

# Trainable Mentally Retarded

Authored by  
**mohammad looti**

October 8, 2025

## RECOMMENDED CITATION

mohammad looti (2025). *Trainable Mentally Retarded*. PSYCHOLOGICAL SCALES.  
Retrieved from <https://scales.arabpsychology.com/?p=36032>

## Trainable Mentally Retarded

**Primary Disciplinary Field(s):** Special Education; Clinical Psychology; Developmental Pediatrics

### 1. Core Definition

The designation **Trainable Mentally Retarded** (TMR) is a historical classification used in special education and clinical psychology, primarily during the mid-to-late 20th century, to categorize individuals with moderate levels of intellectual deficit. This categorization was defined psychometrically, applying to those individuals whose measured intelligence quotient (IQ) scores fell significantly below the population mean, typically scoring between three and five standard deviations below the average of 100. Quantitatively, this range generally corresponds to an IQ score of approximately 25 to 55. The term **trainable** specifically differentiated these individuals from those classified as **Educable Mentally Retarded** (EMR, higher functioning) and those requiring total support (Severely or Profoundly Mentally Retarded). The core philosophy behind the TMR classification was the recognition that while these individuals would likely struggle to achieve typical academic mastery, they possessed the capacity, through intensive and structured intervention, to acquire essential adaptive skills necessary for partial independence, self-care, and potential supportive employment.

The TMR designation reflected a functional prognosis rather than simply a static measurement of intelligence. It served as a programmatic label, guiding educators and medical professionals toward curricula focused intensely on vocation and life skills rather than abstract academic content. Since individuals in this category demonstrate intellectual deficits that become evident quite early in life, often prior to formal school entrance, early intervention was considered crucial. The classification system was foundational in establishing distinct educational tracts within public school systems, ensuring that resources were appropriately allocated to address the specific needs associated with this level of cognitive functioning.

### 2. Etymology and Historical Development

The concept of classifying intellectual deficits based on educational potential emerged strongly in the post-World War II era, driven by increasing public education mandates and advances in psychological testing. Prior to this, terms were often vague, relying on subjective clinical judgment or archaic, stigmatizing language. The introduction of specific categories like EMR and TMR marked a significant, albeit imperfect, attempt to standardize diagnosis and intervention planning across states and institutions. The term **mentally retarded** itself, though now obsolete and considered harmful, was initially adopted as a clinical replacement for terms like "feeble-minded," aiming for scientific neutrality.

The TMR category gained prominence within the American Association on Intellectual and Developmental Disabilities (AAIDD, formerly AAMR) classification systems during the 1950s and 1960s. This classification scheme provided a practical framework for educational administrators struggling to manage diverse student populations following compulsory education laws. The functional distinction provided by TMR--the ability to be trained in practical skills--was a key differentiator from the profoundly impaired, who required continuous, total care. This era saw the development of specialized schools and classrooms dedicated specifically to achieving the life skill goals deemed attainable by the TMR population.

### 3. Diagnostic Criteria and Characteristics

The primary diagnostic criterion for TMR was the quantitative measure of intellectual functioning, specifically the score falling three to five standard deviations below the mean on standardized intelligence tests. Given that the typical standard deviation (SD) for IQ is 15 points, this placed TMR individuals in a functioning range significantly below the average. The source material highlights that the intellectual deficit at this level becomes **quite obvious prior to school entrance**, often requiring specialized pediatric and developmental assessments well before the standard school age of five or six.

Beyond the psychometric score, the TMR classification was characterized by significant limitations in adaptive functioning across multiple skill areas. These limitations include challenges in communication, social skills, daily living activities (such as dressing, hygiene, and self-feeding), and motor skills. Crucially, while the cognitive delay is substantial, individuals categorized as TMR retain the capacity for significant learning in practical domains. The educational philosophy recognized that while abstract thinking and complex problem-solving remained difficult, skills acquired through repetition, direct instruction, and application to real-world tasks could lead to functional competence.

