An Historical Perspective on the Lives of People Labeled with Cognitive Impairments in Western Massachusetts

By Donald LaBrecque

Perkins Institute for the Blind
South Boston, Massachusetts

Learning And Development
Central/West Regional Office
Massachusetts Department of Mental Retardation
171 State Avenue
Palmer, MA 01069

Revised December 2002


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Introductory Comments

I. In Colonial Massachusetts, individuals with mental retardation were often grouped with people who had other types of disabilities or who were in need of services, and all were treated in very much the same fashion. Therefore, advances that occurred with one group often had an impact on all people who had disabilities. For example, the education of people with mental retardation occurred only after it was shown that people who were deaf or blind could learn. Hence, there are portions of this paper that may describe advances made with people who did not have mental retardation. However, those advances had an indirect impact on how people with mental retardation were treated.

II. The material contains language such as “idiot,” “imbecile,” “defective,” etc., which is outdated and should not be used today. Terminology used to describe people with disabilities has evolved in relation to changing societal attitudes. Hence, today we refer to the person first and then the disability, i.e., “a person with mental retardation” as opposed to “a mentally retarded person.” Mentioning the person first emphasizes that people with disabilities are first and foremost people and should not be defined by the disability they happen to have.

III. It is important to realize that societal attitudes form public policy, which then shapes programs and services. Therefore, what society felt or believed at any given time dictated what types of services people with disabilities received. When people with disabilities were considered dangerous to society, for example, they were segregated and confined. Today we believe that people with disabilities should be afforded all the rights and privileges of full citizenship, and the supports that are provided reflect this way of thinking.
Misery, 1600’s to 1841

Societal Attitudes

➔ People with disabilities were hopeless.
➔ People with disabilities were possessed by evil.

Public Policy

➔ Provide basic shelter.
➔ Individuals are controlled through long-term confinement.

Service Systems

➔ People with mental retardation, grouped with the community’s poor, are bid off in Paupers’ Auctions to community members who are paid by the community to provide for their care.
➔ People with disabilities are placed in community poorfarms, almshouses, and jails and are treated with brutality.

Background Material

In colonial Massachusetts, there were two major beliefs held by our society towards people with mental retardation. First, they believed, mainly out of ignorance, that there was nothing that could be done to improve the capabilities of people with mental retardation, or “idiocy,” as it was known at the time. It was commonly thought that having mental retardation was just the person’s unfortunate lot in life and that their circumstances were due to the will of God.

The second widely held belief was that people with mental retardation were possessed by evil. For example, in early Massachusetts “[T]he birth of a defective or abnormal child was always suspect. Such an event reflected upon either God’s wrath or the devil. Both Governors Braddock and Winthrop had the bodies of still-born children examined for evidence of witchcraft.” (Scheerenberger, 1983, p. 93.)

Dorothea Dix, when investigating the plight of persons with mental retardation and mental illness in Massachusetts in the early 1840’s wrote, “[I] have been told that this most calamitous overthrow of reason often is the result of a life of sin....” (Dix, 1843.)

Martin Luther, when “describing what appears to have been a severely or profoundly retarded child,” said, “[T]he Christians shall order the Lord’s Prayer to be said in church and
pray that the Lord take the devil away." When Luther was asked why he had made such a recommendation, he replied that he was firmly of the opinion that such changelings [archaic term for a "simple-minded person" or "idiot"] were merely a mass of flesh, a massa carnis, with no soul. 'For it is the Devil's power that he corrupts people who have reason and souls when he possesses them. The Devil sits in such changelings where their souls should have been.'

(Wolfensberger, 1975, p. 8.)

Based on this public attitude of hopelessness and evil, social policy was one of providing basic shelter and, more often than not, long-term confinement of people with mental retardation for the sole purpose of maintaining strict control over them. For many people this meant a life of misery and brutality.

Generally, people with mental retardation were grouped together with others of the town who were in need of services. "Any problems arising from mental retardation were usually handled under the laws intended for paupers: the 'sick poor, old poor, able-bodied poor, infant poor, insane, and feeble-minded - all were grouped together under the same stigmatizing labels, paupers, and all were treated in very much the same manner.'" (Scheerenberger, 1983, p. 94.)

It was widely believed that the care of someone with mental retardation was first a family responsibility and, if that was not possible, it became the duty of the person's community. For example, from "The History of Ludlow Massachusetts:" "One of the earliest and certainly most important duties of the selectmen was to 'attend to the poor.' At the town meeting of May 1, 1809, an article was discussed 'to see what measures the town will come into to support their poor.' Although there is no specific mention of how the money was to be provided, it is assumed that town funds were used." (McChesney, 1978, p. 33.)

Once it became a civic responsibility, the common practice in colonial Massachusetts was to auction to the lowest bidder people at Paupers Auctions. In Ludlow, for example, in 1809, the "overseers [of the poor] were authorized to give notice annually of the time and place that they 'will put the expense of boarding, lodging and washing for the town poor at auction and the persons who bid the lowest are to be held in to provide everything that is necessary for such poor person, or persons for the year next following..."" (McChesney, 1978, p. 33.)

Therefore, people with mental retardation, grouped together with the other poor of the town, were auctioned off. Dorothea Dix referred to one such individual, "Annually, with others, she was put up at auction, and bid off at the lowest price which was declared for her." (Dix, 1843.) Later, as populations grew, cities and towns established poor farms and almshouses for the care of such persons. "Welfare problems had reached such proportions by 1846 that the town [Ludlow] voted to purchase a farm for the town poor." (McChesney, 1978, p. 33.)

Consider the case of Josiah Spaulding, Jr., an Ashfield schoolteacher and son of the Reverend Josiah Spaulding, first Congregational minister for the town of Buckland, Massachusetts. By the time Josiah reached the age of twenty-four in 1811, his mental illness [probably a schizophrenic disorder] had become clear. Believing his son had become possessed by the devil, the elder Spaulding had the town blacksmith build a strong, wooden cage and there he imprisoned his son. In 1823, both parents died, and Josiah, cage and all, was moved to the home of his sister, Lydia, and her husband, Ezra Howes.
After the death of Lydia, when Josiah was fifty years old, Ezra married Lois Warner. Since non-relatives now housed Josiah, Ezra petitioned the town for monetary relief. The selectmen agreed to pay Ezra $52 per year and released him from paying taxes. Finally, when Lois died in 1864, Ezra had Josiah, still locked in the cage, removed to the town poor farm, where he remained for the rest of his life.

When Josiah died on Christmas Eve in 1867, at the age of 81 years old, he had spent fifty-seven years locked in the cage. Although considered shocking by today's standards, Josiah exemplifies what was considered appropriate treatment at the time. In the "History of Buckland," it states, "Josiah Spaulding, Jr., died December 24, 1867, unmarried. He was for many years insane and tenderly cared for by his family."

Besides the fact that Josiah's life was filled with misery and brutality, the treatment he received represents the three most common methods for providing care to persons with mental retardation in Massachusetts at this period: first, the individual would be provided basic care by their family; second, they were cared for by non-relatives but at town expense; and, lastly, care being provided directly by the town in their poor farm, almshouse, or jail.

