

EVERYBODY BELONGS  
CHANGING NEGATIVE ATTITUDES  
TOWARD CLASSMATES  
WITH DISABILITIES

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an increased interest in Disabilities Studies as an accepted academic field of study similar to Black Studies or Women's Studies. The political civil rights movement of persons with disabilities, which resulted in the passage of the Americans With Disabilities Act, also accounts for the heightened interest. But disability issues have been viewed through the civil rights and minority group paradigm only recently, and meaningful understanding of this paradigm **shift** away from the medical model must occur if further progress is to be made. As Hahn (1987) aptly stated, "Educational efforts that seek to explain and to clarify the analogies between the status of other minorities and the treatment of disabled citizens can contribute significantly to the struggle of the latter group for freedom and equality" (p. 185).

The public and especially the schools need to explore these issues because they daily address basic moral issues and values including humanness, segregation, freedom and liberty. As Rioux (1996) observed, "The particular condition of an individual may exacerbate his or her ability to function like the rest of us, but in a human rights framework difference is not an excuse to discriminate. It is a challenge to our creativity" (p. 9).

But changing paradigms, from the medical model the social rights model is difficult, and an exploration of some specific disability images and their effects on individuals can, at this point, promote understanding.

## CHAPTER FOUR

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### Early Attitudes and Their Legacies

Examining the historical treatment toward persons with disabilities contributes insight into the origins of our current common attitudes, particularly fear, rejection, fascination, ridicule and pity. Because such attitudes do not arise in a vacuum—they emerge from the customs, laws and practices of the past—we need to examine their foundations in order to understand them fully. An historical perspective reveals an evolutionary progression and suggests how far our society has come in its acceptance, treatment and integration of persons with disabilities. It also reminds us how far we still have to go: "If society is to deal fairly and honorably with its disabled brothers and sisters, there must be a general **understanding** and awareness of what should constitute fairness and how society has failed to be fair in the past" (Gallagher, 1995, p. **xiii**). History can teach us some important comparative lessons.

Early attitudes and beliefs toward persons with disabilities and readily discernible differences have influenced greatly how disabilities, and the people who have them, are treated today. Writing on deformity and disability in the Greco-Roman world, Garland (1995) stated that

[T]he study of history can never fruitfully be an end in itself. Rather, it **forms** part of a discourse between the past and the present, whose purpose is to measure cultural distance and difference, as well as to establish cultural similarity and identity (p. **xii**).

Throughout history, discriminatory treatment toward persons with disabilities has varied greatly from nation to nation and culture to culture, ranging from complete rejection and ostracism to semi-deification (Safilios-Rothchild, 1970; Mackelprang & Salsgiver, 1996). According to Barton (1996), "Disabled people have been the recipients of a range of offensive responses by other people. These include, horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behavior (p. 8).

However, such treatment of persons with disabilities has been one of increasing humanization, away from extermination, banishment and exclusion. We now move toward the as yet elusive goal of full acceptance, respect, civil rights and social inclusion. Funk (1987) defined such humanization as the "recognition that disabled people have human needs and characteristics, and public policy must be designed to reflect and further this human potential" (p. 8).

Blatt (1987) recalled that the severest form of punishment in ancient times was not execution but banishment. In a sense, the history of disability can be traced through various eras each reflecting different forms of banishment and segregation, each leaving its influence on modern attitudes. For instance, as Hitler initiated the Nazi policy of "euthanasia," a euphemism for murdering disabled children considered by the state as being "life unworthy of life," he paid tribute to the similar policy of ancient Sparta, where babies with disabilities were hurled to their deaths from cliffs for the betterment of the state.

### **The Importance of Context**

Because handicaps are environmental, any society's treatment of persons with disabilities should be understood within the context of the "social environment" and cultural conditions of its own time. For instance, to comprehend the early Greek and Roman treatment of persons with disabilities, one must be aware of other predominant attitudes of their respective periods: the acceptance of poverty, misery, suffering and slavery as part of everyday life; the glorification of strength and beauty resulting in the rejection of infirmity and deformity; and religious practices that blunted sensitivity toward the value of life (Ross, 1978). Early Greek and Roman cultures included a narrow concept of what was physiologically normal or abnormal and a concept clearly evident in their religions and mythologies (Garland, 1995).

Similarly, laws in the American colonies, which today may seem excessively harsh, reflect social conditions in times when settlers focused their energies on the struggle for survival (President's Committee on Employment of the Handicapped, 1976). During the eugenic period of the early part of this century, the eradication of "feeble-mindedness" through sterilization was thought humane and considered an enlightened effort to produce a better society (White, 1993). Thus, every era's approach to persons with disabilities was a product and reflection of its social environment. Teachers must consider such social contexts of the times, not to provide a justification or **rationaliza-**

tion for such behavior, but to help provide some understanding for the thinking behind it.

### **Influencing Factors**

As early as 1970, Safilios-Rothschild listed the seven basic factors that influenced the direction and degree of prejudice and discrimination toward persons with disabilities within each society:

1. the degree of a country's socioeconomic development and its rate of unemployment;
2. the prevailing notions about the origins of poverty and unemployment and socio-political beliefs concerning the proper role of the government in alleviating social problems;
3. the prevailing notions about the etiology of illness and the degree of individual responsibility involved in falling ill and remaining disabled;
4. the cultural values or stigmata attached to different physical conditions or characteristics;
5. such disability-connected factors as (a) the visibility of the disability, (b) whether or not the disability is contagious, (c) the part of the body affected, (d) the nature and pervasiveness of the disability (for **example, mental** or physical), (e) the severity of the functional impairment and (f) the degree of predictability of its course;
6. the effectiveness of the public relations groups representing the interests of a specific disability and the dramatic-sensational image attached to it (for example, muscular dystrophy); and
7. the degree of importance for the nation's welfare, economy, and security of such high-disability-risk undertakings as modern warfare and industrial work (pp. 4-5).

### **Segregation by Extermination**

#### *Primitive Society*

Throughout recorded history people with disabilities have been part of our community. Archaeologists constantly uncover evidence of persons

with disabilities dating back to the Neanderthal Period (Mackelprang & Salsgiver, 1996). Most primitive societies followed the custom that individuals with disabilities had to be sacrificed for the good of the group (Funk, 1987). Early humans were hunters and foragers. They were also generally frail, living only to their early twenties. Life was hard, dangerous and short. People slept on the cold ground and faced daily starvation, stress, trauma and fear (Scheerenberger, 1983). The harshness of the environment made survival dependent on group cooperation. With the reality of hunger ever-present, each individual was vital to the band for hunting, gathering and collective defense (Bowe, 1978; Ross, 1979; Scheerenberger, 1983; and Gallagher, 1995). As Morgan (1987) stated, "Children born with physical, sensory, or mental handicaps were definite liabilities to primitive societies. Not only were they unable to contribute to group efforts of providing shelter, or hunting, gathering, and farming food, their requirements for individual care would remove from the work force some able-bodied person needed for those survival tasks (p. 16).

As early humans leading nomadic existences were forced to pursue their prey, they could tolerate no form of weakness and those unable to assume their share of the work or keep up were left behind to die. The elimination of the incapacitated, old, or feeble was not only accepted but also expected. Although such indifference seems callous by today's standards, primitive humans had no alternative. The life of the band, which was of primary importance, had to be ensured. As Morgan (1987) stressed,

If children were born with conditions so disabling that they required life-long care by someone in the group, then those children were seen as a liability to the society. Harsh environment conditions of those ancient times placed great demands on human beings to be strong and fit so that they were able to take care of themselves and contribute to the daily living needs of the group. Simple living, in primitive times, was laborious and spirit-killing, causing people to behave in ways, that by today's standards, would be considered ruthless, and barbarous (p. 16).

For early humans, the severity of the conditions made every physical disability an environmental handicap. Survival of the hardiest was a demanding reality and an individual unable to see, hear or walk presented a threat to the daily existence of the entire band. The severity of

the living conditions of the times—the environment—chiefly accounted for early deaths of those with physical disabilities, not innate cruelty (Ross, 1979). Meanwhile, children with disabilities were more vulnerable to disease and the elements because of their **impairments**, and they were killed or left to die for this reason (Bowe, 1978). In most cases, those exterminated by infanticide were killed shortly **after** birth and were disposed of in various ways, including being buried alive or even eaten (Ross, 1979). According to Morgan (1987), "Put into perspective of the times, these child murders were all considered rather unremarkable events" (p. 17).

### *Early Civilization*

The environment became more accommodating to individuals with disabilities around 12,000 B.C. when humans passed from the age of itinerant hunting to growing crops, reasoning symbolically, communicating verbally and living in communities (Scheerenberger, 1983). Although no longer exclusively nomadic with the attendant need to hunt **or** keep up with the group, people of early civilizations continued to destroy those with severe physical or mental disabilities as a result of superstition and demonology even though they now had the time and ability to care for their disabled friends and relatives.

Primitive society believed in animism—the existence of spirits that incite or perform evil. According to Scheerenberger (1983), the treatment of physical and mental disorders were entrusted to the shaman or medicine man, thereby **establishing** the shamanistic legacy of the medical model. A striking difference or a disability was usually perceived as evil, ominous or unlucky, with a strong "demonological conception of a power that controlled behavior" (Ross, 1979, p. 8). According to Charkins (1996), for example, "Throughout the world, there is documentation that children born with facial difference (and often their parents, too) were treated with hostility and accused of being evil" (p. 38).

Similarly, the ancient Assyrians assumed that children with disabilities or physical differences were omens of evil. Among their recorded beliefs are these four:

1. If a woman gives birth to a "cripple," her house should be destroyed.
2. If a woman gives birth to a boy with six fingers on the left hand, he will vanquish an enemy.

3. If a woman gives birth to a child with two heads, the nation will be torn asunder.
4. If a woman gives birth to twins joined at the spine, the gods will forsake the people and the king must abdicate his throne (Monestier, 1978, p. 13).

Ancient Babylonians practiced customs like fetomancy (prophesying by examining fetuses) and teratology (divination based on examination of "abnormal" births). Another common custom was **trephining**—cutting holes in the skulls of those with physical disabilities or epilepsy to allow the evil spirits to escape. According to Thompson (1994) Babylonian fetomancy included the following eight prognostics from "monstrous births":

1. If a woman should give birth to an infant that has the ears of a lion, there will be a powerful king in the land.
2. If a woman should give birth to an infant whose right ear is small, the father's house will be destroyed.
3. If a woman should give birth to an infant that has a **bird's** beak, the country will be peaceful.
4. If a woman should give birth to an infant that has no mouth, the mistress of the house will die.
5. If a woman should give birth to an infant that has no nostrils, the country will be in affliction and the house of the man will be mined.
6. If a woman should give birth to an infant that has no right hand, the country will be convulsed by an earthquake.
7. If a woman should give birth to an infant that has six toes on each foot, the people of the world will be injured.
8. If a woman should give birth to an infant whose right foot is absent its father's house will be mined and there will be abundance in the house of his neighbor.

### *The Concept of Monster*

The term "monster" as currently used, refers to dangerous and repugnant creatures. But "monster" was once the standard medical **term** for individuals born with a demonstrable physical difference (Bogdan, **Biklen**, Shapiro and **Spelkoman**, 1982; Bogdan, 1988). The word "monster" is derived from either *moneo*, to warn, or *monstro*, to show. In either case, the word's Latin etymology strongly suggests that the birth of a child with a physical or mental anomaly was a dreaded omen—a sign of divine wrath and providence that presaged evil (Fiedler, 1978; Monestier, 1978; Bogdan, 1988; Thompson, 1994; and Garland, 1995).

As early as 1573, Paré also described monsters as foreboding evil and noted that, "such marvels often come from the pure will of God, to **warn** us of the misfortunes with which we are threatened, of some great disorder, and also the ordinary course of Nature seems to be twisted in [producing] such unfortunate offspring" (p. 6). He stated that monsters, **marvels** and maimed persons, were against Nature:

Monsters are things that appear outside the course of Nature (and are usually signs of some forthcoming misfortune), such as a child who is **born** with one **arm**, another who will have two heads, and additional members over and above the ordinary. Marvels are things which happen that are completely against Nature as when a woman gives birth to a serpent or dog or some other thing that is totally against Nature. Maimed persons include the blind, the one-eyed, the hump-backed, those who limp, or [**those**] having six digits on the hand or on the **feet**, or else having less than five, or [having them] fused together; or having arms too **short**, or the nose too sunken, as do the very flat-nosed; or those who have thick, inverted lips or a closure of the genitals in girls, because of the hymen; or because of a more than natural amount of flesh, or because they are hermaphrodites; or those having spots or warts or wens, or any other thing that is against Nature (in Pallister, trans. 1982, p. 3).

Moreover, **teratology**, (the study of congenital "defects") comes from the Greek word for monster (Ingstad & **Whyte**, 1995).

### *Infanticide*

Disabilities, so widely often feared, motivated extreme practices **like** infanticide. In some extreme cultures, the custom was so severe that the mother **was** killed along with her "malformed" child (**Scheerenberger**, 1983). The precise rituals varied. Some, like the ancient Melanesians,

buried their disabled children alive. Others, like the ancient Indians, cast their deformed babies into the sacred river Ganges (James, 1975; Van Ripper & Emerick, 1984).

Most early Egyptians tolerated physically different children and appear not to have condoned infanticide. In fact, it was later banned by decree (Moores, 1996). Before its prohibition, however, those parents who chose to practice infanticide were forced to hug their dead child continually for three days and three nights to express the appropriate remorse (Scheerenberger, 1983).

The early Egyptians represented one of the most humane societies of the time and were the first to display an interest in both the causes and cures of handicapping conditions as well as the personal and social well-being of individuals with disabilities, especially those with visual impairments. According to Moores (1996), "The priests of **Karnak** trained the blind in music, the arts and massage. Blind people participated in religious ceremonies and, during some periods, represented a large proportion of the poets and musicians of ancient Egypt" (p. 32).

Customs in Africa varied according to tribe. The South African Kaffir tribe clubbed their sickly or deformed children to death (Van Ripper & Emerick, 1984). The East African Wanika tribe destroyed both deformed infants as well as those believed to be unusually precocious because they were viewed as ominous forecasters of trouble for the tribe. Albinism was considered a severe disability in the Bakongo tribe because it was believed to cause "humpback and rheumatism" (Ross, 1979). The early Mesopotamians viewed diseases and mental disorders as punishment from God or as possession by the devil or evil spirits. Mental and physical diseases were considered "afflictions"—impure, taboo, and the result of sin, a belief still widespread today.

Native Americans in the New World also had rituals that varied by tribe. For example, the beliefs and practices of the Aztec culture were particularly harsh for those with physical impairments. Often believed to possess magic powers, "deformed" individuals were favored for sacrifice by priests who cut out their beating hearts during times of famine to mark the death of a leader (Van Ripper & Emerick, 1984).

Most Native American cultures valued rather than devalued those with physical and mental differences and many Native American tribes venerated those with physical disabilities and blindness. The Zuni, for example, believed that those with severe mental retardation had intimacy with good spirits and often regarded their words and sayings as divine (Ross, 1979). Similarly, among the North American plains tribes,

youngsters with **deafness** were often admired because of their skillful use of sign language (Moores, 1996).

### *Greek and Roman Attitudes*

Both the Greek and Roman cultures sought the perpetuation of physical perfection, beauty and health. According to Edwards (1996), Herodotus (5th century B.C.), the father of history, listed at the top of his criteria for happiness, "freedom from deformity" (p. 30). Thus, the social response to disability and difference was partially determined by religion, with beauty and wholeness favored by the gods and deformity interpreted as divine wrath. For example, persons with facial differences were created by the gods for their own amusement and sent here "to warn, admonish or threaten mankind," (Charkins, 1996, p. 38). In fact, "the birth of a deformed child was interpreted by the Greeks as a punishment inflicted upon its parents by the gods" (Garland, 1995, p. 13). Children with disabilities were often segregated so as to limit severely their chances for survival. Most infants born with physical disabilities were immediately killed by "exposure" or were allowed to die of their conditions shortly after birth. For example, in Sparta, around 800 B.C., "mentally and physically defective children were left on mountain sides or in pits to fend for themselves. Even enlightened Athenians put deaf children to death" (Burgdorf & Burgdorf, 1976, p. 884).

The practice of **destroying** newborn babies with impairments reportedly had the **full** approval of Plato and Aristotle (James, 1975; Burgdorf & Burgdorf, 1976). In fact, in *The Republic*, Plato stated that persons with mental retardation or weakness had little place in society. He advised the examiners to inspect newly **born** offspring to make sure they were not deceived by a "lifeless phantom not worth rearing" (cited in Garland, 1995, p. 15). Plato further wrote, "And those of the worst, and any others **born** deformed, they will hide away in an unspeakable and unseen place, as is seemly" (Bloom, trans., 1968, p. 139). Plato's plan for the "ideal state" included betterment of the race, improved breeding and exposing "malformed" children as a "rudimentary form of eugenics" (Despart, 1965). Similarly, in his *Politics*, Aristotle wrote, "With regard to the choice between abandoning an infant or rearing it, let there be a law that no crippled child be reared" (Sinclair, trans., 1992, p. 443).

Greece's city-state of Sparta exemplified the philosophy of "rugged individualism" and "a sound mind in a sound body." The laws of Sparta

viewed those with disabilities as burdens to be eliminated for the betterment of their militant warlike society. Edwards (1996), however, found that the boundaries of who was considered disabled were not as well-defined as in today's society. A soldier with an impairment—for example, a limp or the loss of an eye or even a more serious **condition**—but who could still fight or be of service to the military, was not considered disabled. **Artemon**, a man with a physical disability, served in the role of military advisor and designed siege-engines. He was known by the name of "**Periphoretus**," which means "Carried-Around" because he could not walk. "**Artemon was** not considered less than a man because he was on the front lines, in fact, he was a man of ability and high prestige" (p. 30).

In ancient Greece, however, infanticide, not considered at all barbaric, was a legal right invoked by paternal decision. Within the first week of its existence, each infant faced the father's right to **terminate** its life. But, the same infant was also brought to a place called **Lesche**, before a state council of inspectors (The Committee of Hygiene or The State Health Committee), where it was carefully examined by "triers" or elders of the tribe to which the child belonged. Any child that appeared to be or was suspected of being defective was thrown from a cliff of Mount Taygetus onto the jagged rocks below, or was left to die exposed to the elements (James, 1975; Preen, 1976; and Scheerenberger, 1983). Despart (1965) wrote, "There was no indication that the baby was eased into death through some humane form of euthanasia, and the plain fact is that it was abandoned to be destroyed, probably by wild animals, while 'alive and kicking'" (pp. 45-46).

Although Athenian parents showed more affection for their children than the Spartans, they also practiced infanticide on their weak or deformed children. It was thought to be a **necessary** social practice. The Athenian child was examined at birth, not by a state committee, but by the father alone (Despart, 1965). Any infanticide decision had to be made shortly after birth. First the father had to perform "The Ceremony of the Hearth," sometimes referred to as the **Amphidromia**. Five days after its birth, the father would take the child in his arms and walk around the hearth, carefully studying the child's physical condition. The significance of the hearth reflected the Athenian belief that it was the altar of the goddess Hestia, who would help a father decide rightly the destiny of his child. But in reality "the Athenians upheld the right of the father to make the final decision" (Preen, 1976, p. 15). If not destroyed

before the age of ten days, the infant received the father's name and his protection (Scheerenberger, 1983).

**Preen** (1976) believed infanticide by exposure was more humane in Athens than Sparta. For Athenians, it often became a heartbreaking family experience entailing **almost** enough careful planning to ensure the infant's survival rather than its death (p. 11). Each baby was placed in a large earthen jar set by a temple with the hope someone might want it (Scheerenberger, 1983). Such infants were regularly left at **well-traveled** areas at the most appropriate times of the day, to be rescued by childless couples or other interested parties. A watch was sometimes kept on the child or the place revisited to ascertain the infant's fate (Preen, 1976).

Our appraisal of such harsh treatment as infanticide must take into consideration the beliefs and social environment of the times. Greek religious beliefs emphasized that individuals with disabilities had immortal souls, so that their elimination from this life probably meant a more prompt reincarnation—a pleasant prospect than lives of hardship as disabled and stigmatized individuals. This belief encouraged many parents to accept the custom as a blessing, or "**at** least the best possible course of action as regards their handicapped children" (Preen, 1976, p. 14).

The treatment of disabled persons in Rome varied over the broad span of the Empire's history, roughly from 800 B.C. to approximately 500 A.D. According to Charkins (1996), the Romans often placated their gods by sacrificing children with facial differences seen as an evil. They often sacrificed the mother as well.

Like the Spartans, the Romans sought to establish a military state dependent on a physically strong population and believed in killing unsuitable children. For example, Seneca the Elder, an influential teacher and theoretician in the early Roman Empire, compared the drowning of deformed children to the "killing of unwanted dogs or unhealthy cattle" (Ross, 1979, p. 9).

Under the principle of **patriapotestas** the laws of Rome gave the father extensive authority over the person and property of his family and descendants. Such power included the right to sell, mutilate or even kill his children. Despart (1965) observed, "The father's **patriapotestas** was absolute and extended well into the adulthood of the son's and daughter's married lives. He had the right of life and death over his children" (p. 53).

But although the laws were harsh, children with disabilities had some rights. For example, during one Roman period, a child could be exposed only for the first eight days of life (Scheerenberger, 1983). Later, a child was exposed only after it was inspected by male members of five neighboring families who unanimously decided the child was unworthy to live. If the decision was less than unanimous, the father could not expose it at any other time during its life (Preen, 1976).

Meanwhile, Roman emperors had absolute, unrestrained, autocratic power to deform their subjects either as a punishment or just "for the purpose of their own idle amusement" (Garland, 1995, p. 51). For example, **Augustus** ordered the legs of a slave broken as punishment for accepting a bribe. **Hadrian** stabbed a slave in the eye in a fit of rage. Perhaps the emperor cruelest to his subjects with disabilities was Commodus (A.D. 161-192), who nicknamed his subjects "one-footed" or "one-eyed" after breaking their legs or gouging out their eyes (Garland, 1995). Under his direct order, those with physical impairments were brought to Rome for his use as moving targets for archery practice (Scheerenberger, 1983). One of his favorite pastimes was to reenact mythical battles by taking physically disabled subjects unable to walk, covering their legs from the knees down "in wraps and bandages to resemble serpents, and then slaying them with arrows" (Garland, 1995, p. 52). Once he sliced an obese subject down the middle to see his intestines splatter. No wonder the people rejoiced when he was choked to death by his wrestling coach by order of the Praetorian Guard!

### *Later Forms of Extermination*

Withhold the hope that extermination of disabled people ended with the Greeks and Romans. During the 13th century, for example, Philip the Fair of France, **concerned** with the spread of leprosy in his kingdom, made this suggestion for its control: "Let us collect in one place all of the lepers and bum them, and so often as more appear, let us bum them also, until the disease is eradicated" (Haggard, 1932, p. 25). Similarly, this **Prussian** law of 1230 survives in the literature:

Be a man laden with sick women, children, sisters, or domestics, or be he sick himself, then let them be where they lie, and we praise him too if he would bum himself or the feeble person (Despart, 1965, p. 67).

