claims of Larry P. as their predecessor and model, was their recognition of the multivariate complexity of racial overrepresentation.

The discrepant decisions for cases with nearly identical numerical evidence underscored how contentious the issue could be. Yet by the early
1980s, the legal assaults on disproportion in EMR classes had at least one intended effect: Placements in this category declined significantly as placements in classes for LD rose dramatically (Argulewicz, 1983; Tucker, 1980). Minority overrepresentation proved to be resilient.

The continuation of overrepresentation in LD classes reinforced the motivation that minority students were especially at-risk. Yet as the discrepant outcomes in *Larry P.*, *PASE*, and *Marshall* demonstrated, there was a declining consensus about what caused overrepresentation and about its meaning as well. The national report on overrepresentation commissioned by the National Academy of Sciences (Heller, Holtzman, & Messick, 1982) seemed to reflect this: Although acknowledging the national scope of minority overrepresentation, the panel nonetheless declared that statistical disparities do not by themselves imply inequity (see also Prasse & Reschly, 1986; Reschly, 1984).

The recommendations of the panel were formulated around the core belief that overrepresentation was a result of multiple factors that were inextricably confounded across school district, city, state, region, and time. If the causes of overrepresentation were complex and confounding, remedies could be neither quick nor easy. Overrepresentation could not be placed simply at the doors of discriminatory IQ tests or teachers; rather, overrepresentation was symptomatic of “deeper failings” in the educational system (Heller, Holtzman, & Messick, 1982, p. 93). Yet like the inextricable complexity of causes, these deeper failings were numerous and largely historically distant. Although minority students remained at-risk, the dangers of misdiagnosis and misclassification could only be removed by a collective effort, an acknowledgment by “all concerned with educating children: parents, school boards, state education agencies, and the federal government” and not some “direct mechanism for the elimination of disproportion” (p. 112). Furthermore, the elimination of the risk of misclassification would “evolve in response to practical experience” (p. 93; emphasis added).

Here the course of the discourse on racial overrepresentation mirrors that of child guidance. As time passed from original statistical revelations, the discourse grew more accommodating: The causes of overrepresentation were many and its forms diverse. Much like Witmer’s summary of treatment outcomes in guidance clinics, the recommendations of the national panel were phrased with caution. As the complexity of risk factors was acknowledged, incorporated into later court decisions and in professional literature, attention focused on remedies that were within reason and reach, or, as the panel stated, responsive to “practical experience.” Yet at the same time, the circumference of the at-risk population was enlarging. As the panel rephrased the question, from cause to meaning, overrepresentation could be viewed as a generalized risk. As long as the categorical structure of special education had remained in place, overrepresentation was defined simply as placement in one versus another classification.
The panel’s trust in evolutionary change had some merit. By the early 1980s, mainstreaming had gained a considerable momentum. Like Brown’s mandate for desegregation, PL 94–142’s mandate for the integration of handicapped students into the least restrictive environment had been the consensual direction of reform in special education. Minority overrepresentation in classes for the mildly retarded could, in effect, be viewed as a vestige of organizational strategies rooted in the history of racial segregation. As mainstreaming promoted more alternative services short of full inclusion into regular education, the placement of students into classes for the mildly handicapped would become less central and permanent. Thus, although overrepresentation moved from EMR to LD, the overall proportion of students classified as mildly handicapped was expected to decline. Evolutionary reform had its empirical evidence.

But the real contribution of minority overrepresentation to the broadening of its at-risk discourse was primarily moral. In spite of the evidence that more is spent on programs for the mildly handicapped and that student-teacher ratios are smaller, special education placement had become associated with the stigma of disability (Reschly, Kicklighter, & McKee, 1988a, 1988b); indeed, it was described as a form of “segregationism” (Wang & Walbert, 1988). If the categorical structure of special education remained, overrepresentation would remain evidence for a number of educational failings. Prominent among these failings was a dual system that (unintentionally) encouraged perceptions of difference and a language of disability. Moreover, as long as this categorical structure remained, it was a mechanism for the perpetuation of “second-generation educational discrimination” (Meier, Stewart, & England, 1989, pp. 95–97), a risk that was all the more intransigent because special education categories masked the social and historical factors associated with minority education (cf. Carrier, 1983; Ogbu, 1978; also Artiles & Trent, 1994). Minority students were at-risk in a double sense: not only to be inappropriately placed in special education but also then to receive no effective gains from such placement. The moral dimension overshadowed the empirical, and thus it contributed to an ever-widening conceptualization of at-risk.

