The relationship of professionals with families of children and adults with intellectual disabilities is a key component in the planning and delivery of effective and enduring support services. Yet, the history of such relationships is not well understood. After briefly describing the context for these relationships in the early 20th century, a thematic analysis is presented of correspondence between parents and professionals at one institution for people with intellectual disabilities during the early 1900s. The study concludes with a brief discussion of what we can learn from this troubled history to improve family/professional relationships.

DESCRIPTORS: history, families, institutions, professional/family relationships

Parents of children and young adults with disabilities have always had a complicated relationship with the professionals in medicine, education, and other fields who claim special expertise to help, or even cure, their offspring. On the one hand, the families are often grateful for whatever help and support they can find. On the other hand, they equally often end up expressing a desire for more or different types of help than they find available. Throughout the history of disability and the formal service systems that emerged to respond to that segment of the population (e.g., special education, health care, rehabilitation), there has been a choreography of care as parents and professionals danced around the issue of who would take the lead in providing support for dependent children. This is no where clearer than in the evolution of formal services for children with intellectual disabilities (Farber, 1986).

This study explores one corner of the history of family-professional relationships in the area of intellectual disabilities by looking at a particular period of rapid expansion of services in the United States, roughly 1900 to 1930. In this era, professionals with new specializations (e.g., clinical psychology, special education, social work) pushed for new or expanded services that would allow them to demonstrate their expertise. The call for new services, however, was often put forth as a response to the needs and demands of families who could not care for their children with disabilities. At the same time, these same professionals would also portray families as sources of resistance to their services, making it necessary to either avoid or overcome their opposition to "giving up" their children to the control of the experts (Deschenes, Cuban, & Tyack, 2001; Ferguson & Ferguson, 2006; Lazerson, 1983).

From the earliest specialized asylum for feebleminded children in the middle of the 19th century up through the 1960s, the official public policy in most states was that the best situation for children with intellectual disabilities—especially those with more significant cognitive impairments and/or challenging behaviors—was to be placed in an institution specifically designed for their care and custody. Certainly, this was the opinion of most medical and health care professionals involved in the treatment of such children. Throughout this period, many parents seemingly agreed with this recommendation. Some of the earliest parent advocacy groups for families with children with intellectual disabilities were actually organized to provide political and financial support to the institutions where their children resided. The Children’s Benevolent League of Washington began in 1939 with the support of families for institutions was seen as both hard won and valuable.

[F]rom my experience, the League does eliminate, by training, by explanation, and by regulation much of the time that would otherwise be wasted by our superintendents, their assistants and attendants in useless conversation and argument with disgruntled individuals. Our members know better than to find fault with minor annoyances (p. 189).

For other parents, the recommendation to institutionalize their children became the only choice that could salvage the welfare of both the child with the disability and the rest of the family. As an anonymous parent framed...
the matter in 1951, the decision to place a child in an
institution was, indeed, tragic. However,

[the greatest tragedy occurs in the many cases
when parents cannot bring themselves to part with
their child. Time and again this results eventually in
even greater unhappiness, particularly in families
where there are other children. Almost any social
welfare worker can recite cases where hopelessly
retarded children, kept within the family, have
warped the lives of other children and, frequently
have been the means of untold hardship and
ultimate separation of the parents (Anonymous,

Each of these statements nicely captures both sides of
the parental response to professional recommendations.
In the midst of endorsing the policy of institutionalization,
the parent-authors also acknowledge that many
other parents rejected the experts' call to "part with
their child" or refused to be silent about the "minor
annoyances" they found in the care of their children
after they were institutionalized. The statistics back
up this acknowledgment. Never more than 10% of the
population viewed as intellectually disabled was housed
in the large state institutions that proliferated after the
first one started in Massachusetts in 1848 (Ferguson,
1994, pp. 9-11). Still, the demand for institutional place­
ment was real. Waiting lists for admission existed even
before some institutions opened their doors. For many
years, county poorhouses, reform schools, and other fa­
cilities took on many children viewed as feebleminded.
However, equally true as a factor in this gap between
policy and practice was the steady countertheme of re­
sistance that a significant portion of parents put forth to
having their children institutionalized in the first place
or leaving them there for long after an initial admission.
This account explores one setting where examples of
that family resistance arose to the recommendations
of the helping professionals who were the main source
of expertise and information about the appropriate care
of their children.