In France, the Edict of 1556 provided severe penalties for infanticide of the newborn, found to be sharply on the increase. Unfortunately, the

extermination of persons with disabilities has continued into contemporary times, as witness the "euthanasia" killing program in Nazi Germany and the "summary resolution" killing program in contemporary China which will be discussed in detail later.

### *Early Religious Attitudes*

Early religions traditionally considered congenital disability and differentness as "an example of the capacity of the divine to violate natural law" (Garland, 1995, p. 59). The birth of a disabled or deformed child was treated as retribution against the tribe or parents for angering the gods, and although seen as an innocent victim of its parents' sinfulness, the child **served** as a reminder of general human evilness. Gallagher (1995), concluded that most people continue to view disability as a moral judgment and punishment since society, in a sense, finds it difficult to tolerate a world where punishment is dispensed "with an even hand" to both the guilty and innocent alike.

Early religions, thus became highly influential in shaping attitudes toward persons with disabilities (Garland, 1995). UNESCO (1995) reported that "religious teachings have provided some of the most negative attitudes towards disabled people" (p. 32). Because of the huge influence the major religions Judaism, Christianity, and Islam have had on the forming of attitudes toward persons with disabilities, they warrant some extended examination.

**THE VIEWS OF JUDAISM:** A new awareness and compassion of persons with disabilities developed with the coming of Judaism. Although the early Egyptians and Indians initiated the idea of charity by giving alms, it was the early Hebrews who made the practice religious requirement. **Trattner** (1994) wrote of the ancient Jewish doctrines that taught not only the duty of giving, but also the right of those in need to receive:

Throughout the Old Testament, the ancient Hebrew collection of historical books, laws, proverbs, psalms, and prophetic writings that go as far back in time as the late eleventh century B.C., one finds commandments to be charitable to the **unfortunate**—the sick, the old, the handicapped, and the poor. Moreover, such "charity should be given with a friendly countenance, with joy, and with a good heart" (p. 2).

Thus, between 400 and 500 B.C., as the Hebrews began codifying their laws, they explicitly forbade taking advantage of an individual's **dis-**

ability for sadistic, economic or other reasons. As the Torah, for example, specifically stated:

Thou shalt not curse the deaf, nor put a stumbling block before the blind (Leviticus 14:14).

Cursed be he that maketh the blind to wander out of the way (Deuteronomy 27:18).

Ye shall not afflict any widow or fatherless child (Exodus 22:22).

If there be among you a poor man of one of thy brethren within thy gates in thy land which the Lord thy God giveth thee, thou shalt not harden thine heart, nor shut thine hand from any poor brother: but thou shalt open thine hand wide unto him, and shalt surely lend him sufficient for his need, in that which he wanteth (Deuteronomy 15:7-8).

**Baskin and Harris (1977)**, stressed that "lameness" as a sign of disfavor was a common belief of early people. For example, Mackelprang and Salsgiver (1996) found that the

Judeo-Christian tradition, prevalent among Europeans during and after the Middle Ages, taught that people with disabilities were expressions of God's displeasure. Disability signified "sinner" to the ancient Hebrews, and people with disabilities were thought to be possessed by evil demons (p. 8).

Although the laws of the early Hebrews displayed sensitivity toward those with disabilities by forbidding their exploitation or humiliation, certain common presuppositions associating one's purity with one's outer appearance nevertheless arose, producing restricted religious and social roles. Such restrictions resemble those imposed by the early Greeks who had a propensity for physical perfection in their religious ceremonies: "Not only did the victims which were offered in sacrifice have to be without blemish, but the priests, too, were required to be physically perfect" (Garland, 1995, p. 64). The Romans, as well, prohibited men with disabilities from the priesthood of their pagan temples, "a practice embraced by the Roman Catholic Church, which continued until recently, to bar disabled men from its priesthood" (Gallagher, 1995, p. 248). Both the ancient Hebrews and early Christians **associat-**

ed physical disability and sin (Safilios-Rothschild, 1970). Disability was believed to be inflicted on those being punished by God.

The Hebrews required their practicing priests (Koheins) to be without blemish. The book of Leviticus specifically lists the physical **attributes** that disqualify a Kohein from performing the priestly functions:

Speak to Aaron and say: No man of your offspring throughout the ages who has a defect shall be qualified to offer the food of his **God**, no man who is blind, or lame, or has a limb too short or too long; no man who has a broken leg or a broken arm; or he who is a hunchback, or a dwarf, or who has a growth in his eye, or who has a boil-scar, or scurvy, or crushed testes. No man among the offspring of Aaron the priest who has a defect shall be qualified to offer the Lord's offerings by fire; having a defect, he shall not be qualified to offer the food of his God (Leviticus 21:17-21).

A commentary by Rabbi **Magriso** in 1753 analyzed this rule:

One could take an example from the behavior of men of flesh and blood. If a person wishes to bring a gift to a pasha or any other great leader, he does not send it with a blind **man** or a cripple. If he did so, the recipient would certainly be **angry**. It would be considered an insult to send it through a **person** with a physical defect. This is all the more hue when **one wishes** to send a gift to the King of kings, the Lord of the universe. Certainly one should not send a gift through a "cripple" or maimed agent (trans. Kaplan, 1982, p. 105).

Although a physical disability did not cost a Kohein his priestly status, it did disqualify him from performing his public duties of the priesthood. Koheins with physical disabilities shared the **priestly** meals and lodging and were even given domestic jobs like **deworming** the kindling wood in a special area set aside for that purpose (**Astor**, 1985). But, a blemished priest was forbidden to enter the sanctuary or approach the altar **under** the penalty of flogging (Kaplan, 1882). Such limitations were based on the belief that the work of the priesthood was sacred and pure and that a noticeable physical difference would distract worshipers during the special prayers and blessings.

Disabilities were **often** used by the biblical prophets as a symbol of moral imperfection and evidence of a need to pray for a perfected world:

In that day, the deaf shall hear even written words,  
And the eyes of the blind shall see even in darkness and obscurity  
(Isaiah 29:18).

Then the eyes of the blind shall be opened,  
And the ears of the deaf shall be unstopped.  
Then the lame shall leap like a deer,  
And the tongue of the dumb shout aloud;  
For the waters shall burst forth in the desert,  
Streams in the wilderness (Isaiah 35: 5-6).

I will bring them in from the northland,  
Gather them from the ends of the earth—  
The blind and the lame among them (Jeremiah 31:8).

Meanwhile, most early Hebrews viewed madness as retribution afflicted by an angry God. They believed "madness" to be supernaturally inflicted on those who sinned. For example, the first book of Samuel describes the details of King Saul's paranoia. As early as the 7th century B.C., Moses told his people in the book of Deuteronomy (28:15,28) "[I]f you do not obey the Lord your God and do not carefully follow all his commands and decrees. . . the Lord will afflict you with madness, blindness and confusion of the mind" (Bullock & Mahon, 1997, p. 32).

Although the criteria for **determining** madness was the display of impulsive, uncontrollable behavior, not everyone who displayed such behavior was considered "mad." The behavior of the prophets, for example, was often perceived as strange, peculiar and bizarre. It was written that Ezekiel often clapped his hands, stamped his feet, screamed inarticulately, swung around his sword, experienced trances and visions and once even ate the papyrus scroll containing a written message of grief and mourning he was about to deliver (Conrad & Schneider, 1992). Because of his exalted role of "prophet," his behavior was not considered a form of "deviance" or "mental illness" but one of "prophecy" and "revelation."

The Hebrew verb to "behave like a prophet" also means to rave or to act like one is beside oneself. Both were attributed to divine intervention and socially ascribed individuals. Although the mad person and the prophet alike engaged in peculiar and extreme behavior, the prophet's was attributed to divine inspiration and the mad person's to

divine retribution. Prophecy was an explanation available to the Hebrews for certain types of extreme behavior and an available social role for some deviants. It is interesting to speculate where the prophets are today, when we no longer attribute hearing voices to God, but to mental illness (Conrad & Schneider, 1992, p. 39).

**THE RESPONSE OF EARLY CHRISTIANITY:** The preaching of Jesus includes several references to persons with disabilities. He stressed the notion of showing charity, sympathy and pity to those with physical and mental impairments and recognizing them as children of God (Preen, 1976). This view helped establish the image of persons with disabilities as holy innocents and pitiable. Jesus, who preached a way of life based on love and mercy, seemed particularly concerned with the well-being of children (Scheerenberger, 1983). However, Jesus' mission demonstrated concern for far more than just the "spiritual" welfare of disabled individuals. He cured their impairments by miraculous **healing**, drawing upon their faith to achieve the exorcism of demonic **influences** (Scheerenberger, 1983). As **Mackelprang** and Salsgiver (1996) noted, "In the New Testament, people with mental disorders were believed to be possessed. It was thought that people with disabilities had them **because** of their own or their parents' sins" (p. 8). For instance, Haggard (1932) recalled a disciple's question to the man with blindness brought before Jesus, "Who has sinned, this man or his parents, that he was born blind?" (p. 14). According to **Paré**, "And Jesus Christ answered them [saying] that neither he **nor** his father nor his mother sinned, but that it was in order that the works of God might be magnified in him" (Pallister, trans., 1982, p. 4). Thus, the healing acts Jesus **performed** sometimes served as object lessons to glorify God or to vilify the unbelievers. In this incident described in John 9, the restoration of sight to the man with **blindness** is contrasted with the so called "**blindness** of the Jews" during Jesus' time who refused to "see" in him "God's healing purpose for them" (Ken, Hanawalt, Lindberg, Seban & Noll, 1991, p. 66).

In Christianity, the parables **are** all based on disability as sin and the concept that if you have enough faith you will be cured. Obversely, as a nondisabled person, you are more likely to go to heaven if you are good to a disabled person (the Parable of the Good Samaritan), (UNESCO, 1995, p. 33).

Included among the specific examples of Jesus' cures included in the New Testament are:

- The healing of a “**dumb**” man (Matthew 9);
- The healing of a "paralyzed" man (Matthew 9);
- The restoration of sight to two "blind" men (Matthew 10);
- The healing of a man with a "withered" hand (Matthew 12);
- The cleansing of a "leper" (Mark 1);
- The cure of an "insane" man (Mark 5);
- The healing of a “**deaf**” man with a "speech impediment" (Mark 7);
- The mass healing of the sick at Capernaum (Matthew 8);
- The healing of a “**lame**” man at the Pool of Bethesda (John 5).

Underlying these healing miracles was an assumption that disability symbolized impurity and evidenced a soul to be saved (Bowe, 1978; and Ross, 1979). Scheerenberger (1983) noticed that the healing miracles of Jesus, with evil spirits and the Devil as the antagonists had an enormous influence on future attitudes.

One result of associating spiritual purity and physique is that persons with disabilities become demonic influences and evil spirits themselves, conspiring with the Devil, and therefore, requiring exorcism. The stereotype of disabled persons as "evil sinners afflicted in retribution" derives from such beliefs. As Charkins (1996) wrote,

In European folklore, children with physical deformities or mental retardation were thought of as the offspring of fairies, elves, or other sub-human beings, or as beings who had been substituted for **non-disabled** children. In most areas, the child was treated cruelly so that the elves would be coerced into returning the "stolen" child. . . . A later **myth** was that the devil had performed the exchange as retribution for the sins of the parents (pp. 38-39).

Despite the tenet of Christianity to protect and provide for disabled individuals, religious leaders of the Reformation **often** promulgated strong convictions about the linkage of sin and disability. Both Luther and Calvin, for instance, considered persons with mental retardation to be essentially evil, possessed and filled with Satan. Luther referred to a twelve-year-old boy with mental retardation as godless and advocated his drowning. He further declared that "cripples," "cretins," and other "deviants" were "miracles," unfit to live, and in fact, he believed that it would please God to see them destroyed because as miracles, they were just a mass of flesh with no soul. He believed that "the Devil sits in such changelings where their soul should have been" (Scheerenberger, 1983, p. 32). Luther believed that such babies had surely been substituted by a diabolical mother of the deformed child and advised that "such disabled children should be severely beaten in the hope that the evil mother would be forced to return with the healthy child" (Gallagher, 1995, p. 249).

According to Monestier (1978), beliefs like Luther's were based on early Christianity's strict notions of good and evil and its interpretation of natural phenomena as attributable to the intervention of either God or Satan. Good and evil were thought to be in constant conflict. Since, according to the Scriptures, God created man in His own image, monsters and "the deformed" had to be creations of the Devil. Similarly, the basic theological attitude toward individuals with mental illness was that such persons were possessed by demons, dangerously inferior, and, therefore, not deserving of Christian charity. Burgdorf and **Burgdorf** (1976) noted that

[T]he ravings of many persons suggested a sinister background. Such individuals might be "possessed" of a devil, or in communion with Satan himself. Since Christian theology stressed the freedom of human will, it was assumed witches or wizards who had abandoned themselves to these evil contacts had done so of their own consent and were therefore deserving of the most severe punishment (pp. 884-885).

The most common treatments for mental disorders were torture on the rack and death at the stake or gallows (**Burgdorf & Burgdorf**, 1976). As Monestier (1978) recalled,

[T]he mute baby's tongue had doubtless been wrenched from his head by infernal tongs, so that it would not reveal the secrets of the netherworld, while a deaf child was thought to be receptive only to the **mur-**

**murings** of the Beast, and the blind baby's eyes had surely been seared by the red-hot coals of Hell, while the club-footed and the lame were crippled not only physically, but spiritually as well. The hunch-back no doubt bore the weight of a horrible curse on his back; could one not detect, when he passed by at night laboring under the weight of his Satanic master, a distinct odor of sulphur which permeated the soul and clothes of passers by? (p. 4).

Another enormous influence Jesus had on attitudes toward persons with disabilities was the creation of the provider-receiver relationship typified by charitable causes today. Early Christian philosophy, based on Judaism, preached sympathy and pity; and as the church assumed the role of provider for the less fortunate by furnishing food, protection and shelter, it awarded itself a position of superiority and control. It based this control on the belief that disability was an indication of impurity and "evidence of a soul that needed to be saved." As Bowe (1978) stated, "The question of whether a man was helped when control of his destiny was removed from his hands appeared little to concern the early Christians in their zeal to perform good works" (p. 7). The same may be said of many of today's charity drives and telethons.

Finally, **Astor** (1985) concluded that although specific examples can be cited connecting physical imperfections and divine displeasure, "[I]n general the biblical attitude toward the disabled seems to be one of acceptance and protectiveness" (p. 40).

**THE TEACHINGS OF ISLAM:** Mohammed (569-622 A.D.) composed the **Qur'an** (Koran) with 114 chapters (Suras) that proclaim one God who is both powerful and merciful. The Koran views infanticide as a sin: "Kill not the old man who can not fight, nor the young children nor the women." It also considers persons with mental retardation and mental illness as God's innocents:

Give not unto those who are weak of understanding the substance which God hath appointed you to preserve for them; but maintain them there out, and clothe them, and speak kindly to them.

**Haj** (1970) noted that visual impairments are by far the most common type of disability mentioned in the Koran. In fact, it gives special consideration to individuals with blindness because education was based on oral ability thereby making it possible for motivated blind students to

succeed, even at universities (cited in Moores, 1996, p. 37). But UNESCO (1995) reported that

The laws of some Muslim countries inflict physically disabling punishments to fit a particular crime, such as amputation of a hand for stealing, which reinforced the supposed link between punishment and disability (UNESCO, 1995, p. 33).

According to Scheerenberger (1983), Arab **culture**, in many respects, was reportedly more humane and socially advanced in the treatment of the mentally "deviant" than early western Europe.

**EASTERN RELIGIONS:** A comparison of the treatment of persons with disabilities in eastern cultures to treatment under the Greeks and Romans reveals a wide variety of differing philosophies. As early as 850 A.D., Japan reseeded membership in masseuse guilds for individuals with blindness. But as UNESCO reported,

The Shinto concept of purity leads to contempt for disabled people. Under this practice, all worldly sources of defilement such as contact with death, sickness, childbirth and menstruation were avoided. Disabled people came to be included in the category of *hin-nin* or "non-people" (UNESCO, 1995, p. 33).

In China, persons **with** blindness often received special training as fortune tellers (French, 1932). Confucius (551-479 B.C.) taught that fundamental to a just and peaceful world was the decent behavior of the individual. His beliefs were rooted in the concept of a moral sense of responsibility toward others which included kindness, gentleness, and **service** to those of weak **mind** (Scheerenberger, 1983). Confucius taught that the "weak minded" had a claim on society which had a responsibility to care for those who could not care for themselves (**L'Abate** and Curtis, 1975). Family loyalty was an important value and "**Everyone** calls his son his son, whether he has talents or not." Every individual was regarded as an integral member of the family even if he or she differed mentally or physically (Ross & Freeland, 1977).

Miles (1995), citing the lack of studies available in European languages regarding disabilities in South Asia and China over the past 4,000 years, expressed appreciation for the new translations that are beginning to provide **important** glimpses of Asian disability history. For

example, stories recently translated tell of Confucius's respectful and kind treatment of a music master with blindness; how the princess **Gandhari** permanently blindfolded herself out of respect for her bridegroom who could not see; and of Buddha's incarnation as a baby prince, who chose **deafness**, muteness and immobility because he could not condone unethical behavior (Miles, 1995, pp. 27-28).

Buddhism, founded in approximately 400 B.C., taught that all other forms of righteousness "are not worth the sixteenth part of the emancipation of the heart through charity" (Trattner, 1994, p. 1). Buddha taught that love was expressed through helpfulness, charity, and generosity (Scheerenberger, 1983). A result of that philosophy was the early establishment of a ministry, in approximately 200 B.C. by Asoka, a Buddhist monk, for the care and treatment of persons with disabilities which included appointed officials to oversee "charitable works" (Van Riper & Emerick, 1984, p. 19).

#### Segregation by Ridicule

Another historical role persons with disabilities filled was providing entertainment by inviting mockery and humiliation. Superstition, witchcraft, myths and monsters were part of the common lives of illiterate people and persons with physical differences were seen as living reminders of the elves, giants and goblins who populated medieval myths and horror stories.

Although the real "Era of Ridicule" burgeoned during the Middle Ages, its roots were planted firmly in early Egyptian, Greek and Roman cultures where the role of persons with disabilities as buffoons or jesters began. Aristotle asserted that persons with physical differences were *lusus naturae* or "jokes of nature," which made them appropriate sources of amusement or pets in the households of the wealthy (Fiedler, 1978). As early as 1000 B.C. disabled individuals were used to provide entertainment and amusement. As Van Ripper and Emerick (1984) recounted, "Cages along the Appian way held various grotesque human disabilities, including Balbus Blaesus 'the stutterer,' who would attempt to talk **when** a coin **was** flung through the bars" (p. 19).

According to Thompson (1994), "[T]he Romans, especially under the first Emperors, placed dwarfs among the objects of their luxury and ostentation" (p. 187). Among those who owned dwarfs were **Augustus**, **Tiberius** and Mark Antony. As Thompson (1994) explained,

These dwarfs in Roman times, who became the pets of emperors and great ladies, commonly went naked, and richly decked with jewels and festooned with hands studded with precious stones (p. 187).

The Spaniards under Cortez, invading Mexico in 1519, entered the city of Tenochtitlan (now Mexico City), where they were shown the Aztec Emperor **Montezuma's** extensive royal zoo. The Spaniards were amazed to see that alongside the many rare wild animals on display, were persons with dwarfism or albinism, bearded women and other "deformed" humans (Van Ripper & Emerick, 1984). **Wolfensberger** (1972) noted, "At times (apparently especially at meal time), some of these persons played the role of jesters amusing **Montezuma** and his court, who might feed them left-overs **from** his table" (p. 71). Lest one believe that such attitudes were only found in ancient times, however, Garland (1995) noted the case of Ota Benga, an African pygmy, who was exhibited to the public in a cage in the Bronx Zoo in 1906. [His] cage was also occupied by a chimpanzee. The Pygmy's filed teeth were erroneously believed to be a sign of cannibalism (p. xiii).

During the Hellenistic Period, persons with **dwarfism** were highly prized as pets and often given as gifts. Frequently, they were forced to exhibit themselves at banquets and celebrations naked, adorned only with jewelry. Others provided special entertainment by fighting one another or wild beasts in the arena (Fiedler, 1978). Such entertainment may be likened, in many ways, to the current so-called sports of "**dwarf-tossing**," and "midget wrestling."

By the second century A.D., persons with mental retardation or physical differences were commonly found in homes of wealthy Romans to provide household entertainment. Garland (1995) noted,

[I]t would almost seem as if no fashionable household was complete without a generous sprinkling of dwarfs, mutes, cretins, eunuchs and hunchbacks, whose principal duty appears to have been to undergo degrading and painful humiliation in order to provide amusement at **dinner parties** and other festive occasions (p. 46).

The fool or buffoon became a part of entertainment and **feasts**—making the guests laugh with his so-called "idiocy" or "deformity." "The popularity of statuettes and vase-paintings depicting **deformed** dwarfs, hunchbacks and obese women strongly suggests that people of this sort were in high demand as singers, dancers, musicians, jugglers

and clowns" (Garland, 1995, pp. 32-33). The strong desire to possess such entertainment was described by **Tietze-Conrat (1957)**, who related **Plutarch's** telling of, "the buyers in the Roman markets passing over the most beautiful slave girls and boys, concerned only with hideous cripples and freaks" (p. 14). In fact, the Romans established a special market where legless and armless humans could be purchased along with giants, dwarfs and hermaphrodites (Durant, 1944). According to Garland (1995), this "monster market" was called "*teraton agora*" and its merchandise was described to include "persons who have no calves, or who are weasel-armed, or who have three eyes, or who are **ostrich-headed**" (p. 47).

### The Middle Ages

The "Era of Ridicule" continued apace during the Middle Ages as small independent kingdoms developed in Europe and the treatment of persons with disabilities changed with the needs of the **culture**. In general, the inhumane and discriminatory practices of earlier times persisted. Most individuals with physical or mental disabilities found themselves imprisoned or driven from cities into the rural areas to fend for themselves:

Western society for the most part has refused to treat handicapped persons differently from criminals, drunkards or slaves. Prisons have, in the past, confined **hardcore** criminals with handicapped persons whose only crime was their inability to support themselves (Burgdorf & Burgdorf, 1976, p. 884).

Also during this period, some individuals with disabilities or with physical or mental "deviances," that were later considered fortunate, were provided security and safety by the nobility in return for being jesters and the objects of ridicule (Kolstoe & Frey, 1965). As **Tietze-Conrat (1957)** reported, "The idiot was not only prized for his idiocy, but for the bodily abnormalities that accompanied or conditioned his absurdity" (p. 14). In their roles as fools, court dwarfs and other jesters became the playthings of princes and aristocracies. In France they were known as *fous* or *bouffons*, in Germany as *hofnarren* (Fiedler, 1978). Irish court jesters were termed *miclach, mer*, and *faindelach*, all denoting not only idiocy but also men who were regarded as "disreputables and in a state of semi-outlawry" (Bullock & Mahon, 1997, p. 32).

