ENCYCLOPEDIA OF AMERICAN DISABILITY HISTORY

VOLUME I



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. . . To add to the mischief of vitiated air, young women are generally girt so tight around the body, that the lower part of the lungs, where the air-cells most abound, are rarely used. Abdominal breathing has ceased among probably a majority of American women. The ribs are also girt so tight, in many cases, that even the full inspiration at the top of the lungs is impossible. And this custom has operated so, from parent to child, that a large portion of the female children now born have a deformed thorax, that has room only for imperfectly formed lungs.

... The man of study or of business sleeps all night in bad air; then he goes to his office, store, or shop, with uncleansed skin to breathe bad air all day; then at his meals he takes meat, which is the most stimulating food, and condiments to stimulate appetite. These make him eat more than he needs, or he has such a variety as tempts to an overloaded stomach. Then he drinks tea, coffee, and perhaps alcohol, to stimulate the brain and nerves to increased action. Then he keeps tobacco in his mouth, to stimulate another portion of his brain. Then he stimulates the brain with anxiety, or business cares, or study, or deep thought all day long, without the relaxation of amusement or the refreshment of muscular exercise. And then at night he returns, exhausted, to sleep again in bad air, and next day renews the same exhausting process. Thus it is stimulate, stimulate, stimulate the brain, from year's end to year's end, till disease interrupts or death ends the career. Or, in other cases, the man becomes a pale, delicate, infirm being, every function and organ ministering feebly to a half-living man. Thus it is that an active, vigorous, well-formed, healthy manhood is so rarely seen in this nation.

At the same time, a vast portion of the women of our nation are pursuing a course equally abusive of the brain and nervous system. As a general rule, woman originally is organized more delicately than the other sex, have a constitution that can not bear either labor or long or strong mental excitement as can the more vigorous sex. Then all her physical training is less invigorating than that of man. Then her pursuits, as a wife, mother, and housekeeper, are more complicated, less systematized, and less provided with well-trained assistants than the professions of men.

. . . The great majority of American women have their brain and nervous system exhausted by too much care and too much mental excitement in their daily duties; while another class, who live to be waited on and amused, are as great sufferers for want of some worthy object in life, or from excesses in seeking amusement.

... A "perfectly healthy" or "a vigorous and healthy woman" . . . is one who can through the whole day be actively employed on her feet in all kinds of domestic duties without injury, and constantly and habitually has a feeling of perfect health and perfect freedom from pain. Not that she never has a fit of sickness, or takes a cold that interrupts the feeling of health, but that these are out of her ordinary experience.

A woman is marked "well" who usually has good health, but can not bear exposures, or long and great fatigue, without consequent illness.

A woman is marked "delicate" who, though she may be about and attend to most of her domestic employments, has a frail constitution that either has been undermined by ill health, or which easily and frequently yields to fatigue, or exposure, or excitement.



Source: Catharine E. Beecher. Letters to the People on Health and Happiness. New York: Harper & Brothers, 1856. Available online. URL: http://www.assumption.edu/whw/Hatch/Beecher/ BeecherLettersonHealth.html. Accessed June 30, 2008.

Beers, Clifford (1876-1943) founder of the mental hygiene movement

In 1908 Clifford Beers published his autobiographical account of three years in mental HOSPITALS, A Mind That Found Itself. Beers recounted his nervous breakdown and subsequent brutal and harsh treatment at three Connecticut mental institutions. From the outset, Beers sought not just to tell his story but also to lead a reform movement: "As I have noted in the preceding pages, this book was neither conceived nor written merely as an entertaining story; it was intended to serve as the opening gun in a permanent campaign for improvement in the care and treatment of mental sufferers, and the prevention, whenever possible, of Mental Illness itself." Taking inspiration from the transformative effect Uncle Tom's Cabin had on alerting northerners to the horrors of slavery in the 1850s, Beers hoped his exposé would reveal the dark side of INSTITUTIONALIZATION, sparking reform in the United States and around the world.