A Typology of Family Narratives

Until the last few decades, the portrayal of families
of children with disabilities of any kind, but especially
those with intellectual disabilities, suffered from the same
constrictions as the history of people with disability in
general. The research literature was dominated by the
voices of professionals, creating an official discourse of
parental response to disability as, at best, one of mov­
ing gradually through stages of grief similar to those
supposedly followed by news of a terminal disease
(Ferguson, 2001). Although almost always available to
some extent in the popular press, published accounts of
their experiences written by parents themselves were
not to be taken as serious data for use in developing a
research-based understanding of how parents reacted
to having a child with a disability and what they needed
to overcome that "tragedy." The need to preserve and to
explore the parental voice directly is now seldom chal­
enged. Indeed, most educators and disability specialists
acknowledge those parental voices as essential parts of
our knowledge base about the meanings of disability
across cultures and class, categories, and contexts.
Family-professional linkages are increasingly viewed,
at least in theory, as mutual exchanges of information,
planning, and support on behalf of the child involved
(e.g., Ferguson & Galindo, 2008; Kalyanpur & Harry,
1999). However, much work remains to be done by
scholars to fill out the historical record of how parents
of earlier eras described their experiences (Abel, 2000;
Brockley, 2004; Burack-Weiss, 2006; Richards, 2004).

Robert Berkhofer (as cited in Rury, 1993, p. 247) has
argued that one of the main requirements for historians
is to "fill in the gaps." The purpose of this report is to
make a contribution to that effort with regard to the
untold history of parent/professional interactions. This
study narrows its focus to the relationship of families
and professionals in first few decades of the 20th cen­
tury and to one specific setting. It is part of a larger
project that seeks to bring a disability studies orienta­
tion to the understanding and interpretation of families
who have a child with a disability (Ferguson & Ferguson,
2006, 2008). The foundation of that effort is based in the
collection and analysis of family narratives about that
experience. The hope is eventually to create a digitized,
searchable archive of family narratives covering the
full range of disabilities and contexts within which par­
ents and children build their lives.

The project has developed a three-part typology of
family narratives, framed from the perspective of how
they come to us: (1) received, (2) generated, and (3)
found. Received narratives are those published accounts
written by parents or other family members. Whether
book length accounts, chapters in books, or articles in
journal and magazines, these are intentional accounts
written by individuals who have both the inclination
and the opportunity to organize their thoughts into
a narrative meant to be shared with others. Generated
narratives, by contrast, are those created artifacts of
(usually) qualitative research. These are in-depth oral
histories and semistructured interviews, conducted by
researchers to allow a purposeful sample of families
to tell their stories in their own words. These are
families who may or may not have otherwise preserved
these experiences without a specific invitation. Finally,
there are the found narratives. Found narratives are
simply those primary sources familiar to historians, con­
sisting of diaries, letters, scrapbooks, and other unpub­
lished accounts created by families with no intention of
sharing them with a larger public. It is these "found
narratives" that serve as the primary source for this
paper. In particular, the paper will draw on the parent correspondence (along with the superintendent’s responses) found in case files of residents admitted to the Fairview Training Center in Salem, Oregon, between its opening in 1908 and roughly 1930.

Methods

The Fairview Training Center in Salem, Oregon, was the main institution for people with intellectual disabilities in the state for over 90 years. As part of a larger history of the institution from its opening in 1908 to its closure in 2000 (Ferguson, Ferguson, & Brodsky, 2008), access was given to case files from residents admitted up to 1930. By that date, approximately 2000 people had been admitted to Fairview. Of this number, approximately 1000 still resided at Fairview, the remainder having died, been discharged, transferred, or “eloped” (i.e., escaped). Of the 2000 admissions, some of the files were missing. Others had little more than a name and a number contained within. Finally, a number of files had been screened and selectively thinned as part of the closure process, with only essential medical and legal records retained. What remained for review were approximately 500 files from these early admissions. Of these 500, approximately 150 were judged to have some examples of correspondence from family, friends, or local officials from the counties of origin for the individuals being admitted.

The correspondence in these files was explored for themes using standard methods of document analysis (Maxwell, 2005; Marshall & Rossman, 2006) within a larger context of historical interpretation. Historical research has been described as perhaps “the oldest form of qualitative research currently in use” (Ruzy, 1993, p. 247). The claim is not that historians never use statistical techniques. Rather, the point is that historical research is generally both inductive and interpretive in approach. It is inductive in its use of the specific—the event, the episode, the individual, and the setting—to build to the general, to move from examples to story and from isolated incident to overarching narrative. It is also unavoidably interpretive. As one historian of education has put it, historical inquiry “seeks to interpret and explain the significance of past experiences, not merely to document them” (Edson, 1988, p. 48).