This type of treatment was common throughout Massachusetts, as documented town by town, by Dorothea Dix beginning in 1841. She wrote, "[In the town of] Lincoln. A woman in a cage. Medford. One idiotic subject chained, and one in a closed stall for seventeen years. Pepperell. One often doubly chained, hand and foot; another violent; several peaceable now. Brookfield. One man caged, comfortable. Granville. One often closely confined; now losing the use of his limbs from want of exercise. Charlemont. One man caged. Savoy. One man caged. Lenox. Two in the jail, against whose unfit condition there the jailer protests.

"Dedham. The insane disadvantageously placed in the jail. In the almshouse, two females in stalls, situated in the main building; lie in wooden bunks filled with straw; always shut up. One of these subjects is supposed curable. The overseers of the poor having declined giving her a trial at the hospital, as I was informed, on account of expenses.

Hope, 1841 to 1880

Societal Attitudes

- Individuals with disabilities can learn and should be educated to their fullest potential.
- People needed to be treated with kindness and respect in order to enhance learning.

Public Policy

- Provide education for people with mental retardation.
- Once educated, return them to the communities and their families.

Service Systems

- People with mental retardation are released from confinement.
- Schools are established specifically adapted to meet the needs of the individual.

Background Material

Several developments, occurring outside the United States, helped change societal attitudes towards people with disabilities. Starting in France, this movement spread to Switzerland, to other European countries, and then to North America. It began in France in 1749 when Jacob Pereira taught a child who was nonverbal and deaf to speak and read, demonstrating that people with disabilities could learn. In 1793, Phillipe Pinel, head of the Bicêtre, a hospital and asylum for men in Paris, and the Salpêtrière, for women, developed a treatment-oriented approach he called “Moral Treatment” or “Moral Management.” He removed the shackles from those incarcerated and treated them with kindness and respect.

"Until Pinel's pronouncements, the dominant theme in treating mentally ill or mentally retarded persons was to gain ascendency over the individual. Those who treated were the masters, and those who were treated were to be rendered subservient and obedient by almost any means. In contrast, moral treatment emphasized the broad array of medical, psychological, and educational services proffered in a humane living.
environment. Activity and productivity were encouraged; firmness was to be tempered with kindness, and control was possible without abuse.

It involved a treatment-oriented approach; a calm retreat for disturbed persons; a system of humane vigilance; the elimination of physical abuse and chains; freedom from indignities by staff; gentle treatment on a regular, systematic basis; and the provision of entertaining books and conversation, music, and employment in various agricultural pursuits. It called upon the participation of the individual in the treatment program with a hope for cure and release.” (Scheerenberger, 1983, pp. 46-47.)

Of the Bicêtre, known as the “beggars’ Bastille,” Pinel wrote, “It is impossible to pass over in silence that which they call ‘cell service,’ where 600 mentally sick were housed together without order and left to the incapacity and ineptness of subalterns [staff]. It was a picture of disorder and confusion...one felt queasy at the entrance from the strong odor emitted by this receptacle for the vilest, foulest degree of society...viscous persons of every kind, swindlers, defaulters, pickpockets, thieves, forgers, pederasts, etc. It is distressing to see them side by side with vagrants, epileptics, imbeciles, lunatics, the aged, and the infirm—known as the good poor. Five or six hundred inmates are packed together there, a tenth of whom are dying. You cannot enter even to bring them food except behind the tip of a bayonet.”

The Salpêtrière housed 7,000 women, all dressed in burlap sack. Five women slept in one bed; the daily diet consisted of one mug of gruel, one ounce of meat, and three slices of bread; and the stench was overwhelming. Over 1,000 women were crowded into one wing of the facility, “in the most deplorable conditions when their insanity is the sort that divests them of their instinctive cleanliness. Though the rooms are washed twice a day, these poor souls live in indescribable filth and are like the lowest animal. Mad women subject to fits are chained like dogs to the door of a kennel and separated from the attendants or visitors by a long corridor shielded by grillwork. Food is passed to them through the grillwork, and straw for their bedding. Rakes are used to remove part of the waste that surrounds them.” (Scheerenberger, 1983, pp. 45-46.)

Pinel believed that such conditions were detrimental for their remediation. His first step was to remove their chains and to begin treating them with kindness, sympathy, and dignity. To do this, however, he needed authorization from the overseers of the hospital. He immediately explained the situation and demanded the right to remove the chains and put a stop to various types of torments that were in use.

A member by the name of Couthon said to Pinel, “Citizen, are you not mad yourself that you wish to unchain these beasts?”

“Citizen,” replied Pinel, “I am convinced that the only reason these maniacs are so unmanageable is that they are deprived of fresh air and liberty. I dare hope for great improvement if different means are used.”
The first man he approached was an English captain, the oldest inhabitant in length of captivity, having been an inmate for some forty years. No one knew his history, but he was regarded as the most violent of all the inmates, having once killed a guard by a blow of his manacles on the man’s head. He was chained more securely than any other prisoner.

“The chains were removed and Pinel moved out of his cell and left the man alone with the door open. The old captain had been sitting chained for so long that he had all but lost the use of his legs. It took a quarter of an hour of effort before he succeeded in getting his equilibrium and went tottering towards the door.

“The first thing he did was to look up to the sky, which he had not seen in forty years, whereupon he cried out with deep emotion, ‘How beautiful!’ All day long he kept walking about, going up and down the stairs and saying to himself, ‘How beautiful it all is.’

“Within a few days, Pinel had removed the chains from fifty-three people. The result was beyond his hopes. Noisy disorder gave way to a relatively quiet and peaceful atmosphere. Patients who had been dangerous now strolled about...with no wish to harm anyone. The whole discipline of the place was changed.” (Damrau, 1940.)

Pinel’s contributions in changing the treatment of persons with mental illness and mental retardation are many. He wrote a text of the classification of mental diseases, he developed individual case histories and kept systematic records, he emphasized providing vocational and work experience for the insane, and he is considered by many today to be the father of occupational therapy.

More important, he greatly affected the change in roles for people with mental retardation and mental illness from one of being non-human to being a developing human being.

In 1799, Jean-Marc-Gaspard Itard, while working at a school for deaf children in Paris, taught a twelve-year-old boy, deemed to be an “idiot,” who was popularly known as the “Wild Boy of Aveyron” [he was found in a forest in Aveyron, France]. Itard believed that the child’s “idiocy” was due to his living in the woods. He believed he could cure his mental retardation. He wrote, “Here is a subnormal boy who has lacked civilizing experience. If I can give him this experience he will become normal.” [Emphasis added.]

For five years Itard worked with the boy, whom he named “Victor.” He taught him “to recognize objects, identify letters of the alphabet, comprehend the meaning of many words, apply names to objects and parts of objects, make relatively fine sensory discriminations, and develop a social attraction to people. Itard was recognized as having made a positive contribution to educational science by proving that even severely mentally retarded persons could improve their mental state to some extent by appropriate training.” (National Institute on Mental Retardation, 1977, p. 5.)