Beers was born in New Haven, Connecticut, on March 30, 1876. He received his high school diploma and entered Yale University in 1894. That same year, his older brother was

affected with what was thought to be EPILEPSY and subsequently died in 1900. Beers reported experiencing attacks of nervousness and anxiety at the time, but he graduated from Yale in 1897. He then held jobs as a clerk in the office of collector of taxes in New Haven and at a life insurance company in New York City. Then, in June 1900, believing that he was destined to become epileptic like his brother, Beers unsuccessfully attempted suicide by jumping out of the fourth floor of his family's home; he received treatment at a general hospital for broken bones in his feet and a sprained spine. Beer's mental condition deteriorated and his FAMILY placed him at the first of two private institutions. He was later committed to Connecticut Hospital for the Insane. He was released from Connecticut Hospital in 1903 and committed himself to writing a book about his experiences.

Prior to publishing A Mind That Found Itself, Beers circulated his manuscript to prominent psychologists, physicians, and civic leaders and obtained their endorsements not just of his book, but of his plans for a national movement as well. The prominent Harvard psychologist and author William James wrote a letter to Beers that was published as an introduction to the book: "You have handled a difficult theme with great skill, and produced a narrative of absorbing interest to scientist as well as layman. It reads like fiction, but it is not fiction; and this I state emphatically, knowing how prone the uninitiated are to doubt the truthfulness of descriptions of abnormal mental processes." When the book was finally published, it received widespread attention and rave reviews in both the popular press and scientific publications.

In 1908 Beers convened a small group of 13 supporters, including his father and younger brother, to form the Connecticut Society for Mental Hygiene. The phrase "mental hygiene" was suggested by Adolf Meyer, a leading psychiatrist at the time and early supporter of Beers. The NATIONAL COMMITTEE FOR MENTAL HYGIENE (NCMH) was founded by 12 charter members one year later. The national society sought numerous reforms for people with mental illness, including improved research, treatment, and prevention, as well as expanded federal and state support to create agencies that would link to the Society for Mental Hygiene. Beers envisioned the NCMH to be an auxiliary ORGANIZATION to the psychiatric profession.

Until 1912 Beers paid for most expenses associated with the National Committee through borrowed money. Then late in 1911, he received donations of \$50,000 for the committee and \$5,000 to pay off debts and for his personal use from Henry Phipps, a wealthy benefactor. Beers was paid a salary of \$3,000 to serve as secretary of the NCMH. The committee also hired Dr. William Stanton, who later became its first medical director. One of Stanton's first tasks was to conduct visits to ASYLUMS and other institutions during which he

documented the widespread presence of brutality and substandard conditions reported by Beers.

By 1918 Beers had founded an International Committee on Mental Hygiene. When the first International Congress of Mental Hygiene was held in Washington, D.C., in 1930, mental hygiene societies representing 25 countries were in attendance. Beers established the American Foundation for Mental Hygiene to fund mental hygiene activities in 1928.

From the founding of the NCMH, Beers cultivated relationships with medical professionals and psychiatrists. They embraced his cause, and he embraced theirs. He was one of the few lay persons ever given an honorary membership in the American Psychiatric Association. Beers did not attempt to involve other former mental patients in the committee or the movement he initiated.

Beers retired as secretary of the NCMH in 1939 when he experienced a reported relapse of his mental illness. He spent his final years at Butler Hospital in Providence, Rhode Island, and died there on July 9, 1943.

The NCMH remained influential in mental health after Beers's death in 1943 and merged with other organizations in 1950 to form what is now known as MENTAL HEALTH AMERICA. The National Committee advocated for the National Mental Health Act, which was passed by Congress in 1946 and led to the development of the National Institute on Mental Health in 1949. The National Institute provided grants for research, training, and community services. By 1963 A Mind That Found Itself was in its 35th printing. The last edition of the book was published in 1981.

Steven J. Taylor

Further Reading:

Beers, Clifford W. A Mind That Found Itself: An Autobiography. 7th ed. Garden City, N.Y.: Doubleday, 1956.

Deutsch, Albert. The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times. 2d ed. New York: Columbia University Press, 1949.