During the **twelfth** century, English kings began to make the care and treatment of "idiots" a matter of royal concern and, therefore, their

wards. Charles V of France gave exclusive rights to the province of Champagne to supply his court with fools. Philip IV of Spain gathered persons with retardation into his court where they were well fed and well clothed and had the freedom to do as they pleased.

In 1490, King James IV of Scotland, brought to his court the Sconish Brothers, twins joined in the upper part of the body and having four arms and two legs. The **king** ordered that the brothers be carefully raised and well educated. Under his patronization and protection, the brothers learned to play musical **instruments**, sing in harmony (treble and tenor) and read Latin, French, Italian, Spanish, Dutch, Danish and Irish (Thompson, 1968, 1994): Thompson (1994) continued,

The custom of keeping dwarfs as dependents in noble families survived, and later, in the Middle Ages, they were to **be** found attached to nearly **every** Court and the lively dwarf, with his quips and cranks, frequently played the part of the jester. They were given unlimited license of speech, and **often** became the pets and favorites of their Royal or Court ladies of the time (p. 188).

Among the nobility, the number of dwarfs owned was an important measure of personal wealth. King **Sigismund-Augustus** of Poland owned nine, Catherine de **Medicis** owned six (Fiedler, 1978). Cardinal **Vitelli** had 34 dwarfs, mostly all "deformed," to serve at his banquets in Rome (**Tietze-Conrat**, 1957; Thompson, 1994). In addition, Charles IX had nine dwarfs, and **Catherine de' Medici** owned six (three couples) at one time and in 1579 was reported to own five "**pygmies**" named Merlin, **Mandricart**, Pelavine, Rodomont and Majowski (Thompson, 1994).

In Russia, dwarfs were also highly valued. During the time of Peter the Great, both dwarfs and giants were much prized throughout Europe as wondrous ornaments in royal and noble households. As in the **Greco-Roman** period, dwarfs were regarded as lavish **gifts**, especially when given in pairs and were extremely valued "household pets." An example of such an attitude can be seen in a 1708 letter sent by Russian Prince Menshikov to his wife introducing his **gift** to her of two female dwarfs:

I send you a present of two girls, one of whom is very small and can serve as a parrot. She is more talkative than is usual among such little people and can make you gayer than if she were a real parrot (**Massie**, 1980, p. 617).

Ownership of dwarfs was a high status symbol among the Russian aristocracy and competition among the nobility for their possession was intense. The birth of a dwarf was considered good luck, so certain members of the Russian aristocracy forced their dwarfs to marry with the hope of producing dwarf children to add to their collection (Massie, 1980).

Often, in the role of providing amusement, court dwarfs and other jesters were treated with extreme cruelty, particularly in Russia. Peter the Great, for example, loved to celebrate occasions by using all types of "physically deformed" individuals as entertainment. He had so many "fools" in his court that he had them classified according to the occasions in which they would be displayed (Van Riper & Emerick, 1984). One of Peter's favorite pastimes was to watch his dwarfs pop out of pies into which he was cutting. At a mock wedding held for one of his tutors, who was then 84, Peter made four persons with severe stammers serve as the official inviters. He chose for the stewards and waiters, old, feeble men unable to walk or stand. In addition, "There were four running footmen, the most unwieldy of fellows, who had been troubled with gout most of their lifetime, and were so fat and bulky they needed others to lead them" (Massie, 1980, p. 619). On another occasion honoring the marriage of his favorite dwarf, Valakoff, to the dwarf of the Princess Prescovie Theodorovna, Peter assembled 72 male and female dwarfs to **form** the bridal party (Thompson, 1994).

Dmytryshyn (1977) described the way Empress Anne, Peter's niece, treated the dwarfs of her court:

Sadistic, cruel, haughty, and highly suspicious by temperament, she surrounded herself with dwarfs, cripples, and animals of all kinds. Perhaps the most bizarre of these entertainments was the wedding of **two** crippled dwarfs, who, to amuse the empress and the court, were ordered to consummate the marriage then and there on a bed made of ice (p. 272).

Hibbert (1975) depicted a similar sadistic account at the dinner table of Pope Leo X:

The Pope's own dinners were noted for their rare delicacies and for their jocularly, for such surprises as nightingales flying out of pies or little, naked children emerging from puddings. Buffoons and jesters were nearly always to be found at his table where the guests were encouraged to laugh at their antics and the cruel jokes which were played on them—as when, for instance, some half-witted hungry

dwarf was seen guzzling a plate of carrion covered in a **strong** sauce under the impression that he was being privileged to consume the finest fare (pp. 225-226).

Throughout Europe, cruelty became conspicuous in the selection of court jesters recruited mostly from groups of persons with misshapen bodies or mental retardation (**Kanner**, 1964). In fact, many jesters were selected because their disabilities included spastic movements, particularly cerebral palsy or epilepsy. Spasms and seizures caused the required bells on their costumes to jingle thereby adding to everyone's amusement and delight.

Fiedler (1978) noted, by contrast, that some court dwarfs worked themselves into positions of great power. Some gained charge over the master's treasury, under the assumption that a dwarf would be easier to find and catch should he attempt to abscond with the **funds**. In fact, several court dwarfs became quite influential and found themselves in positions of total trust within the court and noble households. Many were known for their wit and cleverness. Once trusted by a king or noble, they often proved capable of moving up from the status of joker to counselor. The Emperor **Augustus**, for example, always had his court dwarf by his side for consultation on matters of state. In the late Middle ages, Bertholde, a court dwarf known for his cleverness, became the King of Lombardy's prime minister.

**Tietze-Conrat (1957)** related an incident when a **court** dwarf at the table of the Emperor Tiberius dared to interpose a remark **regarding** the Emperor's politics. "The Emperor rebuked his impudence, but acted in accordance with the wishes of the dwarf" (p. 15).

One of the few known Jewish dwarfs, Jacof Ris, became an **ex-officio** counselor to the Imperial court of The Emperor Charles VI of Vienna. Interestingly, Ris was one of the few known Jews at the time to possess a visible physical difference. As **Abrahams (1958)** noted,

The number of Jewish cripples and confirmed invalids cannot have been great, for we occasionally find in medieval records individuals described by such titles as "Moses the Invalid" or "Samuel the Cripple." These epithets would hardly have been distinctive had there been many to whom they would be applicable (p. 310).

Because Church offices were also within the power of the court, dwarfs were often elevated to high ecclesiastical positions as well.

Godeau, an individual with dwarfism, was appointed Archbishop of **Grasse** in 1672, by Richelieu (Fiedler, 1978).

### *Creating Deformity*

Persons with disabilities without the opportunity to perform as jesters for the nobility would sometimes perform as beggars for the lower classes. The **art** of begging, highly lucrative and remunerative, often resulted in children being purposefully deformed for the purpose. Youngsters were sometimes locked up in chests to **hinder** their growth. Hugo related the practice in Spain, whereby young children were purposefully deformed by "muzzling," having their features distorted. They also had their growth stunted, by *comprachicos* or "buyers of children" who then sold their creations to traveling carnivals and collectors of human oddities (Drimmer, 1973).

According to **Abrahams (1958)**, the Talmud alluded to a regular class of early Jewish professional beggars who practiced self-mutilation in order to arouse sympathy, but were regarded with contempt and aversion and disappeared as a class before the Middle Ages. In fact, the practice of deliberately maiming the young for entertainment purposes dates at least to the early Romans who apparently produced stunted children by dietary deprivation which produced rickets (Fiedler, 1978). As **Thompson (1994)** stated, "The Romans were credited with the knowledge of making children dwarfs by giving them insufficient food when young, but they soon became rachitic and many perished" (p. 186).

During the first century A.D., many unwanted infants in Rome were traditionally placed at the base of **the Columna Lactaria**, where the government provided wet nurses to feed and save them. Many who were adopted were then mutilated to increase their value as beggars. As Morgan (1987) noted,

Professional beggars frequently took abandoned children and, if not already handicapped, deliberately maimed them so that they could be sent to beg for money, food or other necessities. In this way they could be made useful for some utilitarian purpose; their differences, however, were still something to be despised" (p. 17).

According to James (1975),

Seneca wrote of the common practice of beggars taking children exposed by their mothers and maiming them so that they would have

shortened limbs, club feet, broken joints, and other grotesque **features**. The beggars then used the children to gain sympathy — **coins** from the compassionate (p. 28).

Similarly, Garland (1995) related Seneca's horror story of the

vile racketeer who deliberately deformed children and then sent them out to beg in order that he could live off their earnings. The latter's technique included smashing legs, cutting off arms, tearing out tongues and eyes, and beating shoulder blades into a hump (p. 39).

According to Morgan (1987):

Sexual abuse and mutilation of children also has a long history; during the Greek and Roman periods many young boys were kept in bordellos and sold for sexual pleasures. A young, **castrated** boy could command high prices for sexual favors, so it was not extremely uncommon for some parents to castrate their children and collect large sums of money. This practice was a definite case of children who were made handicapped through abuse (p. 16).

In fact, the mutilation of children for the practice of begging continued for many centuries (**Scheerenberger, 1983**). Thompson (1994) described how beggars stole children **from "good and honest citizens who have charitably relieved them,"** and then

have broken or dislocated their arms and legs, have cut out their tongues, have depressed their chests or whole breast that with these as their own children begging up and down the country they may get more relief, pitifully complaining that they came by this mischance by thunder or lightning or some other strange accident (pp. 96-97).

The images of such children nourished attitudes of pity and repugnance. Van Ripper and **Emerick (1984)** also recalled how,

Legs and backs of little children were broken and twisted by their exploiters. Soon the commercialization of pity became so universal that it became a community nuisance. Alms became a conventional gesture to buy relief from the piteous whining that dominated every public place. True pity was lost in revulsion (p. 20).

Scheerenberger (1983) explained that although mutilating exposed slave children to make them objects of charity was a great abuse at the time, it was justified by the philosophers as "better than letting them die" (p. 19).

The practice of producing "human oddities" made to order was not just a **Western** phenomenon. The practice existed in China as well. Fiedler (1978) described a method used during the nineteenth century:

Young children are bought or stolen at a tender age and placed in a **Ch'ing**, or vase with a narrow neck, and having in this case a movable bottom. In this receptacle the unfortunate little wretches are kept for years in a sitting posture their heads outside being all the while carefully tended and fed. When the child reached the age of twenty or over, he or she is taken away to some distant place and discovered in the woods as a wild man or woman (*ChinaMail*, May 15, 1878, cited in Fiedler, 1978, p. 50).

Hugo elaborated on this practice in *The Man Who Laughs Last*:

Chinese dealers who took a small child and put him in a grotesquely shaped porcelain vase without a top or a bottom. At night they laid the vase on its side, so the child could sleep; in the **morning** they set it upright again. They kept the child in it for years, while his flesh and bones grew according to its shape. Then they smashed the vase. "The child comes out-and, behold there is a man in the shape of a mug!" cited in **Drimmer**, 1973, p. xi.

Thompson (1994) related how a man from Shanghai begged for charity **by**

exposing to view the mutilated stumps of his legs while the feet that belonged to them were slung around his neck. . . . When questioned how he had lost his feet, he admitted that he had performed the amputations himself, starting about a year previously. He had commenced by fastening cords round his ankles, drawing them as tightly as he could bear, and then increased the pressure every two or three days. . . . At the end of six weeks he was able to remove his feet by partly snapping and partly cutting the dry bone, and so **successfully** feigned the appearance of them having been severed by an accident. The pair of feet are now preserved in the Museum of the Royal College of Surgeons (p. 98).

Of course, not all beggars mutilated themselves or children, but still went to great lengths to create devious methods of getting alms for pity. As Thompson (1994) stated,

In ancient times the maimed, the halt and the blind frequented the gates of the cities to excite compassion and collect alms from those who passed by, and among them no doubt fraudulent rogues were to be found who, by feigning some deformity, were easily able to make a living (p. 96).

If caught, they usually faced harsh penalties. **Paré** related the following incident:

I have a recollection, being in Angers, in 1525, that a wicked scoundrel [and beggar] had cut off a hanged man's arm--already stinking and **infected**--**which** he had tied to his vest, letting it lean on a small fork against his side, and he hid his natural **arm** behind his back, covered with his cloak, so that people would think that the hanged man's arm was his own; and he shouted at the temple [**Protestant church?**] door so that people should give him alms for Saint Anthony's sake. One Good Friday, the people seeing his roned arm, gave him alms, thinking it was real. The beggar having wiggled this arm around for a long time, finally it came loose and fell to the ground, where as he was trying to pick it up, he was perceived by some to have two good arms, not counting that of the hanged man; thereupon he was led **off** as a prisoner, then condemned to get the whip, by order of the magistrate, with the **rotted arm** hung around his neck, in front of his stomach, and [to be] banished forever from the country (in Pallister, trans. 1982, p. 74).

Feigning a disability to receive charity became a large social problem. Laws like the one passed by the English Parliament in 1531 provided for stiff punishments for able-bodied beggars. Such beggars, when caught, were to be brought to the market place and "there to be tyed to the end of a cart naked and be **beten** with whyppes **through** out **tyll** [their bodies] be **blody** by reason of such whypping" (Trattner, 1994, p. 8). While laws like the 1536 *Act for the Punishment of Sturdy Vagabonds and Beggars* provided for such punishments as branding, enslavement, and executions for repeated offenders, they also ordered public officials to "obtain resources, through voluntary

contributions collected in churches, to care for the poor, the lame, the sick and the aged" (Trattner, 1994, p. 9).

### *Medical Curiosities and Freak Shows*

Throughout history, the medical community had a huge influence on how persons with disabilities were treated. During the Middle Ages, physical and mental differences caused interest amid a renewed pursuit in anatomical study leading to the development of surgery and medical care, though extremely primitive and still based on the use of divinity, witchcraft, spells and amulets (Scheerenberger, 1983).

Epilepsy, in particular, received a lot of medical study and the wide range of treatments included,

the consumption of the brain of a mountain goat drawn through a golden ring;  
the dust of a burnt prickly pig;  
theriaca *magna* (substances, chief of which was the flesh of poisonous snakes), mixed with women's milk with a touch of sugar of rose;  
the gall still warm from a dog who should have been killed the moment the epileptic fell into the fit (Scheerenberger, 1983, pp. 30-31).

Writing of the historical medical cures for stuttering, **Bobrick** (1995) noted that in the early Christian era, the Roman physician **Cornelius Celsus** recommended

gargling with concoctions of pennyroyal, hyssop, and thyme; chewing mustard, garlic, and onions (as stimulants); rubbing the tongue with **lazerwort**; and (to help relax the articulators) massaging the head, neck, mouth, and chin. As the therapeutic coup de grace, the patient was "to immerse his head in cold water, eat horseradish, and vomit" (p. 52).

As late as 1810, the noted English physician Joseph Frank regarded stuttering "a depraved habit" and recommended as therapy regular beatings. Other documented medical remedies included "ingesting a Finnish insect repellent normally rubbed on cows, bleeding the lips with leeches, and eating the feces of goats!" (Bobrick, 1995, p. 87).

By the late **1800s**, persons with physical and mental differences began to be viewed as medical anomalies subject to scientific study and classification rather than as evil omens, the results of witchcraft, or

parental punishments for past sins (Bogdan, 1988). Heightened medical interest helped to increase and reinforce the public's curiosity about those perceived to have deviant or deformed physiques helping to develop into a form of ridicule based on fascination and curiosity—the freak show. Bogdan (**1988**), defined the freak show as,

the formally organized exhibition for amusement and profit of people with physical, mental or behavioral anomalies, both alleged and real (p. 2).

He further added that between 1840 and 1940 "Freak Shows were an accepted part of American life and were called by variety of **terms** including: "Sideshow," "Ten in One," "Kid Show," "Pit Show," "Oditorium," "Congress of the Oddities," "Congress of Human Wonders," "Museum of Nature's Mistakes" (pp. 2-3).

The fact that reputable scientists were interested in such things legitimized the public's interest in curiosities. When physicians and natural scientists visited **freaks**, as they often did, their comments **served** to fan widespread interest and debates as to the nature and origin of these creatures. **[Moreover]** scientists and medical practitioners aided and abetted such displays by visiting, examining and commenting on exhibits. "**Human** curiosities" were the specimens for scientist's speculations, and the manner in which they were explained to the **public** often paralleled **scientific** theories about human variation (Bogdan, 1986, p. 120; 1988, p. 27).

Bogdan (1988) also explained that the term "**freak**" is not a quality that belongs to the person on display, but a created perspective, "a set of practices—a social construction" (p. xi). For instance, Clyde **Ingalls**, manager of the **Ringling** Brothers sideshow, once reportedly approached an extremely tall man and asked him if he had any interest in becoming a giant (pp. 2-3).

Segregation by Asylum and Institutionalization

### *Total Institutions*

A most successful method used to banish and segregate individuals with mental illness or mental retardation was simply to keep them in dungeons with keepers, instead of protectors, who tended to use extremely

cruel forms of treatment. Although these places were referred to as "schools" or "hospitals," in reality they were "total institutions."

**Goffman** (1961) defined a total institution as, "[A] place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed and formally administered round of life" (p. xiii). He further explained how such institutional living constitutes an unnatural existence, primarily because it negates the basic social arrangement in modern society of an individual sleeping, playing and working in different places, with different co-participants, under different authorities, and without an overall rational plan. The central characteristic of a total institution can be described as a breakdown of the barriers ordinarily separating these three distinct areas of one's life.

To begin with, in a total institution, all aspects of life are conducted in the same location and under a single control. Next, each activity of an individual's daily life occurs in the company of others, all of whom are treated similarly and are required to do the same thing together. Then, all phases of the individual's daily activities are strictly structured, each leading at a prearranged time into the next. In addition, the entire scope of one's program is imposed from above by a system of explicit **formal** rulings and a body of officials. Finally, the activities forced upon the residents are infused into a single rational plan purportedly designed to fulfill the official aims of the institution (p. 6). As **Trattner** (1994) explained,

The institution itself, rather than inmates' or patients' needs, is the **crucial** determinant of life within its walls: the administrators' desire to maintain order and insure a smooth daily routine, and to economize on costs, is at odds with the therapeutic goals that supposedly justify operation of the facility, yet the former always takes precedence (p. 63).

**Goffman** (1961) emphasized that individuals in total institutions are moved in blocks by personnel whose chief responsibility is surveillance. Similarly, **Flynn and Nitch** (1980) concluded that

On the whole, people usually live in one place, work or attend school in another, and find their leisure time activities in a variety of settings. It seems, therefore, wrong that a retarded person should have his training, his special therapies and his recreational activities in the same building that serve as home (p. 37).

The principle of **normalization** suggests that the three sets of experiences—home, work, and **leisure**—**cannot** be satisfactorily expressed or experienced in an institutional setting—that is to say, following the same daily routines with the same people. Only through **gaining** new experiences from various social situations and their accompanying roles can one expand one's horizons and gain self confidence. The people you live with are generally not the people with whom you work or spend most of your leisure time. Therefore, by their very inhibiting nature, institutions force their patients or inmates to live in an **unreal** restrictive world.

### Early Asylums

As the Renaissance began, the Roman Catholic Church initiated the "Era of Asylum" by accepting persons with disabilities into its segregated monasteries and asylums for protection and care as wards of the church, thereby removing them from society. Disabilities remained hidden, the prevailing attitude being "out of sight-out of mind."

Mentally retarded and mentally ill persons in need of residential protection were tended in one of a wide variety of institutions—monasteries, hospitals, charitable facilities, prisons, almshouses, **pesthouses**, workhouses, warehouses, and other buildings most of which lost their original usefulness (**Scheerenberger**, 1983, p. 34).

These asylums **themselves** soon became, however, places of horror. **Esquirol** (1848) described the atrocities he encountered upon inspecting the French asylums of the time:

I have seen them naked, or covered with rags, and protected only by straw from the cold damp pavement upon which they were lying. I have seen them coarsely fed, deprived of fresh air, or water to quench their thirst, and the most necessary things for life. I have seen them delivered and abandoned to the **brutal** supervision of veritable jailers. I have seen them in squalid, stinking little hovels, without air or light, chained in caves where wild beasts would not have been confined. These unfortunate beings, like the criminals of the state, are cast into dungeons or into dark cells into which the eye of humanity never penetrates. There they remain to waste away in their own filth under the weight of chains which lacerate their bodies. Their faces are pale and emaciated; they wait only for the moment which will end their misery and conceal our disgrace. They are exhibited to the public gaze by

greedy keepers who make them appear as rare beasts. They are huddled together in a disorderly manner with no known means of maintaining order among them, except terror. Whips, chains and dungeons are the only means of persuasion employed by the keepers who are as barbarous as they are ignorant (p. 221).

During the eighteenth century, "insanity" was perceived as "the absence of reason" with its "purpose of treatment" to "return reason to the patient." The foundation of such a return to reason was the "purification" and "awakening" of the patient's body which, in practice, took on "overly cruel and inhuman forms of treatment." Purification often consisted of "burning and cauterizing to produce the effect of relieving the body of infection through the newly made open wounds." A resident physician at the Middlesex Asylum described a form of purification used in some continental asylums whereby, "[T]he patients were chained in a well and the water gradually allowed to ascend, in order to terrify the patient with the prospect of inevitable death" (Arieno, 1989, p. 68).

In addition to those for "purification of the body," there were treatments for the "awakening of the body" which often included the use of chains and whips. Arieno, (1989) related one method used in 1777 on patients who were experiencing "convulsions" at a madhouse in **Haarlem**:

When an epidemic of convulsions occurred and anti-spasmodics were unable to alleviate the symptoms, Dr. **Boerhaave**, the medical director, had stoves filled with burning coals ready to heat hot irons, which he announced, were ready to bum to the bone the arm of any convulsive who refused to **return** to a reasonable state on his own initiative (p. 68).

A typical example of the horrors of asylums emerges from the history of Bethlehem Hospital in London. From the 14th to the 17th centuries, the average citizen of London amused himself or herself by attending cockfights, bare knuckle boxing matches, public hangings or shows displaying the "antics of the lunatics" at Bethlehem Hospital, better known later as "Bedlam." There the keepers exhibited the patients **like** animals for an admission price that reached **10** shillings. If the patients happened to be docile on a particular day, the keepers would beat, prod and agitate them with clubs or sticks to ensure the visitors a good show. Wolfensberger (1972) stated, "[T]he curious public in the 1700's would

pay **their** coins to go and stare and laugh at the writhing and screaming of the chained inmates" (p. 71). In 1891, **Tiffany** described Bedlam's role as a primary form of entertainment in London society:

Up to so late a date as 1770, this **famous** hospital was still regarded as the rare show of the city, superior even, in the attractions it offered the pleasure-seeker, to a bull baiting or a dog fight. No more diverting entertainment could be devised by the average citizen for guests visiting him from the country than to take them for a hearty laugh to Bedlam, to see the madmen cursing, raving, and fighting. There was to be had on show St. Paul or Julius Caesar chained to the wall, or **Semiramis** or **Joan of Arc** ironed to the floor, while the general throng, **left** more at liberty, were guarded by **brutal** keepers, ready on the slightest provocation to knock them senseless with heavy clubs. The annual fees derived from this public entertainment amounted to several hundred pounds. No one seems to have felt any pity for the poor wretches. The abyss which opened between them and ordinary humanity was too **deep** and wide for any sympathetic imagination to **span**. A madhouse was a menagerie, nothing more; and it was legitimate to look through the bars **at one class of wild beasts** as another (cited in Wolfensberger, 1972, p. 71).

