

Institutionalisation: an historical perspective

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This book is about deinstitutionalisation. But to understand de-institutionalisation, we need also to appreciate what preceded it – institutionalisation. Why did our ancestors choose to place people with learning disabilities in institutions? More misguided and more evil than we are today? To assume that is ahistorical. It is to adopt a simplistic view of the past that sees human life as a progression from darkness to light, an inexorable march of ‘progress’ in which every age improves on its predecessors. That is clearly untenable. So why, when nowadays we see institutions as such a mistake, did apparently sensible well meaning people choose institutions as the answer? I seek to begin to answer these questions here.

In this chapter I explore institutions as a social policy ‘solution’ to the problem of the ‘feeble minded’ in early twentieth century England, as a means of setting in context the memories in the book. Although England is not entirely representative in its institutional practices (for example, unlike some Scandinavian countries and US states, sterilisation was never legalised) the trend to institutionalisation there in many respects mirrored similar trends in the English speaking world (see for example Trent 1994 re the USA, Cocks, Fox, Brogan and Lee 1996 re Western Australia). We know from a number of sources, including some of the testimony in this book, that for many of those who lived in them institutions were unpleasant and restrictive at best, abusive at worst. Yet many intelligent and progressive people of their time (such as playwright George Bernard Shaw and social reformers Sidney and Beatrice Webb), enthusiastically supported the institutionalisation of those they called ‘the feeble minded’. How, then, do we explain why we seem so much more enlightened today, at least as far as people with learning disabilities are concerned. The UK White Paper *Valuing People* (2001) with its principles of choice, independence, rights and inclusion could not be further removed from its early twentieth century equivalent, the 1913 Mental Deficiency Act which is characterised by segregation, labelling and coercion. We seem to have travelled a long way in just under a century. But has human nature really changed so much? Or are more subtle forces at work, giving the illusion of profound difference when there are considerable elements of continuity?

These are large questions, and in a short chapter I cannot hope to do more than scratch the surface. I address the topic from two angles.

The first explores why in the early twentieth century the creation of institutions to house a group called ‘the feeble minded’ seemed to contemporaries to be such a good idea.

The second considers in more detail the practice of institutions, who got admitted and why, and what became of them once inside. As a number of recent historians have observed, policy is one thing, its implementation often quite another (Armstrong 2002).

For the sake of achievability, the focus is on the first half of twentieth century, 1900 to 1946. This is the period when the institutionalisation of people with learning disabilities really got under way.

However, before embarking on addressing those issues, I include some thoughts on the nature of the evidence.

The Nature of the evidence

Much of what we know today about institutional life comes from accounts by survivors.

Recent trends in learning disability history are emphasising a plurality of accounts, and this has contributed to a rich vein of life histories and autobiographies which give us a picture of the institutional experience of patients (Potts and Fido 1991, Barron 2000, Cooper 1997,

Rolph 2000, Stuart 2002). This book is adding to those accounts. It is salutary to recall that only just over a decade ago such accounts had not reached print. Our evidence before that date came from institutional records, reports of official enquiries into scandals, the memoirs of former superintendents and staff, celebratory histories of individual institutions. A very different picture to that given by residents emerges from these sources. Some, such as the Ely Enquiry, do show how impoverished life in hospitals was (HMSO 1969). Others, such as celebratory institutional histories, give a very positive gloss. Walmsley and Atkinson published two contrasting accounts of mental deficiency policy in Bedfordshire, an English county, in the post war period. One by Cecil French, a former Mental Welfare Officer, subsequently Director of Social Services, told of a shortage of resources, and a continual struggle to set up community facilities in the 1950s and 1960s. The other, by an ex resident of the local mental handicap hospital, told a totally different story, bringing home the human cost of the policies of the day (Walmsley and Atkinson 2000). But for the early twentieth century such first hand witness accounts are unobtainable – if only historians a generation ago had taken an interest! We are therefore largely reliant on written sources. Such sources have their own biases, and their own constructions of arguments and evidence. This limits what can reliably be deduced. The voices of those subject to the policies, their families, friends, even staff are lost, probably for ever in most instances. To reconstruct the lives of the people subject to the policies and practices of the early twentieth century we are reliant on what Atkinson and Walmsley have called ‘biographical fragments’ (1999), scraps of evidence recorded and stored if they were of enough significance, such as records kept about individuals’ certification as ‘mental defectives’, and subsequent journey through the care system.