Each case file was examined for content, including the presence of any communications from family or friends of the individual. The correspondence in individual files ranged from a single note around the time of admission to decades of letters sent by various family members. A purposeful sample of the 150 case files selected with correspondence was selected for more detailed review, emphasizing those files with replies from the superintendent. One hundred files were selected. These were read several times and thematically analyzed using “contextualizing strategies” (Maxwell, 2005) associated with types of narrative and discourse analysis (Connolly & Clandinin, 1990; Gee, Michaels, & O’Connor, 1992). In this approach to textual data, analysis begins with a more holistic attempt to understand the document as a whole, in context, before breaking it into coded segments of disconnected text. It is, in many ways, a more literary approach, trying to find “the voice” behind the words, and is especially appropriate for capturing the perspective of families whom history has largely silenced. Out of this contextual framing came the themes discussed here. The themes were then used to return to the letters to find specific passages for appropriate illustration.

Overcoming Parental Resistance

Before turning to the parent narratives found in the Fairview case files, it is important to set the scene and to look more closely at how professionals were portraying parents in these early decades of the 20th century. In some ways, such evidence could be framed as a fourth type of parent source: the inferred narrative. By reading the professional literature of the era with a critical eye, it is not at all difficult to infer the more positive version of parental resistance to separation from their children that the experts were bemoaning so loudly and so often. In a time of expanding services and increasing specialization within both special education and what would come to be called “school psychology,” one of the greatest challenges to the experts was prying the children away from the families. Yet, as others have pointed out, such separation of child from parent was deemed essential. As the family historian, John Demos (1983) described the general view:

Considered overall, dependency is both a symptom and an effect of social disorder—and it threatens to become a cause of further disorder. The appropriate response is, therefore, to isolate the individuals involved. Only thus can they be “reformed”; and only thus can a truly massive contamination be averted....

Simply stated, the family as a whole, in context, before breaking it into coded segments of disconnected text. It is, in many ways, a more literary approach, trying to find “the voice” behind the words, and is especially appropriate for capturing the perspective of families whom history has largely silenced. Out of this contextual framing came the themes discussed here. The themes were then used to return to the letters to find specific passages for appropriate illustration.

Simply stated: dependence frequently implies domestic no less than social disorder—the family has failed in its nurturing and protective functions.... In specific cases the family becomes the enemy of the asylum—and of the reform which the asylum promises (p. 168, emphasis in original).

The specific form of dependency represented by feeblemindedness presented perhaps the greatest threat of all. One asylum official (from the Elwyn institution outside of Philadelphia) put the matter in stark terms in 1889 (Dechert, 1889). The effort to institutionalize was only superficially to preserve the family. The larger—and more urgent—need was to prevent the family from damaging society through its ineffective attempts to raise the defective child at home.
Who can doubt the existence of an increasing injury to society where it permits such children [imbeciles] to grow up without restraint and improvement into manhood and womanhood? In early childhood, they may be sheltered by fond parents or kind friends; but they outlive parents and guardians, and after a few years become the prey of the vicious, or themselves become the teachers of vice and crime. They had hands, but they were not taught to use them; passions, but they were not taught to restrain them; mental faculties, more or less impaired, which became more obscure, thus making them servants of their passions and victims of the deprived (p. 84).

The “plan of attack” on this new enemy of social order (i.e., the resistant family) received much public discussion among professionals of all types and took a number of directions from gentle persuasion to legal prosecution. Indeed, the burgeoning system of special education programs in public school classes and separate facilities was seen by both educators and institution administrators as a natural location for a collaborative effort to begin the separation of defective children from their families. Such special education schools could become, in effect, clearinghouses for those children identified as disabled and especially as intellectually disabled (or whatever the term of choice was in a given era). The Rome Custodial Asylum for Unteachable Idiots in upstate New York, opened in 1894, might be recognized for a certain transparency in its initial placement one where the child remained at home and a part of the local school system. The special school, it seems, could be presented to parents as a less stigmatizing, less disruptive stage of professional intervention, which could then gradually transition into permanent institutionalization.

Professionals have seemingly always struggled to overcome the resistance of at least some families to having their children identified as disabled and especially as intellectually disabled (or whatever the term of choice was in a given era). The Rome Custodial Asylum for Unteachable Idiots in upstate New York, opened in 1894, might be recognized for a certain transparency in its choice of names. However, by 1904, the superintendent was pleading for a name change:

The time has now arrived when it is a fully demonstrated fact that the term “unteachable idiots” should no longer be used in connection with this asylum, or in fact any other, it being surely an unwarranted stigma on the lives of these poor unfortunate to so characterize them (Rome Custodial Asylum, 1904, p. 23).

The name was eventually changed not only to escape the custodial connotations of “unteachable” inmates but also to link up positively with the other places where “teachable” children went. By 1919, the institution became known simply as the Rome State School. For public schools, the same power of language was foreseen as districts began choosing what to call their new special education classrooms and schools for feebleminded children. The first such public schools in St. Louis opened in 1908. From the beginning, the superintendent specifically argued to stay away from the terms usually associated with feeblemindedness. The separate schools were, instead, to be officially called “Special Schools for Individual Training” to avoid “the stigma which the name, ‘Schools for Defectives’ would carry” (St. Louis Public Schools, 1905/1906, p. 208).

