Slide 1:
No Narration

Slide 2:
You, along with other professionals and parents, are engaged in the exciting enterprise of early intervention. Each person brings to this enterprise their knowledge, hopes and convictions about improving the future for young children and families. Plans and activities within the field of early intervention are affected by broader social contexts, such as developments in science and technology, economic conditions, changing demographics of our state and nation, and action that were taken in the past by other Americans who were also driven by their hopes and convictions about what is best for humanity.

Slide 3:
Chapter 1 of this module presents four early 20th Century trends which had significant impact on medical, therapeutic, educational treatment as well as social expectations and opportunities for children with disabilities and their families. These trends include:

- The theory that intelligence is “static”
- The ideology of eugenics
- The medical model of disability, and
- The value placed on social segregation

Slide 4:
Social segregation was both a common practice and a prevalent social value during the early part of the 20th century. In lesson 4, you will see how this value, in combination with the prevailing theory of intelligence, the ideology of eugenics, and the medical model of disability influenced the treatment and opportunities of people with disabilities.

Slide 5:
Segregation means the separation or isolation of a race, class, or ethnic group by enforced or voluntary residence in a restricted area, by barriers to social intercourse, by separate educational facilities, or by other discriminatory means.

Slide 6:
During the later part of the 19th century most states had established residential institutions for persons with disabilities. Many of the best institutions of their times were based on facility designs and patient care plans published by Dr. Thomas Story Kirkbride. According to the Kirkbride Plan, patient care must address both mental and physical well-being. Patients with mental illness required protection from stressful situations in the world outside the institution. Therefore, Kirkbride recommended locating institutions in rural locations where clean water and air, exercise, and peaceful surroundings would contribute to recovery. The Kirkbride Plan segregated patients by gender and by the degree of their illness. Patients with the best prognosis for recovery were housed near the administrative offices, while very ill patients were quartered in remote parts of the asylum.

Permission for photo – Thomas Story Kirkbride.  Wikipedia commons Public domain

Slide 7:
Persons in institutions were often segregated by disability category as well. The names of institutions indicated the populations that the facility was established to serve. Examples include:

- Virginia State Colony for Epileptics and Feeble-Minded
- New England Asylum for the Blind
- Asylum for the Education of Deaf and Dumb Persons
- Athens Lunatic Asylum
The Athens Lunatic Asylum, pictured in this slide was designed to house 550 residents. By the 1970s it housed over 2,000.


**Slide 8:**

The numbers of people being committed to institutions grew rapidly, as levels of public funding declined. Many facilities became human warehouses. This was largely due to changing social attitudes toward persons with disabilities. The prevalent belief that intelligence was static offered no hope that people with intellectual disabilities could benefit from treatment. Eugenics raised concern that “defective” individuals posed a danger to society. The medical model of disability maintained that persons with disability needed treatment; but, for many conditions, there was no cure. As the public became less hopeful about helping persons with disabilities, it also grew more fearful of them. The asylum’s purpose shifted from protecting individuals with disabilities to protecting the rest of society from them.

**Photo permission:** Adult residents in a state institution. from *Christmas In Purgatory* by Burton Blatt and Fred Kaplan. Permission was granted on November 28, 2007 by Dr. Stephen Taylor, Co-Director, The Center on Human Policy, Law and Disability Studies, Syracuse University, School of Education.

**Slide 9:**

**Activity 1**

- In its 1918 report, “The War Program of the State of South Carolina,” the Russell Sage Foundation cited an “urgent need” for the creation of a custodial facility for the feeble-minded. In 1920 The South Carolina State Training School (currently the Whitten Center) was established in Clinton. As in similar institutions for the feeble-minded, residents there were separated by mental level and gender. Annual reports to the legislature, refer to residents of the school as “inmates,” and to males of all ages as “boys”. The South Carolina State Training School admitted whites only (Noll, 2005)

**Slide 10:**

During the early part of the 20th century, positive value was given to social segregation. At first, segregation was valued as a way of protecting vulnerable populations, such as those with disabilities; but later, segregation was valued as a protective measure to keep the public safe from perceived threats posed by so-called degenerate populations. The value placed on segregation led to policies that required isolation of persons with disabilities, and created barriers to contact between persons with disabilities and the rest of society. Ultimately, the effects were deplorable conditions in most residential facilities, and substandard treatment and educational programming for persons living in institutions.

**Slide 11:**

**References:**


**Slide 12:**

**References:**

Resources:
- History of the South Carolina Department of Mental Health
  - http://www.state.sc.us/dmh/history.htm
- The Kirkbride Buildings (Photographs of Kirkbride buildings and biographical information on Dr. Kirkbride)
- The Ridges... an Historical Perspective (Photographs and historical information on the former Athens Lunatic Asylum in Athens, Ohio)
  - http://cscwww.cats.ohiou.edu/~ridges/
Chapter 1: Early 20th Century Influences on Treatment and Opportunity for Children with Disabilities

Lesson 4: Social Segregation

Early Intervention Core Competency 1.0
Outcome: Early intervention personnel demonstrate an understanding of the theoretical, historical, philosophical, legal, and organizational components that provide the foundation for Part C of the Individuals with Disabilities Education Act (IDEA) and South Carolina’s BabyNet early intervention system.

Chapter 1
Lesson 4: Social Segregation

Early 20th Century Influences

- Eugenics
- Medical model of disability

Theory of static intelligence

Treatment and Opportunity

Social segregation

Segregation

Segregation - the separation or isolation of a race, class, or ethnic group by enforced or voluntary residence in a restricted area, by barriers to social intercourse, by separate educational facilities, or by other discriminatory means. - Merriam-Webster's Collegiate Dictionary: Tenth Edition

Thomas Story Kirkbride, 1819-1883

Segregation to Protect Patients

Location
- Remote
- Rural

Condition
- Sicker patients kept further from administrative offices
- Less ill patients housed close to offices of medical administrators

Gender
- Separate wards for male and female
- No contact between genders
Segregation by Disability Category

New England Asylum for the Blind
Virginia State Colony for Epileptics and Feeble-Minded
Asylum for the Education of Deaf and Dumb Persons
Athens Lunatic Asylum

Activity I
What Happened in Our State?

In its 1938 report, "The War Program of the State of South Carolina," the Russell Sage Foundation cited an "urgent need" for the creation of a custodial facility for the feeble-minded. In 1913 The South Carolina State Training School (currently the Whittington Center) was established in Clinton. As in similar institutions for the feeble-minded, residents there were separated by mental level and gender. Annual reports to the legislature, refer to residents of the school as "inmates," and to males of all ages as "boys." The South Carolina State Training School admitted whites only (Noll, 2005).

Summary

• Vulnerable populations need protection from society
• Vulnerable individuals need protection from each other
• Society needs protection from "degenerate" populations

Overpopulation and crowding in residential facilities
• Isolate and protect within institutional settings
• Maintain social and physical barriers between the normal population and degenerate individuals
• Inappropriate placement and detention in institutions
• Substandard care
• Inadequate educational programming

References


References


Resources

Online History of the South Carolina Department of Mental Health
http://www.dmh.state.sc.us/History.htm

The Kirkbride Buildings (Photographs of Kirkbride buildings and biographical information on Dr. Kirkbride)
http://www.kirkbridebuildings.com/index.html

The Ridges...an Historical perspective (Photographs and historical information on the former Athens Lunatic Asylum in Athens, Ohio)
http://www.kirkbridebuildings.com/index.html