

THE LIFE HISTORY OF COLICE CAULFIELD SAYER  
AND THE EFFECTS OF GENERATIONAL LOSS

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This dissertation is dedicated to Colice Caulfield Sayer  
and her family.

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THE LIFE HISTORY OF COLICE CAULFIELD SAYER  
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ABSTRACT

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The study of the life history of Colice Caulfield Sayer explored the ways in which Colice's experiences changed the lives of her family and what was meaningful to them about these events. The purposes of the study were to provide an understanding of the effects of family experiences, to gain insight into the meaning of family loss and to demonstrate the use of qualitative interviewing to promote a deeper understanding of human behavior. Audiotaped, open-ended qualitative interviews with Colice's children and grandchildren provided individual interpretations of the generational effects of family loss. Through the inclusion of personal notes and poetry, a deeper understanding of the nature of Colice's perception of her experiences was obtained as well. In addition, a historical review of the literature of the early to mid-1900s provided a framework upon which to describe how societal expectations, the psychiatric

establishment, and the jurisprudence system contributed to Colice's experiences.

In this study, critical theory, family theory, and the theory of loss were used to guide data collection and analysis using the life history research method. Concepts of critical theory encouraged the inclusion of research participants as partners in planning and confirming the study direction. Family theory provided a varied perspective and a wider lens through which to view the family. And, finally, the theory of loss, which was identified as patterns began to emerge from the data, provided a theoretical perspective of generational family behavior.

Knowledge gained from this study has implications for nursing practice and research. Implications for practice relate to the need to fully appreciate the value of qualitative interviewing when initiating nursing assessments in order to come to a more complete understanding of human emotion and behavior. The second implication for practice relates to the understanding that knowledge of the effects of generational loss can assist nurses in their assessment of how clients may respond in times of stress and illness.

Implications for nursing research pertain to the need to include new research approaches when evaluating potential qualitative methodology. In addition, this study supports the use of historical writings in research in order to understand previous clinical practices and put them in historical perspective.



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## CHAPTER I

### INTRODUCTION

In 1934, Colice Sayer, a wife and mother of four children, entered into a nightmare from which she never physically escaped. She was committed against her will to the St. Lawrence State Hospital in Ogdensburg, New York by her husband, Edgar. Colice was legally taken from her children, removed from her home, and stripped of material possessions with no hope of release. She was diagnosed with involuntional melancholia and spent the remaining 43 years in the care of the state of New York. Her anger and grief manifested itself in poetry and personal notes as she searched for some way to maintain her sense of sanity in the midst of instability and madness. Her poetry and other thoughts were copied neatly into small notebooks and secured in cloth bags that could be pinned to the interior of her sleeves for safekeeping. As the number of notebooks increased, Colice mailed them to her children, who saved most of these writings. The writings became her touchstone to reality. The poetry and letters that survive are filled with pleas for help and for caring.

At the time of her hospitalization, Colice's children ranged from 6 to 18 years of age. Two of the oldest children, who had left the home, were not aware of their mother's plight until after she was institutionalized. As the years went by, given their lack of personal and geographical closeness to one another, Colice's children did not share personal recollections of their mother's experiences. And while each family member had his or her own perspective of events, the full extent of Colice's story was not known by any one individual in the family. This study was an attempt to chronicle the family's perspectives and to gather narratives and writings related to Colice's life before the information was lost.

#### Purpose of the Study

The purposes of the study were to provide an understanding of the effects of family experiences, to gain insight into the meaning of family loss, and to demonstrate the use of qualitative interviewing to promote a deeper understanding of human behavior. The study of the life history of Colice Caulfield Sayer, as remembered by her children and grandchildren, clarified the knowledge and understanding of her life for those who knew her. In addition, the ways in which Colice's experiences changed the lives of her family and what was meaningful to them

about these events were explored. The knowledge gained from this study can be useful in understanding other families' dynamics as well as assist nurses who seek to understand the effects of generational family loss.

#### Coming to the Study

I considered exploring the life of Colice Sayer and the experiences of her family many years ago. Family stories made me aware that she had been hospitalized. These stories were told in somewhat hushed tones and were full of ambiguities. There was little known about her life and the forces that shaped her experiences after her hospitalization. There were also few people willing to ask questions of those who could answer them. While this perplexed me, I did not dare to question the collective wisdom of some of Colice's grandchildren, who informed me that this topic was not open for discussion. This lack of openness aroused my curiosity. Since I am connected to this family through marriage, I was far enough removed from events to remain untouched by the cautious mystery surrounding them and close enough to realize there were possible effects on family members as a result. The main effect, in my perception, was that the lack of information created a barrier to individual growth and understanding

of behavior as well as an understanding of family interaction.

When I decided to pursue the subject further, I went to one of Colice's children to determine how the project would be received. I recognized that without family support from those with the necessary information, such a task would be difficult if not impossible. To my surprise, the suggestion to study Colice's life and the effects of her experiences on the family was met with cautious approval. Letters, original writings, and other objects belonging to Colice were produced by family members who were contacted and supported the idea. Pictures, notebooks, and embroidered items were located, some of which had never been read or seen by members of the family. Some of these items still remain unknown to many family members, and so, as part of this project, much of the information will be shared with those who have expressed an interest in knowing about them.

Many of the seminal events relating to Colice's life story occurred during the 1920s through the 1940s. In order to understand how and why Colice was institutionalized and the effects on her family, a life history methodological approach was used. Related private and public archival records were reviewed in order to

situate the story historically. While no single source of information can provide a complete picture of Colice's life experiences, a combination of sources can provide a picture that approaches her life more closely (Denzin, 1970b) .

#### Research Question

In this life story, the ways in which the involuntary institutionalization of Colice Caulfield Sayer changed her life and that of her family are set out. The study further explores what was meaningful about this experience. The question asked is: "What can we know about this family whose mother or grandmother was taken away through involuntary institutionalization?" A related subquestion to the study includes: "Can the expressions of the human experience of Colice Caulfield Sayer be read as a social text?" These questions seek answers in the narratives of her family, in her writings, and in related historical data.

#### Significance to Nursing

The study of Colice's life experience and the interpretation of the meaning of these experiences by her family shaped my perception of why nursing should care about or find this story significant for professional



practice. Prior to the data gathering and data analysis processes, I could not have guessed how important this study would be and in what directions the discussion of study significance would take (Morse & Field, 1995).

However, based on data collection and analysis, this study was found to be relevant to nursing practice in four major aspects. First, the study challenged nurses to be open to the importance of learning varied nursing interviewing techniques for improving the quality of patient assessments (Dreher, 1994; Hutchinson & Wilson, 1994). Second, the study explored the manifestations of loss and described how these experiences influence behavior. This knowledge is important for nursing because of the interactive nature of our practice. The third way in which the study was relevant pertained to the use of alternative research approaches in qualitative studies. The life history method has value for nursing because the method provides a multifaceted approach to complex research problems. And, finally, the study has significance for nursing in that a historical perspective was offered which allows nurses to have a broader understanding of multiple forces that can shape family experiences for subsequent generations.

### Qualitative Interviewing

This study serves as a point of enlightenment concerning the significance of the interview process to nurses and others who provide health care. Nursing, medicine, and other health care disciplines traditionally stress the importance of the client interview. In most teaching environments, however, the method taught is the structured quantitative interview (Morse & Field, 1995; Silverman, 1993).

Quantitative interviewing has been described as a strategy for obtaining data through the use of techniques that are purposefully used to achieve a clearly defined goal. Silverman (1993) describes the quantitative interview as a means to give access to facts about the world. This technique has been conceptualized as a linear process which lends itself to the question and answer format (Manthey, 1968). The primary purpose of the structured quantitative interview is to generate data which are valid and reliable, and independent of the interviewer or the setting. Many authors agree that quantitative interviewing techniques include creating an environment conducive to communication, the use of acute listening and observation skills and a clear

identification of purpose and goals (Manthey, 1968; Silverman, 1993).

The same interviewing techniques are important when conducting qualitative interviews. However, qualitative interviewing differs from quantitative interviewing in the approach. The primary purpose of qualitative interviewing is to generate data which give insight into a person's experiences (Denzin, 1989). Important ways to gain understanding and insight in areas of which very little is known about a topic are through unstructured, open-ended interviews. The unstructured open-ended interview is used when little is known and when the nurse is learning about the topic as the interview progresses. With each successive interview, knowledge about the topic of interest unfolds. There are few previously prepared questions to ask because the nurse does not know enough about the topic to construct them. Because of the exploratory nature of this approach, most nurses would do well to use some of these techniques to gain insights of patients they do not know (Morse & Field, 1995; Riessman, 1993).

Qualitative interviews have been described as social events based on mutual participant observation (Hammersley & Atkinson, 1983). Silverman (1993) described them as an

encounter which represents the coming together of two or more persons for the purpose of focused interaction. Irrespective of the definition, the use of qualitative interviewing allows the nurse and the participant to delve into more difficult, complex discussions than a rigid, structured question and answer format would allow. The nurse enters a way of being which is more circular than linear (Denzin, 1989). This experience is unique for nurses. As a member of the nursing profession, I am accustomed to talking about an experience, not being part of the experience. Qualitative interviewing asks the nurse to listen to the experience, feel and enter into the experience. It suggests that we arrive unknowing, be willing to raise our consciousness and be able to feel moved (Morse & Field, 1995). In this process, circular, reflective and spontaneous moments exist together. As a result, the interviewer is part of the process.

This study serves to remind us of the need to discover new methods to gather information, the need to discover new insights, uncover new meaning, and consider the individual within their varied context. The interactional nature of the method challenges us to move beyond our situational context in order to free our thinking and help us be open to new interpretations and

understandings of experience (Denzin, 1989; Riessman, 1993).

### Understanding Loss

Nursing's mission is to care for those in need (Watson, 1985). In order to understand how and why our clients or patients respond uniquely in times of need, it is important to understand some of the experiences that shape their responses. This study is relevant to nursing practice in that the quality of patient care can be improved by gaining insight into the experience of families who endure the loss of significant persons in their lives. Loss can take many forms, from death, severe disability, terminal illness, abandonment, or institutionalization. What took place, why events proved so memorable, and how multiple generations interpret the meaning of these events provides an opportunity to understand how these lives are shaped by events beyond their control (Bowlby, 1980).

Families who endure the loss of significant persons in their lives are altered in many ways that are not always visible to the casual observer. They may be excellent contributors to society, provide for their children, live full lives, and experience a full range of human emotions. In spite of outward appearances, however,

they are different than they were before the loss occurred (Edelman, 1994). As a stone casts a ripple in the water that has unknown effects downstream, the loss of a close loved one has consequences that are often unseen and unrecognized. The everyday, ordinary life we lead is full of meaning and experience that changes as we evolve. How we remember or forget certain seminal events and how others interpret the meaning of these events is important if we are to understand how lives are influenced. The degree to which these experiences are interpreted and understood often determines when and if healing begins (Bowlby, 1980; Leininger, 1985).

#### Research Approach

Qualitative research in nursing is primarily concerned with grounded theory, phenomenology, ethnography, and historical analysis. While these methods are well suited to certain questions, they were not suitable for this study. Because of the varied nature of the data, the method selected was the life history which includes a historical review of selected writings from the time period of the late 1800s to the mid-1900s. Included, but not extensively analyzed, were personal notes, poetry, and photographs of Colice Sayer's family. The significance of this approach for nursing is that it

illustrates how a combination of methodological approaches can be used in qualitative research in order to provide a more comprehensive analysis of the problem of study.

Because of the complex nature of many nursing problems of study, a research method which allows for multiple methodological approaches is useful in order to more fully address the varied nature of human experience (Denzin, 1970a; Leininger, 1985; Morse & Field, 1995).

#### Historical Perspective

If history truly is our best teacher, it is to our advantage as practitioners to come to know our past so we can learn from our mistakes and not repeat them (Munhall & Oiler, 1986). Increasingly, nurses are receiving the power to influence and determine the patient's course of treatment since they observe and interact with their patients on a continuous basis. Nurses in all specialties have this responsibility, but nowhere, perhaps, more strongly than in the mental health field. This is due to the fact the illness is tied to behavioral symptoms that the nurse observes. Frequently, the attitudes and values of nursing personnel become an unseen factor in the discussion and treatment of mental patients (Davis & Aroskar, 1991; Rosenhan, 1973).

Davis and Aroskar (1991) stress the importance of the nurse in the mental health system as a keeper of information about and for the patient. Information shared at interdisciplinary team meetings, opinions regarding the efficacy of treatment plans, and relative improvement in status directly relate to information the nurse chooses to provide or withhold. Much of this information is predicated on the values and attitudes the nurse has toward her role and to the patients in her care (Crisham, 1981; Huggins & Scalzi, 1988).

Knowledge of the previous behaviors of nurses and physicians in this setting can assist us as we evaluate the care and treatment of the mentally ill by authorities who have had the support of the legal system and the health care establishment. Understanding our past helps to remind us of our obligations to the future, to all people, regardless of sex, age, socioeconomic status, or circumstance (Hammersley & Atkinson, 1983).

This study also provides a historical account of the treatment of women by their husbands and their physicians. Specifically, this study provides witness to all of us that women do not always have the ability to make choices, to determine their futures, nor do they always have the means to make those in power listen. While circumstances



have changed for the better for women during the past 50 years, much of Colice's story still rings true today (Lunbeck, 1994).

### Philosophical Perspective

#### Critical Theory

The philosophical basis for this study was found in an examination of the primary tenets of critical theory. Critical theory is a philosophical belief system expressed by Marxist philosophers, including Jurgen Habermas (1971). Habermas realized that while previous empirical paradigms offered valuable insight into the nature of reality, they failed to recognize the influence and constraint of unseen forces controlling human action. These controlling forces often manifest themselves in the form of cultural expectation, political forces, traditional ways of behaving or ideology (Habermas, 1975). The value of recognizing the influence of external control, according to Habermas (1971), was that individuals could be freed from control once insight into the controlling forces was gained.

Because of the importance of this perspective, researchers endorsing critical theory sought to empower study participants by creating a mutually beneficial collaborative relationship between the researcher and the

study participants (Denzin, 1970b). Research participants were considered partners in planning the study, and received benefits from participation in the study through increased knowledge and understanding of themselves and others (Streubert & Carpenter, 1995).

In regard to this study, some of the research participants actively encouraged the researcher's suggestion to investigate the topic of interest. In addition, some of the participants provided other sources of data including private archival records such as letters, poetry, photographs and personal writings. Research participants also identified key questions which were pursued in greater detail to provide a more comprehensive accounting of the family's life history (Habermas, 1971).

In summary, the use of critical theory as a philosophical foundation and life history as a method for describing the experiences of a family were ways of gaining a unique understanding of the human factors related to the life experience of Colice Sayer and the possible effects on her family (Blumer, 1969). In addition, the selection of this philosophical perspective facilitated collaboration between the researcher and study participants. This research approach provided an

opportunity for personal insight and understanding which were goals of the study (Denzin, 1989; Streubert & Carpenter, 1995).

### Related Theory

One of the purposes of qualitative research studies is to develop a theoretical framework derived from the phenomenon of interest. Because of limited knowledge surrounding the story of Colice Sayer and her family, the major research objectives for this study were to describe the essential nature of the events related to and following Colice's institutionalization, as well as to explore the possible effects of this incident on successive generations of family members. In order to more fully comprehend the depth and pervasiveness of this family's story, it was necessary to review theory related to loss, especially the loss of a mother (Bowlby, 1980; Edelman, 1994).

### Theory of Loss

One of the leading scholars in the field of loss and bereavement was John Bowlby. Bowlby was primarily interested in exploring the implications for the psychology and psychopathology of personality in the ways children responded to a temporary or permanent loss of a

mother figure. At one time, it was confidently believed that grief related to the loss of the mother to a child was temporary (Heinicke, 1956). Grief in childhood was thought to be short lived, with the child soon forgetting their mother and moving on to other relationships. Bowlby began his search for knowledge with a frame of reference drawn from psychoanalysis and specifically the works of Freud (1933). Psychoanalysis was the only behavioral science that gave systematic attention to the phenomena and the concepts that were central to understanding the theory of loss. In fact, in the 100 years since Freud first suggested the idea that both hysteria and melancholia were manifestations of pathological mourning related to recent bereavement, there has been enormous interest in looking for evidence to support this view (Freud, 1968). As a result, the concepts receiving attention during the 1950s included separation anxiety, grief and mourning, defense mechanisms, trauma, and affectional bonds (Bowlby, 1958).

Because of this interest, until the late 1950s and early 1960s, most of the literature focused on the study of grief and mourning as manifested by depression in adults. Most of the clinical literature dealt exclusively with depressive illness, with little or no mention of

bereavement or actual loss. Even when bereavement and loss were clearly recognized, the bulk of the clinical literature was concerned with the pathological aspects of mourning rather than with the normal processes involved (Bowlby, 1980).

While there were differences of opinion in the literature relating to the nature of pathological mourning and healthy mourning, most clinicians began to adopt a point of view that attributed great importance to events and responses of childhood in understanding the grief response. Bowlby (1980) supported this perspective and suggested that the variables affecting these kinds of responses depended on three classes of behaviors:

1. That how a child responded to loss was affected by where, what, and how a child was told as well as the opportunities afforded to inquire about the circumstances related to the loss.

2. The nature of family relationships experienced after the loss, with special reference to whether the child remained with the surviving parent, and what the relationships afforded for each.

3. The patterns of the relationship within the family prior to the loss, in specific, the strength of the

relationship between the parents and between the surviving parent and the bereaved child.

Furman (1974) provided evidence that under certain conditions, a healthy response to loss could be achieved which closely paralleled a healthy response to loss in adults. According to Furman, the most important conditions for a healthy response by a child were that they enjoyed a reasonably secure relationship with the parents prior to the loss, that they had especially close relationships in infancy, that the child was given prompt and accurate information about what had happened and allowed to ask any questions that arose. Another important factor was that the child's questions were answered as accurately and honestly as possible and the child was allowed to participate in any family grieving that was necessary. Finally, a condition necessary for healthy grieving was the assurance that the surviving parent was present and the child had the knowledge that a supporting relationship with the parent would continue. These conditions have been supported in other studies during the past twenty years, however, the likelihood they would be met was also questioned (J. Miller, 1971; Edelman, 1994).

In the case of Colice Sayer's children, while they experienced a close nurturing relationship with their mother in infancy and prior to her hospitalization, the children were not allowed by their father to have prompt, accurate information concerning their mother's commitment. Since there was no organized family grieving process, the children grieved the loss of their mother individually. The children were also not encouraged to ask questions regarding her condition or have information regarding plans for her hospital stay. In addition, the younger two children, who were still in the home at the time their mother left, were not assured they would remain with their father. In fact, the youngest child was sent to live with various relatives before eventually boarding with a family many miles from home. The younger daughter, who was 14 at the time of her mother's commitment, stayed with her father until she married immediately after graduating from high school. As a result of these conditions, a healthy response to loss was not facilitated for all of these children. In fact, several of the children recalled behaving in ways described by Bowlby (1980) following the loss of a parent.

### Persistent Loss Behavior

In spite of the presence of conditions necessary for healthy mourning, there were persistent behaviors that many children and adolescents exhibited in the aftermath of the loss of a parent. Bowlby (1980) described them as persisting anxiety, persisting blame or guilt, hyperactivity, and compulsive care giving and excessive self-reliance.

Persisting anxiety was frequently manifested as fear of further loss. Fears relating to continuing loss were examined in light of avoidable and unavoidable events. Unavoidable events included two or more deaths occurring in the same family, or the serious illness of the surviving parent. Among conditions that were considered avoidable, the following were found to be significant: leaving the circumstances surrounding the loss of the parent a mystery while discouraging questions about it, laying responsibility for the loss on the child, hearing the parent say that life is not worth living, and leaving the child with relatives or strangers and going elsewhere for a time. Two avoidable conditions were present in Colice's family. The first was that the circumstances surrounding the loss of their mother remained a mystery, while related questions were discouraged. The second



circumstance refers to one of Colice's children, who was actually left with relatives and strangers for a long period during his childhood (Bowlby, 1980; Furman, 1974).

While fear of continuing loss among children who experienced a loss of a parent was common, there was nothing inherently pathological about a child having such fears, nor was there anything pathological about a child acting on such fears. Bowlby (1980) noted that circumstances relating to pathology occurred when the child's fears went unrecognized or when circumstances confirmed them. The child's behaviors in the face of this threat needed to be observed and treated as necessary. In regard to this study, two of Colice's children recalled how they have endured persistent anxiety related to further loss and how difficult this has been personally. Additional information on this topic can be found in Chapter IV.

The second persistent behavior related to blame or guilt. In a study by Arthur and Kemme (1964), no less than 40% of children and adolescents attributed the cause of a parent's loss either to themselves or to the surviving parent. The child mistakenly blamed someone, including themselves, for having caused or contributed to a parent's absence. The child, according to the authors,

often blamed the surviving parent, especially if they had witnessed one of them attack the other or heard threats to do so. In relation to this study, several of Colice's children referred in their narratives to persistent guilt or anxiety due to the fact that they did not do enough in Colice's behalf, regardless of the state's authority to determine her care. There were also references, however justified, that Colice's absence was due to the actions of their father.

The third persistent behavior was related to hyperactivity and was observed in aggressive and destructive outbursts. A grieving child often reacted in any number of ways. When a child was sad, a surviving parent usually had no difficulty recognizing it as a response to loss. When a child was distractible and hyperactive, or engaged in aggressive behaviors, it was much more difficult to see the behavior in light of a response to loss. Furman (1974) reported that for children who responded in the ways described, often the parent had little understanding or sympathy for the child's desire for love and care. After a loss, surviving parents were extremely likely to stifle their own feelings and were especially insensitive to how their children were feeling. Often they focused on their own grief and were

unable to assist in caring for the child. This situation created a vicious cycle and often led to increased outbursts and angry responses toward others. For some children, this behavior was a manifestation of the principle that attack was the best means of defense. One of Colice's children recalled his response to loss in terms of hyperactivity and destructive behavior. In his case, this angry behavior led to his eventual placement with a foster family in another part of the state (Bowlby, 1988).

A fourth persistent behavior noted in the literature was related to compulsive care giving and self-reliance (Bemporad, 1971; Winnicott, 1960). In the histories of persons given to compulsive care giving, two different types of childhood experiences were found. In one, a child was made to feel responsible for the care of a parent. In the other, the child experienced intermittent security in relationships with the parents, culminating in total loss of the mother-figure. The person towards whom the care giving was usually directed was described in two types of cases. After the first type of childhood experience in which the child felt responsible for the care of a parent, the care giving was likely to be directed towards a parent or, in later life, a spouse.

After the experience of intermittent security in parental relationships culminating in the loss of the mother, the behavior was directed in a less specific way, for example towards other children, including strangers (Winnicott, 1960).

Bowlby (1980) referred to this kind of persistent care giving as a manifestation of acting as a go-between in a parents' marriage and feeling responsible for their happiness, or feeling responsible for the well-being of another. In these cases, a child having lost all affective parenting, developed a pattern in which, instead of being sad and longing for love and support for themselves, became intensely concerned about the feelings of others and felt impelled to do all in their power to help and support them. The child was drawn to those who, like themselves, were bereaved or in need, and the child subsequently both grieved and cared for others as well. In many cases, the object of this attention, was unlikely to reciprocate this attention and was often unaware they were the object of such a great intensity of caring. In this way, the cared-for person came to stand vicariously for the one giving the care.

An example of persistent care-giving was seen in the behavior of one of Colice's children who has remained

intensely concerned about an ailing spouse during their relationship. She was attracted to her spouse during an intense illness in the 1940s and continues to watch over his health and safety today. Although he is aware of his status as the object of intense caring, he has not fully reciprocated this attention (Fleming & Altschul, 1963; Mintz, 1976).

#### Loss of a Mother

Edelman (1994) continued Bowlby's work and wrote from the perspective of the child who experienced the loss of a mother, whether this loss was due to premature death, physical separation, mental illness, emotional abandonment, or neglect. This information is important in order to understand the nature of generational loss and how families may be affected by the loss of a mother. In regard to this study, it is important to note that Colice left behind two daughters, one of which participated in this study. Much of her narrative corresponds with information discovered by Edelman. In 1994, Edelman conducted research on 92 women who experienced the loss of their mother at early ages. Commonalties emerged in their interviews which she explains in the following paragraph:

We found similarities among ourselves we'd never noticed in other female friends; a keen sense of isolation from family; a sharp awareness of our

own mortality, the overall feeling of being stuck in our emotional development, as if we've never completely matured beyond the age we were when our mothers left; the tendency to look for nurturing in relationships with partners who can't possibly meet our needs and the awareness that loss has shaped, toughened and even freed us, helping us make changes and decisions we might not have made otherwise. (Edelman, 1994, p. xx)

The loss of a mother was a maturing experience, forcing a daughter to age faster than her peers at both the cognitive and behavioral levels. Edelman (1994) described a mother's loss in terms of the loss of a larger, consistent, supportive family system that once supplied her with stability and consistency. Unlike adults, who faced loss with an intact personality, a daughter who lost her mother pieced together a female self-image by herself.

Daughters who lost mothers during adolescence spoke of an inability to cry at the time of the loss or for months or years afterwards. In response to major loss, both older children and adolescents cried less freely than did adults (Wortman & Silver, 1989). Adolescents were struggling to assert their independence from the family and often associated crying and other emotional outbursts with a regression to a dependent, childish state. The abandonment the adolescent felt when her mother left was

exacerbated by the alienation that came with normal adolescence (Sugar, 1968).

Adulthood was a different experience for the woman who developed her self-confidence and self-esteem without a mother or mother-figure to guide her. Significant events in a young woman's life, marriage, the birth of children and normal events occurring in the course of a life were different for those who did not share them with their mother (Edelman, 1994). When Colice was institutionalized, she left behind two young daughters, ages 14 and 16, who essentially lost daily contact with their mother for the remainder of their lives. It is important to understand the theory of loss and especially the loss of a mother for a daughter who learns to define herself as a woman and develop as a parent without her mother's influence. The effects of parenting were described in family narratives and closely relate in many instances to much of the literature on mothering as defined by motherless daughters.

There were references in the literature that described how normal events were different for women who defined motherhood for themselves. Klaus, Kennell, and Klaus (1993) described the case in which mothers instilled a premature sense of independence in their children in an

effort to shield them from unexpected trauma. While self-reliance is a positive trait to instill in children, a mother who had past experiences without a consistent mother-figure often created an environment which created an overly-developed sense of self-sufficiency. Family narratives included in this study supported the idea that an overly developed sense of self-sufficiency was instilled in the children in several families. In the opinion of some of Colice's grandchildren, there have been negative personal effects from a premature sense of independence. Some of these effects include premature sexuality and personal consequences that can occur from forming intense relationships at an early age. For others, the drive to become self-sufficient has had positive consequences (Edelman, 1994).

Edelman (1994) also found that when a mother guided her children toward premature independence based more on her past experience with a mother rather than her present experience as one, she overlooked the dynamics of the current relationship. As she minimized her importance in a child's life because of her love for them, and because she wanted to spare them from the pain of her childhood, they grew up expecting and preparing for a trauma that never arrived. In essence, by retreating into the



emotional background of her children's lives, the mother did what she was trying to avoid--bringing up her children in a motherless home. The research interview data provided by some of Colice's children and grandchildren supports this view; however, in the case of one of Colice's male children, the effects on his parenting skills were similar to that of the mother. As a father, he described himself retreating into the emotional background of his children's lives, afraid of trauma that never arrived. In this family, however, the effects were potentially mitigated due to the attentions of an unaffected mother (Bowlby, 1988).

### Generational Loss

The generational effects of loss were explored further by Edelman (1994). According to the author, thousands of American children develop characteristics of motherless children, even though their mothers are still alive. The reasons for this circumstance are thought to be related to the survival skills the mothers learned as their personalities were forming. These survival skills are applied to many tasks learned later in life, among them parenting (Klaus et al., 1993). Because motherless daughters, like all other daughters, reproduce the parenting behaviors they received as children, their

children often become effected by the loss of a grandmother they never knew. In addition, these children are likely to parent their own children in a similar fashion, all due to events beyond their knowledge and control (Altschul & Beiser, 1984).

It is important to note that the effects of parental loss, according to Bowlby (1980), do not necessarily imply psychological impairment and a crippling of the personality. However, the process an individual goes through to maintain an equilibrium, while not always dysfunctional, is different than that experienced by individuals who have not lived through significant loss. As a result of these experiences, individuals who experience major personal loss are capable of producing generational effects which influence ways of behaving and relating to others.

#### Summary

This chapter has described the problem of study as well as the study purposes. The corresponding research questions were set out and related theoretical perspectives were explored. In addition, a review of the literature was conducted which focused on the theory of loss. The review of literature was obtained in response to emerging themes that were identified as the interview

data were coded and analyzed. The review of the theory of loss enabled an understanding of themes and subthemes in the interview data, as well as a perspective of the effects of generational loss.

Families who endure the loss of significant persons in their lives are altered in ways that are not always visible to the casual observer. They may eventually function as if no change has occurred, but they are in many ways different than they were before the loss (Leininger, 1985). The everyday, ordinary life we lead is full of experiences that change us as we evolve. What took place, why we remember certain events or forget them, and how others interpret these events are important in understanding how lives are shaped and healing begins. Part of the healing process is manifested in the ability to speak about and name the events that are memorable. The inability to get in touch with painful memories is a difficult and often painful challenge, but a necessary one if health is to be achieved (Watson, 1985). For many people, the ability to speak about such events is healing in itself. As Isak Dinesen said, "All sorrows can be borne if we put them into a story" (as cited in Riessman, 1993, p. 4).

This study seeks to discover how one family understands their experience and what is meaningful to them about the experience. It also attempts to look at the perceptions of the lost family member, who left a legacy of poetry and personal writings from which to start. The study is a life history which uses historical review to provide additional perspective and situate the story in time and place (Denzin, 1989; Riessman, 1993). The philosophical framework upon which this study is based is provided by critical theory, which encourages the individual to gain insight into the nature of external forces in order to provide for self-knowledge and individual freedom of expression (Habermas, 1971). And so for family members of Colice Sayer who are interested, the information generated by this study will be shared. This process will provide for knowledge of events and potentially lead to individual self-discovery which are congruent with the ideas of critical theory and are among the goals of this study.

This family's story is an important study for nursing in that a window into the historical treatment of women and the mentally ill in our society was provided. In addition, new approaches to qualitative methods in nursing research are suggested. This study also supports the

value of acquiring qualitative interviewing skills to improve patient assessments and provides a perspective from which we can begin to understand the ramifications of human loss (Davis & Aroskar, 1991; Denzin, 1989; Munhall & Oiler, 1986).

## CHAPTER II

### METHODOLOGY

The methodology chapter describes the research process followed in order to address the stated research questions. This chapter describes the study design and provides an explanation of life history research method.

#### Research Design

##### Method of Inquiry

The life history method was chosen for this study. This method provided a collection of research approaches designed to elicit the experiences held by one person or one group as they interpreted their common experiences. The method supported the telling of a life story or stories for the purpose of gaining insight into the realities of individuals' lives (Streubert & Carpenter, 1995). In order to have broad significance, extensive use was made of as many data sources as possible. Letters, diaries, notes, interviews and personal compositions by the focal subject were simultaneously combined to yield the final product. The findings from one source

reinforced and validated the findings of another (Denzin, 1970b) .

### Naturalistic Setting

The setting for this study was several states including New York, Florida, Colorado, and Texas. Because of the distances involved, it was not feasible to ask all family members to be present for interviews, nor was it possible for me to travel to all of the out-of-state locations where family members lived. A comprehensive time line was developed which described the time and costs that could be expected during the data generation process. Because of the diverse geographic locations of study participants, some of the interviews were conducted in person and others were conducted by telephone. Follow-up interviews were also conducted by telephone.

### Participants

The participants for the study included three of Colice Sayer's children and six of her grandchildren. At the time of the interview, Colice's children ranged from 69 to 81 years of age. Two of Colice's sons and one daughter participated in the study. Colice's children are all living, retired, and in good health. They reside in Florida, Colorado, New York, and Texas. One of Colice's

daughters declined to participate because of the painful nature of the subject matter.

Six grandchildren agreed to participate in the study. Their ages ranged from 53 to 42 at the time of the interviews. The grandchildren who participated live in New York, Texas, and Tennessee. Nine of Colice's grandchildren declined to participate because they had little knowledge of their grandmother. One of her grandchildren is deceased and the other two did not respond to the request to participate.

A letter was sent to all potential participants explaining the study (see Appendix A). A consent form was included (see Appendix B). My phone number was given in case the participants had questions regarding the study. Potential participants who did not respond either by phone or by returning the consent form by mail were not contacted further. When the consent forms were returned, I called each participant to schedule an interview at a mutually convenient time. Participants were interviewed until all family members who agreed to participate were given the opportunity to provide their experience and knowledge of Colice's story.



### Protection of Participants' Rights

The proposal for the study was submitted to the Human Subjects Review Committee of Texas Woman's University. Permission from the committee was obtained before data collection began (see Appendix C). Finally, permission to conduct the study was received from the graduate school (see Appendix D).

Each prospective participant was asked to participate in a research study involving the taped recording of descriptions of their experiences relating to the life of Colice Caulfield Sayer. Each participant was given an explanation of their involvement in the study, as well as an explanation of their rights. The prospective participants in the study were informed of the purpose of the study and the data generation method. They were assured of privacy and confidentiality. The participants' benefits were explained as the opportunity to express their lived experience and subsequently learn about the interpretations of others in the family.

Prior to the interview, written consent in the form of a consent to act as a participant and in the form of a consent to be audiotaped was provided as required by the Texas Woman's University Human Subjects Review Committee (see Appendix B). Signed documentation provided evidence

of each person's willingness to participate in the study prior to the initiation of the interview. The participants were informed that they did not have to complete the interviews and that they could stop at any point without penalty. The names of the participants were not included on the typed transcripts of the interviews. Names were not used in the reporting of findings.