Moreover, what we read is couched in the arguments and discourses which would carry weight at the time. This can make it hard to understand for us today.

The difficulty of interpreting existing discourses has been explored in relation to the sexual abuse of children in the early twentieth century, and is a useful analogy. Brown and Barrett (2002) discuss the extent to which child prostitution, child sexual abuse and incest were masked in ‘vague and euphemistic meaning’ (p.52) in the early twentieth century. There was a tendency to couch arguments for the removal of young girls from their home environments in ways which emphasised their potential to damage or ‘contaminate’ others, as well as their protection. The term ‘moral danger’ conveniently faced both ways – victims of sexual exploitation might both pose a moral danger, but also be in moral danger. It was, state Brown and Barrett, a phrase much used by Children’s charities when removing children from their homes and families, and they quote the following as an example from the files of the Children’s Society regarding a nine year old

The child ... is another gutter child and has been brought up to know every charitable person in her neighbourhood and to think all religion cant, she can hardly read and hates school and will do anything to get off being sent to school ... worst of all she has been continually sexually assaulted by her own father, while her mother has allowed her to see and hear things which any decent mother would have been careful to keep from the poor little child. The poor little thing has never had a childhood
(quoted in Brown and Barrett 2002 p. 51)

There is clear ambivalence here. Was the child a villain or a victim? Such matters also impact upon our ability to understand the nature of the debates leading to the creation of the segregationist ‘solution’ to mental deficiency in 1913.

The campaign for legislation

The campaign for legislation to deal with the ‘problem’ of the feeble minded in Britain reached its apogee in the first decade of the twentieth century. There is consensus amongst historians that people labelled as feeble minded were seen as responsible for a range of social ills. The fashionable pseudo science of eugenics led to a concern at the

proliferation of the working class, particularly its less respectable members, at the expense of 'better stocks' (Jones 1986 p. 18). The poor physical and mental capacity of recruits for the Boer War against South African settlers (1899-1902), and perceptions of a decline in imperial supremacy was a prompt for action. The 'feeble minded' were to blame, described as 'the most serious threat to society' (Trent 1994) partly because, it was argued, they looked like ordinary people, unlike 'idiots' and 'imbeciles'. Tredgold, a contemporary commentator who went on to write the definitive British text book on 'mental deficiency' (in use until well into the 1970s), listed the ills as: abnormally fertile women who gave birth to defective children like themselves; illegitimacy, the spread of venereal disease; criminality; pauperism; and drunkenness. For Tredgold the feeble minded and their relatives form a very considerable proportion, if not the whole, of the social failures and the degenerates of the nation (quoted in Jones 1986 p.31).

Campaigns by the National Association for the Care of the Feeble Minded (founded in 1896) and the Eugenics Education Society (founded 1907) pressed for solutions to the problem of the feeble minded based on either segregation or sterilisation. They were successful in provoking a Royal Commission which pronounced in 1908. Its conclusions were that there was indeed a case for legislation:

There are numbers of mentally defective persons whose training is neglected, over whom no sufficient control is exercised, and whose wayward and irresponsible lives are productive of crime and misery, of much injury to themselves and others, and of much continuous expenditure wasteful to the community and to individual families (HMSO 1908 p.10)

The campaigns for legislation were built on fear, and the predominant arguments were couched in terms of the need to protect society from the menace of the feeble minded. And yet there was always a sub text of 'care' running through these campaigns. The quote above refers to neglected training. The National Association for the Care of the Feeble Minded included 'care' in its title. Was this mere rhetoric, or was there, amongst the scare mongering, a desire to protect individuals as well as society? Mary Dendy, one of the most formidable campaigners for permanent segregation, outlined five main motives, the fifth of which was to protect the feeble minded from society (Jackson 1996 p. 161). She, and others, produced numerous examples of children who were exploited and neglected by their parents (Jones 1960 p. 13) in support of the Mental Deficiency Bill. Moreover, although recent historians emphasise the coercive nature of the Act (Simonds 1978, Stainton 2000), earlier commentators saw more humane impulses at work. Kathleen Jones, for example, writing in 1960, claimed that the Radnor Commission insisted