Bedlam was founded in 1247, when the sheriff of London gave his estate and land to the Bishop and Church of Bethlehem for the purpose of building a hospital for persons associated with the Order of St. **Mary** of Bethlehem. It did **not accept "lunatics"** until 1377, at which **time** a few patients with mental illness were transferred there **from** a storehouse thought to be too close to the royal palace (Scheerenberger, 1983). Bethlehem, at first, was not a large institution. In 1403 there were only six mad patients. Toward the end of Elizabeth **I's** reign, the last years of the 16th century, Bethlehem had about 20 "lunatics" (Metcalf, 1818). An equipment inventory made at Bedlam in 1398, included four pairs of manacles, eleven chains of iron, six locks and keys, and two pairs of stocks (Scheerenberger, 1983). In 1547, **King Henry VIII** gave the hospital to the City of London as a hospital for "poor lunatics" (Arieno, 1989, pp. 16-17).

The more docile patients were allowed to beg on the streets to help pay for their upkeep at the hospital. At one time, many were given official badges, easily recognizable by the public. Such badges had value because they permitted the wearers to seek alms legally. Before long, a group of rogues and thieves known as "Toms of Bedlam" faked mental

illness in order to obtain them. But their numbers grew so large that in 1675, the Governor's of Bedlam were forced to issue a proclamation stating that no patients were to be discharged with a license to beg. In fact, a public fear of unqualified individuals receiving charity is a strong recurring feeling throughout history:

The concept of the false beggar, tricking innocent people into giving them alms, has been the source of much derision and fear. Many laws have been passed designed to punish such miscreants. For example, a royal decree of 1750 in France specified that infirm beggars be confined to hospitals and nondisabled beggars sentenced to five years at sea in the galleys (Gallagher, 1995, p. 250).

Patients in Bedlam were medically treated by "routing," "bleeding," "vomiting" then "purging." An investigation in 1815 found that the patients were often chained and manacled to the walls. One female patient was chained without release for eight years (Metcalf, 1818). Scull (1979) described the conditions under which a Bedlam inmate named Norris had been kept night and day, for twelve to fourteen years:

Norris was found to be restrained by a specially constructed piece of apparatus; an iron cage encased his body, from the neck down, and this in turn was attached by a short chain to an iron bar from the floor to the ceiling of the cell. The degree of confinement was such that he could lie only on his back, and could advance no more than twelve inches away from the bar to which he was attached (p. 66).

**Metcalf** witnessed firsthand, as a patient, the abuses toward Norris and others in Bethlehem Hospital: "Part of the time, I occupied the room next to that occupied by the truly unhappy Norris, whose case is already before the public. The iron bar to which he was fastened stood at the foot of my bed. O what a disgrace!" (p. 78). It is interesting to note that at an official inquiry of **Norris'** treatment, the Governors conceded that the facts in the case were accurate but, contended that the confinement was kind and merciful rather than cruel and brutal. They even expressed their undiminished confidence in the asylum's medical officers (Scull, 1979, p. 66; **Metcalf**, 1818, p. 74). **Metcalf** (1818) also described the filth of Bedlam's basement:

It is observed that the basement is appropriated for those patients who are not cleanly in their persons, and who, on that account have no

beds, and lie on straw with blankets and a rug; but I am **sorry** to say, it is too **often** made a place of punishment, to gratify the unbounded cruelties of the keepers (p. 76).

Yet another typical institution of the time was the York Asylum. **Godfrey Higgins**, a Yorkshire magistrate, heard of the mistreatment of a pauper he committed there and after paying 20 pounds to become an Asylum Governor, Higgins forced an official investigation into conditions at the institution. As a result, he found

evidence of wrongdoing on a massive scale; maltreatment of patients extending to rape and murder; forging of records to hide deaths among inmates; an extraordinarily widespread use of chains and other forms of mechanical restraint, massive embezzlement of funds; and conditions of utter filth and neglect (cited in Scull, 1979, p. 73).

During his investigation, Higgins discovered a series of cells whose entrance had been deliberately hidden **from** view. He described them this way:

When the door was opened, I went into the passage, and I found few cells, I think, of about eight feet square in every **horrid** and filthy situation; the straw appeared to be almost saturated with urine and excrement; there were some bedding laid upon the straw in one cell, in the others only loose straw. A man (a keeper) was in the passage doing something, but what I do not know. The walls were daubed with excrement; the airholes, of which there was one in each cell, were partly filled with it. In one cell there were two pewter chamber-pots, loose. I asked the keeper if these cells were inhabited by patients and was told they were at night. I then desired him to take me upstairs, and shew me the place of the women who came out of those cells in that morning. I then went up stairs, and he shewed me into a room, which I caused him to measure, and the size of which was twelve feet by seven feet ten inches; and in which there were thirteen women, who, he told me, had all come out of those cells that morning. . . . I became very sick, and could not remain any longer in the room. I vomited (Report of the Select Committee on Madhouses, 1815).

#### Early American Attitudes and the Rise of *Almshouses* and Institutions

During the American Colonial Period, the British Parliament through a series of laws, authorized the shipping to America of thousands of

rogues, convicts, political prisoners, beggars, vagrants, orphans, unemployed laborers and other "undesirable" individuals. Although many did not survive the trip, those who did were sick and infirm, forcing each colony to deal with the problem of caring for "the poor, the aged, the blind, the sick, the lame, the mentally ill, the lazy, and the destitute of all kids" (Trattner, 1994, pp. 16-17).

The American colonists also brought with them from Europe many extreme religious customs, ideas and attitudes. The prejudices toward persons with physical and mental disabilities which existed in Europe followed settlers to colonial America. As Grob (1994) stated,

Most individuals who migrated to the New World brought with them the beliefs, traditions, and practices common in England as well as on the continent. . . . Those who settled in America were the heirs of Elizabethan thought, and brought with them the intellectual and cultural perceptions of the homeland. . . the boundaries between magic, religion, medicine, and science were virtually **nonexistent**" (pp. 8-9).

Scheerenberger (1983), for example, pointed out that in the colonies the birth of a child with a congenital deformity or mental deviation was always suspected of being the devil's work. As a matter of policy, both Governors **Braddock** and Winthrop of the Massachusetts Bay Colony had the bodies of still-born children examined for evidence of witchcraft (p. 93).

Child rearing similarly was based on rigid religious beliefs, foremost among them was the concept of total submission to the wishes of one's parents. Children classified today as emotionally disturbed or learning disabled would have received little allowance for their handicaps in the colonies. A good example is the following item from the *Plymouth Colony Records* of 1679 cited by Scheerenberger (1983):

Edward **Bumpus** for striking and abusing his parents, was whipt at the post: his punishment was alleviated in regard hee was **crasey** brained, otherwise hee had bine put to death or otherwise sharply punished (p. 93).

In the colonies, the practice of medicine was crude, often based on folklore and astrology. For example, "Madness was a term that conjured up supernatural, religious, astrological, scientific, and medical elements" (Grob, 1994, p. 8). In the absence of physicians, medical deci-

sions were frequently prescribed by religious leaders, barbers, or persons in authority like civil office holders, plantation owners and women. An example of the medical sophistication of the time can be judged by some of cures brought from Europe. For example, individuals with epilepsy were generally treated with:

the moss from the skull of an unburied dead man who died violently, leeches for blood letting, thirty drops of spirits, the pulverized brains of a young man, the administration of *hellebore* (a toxic form of the buttercup plant), or forced starvation (Scheerenberger, 1983, p. 94).

During the 17th and 18th centuries, the American colonists devoted their energies to surviving, which left little time or desire to administer to the needs of those with disabilities. Community ethics stressed physical stamina, moral worthiness, and material success "as guarantees for a better tomorrow" (The President's Committee on Employment of the Handicapped, 1977, p. 1). Idleness and indolence were viewed as the prime sources of poverty. Because disabilities were seen as chronic medical conditions, persons who had them were consigned to the role of permanent pauper.

The colonists never really questioned the connection between poverty and mental disability (Ferguson, 1994). As Grob (1994) stated, "[C]oncern was focused largely on the nature rather than the treatment of mental disorders" (p. 7). Persons with disabilities, particularly strangers, were simply **incapable** of becoming independent and self supporting and disability was synonymous with chronic dependency. That common social perception led many colonists with disabilities, themselves, to believe that even attempting to become self-reliant and independent was futile (United States Commission on Civil Rights, 1983). As Ferguson (1994) observed, "For the disabled population, poor or not, there was often little optimism about improving their condition" (p. 28). Funk (1987) related how such a view of persons with disabilities resulted in **discriminatory** social policies and practices that, in turn, affected all disabled people in practically every aspect of their lives:

Thus, a societal attitude developed that this class of person, viewed as unhealthy, defective, and **deviant**, required special institutions, services, care, and attention in order to survive. This social construct has been supported by national welfare policies to care for the deserving poor, charitable programs to help the unfortunate, the continued

application of the medical model to disability, and rehabilitation services provided in a manner that undermines self-initiative and self-respect and perpetuates stereotypical education and employment avenues. This has resulted in discriminatory programs, policies, and laws designed to deny disabled people's participation in organized society (p. 9).

Although acceptance and survival were difficult for many American colonists with disabilities, some nevertheless broke the stereotype and proved they were more than helpless dependents to be labeled and cared for by society. Peter Stuyvesant, for example, the last Dutch director-general of New Amsterdam, governed until 1664 without being handicapped by the loss of his leg, a war injury he acquired while fighting the Portuguese in the West Indies. Also, not handicapped by a leg amputation was Gouverneur Morris, who wore a "rough stick" which he called his "handsome leg" (President's Committee on Employment of the Handicapped, 1977). One individual with an impairment gained an unusual place in American history. John Coode, a famous "malcontent," reportedly took part in five major movements against authority. One such action appears in history books as "Coode's Rebellion" (President's Committee on Employment of the Handicapped, 1977). Jordan (1975) noted that Coode's "unusual appearance helped shape his rebellious personality" (p. 2). He was described in the 1689 proclamation for his arrest as "deformed and club-footed with a face resembling that of a baboon or monkey" (cited in The President's Committee on Employment of the Handicapped, 1977, p. 12).

Although some colonists with disabilities managed to overcome handicaps engendered by a harsh environment and society, they formed a minuscule minority. For the most part, limitations of intelligence and physical ability became stigmatic and degrading. "Feeble-mindedness," "lameness," and "insanity" began to epitomize an inability to function in society and "compete for the good things in life." Successful and flourishing colonists came to believe that one's lack of success in a land of such abundance could be attributable only to one's unworthiness. Although given preferential treatment in the distribution of relief, persons with disabilities remained stigmatized as inadequate (President's Committee on Employment of the Handicapped, 1977, p. 18).

According to Ferguson (1994), the major concern within the colonies focused more on dependency than disability. "Insanity," for

example, was above all a problem involving the individual's dependency on his or her family. As Grob, 1994, explained, "Throughout the seventeenth and eighteenth centuries, most cases involving the 'insane' were not initiated over behavior, but out of the inability of the distracted individuals to support themselves" (p. 6):

Whether it was because you could not walk or talk, or were old or orphaned, widowed or homeless, the etiology of your indigence was seldom an urgent question. What mattered to the community was, first, whether you were a resident or not; second, who would care for you; and third, how the provisions for care were to be handled (Ferguson, 1994, p. 24).

During the colonial period, persons with mental illness (referred to as "lunatics" or "distracted persons") were seen to cause social and economic rather than medical problems. "Insanity" had not yet come under medical jurisdiction:

The care of the insane remained a family responsibility; so long as its members could provide the basic necessities of life for afflicted relatives, no other arrangements were required (Grob, 1994, p. 6).

Bowe (1978) wrote of the time when the idea of education and rehabilitation for disabled persons was largely unknown. In fact, as Grob (1994) stressed, **essentially** none of the early legislation addressed the medical treatment of the insane but rather focused "strictly upon the social and economic consequences of mental disorders" (p. 7). **Unfortunately**, the existence of a disability "became reason enough to deny a person the opportunity to participate in community life" (Bowe, p. 8).

For colonists with disabilities, "the family was the first line of relief" (Ferguson, 1994, p. 25). Mental illness (lunacy), for example, was "perceived to be an individual problem, to be handled by the family of the disordered person and not by the state" (Grob, 1994, p. 5). It was the custom of colonial families with means to care for their own members with disabilities—often out of concern for the preservation of the individual's property rights. But for the most part, treatment at the time was unsympathetic, oppressive, and achieved mostly through humiliation, banishment or confinement. "[S]ome communities forced the town paupers to wear brightly colored badges on their shirts, **emblazoned** with the letter 'P'" (Ferguson, 1994, p. 25).

Perhaps the starkest examples of persons with disabilities being treated as useless burdens occurred in the slave trade where the only criterion for survival was the ability to work. During the 18th century, for example, a Dutch slave trader wrote of branding slaves aboard his ship after throwing overboard "The Invalides and Maimed" (McPherson, 1995).

Since disability and dependency were closely related, the care of persons with impairments remained a family responsibility, so long as family members could provide the basic necessities for life. If, however, the effects of the disability spilled outside the family, care of the individual fell under the jurisdiction of the local community, which, in turn, was required to assist the individual or his or her family.

Laws and codes were, however, gradually enacted regarding the care and treatment of persons with physical and mental disabilities. The first such law enacted by the Massachusetts legislature in 1614 contained several references to "Children, Idiots, Distracted persons and all that are strangers or newcomers to our plantation" (cited in Grobe, 1994, p. 7). Thus the colonies began to enact "Poor Laws" and "Ugly Laws" patterned after those in England, as well as accompanying "Settlement Laws," which required an individual to live and work for a period of three months to one year before legal residence could be established. Determining the residency of a pauper was important because residency created a responsibility for his or her care. A stranger who could not support himself or herself was banished, unless a resident of good financial **standing** assumed responsibility for his or her custody, guardianship, and supervision (Bowe, 1976; Rothman, 1990; Trattner, 1994). Every colony was concerned about needy strangers and tied their poor laws to settlement requirements. As Rothman (1990), wrote,

The statutes established qualifications for residence and instructed municipalities on enforcement procedures. The succession of laws in New York, for example, exemplified both the concern and results of the legislative actions. The first province-wide code of 1683, "An Act for Maintaining the Poor and Preventing Vagabonds," announced in its very title the goals for the next hundred years of poor-law legislation: to relieve the needy resident while cutting off and excluding the dependent outsider (p. 20).

The southern colonies adopted similar laws. For example, in 1741 the Delaware Assembly passed "An Act for the Relief of the Poor" with the

stated dual purposes of providing for "the better relief of the poor, [and] the prevention of straggling and indigent persons from coming into and being chargeable to the inhabitants" (cited in Rothman, 1990, p. 24).

Disabled colonists without families or those whose families could not or would not support them were "placed out" or "fanned out" to other families who received public assistance for providing them with room, board, shelter and care. Many times, the agreement included indentured service akin to slavery. In fact, many communities "auctioned off" those with physical or mental disabilities to whomever made the lowest bid, and was then free to demand manual labor services from the persons bought during their period of retention, support, room and board (Obermann, 1965; Baumeister, 1970; Funk, 1987, Trattner, 1994). This auctioning system lasted until the latter half of the 19th century when public outrage over scandalized abuses led to reform. Among the recorded instances were those where "care providers collected their fees and then locked their charges in the attic to starve or freeze to death" (United States Commission on Civil Rights, 1983, p. 18).

Persons with mental and physical disabilities who were new to the community and not perceived as a threat to public safety were often afforded the opportunity to work. Colonial newcomers with disabilities, not seen as dangerous, but having the potential of becoming public charges, were treated as minor criminals and often "warned out" of their communities. "Warning out" was a practice

based on the proposition that towns had the right to exclude strangers. Legal residency during the colonial period was not an inherent right, but rather a privilege granted by existing residents. The distrust of strangers reflected both the relative absence of formal mechanisms of control to deal with behavior that might menace public order and a desire to absolve towns of any financial liability for the support of ill or unemployed strangers. Hence it **was** not uncommon for local officials to force the return of insane persons to the community in which they were legal residents (Grob, 1994, p. 16).

Strangers with disabilities were told that the town would not be responsible for their misfortunes, neither then nor in the future (Scheerenberger, 1983). The New York Assembly when tightening its regulations in 1721, stated that "several idle and necessitous come, or are brought into this province from neighboring colonies who have either fled from thence for fear of punishment for their crimes, or being

slothful and unwilling to work'" (cited in Rothman, 1990, p. 21). Under the New York law, those transported out who did return faced corporal punishment like the one imposed by the New York law prescribing "36 lashes on the bare back of a man and 25 for a woman" (Burgdorf & Burgdorf, 1976, p. 885; Rothman, 1990, p. 21).

Similarly, in **Rhode** Island, a statute of 1727 was written "Enabling the Town Council to receive or reject any persons from becoming inhabitants" [and preventing] "diverse vagrant and indigent persons" **from** entering its towns and being sheltered by negligent residents (Rothman, 1990, p. 23).

Officials of Boston, the largest town in New England, often had to return "insane," "crippled" and "**feble-minded**" individuals to the communities in which they were thought to be legal residents. Sometimes they were returned with a warning to their home town:

When sending Edward XI to Ipswich, the Boston selectmen noted that he was "disposed to wander" and requested Ipswich officials to "take care to prevent his returning to us, which if he should will occasion a charge to your Town (cited in Grob, 1994, p. 16).

In addition to warning out, many colonial communities resolved their disabled problem by "passing on." This practice consisted of kidnapping their own "feble-minded" and "insane" inhabitants at night and leaving them on the outskirts of strange, far away towns, with the hope that their inability to communicate would effectively preclude their return (Burgdorf & Burgdorf, 1976). Klebaner (1976) reported that "Onondaga County in upstate New York commonly smuggled paupers into a neighboring county in a conspiracy between justices of the peace and overseers of the poor" (cited in Ferguson, 1994, p. 27).

The colonial period had few systematic approaches to dealing with mentally retarded (feble-minded) or mentally ill (insane) citizens, particularly those perceived as being medically incurable, economically useless, morally intractable, or aesthetically offensive (Ferguson, 1994, p. 21). Care and treatment was largely up to local officials, who then decided the most convenient way to control them. Colonists with disabilities considered able to work were sent to workhouses or almshouses where they could be rehabilitated into hardworking, useful citizens. In addition to the almshouses (as provided for in European poor laws), residential facilities also included jails and insane asylums (Baumeister, 1970; Crissey, 1986; Rothman, 1990; Ferguson, 1994).

The choice of residential placement usually depended on how the individual with the disability became known to the colonial authorities. For instance, when people with mental retardation or mental illness came to the attention of the government simply as public charges, they were sent to almshouses; if they exhibited behavior identifiable as disturbed, they were sent to hospitals for the insane; and if caught breaking the law, they were sent to prison (Crissey, 1986).

In time, a level of specialization occurred with the establishment of institutions for specific categories of disability (Funk, 1987). Residential programs for persons with blindness, deafness and insanity were established in America long before those for persons with feble-mindedness (Baumeister, 1970; United States Commission on Civil Rights, 1983). The Massachusetts Asylum for the Blind (later the **Perkins** Institute) has been sewing residents since 1832. The American Asylum for the Deaf was established in Hartford, Connecticut, by Thomas Gallaudet as early as 1817, followed by the New York Institution for the Deaf and Dumb in 1818. Public programs for deaf individuals followed in Kentucky (1823), Ohio (1829), **Virginia (1838)**, Indiana (1844), Tennessee (1845), Georgia (1846), and California (1864). Three years later Gallaudet College was founded in **Washington, D.C.** and is still regarded as a model for "deaf" higher education (J. **Shapiro**, 1993; United States Commission on Civil Rights, 1983).

As early as 1773, the Eastern State Hospital at **Williamsburg**, Virginia undertook the **treatment** of the mentally ill. But, the first institution solely for the mentally ill and mentally retarded began in 1766 when Governor Fauquier of the Virginia Colony suggested that, "a legal **Confinement** and proper Provision ought to be appointed for these miserable Objects who can not help themselves" (Scheerenberger, 1983, p. 95). However, according to Scheerenberger (1983), it was not until 1769 that the legislature finally passed an act providing for the "Support and Maintenance of Idiots, Lunatics, and other persons of unsound minds" (p. 95).

As Ferguson (1994) emphasized, "The institutionalization of mentally **retarded** people in America began with the almshouses in the eighteenth and early nineteenth centuries, not with the first idiot asylums of the 1850's and **1860's**" (p. 24). The first almshouse was built in Boston in 1660 and the first workhouse and first poorhouse in Philadelphia in 1771 and 1773 respectively (Scheerenberger, 1983; Rothman, 1990; Grob, 1994). By 1830, almost every state encouraged and or mandated an almshouse to shelter the poor, sick, or insane,

resulting in a rapid growth of the system. In Massachusetts alone, the number grew from 83 almshouses in 1834, to 180 only **fifteen** years later (Rothman, 1990; Trattner, 1994). By the time the Civil War ended, four out of five persons receiving extended relief in Massachusetts lived in an institution. Similar growth in institutional care occurred throughout the country (President's Committee on Employment of the Handicapped, 1977, pp. 19-20).

The colonists brought with them from England and Holland the idea of storing almost all of their unwanted in almshouses and poorhouses, a practice dating back to the tenth century and perhaps even earlier (James, 1975). For example the first house of corrections established in Connecticut in 1727 included,

all rogues, vagabonds and idle persons going about in town or country begging, runaways, common drunkards, common nightwalkers, pilferers, wanton and lascivious persons, common railers and brawlers [and] persons under distraction and unfit to go at **large**, whose friends do not take care for their safe confinement (Scheerenberger, 1983, p. 95).

Unfortunately, more often than not, persons with disabilities were confined with juvenile delinquents, prostitutes, and elderly and poor people. Generally, the poor, the sick, the feeble-minded, and the insane were all grouped together under the stigmatizing label of "pauper" (James, 1975; Scheerenberger, 1983, Trattner, 1994). As early as 1729, officials in Boston sought authorization for a separate facility to keep "Distracted Persons Separate from the Poor." It never happened. In 1764, Thomas Hancock, a wealthy Bostonian and the uncle of John, bequested E600 for the establishment of a facility exclusively for insane persons. The bequest, which included a three year limit and a requirement that the town raise supplementary funds, was never used for the purpose. In fact, the establishment of a separate facility exclusively for persons with mental illness would not be reality for more than half a century (Grob, 1994).