In 1842, Johann Gugenbührl opened a residential school in Abendberg, Switzerland, specifically for the instruction and education of people with mental retardation. Millard wrote of Gugenbührl’s efforts, “Idiots require to be taught cleanly in their habits, to wash and dress themselves, to use a spoon, and afterwards a knife and fork. Speech has to be evoked or improved, their senses to be aroused, the use of their limbs, and especially the use of their fingers to be developed; their faculties of attention and imitation to be cultivated; elementary instruction to be imparted in an interesting manner, without producing weariness, the teacher’s mind dropping, as it
were, into the minds of the pupils; good manners have to be engendered and bad habits counteracted. Their confidence has to be won by kindness, and then their wills can be guided by tact and firmness; their moral and religious sense has to be awakened, and some Scriptural knowledge to be conveyed, so as to excite, with God’s help, simple faith in Him as their Father, Jesus as their Saviour, and heaven as their home.” (Millard, 1886, p. 393.)

In the United States:

Change in this country did not begin until, in 1841, Dorothea Dix, a young Boston schoolteacher, was asked to teach religious instruction to women inmates of the Middlesex County Jail in East Cambridge. While there, she asked the jailer if he would show her where those labeled as “insane” were kept. He led her out into the prison courtyard, through a heavy trap door, and down a flight of steps into a dark, cold chamber. He lit a lantern and Dorothea could make out the large iron doors on either side of the room.

In cells once used for the solitary confinement of murderous prisoners were women in miserable conditions, lying on filthy straw, and in chains. Dorothea was horrified at their plight.

She gave up school teaching and embarked upon a two-year journey to investigate the plight of people with mental retardation and mental illness within this Commonwealth.

She believed that defective legislation was the cause of the miserable conditions of people with disabilities, and implored the legislature to enact new laws to remedy their plight. She wrote, “Every new investigation has given depth to the conviction that it is only by decided, prompt, and vigorous legislation the evils to which I refer, and which I shall proceed more fully to illustrate, can be remedied.” She further added,

“I come to present the strong claims of suffering humanity. I come to place before the Legislature of Massachusetts the condition of the miserable, the desolate, the outcast. I come as the advocate of helpless, forgotten, insane, and idiotic men and women; of beings sunk to a condition from which the most unconcerned would start with real horror; of beings wretched in our prisons, and more wretched in our almshouses. And I cannot suppose it needful to employ earnest persuasion, or stubborn argument, in order to arrest and fix attention upon a subject only more strongly pressing in its claims because it is revolting and disgusting in its details.

“I must confine myself to few examples, but am ready to furnish others and more complete details, if required. If my pictures are displeasing, coarse, and severe, my subjects, it must be recollected, offer no tranquil, refined, or composing features. The condition of human beings,
reduced to the extremest states of degradation and misery, cannot be exhibited in softened language, or adorn a polished page.

"I proceed, gentlemen, briefly to call to your attention to the present state of insane persons confined within this Commonwealth, in cages, closets, cellars, stalls, pens! Chained, naked, beaten with rods, and lashed into obedience. (Dix, 1843.)

The Massachusetts Legislature then formed a three-member task force in 1846 to "inquire into the conditions of the idiots of the Commonwealth, to ascertain their number, and whether anything can be done for their relief." (President's Committee on Mental Retardation, 1977, p. 3.)

Dr. Samuel Gridley Howe, founder of the Perkins Institute for the Blind, was appointed head of the commission. Dr. Howe and his three associates personally interviewed 574 subjects. He concluded that of the 200 cases under the age of twenty-five, 196 could be helped, as well as about 80 percent of the 374 cases over twenty-five.

To provide relief, Howe envisioned the establishment of schools similar to the ones he observed while earlier traveling in Europe, where he first became interested in the education of children who were blind. Dr. Howe had also spent several months with Johann Guggenbühl in Abendberg observing the methods used to educate children with mental retardation.

Samuel Gridley Howe proved to be a very influential force in the education of children with mental retardation. In 1831, he became the first director of a school for children who were blind. Although the Massachusetts Legislature had voted to fund the school, it provided no building. However, in 1832, Howe started the school in his father's house, beginning with two sisters, Abby and Sophia Carter. As the number of blind students grew, Howe knew larger quarters would be needed. A friend, Colonel Thomas Perkins agreed to offer his estate to serve as a school if $50,000 could be raised. The money was raised and Howe moved into what he named the "Perkins Institute and Massachusetts School for the Blind."

In 1839, he successfully trained a child who was not only blind but also labeled as an "idiot." He then began to advocate for a separate facility for the education of children with mental retardation.

In his report, submitted to the Massachusetts Legislature on February 26, 1848, he stated, "The Massachusetts admits the right of all her citizens to a share in the blessing of education, and she provides it liberally for all her more favored children. If some be blind or deaf, she still continues to furnish them with special instruction at great cost; and will she longer neglect the poor idiot — the most wretched of all who are born to her — those who are usually abandoned by their fellows — who can never, of themselves, step up upon the platform of humanity — will she leave them to their dreadful fate, to a life of brutishness, without an effort in their behalf."

He added, "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 conditions, 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 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 them 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.” (Howe, 1848.) He added, “These are the proper subjects of education; they can be taught to do some kinds of labor, to acquire some kinds of knowledge, to attend to their own persons and take care of themselves. They must have schools, teachers, and apparatus peculiarly adapted to their capacities and powers.” (President's Committee on Mental Retardation, 1977, p. 3.)

Based on Howe's recommendations, the Massachusetts Legislature appropriated $2,500 per year for three years to establish the first public school in the United States for people with mental retardation. The school opened on October 10, 1848, with ten students in a wing of the Perkins Institute for the Blind. James Bardwell Richards, a teacher specially trained to provide education for those with mental retardation, was employed to provide instruction for the students.

Throughout the United States, other such schools were established. For example, New York opened a school in Syracuse in 1851, Pennsylvania in 1853, Connecticut in 1858, Ohio in 1859, and Kentucky in 1860.

It is important to realize that the purpose of these schools was not to make its pupils “normal,” but to provide training in order for them to be as independent as possible. As Howe wrote, “It is hoped that part of them will gain some really useful knowledge; that most of them will become cleanly decent, temperate and industrious; and that all of them will be better and happier from the efforts made in their behalf.” (Howe, 1850.) Hervey Wilbur, founder of the first private school in the United States for people with mental retardation [in Barre, Massachusetts] wrote in the “Journal of Insanity,” in 1852, “We do not propose to create or supply faculties absolutely wanting; nor to bring all grades of idiocy to the same standard of development or discipline; nor to make them all capable of sustaining, credibly, all the relations of a social and moral life; but rather to give to dormant faculties the greatest practicable development, and to apply those awakened faculties to a useful purpose under the control of an aroused and disciplined will.”

The school in Boston was very successful. After two years, Howe wrote, “A great change has come over them. They have improved in health, strength, and activity of body. They are cleanly and decent in their habits. They dress themselves. They are gentle, docile, and obedient. They can be governed without a blow or an unkind word. They begin to use speech, and take great delight in repeating the words of simple sentences which they have mastered. They have learned their letters, and some of them, who were speechless as brutes, can read easy sentences and short stories. They are gentle and affectionate with each other, and the school and the household are orderly, quiet, and well regulated, in all aspects.” (Richards, 1935, p. 175.)