The panel’s trust in evolutionary reform was soon to be superceded by challenges of a grander scale, ones that called for the termination of special education itself (Lipsky & Gartner, 1989). Such proclamations signaled the beginnings of a turning point for school psychology, for they did much to expose divisions and to aggravate festering tensions over a diminished sense of professional authority. By the mid-1980s, school psychology began to reflect on its history, its degree of professional power, and indeed its future. In contrast to orthopsychiatry and child guidance, however, it viewed a fractured past and threatened present. It was its reply to this reflection that contributed to a broadened ethical scope.
A profession’s reflection on its own history is prompted by challenges to its capacity to exercise power over its professional jurisdiction. Threats may take the form of alternative explanations from cognate professions, ones that may see the opportunity to poach failed cases by presenting new or more effective treatment. Abbott’s definition of professional power is succinct (1988, p. 136): “Professional power can be operationally defined as the ability to retain jurisdiction when system forces imply that a profession ought to have lost it.” The ability to retain jurisdictional power is intertwined with the relations linking diagnosis, treatment, and inference. For both child guidance and school psychology, how these three were challenged but reconstructed offers insight to their divergent paths.

Both orthopsychiatry and school psychology operated in multichance jurisdictions where the greater the chances to work on a problem, the greater the number of errors (Abbott, 1988, p. 49). In the diagnostic or assessment phase, both professions had several opportunities (i.e., chances) to gather the diagnostic picture that best fit a classification scheme that would guide treatment. But because of this, the records of failures and successes exposed the practices of both orthopsychiatry and school psychology to critical external review. A profession’s record of treatment outcomes is thus a point of vulnerability, and certainly its own ability to define this record is a source of professional power. In Abbott’s terms, the ability to control this vulnerability may be measured “by successes achieved or catastrophes avoided” (p. 49). For orthopsychiatry and child guidance the measure was successes achieved; for school psychology and special education it was catastrophes avoided.

A key reason for this difference derives from the power to exclude residual issues from the diagnostic-treatment component, a power that was strongly dictated by the nature of the client. For orthopsychiatry and child guidance the client was the individual case, most often a child from a single family with few ties to other families. A child’s nationality, language at home, or even income level would be defined as peripheral by the esoteric dynamics of emotional disturbance and maladjustment. For school psychology and special education, on the other hand, the client is nominally an individual student. Yet, as the legacy of minority overrepresentation grew to be a contextual effect (see “Mercer effect”; Mehan, Hertweck, & Meihls, 1986, p. 57), the diagnosis–treatment nexus became politically colored. Ethnic background became an imposing constraint and the chances of misdiagnosis and inappropriate placement became public evidence of catastrophes.

For child guidance professional reflection commenced during the mid-1930s (Stevenson, 1935; Stevenson & Smith, 1934) and is best presented in
the volume *Orthopsychiatry, 1923–1948, Retrospect and Prospect*, edited by Lawson Lowrey and Victoria Sloane in 1948. As the subtitle conveys, the volume represented a retrospective of the growth of orthopsychiatry during the preceding 2 decades by leading figures on the child guidance movement. What is evident in this retrospective is a consensual view of orthopsychiatry as the inevitable and natural outcome of professional developments. The development of clinical psychology was most crucial to the birth of orthopsychiatry in 1923, a hybrid discipline almost termed *social psychiatry* (Lowrey, 1948, p. 192). Clinical psychology was seen as passing through the psychometric and projective-expressive stages as its evolutionary history before it could integrate their theories and techniques for social application (Wyatt, 1948, p. 218). The child guidance clinic was the laboratory uniquely suited for the new leadership role of orthopsychiatry.