#### Data Collection

After obtaining a signed consent to participate, initial open-ended interviews were conducted and audiotaped. Subsequent semi-structured interviews were necessary in some instances to clarify meaning as transcripts were created from the recordings. The participants were interviewed by telephone for additional information. At the initial interview, I asked a primary question which opened the topic for discussion, such as, "Tell me what comes to mind when you remember Colice?," "How do you think Colice's experience has affected you?," and "What do you think you learned from these experiences?"

I asked questions only when necessary to clarify what the participant was saying. Probes allowed the participant to fill in unclear aspects or details of the story. For the most part, however, the participants were

encouraged to tell their story in their own way without interruption. When necessary, I clarified ambiguous details of the story. There were no time limits placed on the interviews and the discussion continued until the participants felt they had finished their description of the experience. Data collection began in March 1996 and was completed in October 1996. I transcribed and coded all of the interviews personally in order to provide the depth of understanding that can be obtained from listening to various qualities of human speech (Denzin, 1989; Riessman, 1993).

Original poetry and written documents saved by various members of Colice's family were also collected as data. Analysis of information derived from these texts was included as a means for describing the lived experience from Colice's point of view. Whereas analysis of the poetry may have provided additional insight, this is left for another time and purpose.

### Data Analysis

The data for the descriptive life story of Colice Sayer and her family provided in this dissertation consisted of narratives or stories offered by study participants in response to the research questions. Data analysis of the interview texts was carried out according

to the principles of constant comparative analysis as developed by Glaser and Strauss (1967). The natural history, interpretive approach to data analysis was used to identify key features of written text (Denzin, 1970b; Glaser, 1992; Rudestam & Newton, 1992).

Streubert and Carpenter (1995) noted that the constant comparative method of data analysis is currently most frequently recommended for life history studies. Unlike grounded theory the result of this analysis is not to develop theory. Lincoln and Guba (1985) noted that when using the constant comparative method for naturalistic studies, the purpose is not to generate a theory that would enable prediction and explanation of behavior, but rather to process data and describe what was learned about the phenomena. The life history is regarded as naturalistic inquiry in that the subject matter is investigated as events occur naturally. These events are then described. One listens to individuals describe their experiences concerning a phenomenon as the event occurred for them (Glaser & Strauss, 1967; Rudestam & Newton, 1992; Streubert & Carpenter, 1995).

In order to use constant comparative analysis, I began to read through the text and identify units of data that had essentially two different characteristics. The

units of data identified must be aimed at some understanding or some action that I, as a researcher, wished to examine and the units of data must be small enough to stand alone without superfluous description (Glaser & Strauss, 1967; Lincoln & Guba, 1985).

After identifying units or themes in the data, I read the coded data and assigned the data to categories (Lincoln & Guba, 1985). As this process continued, rules of inclusion for the categories began to appear. Notes were taken about these rules and the process of conceptualization began. The goals of this procedure were to identify categories that emerged from the data and assign category labels and roles of inclusion based solely on the data (Glaser & Strauss, 1967; Streubert & Carpenter, 1995). This process continued until all units that could be assigned, were assigned to a category. The categories were reviewed and refined. Some categories were identified as missing or incomplete and were earmarked for follow-up with more data if possible (Streubert & Carpenter, 1995). Denzin (1989) cautioned against discarding deviant or unrepresented cases from categorization as the information was an equally important area of study to the phenomenon. Often, the deviant or

irregular behavior provides important information if given appropriate attention (Denzin, 1989; Murphy, 1992).

While this description appeared to be linear, in practice, I alternated between data analysis and data generation (Guba & Lincoln, 1989). Analysis revealed the need for further data generation and when necessary, the participants were recontacted for further clarification of information. In a few instances, additional interviews were requested. After the interviews were conducted, the process continued with subsequent transcription, coding and analysis as described (Denzin, 1970b; Murphy, 1992).

Figure 1 was created to graphically illustrate the various steps involved in the life history research method. Although the process flow is a linear representation of the method, many of the steps occurred concurrently (Denzin, 1970b; Gilgun, 1992).

After all of the data were analyzed, emerging hypotheses were identified. These hypotheses assisted in the generation of potential recommendations for future research, and possible study implications. A draft of the life history was then written and discussed with the study participant group. The study participant group consisted of a few of the participants who agreed to act as consultants to check the accuracy of demographic data and

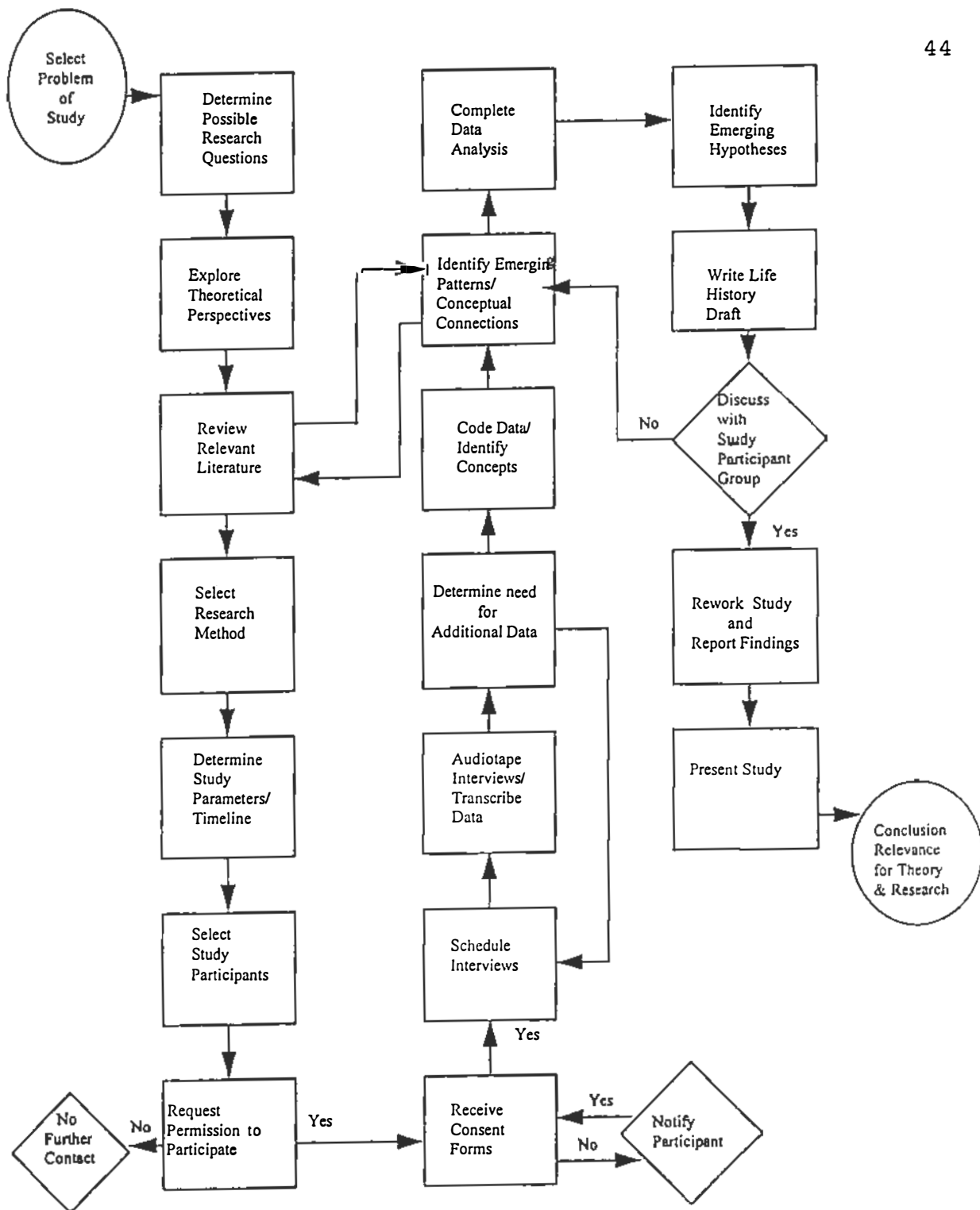


Figure 1. Graphic illustration of steps in life history research method.

to ask relevant questions which could guide the study. When questions were asked that needed further clarification, the researcher went back to the interview data and the review of literature for additional information. If necessary, the study was reworked and findings were written with the inclusion of the new data. The study findings were then presented with the inclusion of information relating to the relevance of the study for theory construction or further research.

#### Limitations and Delimitations

There were a number of limitations to this study which were discussed as they related to person, place, time, and method. One primary limitation involved the lack of opportunity to talk with Colice Sayer. Interviewing the subject directly would have been a benefit to the study in that the interview would provide an inside picture of the subject's life, one that was neither fully apparent nor fully public (Allport, 1942). Written notes and poetry provided the only connection to Colice's thoughts, and while helpful, were not as trustworthy as information provided by a direct interview would have been (Denzin, 1970b).

Another limitation relates to the condition of written notes that were left behind. Colice died at the



St. Lawrence State Hospital in 1977. Her writings chronicled the 43 years she spent in the institution or as a ward of the State of New York. However, many of Colice's writings were undated which made interpretation on a linear time frame impossible. Most of her writings were difficult to read due to space limitations on the scraps of paper on which she wrote. Due to the passage of time, the paper had darkened and some of the writings had become difficult to read as a consequence. This is often the problem with unpreserved documents.

A challenging limitation related to the passage of time and the ability of Colice's children and grandchildren to remember events which occurred as long as 60 years ago. For some of the participants, the memories they attempted to recreate had not been spoken about to anyone else in the family prior to this interview. For some, working through this process was difficult emotionally. This limitation is associated with the difficulty of penetrating private worlds of experience (Denzin, 1970b; Fravel & Boss, 1992).

Another limitation related to the location of the interview. In some cases, we were able to meet at the participant's home and conduct a face-to-face interview. For others, we were in the office environment. Interviews

with family members living long distances were conducted telephonically. While the differences in location and setting may have contributed to differences in various participants' representations of Colice's story, every effort was taken to minimize this (Denzin, 1970b).

A limitation relating to time and method involved the treatment of historical text. Historical review was especially useful for establishing a baseline or background in order to provide a framework for data analysis and discussion (Morse & Field, 1995). A limitation of this approach related to my own socialization and the biases which may creep into observations when looking at certain information. These obviously may lead to incorrect judgments or assumptions. Care was taken to avoid using modern thought when looking for patterns in the data that were from another era. This was difficult to achieve because it required going beyond my own socialization and knowledge of how the world is constructed. This process required that I remain vigilant in looking for patterns and trends that were not influenced by modern thought which may distort meaning (Marshall, 1989).

Finally, another limitation involved the lack of historical data that could be used to corroborate

narrative accounts related to Colice's commitment. With the passage of time, there were no retrievable hospital records, commitment papers or other documents which could strengthen the story. Cross-referenced documents and official data did not exist or could not be located for inclusion in this study. Juxtaposing official documents with other historic data could corroborate narrative accounts and support the accuracy of the conclusions generated. Unfortunately, this was not possible in this instance. Nevertheless, as previously stated, there were specific purposes that could be reached despite these limitations (Denzin, 1970b; Silverman, 1993).

Delimitations in the study related to research design limitations purposefully imposed by the researcher (Rudestam & Newton, 1992). For the purposes of this study, the population for whom the results of the study were generalized included the children and grandchildren of Colice Sayer who participated. The study participants were in various stages of understanding and awareness of the life of Colice Sayer, as well as the possible effects her life experience might have on them personally. Although this study focused on one extended family, the knowledge gained from the study was interpreted within a larger body of research findings. When the study was

examined in light of existing research, the information does not stand alone, but is part of a larger research focus related to loss, family dynamics, and the effects of parenting by motherless mothers (Edelman, 1994; Jarrett, 1992; Leininger, 1985).

#### Strategies to Achieve Rigor

Validation is a critical issue when looking at qualitative, descriptive analysis. Riessman (1993) defined validation in qualitative research as the process through which claims are made for the trustworthiness of interpretation. Trustworthiness, not truth, is the focus of interpretation. There is a semantic difference between the two. According to Guba (1981), truth assumes an objective reality, whereas trustworthiness moves the process into the social world. There are many ways of looking at the trustworthiness of qualitative research, a few of which are discussed here.

Research involving interviewing is thought to be one of the most trustworthy by qualitative researchers because it is based on a sustained relationship between the participant and the researcher (Burgess, 1980). For this reason, I rejected pre-scheduled standardized interviews and opted for open-ended interviews. Denzin (1970b) suggested three reasons for this preference:

1. The method allowed respondents to use their "unique ways of defining the world,"
2. The method assumed that no fixed sequence of questions was suitable to all respondents, and
3. The method allowed respondents to raise important issues not contained in the schedule. (p. 125)

Silverman (1993), however, cautions researchers to be careful when assuming that open-ended interviews are superior in all ways. He supports the idea that open-ended interviews could in themselves be a form of social control which shape what people say. If the interviewer maintains a minimal presence, asking few questions, this could create an interpretive problem for the participant about what is relevant. Also, the passivity of the interviewer could constrain the participant by failing to provide enough focus to challenge them to have an internal need to tell their story. I was aware of this criticism and provided enough structure and support to enable the participant to focus on the topic of interest without controlling the experience (Denzin, 1989).

Silverman (1993) also wrote of the need to be aware of misunderstandings between the interviewer and the participant. How the interviewer interpreted this person's representation of the world opened the study up to a number of distortions, which was of concern when little interaction was provided and an open-ended approach

was supported. He suggested looking at these limitations as worthy of investigation, however, rather than being treated as problems.

Other ways of approaching validation in qualitative, descriptive work include persuasiveness, and correspondence (Riessman, 1993). Persuasiveness is interpreted as looking at how reasonable and convincing the piece of research is even when the explanation does not correlate with our expectations. Persuasiveness is greatest when theoretical claims are supported with evidence from participant's accounts and when alternative interpretations of the data are considered (Gergen, 1985). Following data gathering and analysis, a review of the literature was conducted to gather information regarding emerging themes and patterns in the data. Emerging themes identified a preponderance of issues related to loss. The theory of loss was reviewed. Ways in which the participant's accounts and alternative interpretations corresponded with the theoretical claims were evaluated and discussed (Denzin, 1989; Gilgun, 1992).

Correspondence is another way in which the validation of narrative work is addressed. According to Lincoln and Guba (1985), the credibility of a study increases when adequate opportunities for member checks are provided.

This approach included naming a referent group of participants who would check quoted material, dates and places, and provide their responses to the work. Since stories were not static and perceptions of events differed, the respondents frequently gave differing accounts of events. A referent group of participants checked quoted material and other pertinent information for accuracy. Cross-checking of participant narratives provided additional measures of validity and reliability of the information (Riessman, 1993).

Another method of providing for correspondence is by providing for checks of narrative data with written documents, letters or other information that served as a check for information received (Denzin, 1970b; Lincoln & Guba, 1985). In this study, I included historical data from the time of seminal events to add to the understanding of Colice's experiences. Another treatment of this data was provided using historical analysis, which served to increase the credibility of the information obtained in interview data and in personal letters and notes (Becker, 1970).

The treatment of historical text is a method of decreasing limitations of another kind. Historical analysis is a means of discovering what happened in the

past and is particularly useful in qualitative studies for establishing a baseline or background prior to interviewing the participants. In using historical analysis, care is taken to avoid using modern thought when looking for patterns in the data that are from another era. This is difficult because of the requirement to move beyond one's own socialization and knowledge of how the world is constructed. The method requires vigilance in looking for patterns and trends that were not tainted with modern thought that could distort meaning (Marshall, 1989).

A means of strengthening the confidence in historic data came through juxtaposing documents with other official records. Accounts of subjects were checked against each other's accounts and against other writings. Events presented by interview were corroborated with events presented in historical writings when possible and with personal documents which allowed me to support the accuracy of the conclusions generated. Use of such cross-referenced data increased the confidence in the data, thus increasing the validity of the findings (Denzin, 1970b; Marshall, 1989).

Although issues relating to the validity of the data were explored, it was also helpful to recognize that in



qualitative research, issues regarding reliability were of concern as well. In regard to reliability and interviews, it was important for the research process to reflect consistency with regard to the research questions asked during the interview. The same questions were asked, with similar questions posed as further clarifying information was needed. I was the only interviewer and coded the data without the help of others, so inter-rater reliability was assured.

When dealing with text, such as poetry and letters, the data was already available, unfiltered through the researchers field notes. Issues of reliability arose through the categories used to analyze each text. It was important to standardize the categories so the information generated was more easily accessed (Silverman, 1993).

Two central concepts in the discussion of rigor in research are essential. They are validity and reliability. It is important to examine what each concept meant in practice so that the research could be both challenging and critical. This study was not intended to be a mystical, loosely connected story that jumped to easy conclusions. My intent was to characterize Colice's life and the experiences of her family within the political, social, and economic framework of her writings in order to

give a critical view of the meaning of this experience and to further use this experience for purposes as set out previously.

### The Life History Method

The life history is a descriptive research method that was derived from symbolic interactionism in the 1930s and 1940s (Armstrong, 1987; Blumer, 1969). Sociologists trained at the University of Chicago extensively employed the life history method until the rise of interest in rigorous empirical measurement and the experimental model. Denzin (1989) noted that proponents of the life history method believed that individuals learned about and defined their world through interaction with others. Symbols, such as words, meanings, and language, were used by the interacting individual to represent the person's evolving definition of a given situation. The role of the researcher is to discover and learn about this individual or group through observations of their interactions with each other and/or through interpretation of their symbols (Blumer, 1969; Denzin, 1989).

Becker (1966) described the life history as obtaining:

Not conventional social science "data", although it has some of the features of that kind of fact, being an attempt to gather material useful

in the formulation of general sociological theory. Nor is it a conventional autobiography . . . it is certainly not fiction. As opposed to these more imaginative and humanistic forms, the life history is more down to earth . . . less concerned with artistic values than with a faithful rendering of the subject's experience and interpretation of the world he lives in. (pp. v-vi)

The life history is a collection of research methods designed to elicit the story of an individual, a family or a group as they interpret their experiences (Becker, 1966; Denzin, 1970b, 1980). Life history, as a research method, tells a life story or stories for the purpose of gaining insight into the realities of individual's lives. Insight is gained by having participants tell their story, including subjective feelings, intentions, motivations and thoughts associated with a particular set of events (Armstrong, 1987; Riessman, 1993).

Insight is also provided by generalizing data from multiple sources (Morse & Field, 1995). The most common sources include the people who experienced the focus of the study. Data were obtained in this study from open-ended, individual interviews with study participants. Repeat semi-structured interviews were conducted in some cases in order to clarify information or attempt to provide additional insight to specific questions (Morse & Field, 1995; Riessman, 1993).

Other data included private archival records and historical writings of the time. Denzin (1989) described a reasonable approach to generating data for descriptive life histories with the addition of historical data in the following statement:

The natural history, interpretive approach isolates critical experiences and locates them in the subject's social world. It isolates the critical events in the subject's life. It secures personal experience narratives from the subject and his or her significant others, and uses historical data to fill in the subject's life and bring the subject alive. This approach recreates the subject's life history and then illuminates the history with life stories and other historical data. This data is fitted to the oral history of the subject. This approach realizes that lived time is not linear; it is circular and interactional. The objective temporal division between past, present and future blurs in the telling of a life story or personal experience narrative. (p. 199)

The addition of a natural history, interpretive approach to data generation allows the researcher to identify key features of a life history and situate the story in time and place, thus bringing it alive (Streubert & Carpenter, 1995).

There are two types of records that were used in the description of a life history: public archival records and private archival records. Denzin (1989) described public archival records as records that are prepared for the express purpose of examination by others, usually legally

defined. The other type of record is the private archival record which is not typically written for an audience. For this study, public archival records were not accessible due to the previous closure of the state hospital.

In addition, records were identified as those that were primary in nature because of their direct reference to the subject of study and secondary records that did not directly pertain to a specific subject, but to a representative class (Streubert & Carpenter, 1995). Denzin (1970b) noted that a complete life history would combine as many primary and secondary sources as possible, while focusing the report around the subjects' own personal document. Interviews, personal notes and poetry served as primary records for this study, while a review of historical writings provided secondary sources of information.

#### Assumptions of the Method

The central assumption of the life history was that human conduct could be studied and understood from the perspective of the persons involved. All data that reflected upon this assumption were included in the study. Implicit in this assumption was that the role of the researcher would offer the position of one outside the

story, for to participate as part of the story could unduly bias the researcher and render the interpretation false and without merit (Denzin, 1970b; Murphy, 1992).

Another assumption related to the ability of the researcher to relate the perspectives elicited to meanings that were lodged in social relationships and social groups. The researcher became a historian of social life, whether in the form of the life of one person or of many persons similarly involved. Because the life history presented the person's or group's experiences as they defined them, how they determined their story took precedence over the objectivity of the researcher's interpretation of events. As Thomas and Thomas (1928) argued:

There may be, and is, doubt as to the objectivity and veracity of the record, but even the highly subjective record has a value for behavior study. . . . Very often it is the wide discrepancy between the situation as it seems to others and the situation as it seems to the individual that brings about the overt behavior difficulty. . . . If men define situations as real, they are real in their consequences. (pp. 571-572)

### Types of Life Histories

According to Denzin (1970b), there were three basic forms of life history: the complete life history, the topical life history, and the edited life history. The

complete life history attempts to cover entire life experiences. Included in this account are social and cultural situational data and the entire sequence of past experiences and situations in the life story. The second form includes the topical life history (Sutherland, 1937). This form shares all of the features of the complete form except that only one phase of the subject's life is presented. In this instance, the presentation of a life includes the professional life or one's experiences during a specific event as in a war or election (Denzin, 1989).

The third form of life story, the edited life history, is the form used for this study. While this form could be either topical or complete, the key feature was the continual interspersing of explanations, comments and information provided by other persons than the focal subject. According to Denzin (1970b), in order for a study to qualify as an edited life history, some degree of editing and interspersion or observer comments must be present. Without such interjections, the life story would stand alone as it's own sociological document (Allport, 1942; Denzin, 1989; Langness, 1965).

### Importance of the Life History Method in Nursing Research

Nursing researchers are increasingly inclined to reach out to new methodologies available in an attempt to understand phenomena, explain and predict human behavior. Moccia (1988) and DeGroot (1988) suggested that traditional post-empiricist research was lacking for nursing because of its singular attention to understanding as the primary product of science. As a result, nursing scientists increasingly accepted the changing beliefs that phenomena have multiple realities, that multiple truths existed, and that there was no one correct methodology for scientific inquiry (Feyerabend, 1970; Lincoln & Guba, 1985; Toulmin, 1985). DeGroot (1988) suggested that scientific inquiry should be guided by the type of problem that arises and that each of the competing philosophical paradigms offered different kinds of insight, all of which were appropriate.

Increasingly, nursing researchers emphasize that research should include the following goals (DeGroot, 1988; Gortner, 1990; Gortner & Schultz, 1988; Moccia, 1988):

1. The recognition that nursing is both a technological and humanistic profession where multiple research approaches have equal applicability.



2. That there is a place for research that directly improved nursing practice in addition to providing a place for theory-generating research.

3. That nursing researchers have certain ethical and moral principles which guide all phases of the research process. These examples include accepting social responsibility for the implications of the research and being morally responsive to the participants who are involved in the research.

While the importance of multiple research techniques, the goal of directly improving nursing practice and the emphasis on guidance by ethical principles are not new, the difference, according to the authors, is in the importance placed on these goals over the value of allegiance to a particular methodological approach (Argyris, Putnam, & Smith, 1985; Gortner, 1990; Moccia, 1988) .

The life history is a method of naturalistic inquiry by which many of these goals were achieved. Nursing researchers can use the life history method to gain an insider's view of a particular phenomenon of concern to practice. The result of studies completed is that nursing practice is grounded in the life experiences of its participants, whether they were patients, students, or

other nurses. When used in combination with other methods of data generation, the life history method aids in gaining a unique understanding of the human factors related to the phenomenon of interest (Denzin, 1970b; Leininger, 1985; Streubert & Carpenter, 1995).

Becker (1970) described the following functions performed by the life history method in research which had applicability in nursing research studies:

1. The life history allows for a search for negative cases, cases that fall outside a theory's jurisdiction or purview.

2. Life history provides a useful theoretical touchstone as it suggests future direction in examining negative cases.

3. The method assists the researcher in providing knowledge about emerging areas of study which are not previously, thoroughly examined but are viewed tangentially through assumption and intuition.

4. Life history provides an important function when an area of study has grown stagnant by suggesting new variables, new questions and new processes for study.

The life history method described above, while not new to research, is a newer form of research method for nursing (Streubert & Carpenter, 1995). As a method, the

life history is of value for nursing in that a multifaceted approach to research problems is encouraged, the approach encourages active participant involvement in design planning which promotes a positive response to change, and provides an avenue for research participants to gain insight and new understanding about their experiences (Leininger, 1985; Streubert & Carpenter, 1995).

#### Summary

Through the study of a life history, it was possible to gain insight into the inner world of an individual and family for the purpose of learning how they constructed their realities. This study attempted to discover how a family understood their experience and what was meaningful to them about these events.

## CHAPTER III

### HISTORICAL REVIEW

In order to understand how one woman could become committed involuntarily to a state institution for the mentally ill, one needs to look to the past for answers. Much of the historical data for this study was found in the writings of the 1800s and mid-1900s. Because Colice's life was influenced by the social, political, and economic expectations of the time, a historical review of the literature relating to family theory, mental health care, the treatment of women, the law, and psychiatry is provided. Historical review is used to examine these writings as well as situate Colice's story in its appropriate time frame.

Before going to the historical review, however, it is important to take a brief look at family theory before losing sight of its importance when examining the family. Three approaches to family theory are given in order to provide a wider lens for viewing the study. This discussion will provide a partial answer to the research question which asks, "What can we know about this family

whose mother or grandmother was taken away through involuntary institutionalization?"

### Family Theory

While there are many ways to look at families, family theory provides a framework for assessing how families are structured and how they function (Klein & White, 1996). Family theory also provides information about predictable developmental phases families experience during their life-spans. For the purposes of this review, three family systems theories are discussed: structural-functional theory, systems theory, and developmental theory. These particular theories were selected because they were frequently cited in the nursing literature as important frameworks for understanding family functioning (Kozier & Erb, 1987).

#### Structural-Functional Theory

Structural-functional theory originated with the work of social anthropologists Malinowski (1945) and Radcliffe-Brown (1952), who documented the interrelatedness and interdependence of the social system and all subsocial systems. According to this theory, the family is a social system with components, or family members, who have specific roles and role behaviors, such

as a father role or a mother role. Family dynamics are directed toward maintaining equilibrium between complementary roles to permit family functioning.

The structural component of the theory addresses family membership and relationships among family members. Intrafamily relationships are complex because of the numbers of relationships that exist in the family: mother-father, mother-daughter, father-daughter, father-son, daughter-son, etc. These relationships are constantly evolving as children grow up and leave the home, as adults age and become more dependent on others, or as grown children move back into the home with their own children (Kozier & Erb, 1987; Bobak, Jensen, & Zalar, 1989).

The functional aspect of the theory deals with the effects of intrafamily relationships on the family system, as well as their effects on other systems. Some of the main functions of the family include developing a sense of family purpose and affiliation, adding and socializing new members, providing and distributing care and services to members, imparting stability, and providing coping resources during crises. Other functions may include imparting family values and learning to contribute to society as productive citizens (Beavers, 1976). According

to structural-functional theory, the interaction between family structure and function determines the growth of the family and its subsequent relationship with society (Babak et al., 1989; Kozier & Erb, 1987).

Structural-functional theory supports the idea that family structure is culturally determined. Because of the pluralistic nature of the United States, varying family forms are now recognized and accepted in differing degrees. This has not always been the case. In previous decades, rigid adherence to roles and associated tasks required a constant updating of the tasks assigned. This was the case during the setting of this study which begins in the 1920s (Klein & White, 1996).

### Systems Theory

The basic concepts of systems theory were proposed in the 1950s by Ludwig von Bertalanffy (1967). Bertalanffy introduced systems theory as a universal theory that could be applied to many fields of study. According to the author, systems theory explains the breaking of a whole system into interdependent parts. A change in one part of a system influences the system as a whole. Systems are affected by other systems through interaction. The boundaries of a system regulate the amount of input from and output to other systems. An open system allows for

interaction with other systems, while a closed system remains impervious to systems outside its boundaries.

Systems theory, as it relates to families, can be observed in family therapy. Beavers (1976) described a change in the way family therapists viewed pathology in the family from a focus on the individual to a focus on the family. This approach can be seen in medicine, sociology, nursing, and other social sciences. With systems theory, families are described as open systems, closed systems, or permeable families. Open families are likely to welcome input from without, encouraging members to adapt beliefs and practices to meet the demands of society. Closed families are self-contained units resistant to outside interaction or influence. They are less likely to change values and practices, exert more control over the lives of their members and distrust outsiders. Most families, according to Beavers (1976), are permeable and regulate input and output according to family needs, values, and developmental stages.

#### Developmental Theory

The developmental, theoretic approach to the study of the family incorporates ideas from a number of theoretic and conceptual approaches to the study of society and the individual. Familiar proponents of this theory are Duvall



(1977) and Wright and Leahey (1984). Duvall (1977) described predictable stages through which families progress, beginning with the formation of a new family unit, the marital family. During this first stage, the couple forms a marital relationship, their new roles as husband and wife emerge, and goals for the future are formulated. The family enters the childbearing stage when an infant is added to the family unit. During this phase, the father and mother take on new roles as parents. Parenthood requires many adaptations in life-style. The role of the family during adolescence is to provide a sense of equilibrium to the adolescent experiencing physiologic and psychological changes, conflicting expectations, and pressure to plan and prepare for the future. The next three phases, according to Duvall (1977), are called contracting stages: launching, middle-age, and aging stages. The launching stage begins when adolescents reach adulthood and begin to leave the family unit. Middle-age is a stage during which role stabilization occurs and other roles, such as grandparenting, may be added. Finally, the family moves into the aging stage in which family members focus their energies on preparing for and experiencing retirement.

The central theme in developmental theory relates to changes the family experiences as they engage in the process of internal development. These experiences parallel developmental changes in time. The family is described as a small group, a semi-closed system that engages in interactive behavior within the larger cultural social system (Bower & Jacobson, 1978). The significant unit in this theory is the person rather than the role. The family process is one of interaction over the life cycle of the family.

Duvall (1977) and Erikson (1968) discussed the possibilities of disharmony related to family functioning in developmental theory. Because the family as a group and the family as individuals are simultaneously engaged in developmental tasks, dissonance is possible if the developmental task of the family is not in synch with the developmental task of the person. Family members pass through phases of growth, from dependence through active independence to interdependence. The family also demonstrates variation in structure and function over time. Together these tasks constitute the family life cycle. The difficulty with this approach relates to the problems encountered when trying to document the life cycle of the family. The family is a fluid and ever

changing model and may change before one can fully understand the possibilities for harmony or disharmony related to family functioning.

### Summary of Family Theories

The description of three approaches to family theory is given in order to provide a theoretical framework for the examination of the family's structure and function. These are but three of many family theories (Klein & White, 1996). For the purposes of this study, these theories will be further examined in light of the lived experience of the family of Colice Sayer as described in the chapter on data analysis. This examination provides a partial answer to the research question which asks, "What can we know about this family whose mother was taken away through involuntary institutionalization?"

### Mental Health Care from the 1800s to the Mid-1900s

The purpose of the discussion of mental health care during this period is to trace the historical treatment of the mentally ill, to discuss the incidence of mental illness, and to focus on the evolution of therapies used on the mentally ill. It is interesting to note that the definition of mental illness changes with time as does the understanding of the environment most conducive to

improvement of condition or cure of symptomology. This discussion provides an increased understanding of the conditions endured by the mentally ill patient as well as an appreciation of environment that allowed for the practice of involuntary institutionalization for prolonged periods of time.

### Historical Treatment

In the early 19th century, insanity was so nearly classified with crime that most practitioners did not believe the person needed humane treatment. Far from being considered a disease entity, mental illness was thought of as incurable. People were sent to lunatic or insane asylums and the attendants referred to as "keepers" (Goodnow, 1940).

During this time, insane persons were often exhibited for payment for public amusement. Iron manacles were used in asylums and unlimited restraints were allowed. There were few women attendants for mentally ill women. In 1841, Dorothea Lynde Dix initiated a series of investigations to improve the prisons and poorhouses in America. She publicized her findings which included a description of the insane as confined in cages, closets, cellars, stalls, pens, chained, often naked, beaten with rods, and lashed into obedience. She not only succeeded

in improving conditions in this country, but she designed a plan to educate the public about the care of the mentally ill. She characterized the mentally ill as those suffering from an affliction and not a criminal manifestation (Dock, 1912; Goodnow, 1940).

### Origins of Insanity

By the mid-1800s, according to Woodward (1943), insanity was considered as an impaired action of the mind, instincts, and sentiments. The condition was no longer merely associated with the criminal mind, but instead an impaired mind. Psychiatry was in its infancy, caught up in defining its practice and defending its turf. Asylum superintendents formed a new group known as the American Psychiatric Association. Psychiatric specialists, or alienists as they were called, debated the causes of insanity. There was general agreement at this time as to who was or was not insane, but there was also wide variation in thought as to what actually caused the condition (Lunbeck, 1994).

Some practitioners believed the cause of insanity to be of physical or biological origin. Others believed insanity originated with a moral deficiency (Jarvis, 1851). This debate endured well into the 20th century and has only been resolved in the eyes of practitioners with

the emergence of causal modeling that integrates biological, psychological, and social influences. Even then, proponents of causal modeling often to reduce individuals to the sum of these parts, rather than view them as whole individuals (Lunbeck, 1994).

The physical or biological tradition observed that insanity was a disease of the brain caused by head trauma, liver disease, nervous system irritation, or some other clinically observed condition (Jarvis, 1851). Those subscribing to a moral etiology believed insanity resulted from the exaggeration of certain normal feelings. In a survey of moral causes of mental disease in the 1800s, Jarvis (1851) reported that almost a quarter of the 12,000 psychiatric patients polled, suffered from an exaggeration of depressing emotions. Grief and disappointment were contributing factors to the depression. In approximately 8% of the cases, the cause was found to relate to an "exciting" religious belief or other experience. Seven percent of cases related to fears about property and 5% of cases were related to an excess in mental activity (Jarvis, 1851).