In 1855, the Massachusetts Legislature, based on the school's success, doubled its original appropriation and the school moved into its own building in South Boston and named “The Massachusetts School for Idiots and Feeble-Minded Youth.”
Decline, 1880 to 1900

Societal Attitudes

- Most people with disabilities cannot learn nor be improved enough to function in society.
- The State needs to take care of all people with mental retardation including those who are highly capable as well as those considered “unimprovable.”

Public Policy

- Protect people with mental retardation from society.
- Provide "benevolent care" within institutions.

Service Systems

- People with mental retardation are segregated from the general population.
- Large institutions are established for their care.

Background Material

This educational reform movement did not last very long in the United States - only about forty years. One reason for its failure was that many students, once trained, had nowhere to go. Howe wrote, “There is the greatest reluctance on the part of parents and guardians to remove those pupils whose terms have expired, partly because they think they are better here, and partly because they dislike to resume the care and responsibility. This is especially true of the most unfortunate children - of the lowest idiots.... It is clear, then, that...the question will soon come up in a pressing form. What shall be done with those idiots who are past the age of childhood and past the hope of improvement?” (Howe, 1856, pp. 13-16.)

The main reason, however, for this decline in optimism was a misunderstanding of the purpose of the school by the general public. Society expected rapid and complete cure and in large numbers, and anything less was seen as a failure. Amazingly, Howe had predicted this misperception. In 1850 he wrote, “This enterprise...began with an understanding of its difficulties and with a consciousness that it might be considered by many a failure, even if it were really successful, because the progress and improvement of a class of idiots would be very slow and
small, when compared with a class of ordinary children, as to be overlooked by ordinary observers.” (Howe, 1850.)

However, in spite of the successes of the early schools, a movement arose which called for increasing their capacity in order to accommodate not only those that would benefit from education and training but also for those considered “unimprovable.” “Slowly but surely the conviction has become general, especially among the trustees and officers at institutions, that admission as a pupil of the training school should be the first step towards permanent care; that with few exceptions, so few that they may be disregarded in establishing a policy, all pupils of the school, from the lowest to the highest grade, ought to be permanently retained in the safe kindly, maternal care of the state.” (Johnson, 1898, p. 467.) He added, “They must be kept quietly, safely, away from the world, living like the angels in heaven, neither marrying nor given in marriage.”

Governor Butler of Massachusetts said in 1883, “Give them an asylum, with good and kind treatment; but not a school.” “A well-fed, well-cared for idiot is a happy creature. An idiot awakened to his condition is a miserable one.” (Gov. Butler, 1883.)

Deemed uneducable, and unable to live in our communities, society began to advance the institutionalization of all those labeled as “feebleminded.” In 1891, Howe’s school in South Boston was closed and its pupils moved to dormitories recently built on a large tract of land in Waverly, Massachusetts [now the site of the Walter E. Fernald Developmental Center]. This new institution was named the “Massachusetts School for the Feeble-Minded.”

The early pioneers spoke out passionately against this expansion of their schools to large segregated institutions. Samuel Gridley Howe strongly condemned the trend toward “permanent life asylums as unnatural, undesirable, and leading to abuse and the severing of the inmates ties to kin, friends, and neighborhood.” Edouard Seguin cautioned that this expansion might reduce their schools to “the level of a richly endowed poorhouses.” Unfortunately, disregarding their advice, society began to establish large, isolated institutions for the purpose of protecting people labeled with feeble-mindedness from society.

This was the beginning of large-scale institutionalization of people with mental retardation in the United States. “By 1890, the school facilities of the 1850’s evolved into the large institutions to serve groups of residents on the ‘colony’ plan.” (Scheerenberger, 1983, p. 127.) The first group was children; the second, the physically disabled and those considered “unimprovable;” and the third, the adult population kept under the careful eye of the State, who would only be released to extremely favorable and well-supervised surroundings.
Misery, 1900 to 1930

Societal Attitudes

→ People with “feeblemindedness” are prolific.

→ “Feeblemindedness” is highly hereditary.

→ People labeled with “feeblemindedness” are considered a “menace” and a “danger” to the community and, more importantly, are responsible for most, if not all, of our social problems.

Social Policy

→ Identify all those with “feeblemindedness,” including those labeled as “moral imbeciles.”

→ Improve the human species through eugenics.

Service Systems

→ People with mental retardation are identified through the use of intelligence testing.

→ Laws are enacted to (1) restrict the marriages of people with disabilities, (2) sexually sterilize known "defectives," and (3) segregate them from general population. Sexual quarantine is provided within institutions.

Background Material

With the turn of the century, societal attitudes began to change from one of providing "benevolent" care in order to protect people with mental retardation from society to one of confining people in institutions to protect society from them. There were two major developments that caused this change in attitude. The first was the introduction of intelligence testing. The second was the belief that the great majority of mental retardation was due to a hereditary, genetic defect passed from parent to offspring. These two factors led to the widespread belief that people with mental retardation were a “menace” and a “danger” to the community.
Intelligence Testing

In 1904, Alfred Binet, a French psychologist, was instructed by the Ministry of Public Instruction to develop a screening mechanism for school aged children in Paris. With the help of his student, Theodore Simon, they developed the Binet-Simon Scale. Based on performance characteristics of children of successive ages, Binet and Simon developed a scale by which the degree of retardation or advancement could be measured against a norm. In the United States “it was seized upon and popularized by Dr. Henry H. Goddard, the director of research at the Training School For Feeble-Minded Girls and Boys in Vineland, New Jersey, ...and others who refined, perfected, and applied this new and powerful instrument.” (President’s Committee on Mental Retardation, 1977, p. 10.)

Goddard administered the test on children; both those labeled “mentally deficient” and those of ordinary intelligence. In 1913, he shocked the world with his findings that beyond the well-known cases of “idiots” and “imbeciles,” was a much larger class of “feeble-minded,” heretofore unknown, of mild degree but of definite incapacity. He coined the term “moron” [from the Greek meaning “foolish”] to describe this larger class of people.

Interestingly, Binet was appalled by this application in the United States and wrote, “Some modern philosophers seem to have given their moral support to these deplorable verdicts by asserting that the intelligence of an individual is a fixed quantity which cannot be augmented. We must protest and react against this brutal pessimism, we shall try to demonstrate that it has no foundation.” (Binet, 1909, p.10.)

The original purpose of Binet’s work was to determine whether a child was “normal or retarded,” in order to identify those who performed poorly and who would be in need of special instruction. His scale was designed to help and improve, and not to label and limit. In other words he believed that intelligence could be increased by good education, and this good education must be tailored to the child’s “character and their aptitudes, and on the necessity for adapting ourselves to their needs and their capacities.” (Binet, 1909, p.15.)

Goddard, and others, however, viewed intelligence as unalterable and the measurement of intelligence as standards for permanent, inborn limitations. Stephen Gould in “The Mismeasure of Man” wrote of their belief. “Children, so labeled, should be sorted, trained according to their inheritance and channeled into professions appropriate for their biology.” (Gould, 1981, pp. 152-153.)