The view of orthopsychiatry as naturally evolved was carried over to reflections on its role in child guidance clinics. Although the professions of social work and clinical psychology did not hold the same status as orthopsychiatry, the success of clinic interventions depended on their mutual integration. This collective integration strengthened each profession and enhanced the likelihood of treatment success in the clinic. The integration of the three professions in clinic work was itself a natural continuation of their respective histories. What was optimal was the emergence of a professional climate freed from compulsive loyalties, for this was key to fulfilling the specific ethical obligation of child guidance. Frederick Allen (1948), medical director of the Philadelphia Child Guidance Clinic, phrased it well:

> The clinical teamwork once mobilized to work with increasing sensitivity and skill and *no ideological fixed goals*, was free to meet the actuality that was presented, i.e., a troubled parent and child. The freedom to use skill and *not hold to predetermined ends* made it possible to define a nuclear dynamic of progress of a troubled parent seeking help for the child. (p. 395; emphasis added)

The emphases given here, for *no ideological fixed goals* and no adherence to *predetermined ends*, were uttered years before this retrospect. As early as 1923, Witmer and her students acknowledged the complexity of factors that may or may not be related to treatment success or failure. At the outset of an extensive comparison of clinic cases, Witmer boldly offered a definition of success (1923, p. 341): “Since leaders in the field have been unable to agree on a definition . . . we propose to cut the Gordian knot and count as a successful case one that the clinic says is successfully adjusted.” The conditions for a narrowing of child guidance were set early on by professional fiat: Practitioners ought to be free to infer the causal relation between complex, underlying circumstances and their consequences. To be sure,
this freedom to infer causality required a careful and disciplined attention to case histories, but it was now emboldened by a favorable reflection on the history and role of orthopsychiatry. It derived as well from a structure of child guidance clinics wholly decoupled from publicly sanctioned evaluation. Yet this professional freedom was somewhat deceptive as well, for as Abbott remarks (1988, p. 49), “Inference is undertaken when the connection between diagnosis and treatment is obscure.”

The professional histories that formed the partnerships in the child guidance clinics were seen as continuous and naturally progressive. Treatment success was linked to this benign history and framed retrospective assessments as well: “An awareness of trends in the past ten years and a glance at the child guidance field today serves to emphasize the fact that we do have a sound workable theory of personality development” (Kirkpatrick, 1948, p. 97). A benign view of professional history strengthened the individual and collective sense of professional control in clinic work. This, in turn, contributed to a “more or less circumscribed content of the projection upon the child” (Allen, 1948, p. 396), a content that defined the ethical scope of child guidance more narrowly. It is thus ironic that this freedom to infer led to a tightening of the rules of inference. This in turn magnified the concern over professional stature, a concern that would require a reduction in the ethical dimension of clinic practice.

This narrowing of ethical scope took concrete form with the adoption of the principle of passivity by the mid-1930s. As the earlier moral goal of behavioral intervention and correction gave way to a psychodynamic model of causation, the doctrine that clinic workers should refrain from assuming a parental role became the adopted canon of professional practice. And as the psychodynamic model premised, the child would have to want to change. The implications of this stance of passivity were as much organizational as they were ideological, for it distinguished clinicians “from teachers or early case workers, and made child guidance more scientific as it made psychiatrists more medical” (Horn, 1989, p. 152). The adoption of this more scientific stance went hand in hand with the reduction of the earlier ethical mission of child guidance (Horn, 1984, p. 34).

For school psychology and the problem of minority overrepresentation, the elements of professional history and ethical scope are the reverse. Reschly put it directly (1988, p. 459): “In contrast to previous revolutions [in school psychology], current reforms strike at the heart of the principal role of school psychologist for the last 90 years, specifically, classification of students for special education programs.” In contrast to the evolutionary view adopted by orthopsychiatry, the impact of litigation over minority overrepresentation in special education introduced a discontinuity in the professional history of school psychology. In light of the contradictions between Larry P., PASE, and Marshall, their collective impact weakened the
professional control of school psychologists and created serious gaps between traditional training, current practices, and the predictable changes that could not avoided.

Much of the impact of litigation over minority overrepresentation undermined the legitimate role of school psychology (i.e., its centrality in the postreferral assessment and placement of students into special education). Like the leadership role of psychiatry in the child guidance clinic, the expertise and credentialed authority of the school psychologist developed with the growth of a categorical structure of special education. As litigation over minority overrepresentation eroded the confidence in this structure, the gap between training expertise and the direction of reform widened.