Grob, Gerald N. Mental Illness and American Society, 1875-1940. Princeton, N.J.: Princeton University Press, 1983.

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A Mind That Found Itself by Clifford Beers (1908)

After struggling with mental health conditions, Clifford Beers (1876–1943) was committed to the Connecticut Hospital for the Insane from 1900 to 1903. Five years after his release he wrote A Mind That Found Itself (1908), an autobiography describing his nervous breakdown as well as the brutal treatment he received at the hospital and other institutions. The exposé drew national attention and contributed to Beers's effort to form a national

movement for mental hygiene. These sections reflect some of the harsh treatments Beers experienced and his call for action.

A Mind That Found Itself: An Autobiography by Clifford Beers 1910

The last week of June, 1894, was an important one in my life. An event then occurred which undoubtedly changed my career completely. It was the direct cause of my mental collapse six years later, and of the distressing and, in some instances, strange and delightful experiences on which this book is based. . . . My brother had enjoyed perfect health up to the time he was stricken; and, as there had never been a suggestion of epilepsy, or any like disease, in either branch of the family, the affliction came as a bolt from a clear sky. Everything possible was done to effect a cure, but without avail. On July 4th, 1900, he died at the City Hospital, in Hartford, Connecticut. . . .

... Now, if a brother who had enjoyed perfect health all his life could be stricken with epilepsy, what was to prevent my being similarly afflicted? This was the thought that soon got possession of my mind. The more I considered it and him, the more nervous I became; and the more nervous, the more convinced that my own breakdown was only a question of time. Doomed to what I then considered a living death, I thought of epilepsy, I dreamed epilepsy, until thousands of times during the six years that this disquieting idea persisted, my overwrought imagination seemed to drag me to the very verge of an attack.

... AFTER remaining at home for about a month, during which time I showed no improvement mentally, though I did gain physically, I was taken to a private sanatorium.

... Soon after I reached my room in the sanatorium, the supervisor entered. Drawing a table close to the bed he placed upon it a slip of paper which he asked me to sign. I looked upon this as a trick of the detectives to get a specimen of my handwriting. I now know that the signing of the slip is a legal requirement, with which every patient is supposed to comply upon entering such an institution-private in character-unless he has been committed by some court. The exact wording of this "voluntary commitment" I do not now recall; but, in substance, it was an agreement to abide by the rules of

the institution—whatever they were—and to submit to such restraint as might be deemed necessary.

... FOR the first few weeks after my arrival at the sanatorium, I was cared for by two attendants, one by day and one by night. . . . The earliest possible dismissal of one of my two attendants was expedient for the family purse; for the charges at this, as at all other sanatoriums operated for private gain, are nothing less than extortionate. . . . No sooner was the number of attendants thus reduced than I was subjected to a detestable form of restraint which amounted to torture. To guard me against myself while my remaining attendant slept, my hands were imprisoned in what is known as a "muff." A "muff," innocent enough to the eyes of those who have never worn one, is in reality a relic of the Inquisition. It is an instrument of restraint which has been in use for centuries among ignorant practitioners, and even in many of our public and private institutions is still in use. Such an incident as I am about to recount cannot occur in a properly conducted institution, and that fact made its occurrence a crime, though perhaps an unintentional one; for good motives born of professional ignorance are little, if at all, better than deliberate bad intention. The muff I wore was made of canvas, and differed in construction from a muff designed for the hands of fashion only in the inner partition, also of canvas, which separated my hands but allowed them to overlap. At either end was a strap which buckled tightly around the wrist and was locked.

. . . The putting on of the muff was the most humiliating incident of my life. The shaving of my legs and the wearing on my brow of the courtplaster brand of infamy had been humiliating, but those experiences had not overwhelmed my very heart as did this bitter ordeal. I resisted weakly, and, after the muff was adjusted and locked, for the first time since my mental collapse, I wept.

. . . Many times was I roughly overpowered by two attendants who locked my hands and coerced me to do whatever I had refused to do.