That the main criterion in certification should be the protection and happiness of the defective rather than 'the purification of the race', and they stressed the possibilities of guardianship as an alternative to permanent segregation (Jones 1960 p. 53)

Finally, the Act which set up a process to ascertain mental defectives, and to manage them, in part through segregation in institutions, was passed in 1913. This Act is notorious in British history as one which was coercive and cruel, condemning many to lives inside institutions, though as we shall see below, it was patchy in its application, and slow to be implemented.

It is worth pausing here to consider who was subject to the Act. The Act defined four grades of mental deficiency – idiots, imbeciles, feeble minded persons and moral defectives. Whereas the first three represented different degrees of intelligence – we might

nowadays call them severe, moderate and mild – moral defectives were different in kind, being people who from an early age displayed
Some permanent mental defect coupled with strong vicious or criminal propensities on which punishment had little or no effect
(Jones 1960 p.67)

The moral defective category made the Act, and the institutions set up under its auspices, a catch all. The Act could be used to deal with all manner of people, some of whom were unable to function unsupported in society – others of whom were deemed a danger, either because of criminality (boys and men) or because of failure to obey current sexual codes (girls and women).

Being deemed a defective, however, was not enough to make him or her 'subject to be dealt with' under the Act. The categories for whom institutional (or other) provision should be made were, at least in principle, tightly defined. A 'defective' might be sent to an institution or be placed in guardianship if his or her parents petitioned for it; if s/he was neglected, abandoned, cruelly treated and without visible means of support, guilty of a criminal offence, in prison, reformatory, industrial school, lunatic asylum or inebriate reformatory; an habitual drunkard; if incapable of receiving benefit from attendance at a special school; or a woman pregnant with or bearing an illegitimate child whilst in receipt of poor relief. Given this list, there was no 'carte blanche' for people, even if certified 'defective' to be detained in institutions with certain notable exceptions, particularly people convicted of a criminal offence, or poor women bearing illegitimate children. The role of families was critical. historians claim that 'families, at least in the early days of mental deficiency asylums, were influential in drawing up the criteria for defining admission to asylum' (Stuart 2002 p. 10).

The extent to which institutions as envisaged under this Act were seen as protective and rehabilitatory, as opposed to coercive, and designed to restrain people's liberty, is debatable. I would argue that because of the 'moral defective' category, there can be no doubt that prevention of reproduction and criminality were always paramount considerations.

However, institutions also housed people who were genuinely unable to function autonomously. There was always a rhetoric of protection. A text book for people charged with implementation of the Act tried to define 'neglect' one of the most commonly cited reasons for institutionalisation.

A defective may be deemed to be neglected if the person or persons who have a duty to care for him do not fulfil this duty

.... lack of protection from moral danger or exposure to physical or moral dangers have been regarded as proof of neglect ... in the case of a girl, that the father had been convicted of an offence under the Criminal Law Amendment Act in respect to any of his daughters

(Shrubsall and Williams 1932 pp.255- 256).

Similarly, 'cruelly treated' is discussed – 'An imbecile child kept most of the day chained up to a dog kennel while the parents were out at work' is cited as a case of 'cruelly treated' (op. cit p. 257). In a period when community facilities were rudimentary, arguably some people saw institutions as protective.

Shrubsall and Williams are also at pains to emphasise that institutions are not a home for life, but a means of restoring people to the community:

The modern aim is gradually to restore such a person to the community provided that adequate steps can be taken to avoid his falling into misconduct or becoming a parent (op cit p. 184)

This echoes the vision of the Wood Committee which reported in 1929, of the institution not as a 'stagnant pool, but a flowing lake, always taking in and always sending out' (HMSO 1929 p. 71).