Ferguson (1994) observed, "The almshouse started an American tradition of formalized custodialism in its more vicious forms that tied economic failure and social deviance to moral categories and individual inadequacy" (p. 24). Although special care institutions and poor farms appeared to be a step up from total indifference to some recognition for minimum care, residential placement in them usually resulted

in physical and mental abuse and torture. "The institutions charged with custodial care became known more for the **horrors** they committed against the inmates than for the extent of care" (Funk, 1987, p. 9).

Rothman (1990), compared the almshouse to its sister institutions the penitentiary and the **mental** hospital:

The **almshouse-workhouse**, like the other institutions, tried to impose a regularity on inmates' lives to counteract the influences promoting and perpetuating idleness and vice. Unlike wardens and medical supervisors, however, almshouse managers were not very consistent. The routine of the almshouse lacked the quasi-military tone of the penitentiary or the less coercive but still regulatory quality of the insane asylum. It crossed the two, but not very effectively. Like mental hospitals it eschewed the lockstep, armed guards, and striped uniforms; but like the prison it established strict punishments for anyone violating the rules and was not at all loath to enforce obedience through physical coercion. [The almshouse managers] referred to their charges as inmate — term midway between patient and prisoner—who lived in cells, not moms. But attendants, not guards, supervised them (pp. 192-193).

Similarly, Trattner (1994) stated,

While for the most part the public accepted its responsibility for erecting such institutions, **oftentimes** little or no regard was paid to the type of care provided within their walls. Into many were herded the old and the young, the sick and the well, the sane and the insane, the epileptic and the feeble-minded, the blind and the alcoholic, the juvenile delinquent and the hardened criminal, male and female, all thrown together in haphazard fashion. Nakedness and filth, hunger and vice, and other abuses such as beatings by **cruel** keepers were not uncommon in many of those wretched places, vile catchalls for everyone in need, defined by one **contemporary** as "living tombs" and another as "social cemeteries" (pp. 61-62).

Most almshouses were filthy, unsanitary, and overcrowded by any standard. Persons with mental retardation were **frequently** found in tiny unheated cells and maintained like "dogs in a kennel" (Obermann, 1965). Ferguson (1994) especially wrote of the notorious **crazy cellars** or dungeons which "**held** these poor souls: naked, chained, without heat or light" (p. 21).

Because of the common belief that the insane were oblivious of their physical environment, persons with mental illness were frequently abused in almshouses. A common form of mistreatment was forcing them to stand naked outside in the winter snow for long periods (Burgdorf & Burgdorf, 1976, p. 885). Apparently, it was not much warmer inside. For example, a dilapidated building housing 65 inmates at the Clinton County House in upstate New York, was described as having no ventilation system "and so many cracks and crevices in the walls that in the winter snow blowing through the crevices [formed] banks" (Report of Select Committee, 1857, cited in Ferguson, 1994, p. 37). Other conditions found in almshouses described by The Senate Report included the forcing of inmates to eat without knives or forks; providing a diet solely of pea and bran soup, Indian pudding, and sweetened water; restraining inmates by ball and chains; chaining inmates to the floor; and severe whippings. Specifically, the Select Committee (1857) stated,

The treatment of lunatics and idiots in these houses is frequently abusive. The cells and sheds where they are confined are wretched abodes, often wholly unprovided with bedding. In most cases, female lunatics had none but male attendants. Instances were testified to of the whipping of male and female idiots and lunatics, and of confining the latter in loathsome cells, and binding them with chains. . . . In some poor houses, the committee found lunatics, both male and female, in cells, in a state of nudity. The cells were intolerably offensive, littered with the long accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with the filth, adhered to the persons of the inmates and formed the only covering they had (cited in Ferguson, 1994, p. 36).

Concern over the appalling conditions found in the almshouse system aroused reformers like Dorothea Dix and Samuel Gridley Howe to crusade for state supervision of institutionalized facilities and for the establishment of state institutions that would provide specialization of care (United States Commission on Civil Rights, 1983). While teaching a Sunday school program in the East Cambridge House of Corrections, Dix found conditions there abominable—for example, insane women kept in unheated rooms. This discovery inspired her to visit, for the next two years, almshouses, jails, and houses of correction throughout Massachusetts, "recording lengthy lists of observations and grievances in her ever-handly notebook" (Scheerenberger, 1983, p. 105). Dix con-

fronted many of what she called "helpless, forgotten, insane and idiotic men and women rotting in jails or almshouses" (cited in the President's Committee on Employment of the Handicapped, p. 20). She observed first hand, individuals with mental illness and mental retardation in cages, closets, cellars, stalls and pens. She also saw them chained, naked, beaten with rods, and lashed into obedience (cited in J. Shapiro, 1993, p. 59). She described, with eloquence, the squalid accommodations she observed for "a gibbering idiot, or cowering imbecile, or perhaps a murmuring half demented creature" (Dix, 1844, cited in Ferguson, 1994, p. 22).

Although normally quiet and dignified, Dorothea Dix argued her case to state and federal legislators with great passion and zeal:

In the province of God, I am the voice of the maniac whose piercing cries from the dreary dungeons of your jails penetrate not your Halls of Legislation. I am the Hope of the poor crazed beings who pine in the cells, and stalls, and cages, and waste rooms of your poor houses. I am the Revelation of hundreds of wailing, suffering creatures, hidden in your private dwellings and in pens and cabins—shut off, cut off from all healing influences, from all mind-restoring cares (cited in Scheerenberger, 1983, p. 107).

Dix agitated for State supervision of institutional facilities as well as for specialized care—for example—mental hospitals that serve patients with mental illness, epilepsy and mental retardation. Her enormous influence, based on her dynamic appeals, excellent documentation and "vignettes of horror," resulted in a growth of state mental hospitals and the improvement of existing ones over the next forty years (Burgdorf & Burgdorf, 1976; Resident's Committee on the Employment of the Handicapped, 1977; United States Commission on Civil Rights, 1983; Scheerenberger, 1983; J. Shapiro, 1993; Ferguson, 1994).

Responding to the influence of reformers like Dix, State Legislative Committees began to attack the almshouse relief system as inefficient, wasteful, and ineffective. They began pressing for a shift of public programs for poor and disabled people to those providing more structure and organization with indoor institutional care. In 1846, Massachusetts enacted the first legislation providing for a public facility for persons with feeble-mindedness. The bill required the governor to appoint a commission "to inquire into the condition of the idiots on the commonwealth [and] to ascertain their number and whether anything could be

done for their relief' (Baumeister, 1970, p. 5). Dr. Samuel **Gridley Howe**, director of the **Perkins** Institute and Massachusetts School for Blind was appointed head of the commission. Howe, who supported Dix in her crusade, argued for the rights of various groups including persons with blindness, persons with **deafness**, persons with mental retardation, slaves, and the politically persecuted in several nations of Europe (President's **Committee on Employment** of the Handicapped, 1977).

Like Dix, Howe, too, was an interesting historical figure. Although he came **from** a wealthy family, he championed causes of those who had no privilege, including slaves. While attending a private school for youngsters of wealthy businessmen, he so **irritated** the other students with his "liberal" attitudes and remarks, that he was physically thrown down a flight of stairs. He was frequently disciplined in school for his mischievous behavior, and on one occasion was suspended for leading the president's horse up to the fourth floor of the school (Scheerenberger, 1983, p. 102). In spite of his conduct, Howe graduated and entered the Harvard Medical School in 1821. According to Scheerenberger (1983). Howe and his **fellow** students would occasionally resort to grave robbing to procure a cadaver @. 102).

Upon his graduation from Harvard Medical School in 1824, Howe volunteered for six years as a surgeon in the Greek revolt against the **Turks** (Kanner, 1964; President's Committee on Employment on the Handicapped, 1977; Scheerenberger, 1983). When he returned to Boston in 1831, a colleague, Dr. John Fisher, asked him to help finalize plans for an asylum for blind individuals and to assume the role of its first administrator. Howe agreed with the stipulation that he be allowed to tour Europe visiting schools for blind individuals in order to observe the latest methods of teaching such youngsters (Kanner, 1964; Scheerenberger, 1983).

While in Europe, Howe was temporarily diverted from his mission when asked by Lafayette to carry relief **funds** to the Polish refugees across the **Prussian** frontier. When Howe publicly complained about their situation, he was captured and placed into the solitary confinement unit of a Berlin prison. After his release, five weeks later, he continued on his tour and returned home determined to apply the new ideas and teaching methods he had learned.

Many of the new concepts he wanted to implement challenged the traditional belief that blindness was a permanently disabling "affliction" that routinely precluded learning, independent living, and **self-suffi-**

ciency. Unfortunately, at that time, individuals with blindness automatically became charity cases, being attended to by their families or receiving some form of **public** relief. The almshouses in America provided shelter to many blind children and adults, but those who ran them had little awareness that anything could be done to better the lot of those visually impaired (President's Committee on Employment on the Handicapped, 1977, p. 23).

Colonel Thomas H. **Perkins** was so impressed with Howe's work, that he offered his own estate and gardens as a permanent facility for the school if Howe could raise fifty thousand dollars as its base support. Howe raised the money, then **transferred** the program to the **Perkins** Estate. The school was officially named the **Perkins** Institute and Massachusetts School for the **Blind**. Howe became its first director, a **post** he held for 44 years until his death (Kanner, 1964; President's Committee on Employment of the Handicapped, 1977; Scheerenberger, 1983). Howe based the school on five premises:

1. The blind child must be treated as an individual and trained according to personal ability and job opportunities in the community;
2. The curriculum should correspond to that of the common schools except for providing more music **and** crafts;
3. Blind youths **were** to be educated to participate in the economic and **social** life of their home communities (President's Committee on the Employment of the Handicapped);
4. The school's sole concern be with education during the best learning years;
5. The school's primary goal is to return its students to their families (President's Committee on Mental Retardation, 1977, p. 4).

In 1839, Howe had success in educating a "blind idiot," whom he accepted into the school. His later further success with two more students with similar impairments, combined with his genuine concern for mentally retarded people, encouraged him to recommend that a specialized facility for their **training** be established (Scheerenberger, 1983, p. 103). He reasoned that, if so much could be done for idiots who are

blind, still more could be done for "idiots who were not blind" (cited in Kanner, 1964, p. 43).

Thus, in 1848 the commission headed by Howe submitted its report to the Massachusetts Legislature, which was extremely impressed with both its thoroughness and its "eloquent appeal for compassion, understanding and action" (Baumeister, 1970, p. 6). Said the report,

The benefits to be derived from the establishment of a school for this class of persons, upon humane and scientific principles would be **very** great. Not only would all the idiots who should be received into it be improved in their bodily and mental condition, but all the others in the State and the country would be indirectly benefited. The school, if conducted by persons of skill and ability, would be a model for others. Valuable information would be disseminated through the country; it would be demonstrated that no idiot need be confined or restrained by force; that the young can be trained for industry, order, and self-respect; that they can be redeemed from odious and filthy habits, and there is not one of any age who may not be made more of a man and less of a **brute** by patience and kindness directed by energy and skill (cited in Scheerenberger, 1983, pp. 103-104).

Howe's commission specifically challenged the state of Massachusetts:

Will she longer neglect the poor **idiots**—the most wretched of all who are born to her—those who are usually abandoned by their **fellows**—who can never, of themselves, step upon the platform of **humanity**—will she leave them to their **dreadful** fate, to a life of brutishness, without an effort on their **behalf**? (cited in Baumeister, 1970, p. 6).

Though skeptical, the Massachusetts legislature provided twenty-five hundred dollars per **annum** to establish an experimental school for the feebleminded.

Thus, on October 1, 1848, the first permanent institution in the United States was opened for ten feebleminded children placed together in a wing of **Perkins** Institute under the responsibility of James J. Richards, a teacher later known for his pioneering work in Pennsylvania (Kanner, 1964; Baumeister, 1970). Three years later, having been declared a huge success, the school was incorporated by the state and officially named the Massachusetts' School for Idiotic and Feebleminded Youth. Now located in **Waltham** it is called the Fernald State School, after one its most influential superintendents (Kanner,

1964; Baumeister, 1970; President's Committee on the Employment of the Handicapped, 1977).

The successful efforts of Dix, Howe, and others, resulted in the proliferation of residential institutions for mentally retarded individuals throughout the United States. It is important to remember, however, that the founders of these early institutions saw as the primary goal of their education and treatment programs, the ultimate return of persons with mental retardation to their own homes and communities (United States Commission on Civil Rights, 1983, p. 19).

In a sense, mental retardation came to be perceived as a simple lag in the development of intelligence. It was believed that with proper perseverance, persistence, and skill, such minds might be trained. Howe fought to have each new institution considered a school with education its primary function, rather than as an asylum, with implications of custody being primary. A basic belief urged upon the public with these new institutions were schools with the same responsibilities as other schools in the community and a place within part of the common school system (Baumeister, 1970). To enhance their success, these first institutions accepted very few students and only those who offered a reasonable prognosis for achievement. Howe, for example, excluded youngsters with hydrocephaly, epilepsy or mental illness (Baumeister, 1970).

Although these early institutions achieved some success, they began to be replaced, between 1870 and 1890, by larger facilities whose primary aim was protecting persons with disabilities **from** society. These institutions viewed themselves as "benevolent shelters." The result was the development of many large institutions housing great numbers of disabled people far from population centers, and unfortunately, they provided no training that might enable their residents to return home. It became obvious that in many early hospitals for the "insane," the function of custody took precedence over therapy, and many were perceived as well-kept prisons (Grob, 1994). Some residents were taught some basic skills **like farming** and gardening but only to help defray institutional costs (United States Commission on Civil Rights, 1983, p. 19).

**Unfortunately** too, as these custodial institutions began to grow, they **often** became "places of abuse, isolation, and segregation" (J. Shapiro, 1993, p. 61). The view of the institution as a school with educational programs began to fade. The **function** of the institution was extended beyond that of relatively **short-term** training to the inclusion

of comprehensive care for the individual for long periods of **time**—sometimes even for life (Baumeister, 1970, p. 9).

**Burgdorf and Burgdorf** (1976) traced this change from the progressive ideal to rigid and anachronistic:

The custodial concept—simply providing food, clothing, and **shelter**—became dominant. All too **often** the motivation was philanthropic rather than scientific, and this sentimental humanitarianism resulted in an unproductive **stasis**. The institution began to be conceived as an end in itself, a universal solution to the problem of dealing with mentally and physically handicapped persons. Construction of institutions took precedence over any **concern** for operating them according to scientific or medical principles (p. 886).

**Regarding** the influence of the Social Darwinism of the late 19th century, the United States Commission on Civil Rights (1983) added,

Ironically, the protective isolation model, premised upon the belief that handicapped persons needed to be protected from the hardships incident to normal society, was replaced in the late 1800's and early **1900's** by a growing sentiment that society needed protection from handicapped people (p. 19).

It is interesting to note that Howe, later in life, became aware of the dangers of institutionalization, especially as its role changed **from** educational to custodial, resulting in segregation. As early as 1857, he wrote to the governor of Massachusetts,

In almost all public, charitable and penal institutions with which I am familiar, serious evils arise from the violation of the principle that we should separate not congregate (President's Committee on Mental Retardation, 1977, p. 5).

As **his** hostility toward institutions grew, Howe became increasingly vocal on the subject. In 1866, in a speech at the cornerstone laying ceremony of a new institution for blind persons in Batavia, New York, he had the courage to question the utility of the school.

Society, moved by pity for some special form of suffering, hastens to build up establishments which sometimes increase the very evil which it wished to lessen. . . . Our people have rather a passion for

public institutions, and when their attention is attracted to any **suffering** class, they make haste to organize one for its benefit. All great establishments in the nature of boarding schools, where the sexes must be separated; where there must be boarding in **common**, and sleeping in congregate dormitories; where there must be routine and formality, and restraint, and repression of individuality; where chores and refining influences of the true family relation cannot be had, all such institutions are unnatural, undesirable, and very liable to abuse. We should have as few of them as possible, and those few should be kept as small as possible. The human family is the unit of society (President's Committee on Mental Retardation, 1977, p. 5).

Incredibly, Howe envisioned the importance of concepts like least restrictive environment, integration and **normalization** as early as 1874 when he wrote.

Now the danger of misdirection in this pious and benevolent work is that two false principles may be incorporated with the projected institutions which will be as rotten piles in the foundations and make the **future** establishments deplorably defective and mischievous. These are, first, close congregation; and, second, the life-long association of a large number of idiots; whereas, the true, sound principles are: **separation** of idiots from each other; and then **diffusion** among the normal population. . . . For these and other reasons it is unwise to organize establishments for teaching and training idiotic children, upon such principles as **will tend** to make them become asylums for life. . . . Even idiots have rights which should be carefully considered! (President's Committee on Mental Retardation, 1977, p. 5).

The first hospital for the "insane" was established in the mid 18th century in Philadelphia by Dr. Thomas Bond. Greatly impressed with what he saw at Bethlehem Hospital **during** his trip to London, he hoped to reproduce the care he saw given there to the mentally ill patients. He and Benjamin **Franklin** raised funds and applied to the Assembly with the following declaration:

THAT with the Numbers of Lunaticks, or Persons distempere'd in Mind, and deprived of their rational Faculties, hath greatly increased in this Province.

THAT some of them going at large, are a Terror to their **Neighbours**, who are daily apprehensive of the Violences they may commit; and others are continually **waisting** their Substance, to the

great injury of themselves and Families, ill disposed Persons wickedly taking Advantage of their unhappy Condition, and drawing them into unreasonable Bargains. . . (cited in Gober, 1994, p. 19).

Another public hospital devoted exclusively to the care and treatment of the "insane" was established as early as 1769 in the Colony of Virginia which based its treatment on the Poor Laws of England. Gober (1994) cited the wording of the act "to make provision of the support and maintenance of idiots, lunatics, and other persons of unsound minds" (p. 20).

Another important issue that needs to be considered was the way laws could be used for control. With psychiatry yet to be established as a branch of medicine, the decision to commit someone to an insane asylum came from the individual's family, and many abuses occurred. The landmark case *Packard v Packard (1864)*, attacked legal incarceration and challenged the subordination of women to their husbands. Elizabeth Packard challenged her husband for falsely incarcerating her although at that time, an Illinois law allowed a husband to hospitalize his wife for insanity with the approval of the superintendent of the institution. Elizabeth claimed she had been denied due process, and that no legal or medical procedures had been taken to protect her. She was a vibrant, bright girl who had married Theophilus Packard, a Protestant minister 19 years older than she. She was described as "a preacher's dutiful daughter another preacher's dutiful wife, and a devoted mother of five" (Sapinsley, 1991, p. 3). But, she and her husband had sharp differences regarding religion. While she believed in a liberal interpretation of the Bible, her husband was a devout Calvinist who believed in the total depravity of humanity. When Elizabeth challenged him philosophically and refused to be the totally obedient wife he wanted, he had her committed in 1860 to the Illinois State Hospital for the Insane in Jacksonville where she languished for three years.

Upon her release, her husband confined Elizabeth to a locked room with the doors and windows nailed shut. After her **friends** failed to see her, they secured a writ of *habeas corpus*. Declared sane by the courts **after** her widely publicized trial, she was left destitute by her husband. Undaunted, she campaigned over the next two decades for personal liberty laws that would protect individuals, and particularly married women, from wrongful commitment to and retention in asylums. She wrote books, gave lectures and lobbied in thirty-one states for legislative reform. Because of her work, attitudes have changed toward **per-**

sons with mental illness, and it is, of course, now unlawful to incarcerate anyone without due process (Sapinsley, 1991).

### **The Beginning of Education for Persons with Disabilities**

In the 1500's the desperate plight of individuals with disabilities, particularly those with deafness and blindness, improved as society began to understand that they could be educated and accept more productive roles.

#### *Education of Children with Deafness*

Although the education of individuals with deafness had been studied by such early thinkers as **Socrates**, Aristotle and St. Augustine, it was not until the 16th century that any systematic instructional methods appeared (Winefield, 1987). During the **1500s**, the education of aristocratic deaf children was first began in Spain, reflecting the results of Iberian cultural practices. At the height of its power and wealth gained from its exploration of the new world, Spain was still strictly feudal and stratified. Aristocratic exclusivity led to frequent intermarriages and **inbreeding**, which often produced congenitally deaf children. More than occasionally, these offspring were the heirs to great estates (D. Wright, 1969). Most deaf Catholics were prohibited from receiving communion because of their inability to confess their sins and only those who had given confession were permitted to inherit property or titles (Solomon, 1994; Moores, 1996). If the individual were considered deaf and mute, his estate and title would pass on to his next of **kin**. But if the "deaf-mute heir" could be taught to speak, his legal disability was lifted, a powerful incentive for parents to encourage any method of oral education for their deaf children (D. Wright, 1969; Solomon, 1994).

A Spanish monk, Ponce de **León (1520-1584)**, is considered to be the first systematic instructor of children with deafness (D. Wright, 1969; Winefield, 1987; Moores, 1996). While sewing in a Benedictine monastery in San Salvador, Ponce de **León** met a man who had been denied **ordination** as a monk because of his deafness. Although little is known of his techniques, he was able to teach the man to read and speak well enough to be accepted as a postulant. Because the Benedictine monks at Ponce de **León's monastery** assumed vows of silence, the sign language they used probably formed the basis of his teaching methods (Moores, 1996). Later, Ponce de **León** established a school near Madrid where he taught the deaf children of the nobility. His students included two deaf and mute brothers, Francisco and Pedro de **Velasco**, who

learned to speak well enough to inherit their lands and titles, serve in the military, pray, **offer** confessions, and even assist in the mass. Ponce de León's work, deeply appreciated by the Spanish aristocracy, continued **after** his death in Spain and later throughout all of Europe (D. Wright, 1969; Winefield, 1987).

Unfortunately, commoners with deaf children would have to wait more than 200 years for their children to receive **comparable** instruction. The Abbe de l'Epee learned the manual language **developed** for the Spanish nobility and brought it to France to teach written French to **poor Parisians** with deafness. **Thus**, "it **was** the Abbe's charitable **example** that did most to implant the idea that something should be done for all deaf mutes, that from now on it was no longer permissible for society to neglect and forget prisoners of silence" (D. Wright, 1969, p. 160).

Soon, different concepts for teaching persons with deafness began to emerge and influence the field of deaf education. Some of these various views aroused controversy and still cause dissension among educators of deaf persons and among persons with deafness themselves. From the time of Ponce de León to the present, a primary issue consistently dividing educators of deaf persons is the use of sign language. The philosophical debate on this matter, reflecting two distinct attitudes toward **deafness**, reached its height during the nineteenth century. In the United States, the controversy engaged two well-known figures, Alexander Graham Bell and Edward Miner Gallaudet. While Bell led the fight against the teaching of sign language, Gallaudet fiercely advocated its use (Winefield, 1987). The confrontation between the "oralists" and "combinists" became extremely heated at times with intolerance displayed on both sides, and remnants of that extend into the present (Winefield, 1987).