### 4. Educational and Functional Potential

The educational objectives for students classified as TMR were distinct from those focused on college preparation or complex vocational tracks. The focus was fundamentally practical and functional. While the source notes that individuals can, with patience and time, learn **basic reading, writing, and math skills**, these academic skills are primarily taught as tools for life management rather than for intellectual pursuit. For instance, reading might focus on recognizing safety signs and simple instructions; math focuses on handling money, measuring ingredients, or understanding time schedules.

As children grow, the educational emphasis shifts strongly toward acquiring practical life skills that enable a degree of community integration and independence. Key areas of concentration include

vocational preparation (e.g., job readiness, sheltered workshop participation, following instructions in a work environment), personal care, home management (cooking, cleaning), and community access (using public transit, shopping). The ultimate goal articulated for this population was the ability to live with some level of independence and perhaps hold down **some type of employment**, often requiring ongoing support or supervision. This emphasis on functionality reflected the recognition that successful adult life for this group relied more on adaptive behavior than on traditional academic achievement.

## 5. Shift in Terminology and Modern Classification

The term **Trainable Mentally Retarded** and the umbrella term **mental retardation** have been formally phased out of clinical and educational use globally, primarily due to the severe stigma and derogatory connotations associated with the label. The preferred and officially adopted term in the United States and internationally is **Intellectual Disability** (ID). This shift reflects a more person-centered approach, focusing on the individual's supports needed rather than solely on their deficits.

In modern classification systems, such as those used by the AAIDD and detailed in the DSM-5, the TMR classification is primarily subsumed under the category of **Moderate Intellectual Disability**. This contemporary classification emphasizes that the severity of the disability is defined both by intellectual deficits and by limitations in adaptive functioning. Moderate ID typically corresponds to an IQ range of 35 to 55, precisely covering the functional core of the historical TMR group. This modern framework utilizes intensity of needed supports (intermittent, limited, extensive, pervasive) rather than rigid IQ cutoffs to determine appropriate service provision, moving away from the fixed programmatic labels that characterized the TMR era.

## 6. Significance and Impact

Despite its obsolescence, the TMR concept played a significant role in the history of special education. Its introduction legitimized the need for specialized curricula tailored specifically for students with moderate intellectual deficits. Before classifications like TMR, many such individuals were institutionalized or simply excluded from public schooling entirely. The TMR category provided the legal and administrative basis for creating the specialized learning environments and individualized education plans (IEPs) that are now standard practice under laws like the Individuals with Disabilities Education Act (IDEA).

The focus on **training** practical skills fundamentally shifted the goal of education for this population from unattainable academic mastery to achievable functional competence, recognizing the inherent dignity and potential for contribution within the community. While the label itself became derogatory, the educational framework it spawned--focused on vocational training, social skill development, and supported independence--remains the model for modern services provided to

individuals with moderate intellectual disability today.

## 7. Debates and Criticisms

The TMR classification faced several significant debates and criticisms, which ultimately led to its abandonment. Foremost among these was the inherent negativity and stigmatizing power of the word **retarded**, which became a common slur, overshadowing the clinical intent of the term. Critics argued that such fixed labels contributed to social marginalization and lowered expectations for the individuals being served.

Furthermore, critics pointed out the limitations of relying too heavily on IQ scores--the foundation of the TMR criteria--to dictate educational placement and life potential. IQ tests, while useful, do not fully capture adaptive behaviors, emotional intelligence, or potential for skill acquisition in non-academic settings. The rigid categorization risked misplacing students whose functional abilities might exceed their test scores, or conversely, failing to provide adequate support to those whose adaptive deficits were greater than their IQ score suggested. The modern shift to Intellectual Disability, which integrates both intelligence and adaptive skills, addresses these key criticisms by providing a more holistic measure of an individual's needs and capabilities.

### Further Reading

[Intellectual Disability \(Wikipedia\)](#)

[Intelligence Quotient and Standard Deviation \(Wikipedia\)](#)

[American Association on Intellectual and Developmental Disabilities \(AAIDD\)](#)