Later historians have also defended the Act. Writing of the work of the Wood Committee in the 1920s, Jones comments:

The distinction between the patient in hospital and the patient under voluntary supervision had nothing to do with his scholastic ability. It depended entirely on whether he was capable of leading a normal life under reasonably sheltered conditions without being exploited himself or causing difficulty in his environment. Those who were anti social or in moral danger (such as alcoholics or over sexed young women) would continue to need institutional care; but the quiet stable kind of defective, even with a comparatively low intelligence, might be discharged to the care of a suitable social worker
Jones 1960 p. 85

At a time when almost all provision for poor, disabled or mentally ill people was punitive and regimented, Jones regarded institutionalisation as motivated by a desire to help and protect, as well as curb and control.
But what of the reality?

Institutional Practice: what do we know

We have seen that the legislation had within it some reformist zeal, alongside the ever present social control motive. In principle people could move into and out of the institution, having been rescued from moral danger, neglect or ill treatment. Did this actually happen?

There is certainly evidence that some people were institutionalised to protect them, though often this was couched in obscure language. 'Dora', for example, was examined for mental deficiency in 1915. She had been 'without visible means of support' after being discharged from domestic service for 'behaving immorally with farm hands'. Her stepfather, when questioned, said he would not receive her back as she had accused him of 'attempting immoral conduct with her' (Beds County Record Office Mental Deficiency Papers vol. 3 1915). Dora was subsequently institutionalised. As Atkinson and Walmsley comment 'today she might well be categorised as an abused woman, that is her biography would be recast to present her as a 'victim' rather than as feeble minded' (1999 p. 207).

However, there are clear indications that sexual control was paramount, particularly early on in the period of the Mental Deficiency Act, when institutional places were at a premium. Walmsley's study of case records in the Bedford Record Office 1916-1918 (2000) shows that of the 35 people before the County's Mental Deficiency Committee in those years, 19 were sent to institutions. Of these four were male, 3 of whom were under 18. All were detained after falling into petty crime. 15 women were institutionalised, 11 of whom were described as displaying inappropriate sexual behaviour – the four others were clearly victims of neglect due to inability or unwillingness of family to care for them.

Walmsley, drawing on work by Cox (1996) and Thomson (1998) as well as her own documentary research, concluded that poverty, moral worth, respectability, or otherwise, of

the family and employability were all factors influencing decisions to institutionalise young women. People who were seriously mentally impaired, on the other hand, were unlikely to acquire an institutional place unless their families were completely unable to care for them (Walmsley 2000). Women who could be placed in domestic service were far more likely to be subsequently released from institutional care on licence. As Rolph has observed, such employment could supply the surveillance over people's lives that was deemed necessary (Rolph 2000). Thomson's analysis of London's records also suggests that men were likely to spend far less time in institutional care than women, and to be institutionalised at an earlier age (1998).

We have very little direct knowledge from inmates themselves. One rare example is a letter to the Clerk to the Mental Deficiency Committee in Bedfordshire from a woman called Ruth Gammon dating from 1943. It is the first example I have found of self advocacy, even using the term 'sticking up for yourself'!

Dear Madame or Sir,

I wonder if you would in any way do me a great favour. All I want to ask you is could you by any means help me to get discharge from the care and control. As this is my 21 years I done under your care and control. I am 36 years old. I done 15 years and six months at Stoke Park and 12 months at Bromham House. But I am at Springfield House in service for four years and four months. This is the first time I have written to you. Nothing like sticking up for yourself.

But I must thank you for putting me under your care and control in the first place. I don't know where I would have been, But now I am able to look after myself
(Beds County Record Office Joint Board Papers 1943)

The Committee agreed to release her from the terms of the Act, after a positive report from the hospital – 'good moral character' - and a favourable reference to a mother and sister living locally.

What do we make of the final sentences? She thanks the Committee for putting her under 'care and control'. Is this merely a rhetorical flourish, to please the powerful men who held her fate in their hands. Or did she mean it?

This example dates from war time, when staff shortages made discharge of those who were able highly desirable. There is, however, plenty of evidence that people were detained beyond the period when they might have been considered to be rehabilitated. Part of the reason was in the economics of institutions which relied on patient labour. Bromham House in Bedfordshire was described as an asset which 'can form a workshop wherein much useful work can be effected for the local authority' (sic) (Bromham House Annual Report 1943). There was open acknowledgment that patients contributed hugely to the running of institutions:

It is worthy of note to what extent these helpless ones are mothered by those who are only usually mixed with their own class.
(Bromham House Joint Board Papers 1939).