Not only did Binet strongly argue against his scale being used to limit a person’s potential, but he also saw menacing implications in using his scale to indelibly label people, to negatively set teacher’s behavior, and relegate the child’s education to a predicted path.” He worried that educators would use his scale as a convenient reason: “They seem to reason in the following way: ‘Here is an excellent opportunity for getting rid of all the children who trouble us,’ and without critical spirit, they designate all who are unruly, or disinterested in the school.” (Binet, 1909, p.169.)
Eugenics

Charles Darwin's Theory of Evolution emphasized the survival of the fittest. In 1901, Sir Francis Galton, half-cousin of Darwin, saw "threatening implications in Darwinian Theory with respect to the human race. He proposed that by eliminating the unfit, man could actively assist nature in promoting the survival of the highest quality of human being. Thus, the negative eugenics movement, based on "Social Darwinism" was launched." (President's Committee on Mental Retardation, 1977, p. 9.)

"Eugenics," a word coined by Galton, is from the Greek meaning "good born." He defined eugenics as the Experts in the field pointed to two major studies that seemed to support this theory. The first was done by New York prison inspector Richard Dugdale. In 1874, he found, in one jail, members of four interrelated families. Curiosity led him to the discovery that other members of the families throughout the years had high records of incarceration. Stimulated by these results, Dugdale undertook the study of this family, which he fictitiously named the "Jukes." In 1877, he published his investigation, entitled "The Jukes: A Study in Crime, Pauperism, Disease, and Heredity." Although he cited environmental factors as the cause of the Jukes' problems, experts instead focused on hereditary.

The second study, done by Goddard, was of the family of Deborah Kallikak, a resident of the Training School in Vineland. Goddard used the name "Kallikak," which he derived from the Greek word Kalos, meaning "pleasing" and "attractive," and Kakos, meaning "evil" or "bad." Goddard and his associates traced Deborah's genealogy back to her great-great-great-grandfather, Martin Kallikak, Sr., a soldier in the Revolutionary War. According to Goddard, Martin Kallikak produced an illegitimate son from an affair with a "feeble-minded barmaid." Goddard attributed from this mating, 408 direct decedents, many of whom were either "feeble-minded," "sexually immoral," "alcoholic," or "predisposed to crime."

When Goddard returned from the war, he married a woman with good credentials. From this union descended, in direct line, 496 people, none of whom, according to Goddard, was "mentally defective" and only one was "insane." Goddard concluded:

"The Kallikak family presents a natural experiment in heredity. A young man of good family becomes through two different women the ancestor of two lines of decedents, - the one characterized by thoroughly good, respectable, normal citizenship, with almost no exception; the other being equally characterized by mental defect in every generation. This defect was transmitted through the father in the first generation. In later generations, more defect was brought in from other families through marriage. In the last generation it was transmitted through the mother, so that we have all combinations of transmission, which again proves the truly hereditary character of the defect.

"We find on the good side of the family prominent people in all walks of life and nearly all of the 496 decedents owners of land or properties. On the bad side we find paupers, criminals, prostitutes, drunkards, and examples of all forms of social pest with which modern society is
burdened. From this we conclude that feeble-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." (Goddard, 1912, pp. 116-117.)

Another study that also contributed to the emergence of this pessimistic attitude was "The Hill Folk: A Report on a Rural Community of Hereditary Defectives." This study, commissioned by the Monson State Hospital, was done in Massachusetts by Charles Davenport and Florence Danielson in 1912. Similar to Goddard's work, it focused on the genealogy of a family labeled as being "defective," who lived in Western Massachusetts.

Armed with this new information, experts in the field popularized the view of people with metal retardation as a menace to our society. "When we view the number of feeble-minded, their fecundity, their lack of control, the menace they are, the degradation they cause, the degeneracy they perpetuate, the suffering and misery and crime they spread - these are the burdens we must bear." (Butler, 1915, p. 361.) "Of late we have recognized a higher type of defective, the moron, and have discovered that he is a burden; that he is a menace to society and civilization; that he is responsible to a large degree for many, if not all, of our social problems." (Goddard, 1915, p. 307.) "Of all dependant classes, there are none that drain so entirely the social and financial life of the body politic as the imbecile, unless it be its close associate, the epileptic." (Barr, 1902, p. 163.) Frederick Kuhlmann, President of the American Association on Mental Deficiency, in his address at their 64th Annual Meeting, said, "We learned from those recognized as mental defectives that they were incorrigible at home, and burdens to the schools; that they were sexually promiscuous, that they stole and robbed; that they depended on others for a living, received most of charity's contributions; that they married young, raised large families that they could not support, many of whom were in turn mentally defective, and growing up in poverty and neglect, were preparing to repeat the cycle." (Kuhlmann, 1940.)

Dr. Walter Fernald wrote, in 1912, in his "Burden of Feeble-Mindedness:" "The social and economic burdens of uncomplicated feeble-mindedness are only too well known. The feeble-minded 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.

"They cause unutterable sorrow at home and are a menace and danger to the community.... Every feeble-minded person, especially the high-grade imbecile, is a potential criminal.... At least 25 percent of the inmates of our penal institutions are mentally defective.... It has been truly said that feeble-mindedness is the mother of crime, pauperism, and degeneracy.... The recognized field of mental defect has been gradually extended and widened.... It is most important that the physician should recognize the so-called "borderline" cases, where the intellectual defect is slight, and is overshadowed by the moral and criminal tendencies....

"The most important point is that feeble-mindedness is highly hereditary.... No feeble-minded person should be allowed to marry or to become a parent.... The normal members of a definitely tainted family may transmit the defect to their own children. Certain families should become extinct. Parenthood is not for all." (Fernald, 1912.)
One group of those labeled as “feeble-minded” considered a most dangerous element in our society were those classified as “moral imbeciles.” Those so identified were considered “mentally defective with little sense of decency, with no control of their passions, with no appreciation of the sacredness of person and the higher references of life, become a center of evil in the community, and inevitably lower the moral tone.” (Mac Murphy, 1916. pp. 58-63.)

This period is often referred to as the “Eugenic Alarm Period,” since the experts at this time were proclaiming that, unless strong measures were taken, these “defectives” would cause the “defilement of the race.” (Barr, 1915, pp. 361-363.) Therefore, to combat the problem, laws were enacted making it illegal for people labeled “defective” to marry, sexual sterilization was advocated, and institutions were established for segregation and sexual quarantine.

In 1899, Dr. Martin Barr of Pennsylvania expressed that “Experience, and indeed every consideration for the individual and society, points to the absolute necessity of permanent segregation.” Later, Dr. Fernald, in 1915, wrote, “Indeed, the results of eugenic research are so impressive that we are almost convinced that we are in possession of knowledge which would enable us to markedly diminish the number of feeble-minded persons in a few generations if segregation and surgical sterilization of all known defectives were possible.” (Fernald, 1915, p. 290.)

In Massachusetts the alarm was heard. In 1898, the State Almshouse and Primary School in Monson was enlarged and renamed the Monson Epileptic Hospital. In 1906, the Wrentham State School was established, and, in 1915, approximately 850 acres of land was taken by eminent domain for the construction of this State’s third institution [The Massachusetts School for the Feeble-Minded being the first] for people with mental retardation, the Belchertown State School.

The Nature of Institutions

Belchertown State School, like many institutions throughout the United States, was a micro-community unto itself. It had its own administration building, hospital, school building, nurseries, separate residential buildings for women and men, employee residences, industrial buildings, sawmill, maintenance buildings, recreational areas, laundry, bakery, butchery, canning plant, storehouse, power plant, and farm.