In contrast to orthopsychiatry and child guidance, for school psychology the erosion of professional control promoted a commitment to a broadened ethical scope of at-risk (Ysseldyke, 1982, p. 551). The scope of ethical concern was broadened by the attachment of constitutional rights of protection and due process to special education referral, assessment, and placement decisions. A broadened ethical focus was at odds with diagnostic classifications, for educational rights substantively attached to individuals, not to categorical labels (see National Association of School Psychologists, 1985). In Roberto Unger’s distinction, “legal justice” would fit a risk population procedurally defined around categorical labels, but a “substantive justice” delineates broader and more ideal goals that are more flexibly related to procedural rules (Unger, 1975, pp. 88–103; also Richardson, 1999, p. 151). School psychology’s new commitment to an expanded ethical scope paralleled awareness that it had an “unfortunate tradition of high levels of inference whereby fairly simple behaviors are attributed to highly complex underlying dynamics” (Reschly, 1988, p. 469; emphasis added). As the range and composition of the at-risk population was conceptually and demographically broadened, the relation between inference and the persistent anomaly of overrepresentation came under scrutiny (Ysseldyke, Reynolds, & Weinberg, 1984).

Whereas orthopsychiatry’s benign view of its professional history strengthened its the posture of professional control through ethical distance, school psychology reflected on a disjunctured history, especially aggravated by judicial and lay challenges to its expertise. Ysseldyke (1978) warned in blunt terms “the courts, the legislature and special education administrators have determined the destiny of [their] profession” (pp. 373–374). But out of a weakened professional authority came motivations to reform the very technical core of its practice, with key figures convening a Symposium on the “future of psychology in schools” (Ysseldyke, 1982). The language of the major recommendations foretold a movement toward a heightened interventionist role of the school psychologist. Expertise should not be restricted to the psychometric instruments of assessment but would extend to proac-
The role of the school psychologist would be transformed “from individual diagnoses of disabilities to support of classroom instruction . . . through problem-solving consultation and direct interventions” (Reschly & Ysseldyke, 1995, p. 22; emphasis added). The addition of consultation and intervention signaled an expanded ethical commitment beyond the scientific tools of assessment. The critical response by school psychology to its crisis impelled it toward alternative practices that broadened its focus (National Association of School Psychologists, 1985, 1988), from the detection of disabilities presumed to be real and within individuals to the system reform of the complicated context of schooling. Emphasis would be on outcomes reached in natural settings, not categorical labels that assumed the reliability of diagnosis and the validity of placement. The expanded ethical dimension of school psychology and special education was made keenly evident in the pronouncement “Rights Without Labels” (National Coalition for Advocates for Children, 1987) in a “unitary system” (Gartner & Lipsky, 1987; also Walker, 1987). Such pronouncements and reconceptualizations were the summit of ethical revision, for they joined an extension of rights to the reformation of schooling itself. This was indeed a paradigmatic shift. 5

CONCLUSIONS

The contrast in directional fate between child guidance and special education is a difference in the scope of their respective professional jurisdictions. In spite of their similarities, child guidance and special education are distinguished by the content of professional discourse that links diagnosis to treatment. Although the jurisdiction of child guidance progressively narrowed, special education expanded a discourse of broader inclusion. By maximizing the similarities between child guidance and special education, we may rule out factors that purportedly explain their different trajectories. We in effect sharpen theoretical interpretation. Both child guidance and special education experienced jurisdictional conflicts, and the mutual response was a heightened motivation to regain or enhance professional status. Yet a stronger theoretical interpretation cannot stop at this general claim that professionals seek to strengthen their status, or that redefining practices is a disingenuous product of this primary motive. In the terms of Thomas Kuhn (1970), treatment failures represented a cumulative record of anomalies, and their impact on internal professional conflicts posed a paradigmatic crisis for both child guidance and special education. But it is the response to this crisis that is key, and the form it takes is not given by the anomalies: “We therefore have to ask what it is that makes an anomaly seem worth concerted scrutiny, and to that question
there is probably no fully general answer” (Kuhn, 1970, p. 82). To propose, as a general answer, that professionals or scientists seek to preserve their status does not explain how anomalies “seem worth concerted scrutiny,” nor does it explain the specific form that scrutiny assumes.

The specific form that professional scrutiny assumes is proposed here as the determining factor that defined the contrasting directional fates for child guidance and special education. Their comparison is guided by a central theoretical hypothesis: A positive response to the pressures that challenged professional status leads to a tightening of the rules of inference and thereby a narrowing of the subjective jurisdiction; by contrast, a critical response promotes a loosening of the rules of inference and thereby a broadening of the subjective jurisdiction. The theoretical significance of a positive or critical response lies in the scope of ethical revision in professional practice. This revision entails the extension of rights, largely legal, to the clients of professional practice, the addition of services a professional is obliged to perform, or both. The former expands the subjective jurisdiction of professional practice; the latter expands the components of professional practice itself. A positive response would contribute to a reduced ethical scope, whereas a critical response would augment this dimension.