Treatment for mental disorders followed the theoretical split between physical and moral origins. For practitioners believing in a physiological cause for

insanity, treatment options included vegetable and mineral tonics as well as opiates which served to calm the nervous system (Noble, 1858). More aggressive forms of physical treatments included blood letting, purging, and pouring cold water on the person's head from a height of 3 to 4 feet. Other physical treatments included the use of mechanical restraints. Mittens, tranquilizing chairs, manacles, and chains were included in this category (Woodward, 1950).

In contrast, practitioners supporting moral deficiency as a cause for mental illness looked to repair a person's sense of self, distract them from unpleasant thoughts, and engage them in productive labor. The focus was on treating patients with kindness and gentleness. A regular routine was established to provide the environment conducive to promoting self-control. Lunatic or insane asylums began providing the patients with regularly scheduled employment as well as opportunities for reading and writing (Brigham, 1847).

Because both moral and physical treatments were provided inside the asylum, many practitioners believed that recovery from insanity must occur away from the home. Those practitioners supporting moral treatment believed that to some degree the home had become perverted, with

family members acting in hurtful ways toward the family member. The aim in many cases was to get the patient away from the home setting in order to provide for their protection (Conolly, 1859).

While the art and science of psychiatry was struggling to define itself, with variations in thought as to the causes of insanity as well as the usefulness of related treatments, the profession established itself as one fundamentally concerned with mental illness, with the deviant and abnormal. This focus was in sharp contrast with the 20th century perspective which was concerned increasingly with assessing human behavior that was normal or nearly normal (Kohs, 1930).

#### Changes in Psychiatric Perspective

At the turn of the century, most people received care for mental illness in asylums. Because of the large numbers of diagnosed mentally ill, there were demands for new and different kinds of institutions that would serve the needs of the population. A three-part system was proposed according to the size of the city needing service (Barrett, 1907; Clark & Montgomery, 1904). It was deemed that smaller cities, from 10,000 to 20,000 inhabitants, were best served by creating psychiatric wards in general hospitals. Midsize cities, with 20,000 to 50,000



residents, required psychopathic hospitals to be built near the general hospital. These facilities might be located in town, with access to all areas of the city (Gregory, 1908). For large cities greater than 50,000 inhabitants, the thought was that state hospitals or large institutions would be needed. These facilities were usually placed outside the city perimeter and constituted a series of detached houses connected by walkways or underground tunnels (Rogers, 1900). Each of these facilities would have dormitories and dayrooms. The large institutions were fairly self-sufficient, having gardens, farms, shops, places where patients could work, produce goods, and buy commodities. Staff and patients lived together in a community environment similar to a small village, isolated from surrounding towns, yet accessible for those with transportation (Wagner, 1903).

The St. Lawrence State Hospital, where Colice was a resident, was a large self-sufficient institution which fit the model for institutions serving large populations. Interview data from one of Colice's children, who spent part of her nurse's training as a student at the institution, provided a glimpse into the grounds and the facility:

The hospital was out from the city of Ogdensburg in the country. There was a bend in the St.

Lawrence River that went around the grounds of the hospital. There was quite an area along the river on the hospital grounds.

I would say there were at least 12 buildings. And the grounds were absolutely beautiful; green lawns, and beautiful trees. And in the fall, it was gorgeous, lots of Maples. There were about four residence buildings which housed about 100 to 125 people each. They weren't huge buildings, maybe 500 to 600 patients lived there.

One building was for occupational therapy. There were dormitories where student nurses lived, too. They lived on the grounds and had classes in psychiatric nursing there. We stayed for four months. Students from all over New York State came there, so there were at least two buildings devoted to student nurse residences.

They had a store there, that's where my mother worked in the wardrobe. And the dining rooms were in their residence halls. There were some wards in the dormitory, but some individual rooms as well. It all depended on how much you had to be watched. Those patients who had to be supervised stayed in the wards. And there was a hospital for sick patients.

The buildings were red brick, pretty, you know. And there weren't any fences around the grounds. It looked like a college or something. Anyone could just walk right off the property which is why the one's who needed supervision couldn't go out by themselves. No fences to spoil the view, just a beautiful place to be what it was.

Changes at the turn of the century focused as well on the staff, both professional and nonprofessional, who worked at the institution. Lunbeck (1994) suggested that many early practitioners in the 20th century aligned themselves with a more scientific approach and began to

look to another group of previously untreated individuals, the nearly normal. A number of psychiatrists pushed for new laws that would enable nearly normal patients to be treated instead of the obviously insane. People were granted the legal right to voluntarily commit themselves to institutions rather than submit to the humiliation of forced institutionalization. Reforms related to the location of treatment focused on a hospital model instead of an asylum model. The most important aspect of this change, according to Lunbeck (1994), came about as the profession developed new theoretical foundations which focused on everyday concerns including work, marriage, habits, desires, sex, personhood and perceived personal failure. Thus, a new psychiatry was developed that dealt with everyday problems as well as mental disease. Psychiatry entered the mainstream, where in spite of many ups and downs, it remains to this day.

While the psychiatric profession began focusing on everyday concerns, the numbers of patients needing attention was beyond the capabilities of most psychiatrists (Lunbeck, 1994). An excerpt from the interview data provided by Colice's daughter relating to the institutional setting describes the physician at the St. Lawrence State Hospital:

There was one psychiatrist for the whole hospital, a Doctor Berman. He was the only doctor I remember being there and there were hundreds of patients. He taught some of our classes, but that's all I remember. There were no residents, either.

To ease the workload, many physicians relied on the services of other care providers, most notably nonprofessional staff members. Subsequently, physicians began to realize that while nonprofessional staff were the primary caregivers in these institutions, the quality of care could only be as good as the quality of staff. The literature provides examples of a call for better nurses' training, increased pay with shorter working hours, better staff-to-patient ratios, and more direct contact between staff and individual patients instead of group interaction (Copp, 1916; Goss, 1913; Wagner, 1917).

Changes in treatment were noted in the literature as well. Treatment during this period included many of the drug therapies, and hydrotherapies of the late 19th century. There was a de-emphasis, however, on the use of restraints except for the most violent patients. Because of a move toward a more holistic approach to treatment, institutions began to include programs of employment for patients, outdoor recreation for those who could participate and entertainment on hospital grounds (Goss, 1913; Haviland & Carlisle, 1905).

Colice's daughter remembered various therapies given:

The treatments they were using were mainly hot water baths, insulin therapy, and electrical shock.

I saw someone get electric shock therapy. They did this because it was hoped that it would, I can't say change their mental outlook, it would affect their, problem, whatever it was. Whether it was hatred, or paranoia. Some of these terms they didn't use back then.

They also used warm baths. They had a calming effect. The warm water would run warm and it wouldn't cool off. It would run for awhile at the same temperature. The warm water would be calming. You could almost visibly see people calm down. The water felt like bath water at first. They would gradually warm it so it got warmer and warmer. Pretty soon it would feel pretty hot to your hand, but not enough to burn anything. There were individual bath tubs that they put the patients in.

Another of Colice's children was a member of the Hospital Corps while in the service and received a certificate in Neuropsychiatric Technology. As a result, he began working in the shock rooms at the service hospital. He recalled his experiences in this manner:

I think basically my interest in electric shock was because of my mother and what happened to her. I wanted to know more about the treatment.

I have seen both insulin and electric shock work extremely well in some cases. It affected people in that it would reduce them back to where they were almost in infancy. Depending on how many treatments they got, it more or less rearranged the thoughts in their brain. One takes the oxygen from the brain and one takes

the sugar from the brain. They basically do the same thing.

I've seen some of them with just a few treatments respond very well. Some could take 20 treatments and not respond at all. The effects seemed to be long lasting for some. Some patients actually seemed to get quite well from the shock treatments.

While there was some disagreement as to the nature of Colice's therapy, the interview data and Colice's personal notes describe electric shock therapy, psychoanalysis, tranquilizers, and hormonal treatment in later life as treatments received. Colice also participated in a work program while at the institution. She was given the job of managing the wardrobe in the hospital store soon after her admission to the hospital.

One family member recalled Colice's responsibilities at the hospital:

The only job I knew about was when she was in the wardrobe in the store. She was in charge of the clothing area where the patient's clothes were kept when they came back from the laundry. They were marked in there so they would know who they belonged to. My mother was in charge of that area while she was living at the hospital.

Other nonprofessional caregivers included large numbers of student nurses. Student nurses functioned in an extender role and offered some of the patients an opportunity for diversion from the hospital routine.

Colice's daughter, who received her psychiatric nurse training at the institution, recalled their duties:

We weren't taught to do anything outside the psychiatric setting. It would be dangerous for us to have tried that. We were taught how to relate to the patients, try to guide them in a way and how to entertain them. We were part of the occupational therapy department in a sense. We were taught how to play cards and how to do things like that with them. Our job was to distract them and keep them occupied.

A new profession, social work, reflected the change in treatment during the first part of the 20th century. Social workers were available to provide care and supervision for patients in the community. They were frequently assigned to coordinate discharge planning and care for discharged patients. In many cases, social workers functioned like modern case managers, finding employment and housing in the community, following up on a patient's progress outside the institution and providing advice and companionship (Sterns, 1918). The family or home-based care movement, which started at the turn of the century, became widely supported in the 1930s and 1940s. Under this system, patients who no longer needed the safety of the institutional setting were placed in homes in the community. This reduced overcrowding in hospitals and promoted the reintroduction of the patient into the mainstream of society. The family or home-based care

movement afforded the state with a less costly form of residential placement while providing a means of following up on patients who might require additional services. For some patients, it provided placement while they awaited release to their families and homes. For others, including Colice, it was as close to freedom as they would experience (Bisgrove, 1937; Molholm & Barton, 1941).

At the St. Lawrence State Hospital, social workers were similarly involved in the placement of the patients. One of Colice's children recalled the role of the social worker when she was a student nurse at the facility:

There were social workers at the hospital. They were the people who found the homes for the patients when they moved out to the neighborhood. We called them Case Workers.

Another of her children remembered seeing her at the foster home in which she lived for a time:

She was out of the hospital for quite a few years before she had a stroke. I couldn't tell that they were really doing anything for her, but watching her really. But she did get out and live with these people. In fact she went to live with a woman in Hamilton, New York for a long time. They took her shopping with them and did everything with the family. We could go and get her and take her out. She also lived with a woman in Hilton, New York. They went on trips and everything together. They were like best friends and the two of them lived in a big house alone. They weren't afraid of her running away or anything.

She just couldn't go home or make her own arrangements. That's why she couldn't come and



live with one of us kids because they wouldn't let her be that far away from the hospital. And she couldn't go home because there wasn't any home left.

### Incidence of Mental Illness

During this period, psychiatry began to define itself as a profession more clearly than it had in the past. The profession subdivided into subspecialties including the areas of child development, industrial psychiatry and psychoanalytic psychiatry (Healy, 1926). The new field of mental hygiene emphasized mental health more than the care and cure of mental disease. Mental hygiene focused on prevention of mental illness and restoration of impairment (Abbott, 1924). Psychiatrists focused their energies in particular on illness of schizophrenia, or dementia praecox, which accounted for a large percentage of inpatient admissions (May, 1931). Colice was officially diagnosed with involutional melancholia, which we would interpret today as depression which occurred during menopause.

According to the Bureau of Census (1937), there were approximately 450,000 patients living in mental hospitals in the United States in January 1, 1935. During that year, 140,000 were admitted, with a total of 590,000 being hospitalized at some point during the year. As a means of

comparison, in 1870, 45,000 persons were institutionalized for mental illness (Pratt, 1883). To express these numbers in terms of the general population, means that one of every 200 adults in the United States lived in a mental hospital in 1935. In New York State and Massachusetts, where beds were more numerous, this translated into a figure of 1 out of 150 adults. In 1936 in New York State, it is estimated that 1 out of 150 adults was a resident of a mental institution and 1 of every 100 adults was receiving psychiatric care during 1936. These figures refer to the hospitalized mentally ill. Patients in general hospitals, homes for the aged or inhabitants of other facilities were not included in these figures (Landis & Page, 1938).

Due to prevailing thoughts at the time, mental illness was a significant problem requiring vast amounts of resources on behalf of the medical community. Landis and Page (1938) estimated that 1 of every 20 individuals born would eventually be admitted and spend some part of their life in a mental hospital. In all probability, 1 out of 10 would be incapacitated, though not sent to a mental hospital, by mental disease at some point during their life. In fact, this opinion was supported by aggressive national policy that mandated building numerous

mental institutions and designating certain numbers of hospital beds for the mentally ill.

Of the 1,076,000 hospital beds in the United States in 1935, almost half were allotted to patients suffering from nervous or mental disease. The beds were continuously occupied, while general hospital beds were occupied approximately 35% of the time ("Hospital Service in the United States," 1936). Hospital beds for those suffering from mental disease were occupied by the same individuals for a longer period of time. General beds were estimated to be turned over 26 times a year. The reason for this difference related to the fact that mental disease incapacitated a person for a longer period of time. There were no psychotropic drugs which would allow for a quicker release. To further complicate matters, the prevailing thought at the time was that certain diagnoses lent themselves to specific lengths of time in the hospital. Thus regardless of a person's improvement or apparent mental health, certain lengths of stay were accepted as standard treatment ("Hospital Service in the United States," 1936).

If the prevailing thought was that certain diagnoses lent themselves to specific lengths of hospital stay regardless of improvement or mental health, it is

interesting to note how families responded in the face of such lengthy separations. The impact of lengthy hospitalizations was divided depending on the nature of the commitment. For many families, a prolonged stay was seen in a positive light. This was due to the large numbers of patients who were committed by members of their own families. According to Lunbeck (1994), close relations were responsible for committing 43% of all patients in mental institutions prior to 1950. Men comprised 42% of the committed group, while women comprised 58% of the committed group. Half of this number were single, divorced or widowed. Thirty-six percent were married at the time of their commitment (Foucault, 1980; D. Miller, 1988). Of the patients committed by their families, 79% received short-term or temporary commitment, 17% voluntarily committed themselves, and the remaining 4% received long-term commitment or were made wards of the state. According to Lunbeck, (1994), while most people assumed that commitment functions were carried out by the state, historical records suggest that family initiated commitments, in fact, served to dominate, manage and regulate individual behavior in much greater numbers than might be expected.

In some cases, relatives' motives to move toward commitment were based on outbursts of violence in the home. For others, the annoyance occasioned by long-tolerated eccentricities was sufficient. Many families simply became exhausted caring for eccentric people who made little contribution to the home. For them, commitment provided some degree of relief (Foucault, 1980).

For others, especially children, the impact was much more severe. Melanie Klein (1935) was one of the first to make a connection that the loss of a loved one in infancy or childhood could be a determinant to behavior in later life. Little was written about the psychological effects on the family as a result of significant loss. It was not until the 1940s that significant research was conducted in orphanages and hospitals concerning long-term impact of major loss (Bowlby, 1980). Most of the literature relating to loss of family members referred to the consequences of lost income, loss of status in the community and decreased financial prospects in the future (Bowlby, 1980; Lunbeck, 1994).

Several practitioners began to question why there were such dramatic needs for long-term institutional care. Various thoughts included an aging population, urban

density which promoted aberrant behavior, lack of family support for nonfunctional members, and family tension in relation to hard economic times, i.e., the depression and the war years. Others speculated that the rise in need for long-term institutional care was due to the huge increase in the number of hospital beds. In fact, several authors stated that an individual was more likely to "need" such care if they lived in Massachusetts and New York due to the large numbers of psychiatric beds in those states. This is not to suggest a conspiracy to fill unused hospital beds, but does suggest that one's likelihood of being diagnosed with a need for residential treatment was, in fact, related in part to space availability (Adler, 1933; Landis & Page, 1938; Lunbeck, 1994).

### Diagnosis

In the 1930s, there were three levels of classification for the mental status of individuals (Adler, 1933). The biological frame of reference included the normal individual, the neurotic individual and the psychotic individual. This frame of reference was accepted by a number of respected sources relating to mental disease and served to standardize the diagnosis of

mental illness (Hamilton & Kemp, 1939; Landis & Page, 1938).

The normal individual was one whose desires, emotions and interests were compatible with the social standards of the group. This level exhibited an absence of any prolonged conflict between the normal individual and the environment. Social adjustments were not easily disrupted by changes in self or the environment and the behavior was considered logical and understandable by the person's associates (Hansen, 1938; Landis & Page, 1938).

By contrast, neurotic individual was not well adjusted to the environment. Their desires, emotions and interests were often incompatible with the requirements of the community. According to Landis and Page (1938), this incompatibility led to mental conflicts which were expressed in terms of undue worry, chronic fatigue, absurd fears, obsessions, and compulsions. The individual usually managed to maintain passable rapport with their social environment and restrained behavior to conform with most social demands. Dunham and Weinberg (1960) reported that while the behavior may be peculiar, it was understandable. To a large extent, the person recognized and had insight into their own problems, although they were unable to solve them.

Based on interview data and Colice's personal writings, I would include Colice in this category. Colice's early writings suggest that she was plagued by unknown fears and worry. Family members remembered some of her behaviors as paranoid in nature. In the words of one of her children:

Well, mother was awful strict with the girls. I remember when I was in high school, she wouldn't let them out because she felt people were going to poison them. And then she was destroying the pictures and hiding stuff. Some people say there's a reason for all of that, but I don't see it.

While she was able to maintain passable rapport with her immediate family and the community in general, some of her behaviors were considered peculiar to others and were at the least, annoying to those on the receiving end of her attentions.

Another of Colice's children recalled an incident in which she became upset with her brother-in-law, Howard Sayer, and sister-in-law, Olive Sayer:

We'd been over to my aunt and uncle's house and after we came back or on the way home, I remember her (Colice) just going after my father about how this aunt and uncle were stealing from her. She went on about how some of the silverware they'd served us with was hers.

I think my father's family probably had a lot to do with the decision to commit her because it was his brother and his wife who were so strongly attacked by my mother, verbally and so



on, with this paranoia. I'm sure his family had some influence in it.

Colice's personal writings suggest she was aware and had some insight into her problems. At one point in Colice's notes concerning the reasons for her hospitalization, she wrote:

I guess I had a mental lapse. My husband as well as myself did not notice things for a short time. The trouble was once I got the key to it all, my mind was in too good a condition to suit my enemies.

According to the literature of the 1930s, the third level refers to the psychotic group. This person is almost completely maladjusted in their social group. Their behavior is irrational and incomprehensible to those around them. It is impossible for this person to control their actions or make them conform to others' behavior. Landis and Page (1938) and Hansen (1938) remark that there are such marked differences between the emotions and desires of normal and psychotic individuals that the psychotic person usually reacts by withdrawing or denying much of reality. This break with reality is so far reaching that the person cannot be appealed to effectively by logic, persuasion, suggestion, or force.

### Categories of Psychosis

In addition to classifying mental status, there were generally three categories of psychoses which physicians would treat in the institutional setting. They included organic psychoses, functional psychoses and psychoneuroses (Dayton, 1935). Organic psychoses included senile dementia, cerebral arteriosclerosis, general paresis and alcoholic psychosis. Functional psychoses included dementia praecox, manic-depressive psychoses, involutional melancholia and paranoia (May, 1931). Since there was no demonstrable organic pathology, at the time, heredity and "constitutional factors" were considered chief causes of functional psychosis. The third category was called psychoneuroses. These individuals suffered from a psychopathic personality, which was thought to be caused by psychogenic etiological factors. Such factors included age, race, sex and country of origin, Individuals of young or advanced age, non-Christian heritage, females or those emigrating from foreign countries were thought to be at greatest risk for having a psychoneurosis. Because little was known about the physiological etiology of these illnesses, the literature is full of analyses of the impact on mental health of the factors listed (Hansen, 1938; Landis & Page, 1938).

Colice was diagnosed with a functional neurosis called "involutional melancholia." Ayd (1961) described involutional melancholia as a depression which occurred during a period of life when there was a decline in the activity of the endocrine system. While some practitioners during this time continued to believe in causal factors specific to women as a determinant of mental illness to women, i.e., menstrual puerperal and climacteric psychoses, changes in understanding suggested that a woman's attitude towards these processes was more important than her biological functioning (Allen & Henry, 1933). The authors stated that difficulties some women had with menopause had more to do with fear and anxiety about the process than it did with the biological changes themselves (Ferrar & Franks, 1931; Wilson, 1966).

To the practitioner at the time, involutional melancholia was distinguishable from manic-depressive reactions in three general aspects. The first was the person's genetic background. Ferrar and Franks (1931) supported the idea that hereditary factors played a larger role in involutional melancholia than in depressive illness. The authors noted that the family history of patients with involutional melancholia revealed a much higher incidence of psychiatric disorders among blood

relatives than that found in the general population. According to their reports, the difference between manic-depressive families and families with a preponderance of involuntional melancholia was that families with a history of involuntional melancholia had more relatives who had the same illness or who had schizophrenia than did manic-depressive families. Such distinctions have been disproved in modern medicine, however, it is important to note that this was the prevailing thought at the time (Wilson, 1966).

Ayd (1961) described the symptoms of involuntional melancholia as those that erupted after a prodromal period during which the person's less desirable personality traits became magnified. He included increasing anxiety, restlessness, weight loss, insomnia and emotional instability in the list of symptoms. The symptoms of incessant pacing, hand wringing, tearing at clothing and excessive concern with bodily functions were also noted. According to the author, the patients frequently portrayed themselves as a horrible person, worthy of the severest punishment, and delusions of guilt. Because of the patient's perspective, and for other reasons relating to safety, the individuals suffering from this disease were

institutionalized for self-protection and the protection of their families (Allen & Henry, 1933).

There were two types of involutinal reaction described in the literature of the time. The first and most common type included the appearance of depression with accompanied agitation. The second type was characterized by delusions of reference and persecution (Allen & Henry, 1933). It should be noted that there are no references in Colice's personal notes or poetry to the effect that she believed herself to be a horrible person or worthy of severe punishment. Furthermore, according to written notes and interview data, there was no evidence she suffered from delusions of excessive guilt. She did, however, suffer from delusions of persecution, and was affected by excessive worry and depression. It is unclear though, when Colice began to suffer from these effects prior to her hospitalization and the degree to which she became increasingly affected over time.

Ayd's (1961) assessment, however, concurred with the reasons given to Colice's family about the need for her commitment. According to interview data, Edgar feared she might prove a personal threat. As a consequence, based on Edgar's testimony and on the statements of other community members, it was deemed necessary by Colice's family

physician to involuntarily commit her. It was interesting to note that when Colice wrote of the reasons for her hospitalization, being a danger to anyone else was not mentioned. Clearly, she did not see herself as a dangerous person in spite of her husband's perceptions.

### Hospital Life

Hospitalized mental patients were often classified by two categories, short-term and long-term patients. Fuller and Johnson (1931) found that 49% of state hospital patients had a hospital stay that averaged over eight years. Of those patients who stayed at least ten years, 42% were diagnosed as having dementia praecox, 14% as having alcoholism, 11% were manic-depressive or had involuntional melancholia, 6% had general paresis, 6% had cerebral arteriosclerosis, and 4% were diagnosed with senile dementia. While the average length of stay for almost 50% of the population of the state hospital was 8 years, Colice stayed under the authority of the St. Lawrence State Hospital for 43 years.

The median age for first admissions was 45 years of age. Colice was 44 at the time of her commitment. Furthermore, Fuller and Johnson (1931) estimated that one in five patients died within a year of hospitalization. The excessive mortality rate was especially marked in

younger age groups. Malzberg (1934) found that for all age groups the death rate of mental patients in New York State was 3 to 6 times as great as the general population. For the age group 15 to 19, the death rate was 24 times as great. Compared to the general population, the death rate of dementia patients was 2.3 times as great, 4.8 times as great for alcoholics, 5.7 times as great for manic-depressives, and 14.8 times as great for the general parietic patient (Bureau of Census, 1933; Fuller & Johnson, 1931; Malzberg, 1934).

#### Treatment Outcomes

During this period, some practitioners became aware that long-term institutional care was in itself detrimental to the mental health of patients (Fuller & Johnson, 1931). According to Landis and Page (1938), if a patient was recently admitted to a psychiatric facility, the chances for a favorable outcome were quite good if a quick discharge was obtained. Unfortunately, for patients who had been hospitalized for more than a year, the prognosis was generally unfavorable. In 1935, there were about 445,000 patients treated in state mental hospitals in the United States (Bureau of Census, 1935). During that year, approximately 7%, or 30,000 people were discharged as recovered or improved (Landis & Page, 1938).

Another means of looking at discharge rates is used in relation to the admission rates. It is estimated that for every 100 patients admitted during 1933, there were 46 discharges. Of these 46 discharges, 39 were estimated to be discharged with improvement or recovery, and 7 were either unimproved or unreported. In New York State mental hospitals, the rate was estimated to be 38 discharges for every 100 inpatient admissions. Another way of reporting this figure was that for every 100 inpatient admissions in New York State, 62 patients were retained for lack of progress. These were not auspicious results, to say the least.

During this period, increasing numbers of practitioners became aware that the mental health system appeared detrimental to the eventual health of the patient (Menninger, 1948). Chances for recovery seemed to depend on the length of time in the hospital, with the greatest chance of recovery occurring for those with recent admissions. Writers of the time began to describe a syndrome known as "institutionalization" or "prison stupor." This occurred in patients with reduced social contacts, who became passive and unmotivated (Myerson, 1939). Some writers described the chances of recovery as being influenced by a person's sex, age, and variety of



the illness. In 1931, the average length of stay for mental illness in all types of facilities was reported to be 3.7 years for men and 4.7 years for women (Fuller & Johnston, 1931).

The reasons for the differences between hospitalization stays for men and women was not clear, although some cited a woman's lack of economic resources which prohibited her return to the home as a possibility (Fuller & Johnston, 1931; Landis & Page, 1938). The conclusion drawn by psychiatrists who identified the length of institutionalization as having a detrimental effect was that institutions promoted a level of conformity and compliance unseen in general society and actually worked against the development and maintenance of a healthy personality over time (Erickson & Hoskins, 1931; Myerson, 1939).

#### Therapies for the Mentally Ill

In addition to regular habits, scheduled employment, moral treatment, and hydrotherapy, the mid-1900s saw the emergence of radical physical interventions in the treatment of mental illness. During this period, practitioners suggested the use of prolonged narcosis or long-term sleep for patients with schizophrenia, depression or over-excitement (Hoch, 1934). Several

procedures were developed to shock the person's metabolic system. Some psychiatrists believed that a profound shock would change the patient's affective state dramatically, thus improving their ability to exist in the current environment. Insulin shock in particular was designed to produce a coma by creating intense degrees of hypoglycemia (Sakel, 1937). The development of insulin shock was quickly followed by the advent of Metrazol-shock treatment and then by electro-convulsive therapy. This therapy became the treatment of choice because it was thought to be safer, simpler to administer, more economical, and apparently less noxious. A single physician or technician could shock 30 patients in under 2 hours using electro-convulsive shock therapy. The prescribed treatment varied but often called for a series of 20 shocks in order to adequately treat patients with schizophrenia. The ethical use of this treatment, however, was widely debated and promoted emotional and heated debates in the clinical arena (Kalinowski, Bigelow, & Brikates, 1941; Menninger, 1948).

Other treatments used during this time included psychosurgery in which prefrontal lobotomies were performed on patients in need of therapy to reduce unrelieved worry, anxiety, and apprehension. Patients

experiencing this surgery exhibited a loss of spontaneity and the procedure did not find long-term favor for this reason (Freeman & Watts, 1945). Another therapy used during this period was the enforced sterilization of mental patients. This practice was suggested as a means to reduce the genetic transmittance of mental illness and was legally permitted in 24 states during this period (Gamble, 1945).

Perhaps the best known approach to mental illness related to the use of psychotherapy. Psychotherapy was a modality in which patients were encouraged to talk about their symptoms and come to an understanding about the meaning of particular behaviors (Sullivan, 1931). That talk might prove to be beneficial was difficult for patients and practitioners to believe. Therapy stressed the importance of baths and packs, of work and structure. Some practitioners would say these methods were nothing more than a humane attempt at restraint (Lunbeck, 1994). The exploration of the power of therapeutic talk, however, was breaking new ground. Psychiatrists, nurses, social workers, and attendants talked to patients in formal settings such as staff meetings and interviews. Nurses and attendants, who spent great amounts of time with the patients, began to listen to their worries, dispensing

advice and reassurance. Lunbeck asserted that in spite of the fact that much of the patient commentary on attendants was negative, there is recorded evidence that all relationships between patients and attendants were not uniformly bad.

Psychoanalysis was another of the new talking social treatments applied to the mentally ill during this period. Psychoanalysis involved a technique which focused on the reconstruction of early childhood memories and an analysis of the transference that developed between the patient and the therapist (Sullivan, 1931). There were, however, profound differences between psychotherapy and psychoanalysis. Southard and Jarrett (1922) called psychotherapy persuasive talk. This could range from simple phrases such as, "cheer up," and, "don't let it get you down," to more subtle advice that worked by means of suggestion. Because psychoanalysis was so labor intensive, the method was not a technique for the masses of patients residing in institutions across the country. According to Lunbeck (1994), psychiatrists did not have the time or inclination to engage in intense therapeutic relationships. She adds that psychotherapy and psychoanalysis demanded a level of professional

self-restraint far beyond what the discipline at that time could muster.

In addition to the social treatments of psychoanalysis and psychotherapy, the period after World War I saw an emergence in the field of rehabilitation therapy. The new focus was on social rehabilitation and the preparation of the patient to return to the community. The rehabilitation effort included occupational therapy which was designed to enable the patient to control his or her emotions and to direct appropriate responses in healthy directions. Rehabilitation therapy was thought to encourage those patients who were capable, to work constructively in the institutional setting, holding jobs, completing assignments and proving their economic usefulness until their return to the community (Rennie, 1945). Colice excelled in her job managing and organizing the wardrobe for the institution. As a result of her hard work and efficiency, Colice received a great deal of personal freedom to move about the grounds and spend her free time unsupervised.

This discussion focused on the changes in the care and treatment of the mentally ill during the previous 150 years. Asylum care gave way to hospital care and eventually community-based treatment. Lunbeck (1994) noted

that this was to be accomplished in part by placing their patients in, so called, scientifically based communities. The introduction of more humane treatments, the reduction of the use of restraints, isolation, and harsh conduct and the use of a moral approach that focused on kindness, therapy, and productive work instead of wasting idle time were changes brought about by a renewed focus on the nature of mental illness (Fuller & Johnson, 1931; Landis & Page, 1938; Menninger, 1948).

Instead of mental illness being classified as a moral failing, biological causal factors were beginning to be examined. The lack of psychotropic medications to control psychotic symptoms kept practitioners at the time from achieving greater success with these individuals. And finally, the addition of the nearly normal as in need of psychiatric services and the overbuilding of the mental institution industry meant that a greater number of people endured lives in these settings than was necessary (Adler, 1933; Hansen, 1938; Landis & Page, 1938; Lunbeck, 1994).

While the use of moral treatment would be advantageous in Colice's case, the choice of work assignment was in all likelihood, not clinically beneficial. The assignment of someone, who was by all

accounts compulsively clean and orderly and to manage the wardrobe for a large institution would be regarded today as detrimental to her long-term mental health goals. In this sense, Colice's treatment, while perhaps more humane, was not clinically sound and in all probability did little to alleviate her symptoms. From reading her personal notes and journal clippings, it seems likely that Colice received the most therapeutic benefit from reading, writing, and self-reflection. These were activities Colice provided for herself.

#### Treatment of Women

It is difficult to discuss the treatment of women by the medical establishment in isolation of the historical, economic and sociological events of the day. Medical assessment and treatment are frequently manifestations of prevailing thoughts about the nature of women and how they interrelate with the rest of society. For the purposes of this study, the historical care and treatment of women with mental illness are offered. In addition, the roles of women during this time and the institution of marriage are provided (Lunbeck, 1994).

### Historical Care of Women with Mental Illness

For the past several hundred years, medical practitioners promoted a view that certain conditions of women were conducive to mental illness. These gender-specific conditions were aligned, as reported previously, on biological and moral grounds. Physical causes of insanity were believed to be related to defects in the uterine or ovarian systems which produced secondary symptoms of disorganization and hysteria (Curtis, 1836; Storer, 1864). Curtis, in Midwifery, 1836, wrote the following explanation:

There are times in the course of "medical maneuvering," by virtue of a light cold or the indulgence of a fretful or crooked disposition, that a lady's whole nervous system becomes so deranged that the doctor cannot determine what plan of treatment to pursue or what remedies to use. While many do not know how to continue with the illness, the true definition of its cause is inseparably connected with the uterus and wholly confined to females. (pp. 273-274)

Similarly, the very processes of menstruating, giving birth, and lactating were identified as primary causes of secondary insanity in women (McDonald, 1847). Moral causes of insanity were reportedly related to exhaustion from attempting to manage the home and children, mental strain and duress related to attempts at difficult mental activity, excessive study, disappointment and grief (Jarvis, 1860).



Medical, Social, and Economic Influences  
in the 1900s

At the turn of the century, the previous traditional image of wife and mother was in jeopardy. This was evidenced by the words of Theodore Roosevelt, who was seeking to hold onto old images by declaring that the virtuous woman was consistent with her moral superiority, her virtue, and her maternal nature. Furthermore, according to Roosevelt, the woman who shirked the duty of wife and mother was worthy of contempt by her country (Ehrenreich & English, 1978). The New Woman, as it was described, was less likely to marry immediately, interested in employment in the community, working for suffrage and increasingly occupied with an interest in issues outside the home (Lunbeck, 1994). Changes in behaviors, ideas, and perceptions about a woman's place in society led to new challenges in psychiatric theory.

Twentieth century practitioners typically divided gender-specific causes into three categories: biology, sexuality and role-lifestyle. As before, the biological function of women's bodies was a source of pathology. Menstruation and pregnancy were correlated with psychiatric imbalance. Postpartum insanity began to receive attention during this time. It was believed to begin two to six weeks following childbirth and was

characterized by a loss of sleep, disorientation, irritability, restlessness, and even antagonistic feelings to her husband (Ehrenreich & English, 1978).