... Let those in charge of such institutions, who have a stubborn patient to deal with, remember what I say. In the strict sense of the word there is no such thing as a genuinely stubborn insane person. The stubborn men and women in the world are sane; and the fortunate prevalence of sanity may be approximately estimated by the preponderance of stubbornness in society at large. When one possessed of the blessed means of resolving his own errors continues to cherish an unreasonable

belief—that is stubbornness. But for a man bereft of reason to adhere to an idea which to him seems absolutely correct and true because he has been deprived of the means of detecting his error—that is not stubbornness. It is a symptom of his disease, and merits the indulgence of forbearance, if not genuine sympathy. Certainly the afflicted one deserves no punishment. As well punish with a slap the cheek that is disfigured by the mumps.

a strait-jacket, is really a tight-fitting coat of heavy canvas, reaching from neck to waist, constructed, however, on no ordinary pattern. There is not a button on it. The sleeves are closed at the ends, and the jacket, having no opening in front, is adjusted and tightly laced behind. To the end of each blind sleeve is attached a strong cord. The cord on the right sleeve is carried to the left of the body, and the cord on the left sleeve is carried to the right of the body. Both are then drawn tightly behind, thus bringing the arms of the victim into a folded position across his chest. These cords are then securely tied.

After many nights of torture, this jacket, at my urgent and repeated request, was finally adjusted in such manner that had it been so adjusted at first, I need not have suffered any torture at all. This I knew at the time, for I had not failed to discuss the matter with a patient who on several occasions had been restrained in this same jacket. It is the abuse rather than the use of such instruments of restraint against which I inveigh. Yet it is hardly worth while to distinguish between "use" and "abuse," for it is a fact that where the use of mechanical restraint is permitted, abuse is bound to follow.

he expressed his pent-up feelings in something more effectual than words. After he had laced the jacket, and drawn my arms across my chest so snugly that I could not move them a fraction of an inch, I asked him to loosen the strait-jacket enough to enable me at least to take a full breath. I also requested him to give me a chance to disentangle my fingers which had been caught in an unnatural and uncomfortable position.

... Instead of loosening the strait-jacket as agreed, this doctor, now livid with rage, drew the cords in such a way that I found myself more securely and cruelly held than before. This breach of faith threw me into a frenzy.

... No one incident of my whole life has ever impressed itself more indelibly on my memory. Within one hour's time I was suffering pain as intense as any I ever endured, and before the night had passed that pain had become almost unbearable. My right hand was so held that the tip of one of my fingers was all but cut by the nail of another, and soon knife-like pains began to shoot through my right arm as far as the shoulder. If there be any so curious as to wish to get a slight idea of my agony, let him bite a finger tip as hard as he can without drawing blood. Let him continue the operation for two or three minutes. Then let him multiply that effect, if he can, by two or three hundred.

jacket was removed. Whereas just prior to its putting on I had been in a vigorous enough condition to offer stout resistance when assaulted, now; on coming out of it, I was helpless. When my arms were released from their restricted position the pain was intense. Each and every joint had been racked. I had no control over the fingers of either hand, and could not have dressed myself had I been promised my freedom for doing so. And this, bear in mind, was the effect of a camisole, which form of restraint hospital officials, when called upon to testify, so often describe as being harmless and not very uncomfortable.

... AFTER again becoming a free man, my mind would not abandon the miserable ones whom I had left behind. I thought with horror that my reason had been threatened and baffled at every turn. Without malice toward those who had had me in charge, I yet looked with contempt upon the system by which I had been treated.

Source: Clifford Whittingham Beers. A Mind That Found Itself: An Autobiography. New York: Longmans, Green, and Co., 1910. Available online. URL: http://www.disabilitymuseum.org/lib/docs/1672.htm?page=16. Accessed June 30, 2008.

beggars and begging

The image of the person with disabilities as a street corner beggar is one of the most historically consistent images of disability. This link shows up in the literature of ancient Greece and Rome, in biblical allegory, and in medieval morality plays, and it occupies an especially pertinent place in American history and culture.

Whether the image is a historical reality or simply a convenient literary convention, there is little doubt that it effectively inspired the passage of a variety of reform laws,