The institution was based on what is commonly referred to as a “medical model,” i.e., administration and decision-making only from a medical point of view. Take for example the following from Dr. Walter Fernald. He wrote, “The biological, economic, and sociological bearings of feeble-mindedness have overshadowed the fact that it is fundamentally and essentially a medical question.” (Fernald, 1915.)

Two years later he was more specific, “The work of training and caring for the feeble-minded being primarily a medical problem, the institution is divided into medical districts, each district being under the immediate supervision of an assistant physician. This arrangement places all of the children under medical supervision, - in the schools, on the playgrounds, in the cottages in which they live, at their various occupational activities; in fact, the daily life of the children is closely watched over by a physician.” (Fernald, 1917.)

This medical orientation of treatment dominated the field for many years. “The Mental Retardation Handbook for the Primary Physician, issued by the American Medical Society in
1965 repeatedly refers to mental retardation as a ‘disease’ or ‘illness.’” (Wolfensberger, 1975, p. 5)

In Massachusetts, for example, the State Board of Insanity, established in 1898, managed both State Schools and State Hospitals. In 1916, it was renamed the Department of Mental Diseases, and the Department of Mental Health in 1938. [The Department of Mental Retardation didn’t come into its own until July 1, 1987.]

Furthermore, the superintendents and officers of the institution were mostly medical doctors. For example, Dr. George E. MacPherson was appointed on March 15, 1922 by Commissioner George M. Kline, MD; Dr. Henry Tadgell on July 1, 1943; and Dr. Laurence Bowser on July 1, 1960. Support personnel were called “attendant nurses” and were supervised by the nursing department. People lived on “wards,” were referred to as “patients,” and detailed medical information would be kept on each individual. In 1923, the Belchertown State School’s Board of Trustees’ reported that “There is a medical staff of five, 276 male and 238 female patients, making a total of 514 patients and 122 employees.”

The more capable residents did much of the work needed for the operation of the institution. For example, on the farm lived over 100 male residents known as the “farm boys.” They, with a minimal number of staff, produced most of the food and dairy products used by both residents and staff. The farm included a large dairy herd [approximately 180 head], a piggery, poultry flock, as well as acres set aside for the growing of fruits and vegetables. The farm at Belchertown not only supplied the State School with its needs, but also furnished milk, eggs, and other farm products to the Monson and Northampton State Hospitals, and occasionally to other institutions within Massachusetts.

Residents were grouped by sex, and ability, and children were separated from their adult counterparts. Children were considered adults when they turned sixteen years of age. Residential buildings were locked, overcrowded, and understaffed. Bedroom areas typically contained between thirty-five and forty beds with no partitions for privacy nor place for personal belongings. Clothes were locked away in a “side room.” It was not uncommon to have one staff person responsible for fifty or more residents.

Services were based on a person’s “mental age,” as determined by their score on an intelligence test. Those labeled as having mental ages of between 0 and 3 years were labeled as “idiots,” thought to be “untrainable” and relegated to total custodial care within the institution's infirmaries. Those with mental ages of between 4 and 7 years were called “imbeciles” and considered “trainable.” People who measured as having mental ages of between 7 and 12 years were considered “morons,” believed educable, and did, in fact, receive primary education. Pupils graduated from school by either completing the sixth grade or by turning sixteen years of age, whichever came first.

Soon after graduation, many residents were put to work at the institution without monetary compensation. Men did such things as paint the buildings, repair furniture, manufacture brooms, work in the print shop, the shoe repair shop, on the farm, or in maintenance and grounds-keeping. Women would clean the buildings [including the employees’ residences], take care of the younger children, work in the laundry, main kitchen, canning plant, sewing room, or other such work.
Most recreational activities were conducted in large groups, such as movies, dances, concerts, assemblies, baseball games and other athletic events. Of course those with more capabilities did enjoy a greater number and variety of activities - however, most of these would occur on the grounds of the institution. For example, at Belchertown, more capable residents could be part of a scout troop, join a chorus, go bowling, join a baseball or basketball team, or take part in a play or variety show.

Some very good programs and activities did occur at the institution, but for the most part life was routinized and very controlled, and many former residents have said that mistreatment and abuse occurred regularly. People would be severely punished for any infraction they might commit. One gentleman told of attending a movie in the school building auditorium. Seated behind a rather tall person, he removed his coat and placed it under him so he could see better. An attendant, seeing him sitting on his coat, said to him, “Sit correctly, you squash head!” He replied, “I’m no more of a squash head than you are.” He was removed from the movies and locked in seclusion, called “the doghouse” by the residents.

Placed in this room naked, with a bucket for a toilet and fed only milk and bread, he remained there for a week. When he was released, he was not allowed to attend recreational activities or leave his building, except to go to work, for a period of a month. He endured this cruel and excessive punishment in retaliation for “talking back” to a staff member, whose initial provoking behavior was given no consideration.

Other residents have told of washing floors with only a bucket and a toothbrush, holding chairs over their heads for extended periods of time, being forced to walk up and down flights of stairs, excessive corporal punishment, being sent to bed for days with only a diet of milk and bread, threats of punishment, and, of course, being placed in the “doghouse.”

A few did manage to be discharged through the institution's parole system. Others escaped and many died after spending their entire lives within the walls of the institution.
Hope, 1930 to present

Societal Attitudes

- People with disabilities are first and foremost people, who should be afforded the same rights and privileges enjoyed by all citizens of our society.

- People with mental retardation are not a “menace” to the community. On the contrary, people with disabilities offer many contributions to society and are valuable assets to their communities.

- There are many other factors that cause mental retardation other than hereditary.

- Care must be taken in identifying a person as having mental retardation. Other factors, besides the intelligence test, must be examined.

- All people can learn no matter what the nature or degree of their disability. Each individual should be supported to be as independent as possible in all aspects of their lives.

Public Policy

- Sexual sterilization and segregation of people with mental retardation from society is unwarranted.

- Society should provide needed supports in order for people with disabilities to live in their communities.

Service Systems

- People are empowered and their families are supported in deciding the services they are to receive.

- People with mental retardation are transitioned out of institutions into community settings.

- Legislation is enacted and funds are allocated to provide a wide range of services and supports, both private and public, to enable individuals to live in their communities.
Background Material

The time period between the two World Wars was a period of stagnation, with no major change in attitude or services for people with mental retardation and their families. Although national attention was diverted to the great depression and the wars, the seeds of change began, in small ways, during this time period. Optimism began to return, with renewed vigor.

There were many factors that led to this more positive outlook towards people with mental retardation. First, new data revealed that people with mental retardation were not the perpetrators of crime, and, therefore, not a “menace to the community” as was once thought. “Our newer knowledge of unselected defectives verifies our belief that there are good defectives and bad defectives but seems to show that the good vastly outnumber the bad.” (Fernald, 1924.)

Second, the prevalence of heredity as the main cause of mental retardation became suspect. “The notion of heredity changed significantly. The estimated incidence of mental retardation that was related to such factors decreased from nearly 100 percent at the turn of the century to approximately 30 percent by the early 1930s.” (Scheerenberger, 1983, p. 186.) Advances in the knowledge of mental retardation helped to change societal attitudes regarding the hereditary nature of mental retardation. During this time period, new disorders and syndromes were identified, and non-hereditary factors such as endocrine and metabolic abnormalities, toxemia, infection, and the environment were investigated.