The second type of gender-specific cause of mental insanity targeted female sexuality as a cause of nervous distress in women (Ryan, 1987). Fear of unwanted pregnancy, the complications of delivery, and attendant concerns of caring for additional children were thought to cause nervousness and irritability. Due to the lack of contraception, the practice of interrupted coitus was used to prevent conception. It was reported that this caused distress and nervousness in men as well as women (Myerson, 1920b; 1921). A new psychosis was identified, however, with the advent of the hypersexual female.

Lunbeck (1994) described the hypersexual female as a willfully passionate woman who could not control her desire for sexual pleasure. Attractive, high-spirited and in many respects perfectly normal, the psychiatric establishment struggled with the diagnosis of psychopathy, yet they diagnosed one woman after another as having the symptoms of mental disease. These patients presented frequently as pleasant, attractive, even alluring, and nearly normal. This led the medical establishment to conclude that perhaps they might be diagnosing a conduct

disorder whose ontological status was unknown instead of a pathological condition. Such were the medical views of the physicians who may have cared for Colice (Lunbeck, 1994).

The third type of gender-specific cause to mental illness related to aspects of a woman's role and her lifestyle. In particular, the neurosis of the housewife was used to describe what was called the occupational neurosis particular to women suffering from the monotony, poverty, discontent and exhaustion of working in the home (Myerson, 1920a). Lack of resources to reduce the threat of pregnancy and difficulties in childbirth, and the constancy of the responsibilities of the home were common causes of unhappiness in marriage. This led to a concern about the future of marriage or what was generally known as a marriage crisis (Lunbeck, 1994). To emphasize this concern, the divorce rate between 1890 and 1920 more than doubled. This led many to wonder if the New Woman was not as suited to marriage as her predecessors had been. Possible culprits included the world of work, education, feminism and even the emergence of the new, highly spirited movie heroine (Lunbeck, 1994; Rosenberg, 1992; Ryan, 1987).

In addition, the years between World War I and World War II saw the resurgence of two continuing roles for women. The first was related to the Ideal Mother. She was a woman whose greatest happiness came from caring for her children. This phase paralleled the development of psychological knowledge about parenting and about mothering in particular. The idea and message uniformly conveyed to women was that the greatest pleasure in life came from motherhood and if they did not want this role, something must be wrong with them (Gilman, 1918).

The second role for women which gained prominence after World War II, was known as the Happy Homemaker. The Happy Homemaker was fully satisfied doing housework, tasks and showed her love of her family by taking excellent care of the home. She was admired for her cheerfulness, her creativity in stretching the family budget and was congratulated for her lack of worry and irritation about her expectations (Schwartz-Cowan, 1987). For many women, especially during the Depression and war years, this idealized image placed unrealistic expectations on an already difficult situation. This situation was exacerbated by the advertising industry who served to foster the images of correct womanhood by advertising images of Happy Homemakers buying their products (Evans,

1989). In keeping with these images of happiness in the home and a social agenda that required that women would not compete in the workplace, many women de-emphasized their involvement in social reforms that had been so popular at the turn of the century. There were many strong women who continued the fight. The rank and file American women, however, were often preoccupied with fixing their own families instead of society (Evans, 1989; Schwartz-Cowan, 1991).

Causal factors related to the incidence of mental illnesses specific to women decreased in popularity during this period (Allen & Henry, 1933). References to female biology as a causal factor were replaced with a general presumption that routine biological processes did not in themselves cause mental illness. Instead, practitioners discussed the difficulties that some women experienced with these processes, menopause in particular. For some women, according to popular opinion, the fear and anxiety related to menopause, were the cause of disorder. Biological functions were believed to be related to mental illness in women only in relation to her attitudes about the function or process, not due to physiology alone (Ferrar & Franks, 1931). While there was a variety of interpretations related to the causes of mental disorders

in women during this period of time, the importance of female biology as a causal factor declined in the literature of the period.

### Marriage

While commercial, social, and political interests had their views on the roles of women, the psychiatric establishment was concerned with the institution of marriage. Based on hundreds of interpretations of domestic drama, practitioners of the time developed a pragmatic interpretation of the institution. Lunbeck (1994) noted there was little patience with the romantic notion of marriage. To the psychiatric establishment, marriage was an imperfect, constantly evolving enterprise that united men and women who had fundamentally different interests and reasons for entering into the arrangement. At best, harmony was hoped for. It was generally thought that happiness and passion were impossible to attain when the union itself engendered familiarity, indifference to objectionable habits and often contempt.

Married working-class and middle-class men and women frequently lived in separate worlds during this time. A strict division of labor kept many women in the home during the 1920s and 1930s. This was in part supported by public opinion that prohibited married women from taking

certain critical jobs outside the home (Ryan, 1987). This perspective, which functioned to decrease a woman's ability to find certain kinds of work was based on the assumption that married women took employment away from men and that families would be better served if women were in the home rather than in the workforce. Because of this role separation, many men moved in the public domain of the workplace by day and often the club or saloon in the evening. They would return to the home and neighborhood at night. Women often served as household managers, laying claim to up to two-thirds of the weekly pay. The rest was typically the man's to use at his discretion. Because of the uncertain nature of the work environment during these years, the inevitability of discontent without a consistent paycheck ensured both parties would be at odds (Evans, 1989; Lunbeck, 1994).

Difficulties in the home were related not only to financial incompatibility, but also to emotional differences. According to a popular women's view at the time, a husband's obligations to his wife included financial support, but also love and affection as well. From the man's point of view, love was not always required. In his opinion, a man's responsibility was to provide housing and support the family. Many men did not

feel the need to pretend there were not inequalities in marriage. According to this popular view, it was natural for the man to behave as he wished and his wife had nothing to say about it (Evans, 1989; Hartog, 1991).

Many wondered why marriage was so difficult. The medical establishment wondered how anyone could have imagined it otherwise. Psychiatrists saw conflict in marriage as an expectation based on the differences in men's and women's perceptions of the union (Southard & Jarrett, 1922). According to the prevailing view at the time, the man bridled against restraint naturally, while a woman's very nature caused her to try to rein him in. The general understanding as to the role of manhood during the 1920s and 1930s among the working class was that a wife, a few children, and a home were the accoutrements of a proper man. There was no mention of the need to make the wife or children happy or provide for them on any level other than that which he might choose (Myerson, 1921). Lunbeck (1994) wrote that for the time, many of the men whose marriages foundered were unable to distinguish love from obedience and submission, unable to imagine love unlinked to patriarchal authority.

Not surprisingly, many of the women who were under the care of the mental health practitioner were deeply



disappointed in their husbands. They learned in marriage that men were not all they had believed they would be (Rothman, 1978). Many women believed in the value of a virtuous life, a life of service to home and family. These women often expected respect and love based on their sacrifice for the family. Instead, many of them felt unloved, deceived, the recipient of scorn, lies and deceit (Lunbeck, 1994). For many women, their husband's unfaithfulness in light of the children they had fathered was especially disappointing. These women maintained that a decent home and family should instill refinement and respect in a man. They believed that family life would give him strength and courage to be a man. In their own ways, perhaps their expectations of men were as unrealistic as were their expectations of themselves (Ehrenreich & English, 1978). Colice was one of those women who was especially disappointed in her husband. She clearly believed that her labors and love for her family should have provided her with the respect, fidelity, and affection of her husband. Not only did she not receive them, but according to personal writings, Colice felt she was abandoned and committed to an institution by the very person she trusted and loved.

For the psychiatric community, while theoretically understanding the tension and suffering between men and women, the vast majority of medical professionals were men. Hence, their attitudes were founded in the same theoretical underpinnings as were their other medical brothers (Lunbeck, 1994; Myerson, 1921). While they might express contempt for convention and sentiment, and disdain for old-fashioned marriage, the psychiatric community was essentially conservative in their perspective of the institution of marriage. Most were unable to imagine what form modern marriage might assume (Lunbeck, 1994; Myerson, 1920a).

#### Psychiatry and the Law

The purpose of reviewing the literature regarding psychiatry and the law is to explore some of the issues regarding Colice's married life that raised questions in the family and to establish how Colice Sayer could legally be committed against her will to a state mental institution for an extended period of time. Based on our present understanding, it seems incomprehensible that a person who committed no crimes against another person, could be treated so harshly. It is also puzzling that a husband who was clearly adulterous, and who lived openly with a number of other women, did not attempt to divorce

his wife so that he might marry again or divest his wife of his assets. In order to find the answers to some of these questions, it is important to look to the literature in order to gain some understanding about the relationship between psychiatry and the law. Historical review allows us a window into the past so we might gain insight into the legal and medical perspectives of these issues during the mid-1900s.

#### Professional Perspectives

There are many differences in the ways in which law and psychiatry view the world. These differences are complex and often confusing. Peszke (1976) described the law as logical and reasonable. At least, that is what members of the profession would like the public to believe. In order for the legal system to function, it must be more than logical or reasonable, it must be definite (Robitscher, 1966). Interpretation of the law is based on precedent and on an established set of rules.

Psychiatry, however, deals with the illogical and the unreasonable. The psychiatrist sees the world in relative terms. Lawyers see the world in a more concrete, absolute manner. Robitscher (1966) noted that the law has been developed to protect not only the individual from society but also society from the individual. The psychiatrist is

not primarily interested in the individual's relationship to the outside world. They are concerned with the individual's relationship to various components of their own personality.

There are other differences between the law and psychiatry that present difficulties for the public. Although the law prides itself on its adherence to logic and reason, specific rules must be followed in order to address an issue in a logical fashion. If an action has not been filed in a specific time period or incorrect language is used, according to the law, logic and reason cannot come into play. Certain legal criteria, process and procedure must be met or the opportunity to address logic and reason will not be granted (Overholser, 1967).

Psychiatry is based on relativity. In attempting to deal with illogical and unreasonable human actions, psychiatrists try to probe and understand what led to the observed behavior. Because of the relative nature of their professional practice, they are often contemptuous of precedent and disrespectful of the need to be procedurally precise (Robitscher, 1966).

Finally, there is another fundamental difference between the law and psychiatry that further complicates their world view. The legal system is fundamentally a

public process. Its legitimacy rests in the right of the people to have access to public knowledge and public record. The psychiatric relationship, however, is based on a tradition of privacy and confidentiality which dates back to Hippocrates. Privacy is the essence of the physician-client relationship. Whitlock (1963) described the uneasy relationship of these professions:

The long, uneasy flirtation between law and medicine is unlikely ever to end in harmonious matrimony with understanding and acceptance of the points of view of each side. At the very best one might foresee some marriage of convenience but, more likely, there will be a shotgun wedding forced on the parties concerned by a public impatient both with legal argument and psychiatric differences in open court. Certainly, at times, it has seemed that, rather than there being a happy ending to the courtship, mutual antipathy might lead to an open and irreconcilable breach. Conflicting opinions have been expressed in forthright terms to such a degree that one wonders how far it will ever be possible to bring together in a spirit of mutual toleration two forces, each bent on asserting its own views to the exclusion of the others. (p. 204)

An individual may be caught, however, between the legal and medial interpretations of professional responsibility. Whether they are called a patient or a client, the services of each may be called upon. Bazelon (1974) wrote about the differences between the ways the two professions may view a patient's prognosis. Psychiatry may say that it is in the best interest of the

individual to be committed to an institution against their will. The law will determine whether the psychiatrist or the patient will prevail. The law says the client cannot write a valid will or enter into a contract, marry or divorce, because they do not have the mental capacity to know the meaning of the legal matter. However, the psychiatrist must examine the client to see whether the lawyer's opinion agrees with medical opinion. These are areas where the lawyer and the psychiatrist become mutually involved. With both sides in frequent disagreement, it is easy to see that the individual would have a difficult time, convincing one if not both of the need for change in status or living arrangement (Robitscher, 1966).

### Legal Themes

There were four legal themes that have shaped our jurisprudence system in the past and continue to do so today. They were described by Robitscher (1996) as:

1. The sanctity of the contract.
2. The status of special protection.
3. The importance of consent and intention.
4. The concept of individual rights.

Some of these themes were derived from the early writings of Anglo-Saxon law and others have been worked out in the

courts during the last century. By briefly tracing them, a unified legal system can be outlined which enables a more thorough understanding of how legal decisions were made (Logan, 1955).

The first of these, the sanctity of the contract, was developed by English law centuries ago. During the Middle Ages, promises were binding only if certain requirements were met or if they fell within the scope of statutes or previous decisions. Because of the growing needs of mercantilism, increasingly complex agreements became necessary. By the late 1800s, English jurists saw the contract as the cornerstone of society. The contract became sacred in English law. The American legal system developed from the historical underpinnings of the English system, which also held that the contract was a binding document that was an essential element of a civilized society (Peszke, 1976).

The second theme related to the status of special protection. Society has long recognized the need to protect the young, the mentally incompetent, the disabled and the disadvantaged. As a result, the law has frequently given special consideration and protection to the vulnerable and the helpless. The law recognized that persons belonging to these groups needed special

protection in order to be given some equality of status and in so doing provided them with greater protection in the courts. Equality of status was, therefore, seen to be critical for contracting parties. In order for the courts to protect the less fortunate, the courts had to depart from their neutral position in order to protect the legal interests of those in need. The net result was often that often persons needing special protection by the courts received some measure of consideration (Logan, 1955; Peszke, 1976).

The third theme that ran through all phases of the law was the importance of consent and intention. This was important because in order for a contract to be valid, the law must ensure there was mutual agreement, or real understanding between the contrasting parties. If the law sanctified a contract, the courts must be assured there was a contract before enforcement of its stipulations could begin. This was important when one of the contracting parties was mentally incapacitated because the law could not assure there was real understanding between parties or mutual agreement (Logan, 1955).

Finally, the fourth theme that provided the basis of the legal system spoke to the concept of individual rights. Of all rights, freedom of movement, the freedom



to come and go as one pleased, was perhaps the most fundamental and sacred. In spite of these protections, the law clearly regarded the mentally ill as a separate class of citizens who did not necessarily need to share this right with the rest of society. In the words of one legal scholar:

The law will say to psychiatric patients, as it says to no other class in our society: Although you have done no wrong and are not a criminal, we will lock you up for an indeterminate period of time and take away your rights in very much the same manner that we do when we deal with criminals. The law is willing to go to this extreme, but it does so with due recognition that it is going to an extreme. Because the law takes away rights, it must scrutinize every phase of the process by which these rights are divested. (Ross, 1944, p. 112)

Both the law and psychiatry were areas where the rights and liberties of the mentally ill were denied. During much of this century, people who could otherwise vote, marry, have children, or move about freely were denied these possibilities if they were considered and judged to be mentally ill. While today we look at the protection of the rights of the individual as a paramount concern, in the middle of the 20th century the paramount theme was protection of society from the behaviors of the mentally ill (Katz, 1966).

### Divorce Law

One of the questions Colice's family members have struggled with is the infidelity of Colice's husband, Edgar. Colice was committed to the St. Lawrence State Hospital in 1934. She lived under the protection of the State of New York for 43 years, until her death in 1977. Edgar and Colice never divorced, however, Edgar lived with several women before moving in with one of his daughters prior to his death. The question that frequently emerges in discussions is, "Why, if he was so unhappy, did he not divorce Colice and have the choice of remarrying or making other legal financial arrangements?" A review of divorce law during the 1930s through the 1960s reveals some interesting possible answers.

Most people know that marriage is a permanent obligation. If nothing else, the marriage vows are explicit, "Until death do us part." When a couple marries, this state of affairs served as a legal and binding contract. Divorce laws until the past few decades upheld this obligation and both parties were bound to maintain the partnership unless it could be determined that a set of circumstances was so compelling that it would be in the best interest of all parties to dissolve the partnership (Robitscher, 1966).

In the view of the law, the set of circumstances reviewed must be related to a hardship and a lack of mutuality between husband and wife. For instance, in the case of a convicted felon serving a life sentence, if the wife wished to divorce her husband the courts in most states would approve this action whether there were other grounds for divorce or whether the prisoner objected. The legal reasoning in this instance was that it appeared that the prisoner made himself unavailable to his wife and that this was a violation of the marriage contract. Some might argue that mental illness made it impossible for mutuality to exist in a marriage contract, especially in the case in which one partner was committed to an institution for a lengthy period of time (Logan, 1955).

In this instance, however, the law takes a differing position. The four legal themes previously mentioned stressed the importance in the legal system of the sanctity of the contract, the court's need to provide for the weak in order to promote equality of status, the importance of consent and intention and the sanctity of personal freedom (Logan, 1955). The courts upheld the contract as a cornerstone of society. Marriage was, in the eyes of the law, a fundamental contract. The courts also upheld the importance of providing for the weakest

among us so they might be protected from the strong. The weak were defined as widows, orphans, children, the aged and the mentally helpless. As a result, insanity was considered a bar to a suit for divorce. The general rule of law was that even though a well spouse had seemingly valid grounds for divorcing a mentally ill partner, which included evidence of desertion, adultery or acts of cruelty, the suit could be defeated by showing that the partner was either mentally ill when the grounds for divorce came into being or that the partner was presently mentally ill (Robitscher, 1966).

Most states, including New York State, have consistently denied divorce on the ground of mental disability until the mid-1960s (Gupta, 1971). This denial was supported even if it caused a prolonged or permanent marriage of separated partners. The reasoning behind this stemmed from the thought that the mentally ill spouse lacked the capacity to determine whether to defend the suit, or to know what in fact was taking place. According to New York State law, in the event the mentally ill spouse decided to defend the suit, the courts determined the mentally ill could not conduct themselves in a manner which would present the strongest possible defense (Robitscher, 1966). Therefore, divorce was consistently

denied in New York State based on the grounds of mental disability.

In the "Report of the American Bar Association," Lindman and McIntyre (1961), pointed out that Arkansas, in 1843, and Washington, in 1886, are variously credited with being the first states to permit divorce for post-nuptial mental illness. By 1931, 13 states had such statutory provisions; by 1946, 26 states allowed divorce for mental illness; and by 1961, 30 states approved such divorces.

This is in contrast to the law in Sweden allowing a divorce for insanity that dates back over 100 years (Katz, 1966). This idea gained acceptance very slowly, both in Europe and subsequently in the United States. According to Gupta (1971), New York State was not an early adoptee of this line of reasoning, so it is clear that Edgar's married state was not an option for him during the time of Colice's institutionalization.

In those states permitting divorce for post-nuptial mental illness, the terms of the statutes and the protection given to the hospitalized spouse effectively prevented many divorces from being granted. The problem with such statutes was that most all required the mentally ill spouse's condition to be incurable and another one-half of the states required this status to be

established by medical testimony. Lunbeck (1994) noted that obtaining medical testimony was not an easy task. Most psychiatrists during the time resisted diagnosing incurable mental illness, as it was a reflection on their inability to provide a cure for the disease (Logan, 1955).

States that permitted divorce from a mentally ill spouse in most cases required the well spouse to be financially responsible for the ill spouse after the divorce was finalized. Even if Edgar had been able to obtain a divorce from Colice, the law would have required him to be financially responsible for her for the remainder of her life. Since he was not financially responsible for her and had her declared a ward of the state, it is doubtful he would have been willing to take on financial responsibility in order to gain his personal freedom. While Colice's commitment represented a permanent loss of individual freedom for her, in effect, it is clear that this very situation resulted in a permanent loss of marital freedom for her spouse as well. The loss of freedom to remarry however was not in any way equivalent to Colice's loss of autonomy (Robitscher, 1966).

Consent and Commitment

The second question relating to the law and psychiatry has to do with how Colice could have been institutionalized against her will for 43 years. Since the oldest children were away from home at the time of Colice's commitment, the only perspective of this event is provided by Colice in an undated written statement. It gives a glimpse of her feelings about the event and what she thought happened:

In the year of 1934, I was committed here by a circle organized bunch of people who had slandered, and tried to criminally libel me by making other people think I had their property. Mrs. Thomas Sayer came to my home with Belle Williams and demanded to look at my casserole, picking out identification marks of acid stain on it. I had one very much like this except mine had no acid stain. My husband had given it to me for a Christmas present. Also one of the neighbors, Mrs. Mix, had told me Howard Sayer had come back to the house as if I sent him after dishes and carried out what looked like a casserole.

Then my mother-in-law and others looked at my iron, which suddenly had a piece knocked out of the handle and was not as good an iron as mine. I bought my iron brand new and it never scorched like Mother Sayer's did. So I knew that Mr. and Mrs. Howard Sayer and their friends were changing things in my house to try to make out that there was something the matter with my mind. I never mentioned this either to my own husband or children, so when they placed it on my papers, they said it because they knew they had changed things.

If I had of had a chance to fight for my sanity before I was used so inhuman it would have been

different. Certainly I said nothing insane to Dr. Sylvester. He had my papers all ready made out and no matter what I said he intended to place me here on what my enemies said. I knew they had the hearing in his office and all I asked was for him to explain why they did it. I said nothing insane, all I simply said was my sister-in-law tried to prove I was insane and then they committed me.

I was not allowed any defense or hearing because I could have proved they had showed far more signs of insanity than I ever did. When Dr. Sylvester took my papers to Watertown, I was right there shopping, but he never allowed the Judge to see me, nor did he allow me to know what was on my papers or ask me if I ever said what my enemies had said I said.

While this account provides Colice's perspective on the proceedings, it is necessary to go to the literature for the legal and psychiatric perspective at the time.

The question which arises concerns who among the mentally ill could be involuntarily hospitalized? According to Lindman and McIntyre (1961), it depended on the state in which a person resided in as to the definition applied to mental illness. In New York in the 1930s, the mentally ill were described as persons or individuals who came under either or both of the following descriptions; one who is in such mental condition that they are in need of supervision, care or restraint; and one who is of such mental condition that he or she is dangerous to themselves, the person or property of others and is in need of supervision, care or restraint. Some



states, such as Alabama, defined mental illness or insanity for purposes of eligibility for psychiatric hospitalization. Insanity was based on the judicial determination that such an illness was present (Curran, 1967).

Deutsch (1946) pointed out that during the Colonial Period, only the violent and dangerously insane were dealt with by the laws that concerned detention under the authority of the sovereign's police powers. A Massachusetts statute of 1676 ordered selectmen of towns with dangerously distracted persons to take care of them so they did not distress and disturb others. No statutes specifically concerned hospitalization. From the time the first asylums for the mentally ill were established, in the mid-1700's until the post-Civil war period, the commitment of patients under statutory authority of these hospitals was affected easily, often merely on the request of a friend or relative (Peszke, 1975).

In 1863, Mrs. E. P. W. Packard was released from the Illinois State Hospital after spending 3 years there. She wrote two books and gave lectures on the conditions in the institution. Mrs. Packard pointed out that under the Illinois commitment statute, married women could be involuntarily committed at the request of the husband

without the evidence required in other cases in which commitments were taking place due to insanity. Largely due to her efforts, Illinois enacted the personal liberty bill, which required a jury trial to determine if commitment was appropriate (Lunbeck, 1994).

Lindman and McIntyre (1961) provided this analysis of the results of Mrs. Packard's efforts and the efforts of others while commenting on the trend in the 1940s and 1950s to focus on treatment rather than the commitment process:

Crusades by Mrs. E. P. W. Packard, Dorothea Dix and others spurred the enactment of commitment laws which specified the use of judicial procedures designed to guard against wrongful commitments. The success of these earlier crusades is reflected in the almost single-minded concern with the possibility of wrongful commitment which characterized the legislative approach to the problems of the mentally ill until very recently.

During the 1940s and 1950s, many state legislatures evidenced more concern about the treatment and rehabilitation of the mentally ill than the problem of wrongful commitment. Many of the new laws incorporated measures advocated by the medical profession, e.g., hospitalization by medical certification, emergency procedures, and temporary or observational procedures. A number of these laws included provisions designed to modernize the terminology used in determining to whom and under what circumstances involuntary hospitalization statutes would be applied. These legislative changes were viewed with equal favor by all observers. The propriety, and the constitutionality of some of the newer hospitalization procedures were challenged. What constituted the proper

criteria for hospitalization, for example, remained open to question. (Lindman & McIntyre, 1961, p. 233)

According to this analysis, there was still a place for the discussion of proper criteria for involuntary institutionalization, even as late as the 1960s. Robitscher (1966) provided some insight into involuntary commitment procedures during the time. For the majority of the mentally ill patients who were involuntarily committed, there were four main categories of commitment procedure: emergency, observational, judicial, and medical. Each of these procedures will be briefly explained in order to clarify the various options available. Once again, the degree to which a commitment procedure was utilized depended on state law.

Emergency commitment. The first procedure used was emergency commitment. The application for admission for emergency care was usually a simplified form, effective for getting a patient into treatment quickly, but valid only for a very limited period of time. Curran (1967), pointed out that emergency care commitment was not a hospitalization procedure, but more like a detention procedure. The reason for the hospitalization was to suppress and prevent dangerous conduct as opposed to a relatively permanent action that provided for treatment

and care of the mentally ill. Under common law, any official or private person had the right to detain a dangerous mentally ill person. During the 1950s, the majority of states had provisions to detain the mentally ill. Thirteen states had no such provisions. In large urban centers and regions near state mental hospitals, hospitals were the customary places of detention. In other areas, the city jail was often the place of detention (Logan, 1955; Lunbeck, 1994).

Observational commitment. Observational commitment was designed to allow practitioners the time to formulate a diagnosis or to determine whether longer-term commitment was required. Observational commitment applied to a specified period of time, typically between 30 and 90 days. Other types of observation commitment procedures were provided for persons appearing irrational, who were accused of committing a crime, and for persons who did not fall within the general definition of the insane, but who needed treatment, namely addicts and alcoholics (Robitscher, 1966).

Judicial commitment. Judicial commitment procedures are the most well-known and have been used most often during the past century (Dewey, 1958). A procedure was

classified as judicial when a judge or jury had discretion to determine whether hospitalization was required by the applicable statutory provision. After the era of informal hospitalization procedures and starting with the post-Civil War period, judicial hospitalization came into prominence. The formalities associated with this legal proceeding were seen as safeguards to prevent the injustice of committing those who were well and in no need of care into psychiatric hospitals. These formalities included public notice of the proceeding, public hearing, right to counsel, often trial by jury and superior court review (Bazelton, 1974). Unfortunately for the accused, the public nature of a judicial hospitalization stigmatized the person, the family and the details of their illness became a matter of public record. The trial aspect of the proceeding involved delay and expense, including the hiring of counsel (Dewey, 1958).

The judicial commitment not only involved expense and delay, but often the hearing itself did not take the time to look into the merits of the individual case. According to Scheff (1964), a University of Wisconsin sociologist who studied the judicial commitment procedures of over 20 counties in a midwestern state, one psychiatrist spent an average of 9.2 minutes with each of eight patients he was

examining for court purposes. In another court, the average spent by a psychiatrist with patients prior to commitment averaged 1.6 minutes, at times cutting off the patient in the middle of a sentence.

When judicial determination decreed that hospitalization was necessary, in many jurisdictions, the patient was thereby adjudged insane, with the resulting stigma and loss of civil rights (Curran, 1967). Although the court theoretically continued to watch over the welfare of the committed patient, in actual practice this did not usually occur. When the patient was recovered or when a minor change in status such as permission to visit family was required, the court had to be petitioned (Dewey, 1958). Objections to this method of commitment included the criticism that 12 jurors lacking in medical experience and education should not be giving opinions regarding the technical and medical matters involving mental health. Another criticism against judicial commitment procedures pointed out that disturbed mental patients were the least able to see that their rights were preserved in a judicial proceeding (Robitscher, 1966).

Judicial commitment was the most common method of hospitalization of the mentally ill in the 20th century, however, involuntary medical commitments were increasingly

used with favorable results (Friedman, 1959). Based on a limited amount of information available, Colice Sayer was most likely involuntarily hospitalized by medical commitment.

Involuntary medical commitment. According to Robitscher (1966), involuntary medical commitment by medical certification described the procedure by which an individual could be hospitalized without consent for an indeterminate period of time on the basis of certificates of one or more physicians. This procedure was designed largely to replace judicial commitment. In some cases, the approval or endorsement of a judge was necessary, but the function of the judge was not to review the merits of the case or to determine if hospitalization was desirable, but merely to verify the genuineness of the certificates and the qualifications of the examining physician. In New York State, only a judge had the authority to determine when an individual should be hospitalized. This situation was revised in 1965, when physicians were given this authority under a new mental hygiene law. Eleven states provided for medical commitments, among them, New York State (Katz, 1966).

The committed patient did have a right to a judicial review of the medical certification or the right, in some

cases, to be released after notice. Unfortunately, few of these states required that the patient be notified of these rights. Despite the flexibility and freedom from legal technicalities of this procedure, legal scholars questioned whether it met constitutional standards of due process (Stetler & Mortiz, 1962).

In New York State during the 1930s, the undersigned physicians had to certify the following points; first, that they were physicians and were licensed to practice medicine in New York State; second, that they had shown care and diligence in a personal observation and examination of the patient; and third, that they determined this individual had a mental illness which required care and treatment in an inpatient facility. Furthermore, in the physician's opinion, there must be such an impairment of judgment that the patient was unable to understand the need for such care and treatment. The physician must state that he considered alternative forms of care and treatment, but that in his judgment they were inadequate to provide for the needs of the patient or were not readily available (Gupta, 1971).

In addition to the sworn statements made by a physician, a relative or friend had to provide a signed and sworn statement that stated a belief that the patient



was mentally ill and that care in a mental hospital was necessary for his or her benefit. The relative or friend had to give facts about the person's behavior to support this point of view. The physician, who did not need to be a psychiatrist, could not be related by blood or marriage either to the patient or to the individual making out the relative's part of the application. The benefits of this process were that it spared the patient and family the public humiliation of the judicial commitment process and was less expensive since extensive court costs were avoided (Davidson, 1959; Robitscher, 1966).

Based on written accounts by Colice and on interview data from family members, it appeared that Colice was committed by her family doctor, Dr. Sylvester, her husband, Edgar, and Edgar's brother and sister-in-law. Additional community members were called in to testify and a local judge was in attendance to certify the application process was completed according to the law. While the exact facts of the commitment hearing will never be known, unless further information comes to light, this is, I believe, the most likely scenario given the current information.

### Summary

The purpose of the historical review of the literature is to increase our understanding of information and events that took place in another time and under different circumstances. The importance of placing information in an appropriate historical context cannot be underestimated. Without a historical perspective, we risk interpreting information and events in light of our current experiences. The lack of proper perspective prevents us from understanding how and why events may have transpired. We run the risk of revising the information to fit our frame of reference, which prevents us from understanding how and why others may have acted as they have (Denzin, 1970b; Leininger, 1985).

For the purposes of this study a historical review of the literature of the 1800s and 1900s provided a perspective of medical and social writings from which we may view the experiences of Colice Sayer. Areas of study included in the historical review relate to family systems theory, the state of mental health during the 19th and 20th centuries, the treatment of women, and the perspectives of psychiatry and the law.

With regard to the literature provided on the care and treatment of the mentally ill, this review discussed

changes in the psychiatric profession which began to focus on the nearly normal instead of the obviously insane. This prevailing view, that large numbers of individuals would need to be served by the psychiatric community, brought about a massive national initiative that supported enormous resource consumption for the purpose of providing residential services. The resulting construction of institutions for the mentally ill, allocation of large numbers of hospital beds, and investment in training for health care workers further encouraged the psychiatric establishment to diagnose and hospitalize thousands of individuals who were deemed nearly normal and therefore in need of medical treatment (Fuller & Johnson, 1931; Hansen, 1938; Landis & Page, 1938; Lunbeck, 1994).

In an effort to reduce the stigma and criticism related to the practice of involuntary commitment, psychiatry promoted voluntary admission to mental hospitals for the mental illness. Institutions were no longer known as insane asylums, with all their negative connotations. Now they were described as hospitals, which had better community reputations. In spite of this, voluntary commitment never received the wide appeal and acceptance of the community at large. In fact, during the 1930s and 1940s, most commitment procedures were still

initiated by family members. Only 17% of commitments were the result of voluntary actions. Seventy-nine percent of commitments were family initiated which resulted in short-term hospital stays. Four percent of family commitments resulted in long-term stays, which described the situation of Colice Sayer. Not only was Colice committed on a long-term basis, she was made a ward of the State Of New York, further decreasing her chances of an early release. This situation persisted in spite of the fact that medical practitioners began to recognize that early release was, in fact, beneficial to the mental health of the patients (Erickson & Hoskins, 1931; Landis & Page, 1938; Lunbeck, 1994; Menninger, 1948).

The literature points to the fact that for those who were committed by their relatives, essentially two motives were considered as acceptable reasons in the eyes of the law and of psychiatry. These included the threat of physical danger and personal eccentricity. Families who had reason to suspect a violent act by a family member could petition their family doctor or the courts in order to obtain protection. In this case, Colice was accused by her husband and other members of the community of being a personal threat to their safety (Foucault, 1980; D. Miller, 1988).

In regard to eccentricity, many families tolerated unusual behavior, especially if the family member was not violent and was able to make a positive contribution to the family. While likely eccentric, Colice was able to make a positive contribution to her family. She was by all accounts a good mother, an excellent housekeeper, and provided for her children to the extent the family's finances would allow. In spite of these accomplishments and emerging medical knowledge of the need for reduced lengths of hospital stay, Colice was made a ward of the state and committed to the St. Lawrence State Hospital for 43 years.

This review provides a framework which describes how societal expectations, the psychiatric establishment, and the jurisprudence system contributed to events influencing the experiences of Colice Sayer and her family. This information has also been provided within the context of interview data and personal notes which serve to describe the experiences of Colice Sayer and her family. In addition, the historical review assists in looking at the roles and functions of the family in a broader context so we might be able to assess Colice's experiences as a form of social text.

## CHAPTER IV

### DATA ANALYSIS

This chapter attempts to answer the question: "What can we know about this family whose mother or grandmother was taken away through involuntary institutionalization?" It also explores the subquestion: "Can the expressions of human experience of Colice Caulfield Sayer be read as a social text?" This analysis is presented in two chapters. Chapter IV describes the data related to the first research question as well as explores the subquestion. Chapter V describes the subquestion in further detail with an emphasis on Colice's story as told from multiple data sources.