The consequence of a positive versus a critical response is two qualitatively different trajectories. The narrowing trajectory taken by child guidance was one progressively founded on presumptions of distinct personalities (and groups), discernible acts, and the presumption that causes of maladjustment can be identified with reasonable certainty. The expansionary trajectory taken by special education became increasingly contradictory to such presumptions. Group boundaries are blurred; the causes of school low achievement are found to be more widely diffused and to defy reliable identification.

The origination of these different trajectories must be traced to a turning point more finely specified than status preservation. The key turning point is a reflection by the professional group on its own place in the discourse of risk. This reflection extends beyond the many issues that compose the reform motivation, such as treatment methods or assessment validity; it is a reflection on the very history of the profession. Orthopsychiatry and school psychology looked back on themselves, and what each saw framed their response to the ethical scope of their work. The contrast between interventions in clinical settings and outcome assessments in natural settings best illustrates the divergent paths taken by child guidance and special education. Yet this difference in scene must not be explained simply, as the translation of theory into practice. Rather, this translation is highly contingent, dependent on the particular way in which professional groups view their own history and define the scope of their ethical obligations.
Notes

1 At-risk discourse contains a number of core elements. One is the sense of imminent danger. What is at risk is viewed as proximate to the behaviors of youth, constituted by the circumstances in which they live. Yet the danger is conceived in probabilistic terms, for the very concept of risk “has emerged slowly from a specialized mathematical development of probability theory” (Douglas, 1992, pp. 50–51). Moreover, the authoritative knowledge of professionals tends to adapt to the imagery of imminent danger. It remains flexible as the fortunes of estimations and explanations may change with time, for there is no wish in “problematizing ‘lay’ beliefs as irrational” (Green, 1997, p. 139). Finally, an at-risk discourse is an imagery of multiple causation. It is itself subject to “competing and conflicting claims,” for “there is no expert on risk” (Beck, 1992, p. 29). The imagery of at-risk is analytically sophisticated but cautious, promoting a view to the complexity of forces that form the problems that entrap children. There is indeed a degree of puzzle to this complexity. Why some escape what entraps those of like behavior or circumstance emphasizes the indeterminacy of causation. There is a climate of intrigue about why harm befalls some but spares others. Those who survive through the at-risk period may be seen as holding the explanatory keys, for their experiences may unlock the causal puzzle and thereby direct reform and intervention.

A professional discourse of risk attempts to model these elements. Following Abbott (1988), the discourses of professions define their subjective jurisdiction, the arena within which they assert claims to problems and practice their explanatory and curative powers that are proclaimed as specific to them. The triangle of diagnosis, inference, and treatment represents a sequence through which the problems of maladjustment, emotional disturbance, classroom deviance, and school failure pass. The initial step of diagnosis is the component of a professional discourse that gathers the informational picture of risk, and treatment is the component of professional intervention. Inference is the key step, and the rules of inference define and guide the path from diagnosis to treatment.

As essential elements of professional practice, it is the continuity among diagnosis, inference, and treatment that defines and affirms professional authority. If this continuity is altered, at one of the two points that form this sequence of professional practice, professional authority is vulnerable to both external and internal scrutiny. If this sequence is weakened for some length of time, the response of practitioners represents a juncture where the discourse of educational risk must be reconceived and, in turn, practice redesigned.

Such a juncture is a “turning point” (Abbott, 1997) insofar as it alters the directional fate of a discourse fundamentally. That is, the alteration can break the well-recorded fate of much educational reform, to recycle (Cuban 1990; Kaestle, 1972), be blunted by schools themselves (Timar & Kirp, 1987), or defused as ceremonial (Meyer & Rowan, 1977). Such breaks are transitions that “take us between different probability regimes,” doing so against the considerable “inertial, historicist character of the trajectories” (Abbott, 1997, p. 92). For both the child guidance movement and special education, their diagnoses of problems were practices deeply embedded in the organization of schools and their relation to neighborhoods and parallel social agencies. Yet, as I argue, their contrasting responses to moments of professional crisis led them to advocate different solutions, strategic decisions that indeed altered the trajectory of their practices: For child guidance the new trajectory was toward increasing exclusion, whereas for special education it was toward enlarging inclusion.