One example of the fear of such parental resistance can be found in the earliest days of special class formation in Boston. In a presentation to institutional superintendents about these classes, David Lincoln (1902/1903) specifically mentioned how efforts were actually made to keep the advent of the classes something of a secret. The worry was that too much public conversation by professionals about the extent of the “problem” would just increase resistance from the parents who found their children as targets of such campaigns.

No appeal has been made to the public; the formation of a “movement” has been rather deprecated from the feeling that unguarded statements easily might be made which could be misunderstood by the parents, and might awaken feelings of mistrust (p. 85).

In the discussion following the presentation of Lincoln's paper, Alexander Johnson from the institution in Indiana agrees wholeheartedly with both ends of the problem. First, these defective children must be separated from their families and prepared for removal to the institution (the clearinghouse idea), but also care must be taken not to be too straightforward with the families.

There is no one so ill-fitted to train a backward child as the parent.... We cannot get away from the unpleasant reflections which follow the use of the word imbecile. It is very difficult for parents to realize that their child is feeble-minded (Lincoln, 1902/1903, p. 90).

The strategy was not just to use the special school as an intermediate stage of custody, situated to postpone and, it was hoped, to avoid altogether the parental resistance to later institutional placement. There was also the matter of avoiding offensive labels, as Johnson suggests, such as “feebleminded.” Indeed, despite efforts of many educators and school psychologists (e.g., Elizabeth Farrell, J. E. W. Wallin) to develop elaborate distinctions and subcategories between truly feebleminded and “merely backward,” it was also readily acknowledged that the new terms were less offensive to the parents. Elizabeth Farrell (the head of special education classes for New York City schools) cites an account of Detroit's
ungraded classes as justified by more than simple educational appropriateness:

The present method [of labeling children as backward and putting them in ungraded classes], however, has its advantages in that there is less opposition to the segregation of feebleminded children where all are classed as backward than would be if these unfortunate children were placed in a room known to be maintained for the express purpose of caring for mentally defective children (Farrell, 1914, p. 59).

Some psychologists, however, thought that defending ungraded classes over separate schools on this basis was a mistake. Henry H. Goddard, for example, argued instead that the prospect of family resistance was often overblown because parents “can easily be convinced” that separate school was the most advantageous placement for their troublesome children. “In such schools the defective children are away from the normal children and escape the bullying and teasing to which they are liable” (Goddard, 1923, p. 66).

For his part, the prominent psychologist, Wallace Wallin, recounts in his memoirs an episode at the beginning of his term as director of the Psycho-Educational Clinic in St. Louis. According to Wallin (1955, p. 137), the superintendent of the St. Louis schools called him to a meeting soon after his arrival in 1915. The superintendent reported that the supervisor of the separate schools (a woman named Kate Cunningham) felt that “unteachable institutional cases” were being admitted to her “classes,” leading to dissatisfaction among the teachers. Of course, Wallin himself was consistent in arguing that “idiots” should be excluded as well. In this case, however, Wallin felt that the proposed cutoff point was being set too high and that the superintendent would be faced with an untenable dilemma. On the one hand,

It would be manifestly illogical and absurd to refuse to admit the children into the special classes specifically established for them but to allow them to remain in the regular grades, which was [the superintendent’s] proposition. On the other hand, to exclude all seriously retarded children with less than a six year mentality or a first grade competency level would mean the exclusion of a large percentage of the candidates for the special classes and would result in violent repercussions from the parents of the excluded children and possibly from their political representatives (Wallin, 1955, p. 137).

For Wallin, the lesson of the episode was that the wrath of parents would descend upon any administrator who refused to follow the placement recommendations of the psychologists instead of the teachers (Ferguson, 2005). He reports that his predictions proved true and that the superintendent relented within a year to the protests of “infuriated parents” (Wallin, 1955, p. 137).

The transition from home to school to institution did not always go smoothly, however. Ideally, from the professionals’ point of view, the special education system and the institutions were to become one long continuum of placements, with differences in degree but not in kind when a child moved from one placement to another. Clearly, many parents did not seem to share this perception. Complaints from teachers and supervisors like those of Ms. Cunningham in St. Louis became more and more noticeable as the special education classes proliferated. Increasingly, educators complained that children who should be institutionalized were, instead, remaining in their classrooms at the behest of their families. In testimony before a New York State Commission on the provision of services for the mentally deficient, Elizabeth Irwin (of the Public Education Association in New York City) described the futility of her efforts to persuade parents to send those feebleminded children between the ages of 12 and 14 years to institutions in upstate New York.