Robert McKenzie, a patient of Lennox Castle Hospital, in Scotland, from 1947 to 1999 recalled the work he had done, soon after the war:

I used to help all the nurses every night. I got the laundry bags all ready for the wee ones to change at night. Tied the laundry and put it outside for the motors to take away. I shifted

the coal in the boiler house, heavy work. Aye, I looked after somebody as well. I used to take the wee boy out for a walk. ... I'd feed all the wee ones that couldn't hold a spoon. I'd take the plates into the day hall and feed the ones that were handicapped (Lennox Castle Exhibition Catalogue 2002, unpaginated)

There were sewing rooms, and mat making rooms, farms and laundries, shoe repair workshops and carpentry, engineering and tailoring – and care for less able patients - all of which were operated by patient labour, virtually unremunerated – cigarette or sweet allowances were the commonest form of payment (Bromham House Annual Report 1939). Some parents argued for the release of their sons and daughters from institutions on the grounds that they were being kept for their economic worth. For example, the family of Abel John Davies, who absconded from Bromham Hospital in 1940, sheltered him, and accused the hospital authorities of hanging onto him to make money out of him (Bromham House Joint Board Papers 1940). There are also indications that some institutions, privately run, kept hold of the more able patients, despite the wishes of the Local Authority, which was obliged to pay for the place.

Once deinstitutionalisation of the more able patients got under way in the fifties, the cost implications began to be recognised:

The policy of discharging suitable patients on licence whenever possible has continued with perhaps added impetus recently, depriving the hospital of many willing hands capable of useful employment. Tasks undertaken by patients must now be undertaken by staff, and it has become necessary to augment the establishment (Bedford Group of Hospitals 1958, p.25)

A further key question about institutions is the degree to which they were supported by families. The simplistic view of the past sees children being wrenched from their loving families to be 'put away'. This is by no means the whole picture. There has been some debate over whether parents were or were not in favour of their sons or daughters entering into, and, more significantly, remaining in institutions (Thomson 1998). The picture is complicated by economic factors. In the UK families had to pay towards the costs on a sliding scale according to income (this ended in 1946 with the inception of the National Health Service), and much of the correspondence in the files of Mental Deficiency Committees relates to chasing up payment arrears. Not only did families lose their relatives, they also had to pay. The picture is genuinely mixed. Some families did petition for a place, but often to no avail. Certainly in the twenties and later parents were unlikely to be successful in requesting institutional care for their sons or daughters, unless there were other factors making institutional care seem a desirable option, such as sexual misconduct or criminal behaviour. Records of Mental Deficiency Committees in Bedfordshire and Northamptonshire, two English counties, include instances of families asking for an institutional place and being turned down. One, dating from 1938, is mentioned in a letter from the Bedfordshire Clerk to the parents:

Up to the present time, owing partly to the great difficulty being experienced in obtaining the necessary nursing staff, cases such as that of your daughter have not been admitted to the colony (Bedfordshire Mental Deficiency Committee letters 10/8/38)

This is by no means an isolated example. Parents, in part because they had no community supports, often did want their children taken off their hands.

However, some fought hard against the system which took away their sons and daughters. It required incredible persistence in negotiating with the bureaucracy of the Act. May Bellamy's aunt displayed great energy in fighting for her niece to be allowed out on leave from Bromham Hospital in 1944. She was told that May was 'Obstinate, truculent, foul mouthed and grossly lacking in moral sense' (Bromham House Joint Board Papers 1944). The aunt was undeterred, continued to write, and engaged a solicitor to make the case. She was not successful.