In Chapter IV, presentation of the data relating to the research question is offered. This process encompasses two distinct methods. First, the responses to specific open-ended questions from interviews will be provided in direct quotes or in paraphrase. Second, the data is presented according to family theory and two major themes which were identified: Family Dynamics and Family Effects. The participants were not identified by name in an effort to protect their anonymity, however, they are

identified by alphabetical notation in order to support the continuity of thought.

In part one, the data are presented according to the responses to three open-ended questions asked of all the participants. The questions are as follows:

1. "Tell me about a time when you remember Colice?"
2. "How do you think Colice's experiences affected you and your family?"
3. "What do you think you learned from these experiences?"

#### Responses to Targeted Questions

##### Question 1

"Tell me about a time when you remember Colice."

Most of the participants for this study had a story to tell about a time when they remembered Colice. For some, the memory was faint; for others, it was quite clear. Grandchild A remembers a visit to the St. Lawrence State Hospital as a child:

Probably the most vivid memory I have of Colice was when we went to New York to visit my mother's brother. While we were there we went to see my grandmother. Arrangements were supposed to be made for us to see her and that generally meant that she would be made presentable for our meeting. I remember going up to this institution and it was very pretty, lots of green trees and grass and to me it seemed gorgeous. But the buildings were all very institutional. And when we walked in, I

remember the sense of being in a crazy house. As we walked down this long corridor there was a big screened porch, there were people who were seriously disturbed wandering around the halls, sitting in chairs by themselves, looking out the windows. It was very, very depressing. It was very dark, it was very forbodeing and it made me feel as if, it was the first time, I really understood that my grandmother was in a house full of crazy people. I'm guessing, but I think it was 1963 or 1965.

We got to the rooms where Grandmother was with a number of other patients. And she was in a bed in a room that was starkly different from the hallway that we had been in because it was yellow. It was bright yellow. And she was in a bed right by the door and she was not ready for our visit. Her hair had not been done, she was still in her night clothes, she was still in bed. They had somehow gotten the wrong date, so she was not ready. This as about 1 o'clock, 1:30, something like that.

I don't remember a whole lot about the conversation, I remember a terrible awkwardness, not knowing whether I should hug her or kiss her or stay away from her. They talked for awhile and I remember her talking about a son who was killed in the war, which did not happen. She was asking about him and how sad that she was that he had been killed. And then she would talk about her living children too, and just as seemingly normally.

There were other people in the room and that seemed to me to be awkward because some of this seemed to be personal. I thought this was uncomfortable because of the private nature of the discussion. Because I knew my Mother hadn't seen her Mother in years. And it seemed to me that the visit was going all too quickly and we were going to be out of there.

So they started to say good-bye and Grandmother pleaded with them not to go and if they were going to go to take her with them. And she just started begging, "Please, please take me with



you, I can't stand it here, please take me with you. Don't leave me here with these people. Please."

And my mother burst into tears. It was horrible, just horrible. It was absolutely one of the most horrible moments of my life because I didn't understand why we didn't do something. I remember my father took mother and literally led her out the door and down the hallway. I remember walking with my parents and my father had his arm around her and she was sobbing and I was walking behind them and I was totally bewildered.

The thing was, it looked like this was the way she lived and it wasn't too good. And I remember the visit didn't last long, there wasn't anything to say. Mother tried to talk to her and give her news of all her children and all her grandchildren, but she was not interested in any of this. She was interested in getting out. She saw an opportunity to perhaps get some help.

So I remember we walked out of there and out across the gravel road and all that wonderful green grass and I had a completely different view of that place and I have ever since.

Grandchild B recalled the only time she remembered seeing Colice:

The only time I remember Colice was when we were in New York and I was about eight. We went up to see Colice at the place where she was living which I know now was probably a cottage on the edge of the hospital. It was gorgeous, with an enormous meadow. We were sitting out under some huge trees, mother and daddy and this woman, were sitting out under these huge trees and this open expanse of gorgeous grass that then tapered down to the St. Lawrence River.

Mother and daddy were over there in the shade in Adirondack chairs talking to this white-haired woman. And I remember the white hair because

enough of the sunlight was filtering through the trees that there was actually a halo around her head. I just remember all that fluffy white hair. And I don't remember knowing this was my grandmother, I just know that we were there and this was a big, important visit. And mother called me over to the group of chairs and I went reluctantly because I was having a lot more fun running around than going over there.

And I went over and mother said, "Say hello to your grandmother." And I knew who my grandmother was and it was Mimi, from Illinois. She, Colice, was this stranger, you know. And I guess I was astonished. I had never thought of mother having a mother. I guess I thought her world started when she gave birth to me. You know how kids are. So I walked over to her chair and she took my hand. She reached out and took my hand between both of her hands and she said, "You have my name." And I said, "I do?" And she said, "Colice, you have my name, Colice," and I said, "Yes, I do." And she looked at me really intensely and she was still holding my hand, and she put my hand up to her chest and she said, "Don't let me be forgotten." And I was terrified.

And mother was crying and I don't remember if daddy was or not. That was really scary, to see my mother crying. I could paint, if I could paint, that memory because it is so vivid. And that moment when she had my hand against her chest, and I remember the warmth of her body and the silkiness of her dress, and the tactile memory is there too. But most of all it was the intensity of her eyes. She was leaning forward and just boring in on me and it was really scary. Particularly because I didn't have a clue who this woman was. And why was she being so mean to my mother? And I ran back to my brothers and thought this was too weird. And my mother was crying and this woman I didn't know was talking to me almost accusatory and then sort of laying this charge on me. I mean I was only seven or eight and I didn't have a clue.

That is the beginning and the end of that memory. I don't remember us leaving or even talking about it after that.

For Grandchild C, childhood visits to New York were not as clearly recalled:

I don't remember much. The best I can remember, I only met the lady one time when we went to New York to visit the family. I was pretty young, maybe nine or ten. I remember going out to a campus and playing around and maybe meeting this one elderly woman and that's really all I remember. And I think it as just that one time. Besides, I was interested in doing other things.

Still, for others, including Grandchild D, there was no memory of Colice, simply a remembrance of a trip taken to the area:

I have no memory of the woman. I have heard of her through other family members and to some degree from my siblings, but to my recollection I have never laid eyes on her. When we went to New York, we visited with people who were my cousins, aunts and uncles, the sons and daughters of this woman, but I never saw her. She was in the hospital, in fact, I can't remember her name coming up in the conversation of the group.

Some memories of Colice were more personal. One of these was recalled by Child A who remembered an important event prior to Christmas:

I remember she did a lot of embroidery and hand work. In fact, I still have some towels and things that were hers. When I was 12 years old, I found out there was no Santa Claus. And I wanted an embroidery set so I could embroider like my mother did. And I didn't know since there wasn't a Santa Claus that I would get that. And that morning when I went downstairs,

there was the embroidery set, a great big box, hoops and the embroidery floss, patterns and all of those things that I could embroider with.

Child C remembered two examples of Colice's values, cleanliness and godliness:

She went to mass every day that there was mass. I don't think she ever missed a day, rain and shine. Also she was the neatest, cleanest woman.

My wife and I used to go and get her and take her up to the cottage and bring her home. We laughed about it because she was so clean that she couldn't see a speck of dust any place. Our cottage sat on a steep hill. You looked out a window and there was a 50 foot drop. And my wife said, "Now, Mother, I don't want to clean those windows, because it is so high up," and she was afraid Mother might fall out the window. Mother kept hollering about the windows being dirty. So my wife went to the store and when she came back there was Mother standing on a chair washing the windows using a newspaper to wipe them. She always cleaned them with a newspaper, she said it always made them shine. But there was a 50 foot drop if she fell.

Child B recalled an important piece of advice given by Colice to another of her children. This advice was shared with future generations:

I remember nothing but good about her. I don't remember her ever being mean to me, mad or anything else, other than the time that I was teasing someone outside and I remember running home and going to the house and she stood there at the screen door and evidently had seen it. And she didn't have much sympathy for me. I remember that very distinctly. And I remember I came running home to get away and my mother stood in the screen door and hooked it and said "Well, you're going to have to stay out there

and fight your own battles." I remember that quite clearly.

Other family members interviewed had no memory of Colice and could not provide a response to the question. They had heard of their grandmother but were unable to provide an example of a story about her. In spite of the fact that some family members had no direct memory of Colice, most could respond to the following open-ended question.

#### Question Two

"How do you think Colice's experience affected you and your family?"

Responses to this question varied widely. In one instance, Grandchild A provided this account:

I think her experience has had a pervasive influence if not a profound one. I think the influence it has had on the family is two-fold. The first is through my mother, in that the way she was formed, the way her personality and the psychology were formed by the experience of this happening to her mother affected all of us. I think the fear of something happening to her mind, her fear of being abandoned, her fear of giving too much of herself and not retaining enough in case something happened, that she could be all right on her own, made her a very private, controlled person. She exhibits immense self-control, discipline and absolutely the minimum of sharing. She simply did not share her feelings, ever.

So as a result of that, I think we were affected by that. All of us have a terrible time communicating our feelings to other people.

We are private to a fault. We are almost antisocial. We're very social people and we're very sophisticated socially, but we don't like it. We don't seek out other people. We don't join clubs or groups.

We don't ever share our experiences or feelings with other people unless they are extraordinarily close to us. We are, I think, very closed off because that's how we were reared.

The second influence it had on us was that we did not speak about these things. Our family was quiet about it, we did not speak about, and did not ask questions about our grandmother. The underlying dread was that there was far more to the story than we really knew. And we were absolutely afraid to ask. For such an intellectually aggressive family, and an intellectually competitive family, for all of us to have tacitly agreed, without any conversation about it that we would never ask these questions was almost inconceivable. We didn't want to know the answers to the questions we might ask.

Grandchild E called how pervasive the effects have been:

What happened with my Grandmother was the unspoken thing in our lives. And it didn't intrude except every now and then, in a big way. But I think it intruded lots of times in a thousand little ways. The biggest for me being, I think, in the fact that, for me, I don't think my mother ever figured out how to relate to me. I can remember from the time I was small wanting to connect with my mother and not being able to. And for most of my life, well for all of my conscious life with my mother, its been like there is a glass wall between us. And that became more and more apparent to me when my child was born. I mean it's like a different universe from my relationship with my mother. I know intellectually my mother loves me, and I have immense respect for her, but there's not a

bit of emotional prescience to that. I think that's really sad.

In another instance, Grandchild B recalled the emotions she carried with her today as a result:

I remember asking my mother once if she was angry about what happened to her mother. She just didn't respond. And I couldn't help but think there must be a lot of anger there. And I remember telling her, "Well, I'm really angry about it," and she didn't respond to that either. And I do have a lot of anger about the way she was treated. Not only because of what happened to Colice, but what it did to my mother and what it's done to all of us. I mean Edgar threw a rock into the puddle of our lives and the ripples are spreading out today.

Grandchild C told of the effects of Colice's experience on his family:

The effects are still being felt because our family just doesn't talk about what is truly important. If you had a problem or question there was never any encouragement that you were supposed to talk about it. It was always the pragmatic mechanics of the problem you could discuss, not the emotional context. I don't remember feeling that it was safe to talk about that.

In the words of Grandchild B:

I think mother and daddy think they have put together this great family, this great Catholic family. In truth, they were so distant from us, so wrapped up in each other. Even though she was a teenager when her mother was taken away, for whatever reason, something happened that I don't think she knew how to relate in a way that was safe that wouldn't cause problems in her relationship with her husband.

I can remember feeling jealous of my father because he had all of my mother's attention.

And not only did he have all of her attention, he didn't seem to value it. And yet he had it. Something all of us would have loved to have had, and still he doesn't seem to value it.

For Grandchild D, the question brought back a very different perspective of the effects of Colice's experiences:

No I don't have a sense the family was affected at all. I mean now that we have kids of our own, I realize they were probably just inventing things as they went along just like we do. But you didn't know that at the time. I don't know if I didn't ask or if they didn't want to tell me, but I just know that I was never let into the world that related to the past. I was essentially out of the house when I got older. And I didn't mind it in fact it was kind of neat, but I grew up from then on away at school except in the summer time. So a lot of stuff could have gone on at home, in fact I know it did, but I was never a part of it.

I just don't know anything about this and what effects there might have been because by the time I was old enough to figure it out, I was gone.

For Grandchild C, the effects to the family were unknown but puzzling:

I only have my own surmises about that. I don't know how old my mother was when her mother was sent away. So I've only guessed that she felt abandoned, depressed, and angry would be the group of emotions she felt or at least that I interpret what little she said about the fact. That she was without her mom for quite some time. But she's never spoken to me in detail about her emotions regarding this.

My mother's childhood must have been more traumatic than my father's. She never, literally, never, volunteered any information.



And I talk about my youth to my kids all the time. But mother remains a mystery in all ways to me. She was a good mom in many ways.

She was not, I do not regard her as the nurturing half of my parents. Mom had such intellectual discipline. Obviously she knew how to love. My dad has stayed with her for over 50 years. And cared about her all that time. They've had a close relationship all that time, so it isn't a case of not being able to. And I know she loved us all. I never felt rejected by her, and I don't feel negative about her and never did. But she was not one of those warm, touchy moms. She just never did. Not that she wouldn't touch us, she would. And never, never repel us or tell us to go away. But there just wasn't that sense of warmth and maybe that's good in some ways. She didn't overprotect us either.

While some of Colice's family recalled experiences and emotions that were strongly felt, for others the effects were less noticeable. According to Grandchild F, there was no effect:

I don't think it affected the family at all. I mean, Colice simply was not part of the family and had no bearing on what happened with the family. In my opinion, the experiences with Colice had absolutely no effect on anyone's behavior or attitudes. It was simply let go.

The lack of impact for Child C may have been related to his absence from the home for much of the time:

Well, it didn't really because I wasn't home much anyway. I lived with my grandparents when my grandfather was in the woods. In the winter time my maternal grandmother ran a boarding house at Thousand Island Park. My cousin, Agnes, worked for my grandmother as a chamber maid and I was like a gofer. I was 10 or 11 when we were at the boarding house with my

grandmother. I'd meet the boats and stuff like that. Up until I was twelve years old I was at home, but in the summer time I left home to work on the golf course. And I would stay from the time school was out until about the first of October. That's when I started smoking.

The golf course was about 100 miles from home and we'd stay at the golf course in a tent across the road. I did that for 6 or 7 years. And then the last year I was there, I ran moving picture machines for a theater and they had what they called a Taxi Dance afterwards. A Taxi Dance is when they charged you by the dance and it was 10 cents a dance or three dances for a quarter. And the women would dance for free and the men had to pay. So in the theater we ran the movie from seven until nine and the Taxi Dance from nine until one. And then we'd have to set all the chairs up for the movie the next night. So we'd get to bed at three or four o'clock in the morning and sleep half the day. And then when I got out of high school, I hadn't been out of school a week, when my father came and got me and said they'd called me to go into the Civilian Conservation Corps. I was there for pretty near three years. When I came out of the CCC, my father had an apartment in Watertown and Dot, my sister, lived there. I came home and there wasn't room for me and I was out on my own.

For Child B, the effects had a more direct impact:

Well it affected where I lived. I was about five or six when she was committed. I was pretty young. I don't remember a lot about it. After my mother was gone, I remember I lived with my sister and her husband for a short time. After my brother got married I lived with them for a short period of time. I was kind of handed around. I was young at the time and I wound up with the Thompson family and they treated me very well. I remember my father paid them board and room when I first went down there and I don't know how long that went on, but I eventually worked there and made my own board and room.

I guess when I was quite young and after my mother left from what they tell me, I don't remember, or it's either that or I don't want to remember. I guess I was a problem you know. I was hard to control, didn't mind too well from what they tell me. I created some problems when I lived with my sister and brother. I think this is one reason my father took over and boarded me out down on this farm. Thought it might straighten me out and they were a strong influence on my life.

My father couldn't be there much if he was working. I think he was blamed for a lot of things that might have happened, thinking about it since and afterwards, that possibly weren't all his fault. But I don't know, like I say, I was quite young.

The Thompsons were dairy farmers in northern New York. I worked there on the farm and lived there and they were very nice people. I'm not sure how my father knew them. It was through their daughter, I think, their daughter was married to a friend of his. The Thompsons were Canadians, they came from Canada and were quite religious people. They were Protestants and I lived with them there and worked with them and enjoyed it. I have nothing but good thoughts about that period in my life.

That lasted for a period of time until the war broke out. I went back to Carthage, New York and lived with my brother and his wife for a short time and then went on into the service. I was 17 when I went into the service and 19 when I was married. I'm still married to the same gal. We just celebrated our 50th wedding anniversary.

I think it affected me in other ways too, I really do. I was so small when all this took place, I'm sure I had some feelings about it. I don't know how I expressed them but I always felt like I had to prove something to somebody but I don't remember why.

And, finally, for Child A, the loss of Colice from the home resulted in an estrangement from her father:

From the time I left to go to college in Albany, I never went home again. I went to my Grandmother Sayer's house. I may have stayed over a couple of nights between college and nursing school, but that was it. There was no reason to go home. I'd see my dad once in awhile but not too often. And if I saw him I had to go by where he worked and say "Hello."

The third open-ended question was closely related to the one that preceded it. Some of the opinions were stated quite emphatically, with emotion and determination. Others were less sure of their response.

### Question Three

"What do you think you learned as a result of this experience?"

Grandchild A recalled life lessons learned that persist today:

Well, I think I learned the myth of my grandmother. And I wasn't afraid to tell people the myth because the myth basically stated that she wasn't insane and that she had been unjustly treated. So that made it a safe thing to tell people. It was one more facade, one more piece of the facade that we put forward to the world. And we all became very, very good at that. We all got very good at putting forth a different face to the world than how we really were, we just knew the face. That's a theory I have anyway. And that facade became a substitute for exploring deeper meaning about ourselves.

I grew up with this, "Take care of it yourself, don't communicate you're having trouble to

anybody else, don't say you need help. You take care of it yourself attitude." This has had an effect on our relationship as siblings. Because we can't reach out to each other to ask for help, we have to be self-contained units and be successful and be smart. All of these things have been expected of us. And if anything ever interrupted that chain of events, if there were ever times when people needed help, or had a set back, instead of reaching out to other members of the family we isolated ourselves.

We go into a cocoon until we're in a position to display all these things again. There's no way I'm going to open myself up to the ridicule and embarrassment of not being what I'm supposed to be. As a result, over time, this has made the communication between us frivolous, banal and over time, less and less. We have either come to terms with that ourselves and don't care anymore or we have achieved it and don't care anymore. Or we just don't care about our siblings that much that we want to be in touch with them.

It's a harsh thing to say, but that's my view of it. So as a result of the, "no matter what, you keep it inside and take care of it" mentality, I think all of us grew up with that and that kept us from having a warm open, nurturing relationship that most people, I think, would like to have.

Lessons learned by Grandchild B included determining what to say and whom to trust with information:

I learned to trust that my mother was competent to handle any trouble. She made sure all the routine stuff got done. You might go for a pragmatic problem like when you lost your library book and owed a fine, but it was always the pragmatic mechanics of the problem. It was not the emotional context. I don't remember feeling it was safe to talk about that. The best thing so you weren't laughed at or teased, was to keep it to myself. And I would just be by myself.

And I just quickly learned that you could say things around adults and they would make fun of you for it. If you thought you'd figured something out and you told someone, then they would make fun of you and then my father would tell the stories to his buddies. And it only took one time for me.

For Grandchild C, while the lessons were not clearly remembered as related, they were lessons that were consistently applied:

Well I don't know if what I learned has to do with this but there was one piece of advice that was consistent throughout. Almost always the gist of it was, "This problem has to be faced head on, it has to be dealt with now. Procrastination will make it worse, and you have to be up front and handle it yourself." In fact, that almost got overdone, when I was in school. "You must deal with these issues," to the point that I almost felt I couldn't ask for help. I would kind of get bogged down, because I felt if I was not able to handle this, I was somehow, unworthy. Even throughout my adult life that's been a problem, of feeling like I'm the one who has to take care of this. I'm 100% responsible and I'm required to solve the problem. And learning how to ask other people for help has been hard, but I'm doing it more and more.

Child A remembered a lesson learned from a trusted friend during a difficult period:

I was given some advice regarding what happened to my mother. She said, "If anybody ever says anything to you about it, just ignore it, don't respond, because if you do they will pick on you." It taught me to keep things to myself so I can't get hurt.

Other lessons learned related to a father's behavior:

And I learned that men will play around and do things like that. It taught me that they are not to be trusted.

For Child C, lessons about the state's authority in the situation were memorable:

I think I learned that when the state takes over, there is not a lot a family can do. They just take your property and do what they please. No one had any say in how things were to be disposed of or what was to happen. I was the administrator for the estate. The state appointed me. They took everything. After she died, the lawyer tried to get a thousand dollars for me for taking care of the estate and renting the house and stuff like that, and the state said no way. They took it all, except I got 4% of the estate, which didn't amount to much.

A different perspective was shared by Child B:

I think in some way I learned it was not good to get too close to people. In some ways, I almost felt I didn't want to get too close to my children. Because I didn't want something to happen. I didn't know what, in some way, that they might get hurt. I guess it's kind of a strange feeling, so in some ways I was close to the kids but never really as close as their mother. I wasn't always home and their mother make a lot of the major decisions and brought them up and one thing or another. And that's one thing I've kind of regretted in later years that I didn't spend more time with them and was closer to them. In some ways I think it was maybe an effect from the way I was brought up. But I don't know, it's hard to say.

Another comment related to the importance of education as a means of protecting one's children:

I learned that I wanted to make sure the kids had a college education. I wanted to make sure that they didn't have to worry about getting an

education. All of the children are college graduates.

#### Summary of Targeted Interview Data

Responses to the first open-ended question were provided as an effort to learn more about Colice's family as well as to preserve their memories and interpretation of events related to Colice's life. Many family members contacted had no memories of Colice or had vague recollections about visits to New York that included a stop at the St. Lawrence State Hospital.

Based on stories by family members who did remember specific events, two different pictures emerged. The first was based on memories provided by Colice's children, who focused on events prior to her hospitalization. The second picture was offered by Colice's grandchildren and provided a child's perspective of her life in the institution.

Colice's children remembered her as a warm, creative woman who was disciplined in her faith and her attention to orderliness and cleanliness. She was remembered as a mother who supported her children but encouraged them to fight their own battles especially when they provoked the fight.



In contrast, Colice's grandchildren described her in abstract terms as in, "a small white-haired woman," "a stranger," and "a woman who was not interested in the news of us, but interested in getting out, in getting help." The grandchildren's memories were painful for them to recall and were full of memories of awkwardness and tension. Although the institution was a beautiful place, for a child, the dichotomy between such natural beauty and emotional pain was disturbing.

The second open-ended question asked family members to describe the personal effects they experienced as a result of Colice's institutionalization. Some family members were not aware of Colice's story and found it difficult to respond in a specific manner. Most were able to speak to the question in general.

For one group of participants, Colice's separation from the family had no known effects. Family members who responded in this manner were either away from the home or at school for much of the time, too old when Colice left the home to be greatly affected, or unaware of the possible ramifications.

The second group had strong feelings about the effects of Colice's separation from the family. Three major areas of congruence were identified in the interview

data. The first effect related to an inability to emotionally connect with others. Study participants noted emotional detachment with those outside the immediate family, difficulties sharing feelings with family and friends and immense personal and emotional discipline.

The second area of congruence related to effects associated with a lack of information regarding the family history. The lack of communication among family members regarding this event resulted in the creation of feelings of dread, fear of the unknown and a general sense of vulnerability. There was a pervasive feeling that there was more to the story than those with knowledge were willing to share. This led to a measure of suspicion furthering the feelings of emotional separation within the family.

The third area of congruence related to changes in regard to the family structure. For one family member, the effects of Colice's institutionalization led to a change in residence for one of her children. As a young child, this participant lived with various family members before he was sent to live with a farm family in another part of the state. This family member not only lost his mother at an early age, but also his home and his early association with his brothers and sisters. For another

family member, the loss of Colice meant she would no longer go home. Without her mother, there was no reason to return.

The third open-ended question asked study participants to describe what they learned from the Colice's experience. Responses reflected individual reactions to life events, however, there were similarities in lessons learned. Several family members mentioned learning the importance of self-sufficiency and taking personal responsibility for responses to problems. As adults, this lesson continued to be problematic in that it was difficult to ask for help when needed, since asking for help was deemed indicative of personal failure.

Another lesson learned related to self-protection from criticism and ridicule from others. Family members mentioned that in order to protect themselves, they learned not to share personal feelings and thoughts with others. The absence of sharing feelings and emotion included others inside as well as outside the family. Another participant mentioned he learned that it was not good to get too close to people in case something happened to them. This included not becoming close to his own children. The importance of guarding one's feelings from others was mentioned by several participants in order to

protect from disappointment, harm or ridicule from others. In the words of another, the result of this lesson has been that communication among family members became frivolous, banal, and less frequent.

Another important lesson learned was that men would play around and were not to be trusted. It taught this participant that men were capable of committing their wives and doing what was necessary in order to have their way.

Finally, a lesson learned was that ordinary people had little power when the state became involved. States could take your property and do what they pleased and there was nothing ordinary families could do about it.

#### Identification of Family Functioning

The next section of the analysis looked at major themes that were identified after the interviews were transcribed and coded. First, coding revealed information about family functioning which was related to three family theories. Next, two major themes, which I called Family Dynamics and Family Effects, were isolated from the data.

The primary source of knowledge about Colice's family came from extensive interviews which reflected the everyday lived experience of family members who recreated their stories. While this world was constructed by those

who were able to relate their story, care was taken to recognize that this world was never completely described or understood. Nine members of Colice's extended family were willing to share their interpretation of events. The study participants were members of four extended family groups. Their experiences were influenced by Colice and Edgar, but also by the families of their respective spouses.

Data were analyzed using constant continuous comparison between the transcribed interviews for similarities, differences and general patterns. Subthemes were identified for each major theme and when possible, related to a theoretical base. The purpose was to generate categories and properties from the data in order to relate them to identified models of theory which could then be related to hypotheses. Glaser (1992) called this process, theoretical sensitivity. Without theoretical sensitivity, the results of the study would be a combination of empirical description with some preconceived conceptual description, but would not lead to emergent theoretical framework (Glaser, 1992; Glaser & Strauss, 1967).

Three family theories were identified in the historical review as a means of providing different

perspectives of family functioning. The identified models of theory included structural-functionalism, developmental theory and systems theory. The use of multiple theories was proposed in order to provide a wider lens when examining the complexities of the family. This approach is supported in the literature as the analysis leads to greater insight and understanding of family functioning (Lewis, Beavers, Gossett, & Phillips, 1976).

#### Application of Structural-Functional Theory

Colice's family was analyzed according to the structural-functional theoretical framework (Malinowski, 1945; Radcliffe-Brown, 1952). According to this theory, the family was a social system with components or family members, who had specific roles and role behaviors that changed with time. The structural-functional framework described family relationships that were constantly evolving as children grew up and as adults aged. This framework addressed the main functions of the family as members imparted family values and interacted with others in society. According to structural-functional theory, the interaction between family structure and function determined the growth of the family and its subsequent relationship with the community (Beavers, 1976; Glick, 1947; Hill & Rogers, 1964).

As a general rule, Colice's nuclear family appeared to function well up until the time immediately preceding her commitment. Family members had specific roles and role behaviors were clearly defined. Until the time when Edgar began staying out late, he was present in the home and enjoyed family activities such as camping, playing bridge, and taking rides in the family car. Colice's role as wife and mother was clearly defined and she excelled at maintaining a home for her husband and children. Edgar changed jobs frequently and according to Colice, gave her few of the family's resources to maintain the home, however, the family lived well when the children were small and needs were not great. The family had many social outlets, including those at church and in the community. Colice mentioned numerous friends and social acquaintances in several of her letters and there were frequent references to family on both sides.

The extended family provided care and resources for all members, including the aged and the children. The children were socialized according to the community standards and became productive citizens when they reached adulthood. Relationships evolved as the children grew up and began to leave home. It was at the time of the departure of the oldest two children, that the major break

in the family occurred. From that time onward, the family ceased to exist as it had previously and the children were scattered to various locations. The oldest son was in the Civilian Conservation Corps for 3 years, the next oldest daughter was in college, the younger daughter lived with her father for several years before marrying at an early age, and the youngest child went to live with various relatives before beginning a new life with a farm family in another community in New York state.

Some time after Colice's commitment, Edgar began living with a woman in Black River. Child A recalls meeting one of the women he lived with:

He (Edgar) was always married officially to my mother. He never got a divorce. The second woman he lived with, Kate Fousler was her name, they were living in our house in Black River. The same house we all lived in. I have pictures of a cat in the yard that belonged to that woman. The first one was, well, Shelton was her last name. We met them. I never went home during that time, but all I know is from pictures he (Edgar) sent me and from what my brother and sister told me.

#### Application of Developmental Theory

Description of Colice and Edgar's family continued according to analysis of the developmental theoretical approach in which predictable stages were defined through which families progressed. Duvall (1977) described these stages as predictable stages which included the marital



family, the childbearing family, the launching family, the middle-age family and the aging family. In Colice's family, the first stage was formed in 1914 when Colice and Edgar married, establishing a new family unit. The second phase, the childbearing phase was entered when their son, Colin was born. The couple began to take on new roles as parents and continued in this phase for many years as three other children were born. The launching or third phase, began in 1934 when the oldest children began to reach adulthood and began to leave the family unit. It was at this point in time that the family ceased to function as an intact family and a severe contracting phase began. Edgar began the process of committing Colice while the oldest children were away. The middle-age and aging phases did not occur in this family as Colice was in the institution and the rest of the family ceased to be involved together as a small unit.

#### Application of Systems Theory

The third family theory that was used to examine Colice's nuclear family was systems theory. Families were described as open families, closed families, or permeable families. Open families were likely to welcome input from without, and encouraged members to adapt beliefs and practices to meet the demands of society. Closed families

were self-contained units resistant to outside interaction or influence. They were less likely to change values and practices, exerted more control over the lives of their members and distrusted outsiders. Most families, according to Beavers (1976) were permeable and regulated input and output according to family needs, values and developmental stage (Klein & White, 1996).

In the case of Colice's nuclear family, because of the social nature of the family and their level of activity in the community, the data supported the family description as a permeable system. Members were encouraged to be active in the community and work with the public, but the teachings in the home were not open to interpretation by outsiders. The home was religious, the rules were taught and there was an expectation they would be followed.

Child A recalls an incident in which the rules were enforced:

Once we ran away from home. I don't even remember why, we were teenagers. We went to the McMasters boys, and Mrs. McMasters realized what we were doing and kept us there until after dark and sent us home. I've forgotten now how old we were maybe thirteen and Mother was painting the kitchen. She was furious and we had been gone all day and she didn't know where we were and it was dark. We hadn't come home, and when we did, she had this board on sawhorses in the kitchen. She put us across there and gave us each a couple of whacks. But that's the most I ever

remember. I remember thinking, "Golly, we sure made her mad."

#### Summary of Family Theory Analysis

Three principle family theories were identified as a means of providing multiple perspectives when examining the theoretical functioning of the this family. The theories discussed included structural-functionalism, developmental theory and systems theory. According to structural-functionalism, the nuclear family of Colice Sayer functioned well until the time immediately preceding her commitment. The family also functioned well developmentally until her institutionalization. At this time, the family ceased to function as an intact family and a severe contracting phase began. According to systems theory, the nuclear family of Colice Sayer was described as a permeable family, which was open to participation in community activities while maintaining a closed perspective to religious and family teachings. The family ceased to function as an intact system once Colice left the home and various family members dispersed.

#### Identification of Major Theme and Subthemes

Major themes derived from the data included Family Dynamics and Family Effects. Family Dynamics was defined

as including structural and functional activities or behaviors that influenced the way the family interacted. Within the major theme of Family Dynamics, four subthemes were identified. These subthemes included family power structure, premature independence, family myth, and family affect (Bertalanffy, 1967; Duvall, 1977; Radcliffe-Brown, 1952).

The second major theme derived from the data was identified as Family Effects. Family Effects were defined as the manifestations of family experience as observed or communicated to others. Subthemes emerging from Family Effects included lack of connectedness, fear of the unknown, emotional distancing, and powerlessness. Family Effects were discussed based on a theoretical framework of loss (Bowlby, 1980; Edelman, 1994; Klaus et al., 1993). In order to provide a greater understanding of the relationship between Family Dynamics and Family Effects, Figure 2 graphically illustrates how the major themes and subthemes interrelate.

#### Family Dynamics Subthemes

As Colice's children and grandchildren told their stories, interesting subthemes emerged. The subthemes in the interview data were classified according to the following areas: family power structure, premature

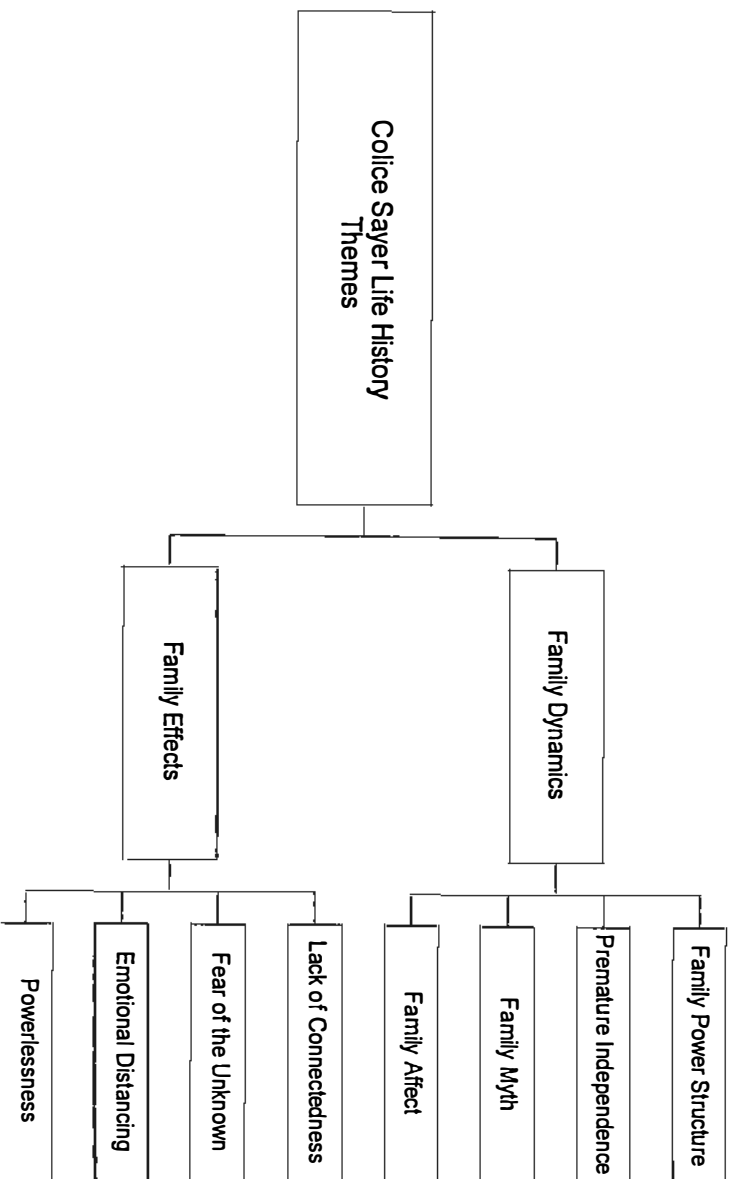


Figure 2. Illustration of how the major themes and subthemes interrelate.

independence, family myth, and family affect. Interview data provided by family members was analyzed as the data related to these themes. In the following interview analysis, stories relating to multiple family experiences were presented.