The point that I think is most interesting in connection with that is that out of 100 cases, I was only able to persuade the parents to send twenty children, and of those twenty children only fifteen remained a year, and at the present time, so far as I know, three more have come out of the institutions and there are now only two out of the effort which put on the entire hundred that are still in institutions, which seems to me to point to the fact that until we have some law by which the parents can be made to put the children there, or until we have some law that will compel them to keep them there once they are there, that the public school is the place in which these children have to be educated (New York State Commission, 1915/1976, p. 115).

Many such commitment laws were eventually enacted. As states found a persistent resistance to institutionalization among a sizable minority of families, the legislatures moved beyond euphemisms and persuasion to forced segregation from home and community of those deemed a potential menace to society. Of course, this legal coercion grew in response to the rising fears of the eugenics era that failure to act more forcefully with families was threatening the very foundations of civilized society.

The Institutional Context: Fairview Training Center

By 1908, when Fairview opened, there were 33 so-called institutions for the feebleminded in 22 different states. Over 17,000 people were housed in these specialized institutions, yet most institutional professionals warned that this represented only a small proportion of the total
feebleminded population. With a growing wave of immigration from Southern Europe and Asia and a steady migration from the farm to the city, the perceived fear of many leaders in society was that the strength of American culture was being dangerously diluted by the proliferation of the incompetent, the immoral, and the unproductive.

Whether through persuasion or coercion, parents by the thousands did send their intellectually disabled children to the growing number of these state institutions officially designated for their care and custody. The experience in the state of Oregon illustrates the pattern well (Ferguson et al., 2008). The formal record tells us that the Fairview Training Center in Salem, Oregon—the "State Institution for the Feeble-Minded" as it was originally known—received its first resident on November 30, 1908. By the time it closed, almost 10,000 people had lived all or part of their lives there. All of them had families or friends of one type or another who were affected indirectly by that experience.

However, the story actually begins somewhat earlier, and the context is important. In many ways, Oregon recapitulated the history of institutions that had played out earlier in the states in the Northeast and the Midwest. Institutions for other segments of the disabled population came first (the Oregon State Insane Asylum—later the Oregon State Hospital—opened in 1882), along with special residential schools for the "blind" and "the deaf." The country's first public institution specifically targeting the feebleminded population had opened in Massachusetts some 60 years earlier under the auspices of the educator and social activist, Samuel Gridley Howe. In the descriptions of these early institutions, there was a strong optimism—characteristic of reformers such as Howe—that with new instructional techniques and "scientific" methods, "even" feebleminded and idiotic children could be educated to become productive citizens (Ferguson, 1994, pp. 50-60; Trent, 1994). However, as had been true of the insane asylums that preceded them, the professional optimism surrounding these so-called "idiot asylums" soon diminished, and the role of the institutions increasingly came to be seen as protective of society as much as therapeutic for the individual. For more and more of those admitted to these facilities, the prospect was one of permanent custody rather than temporary remediation.

The pressure to place ever-larger numbers of individuals in these facilities continued to grow. This pressure came not only from a growing fear that leaving such individuals at large in the community contributed to a whole spectrum of social problems (disease, crime, prostitution, poverty, moral decay, etc.) but also from those in charge of county almshouses, poor farms, and state insane asylums, who complained that their proper work was hampered by having to care for the feebleminded and epileptic mixed in with their primary population.

By 1930, Fairview had close to 1000 inmates. It would stabilize around that number for most of the next decade before again undergoing rapid growth. After a number of rapid changes in administration in the first few years of its existence, Fairview came under the leadership of Dr. J. N. Smith from 1915 until 1930. It was Smith who was the superintendent responding to most of the parent correspondence described here.

Negotiating Custody and Care: Family–Professional Interactions at Fairview

As mentioned earlier, one of the common justifications for the creation and the expansion of specialized institutions such as Fairview, the Oregon State Hospital, the State Schools for the Blind and the Deaf, the Industrial School for Girls, and so on was that families were demanding such facilities for the care and support of their loved ones. The case files bear this out to some degree. Many of the files have correspondence from parents or other family members thanking the superintendent for taking care of their loved ones when they had no where else to turn. However, at the same time, there were also repeated warnings from administrators and other public officials that too many of these defective and dangerous people remained at large. The same legislative committee that bemoaned the fact that only 70 of 1000 inmates at Fairview in the early 1930s were able to benefit from schooling viewed this trend as evidence of the continued threat posed to communities by the higher functioning feebleminded boys and girls still at large.

The institution is dealing almost entirely with the low grade type who require custodial care mainly. It is not meeting the problem of the high grade morons, who are without proper training and supervision in our communities all over the state, and who form the group of problem cases which ultimately come to our courts and social agencies and to the State Training Schools (Oregon State Legislature, 1933, p. 11).