Bell's oral proponents founded their convictions on the premise that almost everyone processes language auditorially. They believed that persons with deafness must be prepared to live as much like hearing people as possible, and claimed that sign language limited a deaf person's ability to communicate with the hearing world. Because American Sign Language (ASL), the language used by most adults with **deafness** who sign, has a different grammatical structure from English, a number of educators found it difficult to use while simultaneously speaking (Winefield, 1987). In addition, the use of ASL was viewed as abnormal or deviant and, therefore, impermissible. Youngsters in oral programs were to be instructed in communication through the use of speech, lipreading, and observation of facial movements. The use of residual

hearing supplemented with hearing aids was strictly prohibited (Winefield, 1987). As J. Roth, an advocate with deafness recalled, "I got my hands **rapped** if I signed" (cited in Solomon, 1994, p. 41).

The manual proponents, led by Gallaudet, believed that lip reading did not work well enough as a means of communication for large numbers of children with deafness. Although the early proponents of **manulism** advocated a sign-language-only approach, under the leadership of Gallaudet they later changed to include speech development as an essential element of their philosophy. This method later became known as "the combined method" or "total communication," and included the use of sign language, finger spelling, speech or lip **reading**, residual hearing, and anything else that might help an individual communicate. Today, the Deaf community generally views deafness **as** a civil rights issue and takes pride in a distinct Deaf culture (Solomon, 1994). A civil rights activist with deafness, M. J. Bienvenu stated, "When I communicate in A.S.L., my native language, I am living in my culture. I don't define myself in terms of 'not hearing' or of 'not **anything** else'" (cited in Solomon, 1994, p. 42).

### *Education of Children with Blindness*

As with deaf education, the systematic education programs for children with blindness did not develop until the mid-eighteenth **century**. Although some talented individuals with blindness managed, like the poet Homer, to educate themselves. Up to that time, such education was spasmodic, **uncoordinated** and primarily focused instruction on helping youngsters with blindness express their thoughts rather than on developing reading skills.

The first organized school for blind individuals, the *Institution des Jeunes Aveugles* (Institution for Blind Youth), was founded in Paris in 1784 by Valentin **Hatty**. Several profound personal experiences greatly influenced **Hatty's** career as a dedicated teacher of blind persons. One occurred in 1771, while strolling down a Paris street, the Place **Louis-le-Grande** where **Hatty's** attention was drawn to the shouting and laughing of a crowd coming from the Cafe Saint Omde. He encountered the following scene:

Mounted on a high platform in the café were ten blind men scraping **crude bows** on rough **stringed** instruments. Huge pasteboard spectacles, devoid of lenses, emphasized the emptiness of the sightless eyes. Lighted candles set to illuminate the sheets of music only revealed

their uselessness, for the notation was turned towards the audience. Grottesque robes and dunce caps with ass's ears added insult to the ridicule to which the men were subjected. For some two months these poor beggars attracted business to the cafe by the discord they thumped out on the false instruments as they moaned a monotonous chant. And in this burlesque, at the expense of handicapped human beings, the Parisians of the time found amusement (G. Farrell, cited in Preen, 1976, p. 25).

The scene was so offensive, sorrowful, and revolting to HaUy that he decided then and there to devote his life to teaching sightless persons to read so they could earn a living in more dignified ways (Preen, 1976; Roberts, 1986).

Another of **HaUy's** personal experiences involved an honest beggar who received a coin from him which was larger than usual. The beggar questioned the size of the donation, suggesting HaUy had given him a coin more valuable than intended. Impressed by the man's honesty, HaUy was also impressed by his ability to perceive so quickly by his sense of touch. Thus, HaUy decided to use the tactile sense to educate persons with blindness. "HaUy had come to realize that the blind might be made to see through their hands" (Preen, 1976, p. 25).

Enrollment at **HaUy's** school grew rapidly as he **arranged** for demonstrations of his students' accomplishments throughout France. HaUy allowed no pity for his students but he, himself, **often demonstrated** great admiration for their accomplishments. The school's curriculum included the teaching of vocational skills, writing, the performance of music and reading through the use of embossed print:

HaUy and his first student noticed that the reverse sides of printed pages had tactually legible characters. At that time printers routinely used wet paper for printing; thus the paper itself took on the forms of the letters to some extent. **HaUy** had letters cast in reverse so that when printed on wet paper they left tactile impressions in correct position and order. Subsequently he modified the letters somewhat to make them easier to read. For writing, his students used a metal pen with a rounded tip to produce raised letters in reverse on the back of heavy paper (Roberts, 1986, p. 8).

The school and its methods soon became a model for blind education and HaUy later accepted requests from other countries, including Russia, to establish others based on his model (Roberts, 1986).

Another major contribution to the development of educating blind children came from Louis Braille, who was himself blind. As a **former** student and then member of the faculty at the Royal Institution for Blind Youth in Paris, Braille perfected, in 1829, a code of raised dots, which he first used for music notation. He based his dot system on the work of an army artillery officer who developed a similar code which could be read by touch during night maneuvers (Roberts, 1986).

Based on the work of individuals like **HaUy**, Braille, and later Samuel **Gridley** Howe, Anne Sullivan and Laura Bridgman, teaching blind students became a widely recognized and respected educational pursuit. Both residential and day programs grew throughout the world, and individuals with blindness won their rights to be educated in public schools along with their sighted peers. Their education was still based, however, on the medical model and included sight conservation and sight saving classes following the faulty premise that to use residual vision was to lose it. The concept is analogous to not exercising because of fear of using up one's muscles. The role of teachers in such classes was to provide **an** education which entailed no **reading** or other visual tasks (Roberts, 1986, p. 10).

### *The Rise of Eugenics*

Blatt (1987) called the eugenics movement the dark side of mental retardation with sterilization and institutionalization as the consequences (p. 46). The **concept** of eugenics greatly influenced the lives (and deaths) of millions of individuals, its basic principle being that "portions of the human race are inherently and genetically inferior, and that this status is not modifiable" (Smith, 1985, p. 2). According to Friedlander (1995), the eugenics movement had two basic policies:

First, it sponsored research to investigate the transmission of social traits, especially undesirable ones, and undertook to classify individuals, groups, and nations on a scale of human worth. Second, it proposed biological solutions to social problems and lobbied for their implementation (p. 5).

Francis **Galton**, a cousin of Charles Darwin, introduced the term "eugenics" and defined it as the science that would deal with all of the influences that could improve the inborn qualities of a race (Jefferis & Nichols, 1928; Smith 1985; and Pfeiffer, 1989). Davenport later defined it as "the science of the improvement of the human race by better **breed-**

ing" (1911, p. 1). Later, in 1928, "negative eugenics" was defined by **Jefferis** and Nichols (1928) as

simply preventing the unfit from bringing children into the world, and [it] lets the positive improvement of the race take care of itself. The difficulty of drawing a line definitely between the fit and the unfit is at once apparent. But by common consent there are certain classes who are not fit for parenthood, namely, the feeble minded, the epileptic, the insane, the syphilitic, etc. By one means or another the unfit must be prevented from propagating their kind if we ever hope to improve humanity to any great extent (p. 12).

The primary aim of the eugenics movement was "the translation of scientific information into social policies that would lead to the prevention of human stock prone to degeneracy" (Trent, p. 136). The concept was based on the assumption that biology, or any physical or psychological variation, predetermined an individual's social status. Also intrinsic to this notion was the belief that the biological progress of mankind required the elimination of those considered hereditarily unfit. Davis (1997), for example, stated, "In 1883, the same year that the term *eugenics* was coined by **Galton**, [Alexander Graham] Bell delivered his eugenicist speech *Memoir upon the Formation of a Deaf Variety of the Human Race*, warning of the 'tendency among deaf-mutes to select deaf-mutes as their partners in marriage with the dire consequence that a race of deaf people might be created (p. 15).

As Friedlander (1995) suggested, "Eugenic research was designed to isolate and record individuals with inferior intelligence and other social disabilities. Eugenicists claimed that their research on individuals and families proved the inferiority of entire groups" (p. 5). Darwin, himself, laid the foundation:

We civilized men, on the other hand, do our utmost to check the process of elimination; we build asylums for the imbecile, the maimed, and the sick; we institute poor laws; and our medical men exert their utmost skill to save the life of every one to the last moment. . . . Thus the weak members of civilized societies propagate their kind. No one who has attended the breeding of domestic animals will doubt that this must be highly injurious to the race of man (cited in **Haller**, 1963, p. 4).

The huge rise of institutionalization in the United States largely resulted **from** the influence of the eugenics movement and its notion of the "moron as a menace." **Manni, Winikur** and **Keller** (1984) observed that "feeble-mindedness became associated with not just social incompetence, but also social irresponsibility (p. 90). As Friedlander (1995) wrote,

Eugenicists focused attention on the feeble-minded—labeled as idiots, imbeciles, or morons—and argued that **their findings** proved the existence of a relationship between low intelligence and both immorality and crime. They saw the cause of the social problems of their times, such as alcoholism and prostitution, as inherited feeble-mindedness and viewed the manifestations of poverty, such as intermittent unemployment and chronic illness, as hereditary degeneracy (p. 6).

Thus, mental retardation (feeble-mindedness) became closely linked with poverty, crime and illegitimacy. Trent (1994) stated that persons with mental retardation were perceived as having, "a disorder of the senses, a moral flaw, a medical disease, a mental deficiency so as to make them a menace to the social fabric (p. 2). It was widely accepted that mental and physical impairment was the root of most social problems and that "the occurrence of such disabilities was increasing rapidly in modern civilization" (**Burgdorf & Burgdorf**, 1977, p. 997). A leading eugenicist, Stoddard (1922) stated, "[T]he uncontrolled reproduction among families and the **intermingling** of defective and normal human stock was resulting in the 'twilight of the American mind,' the 'dusk of **mankind**'" (p. 94, and cited in Smith, 1985, p. 3). Those advocating race purification underscored the idea that through the prevention of inferior stock and the reproduction of good stock, "problems that had always plagued human beings—poverty, crime and vice, unwanted children, insanity, and feeble-mindedness—could be eliminated" (Trent, 1994, p. 136).

**During** the early 1900s pamphlets and enactments incorporating the principles of eugenics began to appear in states throughout the nation. In Pennsylvania, for example, the pamphlet, *The Menace of the Feeble-minded in Pennsylvania* (1913), which **influenced** the establishment of the **Pennhurst** institution sought

A comprehensive plan for the lifelong segregation of these unfortunates. . . on state lands of no great value, far from dangerous contact

with communities or transportation (cited in Testimony of Thomas Gilhool, 1995, pp. 6-7).

Similar documents appeared in many states including, *The Menace of the Feeble minded in Connecticut* (1915), *The Burden of the Feeble-Minded* (1912) in Massachusetts, and *The Feeble-Minded, Or, The Hub to Our Wheel of Vice* (1913) in Ohio (cited in Testimony of Thomas Gilhool, 1995, pp. 6-7).

#### *Goddard's Moron as a Menace*

In 1912, Henry Herbert Goddard, then Director of research at the Training School for Feeble-Minded Girls and Boys in **Vineland**, New Jersey, published his famous study, *The Kallikak Family: A Study in the Heredity of Feeble-Mindedness*. As Pfeiffer (1989) noted, "In this work, Goddard ascribed almost all social ills to a particular class, the feeble-minded" (p. 10). Goddard began his study with the admission of an eight year old girl to the institution, who was born in an almshouse. He gave her the fictitious name of Kallikak derived from the Greek words *kallos* (beauty) and *kakos* (bad), two symbolic hereditary influences which he believed resulted in her "feeble-minded" condition. He also gave her his new label *moron*, a word he coined from the Greek word for foolish. (Smith, 1985).

Goddard's **term** "moron" became widely accepted for those considered to be "high grade defectives." Morons were not retarded seriously enough to be obvious to the casual observer nor were they impaired by such adventitious means as brain injury, disease or other injury. Morons evinced the typical characteristics of intellectual denseness, social dullness and inadequacy and moral deficiency. From the beginning, Goddard tried to prove that these traits were hereditary. As Smith (1985) observed, "He was of the opinion that reproduction among people with these traits posed a threat to the social order and the advancement of civilization" (p. 12).

Goddard conducted his study by having his assistants trace Deborah's ancestry back to her great-great-great-grandfather, Martin, Sr., who as a soldier during the Revolutionary War, had an affair with a local barmaid believed to be feeble-minded. This liaison resulted in the birth of an illegitimate son, Martin Kallikak, Jr, who himself had 408 direct descendants. Goddard claimed to have proof that of these, 143 were feebleminded, 36 were illegitimate, 36 were sexually immoral (mostly prostitutes), 24 were **confirmed** alcoholics, 3 were epileptics, 82

died in infancy, 3 were convicted **criminals**, 78 kept houses of prostitution, and, only 46 were found to be normal (Scheerenberger, p. 149).

Goddard also discovered that Martin Kallikak, Sr., who came **from** a "good family" and had "normal" intelligence, married a woman from a similar background after the War. From this union, **Goddard** traced 496 descendants none of whom could be called feeble-minded and only, one insane. The descendants of this union were primarily socially prominent citizens and included judges, physicians, lawyers educators, and land owners. Goddard found no epileptics, illegitimate children, prostitutes or criminals. From this data Goddard concluded that

[F]eeble-mindedness is largely responsible for these social sores. Feeble-mindedness is hereditary and transmitted as surely as any other character. We cannot successfully cope with those conditions until we recognize feeble-mindedness and its hereditary nature, recognize it early, and take care of it (cited in Scheerenberger, 1983, p. 150).

Goddard recommended that solutions to the problem include compulsory sterilization and institutionalization (Smith, 1985). Goddard's study had an enormous influence on the care and treatment of persons with mental retardation for many years, even though its methodology later proved invalid (Scheerenberger, 1983; Smith, 1985). As Gould (1981) observed, "Goddard's study is little more than guesswork rooted in conclusions set from the start" (p. 168).

However inaccurate, Goddard's Kallikak study received excellent reviews and great acclaim, and one of its strongest promoters was Fernald who, in 1912, wrote:

The feebleminded are a parasitic, predatory class, never capable of self-support or of managing their own affairs. The great majority ultimately become public charges in some form. . . . It has been truly said **that** feeble-mindedness is highly hereditary. . . . No feebleminded person should be allowed to marry or become a parent. . . . Certain families should become extinct. **Parenthood** is not for all (cited in Pfeiffer, 1989, p. 11).

Goddard's Kallikak book became such a best seller that he was asked to sell the dramatic rights, and it quickly received world wide acclaim, especially in Germany (Smith, 1985):

A simplistic explanation that social ills like poverty, prostitution, crime, and alcoholism were the result of **feeble-mindedness—especially** of the high-grade moron type—was appealing to the spirit of the time. To improve society, the "menace of the feeble-minded" must be recognized and controlled (p. 61).

Trent (1994) observed that the view of "mental defectives" changed in between 1910 and 1920 from being merely associated with social vices to being their fundamental cause. He noted that "mental defectives became a menace, the control of which was an urgent necessity for existing and future generations" (p. 141).

Haller (1963) wrote earlier that from 1910 to 1920 a myth of the "menace of the feeble-minded" became a major force in American social thought (p. 95). Goddard's conception of the moron as a feeble-minded menace would grow and flourish for many years (Smith, 1985). Trent stressed that **this was** more than just a shift of labels. The term "moron" carried a new meaning calling for a new social response (p. 141).

### *Controlling Feeble-mindedness and the Unfit*

The early eugenic aim of eliminating unwanted inherited disorders from human populations by selective marriage practices soon encompassed the promotion of laws enforcing compulsory sterilization, restricted immigration, restricted marriage, and custodial care (institutionalization) to halt the increasing burden of mental disease and delinquency.

The expanding interest in genetics, at the beginning of the century, led to the establishment of the first organization of the eugenics movement, the American Breeders' Association. Organized in 1903 by leading agricultural breeders, renowned university biologists, and others including Dr. Charles Davenport of **Harvard** and Alexander Graham Bell, the organization established in 1906 several committees to research specific breeding problems. One of their primary committees, the Committee on Eugenics set out "to investigate and report on heredity in the human race" [and] "to emphasize the value of superior blood and the menace to society of inferior blood" (Haller, 1963, p. 62).

In 1911, the American Breeders Association, wanting to "purge from the blood of the race innately defective strains," recommended the following procedures: selective scientific breeding to remove defective traits, restrictive marriage laws, euthanasia, sterilization and life segregation for all handicapped persons (Burgdorf & Burgdorf, 1976,

p. 887). Two years later, the Association defined as socially unfit "the feeble-minded," "paupers," "**criminaloids**," "epileptics," "the insane," "**the** constitutionally weak," "those predisposed to specific diseases," "the congenitally deformed" and "those having defective sense organs." They **further** advocated that such humans should, if possible, be eliminated from the human stock if we would maintain or raise the level of quality essential to the progress of the nation and our race (cited in Scheerenberger, 1983, p. 154). According to Pfeiffer (1989), "Extermination was hinted, but not openly used" (p. 11).

Thus, eugenicists, while **pretending** to use precise science, saw fit to lump all of "the unfit" into one category grouping criminals (**including** the delinquent and wayward); prostitutes; persons with paralysis, mental retardation and mental illness (including the psychopathic); epilepsy; blindness; deafness; physical differences (including dwarfism); any other congenital differences; and the dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers) (Pfeiffer, 1989; Gallagher, 1995). All were seen as weak, degenerate and unfit. "These were people with weak genes. The degeneracy of their character, as well as the flawed nature of their bodies was seen to be inherited. There was no point in attempting to train them" (Gallagher, 1995, p. 50). Society would have to be saved from the burdens imposed upon it by these defectives by such methods as marriage restriction, sexual sterilization and permanent institutionalization.

Already by the **mid-1890s** approximately half of the states had passed laws declaring null and void the marriages of insane or feeble-minded persons on the grounds that such persons were not capable of making contracts (Haller, 1963). Burgdorf and Burgdorf (1977) noted that by the late **1970s**, most states carried statutory prohibitions of marriages where one of the partners was mentally ill or mentally retarded. In addition, while some states restricted marriage among persons considered physically handicapped, at least 17 extended such prohibitions to persons with epilepsy.

The theory of eugenics soon spread through out the world. Stone (1996), for example, cites Kang **Youwe**, a Chinese reformer who, at the end of the nineteenth century included the following measures in his One-World Philosophy:

The insane will be placed on special islands. They will not be allowed to procreate their kind. They will be taught agriculture and other work and half of whatever they can **earn** will be given to them. **However**,

there will not be such people in this age, since they will not be allowed to have children. Persons with malformed bodies, harelips, and so forth, will not be permitted to marry and propagate their kind. They may receive **official** permission to have sexual intercourse if they have such a desire, however, at this time, there will be 'mechanical persons' to substitute for real persons for sexual relief (pp. 469-483)

As late as 1975, a number of states also restricted or denied the right of persons with mental retardation and those considered "deaf mutes" from entering into any sort of legal contract. Such restrictions also served to control marriages among such persons, marriage being considered a contractual agreement at law. In fact, "deaf mutes" earned the right to enter into contracts only by litigation. For example, *Alexier v Matzke*, 151 Mich.36, 115 N.W. 251 (1908) specifically held that "the doctrine that deafness and dumbness were the same no longer prevails and that 'deaf mutes' could enter into contracts" (Burgdorf & Burgdorf, 1977, p. 861-862).

### **Sterilization**

The eugenics movement, based as we have seen, on research like that of Goddard, raised the fear that the prevalence of congenital physical disability and feeble-mindedness would **undermine** society (Smith, 1985). The public became afraid that the occurrence of such disabilities was increasing rapidly in modern civilization and that "the spreading of handicapping conditions through heredity was the single most important problem facing American Society" (Burgdorf & Burgdorf, 1977, p. 998). To illustrate the pervasiveness of such convictions, Burgdorf and Burgdorf (1977) cited the language used in a Temple University Law Review note discussing 1934 sterilization statute:

Since time immemorial, the criminal and defective have been the "cancer of society." **Strong**, intelligent, useful families are becoming smaller and smaller; while irresponsible, diseased defective families are becoming larger. The result can only be race degeneration. To prevent this race suicide we must prevent the socially inadequate persons from propagating their kind, *i.e.*, the feeble-minded, epileptic, insane criminal, diseased, and others (cited in Burgdorf & Burgdorf, 1977, p. 998).

According to Burgdorf and **Burgdorf (1977)**, the author **further** declared the United States to be a pioneer in the movement for sterilization with Germany eagerly following America's lead in this field. Smith (1985)

later emphasized that the eugenics movement had, in its time, the spirit of a religious crusade.

Compulsory sterilization became practically feasible in the late nineteenth century when safe, effective and morally acceptable surgical methods were developed. Up to the 1890s the only surgical procedure available for producing sterility was castration, considered extremely radical because it was medically dangerous, caused undesirable changes in secondary sexual characteristics and was widely considered morally unacceptable. Such thoughts, however, did not stop some institution administrators. During the **1890s**, Dr. F. Pilcher, Superintendent of the Kansas State Asylum for Idiotic and Imbecile Youth, castrated 44 older boys and men for masturbating (Trent, 1994, p. 193). Pilcher had 44 boys castrated and 14 girls **clitorectomized** until public outrage forced him to stop (Burgdorf & Burgdorf, 1977, p. 999). Martin **Barr**, a contemporary of Pilcher's, stated in an 1899 journal article, that one of the benefits of castration was the fact that "some nice male soprano voices could be obtained for the institutional choir" (cited in **Baumeister**, 1970, p. 12)

By the end of the nineteenth century, the vasectomy (severing the vas deferens) for men and the salpingectomy (the cutting or removing of the fallopian tubes) for women, were developed. Seen as safe and morally acceptable surgical procedures, sterilizations of mentally retarded increased, especially in institutions, despite the fact that no state had enacted legislation authorizing them (Burgdorf & Burgdorf, 1977).

Although Goddard believed that sterilization was a more undesirable solution to controlling "morosity" than segregation and institutionalization, other of his eugenicist colleagues disagreed. H. Laughlin, for example, of the Eugenics Record Office, dedicated himself to the drafting of state laws requiring sterilization of hereditary defectives, a classification in which he included paupers, the diseased, tramps, beggars, alcoholics, criminals, the feeble-minded, the insane, epileptics, the physically deformed, the blind, the deaf and even orphans and ne'er do wells (Smith, 1985, p. 138; **Haller**, 1963, p. 133). His **influence** and that of the other eugenicists led to a rapid increase in such legislation.

In 1907, Indiana passed the nation's first sterilization law, which applied to "inmates of state institutions who were confirmed **criminals**, idiots, imbeciles, or rapists" (Burgdorf & Burgdorf, 1977, p. 1000). By **1930, 28** states had enacted compulsory laws that authorized the sterilization of "inmates of mental institutions, persons convicted more than once of sex crimes, those deemed to be feeble-minded by IQ tests,

'moral degenerate persons' and epileptics'' (Friedlander, 1995, p. 8). By 1938, more than 27,000 forced sterilizations had been performed in the United States (Smith, 1985).