2 The method of difference is one of the “logical methods” advanced by Mill in his classic A System of Logic (1843/1967). Its contemporary revitalization is employed as a strategy suited to the analysis of events where one has only a few cases, such as historical trajectories (Moore, 1966; Rueschemeyer, Stephens, & Stephens, 1992) or successful revolutions (Skocpol, 1979). A kindred strategy is “analytic induction” that “begins with an explicitly formulated theoretical framework, in which questions, central concepts, and core hypotheses are clearly defined, and
then proceeds to analyze a series of cases offering causal accounts of the *outcomes in question* (Rueschemeyer & Stephens, 1997, p. 67; emphasis added). Here the outcomes in question are alternative “directional fates.” The strategy of comparison does not proceed wholly inductively, adjusting theoretical interpretation along the way. Rather, comparison involves interplay of an “explicitly formulated theoretical framework” and the particulars of each case as research progresses. Maximizing similarities serves to reduce the range of possible explanatory factors, eliminating as it were irrelevant variation. The core hypothesis is therefore key, for it is the central guideline against which inductive evidence is judged and with which alternative explanations are negated or incorporated.

Organizational changes in urban schools were critical antecedents to the construction of social maladjustment. For largely practical and otherwise ideological reasons, the problems facing urban school systems drew the attention of business interests that sought to rectify the “inefficiencies” of schools (Callahan, 1962). The singular problem taken as indicating inefficiency was the failure of many students to move up across the grades as expected by their age. The problem was viewed as an organizational waste burdening the whole system. The problem certainly had its root origin in the mandate of compulsory school attendance, but by 1910 it had become intertwined with business concerns about the supply of youth labor and its adequate educational preparation.

The relevance of business principles to the organization of urban schools found concrete expression in a series of statistical and comparative surveys of pupil promotion and retardation. In 1908, E. L. Thorndike reported his study of pupil “elimination” in 23 cities of 25,000 population, and in 1911 George Strayer examined the same problem in 133 cities of 25,000 and more and of 186 cities with a population of less than 25,000. Their findings were strikingly similar: For 100 children who enter the first grade, nearly all will reach the fifth grade, yet between this grade and the 1st year of high school, from 60 to 67 will leave, and only 17 to 25 will then reach the second year of high school. Of this remaining number, only 8 to 10 will complete high school (see Bunker, 1916, p. 101).

The surveys by Thorndike and Strayer were complemented by the publication in 1909 of *Laggards in Our Schools* by Leonard Ayers. The problem of “laggards” in urban schools reflected the cultural background of immigrants, namely of eastern and southern European origin, as well as the racial status of black students in southern cities. Ayers added to the problem of pupil elimination what Thorndike and Strayer has minimized, foreign-born status. The problem of elimination was a misalliance between social background and school participation, determined by such factors as late entrance, non-English speaking, and family demands to work. The addition of all these maladjustments was a strain on the organizational efficiency of schools.

The statistical reports by Thorndike, Strayer, and Ayers, were all published in a span of 3 years, establishing that pupil elimination was national in scope. An important extension of these inquires was the 10-volume *School Efficiency* series, edited by Paul Hanus of Harvard (1913). The focus of these volumes broadened the issue of elimination to the problems of school supervision and curriculum. With this level of attention, the educational problem of pupil elimination soon became politically attached to the struggles over vocational and manual education, for in 1909 “the drive for vocational education reached its peak” (Callahan, 1962, p. 13).

The consequences of this struggle were therefore broad and quickly elevated the organizational issue of pupil retardation above the statistical surveys. With the struggles over vocational education, the organizational problems that may have been confined to urban school systems gained a political resonance. With these struggles, the second condition necessary for the emergence of an at-risk discourse was in place.

The struggle over vocational education was resolved, in large part, by the passage of the Smith-Hughes Act of 1917. With Smith-Hughes, vocational education was secured within
public schools and supported with federal funds. Although a dual system of education was
avoided with the intent and backing of Smith-Hughes, securing vocational education within
public schooling contributed to a differentiation of the curriculum and to its vertical arrange-
ment into tracks. The latter was neither desired nor anticipated within education. But by 1920,
the earlier statistical issue of pupil elimination took on larger dimensions. The need to
restructure the curriculum and instruction to guide a larger and more diverse pupil popula-
tion was a pressing concern.