Third, changes involving the use of the intelligence test as the sole determinant in identifying and measuring mental retardation also occurred. During World War I, IQ tests were administered to servicemen, with the results showing that almost half of them could be labeled as having mental retardation. “Experience during World War I with group tests frightened most psychological examiners and others concerned with mental retardation; using a mental age of 11 resulted in 24.1 percent of the white participants being potentially classifiable as feebleminded. Raising that mental age cutoff point to 13 would, as Goddard observed in 1928, result in approximately 50 percent of the population being considered mentally retarded.” (Scheerenberger, 1983, p. 180.)

Finally, it was proven that even people with extensive mental retardation could learn. Like the early pioneers, “E. L. Johnstone at Woodbine, New Jersey, and G. Veith at the Letchworth Village in Thielles, New York, attempted educational programs with more severely affected youngsters with remarkable results.” (Scheerenberger, 1983, p. 195.)

With this new attitude emerging, our society began to challenge the methods once advanced to combat the “menace of the mentally defective,” i.e., sterilization and institutionalization. The eugenicists “now doubt that it is either possible or wise to improve the human stock by applying genetic principles, and that far more must be discovered about the relation of heredity to growth and of both to environmental influences before we can undertake to improve social man with the aid of biology alone.” (Springfield Union News, 1951.) The newly liberalized Goddard wrote “in the community these morons will marry and have children. And why not? Moreover if moronity is only a problem of education and the right kind of education can make out of them happy and useful hewers of wood and drawers of water, what more do we want?” (Goddard, 1928, p. 225.)

The practice of institutionalizing known “defectives” was also disputed. Many parents refused to have their children institutionalized, and the courts were reluctant to commit the
individual to the institution without the consent of the parents. More importantly, many people with mental retardation were living quite successfully within their communities and institutionalization seemed unwarranted.

The duty of providing services began to shift from the institutions to that of the community. Henry Goddard, in advocating for change, in 1928, wrote, “The problem of the moron is a problem of education and training. As for myself, I think I have gone over to the enemy with but one reservation. This may surprise you, but frankly when I see what has been made out of the moron by a system of education, which as a rule is only half right, I have no difficulty in concluding that when we get an education that is entirely right there will be no morons who cannot manage themselves and their affairs and compete in the struggle for existence.” Most importantly, he concluded, “The feeble-minded do not generally need to be segregated in institutions.” (Goddard, 1928.)

Even Walter Fernald changed his beliefs. In 1924 he wrote, “The ultimate responsibility for the care and training of the feeble-minded must be decentralized. If cared for at all, the majority of the vast number of the feeble-minded must be protected and helped by individuals and organizations in the local community under highly specialized direction. It is now and always will be largely an extra-mural problem.” He added, “Feeble-mindedness is not an entity, to be dealt with in a routine way, but is an infinitely complex problem. No two defectives are exactly alike. What is good for one may be bad for another. An individual defective may be expressed or described only be an equation – his intelligence, plus his body, plus his family, plus his trainings, plus his personality trait, plus his morals, etc. No routine procedure will meet the needs of this highly differentiated group.” (Fernald, 1924.)

He now believed that mental retardation needed to be addressed by education and not medical intervention. “The problem of the moron is largely economic. The idle defective has no money, feels inferior and does his worst. The defective who works all day at good wages seldom makes trouble. The industrially trained defective can always get work.” (Fernald, 1924.)

“The institutions should accept the responsibility of impressing upon the public the facts that the major portion of mental defectives are adjusting and must adjust in the community, and that it is neither possible nor necessary to place this whole group in institutions....” (Wolfe, 1936, p.135.) “By 1940, most states had abandoned the notions of restricted marriage, sterilization, and institutionalization as a primary means of controlling future generations of mentally retarded persons.” (Scheerenberger, 1983, p. 225.)

However, the biggest change that occurred was the growing activism of parents of children with mental retardation. Often referred to as “The Parents Movement,” it began as a direct result of the lack of service in the community for people with mental retardation. “As early as 1933, a group of five mothers in Cuyahoga County, Ohio found one another and got together in an ‘indignation meeting’ because their children had been excluded from the public school. Out of this protest came the forming of a special class sponsored by the parents themselves to serve excluded children. Similar units started in other parts of Ohio and elsewhere during the 30's and 40's, but they were small, scattered, and generally unknown to one another.” (President's Committee on Mental Retardation, 1977.)
This movement grew, and in September of 1950, a national meeting was held in Minneapolis, Minnesota. Forty-four delegates representing twenty-three organizations from thirteen States, organized into the “National Association of Parents and Friends of Mentally Retarded Children.” A year later the name was shortened to the “National Association for Retarded Children” (NARC). In 1973, reflecting the continuing changing attitudes concerning people with mental retardation, the name was again changed to the “National Association for Retarded Citizens” and today it is simply known as “The ARC.” Similarly, parents of children placed within institutions also formed groups. “The Belchertown State School Friends Association,” for example, formed in 1954 to assist in providing services to their offspring.

But large-scale change did not occur until the 1960’s, ignited with the Presidency of John F. Kennedy. Having a sister with mental retardation, he could empathize with those who were advocating for services. He said, “The manner in which our nation cares for its citizens and conserves its manpower resources is more than an index to its concerns for the less fortunate. It is the key to its future. Both wisdom and humanity dictate a deep interest in the physically handicapped, the mentally ill, and the mentally retarded. Yet, although we have made considerable progress in the treatment of physical handicaps, although we have attacked on a broad front the problems of mental illness, although we have made great strides in the battle against disease, we have as a nation for too long postponed an intensive search for the solutions to the problems of the mentally retarded. That failure should be corrected.” (President's Panel on Mental Retardation, 1962, p. 196.)

On October 11, 1962, he appointed his “President's Panel on Mental Retardation,” a 26-member commission whose task was to outline a plan of action on how we, as a society, should deal the issues of mental retardation. After extensive discussions with parents and others interested in this issue, the panel recommended: conducting research into the causes of and measures to prevent mental retardation; strengthening educational programs; more comprehensive and improved clinical and social services; a new legal, as well as social, concept of people with mental retardation; and more programs of education and information to increase public awareness. Most importantly, they called for the establishment of a wide range of programs in the community to provide support to individuals with mental retardation and their families.

Based on their recommendations, federal dollars were allocated to fund programs and services. In 1966, the Massachusetts Legislature passed the Community Mental Health Act, directing the department to “deinstitutionalize and decentralize,” according to Senator John J. Conte, D-Worcester. Conte said the law was designed in anticipation of federal funds for regional programs. Throughout Massachusetts, regional and area offices were established
and in January 1969, Dr. Philip Wakstein was appointed as the first regional administrator for the western Massachusetts DMR Regional Office. It was also during the late 60's and early 70's that many of the private, non-profit agencies who provide community support for people with disabilities began.