It is in this context that the committee recommended that the legislature change the name of the institution to "eliminate the suggestion of feeblemindedness or disability of any kind, and that a committee be appointed to choose a suitable name" (Oregon State Legislature, 1933, p. 11). The name change happened in the next legislature and following the recommendation of the committee made no reference to feeblemindedness or disability. In 1933, the State Institution for the Feeble-Minded became the Oregon Fairview Home. Although not stated explicitly, it seems reasonably clear that at least one rationale for the name change was to make commitment more palatable to family members of the "high-grade morons" that were seen as such a threat.
The expansion of involuntary commitment procedures provides additional evidence that officials felt there was at least some family resistance to institutionalization of their children. Regardless of what prompted a family to apply for admission of a child to Fairview in the earliest years of its existence, these “voluntary” admissions also allowed them to remove the child when they wished as well. The inmates at Fairview were seldom from wealthy families during these early years, and for at least some of these, it seems as though Fairview was viewed not so much as an institution as it was a residential school with summers and holidays off. Superintendent Smith complained of the practice in 1916:

As it is now, we have practically no law on the subject. Children are brought to the institution at the will of the parent or guardian and taken away at their pleasure, and received again, often in the case of girls, after having an illegitimate child to be an additional burden to the State (Board of Control, 1917, p. 171).

The suggestion arises, then, that the portrayal of families as unequivocally calling for the chance to place their children in specialized institutions should be replaced by a more complex and varied account. Using examples from case files of early residents, the correspondence between families and Fairview superintendents provides some insight into how the purpose and function of the institution were frequent topics of negotiation.

The official chronology of policies and programs, new buildings and old concerns, is fleshed out in the specifics of personal examples: a request for parents to send money for clothes; a thank you for kindness received; illnesses and accidents documented and discussed; or a family struggles with a decision and asks for advice. All of it seems immediately understandable despite the passage of time. The records remind us that behind all the changes in terminology, documentation, bureaucracy, and policy, the institution was a place where people lived their lives with mixtures of happiness and sorrow and enrichment and deprivation. Especially for the early decades, by reading the correspondence exchanged between family members and the superintendent, a series of individual stories emerge that provide an often richer and certainly more detailed narrative.

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1 All of the quotations in this section come from documents contained in the case files of people admitted to Fairview before 1930. Quotations from family members come from correspondence contained in these case files of residents. Most of the contents of those files (letters, incident reports, sterilization approvals, ward transfers, etc.) were shredded after the closure at Fairview in 2000. Medical information, admission and discharge records, and some other information were retained and archived by the State of Oregon.

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**Getting In**

In response to this early concern, the commitment law was changed so that any citizen could initiate the process to have someone committed to Fairview. As mentioned, in the first few years of Fairview’s existence, individuals could be admitted to Fairview by the family applying directly to the superintendent through commitment procedures by county officials where the person lived. The admission forms are perhaps surprisingly detailed, with separate documents to be completed by family members, physicians, and county judges. The items on the form show the same tension between custodial and curative perspectives that emerge in the language of the early biennial reports. Much of the information is clearly developmental in nature, and in some ways the admission form resembles an early developmental screening tool. Can the person tie shoes, play a musical instrument, read, write, count? Other questions relate to behavior and offer some curious extremes for parents to consider: Is he “excitable or apathetic”? Is he “obstinate or passionate”? Is she “shy” or “frank” in her actions? There are also questions that betray the continuing obsession with any signs of sexual activity: Does she masturbate or engage in other “vulgar” activity? Finally, there are the questions that show the concern with heredity and eugenics, asking about any history of feeblemindedness on either side of the family along with nativity of both parents.

Perhaps most revealing, however, is the question about why the parents wanted to have their child admitted to Fairview. Here it is the answers that show how at least some families regarded Fairview as an alternative educational placement—a residential school where the child could gain some intensive tutoring and then be returned to the local school district. Such individual attention would have been beyond the financial reach of most parents with children at Fairview, even if it had been available at all. One completed form shows this perception well. In response to the form’s question: “What are your reasons for desiring to place applicant in this institution?” the father replies: “To see if she can be started in her books.”

However, the economics of dependency were clearly not always the only or even the primary source of a family’s concern for their child’s care. It should not surprise us that, rich or poor, parents often struggled with their decision to institutionalize their children. In an era when travel to and from Salem was often lengthy and arduous for the families of inmates, before telephones were common in every home, the letters to and from the institution would be the only way for parents to hear of their child’s well-being. One mother’s letter in 1913 shows the wrenching emotion of having sent her twin sons to Fairview some 2 weeks earlier:

Would you please let me know how my little boys are? Is Frank well and contented? Or does he seem to miss me? Does Lee take any interest in his
surroundings? I do so hope they are well and happy. Please tell me just what you think of them.