#### Family Power Structure

While families differ greatly in their power structures, the literature supports the theory that healthy families have a clear hierarchy of power, with leadership generally in the hands of the father or the mother and a coalition between the parents in terms of working toward mutual goals. There are shared responsibilities and a partnership between both parents. The children are less powerful, but their contributions are important and usually influential in decision-making situations. Power struggles between the parents and children or any combination thereof are indicative of a less than healthy structure, which can cause confusion for the children and conflict with the parents (Lewis et al., 1976). The following statements give insight into the family structure of Child B's family:

We've been married over 50 years. We've had our ups and downs, but I think a lot of it was my wife was someone to cling to. We had a lot in common, I guess, that helped us stay together.

I've been close to the kids but not as close as their mother. I wasn't always at home and she made a lot of the major decisions to bring them up. You wonder if you did a good job, but at least we look back now and they never went through any of the problems a lot of kids do today. They were all good kids and we never had any drug problems or anything like that. So I guess we did something right.

These statements support the value and importance of this central relationship for Colice's children.

Child C describes the early years as a young family in this manner:

After we got married, we really had it rough. I had a good job then and we'd been married about six months. The mill shut down and we lost the house, the car, the furniture and the whole works. Then we went to Syracuse and I got a job as a pearl diver. That's a dish washer. I worked down there and got \$12 a week, worked 12 hours a day, 6 days a week. Then I went on as a short order cook and got \$14 a day. Then I got raised to \$16. After the Yates Hotel Cafeteria was bought I went down there as a short order cook and got \$18 a week. And we went out and bought a car. We were living high on the hog. That was in the '30s. Then we moved back to Carthage in 1941. I went into the service in 1944 and was there until 1946. In all we had three children, and 10 grandchildren. The grandchildren are all boys. I've been married to the same woman for over 50 years, so I guess we've done something right.

In spite of difficult economic times, both responses show a pattern of strength and consistency in the family power structure. The following statement critiques another family relationship which stresses the power of the father figure, as defined by and supported by Child A:

Life when the kids were growing up was very busy. We worked from sun up to sun down. Life revolved around me and the children, or rather life revolved around me first and the children second.

Everything in our family's life revolved around me first. If I was out late, she made sure that the children had a snack but didn't eat the main meal until I came home. That might be at 9 or 10 o'clock at night and I'm sure they were hungry, but she made sure they didn't eat until I was there. I was always the center of the household and she made sure that it was that way. I don't think the kids minded. They knew that's the way she wanted it and that's all there was to it.

She always made sure we got along even when I wasn't the easiest person to get along with. I can only remember two fights in our entire married life together. That's saying a lot for being married over 50 years.

Clearly, there was a vested interest in protecting the family structure, in supporting the strength of the father role and in setting the emotional tone for the rest of the family.

All of Colice's children who participated in the study have shared a long-term partnership with their spouse. In the three cases identified, all of the children have been married to the same partner for over 50 years. In all cases, each child's relationship with their spouse has been a defining relationship and one of significance. In the words of Child B:



We've had our ups and downs, but I think a lot of it was my wife was someone to cling to.

The importance of this relationship for Colice's children cannot be overstated. The consequences for Grandchild E were equally significant:

My parents were so distant from us, and so wrapped up in each other.

### Premature Independence

The next subtheme identified relates to premature independence. Klaus et al. (1993) noted that children who lost their mother often promoted premature independence in their own children in an effort to shield them from unexpected trauma. While self-reliance was seen as a positive trait, a parent who grew up without a consistent mother figure often created an environment which produced an overly developed sense of self-sufficiency. Some examples of individual family expression of this subtheme were provided by Grandchild B:

I think we raised each other. When I think of growing up I think of my siblings. My parents were vague, peripheral figures. I have very vivid memories of my siblings and what we did and fighting and all the things we did.

But my parents I remember as this kind of vague, benign, mostly benign, force but not present a lot. I really think my parents did a lot of benign neglect, which was not all that bad.

The other children were the family as far as I was concerned. When they left home, I was really upset. I left home too, because I wanted to be around other people. I didn't get homesick. I don't really remember missing anything where we lived. But my siblings were the family as far as I was concerned.

Grandchild C remembers growing up in this manner:

We were each other's best playmates and I think we all had friends of our own, but ultimately, I think we all interrelated very well. Like all siblings we had our spats and strifes, but my memories of that time were all very warm. I don't think we had a vendetta that lasted longer than an hour. And they were all handled among ourselves. Very rarely did a parent have to intervene in a conflict among us. And we've remained close as a part of that childhood.

The freedoms afforded by the parents of Grandchild D are vividly remembered in this manner:

We could easily have walked out the door at 8 o'clock in the morning and not have come back until 8 o'clock in the evening, from my sixth birthday until I was about 15 and no one really thought anything about it. Most of the kids in town were afforded the same freedoms. We would go with our friends outside town, take a few sandwiches and cokes and literally be gone all day. As long as we mentioned that's what the plan was, nobody got too distraught. They wouldn't have sent anyone to track us down, we were just trusted to come home for lunch and dinner, but the entire town knew us, so we weren't likely to get away with much that someone didn't see.

For Grandchild A, this freedom was viewed less positively:

Because we essentially raised ourselves in some ways, we all grew up with the "take care of it yourself, don't communicate you're in trouble to

anybody else attitude." We don't say we need help, we are to take care of it ourselves. Because we can't reach out to each other to ask for help, we have to be self-contained units and be successful and be smart. All of these things have been expected of us. There was never a doubt that each one of us was going to go to college. We knew that we would make good grades, be outstanding students and would be successful. You were to have a career that was significant and be important. And if you didn't, not only did you fail Mom and Dad and yourself, but also your siblings.

And if anything ever interrupted that chain of events, if there were ever times when people needed help, or had a set back, instead of reaching out to other members of the family, we isolated ourselves. We go into a cocoon until we're in a position to display all these things again. There's no way I'm going to open myself up to the ridicule and embarrassment of not being what I'm supposed to be.

While autonomy of family members was positively related for some family members, others saw an excessive reliance by adults on their children to manage their own problems and be responsible for their actions. This situation produced tension and stress in some of the children, a condition which some of them continue to experience.

### Family Myth

Family myth was a subtheme identified when coding the interview data. Ferreira (1963) defined family myths as a series of well integrated beliefs shared by family members. The beliefs concerned each other and each

person's mutual position in the family. For the most part, family myths were unchallenged by family members in spite of the distortion of reality that might be occurring. While all families developed ongoing and enduring myths about themselves, the degree to which they related to observed reality correlated to the level of family functioning.

For Colice's family, there were several myths operating simultaneously. The preceding comment was a description of the family myth of excellence and success. Although such a myth was often impossible to continuously maintain, to the degree that various members supported it as indicative of perceived reality, it has survived and is both functional and powerful.

In addition to the myth of family excellence and success, another family myth existed for some members in the family. This myth related to the story of Colice. While information among family members was sketchy, the often repeated story about the incident leading up to her commitment is very much in the consciousness of various family members. Details of this story are provided by Grandchild A:

I never was concerned that Colice was nuts or that it as something that could bring harm to the family. I never thought about it, it never

concerned me to tell other people the myth because the myth basically stated that she wasn't insane and that she had been unjustly treated. So that made it a safe thing to tell people.

It was one more facade, one more piece of the facade that we put forward to the world. And we all got very, very good at that. We all got very good at putting forth a different face to the world than how we really were. And that facade became a substitute for exploring deeper meaning about ourselves.

Another description of the myth of Colice's institutionalization is remembered vaguely by Grandchild D:

This is what I think I know. Colice was apparently a very exuberant, theatrical person. Her husband was a fairly powerful man in their little town. And he had a girlfriend and wanted to get rid of his inconvenient wife. One day, and I've never been clear on this point, she either lost it or was just so mad at him for having this affair, that she threatened someone with an iron, I think I was told. That was seen as proof that she was dangerous. He had her committed and then moved the girlfriend into the house. Colice was in the hospital for the rest of her life. So that's what I know. I have never been clear on the details because I never had the nerve to ask.

While much of these accounts may be based in reality, it was clear that a common story was formulated and retold to the subsequent generation. Some details of the story may have changed with retelling, but a common thread persisted that Colice was unfairly judged and committed.

Family Affect

The last subtheme identified in the interview data related to the concept of affect. Affect was described as the prevailing mood or feeling tone, the degree of expressiveness of feeling and the quality of empathy. It has also been described as the degree of sensitivity and responsiveness to others' feelings (Lewis et al., 1976). Within the description of affect, the following references to expressiveness of feeling were presented by Grandchild A:

We don't ever share our experiences or feelings with other people unless they are extraordinarily close to us. We are, I think very closed off because that's how we were raised. I mean my mother told us that when we were in public that we were to present a certain face to the public that would reflect well on our family. And we were not ever to do anything other than that.

Another commentary by Grandchild C related to the emotional tone of the family:

You knew you were secure, you knew you were safe and you knew they loved you, but that as the extent of it. It was an intellectual kind of love. There were never spontaneous hugs, we would be kissed when we came home from college and when we left to go back and that was it. It was very much conversational rapport.

And Grandchild B recalls:

If we had a problem or a serious question, you were supposed to pray. There was never any encouragement that you were supposed to talk about it. And if you did talk about it, it was

always the pragmatic mechanics of the problem, not the emotional context. I don't remember feeling that it was safe to talk about that.

Relationships with other family members provided a source of information about family affect in relation to the lack of connection between generations. Recollections of their Grandfather Sayer by Grandchild C were somewhat vague, but provided glimpses into the emotional tone of the grandchild-grandparent relationship.

I met my grandfather once. He seemed distant and not particularly interested in interacting with young kids. He didn't seem very warm and didn't seem very interested in having a relationship with his grandkids. That's all I remember, I didn't sit around and spend any time with this guy.

Grandchild F remembered him vaguely as well:

Clearly the family was estranged from him. I mean I don't ever recall Christmas cards. Christmas boxes would arrive from other relatives and we would always package up things to send to our cousins, but I don't recall Granddaddy Sayer ever sending anything. And he didn't exist as far as I was concerned, not on a conscious level. I don't recall ever meeting him, although somewhere in the back of my head is a thought that maybe he actually came to see us one time. But I don't know that, not consciously anyway.

Grandchild B recalled an introduction to her grandmother, Colice:

My mother said, "Say hello to your grandmother." And I knew who my grandmother was and it was "Mimi" from Illinois. She (Colice) was this stranger, you know.

In regard to Colice, Grandchild D related:

I have no memory of the woman. I have heard of her but to my recollection have never laid eyes on her.

In contrast, memories of other grandparents were more vivid. According to Grandchild C:

Mimi and Papa lived with us a good deal of the time when I was growing up so they were more of the focus for me and for my family. My father's side of the family was much more prominent, those were the cousins if we did see cousins that we went to see and the ones that we grew up with.

And, finally, Grandchild D recalled their extended family:

We always talked about Dad's side of the family, cousins went back and forth. I knew all the cousins on my Dad's side of the family, but the other side was much more shadowy.

#### Summary of Family Dynamics

Subthemes related to references of family behavior and interaction emerged as the data were analyzed and coded. These subthemes included family power structure, premature independence, family myth, and family affect. Family power structure related to the hierarchy power within the family, and degree of mutual goal setting between the parents in the home. Of study participants, Colice's children were all engaged in long-term stable relationships with their spouses. These primary



relationships were central to their emotional security and provided the focus of the family, at times to the exclusion of others, even their children. The second subtheme was entitled premature independence. Based on the data provided, some responses provided by Colice's grandchildren indicated a lack of parental presence in their lives and an excessive reliance on the children to be self-sufficient. While this state of affairs produced tension in some of the grandchildren, others saw this degree of autonomy as positive. The third subtheme was identified as family myth. Several myths were described in the data, among them the myth of success, and the myth of Colice's involuntary institutionalization. The fourth subtheme identified was family affect. Family affect refers to the prevailing mood or degree of expressiveness of feeling within the family. Interview data revealed a lack of expressiveness among family members and between generations of family members.

#### Family Effects Subthemes

The second major theme identified through the data analysis process was called Family Effects. After transcribing the data and coding all the interviews, four interesting subthemes emerged as well. They were: lack of connectedness, fear of the unknown, emotional distancing,

and powerlessness. The first subtheme, lack of connectedness related to an absence of a sense of community, or bond, with Colice and with other family members. References to a lack connectedness surfaced in most of the family interviews.

### Lack of Connectedness

A lack of connectedness is a label given to a category in the data that emerged and began to describe how difficult it was to maintain a relationship with someone who was not part of the everyday world of the family. Visiting Colice in the later years must have been like going into a time warp, in which all events and people outside the institution changed, but events and people inside did not. The family struggled to connect with Colice about the everyday life events they experienced, however, this was difficult and frequently uncomfortable. The following interview data support this perspective.

Grandchild A recalled the brevity of the visits to the hospital:

I knew we hadn't been to see her in years. The discussions wasn't that long and it seemed to me that the visit was going all too quickly and we were going to be out of there. So they started to say good-bye and Grandmother pleaded with them not to go. But the problem was there wasn't anything to say. We tried to talk to her

about the rest of the family, but she clearly wasn't interested. She was interested in getting out.

Lack of continuous communication strained relationships and made it difficult to find a common ground. In one example, Grandchild A described the difficulty maintaining a sense of connectedness in such a difficult environment:

She made a comment about my brother being very tiny. Mother said, he is 25 now and was married. She tried to talk about the news of the family but it was strained and disjointed.

Child B recalled the difficulty communicating with Colice as her institutional stay continued:

She used to write me letters all the time when I was in the service. And she did write some poetry and things like that but I never did keep it. I know at the time I was with the Seventh Marines and I remember she seemed confused at the time. She kept writing about the Fighting Seventh and the Seventh Cavalry and trying to tie it all together. It was a whole different deal.

As a result of the family's lack of closeness, frequent comments were made about the distance between the various family members in Colice's extended family.

According to Grandchild D:

Well, we talked about her brothers and sisters a lot and a little bit about her father. But not her mother. Her family was always on the periphery. We never saw much of them. As a kid I saw them twice. I think that's about it. It's been long, long times in between.

Grandchild B recalled the absence of news about Colice's death and how upset she was about the lack of opportunity to forge relationships with the family:

I remember when she died. I think I found out about it after it was all over. I would have liked to have known. I was old enough then, I would have liked to have gone to the funeral. At that point I was old enough to want to make a connection, to make more of a connection with our New York relatives. I would have liked to have made a connection with Colice even if it was just at her funeral. But it was just such a secret, not a secret, but it just wasn't talked about.

#### Fear of the Unknown

The lack of communication about Colice and her experience was a theme I called, fear of the unknown. Comments relating to this theme included the fear of what you might learn by knowing the truth, the fear of hurting another family member, and fear of the future. Comments pertaining to this theme were provided to support this analysis.

The fear of what you might learn by knowing the truth is expressed by Grandchild E in the following statement:

The underlying dread was that there was far more to the story than we really knew. And we were absolutely afraid to ask.

Grandchild A remembered the feeling of dread that responses to unanswered questions might yield:

I was afraid to talk about it. I didn't want to know that perhaps my family had failed to rescue my grandmother. I didn't want to hear somebody say, "Yeah it would have been too much trouble." Or, "We never did it because we didn't want anyone else to know." I didn't want to hear those things, didn't want to know. I wanted to believe that it was a situation that was beyond their control. And I basically left it at that ever since.

According to Grandchild B, the feelings that resulted from lack of knowledge and the subsequent fear of knowing engendered a sense of responsibility for actions not taken:

And why didn't we ask those questions? We are culpable and share some of the guilt of whatever the secret is, whether there is one or not. Even if it is of our own creation, it's something we share. It's something that is a problem, I think, for all of us.

Another fear that was mentioned by several family members related to the fear that their parent would not be able to handle the truth or would be hurt by knowledge that might be revealed. Examples of this concern included a comment by Grandchild A:

The thing I've never been clear on and have not had the nerve to ask is when did my mother know where her mother was and why didn't she make some effort sooner to do something about it? I've been afraid to ask because it's sort of like, what if you take that lid off, what's going to be there. Will she be able to handle it? You wonder if she dares to get in touch with her feelings how she'll be able to deal with it.

Grandchild D commented on why questions were not posed about Colice's commitment:

I was afraid to ask because I didn't want to open up that pain again.

Comments relating to stated fear or imagined fear of the future were numerous. This was not surprising in an environment in which open communication about a mental illness was discouraged.

In speaking about his mother, Grandchild C explained in relation to his mother:

I think that the fear of something happening to her mind, of which she has a very fine one, her fear of being abandoned, her fear of giving too much of herself and not retaining enough in case something happened, made her a very private controlled person.

In another example, Grandchild A remembered the following discussion:

Mother was afraid, once she confided in me when I was young, that she had always been afraid that she'd go crazy, too.

This comment made eminent sense in light of the medical literature in the 1920s and 1930s that supported the idea that most mental disorders were the result of heredity. While this fear may have been in the thoughts of Colice's children, a similar fear was voiced by Grandchild B who was trying to make sense out of her mother's life choices:

I remember working in the yard one day, digging up some bulbs Mother gave me. And I thought, her mother was "put away" because she didn't act right, because she didn't "kowitz" to her husband. And what has my mother's whole life been? It's been to act right, to make damn sure she didn't get put away. And why else would such a strong, amazingly intelligent woman act toward him as she has? She just let him run her life. Why would you do that, if there wasn't some impetus, some really powerful impetus? I guess the most powerful one is fear of not being loved. That, you know, she could be put away, too. And you know, that could explain a lot. Why you'd want to keep this man totally happy and totally catered to at every moment.

The interview data provided clear references to the degree of concern felt by various grandchildren for their parents. As with any fear, however, it is unclear if the degree of pain imagined would equal the amount of actual emotional distress such knowledge would engender.

### Emotional Distance

The third subtheme associated with Family Effects was identified as emotional distance. Various family members referred to the difficulty they have had at times in their lives feeling close to others. The lack of family emotional spontaneity and warmth was mentioned in several of the interviews, however, the participants acknowledged that intellectually they always felt loved.

For Child B, attachment to his children was difficult:

I've had some trouble, I almost felt I didn't want to get too close to my kids. Because I didn't want something to happen. I didn't know what is some way that they might get hurt.

In some ways I think it was maybe an effect from the way I was brought up. But I don't know, it's hard to say.

For Grandchild E, struggling in current intimate relationships, the lack of emotional warmth at home has been difficult to overcome:

I think all of us grew up with that (emotional distance) and that kept us from having a warm, open, and nurturing relationship that most people, I think, would like to have.

For Grandchild C, the interview itself sparked interest in knowing about the past in order to provide a glimpse into the present:

It's interesting that you bring this up because it makes me wonder why I never asked about it. I'd really be interested in seeing what you find out. If for nothing else, it would give me insight into my own life.

The subtheme of emotional distance is one of the most commonly mentioned effects experienced by Colice's family members. Emotional distance related to loss has been supported in the literature. Because of the pervasive nature of the emotional effects of loss on an individual, other relationships are necessarily affected by a person's ability to reach out and connect with others. If that ability is diminished due to loss, disappointment or fear,



the ramifications for subsequent generations are apparent. Generations of individuals repeat behaviors they learned as children and the cycle continues (Bowlby, 1980; Edelman, 1994).

### Powerlessness

The fourth subtheme identified a sense of powerlessness with Colice's situation. Several participants recalled the frustration of not having the ability to affect change on Colice's behalf. This theme resonated among family members, many of whom barely knew her. The following comments related to thoughts concerning their inability to affect change:

Child B provided a glimpse into their thoughts regarding possible alternative living arrangements:

There's no doubt in my mind that the State of New York was involved and they pretty much dictated what could be done and what couldn't be done. I just got the feeling that there wasn't a heck of a lot anybody could do. I suppose in this day and age with mental health, with the legal aspects and so on that it's different. But in that period of time, I just don't know.

But I'll always wonder to my dying day maybe we failed in some way and could have done a lot more.

Another memory by Child C related to the power of the state over financial matters concerning her estate:

The state told me what I could do and what I couldn't do. The way they get their money back

is to take all the person's property in exchange for keeping her all those years. Dad never paid anything for her being there. I don't know what Dad did, but I do know that the state just stepped in, and I know of other cases too, and a lot of times with New York State anyway, the person goes into the hospital and their property just sits there until they die.

When asked why Colice was kept in foster homes in later years, the answer was:

Well, there wasn't any home left. After she was put in there, Dad moved and went to an apartment for some time. Later he moved back in the house, but he didn't want her. By the time we asked about it, we were told that she couldn't come and live with one of us kids because she needed to be close to the hospital.

Along the same theme, Child A recalled:

Dad would have had to have been the one to have asked for her to be released, but of course my father didn't want her. One time I asked if we could bring her to our home and they said no, that she was under the custody of the state and that she couldn't leave the state. She could visit relatives in New York, but not outside the state.

In spite of the tragic consequences of Colice's experiences, Child B tried to put the events in perspective:

I have no regrets or hard feelings about any of the family or anything like that. As far as what would have happened if she hadn't become ill, well who knows? I can't look back and say, "Well it could have been this way or that." It's the way I made it and that's the way it is. You look back and you wonder how it would have been if you'd had your mother there all the time, and if your kids had a grandmother, and

you know, things would have been different, maybe, but who knows.

In spite of the length of time that has passed since Colice's institutionalization, family members continue to think periodically about their powerlessness in regard to the state and the forces that kept Colice from achieving a better life. Several family members remarked that in the present time, the circumstances impacting Colice and her length hospitalization could not occur. In spite of such knowledge, Colice's family was not particularly comforted by this fact. As Child B explained:

I've often wondered over the years if she might have been kept there too long and then in later years she was out and lived with people. I know there was a period of time when I seriously thought about maybe bringing her to our home. And then somebody advised us against that. But I don't know and I've often thought and wondered, "Did we do enough for her?" I was so young, I hardly knew her, but it's always been in the back of my mind. Could we have gotten her out of there, or could we have done more for her or what. It's always been a question on my mind. And there's always a question of guilt, I suppose. A feeling or wondering of what could have been done or should have been done about this. I just got the feeling there wasn't a heck of a lot anybody could do.

#### Summary of Family Effects

Family Effects was a major theme identified through the data analysis process. Subthemes identified from this theme included lack of connectedness, fear of the unknown,

emotional distancing and powerlessness. Lack of connectedness related to an absence of a sense of community or bond with Colice and with other family members. Fear of the unknown related to the fear of learning the truth, the fear of hurting another family member, or the fear for the future. Frequent comments revealed a fear that Colice's children might not be able to handle the truth or would be hurt if the truth were spoken. The third subtheme related to emotional distance. Emotional distance referred to the difficulty various family members expressed feeling close to others or showing warmth and affection. And the fourth subtheme related to a sense of powerlessness especially in relation to working with the State of New York.

#### Chapter Summary

This chapter attempted to answer the question: "What can we know about this family whose mother or grandmother was taken away through involuntary institutionalization?" Interview data were provided based on open-ended questions that asked three questions:

1. "Tell me about a time when you remember Colice?"
2. "How do you think Colice's experiences affected you and your family?"

3. "What do you think you learned from these experiences?"

Responses to these questions were transcribed and coded using the constant comparative method (Glaser, 1992; Glaser & Strauss, 1967). As a result, family functioning was assessed using three family theories. In addition, two major themes emerged in the data. The themes were identified as Family Dynamics and Family Effects. Within the theme of Family Dynamics, four subthemes emerged: family power structure, premature independence, family myth, and family affect. Within the theme of Family Effects, four subthemes emerged: lack of connectedness, fear of the unknown, emotional distancing, and powerlessness.

Based on the data analysis, it was clear that there were many interpretations of events based on each person's perceptions of events and the degree to which they were in touch with their knowledge of themselves and others. Some regarded the family as loosely supportive, flexible, and liberating, while others regarded the family as resistant to communication regarding emotional needs and functioning based on an impossible belief system. Given the complex nature of an individual's perception of family dynamics, it was clear that for some, perceptions of past events

produced feelings of unresolvable conflict, resistance to new information, and even numbing apathy.

## CHAPTER V

### COLICE'S STORY

Chapter V was designed to address the question which specifically relates to the life of Colice Caulfield Sayer. The purpose of this discussion is to respond to the question which asks: "Can the expressions of the human experience of Colice Caulfield Sayer be read as a social text?"

#### Life History and Social Text

In order to fully address this question, a brief explanation of the meaning of social text is offered. This discussion is provided within the framework of the life history method.

The life history of a person or a family is reported in narrative style containing long, verbatim descriptions. The stories capture, as clearly as possible, each participant's interpretation of the life events and experiences of the focus of the study. The story that unfolds provides an understanding of the experience which is recorded, transcribed and analyzed in the text (Streubert & Carpenter, 1995).

In addition to providing a perspective of the individual or the family, life histories are additionally useful for what they reveal about social life. Culture speaks for itself through an individual's story. Narrators speak in terms that seem common and natural for them, but the researcher can analyze how culturally and historically contingent these terms are (Rosenwald & Ochberg, 1992). Riessman (1993) further noted that the life history method is important in studying social processes such as adult socialization, the emergence of group and organizational structure and the rise and decline of social relationships. All of this analysis occurs once spoken words are transformed into the written text. According to Denzin (1989), all we have access to is talk and texts that represent reality; partially, selectively and imperfectly.

It is from this perspective that the story of Colice Caulfield Sayer is offered. Colice's story is elicited from a perspective obtained from personal interviews with multiple family members, personal writings and notes and personal compositions. In this way, a constructed, creatively authored social text can be examined (Allport, 1942; Denzin, 1970; Riessman, 1993).



### Early Life

Colice Caulfield was born on January 2, 1890 in Watertown, New York. She was the youngest of six children, having four older brothers and a sister. Her father was a Civil War veteran having been a drummer boy at the age of 12 for the Union Army. He was imprisoned at Libby Prison before his return to New York. He was ill much of his life; he spent time in numerous hospitals, some as far away as Dayton, Ohio. These absences meant that Colice did not know her father well. Colice's mother was a caterer for the wealthy in upstate New York. In the winter she ran the catering business and in the summer, she ran a boarding house at Thousand Island Park.

Colice writes of her mother's family:

I always played with the best of people in Watertown. My mother came of a very excellent family and many of the very people she worked for, had been friends of her fathers when he first came to Watertown. He was a schoolteacher and accountant and his father was a minister.

As a young woman, Colice was active in the arts, participating in at least two productions at the Watertown Opera House, "Only Me" and "The Pirates of Penzance." She had an active imagination, loved hiking and the outdoors, and was an accomplished musician. She did fine needlework. One of her legacies, in addition to her writing, is a collection of embroidered and crocheted

tablecloths, towels, and handkerchiefs that were given to family members over the years.

As a young woman, in about 1912, Colice worked at Anthony's, a department store in Watertown. After her tenure there she signed on at the Nill and Jess Candy Company in Watertown where she dipped chocolates prior to her marriage in 1914. She developed an allergy to the chocolate and had to quit working there.

#### Married and Family Life

On June 23, 1914, Colice married Edgar Sayer. Edgar was the son of William Sayer, the manager of conservation for the National Paper Products Company. William was in charge of reforestation of the Adirondacks during the early 1900s. Child A remembered William Sayer vividly:

The Adirondacks was one of the few places where the trees that had been cut down were replaced. That's why it is so beautiful today. My grandfather was in charge of replanting that. They had huge nurseries where they grew the pine and spruce trees and planted them. He had a horse and wagon and sometimes he would walk seven miles back to the area. You could not get back in the woods easily. He had a pack basket which he would carry on his back. It was about three feet deep and one time at Easter we got snowed in up there. We had to come out on a sleigh.

Child B spoke of William's skill at cleaning fish:

I remember going up to a cabin that my Grandfather Sayer had and riding in on a wagon with horses and fishing there. Back then it was

so inaccessible. I remember watching my grandfather cleaning fish and I'll never forget it because he had them in a pail and they were alive and still swimming. And he'd reach in and grab one and bring it out and clean it in one stroke. And then they would have fresh fried fish for supper. That sticks in my mind.

William's son, Edgar, was a dapper young man who attended barber college. In the winter he worked as a barber and in the summer, he worked in the Adirondacks with his father. One family member remembers him working at a local power company. His tenure at the power company ended after a fall that injured his back. He was at home for some time following this accident and did not return to this line of work.

Colice and Edgar spent the first year of their marriage in Watertown. But as is the case with many newly married couples, they moved several times in the years following. After a year in Watertown, Colice and Edgar moved to Star Lake and lived with Edgar's parents. These were reportedly happy times for them and they made many friends and were well liked in the community. Their first child, Colin, was born around the time of this transition. After a brief stay at Benson Mines, the couple moved to Carthage, where they boarded at Lewis House and at Court Black. Colice did not socialize much, as she was expecting her second child, Julia. Soon another move was

in order, this time in the home of the Chief of Police, Floyd Sykes, where they lived for nearly 2 years. Following this, the couple moved to a house on West Street, where their third child, Dorothy, was born. Not long thereafter, Colice and Edgar moved to Black River and bought a house where they lived for many years. Their fourth child, William Edgar was born in Black River. These times were fondly remembered by Colice:

The first seven or eight years in Black River were very happy ones for me.

This was a time when Colice's children were all home and involved family activities. As Child A recalls:

We used to do a lot of things together. We'd go pick berries, berries grew wild all around where we lived. Up in the Pine Plains, they called them, it was sandy and there were a lot of pine trees around there. There were lots of wild blueberries, wild raspberries, and wild strawberries. Actually we called wild blueberries huckleberries. My mother would make jams and jellies with those.

Child B fondly remembered family outings on the St. Lawrence River or at their grandfather's place deep in the Adirondacks:

Mother loved to go camping and fishing. Her mother had a cottage on Thousand Island Park and she loved to do things like that in the summer. I remember going up on the weekend with my parents. My father would set the tents up and we would all be together. Then he would go back to town during the week and would come up again on the weekend. My mother would be there alone with us during the week.

Child A also remembered the excitement and suspense caused by the ferry schedule:

We would race home after school to get ready to go camping because the only way to get to Thousand Island Park was by ferry. The ferry stopped running at sundown so if you wanted to go you had to be there before sundown. I can remember mother hurrying to get everything ready so when dad got home everything was ready to go. We would race to Fisher's Landing to get there in time, or we didn't get to go.

Other memories of this time include the chores that were necessary to maintain a home and feed a growing family. How well a woman cared for the home and family were indicative of her ability to fulfill what was considered her primary function, that of mother and wife. These roles were exceedingly important for a woman to be well thought of in the community. In this regard, Colice must have been very well respected.

Child A recalls how hard she worked preparing food for the family:

We had one of the few houses back then that had a hot water heater. It ran through the cook stove in the kitchen. It was a wood burning stove. We had a winter kitchen and a summer kitchen. In the winter she used the wood burning cook stove and the pipes went through there. I don't know how my father did that but pipes went through that cook stove and mother heated water for the hot water heater. We always had hot, running water for baths.

We had a huge garden and apple trees. She would make jams and jellies with the berries we would pick in the summer. We had apple trees and she

canned apple sauce. We had beans and corn and a root cellar in the basement of the house to keep everything in. It was such a good feeling because there was all this food. She even skinned venison and made mincemeat with the venison. I never knew the mincemeat didn't have meat in it until I went away from home because she always made hers with meat.

Child C relates that the abundance of food was especially important as the Depression years began:

~ We never really were that affected by the Depression, that I know of. Because we grew everything and my dad always had a deer during the winter. It would be frozen in the barn and we always had plenty of meat. We were only really aware when it came time to go to college. There wasn't any money for that kind of thing.

Colice is remembered by her children as being a fastidious housekeeper. Housekeeping in the 1920s and 1930s was a difficult chore and there was little money to spend on cleaning supplies and equipment. Child A remembers her attention to detail in relation to the laundry:

We had a big, old copper easy washer in those days. Every time she did the laundry we had to polish the washer with soda and vinegar. We always had a spotless home, in fact, maybe too spotless."

Colice's housekeeping activities frequently included extraordinary attention to the wooden floors. Child C remembers working on them in this manner:

She was really the neatest, cleanest woman. I scraped those hardwood floors with a piece of glass. I used to come home for lunch. It was

almost 10 miles from home to school, and I would come home to eat lunch and I'd have about 15 minutes, free time, she figured, and I'd have to scrape on the floor with a piece of glass. We scraped all those hardwood floors with a piece of glass and we'd sand them and revarnish them. They were beautiful. We'd take all the old varnish off right down to the raw wood.