4 Like the earlier problem of pupil elimination as a stimulant for the child guidance
movement, organizational changes in secondary schooling contributed to the problematiza-
tion of special education consuming the late 1960s and 1970s. Concretely, the change was
what Martin Trow termed the “second transformation of American secondary education”
(Trow, 1973). An important consequence of this transformation was what it meant for groups
who for quite different reasons would not easily move on to higher education, namely students
of minority status and those of “low intelligence” (Trow, 1973, p. 54). In similar terms, Cuban
makes note of how the graded school “unintentionally worsens these social disadvantages by
branding students for the duration of their careers through the mechanisms of separate
classes and programs” (1989, p. 782). Again, like the child guidance movement, a significant
court decision conferred a political resonance onto this organizational change, in effect
elevating it into national view.

The court decision was the celebrated school tracking case of Hobson v. Hansen, handed
down in Washington, DC, in 1967. The judgment that “the tracking system must simply be
abolished” was rendered in light of evidence that the four-track structure was constructed, in
part, in response to the specter of desegregation (Hansen, 1964), and as a result the racial
distribution across tracks was demonstrably unequal. Black students were assigned to basic
tracks in numbers greatly exceeding their proportion in the school population; white students
were disproportionately found in college tracks.

The twin conditions, the second transformation of high schools and the political resonance
conferred on student tracking by Hobson, set the stage for the emergence of a contentious and
protracted at-risk discourse centering on the revelations of minority overrepresentation in
special education.

5 The contrasting directional fates taken by child guidance and special education may be
highlighted by relating each to the contrasting of logics of crisp and fuzzy-sets (see, e.g., Klir
& Folger, 1988, ch. 1; Kosko, 1992, pp. 5–6; Ragin, 2000). The portrayal of child guidance as
narrowing, delimiting its practice to intellectually normal but socially maladjusted youth, with
a corresponding tightening of its rules of inference is the adoption of a belief in bounded
personalities with identifiable causes for maladjustment. Such bounded rationality is akin to a
belief in crisp sets; one is either in a given category or without. In contrast, the erosion of
belief in the categorical structure of special education was accompanied by corresponding
evidence that handicapping conditions were not homogenous categories associated with iden-
tifiable causes. The boundaries of normal and disabled became blurred, and the rules linking
diagnosis to treatment became highly uncertain. As a consequence, the very notion of disabled
became a fuzzy-set. The pertinence of this parallel is that each constitutes a system that exerts
a determining influence on individual perception and cognition, and on social thought itself.
Under a crisp-set system, the rules of inference would be tighter, reinforced by the belief in
bounded categories and identifiable causes. Here inference is forward chaining, which pro-
ceeds from antecedents (causes) to consequents. As the child guidance movement narrowed to
a middle-class clientele, its rules of inference argued from particular cases to the general rule.
Under a fuzzy-set system, the rules of inference are looser, for they confront a social world
(school population) of blurred boundaries and multiple, overlapping memberships. The path
from diagnosis to treatment is wrought with threats to validity, conspicuous among them is the
unanticipated and persistent overrepresentation of minorities in special education. Inference
in fuzzy-set systems must be backward chaining, proceeding from consequences (observed effects) to causes. Causes of school performance do not lie in natural differences or in prior experiences; rather, they interact and are reproduced within natural settings.

Seen in these terms, the paradigmatic shift triggered by the critical response by school psychology, was as adaptation to a fuzzy-set system that abounds in feedback.

References
Ayers, L. (1909). Laggards in our schools, a study of retardation and elimination in city school systems.

New York: Charities Publication Committee, Russell Sage Foundation.


JOHN G. RICHARDSON is professor of sociology at Western Washington University, Bellingham, Washington. His areas of specialization include the sociology of education, historical sociology, and social theory. His current research involves the historical development of benevolent, correctional, and educational institutions in the United States. Recent publications include Common, Delinquent, and Special, The Institutional Shape of Special Education (Falmer Press, 1999) and “The Variable Construction of Educational Risk,” in Handbook of Sociology of Education, edited by Maureen Hallinan, Plenum Publishing, 2000.