It was very hard to send them away but Mr. and Mrs. H. gave such good reports of your home that I am trying to be contented. I hope to hear from you soon.

As with all such letters in this era, the superintendent responded personally to the parent’s concerns not only with words of reassurance but also with a tone of bureaucracy that seems not to acknowledge the anguish in the original letter. The reply in full read:

Dear Madam;

Your sons are well and contented. They have been here such a short time that we have had no chance to study them yet. Will let you know should either of them get sick. Please enclose addressed stamped envelope when writing for information.

Less than 1 month later, Frank was dead. The superintendent wrote the mother again: “Frank died this morning at 10:50. Please let us know what disposition you wish of the remains. I sent it to Lehman and Clough undertakers.”

More than one parent wrote the superintendent with expressions similar to the following mother, with misgivings about sending their child to the institution even after the process had begun:

March 11, 1924

Sir:
The only reason I want too (sic) send [my son] to the State School is for the schooling and now will soon be the close of the school term I would rather wait until fall term but by so doing will he lose (sic) his chance and have to be committed again. He does not want to go back/he goes into a perfect nervous frenzy. I don’t know how I am going to prevail on him without force and that puts him into such a terrible nervous state.

The superintendent’s response to the mother’s concern was probably not very comforting. The language is interesting in that in this case, the superintendent does not instruct the parent to bring the child back by the agreed upon date but threatens not to readmit the boy should the mother keep the child at home.

March 14, 1924

Dear Madam:

In regard to [your son], you can do as you choose, but we cannot keep his place open for him, and by next fall we cannot be assured that there will be room to admit him. As you say, however, the school term will soon be finished and it might be advisable to wait.

Sincerely yours,

Getting Out

The law gave the superintendent of Fairview total control over discharge of an individual as an “unfit subject” for the institution. Indeed, even for temporary trips home (“vacations”) or more extended releases to the family’s care (home paroles), the superintendent retained significant control. Families were required to sign “permits of responsibility” from the superintendent before taking a son or a daughter home for a vacation, with a date of return specified. The language clearly indicated that these “vacations” were totally at the discretion of the superintendent and subject to revocation at any time. Finally, in cases where families requested extended or permanent release, they were now required to post surety bonds of $1000 or more, the money to be forfeited should the person become a “burden to the state” once again. Because many families could not afford to post such an amount, the absence of the bond became a common reason listed in letters to the families denying permission for the resident to leave the institution.

Still, if it was hard for some families to send their children to Fairview, it was even harder for many of them to leave them there. Certainly, in some cases, this concern seems to emerge only when help is needed on the farm or to help care for an ill parent. In other cases, the pleas seem heartfelt and tormented. The file for one resident identifies the mother as “retarded” in later reports, but for 10 years following her son’s admission to Fairview, she was able to write repeatedly to the superintendent asking for his release:

Now Dr., please stop and think one minute. Doesn’t a mother’s love go to (sic) deep for her children to be separated from them the way I have from Albert. Now please let us hear a kind answer as soon as you can for Dr if I had only made a visit to the institution first, I do not think I would have been willing to place him there. Please let us know right away what we can do.

The superintendent consistently responded to this mother’s repeated requests with a requirement that the family post the $1000.00 bond before they could take

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2The surviving twin boy lived at Fairview for another 50 years. However, it was only upon his death that a sister writes lamenting the fact that she just found out she even had a brother living there. Apparently, the parents had never told the other children of the twins’ existence and the institution had not explored for possible relatives after the parents’ death, until the last twin passed away.
the boy home even for a short vacation. By this time, the law allowed the superintendent to use his own discretion as to who should leave and for how long. In this case, the superintendent remained unmoved even after years of pleas from the mother:

You live close enough to the institution that is possible (sic) for you to visit Albert here occasionally, and I would prefer that you see him here rather than to release him indefinitely. The boy needs institutional care, and it is far better that he remain here (5/7/1930).

In other situations, the superintendent responded to family requests for release of a relative by deferring the decision to the county officials involved in the original commitment. The following exchange between parent and superintendent is typical:

May 1925

Dear Sir,
When will school be out? We would like to bring our son home for a while during vacation. Please answer soon and advise us.

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Reply: May 9, 1925

School will close about the middle of June. The County court must be willing [for] the boy to go home for a vacation before I could give my consent, as he is being furnished by the county.