Early memories of a happy childhood would not be complete without a reference to special holidays when the family celebrated together. Such a memory was shared about the Christmas holiday by Child A:

On Christmas Eve, my parents put up the tree and put a white table cloth around the base. It was never decorated until after Midnight Mass. After mass we'd come home and have some hot chocolate and go to bed. We'd put out something for Santa first. The next morning the tree would be decorated and all the presents would be there. My parents must have been up all night. But we would never have the tree decorated until after we went to church and went to bed. It stayed decorated until January 6th, the Feast of the Epiphany. And all your friends would come by to see what you got for Christmas. We'd go to their houses to see what they got. It was that kind of social thing.

Colice's children remember her with fondness and a sense of her excellence as a good mother. In the words of Child B:

I remember nothing but good about her. I don't remember her ever being mean to me, mad or anything else. One of the earliest memories I have is when I was very young. I remember falling down the stairs and breaking my leg. It was a big deal at the time. I remember waking up and it ached. My mother or dad would come, one of them and rub my leg for me so I could get to sleep.

On another occasion, Colice was remembered by Child B as someone who taught that you had to be personally responsible for your actions and who taught this to her children:

I remember getting in an argument or fight with one of the neighbor kids and I remember I came running home to get away. My mother stood in the screen door and hooked it and said, "Well, you're going to have to stay out there and fight your own battles." And I remember that quite clearly.

It was apparent from these comments that Colice excelled in her abilities to manage the family resources and care for her children. Her attention to these tasks concurs with the popular notion that to achieve fulfillment, a woman should be content to stay in the home and perfect the art of homemaking. According to this idea, a woman's worth was tied to maintaining an immaculate home, raising happy and healthy children, and caring for a satisfied husband. While Colice's relationship with her children was close and nurturing, and her home was undoubtedly spotless, she was unable to achieve an ideal relationship over time with her husband. In fact, as Colice's relationship with Edgar began to change, he became less and less active in family activities.



According to family recollections, the family used to spend most of their free time together. These times decreased, much to the consternation of Colice. Child A remembers playing cards together:

We used to all do things together and it got to where it would be just on Sunday when we would be doing something. Another thing we used to do was play bridge. My brother and my father, mother and me. We used to play bridge, but it kind of quit because he wasn't coming home. But before then the four of us would play Auction Bridge. The four of us used to play bridge a lot.

Colice began to worry that her husband was not coming home. Though she tried to keep this from other members of the family, the older children were aware of the trouble between their parents. Child A remembers it in this manner:

I remember when I was in high school, that he wouldn't come home until real late at night. Sometimes she would be sitting by the window watching for him. We would have gone to bed and I would hear her say, "Where is he, why isn't he coming home?" and things like that. And I think that affected her, too. She was sure he was running around, I think. And I know that he had lady friends, later.

Child C remembers these times as particularly difficult:

I used to go and look for him when I was younger. It was not something that was brought out in the family. She used to tell me to go out and see if I could find my father. And I used to have to hitchhike to Watertown and I knew where he was. I knew the woman that he was

staying with. So I'd go up there and get him to come home. I was about 15, 16, or 17.

Child B, who was quite small during this period, does not remember knowing that his parents were experiencing such difficulties:

In my memory, I cannot recall them ever having any problems. It's possible, but I didn't know it and if they did, they certainly kept it from me.

While infidelity was not uncommon during this time, it was not something to discuss in public. And while Colice did not divulge her personal life to her children, she was forced to seek the assistance of her oldest son who would be asked to hitchhike to a nearby town and locate his father. According to family narratives, during this time, Edgar was intermittently living with another woman but would return home at his son's bidding.

As was discussed in the historical review, according to the prevailing view at the time, the institution of marriage was a difficult social arrangement at best. The general understanding during the 1920s and 1930s among the working class was that a wife, a few children, and a home were the accoutrements of a proper man. There was no mention of the need to make the wife or children happy or to provide for them on an emotional level. And while Edgar's behavior would, at first glance, seem to be a

normal extension of the attitudes of the time, the degree to which he began to be absent from the home and began to fail to provide economically for his family distinguishes this relationship from the accepted norm. While love may not always be required in the man's opinion, there was a duty to provide economically and conform within general societal expectations. Being absent from the home for long periods of time, while living with another woman, did not conform to social standards at any level.

It was about this time that Colice's behavior began to be noticed by others in the community as well as in the family. Some family members recall an incident in which Colice's reaction to conflict in the home would seem either reasonable or extreme depending on the point of view. It was widely recalled, however, that family conflict was not something Colice took lightly. In fact, according to Child C, conflict was something she simply did not allow. One of her children remembers an incident in which other family members believe she acted to stave off further family disagreement:

We had one painting that was real valuable. I know that she was offered a lot of money for one painting. We also had some Currier and Ives prints and they were worth quite a lot of money. And the family was kind of squabbling about who was going to get them. Then they disappeared. We figured she burned them. When they tore the house down and we looked through the partitions

and the walls, we never did find them. At that time they burned stuff out in the back yard and I think that's what happened to them. No family conflict there.

While some members of the family saw this behavior as an example of intolerance of family turmoil, others saw the behavior as an indication of an emotional imbalance and a potential threat to the safety of others. There are differences of opinion as to the reasons for Colice's commitment. Most family members believe Colice's behavior, though eccentric, was not dangerous. In their opinion, Colice was committed due to the actions of her philandering husband, who wanted his freedom. Certainly his behavior in regard to the marital relationship supported this thought. However, in the opinion of at least one other family member, Colice's behavior had grown increasingly unstable, and warranted some medical attention. All could agree, however, that her behavior did not warrant the degree of attention she was to receive and found Edgar's lack of interest in having her released as an indication of his culpability.

As a result of these behaviors and the deterioration of the marriage of Colice and Edgar, the family's situation changed drastically in the summer of 1934. The oldest child graduated from high school at 18 and joined the Civilian Conservation Corps. The second eldest child

left home at 16 that same year to begin school at the Albany State Teachers College. And 2 months after their departure, Colice was committed to the St. Lawrence State Hospital.

#### Commitment

There are various interpretations regarding Colice's need for hospitalization. One perspective was that she was dangerous to others. In one example of her threat to the community, it was relayed that she threatened a neighbor with an iron. Child A was there at the time and remembers the incident:

Colin and this little neighborhood boy had gotten into a fight. The other little boy was an only child and his mother came to the door. My mother was just getting ready to iron and this woman was yelling at the door about the kids fighting and Mom just went to the door. She wasn't acting irrationally, but she did laugh at the woman at the door. The woman later told some people in the community that Mother threatened her with the iron, but I know she did not, because I was there.

Another incident that led to her institutionalization related to the perception that she was intending to harm her husband. According to Child B:

I knew that she had some mental problems and primarily paranoia, I think. I remember my father telling me things that she did. I remember him telling me about waking up at night one time and she was standing over him with a knife in her hand. Scared him pretty bad. She could never explain why she did it, he said. I

remember him afterwards telling me about this. I also remember visiting my aunt and uncle and on the way home hearing her tell my dad that they were stealing her things.

Child C recalls being told of Colice's over-protectiveness with her two daughters:

I know in a way why it happened because like before when I was in school, mother was awful strict with the girls. She wouldn't let them out because she felt people were going to poison them. She was overprotecting the girls.

The other incident that was mentioned on more than one occasion pertained to her destruction of household property. There are various interpretations as to whether this behavior was unusual or irrational, but the stories concerning her behavior were part of the information presented at the committal hearing. Child A explains her behavior in this manner:

One of the things she did, the basement stairs went down into the basement from the living room and she had them moved to the summer kitchen which made a lot of sense. Instead of going through the living room to the basement to light the fire in the furnace, you could go down from the back of the house. But she had that changed and I never thought that was irrational or anything. Some said it was. She also had a floor put in and made a closet for your outdoor clothes by the front door where you came in. Later someone said she did that to hide a painting. We were missing a 3 by 4 foot painting called The Widow's Mite. We never knew where it went. It disappeared after I left. But a lot of things that were in that house disappeared and that was after she was in the hospital.

Another family member states that while some people thought things she did were strange and unusual, that in today's view of behavior, she was not as irrational as some might have thought.

One view proposed by Grandchild B relates the situation in this manner:

Colice was a very exuberant, theatrical person. She was very emotional at times, expressive and probably a bit difficult. She was after all an actress, and had a well developed imagination, which in the arts is helpful, but in life can be difficult for those living with you. I don't know if she actually did lose control one day or did have an emotional outburst with the neighbor, but given the circumstances it would seem reasonable to be upset. That was seen as proof that she was dangerous.

As Child A explained:

I think my father was a roue and I think that was one of my mother's problems. Before and as soon as she was in the hospital there were lady friends. I can remember two in particular who lived in Watertown. I think he was probably running around all the time and this worried my mother. I don't know if anyone else feels this way or not, but I feel that he wanted to play around and was interested in this other woman especially and that was one way to being able to do it. I can't get over that feeling that might have been why. I know he said she was dangerous, that she had threatened people, but I don't believe it.

Colice had her own interpretation of events. The account is undated, but provides a glimpse into her views on the subject:

They intended to place me here. Had my papers all made out before they came to the house. I never had a chance then or after I was here, which goes to prove all anyone has to do it to start the idea. Dr. Sylvester, the family doctor, did not question me any or give me a chance to reply to this libelous statement, he just hurried down and got the papers registered before a judge, which was a crime right there. It was one of the cruelest things ever done to any woman and the mother of four children at that.

I was not allowed any defense or hearing because I could have proved they had showed far more signs of insanity than I ever did. When Dr. Sylvester took my papers to Watertown, I was right there shopping, but he never allowed the judge to see me, nor did he allow me to know what was on my papers or ask me if I ever said what my enemies had said I said. Strange as it may seem, nothing that is on my papers was even mentioned by him to me or by me to him.

One of the hardest obstacles to withstand is the fact I am married to a robot. A man whose mind is guided by his family and enemies, who had a strong motive to place me here to protect himself and his family. I also was healthy, made out insane on what they said, instead of anything I really did or said. I also seem to have belonged to a religion all my life to find that in my hour of need, while it was grandstanding the strongest for social justice, it could allow me none at all. Would not even listen to me ask for it. Of course back of all of these hardships was the world's greatest fiend, a man who would stop at nothing merely to gain a point.

And so as a result of the commitment hearing, in the fall of 1934, Colice Caulfield Sayer was ordered by the State of New York to reside as a ward of the state at the St. Lawrence State Hospital in Ogdensburg, New York. The



older children were notified of this action in a letter written by their father. According to Child C:

My father wrote me a letter. He said that he had a hearing and the judge had put her in the hospital. He said he did this because she had threatened people and that she was dangerous.

### Institutional Life

The St. Lawrence State Hospital was described by Child A who remembers the institutional setting:

The hospital was out from the city of Ogdensburg in the country. There was a bend in the St. Lawrence River that went around the grounds of the hospital, just a curve. So there was quite an area along the river on the hospital grounds. And you couldn't have asked for a more beautiful place, for a place like that. There were at least 12 buildings on the site, 4 residence buildings, 1 was for occupational therapy, student nurse residences, classrooms, and a hospital for physically sick patients. The buildings were red brick. It was a pretty place. There weren't any fences around the grounds. It looked like a college or something. Anyone could just walk right off the property, which is why the ones who needed supervision couldn't go out by themselves. There were no fences to spoil the view, just a beautiful place to be what it was.

Patients who were thought to be dangerous to themselves and to others were constantly supervised and allowed little personal freedom. Many were kept in locked wards and allowed little interaction with others. For someone deemed dangerous, it is interesting to note Colice's treatment as she arrived at the institution.

Colice quickly began to make a life for herself in the new environment. She was given a job well suited to her clean and orderly temperament. She was in charge of the clothing area for the institution. As Child C recalls:

My mother was in charge of the wardrobe where the patient's clothes were kept when they came back from the laundry. It is where they were marked so they would know who they belonged to. And she was in charge of that area while she was living at the hospital. There was a reward system then for good behavior. You got better treatment in that you got better jobs to do, more responsibility, personal responsibility, and responsibility in the work you were doing.

In terms of personal responsibility, Colice was given a great degree of personal freedom. According to Child A:

She wasn't locked up. We could go and sit out on the grounds on a bench by the river and talk. We had time to talk and I had time to find out how she felt about things. She never forgot that all the years she was there, that she was unjustly put there. She was upset that she was there, she was hurt, she was angry that this was done to her. She never got over the feeling that she shouldn't have been there. And when you saw some of the other people there you couldn't help but wonder too.

Back then a judge could decide what happened to people. I don't know if they called it a hearing or if the judge just told them what would happen, but it was a legal proceeding. That's why it was impossible to get her out of there. My father would have had to do it and he didn't want to do it. As far as I know, there was never another hearing to discuss her case or determine if she belonged there any longer. She was just there.

Days ran together imperceptibly for Colice. She writes of this time in her poetry as well as in prose:

Alone and lonely, if I am to keep my mind in a normal condition, I must keep busy, so I write. Even as a little child, if anything hurt me and I needed something to soothe my feelings, I always found the way 'round it by making it into a story, very interesting to myself. I usually so lost myself in it, there was not any end. No doubt that as because I have always seemed to see that life was like that. Resting, sleeping or being reborn, but never stopping. So why should a story have an end? There is none. And I wonder if all who love to write seek compensation, that way.

Of course the monotony of routine is trying here and the lack of freedom, but I have found that there are many interesting things to learn here. I have especially enjoyed reading books on psychology and psychiatry, though, I have found by bitter experience that there is very little real science in it. The psychologist I have met here did not meet me with an open mind, but rather followed the perjury on my commitment papers, which has been a source of great mental agony to me. I have found a psychologist's ego is an insurmountable barrier between freedom and myself.

#### Ego Personified

Excess wisdom, with Lordly stalk  
All the graves in his ease  
Glided down the corridor  
With just himself to please.

Cold and chilled as atmospheric  
Ripple broke against my chair  
No doubt, that was his wise disdain  
It lingered in the air.

Of course sometimes we radiate  
 To one so apart  
 But really I was unimpressed  
 It rather chilled my heart.

I know he thinks he's just the tops  
 His ego soars and never stops  
 But I think he is Wisdom in excess  
 And every day, it grows less.

*Colice Caulfield Sayer, April 2, 1938*

Colice writes of her interest in the different people  
 at the institution as if she were the observer instead of  
 the observed:

The meeting of different types of people is  
 interesting especially the amusing fact that  
 even insanity does not meet on a common ground  
 except in advanced stages. There class, color  
 or nationality does not seem to matter. In the  
 lighter stages, though you are far more  
 interesting to the nurses if you have a college  
 education. If not, no matter if you are well  
 read, you must not express it. I have received  
 many hard knocks in that way here. Although to  
 all really superior people, it never seemed to  
 matter.

Perhaps it was because I was working on a  
 peacock tapestry that I noticed there seems to  
 be a peacock type of patient here. How they do  
 love to spread their feathers. I have at times  
 but when I act interested in other things,  
 clothes are a small item to me. I really do  
 think fine feathers make fine birds though.  
 Also that fine birds dazzle the eyes. I seem to  
 be just an old fowl, well picked, perhaps that  
 is why I notice it. There have been many  
 lovable women here though mostly suffering from  
 depression. They throw it off after awhile and  
 go home smiling. Which is a loss for me, but  
 still I am glad to see them go.

In spite of the fact that Colice was well employed  
 and settling into her new life at the institution, it is

important to note that she was a patient at the institution and that some treatment was indicated.

Child C remembers various treatments she received during her stay there:

They gave her some shock treatments. When they first were experimenting with shock treatments. And I don't know that they helped her that much, but she did come out of the hospital and she did get out and live with these people for quite a few years. She lived with people in the community until she had a stroke. When she had a stroke, she went back into the hospital. I couldn't tell they were really doing anything for her, but watching her really.

There was little understanding among family members as to her treatment options. In the words of Child A:

She had some shock treatment but I really don't know much about what they treated her with. I think mostly drugs, but I don't really know. She was there a long time before drug therapy was available. I've often wondered over the years if she might have been kept there too long and then in later years she was out and lived with people, you know.

Grandchild E remembers her after she had been institutionalized for over 20 years:

I remember her as lucid with no signs of mental illness. I don't know what they were treating her with, but I don't think she had shock treatment or insulin treatment. I think she was simply boarded there and at homes. I saw her prior to the use of tranquilizers and found her to be calm, lucid, and logical in her thinking.

According to one of her children, Colice was institutionalized for involuntional melancholia, which is

not currently recognized as a diagnosis. According to

Child A:

I imagine that when tranquilizers came out that they might have given her one, but I can't say. And they gave her hormones when they had them. Once in a while in her letters she would mention the name of a tranquilizer they had given her.

In actuality, it was as if Colice were treating herself. She was an avid reader. She studied psychology, psychiatry, sociology, and any other written materials that were available to her. She became an active writer, writing poems from her earliest days at the institution. She also wrote in journals about her feelings and kept track of her possessions and any money she may have had. She collected pretty pictures, articles of interest, and other scrap pieces of paper. She wrote on the backs of napkins, cards, ice cream wrappers, embroidery patterns and any other spare paper she could find. She began to write in notebooks that were small enough to fit in tiny cloth bags she would make. She would pin the bags to the inside of her clothing so no one could steal or destroy her work. As the number of notebooks increased, she began mailing them to her children for safekeeping.

In the end, she created a world in which she could escape when the dreariness of her life in the hospital became too much for her active mind to bear. In spite of

her feelings of abandonment by the church, she was a devout Catholic, going to mass everyday she could, praying and meditating regularly. Her solace was to be found in regular, religious observance.

After many years of institutionalization, Colice felt her personality slipping away. She wrote a poem about this loss. Although she was powerless to stop this from happening, she could feel herself losing touch with her former self. After being hospitalized for many years, Colice was described by Grandchild A:

She was a very pretty woman, very elegant looking. We sat in a semi-circle around her and she spoke to us and went in and out of reality as easily as a hot knife going through butter. There was no difference between her fantasy life and the reality of us sitting there. And she would go back and forth through time effortlessly. She was focused like a laser talking to us and the next moment she'd be totally gone.

### Identity

Identity you must be gone;  
 You can no longer stay  
 You and I are at a parting  
 Though we came a long, long way.  
 Dearly I cherished you  
 And never thought to see the day  
 When you and I as Strangers  
 Pay the price. How one can pay!

*Colice Sayer, 1938*

Colice began to refer to an entity known as the Shadow in later years. It is unclear who or what the

Shadow was, although members of the family tried to discover this. Recalling a visit with Colice, Grandchild A explains:

I told her who I was and that I had been looking at some of the poetry. She seemed very pleased the someone had read it. And then I asked her about the Shadow. I asked who the Shadow was because throughout her poetry she talks about the Shadow. I wanted to know if that was a human being, if that was a doctor, if that was God or the Devil what the metaphor represented. And when I asked that question she clamed up. And she went away, she went far, far away. She never answered the question.

Grandchild F recalls references to the Shadow in their conversations:

She spoke on one occasion about a shadow or the Shadow, but I don't know if this was in reference to a person or something evil. I suspect it was something evil. She didn't talk about the Shadow until much later in her life.

Colice wrote her own description of the Shadow in a journal entry:

The Shadow took the most of my family off according to their ages. Always when the Shadow wished to become acquainted with someone, he was someone else they had known. He used the other person's name and adopted their personality. As he had played around them while little he could recall incidents in their lives. I don't imagine he ever said anything, he just insinuated it. He was always good at that. So if you took the meaning he wanted you to, he could have a safety valve.

He deliberately caused the death of many who would have helped me but left ones he knew would do me most damage. He gave even these Doctors a strong incentive to hold me here a prisoner.



His favorite trick was to make them commit a crime, let me know the crime, then give them the incentive to conceal it. It always worked. Even with the psychologists. He successfully got me committed to an insane asylum, committed here by people who he had placed right in their minds, what he wanted them to say. I was not allowed to know or answer it until here. Grim humor.

### Shadow

Shadow . . . even before you were was light  
 O may light disperse your power  
 Chase you shadow of the night  
 Who stole forth at early hours  
 Nightly struck at someone's home  
 Left someone all alone  
 With shadow on their consciousness  
 The real truth, who could ever guess  
 As impression on a wax record  
 He impressed it on their mind  
 Oh God of Love, be good to us,  
 Keep shadow from mankind.  
*Colice Sayer, 1942*

While it is unclear exactly who or what the Shadow was, Colice's writings and poetry suggest that it was most certainly, in her mind, the cause of her misfortune and the reason others could not help her. It is hard to know after many years of living in a mental institution and receiving various methods of therapy, how one person's thought processes would function. However, for Colice, the ability to assign blame on an entity which had power over her protectors must have been of some comfort to her.

Colice spent 43 years in the custody of the State of New York both as an inpatient and as a boarder in the

homes of families in the immediate vicinity of the hospital. She died at the St. Lawrence State Hospital in 1977 with her two sons at her side.

The poetry she wrote tells the story of her survival, her hopes, her anger, and her despair during those years. In one of the few instances she met one of her granddaughters, Colice looked in her eyes and said: "You have my name." She looked at the child intensely, holding this little stranger's hand in hers and placing it next to her heart said, "Don't let me be forgotten."

#### Summary

This chapter has explored the life story of Colice Caulfield Sayer, from her early life experiences to the end of her life in the institutional setting. Colice was described as a creative woman, who loved the outdoors and enjoyed the theatrical arts. She was an accomplished musician and excelled in the creation of embroidered and crocheted linens. After her marriage, Colice established herself as a competent wife and mother and delighted in the activities of her family. She also looked forward to frequent trips to the park and the lake which included the extended family.

In spite of the deprivation experienced by many families during the Depression, the Sayer family was not

worried about the lack of food for the growing family. Colice was able to provide for their needs by tending a large family garden and canning the vegetables for use in the winter months and Edgar killed a deer each year that was frozen in the barn. There was, however, little money for other necessities. Edgar worked at various nonprofessional jobs during this time and gave her enough money to provide the basic items necessary for daily living. Most of the discretionary money, however, he kept for personal use.

As the couple's relationship began to deteriorate, Edgar spent increasing amounts of time away from the family. Colice's anxiety about the relationship grew as he began staying out late and at times not coming home for days at a time. While Edgar's infidelity was not uncommon for a married man at that time, the degree of his separation from the family points to a marriage that was dissolving, not just affected by the social attitudes of the time.

It was about this time that Colice's behavior began to be noticed by Edgar and other members of the family as increasingly disturbed in nature. There is disagreement among family members as to the nature of this behavior. In the opinion of some, her emotional outbursts were the

result of frustration and anxiety related to Edgar's infidelity and financial irresponsibility. According to others, however, Colice became increasingly irrational and paranoid, and was in need of some kind of medical treatment. What all family members can agree on, though, is that Colice was held by the State of New York for an inordinate length of time and that Edgar did nothing to rectify this situation.

The remainder of the chapter focuses on Colice's life in the institution. In spite of Edgar's fears that she was dangerous, Colice was not treated as one who might endanger the welfare of others. She was given an important job at the hospital and was afforded a great deal of personal freedom to come and go as she pleased. Her treatment does not appear to be particularly helpful. This lack of efficacy is a reflection of the lack of effective medical therapy that was known at the time of her hospitalization. Instead, it seems that Colice learned to treat herself. She began writing journals, read as much about mental illness as she could, and created a legacy of poetry from which she could express her hopes and dreams. In the end, she created a world in which she could escape when the dreariness of her life in the hospital became too much for her to bear. Some of her

poetry is provided in Appendix E. Her words tell the story of her intense desire for freedom, her hopes for the future, and her longing for her children.

## CHAPTER VI

### IMPLICATIONS AND DISCUSSION

The study of the life experience of Colice Caulfield Sayer was aimed at clarifying the knowledge and understanding of those who knew her. The study explored the ways in which Colice's experiences changed the lives of her family and what was meaningful to them about this experience. Through inclusion of notes and poetry, a deeper understanding of the nature of Colice's interpretation of her experiences emerged. The study was meant to help professional caregivers recognize the significance of qualitative interviewing in order to promote a deeper understanding of human emotion and behavior. The study was also meant to assist nurses in gaining insight into the experience of families who endure the loss of significant persons in their lives (Edelman, 1994).

Prior to this study, the life experiences of Colice Sayer remained unknown to all but a few family members. There as little known about her life and the forces that shaped her experiences after her hospitalization. Much of Colice's personal writing existed in the form of

transcribed diaries and notes. Many of these writings dated back to the 1930s and 1940s, leaving them difficult to read. Some of the personal notes were written on the backs of embroidery patterns, ice cream wrappers, and other pieces of scrap paper. Most of Colice's writing has never been read by members of her family. Countless pages remain untouched to this day. Colice's literary legacy contains over 40 years of collected notes and poetry, many of which have yet to be shared with others.

Riessman (1993) wrote that nature and the world do not tell stories, people do. Human agency and imagination determine who gets included, how events are plotted, and what they are supposed to mean. Within this perspective, it was recognized that without family support for the project, the inner world of this family could not be understood by others. A researcher could not explore social relationships or the rise and fall of the family structure without other persons to give personal perspectives of events long ago. Several members of the family agreed to participate and assist in collecting Colice's personal writings. Because of the wealth of personal and written data, internal consistency of the evidence was substantiated to the degree possible (Allport, 1942).

In this study, critical theory, family theory, and the theory of loss was used to guide data collection and analysis using the edited life history research method (Denzin, 1970b). These theoretical perspectives were used to guide and provide support for emerging themes and patterns during data collection and analysis. The concepts of critical theory encouraged including research participants as partners in planning and in confirming the study direction. Family theory provided a varied perspective and a wider lens through which to view the family. And, finally, the theory of loss, which was identified as patterns began to emerge from the data, provided a unique perspective on the meaning of loss to successive generations (Bowlby, 1980; Habermas, 1971; Klein & White, 1996).

For the purposes of this study, the life history method was chosen. This method was selected in order to gain an insider's perspective of the lives of a group of individuals who would assist in providing knowledge about an emerging area of study (Denzin, 1989). While the life history has been used in sociology for decades, the method is relatively new for nursing (Leininger, 1985; Streubert & Carpenter, 1995).



### Implications for Nursing

Knowledge gained about the life history of Colice Caulfield Sayer and the experiences of her family has both implications for practice and for research. The first implication for practice relates to the need to acquire multiple strategies for effective interviewing. Extensive knowledge of this family's story was possible only through the use of qualitative interviewing skills. The second implication for practice relates to the recognition that the effects of loss can have ramifications that last for generations. By increasing the awareness of the pervasive effects of intergenerational loss, practitioners can be assisted in understanding how clients may respond in times of stress and illness.

Implications for research pertain to the need to include new research approaches when contemplating qualitative research methodology. The life history method provides an underutilized vehicle for gaining new knowledge and understanding of the human experience. Another research implication refers to the use of historical data when looking at clinical practice. Historical review provides us with knowledge that can shape our perceptions of current practice as well as provide a framework with which to prepare for the future

(Streubert & Carpenter, 1995). The following is a description of the implications of the study for nursing practice and nursing research.

### Qualitative Interviewing

Although some nursing educators are beginning to use varied approaches to interviewing, a review of nursing fundamentals texts reveals a marked reliance on the closed-ended quantitative interviewing technique. One textbook characterizes the nursing interview as one that establishes the therapeutic relationship between the nurse and the client. According to Bobak et al. (1989), the interview is a planned, purposeful communication that focuses on specific content. The authors note that two sources of data collection exist, the client's subjective interpretations of his or her health history and the nurse's observational skills. While none of these claims is untrue, much information is lost when the patient or client is not given the opportunity to tell a story about why they are in the clinical setting and what brought them to the decision to seek help (Bobak et al., 1989).

In another source (Kozier & Erb, 1987), the primary interviewing process during nursing assessment is described as a planned communication or conversation with a purpose. Some possible purposes include gathering

a purpose. Some possible purposes include gathering clinical data, giving information to identify problems of mutual concern, teaching, evaluating change and providing support. Interviewing is recognized by the authors as occurring throughout the nursing process. Although students are encouraged to ask open-ended questions, no instruction is given concerning how the information should be used. Closed-ended questions are favored and are generally checked off on an interview form or categorized in some easily retrieved manner.

While none of these approaches is inherently wrong, nurses have an opportunity to learn better communication skills, become more flexible in the clinical environment, increase clinical knowledge, and attain greater self-awareness by including qualitative interviewing techniques in nursing curricula. While it is true that these methods are time intensive, however, in clinical areas where little is known about a particular topic or when greater insight is needed, the qualitative interview yields superior information and may enhance the respondent's sense of well-being (Leininger, 1985; Streubert & Carpenter, 1995).

### Understanding Loss

Another implication of the study for nursing practice relates to the need to acknowledge and learn about the significance of loss. Clinicians frequently work among those who have experienced varying degrees of personal loss. Although grief takes many forms for individuals who have experienced the loss of a significant person in their lives, it is important for nurses to understand that the personal manifestations of grief in times of stress and illness may be related to previous experiences. This is especially true for the child who lost his mother or for the girl who must learn how to become a woman without her mother. This study has implications for nursing practice in that it provides insight into the experiences of several generations of individuals who lived through the prolonged loss of a significant family member. It is in the telling of a story that knowledge of events unfolds and healing begins. Not only is the nurse more cognizant of the emotional implications of such loss, but there is also an opportunity to interact in a more therapeutic manner if such knowledge is gained (Edelman, 1994; Streubert & Carpenter, 1995).

### Research Approach

There are few references in the nursing literature to the life history method. Leininger (1985) noted the value of the life history method for graduate and doctoral students who were interested in studying individuals or groups about whom little was known. Leininger also suggested use of the method to examine areas of study previously explored in order to uncover new meaning and to provide new direction for future study. In spite of this appeal, there has been little interest in the nursing profession related to the life history method. A survey of doctoral dissertations since 1990 uncovered few examples of the life history approach. Among the dissertations reviewed, five studies were identified. All five related to clinical practice. There were no identified nursing dissertations which addressed the life history method in nursing education or nursing administration (Streubert & Carpenter, 1995). Currently, most life histories are completed in the fields of sociology, psychology or family studies (Gilgun, 1992).

Reasons for the lack of enthusiasm for the life history method in nursing include an emphasis on quantitative approaches to research and the lack of qualified nursing faculty who have experience working with

qualitative methodology (Leininger, 1985). A recent review of mental health nursing dissertations completed during the past 7 years demonstrated the limited use of qualitative methodology. Of the 30 mental health dissertations identified since 1990, 29 used quantitative methods, while one used qualitative methodology.

Although the life history is a method that is newer in nursing research, it has been used for decades in the social sciences. As a method, the life history has value for the profession in that a multifaceted approach to complex research problems can be undertaken. The method encourages active participant involvement and provides an opportunity to gain insight into the inner world of an individual or group in order to learn how they construct their mutual realities (Gilgun, 1992; Streubert & Carpenter, 1995).

The life history has significance for future nursing research as we investigate the experiences of various individuals whose stories have eluded nursing researchers in the past. Individuals who may not want to respond to questionnaires or other quantitative methods include AIDS patients, cancer patients, or individuals with alcohol and drug dependence. The life history method is of benefit to those who wish to tell their stories on their own terms,

in their own time. In this respect, the life history method is invaluable to nursing as we attempt to gain an appreciation of the life experiences of others.

### Historical Perspective

The life history of Colice Caulfield Sayer has implications for nursing history in that it provides a chronicle of the life experience of one woman and her children who were caught among legal, medical, political and social forces beyond their control. The study explores and analyzes, through multiple data sources, past events, many of which occurred in a mental institution in New York State. In addition, the study chronicles the care, treatment and status of the mentally ill during the late 1800s through the mid-1900s. Through the eyes of one family member, who was a nursing student at the same institution, a perspective of psychiatric student nursing during the 1930's was obtained. Further interview data with this family member revealed information about the physical layout of the institution, medical treatment of the mentally ill, and the activities of many of the patients.

If history is truly our best teacher, then nursing can only benefit from studies that bring the past into the present. This enables nursing to have a broader

understanding of the events that frequently shape our perceptions, whether we are aware of them or not. By including a historical review to our interpretation of the human experience, we are not only provided with background and descriptive information but also with new perspectives regarding questions that concern nursing today.

### Discussion and Findings

The purpose of this study has been to describe the ways in which the involuntary institutionalization of Colice Caulfield Sayer changed her life and the lives of her children. The research methodology of the life history was used to collect and analyze multiple data sources, including qualitative interviews from family members, historical writings, and personal notes and poetry of Colice Sayer.

### Responses to Major Questions

Colice's children and grandchildren were asked three open-ended questions. The first question asked was, "Tell me about a time when you remember Colice?" Not surprisingly, Colice's children recalled happier moments from their childhood. Their stories were personal and vividly described. In contrast, many of Colice's grandchildren had vague memories, if they had any at all.



Memories by the grandchildren were more fearful and disturbing due to the fact that they all occurred within the institutional setting and were frequently accompanied with emotional overtones.

Responses to the second open-ended question varied. The question was, "How do you think Colice's experience affected you and your family?" For one group of family members, the response was that there were no known effects. This group was comprised of grandchildren who had little or no knowledge of Colice's story and, therefore, were unable to make connections to their own lives. For others in the family, there were definite effects from this experience. For these family members, there was difficulty forming close emotional bonds with others, a difficulty openly communicating on a personal level with others and the loss of a connection with their emotional and physical home.

The third open-ended question asked study participants to describe what they learned from Colice's experience. While responses were varied reflecting individual responses to life events, similarities in the interview data emerged. Among them were responses related to learning the importance of self-sufficiency and taking personal responsibility for problem solving. Another

lesson related to the importance of protecting the self from the criticism and ridicule of others. Various means were identified to achieve self-protection. These methods included reserving personal feelings and thoughts from others and avoiding personal closeness with family and friends. Another family member learned that men were untrustworthy when it came to getting their needs met. And another family member learned the lesson that ordinary people had little power over their personal liberty or their property when the interests of the state were involved.

#### Family Functioning

Three family theories were selected as a means of providing multiple perspectives when looking at the family. These theories included structural-functionalism, developmental theory, and systems theory. According to all three theories, the nuclear family of Colice and Edgar Sayer functioned within the expectations for a normal or developmentally appropriate family until her commitment. According to systems theory, the Sayer family was described as a permeable family which was open to community activities and messages while closed in relation to religious and family teachings (Bertalanffy, 1967; Duvall, 1977; Radcliffe-Brown, 1952).