Laws were also enacted which guaranteed services in typical settings. In 1975, for example, the Education for All Handicapped Children Act, PL 94-142, was passed. This federal legislation mandated local school systems to provide free and appropriate education to all children, up to the age of 21, who have mental retardation.

It was also at this time that the public became aware of the dreadful conditions that existed within the institutions of this country. Over the years, the institutions had steadily declined. Called “pigsties” and “human warehouses,” institutions became increasingly in the public eye. The first expose, “Christmas in Purgatory” by Burton Blatt [Blatt was the first commissioner for mental retardation services in this Commonwealth] and Fred Kaplin, was published in 1966. This photographic essay revealed the horrendous, dehumanizing conditions that existed within Massachusetts’ institutions for people with mental retardation. In 1972, “Expose of Willowbrook,” by news reporter Geraldo Rivera, was broadcast on national television [Willowbrook was a large institution {over 5,000 people} in the State of New York]. Locally, reporter James Shanks, in 1970, published a series of articles in the Springfield newspapers on the conditions at the Belchertown State School entitled “The Tragedy of Belchertown,” and, in 1972, WTTIC in Hartford, Connecticut, produced “They Need Love, They Get Angry, They Bleed,” a one-hour, television documentary on the Belchertown State School.

Soon after, the Massachusetts Legislature called for an investigation of the conditions of the Belchertown State School and the Monson State Hospital. On April 16, 1970, Governor Francis Sargent appointed a thirteen-member special commission for this purpose. On March 25, 1971, the commission issued its 64-page report. Calling Belchertown State School “[A] product of monumental administrative neglect, inertia, and malpractice.” The commission was “shocked” at the conditions, “dismayed” by the ineffectiveness of efforts to reform the institution, and “outraged” at the insensitive attitude of the Department of Mental Health [DMR
Calling the institution a "total failure," the commission cited "dullard, drab" living facilities, the absence of "the basics of sanitation and hygiene," "a quality of medical services which would not be tolerated in a private medical facility," and "frequent incidents of maltreatment, punishment, and prolonged discipline." The report went on to cite specifics: "raw sewage backing up and overflowing onto the floors; insufficient clothing for the residents resulting in prolonged nakedness and degradation; in some buildings at Belchertown, excrement and urine are constantly visible and unattended; cockroaches have been chronic, ever present, and in recent past, have overrun several buildings to the extent of crawling over inmobile residents; flies have infested several buildings to the extent that fly larvae have been found nested in a sore of a resident's ear; punishment borders on cruel and abusive treatment; there is no semblance of privacy and psychiatric and psychological treatment is practically non-existent."

Dr. Milton Greenblatt, then Commissioner for the Department of Mental Health, responded, "The Belchertown story, however, is not new, nor has the department or hundreds of other persons ever been insensitive to the great needs at all of our schools for the retarded.... We have a legacy of 100 years of neglect and a big unfinished job before us."

But institutions, even with the increased exposure and public scrutiny, were slow or reluctant to change. Real change did occur, however, not from within, but from the judicial system. On February 7, 1972, the Belchertown Friends Association filed a class action lawsuit in US District Court proclaiming that the administrators of the Belchertown State School and the Department of Mental Health were violating the constitutional rights of its residents. Similar litigation was filed for all the institutions for people with mental retardation throughout Massachusetts.

The court case, heard by US District Court Judge Joseph L. Tauro, resulted in a court order, the "Consent Decree." It called first for 2.6 million dollars for the reconstruction of the interiors of the residential buildings at the State School to provide a more humane living environment. The Consent Decree also called for the hiring of 80 support staff, i.e., launderers, janitors, cooks, etc., to free up direct care staff so that they could provide residents with individualized instruction. Finally, the Decree required the State to hire 56 professional staff, such as psychologists; physical, occupational, and speech therapists; social workers; and others who would provide needed clinical supports.

At the Belchertown State School, under the direction of a new superintendent, Dr. William E. Jones [appointed November 19, 1972], major reforms began. Professionals were hired, buildings were modernized, educational programs were started, as well as vocational and pre-vocational training. Belchertown, like all the institutions for people with mental retardation in this Commonwealth, entered into the Federal Medicaid Assistance Program (Title XIX). Under this program, the federal government reimbursed Massachusetts for a portion of the costs of providing individualized habilitative services or "active treatment." Teams of professionals planned individualized service programs and the quality of life within the institution improved.

More importantly, Dr. Jones, with the approval of the plaintiffs, instituted a no new admissions policy and hundreds of residents began to transition out of the institution, finding services and supports through the DMR regional and area office system and the many private provider agencies throughout Massachusetts.
Finally, on March 7, 1989, then DMR Commissioner Mary McCarthy, at a home for people with disabilities in Amherst, Massachusetts, announced the formal phase down of the Belchertown State School. She expressed that it would take three years.

On December 24, 1991, the last resident moved out and on December 31, after transitioning its remaining two hundred and eighty-five residents into homes throughout western Massachusetts, the Belchertown State School ceased to exist.

Final Comments

The last thirty years have been a time of great change and renewed hope for people with mental retardation and their families. Today there exists a greater acceptance in the community for people with disabilities, and more opportunities for full integration and valued participation. People with mental retardation are taking a more active role in making meaningful decisions in all aspects of their lives. More importantly, people are speaking out for themselves and are freely exercising their rights as full citizens.

More and more children with developmental disabilities are being educated alongside their non-disabled peers, and people in general are realizing the valuable roles people with mental retardation assume in our society. Increasingly people are finding real jobs, real friends, and real opportunities to live as full citizens of this Commonwealth regardless of the nature or degree of their disability.

Although tremendous strides have been taken, there is still much to be done. People who hold erroneous negative attitudes that devalue and degrade people with disabilities must be educated to the worthwhile contributions and positive accomplishments made by people with disabilities. We have come along way and we must remain ever vigilant in ensuring that all people with disabilities enjoy the rights and privileges afforded to every citizen of this Commonwealth.
**Bibliographic Guide to Reference Notes**


Belchertown State School Board of Trustee’s Report, December 1, 1923

Binet, A. *Les idées modernes sur les enfants*, 1909


Butler, Gov. *Address to the Massachusetts Legislature*, 1883

Damrau, F. *Pioneers in Psychiatry: Philippe Pinel (1745 – 1826), Liberator of the Insane*. Dios Chemical Company, St. Louis, 1940

Dix, D. *Memorial Address to the Massachusetts Legislature*, 1843

Fernald, W. The Burden of Feeble-Mindedness, *J. Psycho-Asthenics*, 1912, p. 87-111


Fernald, W. Thirty Years of Progress in the Care of the Feeble-Minded, *J. Psycho-Asthenics*, 1924, p. 206-219


Howe, S. *Report to the Massachusetts Senate*. Boston: Senate Document No. 38, 1850

Howe, S. *Eighth Annual Report*. Boston: Massachusetts School for Idiotic Children, 1856

Johnson, A. Concerning a Form of degeneracy. *Amer. J. Sociology*, 1898, p. 463-473

Kuhlmann, F. One Hundred Years of Special Care and Training. President's Address, *Proc. 64th Annual Meeting of AAMD*, 1940

Mac Murphy, H. The Relation of Feeble-mindedness to Other Social Problems. *J. Psycho-Asthenics*, 1916, 21, p. 58-63