Burgdorf and Burgdorf (1976) noted that the majority of American states had statutes providing for the involuntary sterilization of mentally handicapped and certain physically handicapped persons. For instance, a 1977 statute permitted Mississippi to sterilize those "afflicted with hereditary forms of insanity that are recurrent, idiocy, imbecility, feeble-mindedness, or epilepsy." In fact, at one time in the late **1950s**, of the 28 states with sterilization statutes, 17 specifically included persons with epilepsy, as well as those with mental illness and mental retardation (p. 861).

The flood of state statutes authorizing eugenic sterilizations met occasional obstacles in those courts that found such procedures unconstitutional, until 1925 when the Supreme Court of Virginia made its ruling in the landmark case of *Buck v. Bell* reinforcing the state's right to force unwanted sterilizations. In 1924, **Carrie** Buck had been committed to the State Colony for Epileptics and Feeble-minded at Lynchburg. Under the authority of the *Virginia Sterilization Act (1924)*, which provided for the sterilization of "mental defectives" confined to state institutions, "the best interests of the patients and society would be served by their being rendered incapable of producing offspring" (White, 1993, p. 404). The superintendent presented to the Colony's Board of Directors, a petition for an order to sterilize Carrie by salpingectomy, alleging that she had the mind of nine-year-old, was the mother of a mentally defective child and was the daughter of a woman previously committed to that same institution. The *Virginia Sterilization Act (1924)* stated in part,

Whereas the Commonwealth has in custodial care and is now supporting in various State institutions many defective persons who if now discharged or paroled would likely become by the propagation of their kind a menace to society but who if capable or procreating might properly and safely be discharged or paroled and become self-supporting with benefit to themselves and society, and

Whereas, human experience has demonstrated that heredity plays an important part in the transmission of insanity, idiocy, imbecility, epilepsy and crime, now, therefore. . . Be it enacted by the general assembly of Virginia, That whenever the superintendent of the Western State Hospital, or of the Eastern State Hospital, or of the

Southwestern State Hospital, or of the State Colony for Epileptics and Feeble-Minded shall be of the opinion that it is for the best interests of the patients and of society that any inmate of the institution under his care should be sexually sterilized, such superintendent is hereby authorized to **perform**, or caused to be performed by some capable physician or surgeon, the operation of sterilization on any such patient confined in such institution **afflicted** with hereditary forms of insanity that are recurrent, idiocy, imbecility, feeble-mindedness or epilepsy; provided that such superintendent shall have first complied with the requirements of this act (The *Virginia Sterilization Act, 1924, Va. Acts 569-71* [repealed 1968]).

Carrie's state appointed guardian appealed the decision up to the United States Supreme Court (**Burgdorf & Burgdorf**, 1977, pp. 1000-1005). Justice Oliver Wendell Holmes, writing for the eight-man majority of the Court (which included respected names like Louis **Brandeis**, William Howard Taft and Harlan Stone) held that the Virginia Statute was legal and did not violate Carrie's rights under Due Process or the Equal Protection Clause of the Fourteenth Amendment (Friedlander, p. 8). Thus, the **Court** endorsed the eugenic justifications for the state's sterilizing the unfit and the often quoted excerpts of Holmes' opinion entered the language:

It is better for all the world, if instead of waiting to execute degenerate offspring for **crime**, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the fallopian tubes. . . . Three generations of imbeciles are enough (cited in **Burgdorf & Burgdorf**, 1977, p. 1004).

Though Justice Holmes likened the sterilizations of defectives to compulsory small pox vaccinations, White (**1993**), in his biography of Holmes, questioned the comparison of the two situations. He noted that compulsory vaccination had two purposes, "to prevent disease in the individual and to prevent the spread of disease within the population" (p. 406). He **further** noted that while compulsory vaccination had no substantial adverse effects on the person vaccinated, compulsory **sterilization** deprived a person of the right to procreate and provided no beneficial effects for the person sterilized. The only purpose of compulsive sterilization was to prevent the individual from reproducing:

The genetic unpredictability of mental disability and the difficulty in diagnosing mental illness—witnessed by Virginia's lumping together the feeble-minded and epileptics in the same state facilities—made it much less likely that sterilization of inmates would result in fewer criminals or starving imbeciles than vaccination would result in fewer cases of small pox. In short, the principle of vaccination cases seemed distorted when applied as a rationale to justify compulsory sterilization (p. 406).

Although based on faulty logic, Holmes' decision, opened the floodgates for sterilizations in the United States. In 1927, Carrie Buck was sterilized and Smith (1994) estimated conservatively, that 50,000 people have been sterilized in the United States under that authority. More than 4,000 have been sterilized at the Lynchburg Training School alone (*Trenton Times*, 1989).

It is also ironic, as Smith (1994) emphasized, that the eugenic evidence in Carrie's case was fallacious and inaccurate. "Carrie's child, alleged to represent a 'third generation of imbeciles,' actually grew to be an honor student" (p. 234). In fact, Carrie herself left the institution after she was sterilized, married a deputy sheriff and lived a modest, productive and respectable life. It was later proven that she did not have mental retardation, and careful examination of her family tree would have revealed she was actually descended from a prominent Virginia family (Smith, 1994).

Unfortunately, Goddard's faulty study had vast repercussions for years to come. According to Kuhl (1994), Goddard's book, originally published in 1914, was republished in Germany in November of 1933, as was Dugdale's earlier prominent family study of the Jukes, **supposedly** the first to prove the hereditary character of inferiority. The Nazis eagerly adopted the accounts of the Jukes and **Kallikaks** to legitimize their own sterilization program. The Nazis formulated their sterilization laws only after carefully studying those of California where nearly half of all sterilizations in the United States were performed (Kuhl, 1994):

The example of California reveals the critical role that the transfer of knowledge about medical, scientific, and political aspects of sterilization played in the formulation of **Nazi** sterilization legislation (p. 45).

Worldwide repercussions of Goddard's study and California's lead continue into the present. In Japan today, for example, "There is a law left over from Nazi times 50 years ago, which allows sterilization of people with disabilities" (Harkins, 1995, p. 31).

### Nazi Medicalization of Killing

Having carefully studied American sterilization and institutionalization laws, the National Socialists based much of their philosophy on the "science of eugenics" (Bowe, 1978; Kuhl, 1994; Friedlander, 1995; Pemick, 1996). As Davis (1997) noted, "We have largely forgotten that what Hitler did in developing a hideous policy of eugenics was just to implement the theories of the British and American eugenicists" (p. 19). With much of its rationale grounded in the American eugenics movement, the Nazis attempted to combine ethnic and eugenic racism into a comprehensive program of race improvement. Kuhl (1994) defined eugenic racism as "The demarcation of certain elements within a particular race, followed by attempts to reduce these elements through discriminatory policies" (p. 71).

Race purification and improvement as a cornerstone of Nazi ideology appeared as early as 1924, when Hitler characterized the German state in *Mein Kampf*:

It must set race in the center of all life. It must take care to keep it pure. It must declare the child to be the most precious treasure of the people. It must see to it that only the healthy beget children. . . . It must declare unfit for propagation all who are in any way visibly sick or who have inherited a disease and can therefore pass it on. . . . Those who are physically and mentally unhealthy and unworthy must not perpetuate their suffering in the body of their children. . . . It must act in this sense without regard to understanding or lack of understanding, approval or disapproval (Manheim, trans., 1971, pp. 403-404).

He also stated that,

The right of personal freedom recedes before the duty to preserve the race. There must be no half measures. It is a half measure to let incurably sick people steadily contaminate the remaining healthy ones. . . . If necessary, the incurably sick will be pitilessly segregated—a barbaric measure for the unfortunate who is struck by it, but a blessing for his fellow men and posterity (p. 205).

they regularly filled in for able-bodied young men fighting in the **armed** forces. With the massive war mobilization, citizens with **deafness**, blindness, physical disabilities and mental retardation worked in weapons and clothing factories. For some, physical difference provided an advantage rather than a disadvantage. For example, air raid wardens with blindness teamed with sighted partners because it was believed their heightened auditory acuity helped them hear planes approach more quickly, and factory workers with dwarfism in airplane plants could squirm into the wings and other tight places that required welding or riveting. Just as the manpower shortage gave working opportunities to Blacks and women like the wartime heroine, "Rosie the Riveter," it gave similar opportunities to persons with disabilities. For instance, workers with blindness sewed uniforms and gun covers and over 1,000 workers with **deafness** worked in rubber factories in Ohio. As Wolfe (1995) noted, young men with mental retardation even served in the armed forces. One hundred young men with mental retardation from the Wayne State School in Michigan had joined the service by 1943. Eighty-eight successfully adjusted to military life and thirty-one per cent even received promotions. At the time, these soldiers with mental retardation could die for their country but could not get **married** or obtain an education or job in most of the states that made up the **country** they were defending (Wolfe, 1995). "They were real-life Forrest **Gumps**" (J. Shapiro, 1995, p. 29). It is also a sad commentary that as soon as the war ended, almost all of those with disabilities who had contributed to the war effort lost their jobs because their country no longer needed them for uniforms or weapons, and returning veterans needed the work (Wolfe, 1995).

### *Japanese Medical Atrocities*

Meanwhile, the Nazis' Axis partners, the Japanese, also practiced medical killing. In fact, American, Russian and Chinese prisoners of war were subjected to horrific experiments by the Japanese Imperial Army's Unit 731, with the participation of **Kyushu** University. The horrors perpetrated by the Japanese physicians on American prisoners included these documented five:

1. shooting them in the stomach to give Japanese surgeons practice extracting bullets,

2. performing needless amputations and dissections while the victims were awake.
3. removing parts of livers to see if the patient would survive and giving intravenous injections of sea water to determine its ability to serve as a sterile saline solution,
4. removing part of the brain to control epilepsy, and
5. performing vivisection.

Like the work of the Nazi doctors, the Japanese proceeded in the name of science and medicine. Like the Nazis, many got away with it. Of the 30 Japanese doctors brought to trial, 23 were found guilty of various charges and all were set free by 1958 (A Nightmare Amid the Horrors of War, 1995, p. A-18).

### *A Comparison of Institutional to Concentration Camp Living*

Nazi concentration camps, with their roots and rationale in the medical model and many state institutions for persons with mental retardation or illness in the United States, bear some disturbing social-process similarities. But, as Caplan (1992a) stressed, "Analogies to the Holocaust must be carefully **constructed** and justified" (p. 273). Glib claims of moral equivalence **distort** the monstrosity of the Holocaust crimes. Nevertheless, lessons can be learned by examining certain analogous social processes and mechanisms. As Orlans (1948) wrote,

I [do not] assert that there is an identity between the American asylum and the German Death camp. I am, instead, interested in certain similarities of social process in both institutions, and my thesis is that the American asylum manifests, in embryo, some of the social mechanisms which in Germany matured into death camps (cited in Szasz, 1970, p. 216).

And Ellis (1995), an advocate with cerebral palsy, noted,

I remember that the same eugenics movement that went haywire in Nazi Germany led this country to throw a lot of people with **mental** retardation and other developmental disabilities into institutions just to get us out of sight. That same inhumanity led to the **castration** and sterilization of thousands of us during the first half of this century.

That same inhumanity led to scientific experiments that fed hundreds more of us radioactive materials in the 1940s and 1950s. That same inhumanity still produces countless acts of cruelty in our institutions today. . . . [W]e have come across reports of several instances of coerced homosexuality, a woman being tortured with a hot curling iron, and several men and women being raped, one with a garden hose (pp. 2-3).

State institutions for persons with mental retardation and illness and Nazi concentration camps were both examples of what Goffman (1962) called "total institutions." As such, they shared much in common. For example, when reading interviews and personal accounts of survivors of both concentration camps and institutions, one commonly comes across the theme, "I survived to tell my story." Of course, institutional inmates were not terrorized by daily threats of slaughter, and whatever atrocities they did face were, on balance, overall far less barbaric and heinous. In addition, some institutions operated in a humane manner. Still, similarities exist beyond the "I survived" theme. For example, inmates of concentration camps and institutions both had to live under a system that dictated the entire scope of their lives from above by explicit rulings devised by medical officials. Moreover, both faced incarceration not for what they did but for who they were. As a result, inmates of concentration camps and inmates of institutions were dehumanized, robbed of their person-hood, officially perceived as genetically inferior and seen as a threat to society. Both types of inmates were segregated by sex; victimized by medical abuse, (for example, being sterilized without their consent); forced to work against their will; forced to live in a caste system under the rule of other inmates; often victimized by physical abuse, (often rape); provided inadequate diets and cheap, ill-fitting clothing from a common pool; forced to sleep in large groups in cramped, sparsely furnished, dormitory barracks; treated and moved in blocks; and forced to live all phases of their lives under a structured system with its rules imposed for the purpose of meeting the needs of the state and institution.

The daily routines of both institutions were humiliating and dehumanizing. As J. Shapiro (1993) stated, "As late as the 1960s it remained common for inmates at state hospitals to be bathed by stripping off their clothes, forming them into a line, and spraying them with water from a garden hose" (p. 160). In addition, institutionalized persons with dis-

abilities and concentration camp inmates were both forced to live in filthy, squalid conditions.

Additionally, inmates in concentration camps and institutions were subject to **often** intrusive medical experimentation. Of course, the experiments conducted on institutionalized inmates were less hideous than those conducted by Mengele and his cohorts. Still, they were conducted without the knowledge or permission of the subjects and their families, and without any prospect of **direct** medical benefit to the subjects or society (Advisory committee on Human Radiation Experiments [ACHRE], 1994, 1996). At the Fernald School, during the **1950s**, government-sponsored research was conducted on children with mental retardation, and as ACHRE reported, "The Fernald School experiments were tracer studies using radioactive calcium in a population that included institutionalized mentally compromised children" (p. 16). These government experiments whose researchers also involved **Harvard** University and the Massachusetts Institute of Technology helped feed approximately 120 of the school's students oatmeal breakfasts with small doses of radioactive isotopes. The ingredients, given in milk and cereal, hoped to ascertain if a chemical in oatmeal would interfere with the body's ability to absorb iron and calcium. The students were told they were participating in a "science club activity." Those studies now receive criticism for being conducted without the full consent from the participants or their guardians, for providing no benefit to the participants, and for using persons in a vulnerable population without protecting them (ACHRE, 1994; Retarded school alumni told they consumed radiation with their oatmeal, (Newark, NJ) *The Star Ledger*, January 14, 1994, p. 27; Bums, 1995; Hoversten, 1995; Clinton apologizes to all wronged by radiation testing, *The Trenton Times*, October 4, 1995, p. A10; ACHRE, 1996). Such experimentation on "vulnerable populations" occurred between World War II and the mid-1970s nationally on over 16,000 humans with the Atomic Energy Commission's express approval or financial support. For example, during the 1960s at the University of Arkansas Medical Center in Little Rock, children with mental retardation (some as young as 13) who were wards of the Arkansas Children's Colony, a state institution, received "iodine-131" in a thyroid study. In a similar University of Arkansas study experiments involved infants as young as nine months. A study completed at the University of Washington between 1954 and 1958 used "mental patients" from the Northern State Hospital in **Sedro-Woolley** as un-

knowing subjects (Bums, 1995; Hoversten, 1995a, 1995b). As ACHRE (1996) reported,

in some nontherapeutic tracer studies involving children, radioisotope exposures were associated with increases in the potential lifetime risk for developing thyroid cancer that would be considered unacceptable today (pp. 10-11).

ACHRE (1996) found that little attention had been paid, during the 1940s and 1950s, to issues of fairness in the selection of subjects for radiation studies it reported:

The Committee then selected for particular consideration radioisotope research that used children as subjects. We determined to focus on children for several reasons. First, at low levels of radiation exposure, children are at greater risk of harm than adults. Second, children were the most appropriate group in which to pursue the Committee's mandate with respect to notification of former subjects for medical reasons. They are the group most likely to have been harmed by their participation in research, and they are more likely than other former subjects still to be alive. Third, when the Committee considered how best to study subject populations it chose the ones that were most likely to be exploited because of their relative dependency or powerlessness (p. 27).

Obviously, as ACHRE concluded, the groups considered powerless and dependent included, infants, children, minorities, the terminally ill, persons with cognitive disabilities and the institutionalized (1994, pp. 4-5).

More similarities between the living conditions of death camp inmates and state institution patients include environmental deprivation through isolation enforced by such devices as locked living units, barred windows and fences (**often** reinforced with barbed wire) and constant surveillance. Blatt (1970, 1981), while observing four state institutions for persons with mental retardation in four Eastern states during the Christmas season of 1965, was appalled by the high priority accorded to security:

Sometimes there are fences, once in a while with barbed wire. Very frequently, the buildings impress [the visitor] with their sheer massiveness and impenetrability. I have observed bars on windows and locks—many locks-on inside as well as outside doors. . . . Many

of the doors **are** made of heavy gauge metal or thick wood. It is routine, and second nature, for attendants to pass **from** room to room with a key chain in hand locking doors as they pass (pp. 142-143).

At the four state institutions, Blatt found remarkably similar conditions to those described by Higgins and **Metcalf** over 150 **years** earlier in the Bedlam and York asylums. He related the following first hand account:

As I entered this dormitory, housing severely mentally retarded adolescents and adults. . . an overwhelming stench enveloped me. It was the sickening, suffocating smell of feces and urine, decay, dirt and filth, of such strength as to hang in the air and, I thought then and still **am** not dissuaded, solid enough to be cut or shoveled away. But, as things turned out, the odors were among the gentlest **assaults** on our sensibilities. I was soon to learn about the decaying humanity that caused them (1981, p. 142).

Like Higgins and **Metcalf** at the Bedlam and York asylums, Blatt encountered filth, as well as cruel, inhuman treatment, including the common use of restraints and solitary confinement:

Many dormitories for the severely and moderately retarded ambulatory residents have solitary confinement cells or what is officially referred to, and is jokingly called by many attendants, "therapeutic isolation." Therapeutic isolation means solitary confinement—in its most punitive and **inhumane** form. These cells **are** located on an upper floor, off to the side and away from the casual or official visitor's scrutiny. . . . Isolation cells are generally tiny rooms, approximately seven feet by seven feet (p. 143-144).

Blatt found in one such therapeutic isolation cell a young boy, 13 or 14 years old, completely nude, lying on his own urine and feces. Apparently, the youth had been in solitary confinement for several days for using abusive language to an attendant. **Blatt** also found, at several institutions, youngsters in solitary confinement for infractions like breaking windows, or supposedly **striking** attendants. By ironic **contrast**, in one dormitory Blatt saw another young **man** who had been merely sent to bed early because he had bitten off the ear of a patient:

Apparently, it is infinitely more serious to strike an attendant (and it should not be misunderstood that I condone this) than to bite off the ear of another resident (p. 143).

Other conditions Blatt found included a young man who was glaring at him through the screen of a door in a solitary cell splattered with feces around the opening, and the use of restraints on children whose hands were tied, legs bound or waists secured (pp. 143-144).

The conditions Blatt reported from 1965 sound a lot like those found by Biklen (1977) and a group of special educators who observed in six state institutions and five state hospitals as part of the 1970 and 1971 *Workshop on Human Abuse, Protection, and Policy* at Syracuse University. Biklen's group was warned in advance of conditions within the institutions "almost to the point where we thought only the worst hell could compare with the horrible conditions we would find. As it **turned** out nothing could have prepared us for what we experienced" (p. 31). Here are four of the conditions Biklen and his colleagues described:

1. Twenty severely retarded boys, clothed in short gray pants or naked, locked in a large, barren room with nothing to do;
2. A man batting his head against the locked steel doors of a ward;
3. A young girl in a locked ward who ate a shoelace, a television knob, and her own excrement while the attendants went on a coffee break; and
4. Young children in isolation cells, old women tied to benches, and youngsters "who sit in locked wards staring into space or at television sets (both on and off)" (pp. 31-33).

The horrible conditions Blatt, Biklen, and others found, (for example at Willowbrook and Pennhurst), reflect society's paradigm of an institution and its role. Again, change comes, not from replacing the medical and administrative personnel, but from viewing the problem as a matter of the civil rights of the patients.

Biklen (1977) stressed the importance of maintaining a political and social perspective and examining the broader issues of deviance and social control so as to understand institutional life. He concluded, "[I]nstitutions are products primarily of society, not of individuals and

the effects of institutionalization can best be **understood** as originating from social rather than individual forces" (p. 35). **Sarason** and Doris (1979) similarly stated, "Let us not scapegoat institutions which, after all, exist as an expression of attitudes and policies of the larger society" (p. 93).

**Braginsky** and Braginsky (1971) found that institutions functioned "primarily as **catchment** areas which facilitate the 'social sanitation' process of society" (p. vi). They noted, "The only large scale facilities available for the collection of discarded, **unneded** children are the institutions for the mentally retarded" (p. vi).

### The Continued Legacy: Some Worldwide Examples

Abuse and sanctioned killing of persons with disabilities can be found throughout the world. Six of the more blatant reported examples follow here:

#### *China: The Sanctioned Killing of Disabled Children in Orphanages*

One would have thought that the horror of **government** sanctioned killing of disabled children with the full complicity of the medical establishment had ended with the Nazis. But such government sanctioned policies continue into the present. Thousands of babies with disabilities have been systematically starved to death or killed through prolonged neglect and abuse in Chinese orphanages (China's orphanages of death, 1996; Orphanage denies human rights claims, 1996; Report: Chinese orphanages starve babies, 1996; Human Rights **Watch/** Asia, 1996). In 1989, the death rate in some of the orphanages in various Chinese provinces ran as high as 72.5 percent. Abandoned children, mostly female or disabled, "were being neglected as a deliberate policy to kill them" (Fletcher, 1996, p. 1). Thousands of babies have been systematically starved to keep the Chinese orphanage population stable.

As with the Nazi "euthanasia" program and much of the Holocaust, the current policy of deliberate murder reflects the application of medical practices for the "good of the state." Like the death-making of the Nazis, the Chinese methods of eliminating unwanted children proceeds with intentional neglect and extreme cruelty. As Human Rights **Watch/Asia** (1996) found:

medical records and testimony show that deaths at the Shanghai orphanage were in many cases deliberate and **cruel**. Child-care workers reportedly selected unwanted infants and children for death by

intentional deprivation of food and water—a process known among the workers as "summary resolution" of children's alleged medical problems. When an orphan chosen in this manner was visibly on the point of death from starvation or medical neglect, orphanage doctors were then asked to perform medical "consultations" which served as a ritual marking the child for subsequent termination of care, nutrition, and other life-saving **intervention**. Deaths from acute malnutrition were then, in many cases, falsely recorded as having resulted from other causes, often entirely spurious or irrelevant conditions such as "mental deficiency" and "cleft-palate" (p. 5).

As with the Nazi "euthanasia" program, unwanted children were systematically eliminated with senior medical staffs playing a central role within a medical model. Human Rights Watch/Asia reported that unwanted girls are being labeled as being physically or mentally disabled and,

doctors then used these supposed disabilities as justification for eliminating unwanted infants through starvation and medical neglect. Such unconscionable behavior by doctors in China's most advanced and cosmopolitan city points to an ethical crisis of immense proportions in the country's medical profession (p. 6).