### Identification of Major Themes

An analysis of the data using the constant comparative method revealed two major themes which were identified as Family Dynamics and Family Effects. The following discussion provides a brief synopsis of these themes and the related subthemes that were identified (Glaser & Strauss, 1967).

The theme entitled Family Dynamics referred to references of family behavior and interaction which emerged as the data were analyzed and coded. Emerging subthemes were identified which included family power structure, premature independence, family myth and family affect. Family power structure referred to the power within the hierarchical family and the degree of mutual goal setting between the parents in the home. Of Colice's children who participated in the study, all were engaged in long-term, stable relationships with their spouses. These relationships were central to the emotional security of Colice's children and provided the central focus for the family. For some of the grandchildren, the perception was that the mother-father bond was so strong, there was little room for the children in the relationship. The importance of these primary

relationships is confirmed in the literature related to the theory of loss (Bowlby 1980; Edelman, 1994).

The second subtheme was entitled premature independence. Based on the data provided, some of the grandchildren noted a lack of parental presence in their lives and an excessive reliance by their parents on them to be self-sufficient. While this produced tension in some of the grandchildren, others saw this degree of autonomy as positive. This subtheme was also supported in the theory of loss literature.

The third subtheme was identified as family myth. Several myths were described in the data, among them the myth of success and the myth of Colice's involuntary institutionalization. While most families engage in myth making, the degree to which a family's behaviors are guided by family myths can be indicative of family dysfunction (Klein & White, 1996; Lewis et al., 1976).

The fourth subtheme identified was family affect. Family affect refers to the prevailing mood or degree of expressiveness of feeling within the family. Interview data revealed a lack of emotional sensitivity among family members, among other nuclear families within the larger context of the family and lack of expressiveness and

emotional sensitivity with others in the community as well.

The second major theme that emerged was entitled Family Effects. Family Effects were further reduced by analyzing the data and identifying corresponding subthemes. Subthemes identified included the lack of connectedness, fear of the unknown, emotional distancing and powerlessness. Lack of connectedness related to an absence of a sense of community or bonding with Colice and with other family members. Fear of the unknown related to the fear of learning the truth, the fear of hurting another family member, or the fear for the future. Frequent comments revealed a fear that Colice's children might not be able to handle the truth or would be hurt if knowledge that might be revealed were spoken. The third subtheme related to emotional distance. Emotional distance referred to the difficulty various family members experienced with their inability to feel close to others or show warmth and affection. Finally, the fourth subtheme related to a sense of powerlessness. Powerlessness referred to the family's inability to affect a change in Colice's circumstances and protect their family's resources from the state.

### Experience as Social Text

A subquestion related to the study asked the following question, "Can the experiences of Colice Caulfield Sayer be read as a social text?" Colice's experiences as a social text are explored in all aspects during the data collection and analysis process. Her story provides a perspective of family life during the early to mid-1900s. Through the narratives of her children, we learn of the family's position in the social setting and about a family culture that promoted the value of hard work and devotion to one's children. The story also chronicles the rise and fall of Colice and Edgar Sayer's nuclear family. Colice's story further unfolds within the social structure of the state institution, where she was given a position of some importance within the patient social structure. From personal notes and poetry, we are provided with a glimpse of life in the institution. From these notes, we can gain insight into how she perceived various health care providers, including physicians, nurses, and psychologists. With the assistance of social, political, medical, and legal writings of the time, the historical review process provides additional information that place Colice's experiences in context of the time in which she lived.

From this vantage point we are able to recognize how many forces were simultaneously at work which dictated events for Colice and for her children as well.

### Converging Phenomena

Based on interview data and historical review of the literature of the mid-1900s, the following observations regarding events related to Colice's commitment are made. Colice's story is influenced by an assortment of competing phenomena that enveloped her and served to keep her under the authority of the state hospital long after typical treatment for her diagnosis would indicate. Some of the forces that restrained Colice included:

1. The psychiatric establishment which concluded that the nearly normal were in need of their professional services within institutional settings.
2. The lack of psychotropic drugs, hormones, and effective therapies that would allow treatment at home.
3. Eccentric personal behavior, which was regarded as abnormal and potentially dangerous by Colice's husband and his family, but not by some of Colice's children.
4. A philandering husband, who openly lived with other women and grew more detached from his children as time passed.

5. The enormous resource allocation for hospital beds, especially in New York State, which provided residential treatment to thousands of individuals, and thus increased one's chances of accessing such a setting.

6. Circumstances in the 1930s which prohibited a woman without financial resources from returning to her home without permission from her husband and the state.

7. Psychiatric commitment procedures that allowed an individual to be committed for eccentric behavior at the request of her family for an indefinite period of time.

8. The ramifications of the legal commitment in which an individual subsequently lost all civil liberties.

9. The dispersal of Colice's children to other parts of the country, which was exacerbated by the advent of World War II.

10. The loss of identity that began to occur with prolonged institutionalization, which decreased Colice's chances of being able to adjust to life outside the hospital setting.

In addition, the following possibilities are suggested in relation to why Colice was not removed from the institution by a member of her family. Based on interview data and historical review of legal writings,



one can surmise that Colice was institutionalized without release due to the following factors:

1. Colice's husband, Edgar--Edgar would have had to petition the State of New York for her release. By all accounts, he did not want Colice, did not want to support her financially and had no reason to seek a change in status. According to interview data and review of the legal process, as long as Edgar lived, there could be no change in her legal status.

2. Colice's children--Colice's children were busy securing relationships and employment for themselves. They would not have the means to care for her early in their married lives. By the time they were able to manage her care, Colice had been institutionalized for a number of years and was increasingly affected by her surroundings. In the 1930s and 1940s, there were few reliable treatments for psychiatric patients which would have made it difficult to care for Colice in the home.

3. The community--the opinion of the community during this time, was that mental illness was a moral deficiency. Members of the community would have looked with disfavor on family members who brought a previously institutionalized family member into the neighborhood. While this might have been more easily managed in rural

settings, however, in close communities, where there was general public knowledge of family activities, bringing a mentally ill person into the home could be potentially damaging to the family both professionally and socially.

### Colice's Grandchildren

Much of this chapter has been focused on the experiences of Colice and her children, however, the interview data suggest that for some of Colice's grandchildren, there were significant effects. For the grandchildren who remembered Colice and had some insight into the effects of family experiences on their lives, interesting themes in the data emerged. In this discussion, the term "parent" refers to one of Colice's children.

Some of the grandchildren spoke of a disconnect between themselves and their parent which affected their emotional lives. Comments related to not being able to approach their parent, except on an intellectual level, or feeling as if their parent was always under tight emotional control. This led them to believe that if the truth was told about their grandmother, this knowledge might be too much for their parent to handle. Most of the grandchildren expressed some surprise about the fact that they had not pressed for information about Colice and

their family. In most cases, there was a degree of conflict and discomfort with the lack of information shared. The lack of personal closeness in the family was an issue of concern for some of the grandchildren as well.

For one grandchild, the lack of personal closeness not only affected his home life, but was felt in other relationships as well:

So as a result of my parent's closed personality, I think all of us grew up with that and that kept us from having a warm, open, nurturing relationship that most people would like to have.

Another grandchild remarked in reference to her parent:

For all my conscious life, it's been like there's been an invisible wall between us.

Some of Colice's grandchildren experience what Edelman (1994) referred to as intergenerational loss. Edelman noted that thousands of American children develop characteristics of motherless children, even though they have mothers. Reasons for this were related to the survival skills their mothers learned after the loss of their mother. For some of Colice's grandchildren, the interview data would suggest that there are pervasive effects due to the lack of emotional connection with their parent, personal consequences of premature independence and being brought up in a home where the primary relationship exists between the parents, at the perceived

exclusion of the children. Although some of the grandchildren expressed the feelings of loss and lack of connectedness in terms of the parenting they received, it was not possible to tease out what portion of these perceptions was related to parenting or to other causes. For other grandchildren, there was little perceived effect due to the lack of knowledge concerning the family story. Some could only speculate there were effects, although they were not sure what they would be.

#### Recommendations for Future Research

The narratives of Colice Sayer's family represent the shared meanings and common themes of their experiences. As such, this study can be seen as a first step in understanding various roles and relationships within a family who has experienced an event of this magnitude.

The life history method of naturalistic inquiry provides an opportunity to come to a greater awareness of the meaning of these experiences. Nursing researchers use the life method to gain an insider's view of a particular concern to practice. The result is that nursing practice can become more grounded in the life experiences of its participants, whether they are patients, students, or other health care providers. When used in combination with other methods of data generation, the life history

method aids in gaining a unique understanding of the human factors related to the phenomenon of interest (Denzin, 1970b; Leininger, 1985; Streubert & Carpenter, 1995).

This understanding is furthered by engaging in the search for negative cases. This search is one of the more important functions performed by the life history method in regard to research. Negative cases are examples of understanding or experience that fall outside a theory's jurisdiction or purview. According to Becker (1970), the examination of negative cases is a useful theoretical touchstone in suggesting future direction for research activities.

One of the experiences that falls within the purview of the negative case relates to the story of one of Colice's children. This individual is either unaware of the effects of his mother's hospitalization, or experienced a set of circumstances that gave him an ability to transcend or escape the consequences of her departure from the family. This case would be of interest to further explore how his experience varied from the rest of the group.

The life history method also assists the researcher in providing knowledge about emerging areas of study which were not previously examined in detail, but may be

surmised through conjecture or assumption. Examples of such areas of study include a focus on successive generations who have experienced loss and the occurrence of premature independence within the family. Of particular interest would be to determine what kinds of consequences this independent behavior might foster. Several questions that come to mind include the relationship between premature independence and the incidence of premature sexuality and sexual behavior, the incidence of premature emotional attachment to members of the opposite sex, or the incidence of alcohol or drug use.

Finally, the life history method provides an important function in research by suggesting new variables, new questions, and processes for study. Studies which come to mind include an exploration of the stories of the partners of Colice's children, to examine their relationships in closer detail. This would enable the researcher to understand the complexity of these primary relationships and how strongly attached partners were. It would be interesting to note how the object of such devotion or attachment reported their experience or if they were aware of their potential status in the relationship.

Of further interest would be an examination of family myth in each family to determine if there is a similarity of patterns, or if the need to have a family myth exists in isolated instances. Also of interest for promoting further understanding would be to determine whether other families experience the same or similar effects related to loss, including the intergenerational effects that have been described in this study.

A further recommendation for research relates to the inclusion of participants in study design and planning. The life history method encourages active participant involvement in the research process. This promotes a positive response to the information received and provides an avenue for participants to gain additional personal insight and understanding about their experiences. Participant involvement also gives the researcher an opportunity to check demographic detail which increases reporting accuracy and to provide valuable counsel during the process (Denzin, 1970b; Gilgun, 1992; Streubert & Carpenter, 1995).

### Summary

Relationships are made of the small, inconsequential business of everyday lives. The connections that allow relationships to bond and remain strong are based on

commonplace interactions such as birthdays, anniversaries, Sunday dinners, late night chats, and impromptu lunches. When the ability to interact is prohibited, the relationship often becomes strained and superficial. Such was the case with Colice Sayer and her family. Although attempts were made to remain in contact, in the final analysis, the road each individual took in life was the one they, in fact, made for themselves.

As Colice's children reached adulthood, married, and had children, individual experiences influenced their choices and decisions in countless ways. This study attempted to answer the question, "What can we know about this family whose mother or grandmother was taken away by involuntary institutionalization?" By using the life history method, it has been possible to learn about each family member's experiences as they uniquely interpret them. Through open-ended interviewing, Colice's family has taught the meaning for this family of extended intergenerational loss. The experiences of Colice's grandchildren have been collected and reviewed, which have provided valuable insight into their uncertainties and fears and, in many instances, personal pain. The study provided a narrative tapestry in which perspectives of experience merged and became more vivid and colorful. And



through the exploration of family theories and historical review, Colice's personal notes and poetry provided an opportunity to view her life experience as social text.

The life history of Colice Caulfield Sayer, as remembered by her children and grandchildren, was based on the perceptions of family members who agreed to participate in the study. There were other stories which were not obtained from various family members due to intense personal feelings concerning the subject matter or due to lack of response after consent forms were sent. This story is necessarily shaped by the recollections and perceptions of those who participated and is not intended as a definitive description of the life experience of Colice Caulfield Sayer or of all of her family members.

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APPENDIX A

Letter to Potential Participants

Dear Prospective Participant:

I am a doctoral student in the College of Nursing at Texas Woman's University in Denton, Texas. I am working on a dissertation that describes the life experiences of Colice Caulfield Sayer as remembered by her family.

In this study, members of Colice's family describe their memories of Colice and explore how their lives are affected by her experiences. I am asking you to participate by telling your story. If you agree to be part of this study, I will call you to set up a convenient time for us to talk. Interviews may be conducted by telephone or in person.

The interviews are nonstructured and will last approximately one hour. I would like to audiotape our conversation so that I can capture your story in greater detail. All information received will be confidential and I will make every effort to protect your anonymity. If you are interested in participating in this study, please return the enclosed consent form to me and I will contact you to arrange a time for the interview.

If you have questions or concerns, please do not hesitate to contact me. I am enclosing my card in case you would like to call me at home or at the office. Thank you.

Sincerely,

Melissa Sherrod

APPENDIX B  
Consent Form

TEXAS WOMAN'S UNIVERSITY  
Subject Consent to Participate in Research

**Title of Study**  
THE LIFE EXPERIENCE OF COLICE CAULFIELD SAYER:  
AN INTERPRETIVE BIOGRAPHY

**Investigator:**  
Melissa Sherrod  
817-462-6808 office

**Advisor:**  
Patsy Keyser, PhD.  
817-898-2407 office

You are invited to participate in a research project designed to explore the ways in which the experiences of Colice Caulfield Sayer were important to those who knew her. Participation is completely voluntary.

**1. What does the study consist of?**

You will be asked to provide information about events you remember relating to Colice Caulfield Sayer and how you remember the events of her life. You could be contacted for an interview, to talk by phone or to provide a recorded story about a time you remember. The interview has no set time length, and the discussion can continue until you are ready to stop, or until you feel you have said all you wish on the topic. The interview can take place in your home or in a convenient location. You may also be contacted to clarify the meaning of your story or to review interpretations made by the researcher to make sure they are accurate.

**2. Are there any risks?**

It is possible that through discussion and recollection of certain stories, that painful memories or thoughts could occur. A licensed professional counselor will be available in case you have specific questions or concerns relating to thoughts or memories due to the research study. Although steps will be taken to ensure anonymity, it is possible that through the reporting of certain portions of actual text that a participant will be recognized by circumstances surrounding a particular situation.

Any identifying information from the text will be removed. The data will be stored in a locked file in my home for a period of three years following the completion of the study and then destroyed by shredding and erasing. Only the researcher will hear the tapes or read the transcripts.

**3. Are there any benefits?**

It is possible you could benefit from participation by having the opportunity to discuss your experiences as well as increase your knowledge of self and others, and to preserve an historical account of your relative's life.

*We will try to prevent any problem that could happen because of this research. Please let us know at once if there is a problem and we will help you. You should understand, however, that TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.*

*If you have any questions about the research or about your rights as a subject, we want you to ask us. Our phone number is at the top of this form. If you have questions later, or if you wish to report a problem, please call us or the Office of Research & Grants Administration at 817-898-3375.*

**4. What if you change your mind?**

You are free to withdraw from this study or refuse permission for the use of your transcript at any time. All participation is voluntary and there will be no penalty should you decide not to participate.

**5. What if I have other questions?**

Before you sign this form, please ask any questions about the study that are unclear. I want to answer any questions or respond to any concerns you may have. I can be reached at my office number, 817-462-6808.

**Authorization:** I, \_\_\_\_\_, have read and decide to participate in the research project described above. My signature and return of this form indicates that I give my permission for information I provide in the written transcript to be used for publication of a dissertation or research articles, books, and/or teaching materials, as well as for presentation at scholarly conferences. Additionally, my signature indicates that an offer to answer all of my questions regarding the study has been made and I have received a copy of this dated and signed consent form. I understand that I may terminate my participation in the study at any time.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for taping:**

I do hereby consent to the recording of my voice by Melissa Sherrod, acting on this date under the authority of the Texas Woman's University. I understand that the only person who will hear the tapes will be Melissa Sherrod. The tapes will be kept for a period of three years following the completion of the study. They will be mechanically erased at that time. I do hereby consent to such use.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taping, recording, or publishing, as is authorized by the Texas Woman's University.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

The above consent form was read, discussed, and returned to the researcher. A copy was given. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

Representative of Texas Woman's University \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX C

Research Review Committee Permission Letters

[REDACTED]

TEXAS WOMAN'S  
UNIVERSITY  
DENTON / DALLAS / HOUSTON

HUMAN SUBJECTS  
REVIEW COMMITTEE  
P.O. BOX 22939  
Denton, TX 76204-0939  
Phone: 817/898-3377

March 12, 1996

Melissa Sherrod  
1504 Clover Lane  
Ft. Worth, TX 76107

Dear Melissa Sherrod: [REDACTED]

Your study entitled "The Life Experience of Colice Caulfield Sayer: An Interpretive Biography" has been reviewed by a committee of the Human Subjects Review Committee and appears to meet our requirements in regard to protection of individuals' rights.

Be reminded that both the University and the Department of Health and Human Services (HHS) regulations typically require that agency approval letters and signatures indicating informed consent be obtained from all human subjects in your study. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. This approval is valid one year from the date of this letter. Furthermore, according to HHS regulations, another review by the Committee is required if your project changes.

Special provisions pertaining to your study are noted below:

- ☐ The filing of signatures of subjects with the Human Subjects Review Committee is not required.
- ☐ Other:
- ☒ No special provisions apply.

Sincerely,

*John Engelbrecht*

Chair  
Human Subjects Review Committee - Denton

cc: Graduate School  
Dr. Patsy Keyser, Nursing  
Dr. Carolyn Gunning, Nursing

*A Comprehensive Public University Primarily for Women*  
*An Equal Opportunity/Affirmative Action Employer*



APPENDIX D

Graduate School Permission to Conduct Study

████████████████████

TEXAS WOMAN'S  
UNIVERSITY

DENTON/DALLAS/HOUSTON

THE GRADUATE SCHOOL  
P.O. Box 22479  
Denton, TX 76204-0479  
Phone: 817/898-3400  
Fax: 817/898-3412

April 29, 1996

Ms. Melissa Sherrod  
1504 Clover Lane  
Fort Worth, TX 76107

Dear Ms. Sherrod:

I have received and approved the Prospectus entitled  
"The Life Experience of Colice Caulfield Sayer: An  
Interpretive Biography" for your dissertation research  
project. Best wishes to you in the research and writing of  
your project.

Sincerely yours,

*Leslie M Thompson*

Leslie M. Thompson  
Associate Vice President for  
Research and Dean of the  
Graduate School

dl

cc Dr. Patsy Keyser  
Dr. Carolyn Gunning

APPENDIX E

Poetry, Writings, and Photographs

## Poetry

*by Colice Caulfield Sayer*

There have been many descriptions about the importance of poetry in our lives. Moyers (1995) described poetry as news--news of the mind and news of the heart. When reading poetry, strangers converge and a community of understanding emerges. The shared experience of being present when poetry explains a particular life brings us closer to understanding our humanity.

Moyers (1995) noted that we owe poets for reminding us that experience is the most credible authority of all. It would be difficult to find someone more credible than Colice Sayer, who wrote so eloquently of her experiences, her hopes and her dreams. She wrote honestly about personal suffering and hope for survival. And through her craft, discovered that revelation was her reason for being.

Here, then, is a small sample of the thoughts and dreams of Colice Caulfield Sayer. Her writings are a testament to the resilience of the human spirit and the beauty of the soul.

Colice Sayer  
All my own, I hope

Poems I have written  
Shadow light, shadow dark  
Reality  
March 9, 1935

Pansy Dolls

Frilly little Pansy Dolls  
Waltzing to and fro  
Promenading up and down  
Standing in a row

Your velvet colored faces  
Eyes so softly fine  
Black as dusky early morn  
With an inner golden shine

Mouth ever smiling  
Inviting me to play  
Fragrant Ladies in your paper gowns  
Of a child's lost yesterday.  
May 24, 1938

Dreams

Dream just dream  
On a silvery stream  
Where memories renew  
When I am dreaming of you  
Dream just dreams

Acorn Brownies

Little brownies of yesterday  
Remember how we used to play  
Under the oak tree  
That grew by the shore  
You marched around and stiff legged o'er  
All the stones and forts I made  
Happy hours there in the shade  
If you lost a leg or even an arm  
Another match and what was the harm  
Sometimes your hat would not stay placed  
There were many such hats

Though the face I traced  
The acorns grew a personality  
Though it never came  
from their family tree.

Blue Moon

This moon was blue  
As blue could be  
An ink spot in the sky  
Spilled a streak  
Both dark and wide  
And left it there to dry  
When even trees seem overcast  
With an indigo blue hue  
Tis then my inner sense responds  
And I know valor too.

Shadow Gown

Out of the darkness, Life doth entice  
On day of splendor, mind dwelleth twice  
Watching it reach for higher things  
Measuring my strength  
Trying my wings  
Patiently waiting all the day through  
Watching and praying for help from you  
Seeing the shadow again close down  
Grim humor returneth dark his gown.

Less I Become a Cringing Thing

Only a Woman  
 God above! art thou near?  
 "Show me love!"  
 I'm afraid of becoming  
 a cringing thing  
 And oh! the mockery!  
 I wear a ring  
 Symbol of bondage, cruel and vile  
 As only a dastard's cowardly guile  
 Could inflict upon a wife  
 In to the labyrinth of Crime  
 Psychology knows the need  
 Knowledge trapped by it's own deed  
 When word of a culprit  
 Stands ahead  
 Of anything a respectable citizen said  
 Woe betide a fighting life.

Ransom

What would you give  
 For your mother  
 To ransom her out of Hell?  
 The gates swing wide and open  
 Starting the funeral knell  
 Extortion with smeared fingers  
 Is demanding each hearts desire  
 Be offered up to crime  
 And evidence to Hell's fire  
 A pound of flesh I'd gladly give  
 If it were honor's ransom  
 And call the ghoul in shadowed suit  
 A specter cruel but handsome;  
 Compared to the toll  
 Required of the soul  
 When the gates of Hell reach out.  
 June 3, 1937

D Ward, October 25, 1937

Alone in a room, like a prison cell  
 Fading the light of day  
 Love and hope have faded too  
 In shadow they drift away.  
 Nothing to see from my window  
 But leaves that wither and die  
 No one to ease a heartache;  
 No one to care if I sigh;  
 Even the maple yonder  
 Gives more to life than I  
 But one thing we have in common  
 When sweetness is lost  
 We die.

Lustgarten

Wild excess of Scandal  
 How was it you began  
 Debauch of maliciousness  
 Who was it with you ran?  
 Vulgar to vulgar mind appeals  
 As dishonor from Justice steals  
 Not recognizing worth of motherhood  
 It is abused, misunderstood  
 The fist of might without a right  
 A prisoner of sadistic fate  
 Excess of State begats Grim Fate.  
 April 10, 1938

Why?

Why can't you let me forget you?  
 Why must I always see?  
 Visions that make me remember  
 Love it is burning for me? Why must your smile  
 And your sunshine  
 Haunt me eternally  
 Why can't you let me forget you?  
 Why can't you let me be?



Adore Me

Adore me though the shadow  
 Dims the glow of every thought  
 Heart of love! Thy tenderness  
 Fond miracle has wrought

Happiness comes winging  
 With each daydream of you  
 May they find Reality  
 Where all my Hopes come true.  
*May 21, 1938*

Understanding Heart

Though friendship so easily fades  
 Each day brings a new sunrise  
 Each day I eagerly look forth  
 To see God's art upon the skies.

Each day, it is so different.  
 When one has lost all she holds dear  
 Just offered anguish, doubt and fear  
 Then seeking "Understanding Heart".

One grows exalted seeing Art  
 That speaks the Mind supreme  
 When Evil overshadows Life  
 And longs to soil one so.

'Tis then in dreams  
 Perhaps far fetched  
 I soar the more you know.  
*February 1938*

It Does Bless

What can they all be thinking?  
 Why do they never care?  
 I could not so use a loved one  
 Somehow I'd want to share  
 A little of suffering and sorrow  
 That it might then be less  
 when one another's care lightens  
 How quickly it does bless.  
*October 20, 1937*

A letter to Colice's Son

Dated February 14, 1943

Dearest Son,

Do not have the futile longings to share imaginary glory with older boys. Your quest is here. Be my own true youthful knight. I need one and it is simple how you can fight for me. To fight for a lady's honor marks the true knight, to fight falsehoods wins his spurs, wins in the conquering of world's greatest evil, so help me.

In the metrical verse called Shadow, I did not write something nice because there was not anything nice in the Shadow. I have written many other nice pieces for the good of my family, friends. I have not once done, writing just a few lines a week, sometimes, not any.

To help, talk of your mother, your loss of her, the loss of our beautiful home, how she was always the same when you saw her, always wanting defense against the lies of this commitment. Read my writings to others, that is what I gave them to you for. Your father could not read them, never give them up to him though.

Try to speak this at graduation. It is mine.

Commencement

Life commencing  
 Where you learn youth  
     for older way  
 Yet holding always  
 Every trace of play  
     you made in days  
     now gone.

The books you loved  
     You lay aside  
 To live, and act out faculty  
     Influencing others  
     With the potent mean  
 Where you have soared  
 To golden height unseen,  
     Or plumbed the deep  
 That some lesser human  
     Might not fail--  
     uncared for.  
 The way is truth,  
 The way is honor,  
 In justice help for all  
     Then you will know  
     You shall not fail,  
     The Ghost of Words  
     will call.

Chaos of Chance

A chaos of chance  
 bedlam self set free  
     Believing only  
     in self competency  
 While being incompetent, whim  
     By some evil talk  
     Hoping to win  
     some wicked favor  
     Avarice passed by  
 Thus we know the devil is nigh  
     O God, let it be  
 this truth for a minority  
     The hope, the truth  
     of anytime, once found.

Treasure Hour

Once I knew those gladsome moments  
Entranced measure of the hours  
Time, that you and I together  
Swayed as with a mystic power  
Enchanted with each tender thought  
Faithful touchstone of the soul  
Exacting of each deep emotion  
Burning gold, a flaming toll.

Gazing in eyes, so dark to find  
Tenderness, tranquillity of mind  
Watching embers stir and blow  
Into cupid's fire you know  
Until in warmth of smoldering flame  
All life glows, seems not the same  
And never more can lose again  
Color, that rainbow lent after the rain.

Fires of witching hour that lightened  
Beacons rays of hope that brightened  
Until all time that passed before  
Dulled and lessened evermore  
Though more precious grew the moments  
Hoarded treasure of the hour  
Changing them for all time  
Into loves sweet power.

Smiles have lost their warmth and faded  
Best of life seems just all dross  
Bitter sweet and then the loss  
Of more fire-fly lights that beckoned  
On treasure to be reckoned  
With the hidden horde we store  
Memories, -til life is oe'r.

My Son

Always my dear  
 still wild, I see  
 Your face as you last looked at me  
 There was Christ  
 fallen under his cross  
 Wonder of injustice  
 sensing a loss  
 Question in eyes  
 why should it be  
 sacrifice me?  
 I see a walk, and you walk there  
 You, who was always fair  
 Getting into studies  
 Mother wants by your side  
 Happy in love to serve  
 A call, a . . . on whose word  
 Will this save my mother  
 if I save another?  
 Who created all this danger  
 Surely not just a stranger?

Needy Heart

Outward conflict, inner sorrow  
 Subtle thought, the morrow  
 The truth shall live and life be free  
 I pledge myself to it and thee  
 Nor wound will be the ties that bind  
 Thought long ago I left behind  
 The tender thoughts of home  
 and all alone  
 Personified enfranchised living  
 and were it giving  
 unto my needy heart  
 love could give and live;  
 evil depart.

*July, 12, 1953*

Lovely Day

These lovely days  
 they call---come out  
 and see the ground stir all about  
 The robins call  
 angle worms crawl  
 Life is stirring, it is spring  
 Each tiny leaf once there a bud  
 Grows with the spring days longer  
 Tiny foliage swaying gracefully  
 Rivaling the budding evergreens  
 Balsam, pine and tamarack  
 How we live it, spring is back  
 Summer is on its way  
 O the bird choirs at the break of day.  
May 5, 1955

Love Thou Me?

Out of this world, out of this strife  
 Where goeth thou, O life?  
 Knowing once though long ago  
 Love died to find an afterglow  
 Christ walked again, talked gain  
 Refreshed the mind as summer's rain.  
 Purity in action complete  
 Word empowered communion treat  
 Love Thou Me?  
 Christ chose a crown of thorns to wear  
 Blood flowed as sadist bound it there  
 He drew the personality meek  
 Living pictures where we seek  
 Mystery, why does agony, suffering bring  
 A sublimity of faith to cling  
 More and more unto His cross  
 Love supreme shares a loss  
 Out of death does glory rise  
 Enlightening over our dark skies.  
July 10, 1955

Son of Mine

Son of mine, we are apart,  
No kiss or embrace greet you.  
A love for you is in my heart,  
A love not new, but tried and true.  
I hope it warms this world for you.  
No words I know or can write  
Only a great love which knew  
Can plumb the depths tonight.

All my feelings so pent up.  
Emotions, they are seeking.  
A stimulant, not found in cup.  
Just memories, that are peeking.  
Backwards to years long spent,  
With a great love which knew,  
A tiny one, that seemed God lent,  
A blessing, one of few.

I kissed each little baby toe,  
Shared each little footstep too,  
All the while I loved you so,  
You loved me, too, as babies do.  
Happy years I watched you grow  
With pride and just elation  
Believing that the seed I sow  
Shall somehow help the nation.

Jealousy sent forth its dart  
To strike down motherhood.  
Son of mine, joy of my heart  
I know you've understood.  
Hope looked for the light,  
Beckoning ever for one.  
Despair not, for right,  
Shall conquer might, son.

Loom of Life

Alone in a room of repression  
So barren, so cheerless, so still  
Where my mind will seek expression  
For memories with which it is fill.

A machine running without effort  
Yet it is the loom of my life.  
At least here I think in comfort  
Away from the care and strife.

My days are spent in a Shadow  
Among many broken careers  
Wish I was out of the Shadow  
Away from all trouble and tears.

A prisoner of hate far from home  
Alone I sit deep in thought  
No servant of fate, the maker alone  
Can judge what havoc is wrought.

The sacred names of wife and mother  
Doesn't seem to mean a thing  
All days that pass are like each other  
Only thoughts can take wing.

Loom of life if thou were barren  
If there were no color there  
Life might be both old and shrunken  
Weaver really couldn't care.

First of threads that were chosen  
Made a Scotch blue bell  
Where in dew drops as if frozen  
Waited fairies from the dell.

Golden buttercup, daisies white  
Paint brushes in fields so bright  
Happy days were free of spite  
Where I wandered, heart was light.

Shadows were but could not harm  
For I knew a mother's care  
So early wearing has much charm  
Colors blend and seem to share.  
The mild bright blue of a child's love,  
With the vivid pink of bright themes



For a child's thoughts are of above  
Where angels and fairies mix in dreams.

Farther on my life portrays  
A little child that knows no fears  
In drama, in childish ways,  
Holds her own and moves to tears.

Bright were the light and gay  
With real people birth fine art  
Power of color held its sway  
Helped to bring out the part.

In living pictures marble white  
Not an eyelid one could move  
There I am a crystal sprite  
Motionless, without repose.

#### The Kingdom

God search my mind  
Tell what in it you find  
Always I'm seeking you  
Forever praying too  
And the answer that I found  
Came to me without a sound  
Sense knew completment in awe  
Sacramental Lord, you draw  
All unto your kingdom.

Young Imitators

In the old churchyard  
Who could forget?  
We buried the birds  
And every dead pet.  
Making graves  
That were all our own  
Using tile samples  
For the headstone  
The casket we fashioned  
Out of some box  
Where gruesome met beauty  
Was life's paradox  
The smell of perfume  
Even today  
Reminds of dead birds  
We laid away  
Always we sang "Sweet Alice Ben Boldt".  
With the sad tempo  
Which helped us to cry  
Though admiring our efforts  
While we stood bye.  
Ah! dew drop like tears  
And long tragic years  
Lost childhood with the pathetic touch  
Of drama of life, I now have too much.  
May 25, 1938

Letter to Colice's son

Dated December 26, 1945

Beloved son,

I have heard the good news, you may soon be home. Once again at Christmas time, I heard from everybody but Ruth and you and this year your grandmother Sayer sent no message at all.

Come here as soon as you can. I need to see you very much. I had a lovely Christmas all considered. Your Dad sent a nice box of two décollete gowns, a box of candy, a fruitcake, dates, tea bags, a can of cocoa and two dollars. Received a broach for decorating the ward. I trimmed the tree, made scene on the mantel, shined brass, decorated plants, embroidered a scarf and laundered some, and helped clean the altar. As you can see received some cash and lovely gifts.

On the other side, a poem I wrote on all my cards. It is my own. I owe much to the Sacred Heart. I wrote it after sending yours. I could send you something if you are not coming.

Happy New year.  
May it be spent here.

Your loving mother,  
Colice Sayer

The Birth of the Sacred Heart

Sweet was the breath  
Of Winter morn  
Genteel with grace  
As new life is born.  
Only a tiny babe, 'tis true,  
Love personified robed in blue.  
Mary's mantel enfolded him  
Who came to rid the world of sin.

Little Christ Jesus,  
Of the Word Divine,  
Holy is the Glory Thine.  
O Jesus, little Sacred Heart  
now on a mission of love to start,  
To grow to be a Sacred Fire,  
Holier, stronger, every hour.  
*December 25, 1945*



*Left:* Colice Caulfield Sayer  
on her wedding day



*Right:* Edgar Byron Sayer  
(Colice's husband)



Colice Francis Caulfield in "*Pirates of Penzance*" costume.



*Top:* Melissa Hettie Sayer & William H. Sayer (Edgar's parents)

*Bottom:* Edgar William (Bill) Sayer, Dorothy Mary Sayer, Julia Hettie Sayer, (Not pictured) Colin Byron Sayer (Colice's Children)