In many cases, rather than a focus on where the best care could be provided, a mixture of rampant immorality and economic dependency seems to be at the heart of much of the official concern with discharging or even paroling inmates back to the care of their families. There was a fear that entire families or at least the feebleminded individual would become financial burdens of the county or the state welfare systems. In one such case, twin sisters had been admitted to Fairview when they were 12 years old under pressure on the family from the Board of Welfare. The father writes later that year asking to have them released back to the family's custody ("We do not [want?] them to stay thaire eny (sic) longer than we can take them."). From the superintendent's reply, the father's letter was apparently followed by a visit to Fairview where discussion about leaving the state occurred. The superintendent replies on June 23, 1927:

Dear Sir,
Since you were here Saturday I have discussed with members of the Board [of Welfare] your taking Blanche and Hazel out of the State. It was decided that if you will take them out of Oregon and keep them out we will be willing to let them go.

When you come for them it will be necessary for you to sign a permit, and it is understood that should you come back the girls will have to be sterilized.

Yours very truly,

For some families, getting their relative "out" of Fairview was simply a logical conclusion to what they believed (or desperately hoped) to be the likely outcome to getting in to Fairview in the first place. For these families, a "cure" or at least dramatic improvement was a reasonable expectation for their child after some definite period of care at the institution. The superintendent tried to be equally clear that such optimism was unfounded and that the feeblemindedness was permanent. Even after the commitment procedure had changed, allowing for involuntary commitments and requiring court procedures for everyone, the image of Fairview as primarily an educational option for children who were not succeeding in public schools apparently continued to be held by some families who applied for admission of their children.

**Getting Cut**

Perhaps the most poignant and troubling subject in the correspondence of this era was that of sterilization and the attitudes of families about giving permission for the surgery. In many cases, of course, there is no surviving correspondence to read. Where correspondence does survive, however, there are several patterns that emerge.

In some cases, it seems clear that the request for the sterilization itself was initiated by the families. For some poor parents, the fear of a daughter (this pattern seems to have occurred most often with daughters) having a child seemed ample justification to have the state perform the operation. Indeed, for these parents, Fairview seems to have functioned as a kind of inexpensive health care plan. The child would be admitted, the surgery performed at no cost to the family, and then the family would push to have the person released back to their care. Of course, it is hard to know how this parental perspective was formed and what sequence of conversations with municipal and county officials had preceded this approach.

Another common pattern seen in the correspondence is where the superintendent uses the consent for the sterilization procedure as the "price" of discharge back to the family. In many of these cases, the "consent" of the families to the surgery seems ambivalent at best. One mother described such feelings in a letter to the superintendent:

June 15, 1931

Those papers [i.e. the consent form] came to me a few days ago and I sined (sic) them and sent them
back. And will you please see that my daughter is
took good care of in that awful operation. If she
should die I don’t know if I could stand it for I
would feel like it was my fault for giving my consent
to have her operated on.

The superintendent’s reply came a little over a month
later: “Hazel is well over her operation and may go home
anytime you can arrange to come for her.”

Conclusion

What, then, is one to make of this record? How can
we characterize parent–professional interactions and re-
lationships during these first decades of the 20th cen-
tury? What remains unanswered or unclear? Several
responses emerge from this brief examination of the nar-
rative record.

First, there should be an explicit acknowledgement
of what may well be obvious: The reactions of families
to having a child with an intellectual disability were
complicated and varied. We must be cautious with our
generalizations about the reaction of the family. Re-
searchers in the helping professions have only recently
begun to contextualize their models of how parents and
other family members construct and interpret the mean-
ing of raising a child with a disability. It was certainly no
less true 100 years ago than it is today, that families are
far from monolithic in their responses. Reactions were
certainly influenced by class and other demographics.
Probably most important, parents responded to their
children’s needs in a local context of the programs and
supports available to them.

Within this complexity, however, some other themes
emerge. Perhaps most striking is that there may well
have been a strong, if minority, segment of families
that rejected or resisted the manipulations of profes-
sionals about how to care for their children. Rather than
a response to pressure from families, the emergence of
increasingly specialized and segregative programs and
services was in large part a professional initiative. Indeed,
professionals devoted much time and attention about
how to overcome the active resistance of parents to let-
ting their children attend these programs. For custodial
asylums in particular, many families clearly saw them
as a mixed blessing at best. For some, these institutions
were approached as extensions to the public school sys-
tem: temporary placements to get their children started
or caught up in the basic skills when local schools were
unavailable or ineffective. For many of these families,
there was a conflicting interpretation of the function of
the institution between them and the administrators.

Finally, we are left with a portrait of parent–professional
relationships from this era that is, in many ways, strik-
ingly similar to that described by current generations
of families. Then, as now, it is often a troubled and
troubling relationship, characterized by suspicion on both
sides. Then, as now, many parents were both appreciative
and resistant, thankful and angry. Perhaps it is inevitable:
an awkward dance between partners each doubting the
other’s capacity to lead but tied together in an unavoid-
able push and pull across the floor.

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