In addition, China's current policy toward persons with disabilities, like that of the Nazis, is based on notions of "Racial Purity and Eugenics." As Human Rights Watch/Asia further explained,

In order to address this issue properly, we must consider China's contemporary theory and practice in the realm of birth science—a literal English rendering of the Chinese term *youshengxue*, which is the original translation (and the only term found) in Chinese for the word "eugenics." A set of quasi-medical concepts and theories deriving largely from social Darwinism notions of competitive national evolution, eugenicism held that certain types of people, particularly the mentally disabled and those with various congenital physical defects, represented a blemish on human society which could be gradually removed by the adoption of various new and orthodox medical interventions. By common consensus, eugenics remains a highly dangerous field of human endeavor, and one especially susceptible to political manipulation (p. 208).

Again, attitudes and paradigms provide the basis of negative social policy. For example, in 1988, the Province of **Gansu** passed legislation entitled, "Regulations Prohibiting Idiots, Imbeciles and Morons from Having Children." These regulations state that upon medical discovery,

feeble-minded persons are prohibited from having **children; feeble-minded persons must undergo surgical sterilization as a prerequisite of receiving permission to marry; and feeble-minded persons who are already pregnant must undergo termination of pregnancy and surgical sterilization** (cited in *Death by Default*, p. 209).

Human Rights Watch/Asia (1996) documented some of the **cruel, inhuman, or degrading treatment** toward children in the orphanages. Such abuse included improper feeding practices, tying of limbs, improper medication, beatings, torture and physical abuse.

**1. IMPROPER FEEDING PRACTICES LEADING TO SEVERE MALNUTRITION OR DEATH:** Human Rights Watch/Asia (1996) found that although the diet provided the children at one orphanage, The Children's Institute, was "far from ideal, containing inadequate levels of protein and vitamins," it was the feeding method itself that forced babies to die. Infants at the orphanage were bottle-fed cow's milk. However, for administrative convenience, the hospital staff did not directly feed the babies. Instead, the child care workers placed the bottles in the cribs wrapped in a cloth diaper for infants to nurse unattended. This act of administrative convenience proved fatal to many children, especially the large number with cleft palate (a failure of the two halves of the palate to grow together during the embryological period) waiting for the relatively simple operation to correct the problem. Human Rights Watch/Asia (1996) observed, "Since infants with cleft palates cannot bottle-feed without assistance this usually led to starvation and death long before surgery could be arranged" (p. 258). In addition, Human Rights Watch/Asia found that many unattended children choked to death from being tied to their beds. Others died during these unattended bottle **feedings** because they lost their grip on the nipple and consumed only a portion of the allotted meal. When this occurred, the child care workers routinely would not provide further nourishment. Undernourishment led to malnutrition which led to death from pneumonia and other contagious diseases. Children were often allowed to choke to death with no attempt at

intervention by the child care staff. When a child's death occurred, it was reported at the end of feeding time.

**2. TYING OF CHILDREN'S LIMBS:** According to Human Rights **Watch/Asia**, many witnesses reported that before 1993, "infants and children at the Child Welfare Institute were routinely tied to cribs, beds and chairs, chiefly as another means of reducing the staff workload" (p. 259). One witness reported seeing close to 200 infants and young children **lying** in bed with their hands tied to the bed frames with gauze. During the winter of 1991, during a period of extremely cold weather in Shanghai, at least fifteen children died at the orphanage over a four-day period. An investigative team subsequently found that

large numbers of children were being tied to their beds. The **team** also discovered several small children tied to their chairs, **often** wearing only thin clothing with no shoes or socks, and able to relieve themselves only through holes in the chair seats into chamberpots placed underneath. **A number** of these children had developed blue-black discolorations on their skin, apparently a symptom of advanced hypothermia aggravated by the immobilization of their limbs (p. 259).

One institute official denied that the children were suffering from frostbite and told the investigators that the marks and bruises were caused by a "platelet disorder" (Human Rights **Watch/Asia**, 1996).

**3. IMPROPER MEDICATION:** Before 1993, many children at the Children's Welfare Institute were forced to take powerful, addicting, and medically inappropriate drugs—again, for administrative convenience. The purpose of these drugs, given to older orphans in the Disabled Section (*Shangcanbu*), was to keep children with severe disabilities calm, sedated and confined to their beds. Drugs most routinely used for this purpose were phenobarbital, chlorpromazine (a tranquilizer used in the treatment of schizophrenia) and dilantin (a muscle relaxant and **anti-convulsant** used to treat seizure disorders). In addition, girls at the orphanage who reached puberty were routinely placed on contraceptives, "not to prevent unwanted pregnancies but simply to suppress menstruation and avoid the associated inconvenience to orphanage staff" (Human Rights **Watch/Asia**, 1996, p. 260).

**4. BEATINGS, TORTURE, AND PHYSICAL ABUSE BY STAFF:** It **was** reported that all older orphans at the Children's Welfare Institute suffered violent physical abuse, amounting to torture, by the hands of the staff, for minor disciplinary infractions or just at the whim of the child care workers. Violent attacks on children were so common, that many smaller children would instinctively duck and put up their hands for protection when an adult came near. Human Rights **Watch/Asia** listed some of the most common disciplinary methods:

- forcing children to assume the "airplane" and "motorcycle" positions for long periods of time (respectively, bent forward **horizontally** at the waist with arms held vertically upward, and sitting unsupported at half-squat with arms stretched forward **horizontally**). In some cases, these techniques were supplemented by forcing children to balance bowls of hot water, so that scalding occurred when the child fell;
- forcing children to kneel on ridged washboards for long periods of time;
- hanging children upside down with their heads submerged in water, until nosebleeds and near-suffocation ensued. This technique, known as *qiang shui* ("choking on water"), was reportedly the one most feared by children @. 260).

Other less sophisticated **disciplinary** methods included,

- giving blows to the head and face with wooden poles and heavy plastic slippers (resulting in cuts and bruises that most often went medically unattended, in turn, resulting in infections and death from untreated septicemia);
- **locking** a child in a hot tin shed with very little food or water;
- hanging a six-year-old child, with a disfiguring birthmark, out of a high dormitory window and forcing her to step on tiptoe while she got beaten;
- forcing a child with partially disabled legs to swallow a number of small magnets;

- forcing youngsters with disabilities into slave labor;
- tying up a fourteen-year-old boy with mild mental retardation, in a standing position where he was then stabbed in his genitals repeatedly with a *yacha* (a metal fork attached to a bamboo pole, used to hang and remove clothes hangers from a clothesline or drying rack). The youngster was also tied up and ordered to jump up and down as his classmates were ordered to pull out his pubic hair.

In addition, a large number of orphan girls with mental retardation at the Shanghai Children's Institute claimed to have been regularly raped and sexually abused by the male staff, including the director (Human Rights Watch/Asia, 1996, pp. 260-265).

### *Viet Nam*

Frightful conditions can be found in institutions throughout the world, and Justin Dart, Jr., a disabilities rights activist who contracted polio as a child in 1948, described conditions he found in Saigon that clearly demonstrate the "subhuman status" assigned to those with disabilities like this. He likened them to conditions found in concentration camps. Dart, in his wheelchair, entered a large metal shed with a concrete floor:

One hundred young children had been brought into this flimsy shed, left to die and be buried in an unmarked grave outside. . . . The children had been left on the floor "with bloated bellies and matchstick arms and legs like you see in pictures from Dachau and Auschwitz, with their eyes bugging out, lying in their own feces and urine and their bodies covered with flies." Once in a while, someone would bring a suffering child a bowl of maggoty rice (J. Shapiro, 1993, p. 109-110).

### *North Korea*

As Kristof (1994) reported,

There are no mentally retarded or handicapped people in the North Korean capital, Pyongyang, a rare beauty of a city in a continent where capitals tend to be cluttered and chaotic. It is impossible to prove, of course, but it appears that the Government has exiled disabled people to other cities for fear that foreigners might see them and get a bad impression. North Korean officials deny this, saying that disabled people have voluntarily moved to other parts of the country (p. 6E).

### *Japan*

A similar pattern of embarrassment, avoidance, and denial appears in Japan, where, "Physical and mental disabilities seem to arouse powerful feelings of shame" (Kristof, 1996, p. 3). As Naotaka Kumeta, a wheelchair user from Shizoka, stated,

Japanese consider someone different an **outcast**, a source of shame. People think it shameful that I go out and about. They say, "Remember, you're handicapped." . . . People say that Japan is a very developed society. But for the handicapped it is **very** backward, decades behind the United States. Look how people are staring at me—it's like that all the time (cited in Kristoff, 1996, p. 3).

Because Japanese culture emphasizes conformity, those who look or act different are **often** stigmatized and excluded. According to Kumeta (1996), "The exclusion usually means that the disabled are often discouraged from working, **from marrying**, from going to movie theaters or restaurants" (cited in Kristoff, 1996, p. 3). Such ostracism is more severe in Japan because the social group is "far more cohesive, far more important and less tolerant of individuality than in America" (WuDunn, 1996, p. 3E).

Such stigmatizing extended even to those children who, in 1966, were infected with E. coli **0157:H7** food poisoning acquired in their school cafeterias. The children who fell ill became outcasts at school and were so severely bullied (*ijime*) by their uninfected classmates that some committed suicide (WuDunn, 1996). Infected children were teased by being called, "You germ!" "You're **0157!**" According to WuDunn,

In traditional Japanese belief, infectious diseases were less a medical phenomenon than a superstitious one in which the victim's ancestors were thought to have done something bad, or at least deviated from the social standards. The term also brings back images of past horrors like smallpox and leprosy. And so **many** people mistakenly concluded that E. coli 0157 victims should be avoided like the plague (p. 3E).

Another indicator of official Japanese attitude is the government's refusal to offer apologies or pay compensation for a program that forcibly sterilized more than 16,000 women with disabilities for over 5 decades (ending in 1996), because "the program was legal at the time"

(*Japan Says Forced Sterilizations Merit No Payments, No Apologies*, 1977, p. A12).

### Germany

According to Fletcher (1993), "Since 1989, a vicious campaign of violence and intimidation against disabled people in Germany has gathered force, in parallel with attacks on other minority groups" (p. 23). Fletcher cited these examples:

- fire-bombing residential institutions for disabled people;
- chasing of disabled individuals from North Sea beaches;
- banning disabled children from school trips;
- the brutal beating of an elderly man with visual **impairment**, who died on the way to the hospital;
- the brutal beating of children with hearing-impairments by skin-heads offended by their use of sign language;
- brutally beating and spitting upon wheelchair users;
- driving a wheelchair user to suicide with insults like "under Hitler, people like you would have been gassed long ago." (Fletcher, 1993, *Disabled Germans feeling echoes of Nazism*, 1992).

Perhaps, one of the most revealing recent examples of continued negative hostility in Germany involved a judge in the city of **Flensburg** who granted a couple on tour, a ten-percent refund on their travel costs, "on the grounds that their holiday enjoyment was compromised since they had to eat their meals in a hotel restaurant where a group of disabled people also ate" (Fletcher, 1993, p. 24). According to Wolfe (1993), the judge ruled that "the unavoidable sight of disabled people reminded the appellants in an unusually intensive way of the possibilities of human suffering. Such experiences are not expected on a typical holiday" (p. 12).

### El Salvador

Fletcher (1993) revealed that in May of 1993, security police in **San Salvador**

opened fire with automatic rifles on a group of 5,000 disabled people who were demonstrating for medical care and other benefits. Three disabled people were killed and another ten to **fifteen** disabled people were injured. About thirty **people** were arrested, including two wheelchair users who were dragged along the ground by police (p. 23).

### Era of Civil Rights

Funk (1987) noted that by the end of the 1950s disability policy began to effect a civil right orientation and one could detect an increasing humanization of a certain class of disabled people based on qualities of deservedness, normality and employability, and a move from total societal indifference to a recognition that the remaining unfortunates must receive some minimum level of care (p. 14).

Funk described the attitudes before then as tolerant of retaining persons with disabilities in a caste status and assuming that most would always require segregated care and protection. With charity and medical professionals in charge, better services would be provided to individuals who would, "retain their childlike dependent status in perpetuity" (p. 14).

**After** World War II, as the world became aware of the atrocities of the Holocaust with its **roots** in "race purification," as well as the horrors in institutions, concepts **like** eugenics began to wane in acceptance and **influence**.

In addition, such advocacy and parent organizations as the Association for Retarded Children (now Citizens), and the United Cerebral Palsy Association began to fight for deinstitutionalization and the public education of their children. They successfully lobbied Congress to establish a federal bureau for "handicapped children" and to provide **funds** for training special education teachers and developing appropriate curricula (J. Shapiro, 1993).

By the **1960's**, the United States entered a civil rights era, a time when **formal** organizations and coalitions of persons with disabilities could, by analogy to other oppressed groups, cut across medically based disability differences and focus their efforts on civil rights issues rather than on the advancement of a particular small constituency. Demands for equal rights, options, opportunities, inclusion in society, and access

arose in the wake of such civil rights demands as those of Black Americans and a revitalized feminist movement (Scotch, 1987; Funk, 1987). Funk (1987) described the influence of this social and political activity on the disability rights movement:

The pressures of history coalesced in mounting demands for equality of opportunity for a major segment of the population who were disenfranchised and disadvantaged because of discrimination based on poverty, racial, or ethnic background or gender. . . . Disabled people began to question the tradition of limited options, exclusions, and dependency (p. 14).

The first civil rights act for persons with disabilities, *Section 504 of the Rehabilitation Act Amendments of 1973, (PL 93-112)*, was really a legislative afterthought, but its influence was soon well established (Scotch, 1984; J. Shapiro, 1993). Before the more all encompassing *Americans With Disabilities Act, (PL 101-336)*, *Section 504* provided the most comprehensive civil rights protection to persons with disabilities. Basically, the law stated that recipients of federal funds could not discriminate against any individual in the provision of services, regardless of handicap. More specifically, *Section 504* stated that

No otherwise qualified handicapped individual in the United States, as defined by section 7(6), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (U.S. Congress, 1973).

The wording in *Section 504* matched the *Civil Rights Act of 1964*, which abolished discrimination in federally funded programs on the basis of race, color or national origin. Regarding youngsters classified as handicapped, *Section 504* guaranteed that they receive educational services and opportunities equal to those provided to nonhandicapped children (Shore, 1986). For example, a school district may not shorten the school year for its classified students only. Similarly, if a student classified as "learning disabled" needs a calculator to succeed in a mathematics class, denying him or her to use of that calculator is a civil rights violation. The calculator becomes a sort of "prothesis" the student needs to overcome an environmental handicap. *Section 504* also prohibits a district from excluding a student with a physical disability from an **appro-**

ropriate program, curriculum or school simply because the **building** is not accessible (Shore, 1986). Non **compliance** with *Section 504* can result in a cutoff of federal support to that organization, agency or school (Yohalem and Dinsmore, 1978).

In 1975, Congress passed legislation that guaranteed a free and appropriate education for *all* of the nation's approximately eight million children with disabilities —namely, *Public Law 94-142*, better known as the *Education for All Handicapped Children Act* (recently amended and renamed *IDEA* or the *Individuals with Disabilities Education Act*). The act has six major provisions to ensure disabled youngsters an education appropriate to their individual special education needs:

1. **ZERO REJECT:** requires that all educationally handicapped children receive a **free**, appropriate education. No child may be denied an **edu-** cation because of the severity of his or her disability.
2. **A NONDISCRIMINATORY EVALUATION:** means that the required assessment of a youngster's handicap is conducted by a multidisciplinary team, is not culturally biased and is individually administered (no group testing).
3. **AN INDIVIDUALIZED EDUCATION PROGRAM (IEP):** ensures **that** the educational program is tailored individually to meet the needs of one child and includes **documentation** of that child's current level of educational performance, annual goals, short term objectives, special education and related services (for example, counseling, speech services and occupational and physical therapy), the extent of time the youngster will spend in regular education programs, projected dates for the initiation and duration of the services and appropriate objective evaluative criteria for determining mastery of the annual goals and objectives.
4. **PARENT AND STUDENT PARTICIPATION:** means that parents and the **stu-** dents themselves, where appropriate, receive opportunities to make decisions regarding the youngster's educational program.
5. **LEAST RESTRICTIVE ENVIRONMENT:** means that the educational placement of children classified as handicapped will take place to the **maxi-** mum extent possible with children who are not handicapped. The removal of handicapped children to special classes and separate facilities should occur only when the nature or severity of the handicap **pre-**

vents the child from successfully being educated with the use of supplementary aids and services in regular classes.

6. **DUE PROCESS:** means that an enacted procedure ensures the fairness of educational decisions and the accountability of both parents and professionals in making these decisions. "Due process can be viewed as a system of checks and balances concerning the identification, evaluation, and provision of services regarding handicapped students" (Turnbull, Strickland and **Brantley**, 1982, p. 10).

As late as 1985, some United States Government officials still resisted all assistance to persons with disabilities, and advocated the repeal of PL **94-142** based on stereotyped ideology. Then Secretary of Education William J. Bennett, appointed as a special assistant for the Office of Educational Philosophy and Practice, Eileen Marie Gardner, who had written for the American Heritage Foundation that "the handicapped constituency displays a strange lack of concern for the effects of their regulations upon the welfare of the general population" and that regulations enacted to aid children with disabilities "probably weakened the quality of teaching and falsely labeled normal children" (cited in Friedberg, **Mullins & Sukiennik**, 1992, p. 10). Gardner is also quoted as stating that,

They [**handicapped** children] and their parents are "selfish." They are draining badly needed resources from the **normal** school population [to the extent of \$1.2-billion]. . . . Children and all who suffer affliction were made that way to help them grow toward spiritual perfection and that we are violating the "order of the universe" by trying to help these people (p. 10).

In response to opposition, Gardner resigned in 1985 and in 1986, Congress enacted **further** amendments to PL **94-142** enlarging the responsibilities of states and school districts regarding the education of children with disabilities.

Although **Section 504** and PL 94-142 provided rights for persons with disabilities, it would take a new comprehensive law to ensure their full civil rights. The legislation, *The Americans with Disabilities Act (PL 101-336)*, was signed by President Bush on July 26, 1990. An examination of the *Americans With Disabilities Act* (ADA) reveals a comprehensive approach to ensuring the civil rights of persons with disabilities. Each part of the law was designed to end discrimination

toward persons with disabilities and is thought to be the most significant piece of federal civil rights legislation since the *Civil Rights Act of 1964*. It provides protection to 43 million Americans who have been the consistent recipients of serious and pervasive discrimination, prejudice, paternalism, and labeling based on perceived physical or mental differences (Mackelprang & **Salsgiver**, 1996). It prohibits discrimination in both the private and public sectors in employment, public services, transportation, and communication. It also provides a comprehensive mandate to bring persons with disabilities into the economic and social mainstream of American life. Unlike **Section 504**, the ADA does not require the receipt of federal **funding** for coverage. The ADA contains strong standards and ensures that the Federal government plays a central role in their enforcement. Basically, the law prohibits discrimination on the basis of a handicap and provides civil rights protection similar to that guaranteed to individuals on the basis of race, sex, national origin, age and religion. The legislation answers to these five **persistent** questions:

1. **WHO IS CONSIDERED DISABLED?** A firm definition of "disability" underlies the authority of the ADA, which defines "individual with a disability" rather broadly. A person may be considered disabled if he or she (a) has a physical or mental condition that substantially limits one or more of the major life functions, (b) has a record of such impairment, or (c) is perceived as **having** such an impairment. Even if the impairment is no longer present, the individual may still be considered disabled. Therefore, if an employer fails to **hire** an

individual who was once known to have alcoholism, cancer, or mental illness, or may still have a severe disfigurement, that employer may be guilty of discrimination. Not covered under the definition are those with minor, non-chronic conditions that last a short time like sprains, infections or broken limbs.

2. **HOW ARE PUBLIC ACCOMMODATIONS AFFECTED?** ADA's public **accommodations** requirements which became effective on January 26, 1992, define public accommodations as "private entities that affect **commerce**." Thus, the requirements extend to hotels, restaurants, theaters (how many times have you seen wheelchair users at the movies?), **doctors'** offices, pharmacies, retail stores, museums, libraries, parks, private schools and day care centers. Not covered under the ADA are private

clubs and religious organizations including churches, mosques and synagogues.

The ADA also affects ways in which public accommodations determine who may receive their services. For example, a business that requires a driver's license as the only acceptable identification for cashing a check, could be considered discriminatory toward persons with blindness. In addition, the ADA requires appropriate auxiliary aids and services to ensure effective communication with those with hearing and visual impairments. These may include qualified interpreters, assistive listening devices, note takers, large print or Braille materials or taped texts. The law does not require such aids if they cause an undue burden or basic alteration in the nature of the goods and services provided. The public accommodation must still provide an alternative auxiliary aid. For example, restaurants are not required to have Brailled menus if waiters or other employees are available to read the menu to a customer with blindness. Similarly, stores need not provide Braille price tags if such information is available orally from sales personnel on request. They need not provide sign language interpreters if their sales employees are willing to communicate in writing when necessary. Physical barriers need to be removed only when it is "readily achievable,"—that is, carried out without much difficulty or expense. Examples of readily achievable modifications include providing ramps, lowered telephones and urinals, or spaces for wheelchair users in theaters.

3. **HOW ARE TRANSPORTATION SERVICES AFFECTED?** The ADA requires the Department of Transportation to issue regulations mandating **accessible** public transit vehicles and facilities, and all public transit buses and rail cars ordered after August 26, 1990, must be accessible to individuals with disabilities, including wheelchair users. In addition, transit authorities must provide comparable paratransit or other special transportation services. As of July 26, 1993, all existing rail systems must have one accessible car per train and all new bus and train stations must be accessible. Finally, all existing Amtrak stations will be accessible by July 26, 2010.

4. **HOW ARE COMMUNICATIONS AFFECTED?** Companies offering telephone services to the general public must offer telephone relay services to people who use telecommunications devices for deaf persons (**TDD's**) or similar devices.

5. **HOW IS EMPLOYMENT AFFECTED?** The ADA employment provisions apply to private employers, state and local governments, employment agencies, and labor unions. Specifically, the ADA prohibits **discrimination** in all employment practices including job application procedures, **hiring**, firing, advancement, compensation, **training**, and other terms, conditions and privileges of employment. It applies to recruitment advertising, tenure, layoff and leave procedures, fringe benefits, and all other job activities (U.S. Congress, 1990).

### Conclusion

It has been a long difficult trek from the time persons with disabilities were **left** to die or thrown off cliffs as babies, to the *Americans with Disabilities Act*. This historical examination of the treatment and segregation of persons with disabilities has provided insight and perspective for **understanding** the origins of our more familiar current common attitudes. This chapter reveals an evolutionary progression suggesting of how far our society has come in its acceptance, treatment, and integration of persons with disabilities. It also reminds one of how far it has to go. Although we are in the "Era of Civil Rights," disabled persons continue to be segregated, particularly in education. The stigma of disability remains a common reality. Students must recognize that persons with disabilities continue to be denied equal opportunity as a result of stereotyped and prejudiced images based on myths and earlier attitudes. Now that we have examined the source of these attitudes, we turn to understand a discussion of specific disabilities and sensible, humane responses to them.