Ernest Bateman's sister and brother wrote 3 or 4 times every year for five years (at least) to request leave of absence for him. Each time, the case had to be referred to the Medical Superintendent, and then a home visit was conducted to establish whether the home was suitable. This pair also challenged the practice of censoring Ernest's mail. They were told:

all letters to or from a patient may be read by the Superintendent and if the contents are objectionable the letter need not be forwarded or delivered. No letters are censored (Bromham House Joint Board Papers 14/1 1939)

Other families were less enthusiastic - or perhaps had fewer resources. There are instances of the Bromham Hospital Joint Board writing to parents suggesting they took their relative home on leave of absence in the 1930s, and getting the reply that they could not afford the travel (patients had to be escorted home), or there was no space and no means to support the person. Just occasionally grants were made to families to come to Bromham in order to collect their relative, or visit, again in the 1930s (Bedfordshire Mental Deficiency Committee Papers passim).

Parents and families were often complicit in the act of committing their offspring to institutions. There is some evidence that they were less enthusiastic when they realised they were not coming out!

There seems little doubt that, whether or not the reasons for removing a person to an institution were motivated by humanitarian objectives, institutions became an end in themselves, sustaining their own reasons for existence, and resisting criticism and change. Michael McFadden, a nurse employed at Lennox Castle, reflected that

When Lennox Castle opened in '36 it was heralded as the best example of care for the mentally deficient in Britain. People came from all over to see it ... so everyone thought that was the best thing ... Everybody thought 'we are providing the best care that can be provided' It's a question of evolution; time has moved. I think there's no doubt that it was the best example of care available, but instead of maybe moving forward and maybe embracing new ideas as they came, I think the hospital probably did – and I would be part of it – stagnate somewhat in the 50s, 60s and 70s (Lennox Castle Exhibition Catalogue 2002 unpaginated)

There was undoubtedly stagnation in patient careers also. Although technically patients' detention had to be reviewed after one year, and thenceforward at five yearly intervals, in effect Medical Superintendents had the final say over release, and frequently they took a judgmental line (the description of May Bellamy quoted above was far from unique), and resisted arguments for ending the placement. There was considerable complacency too. In a year (1943) when there had been 70 instances of people absconding from his hospital, the Medical Superintendent wrote of the contentment of patients, and the training they were receiving (Bromham House Annual Report 1943).

So much for the evidence. Other than Ruth Gammon's testimony, and records of escapes, there is very little from residents directly from the years before the National Health Service. The evidence is certainly mixed in regard to the volition of families, some of whom seemed quite eager to have their offspring admitted to institutions, others less so. It seems they had more difficulty extracting people once they were in. Institutions, guided by the professional judgment of those who ran them, had a way of becoming an end in themselves rather than a means to an end – rehabilitation and discharge - and given the economic contribution both in terms of labour and in terms of contributions families made to maintenance that is perhaps unsurprising. The National Council of Civil Liberties campaign of the 1950s highlighted the infringements of human rights that had become the norm, and the lack of safeguards against what could very easily be a life sentence (Stainton 2000).

Conclusion

Institutional care for people with learning disabilities has rightly had a bad press. Nevertheless, it remains the case that there are people in every society for whom life unsupported by others is impossible. For much of the twentieth century this support was provided either by their families, or by institutional care. There is some justification for pondering why the institutional solution gained and held sway for so much of the twentieth century. To dismiss two or three generations out of hand as purely evil and coercive is an oversimplification. There is no defending what institutions became with poor funding and low aspirations. However, there is, I believe, a case for recognising that every generation has to find its own solutions to the challenge presented by adults unable to care for themselves, and that some genuinely believed that institutions were indeed preferable to the alternative – neglect. What is interesting about the mental deficiency institutions is that they could be a catch all, offering care to those for whom life outside was impossible – but also control for people we nowadays try to shut away under another label – petty criminals, young offenders and paedophiles. There are differences. There is less drive to curb and punish young women with illegitimate children, and the segregation of the sexes is less prominent. In almost every country in the western world non institutional solutions are the favoured policy.

And yet, as Safford and Safford comment:

Successive eras of extermination, ridicule, asylum and education are usually identified [by historians] but Extermination, ridicule and asylum have not disappeared. The horrors of systematic extermination under the Nazi regime continue to be revealed, and infanticide, considered a sin in the Middle Ages, continues even in industrialised nations.... As when surgical correction of gastro-intestinal complications, otherwise routinely provided, has been withheld from newborns with Downs Syndrome. Although denial of medical treatment constitutes unlawful discrimination, debate continues over issues of 'who shall survive'? (Safford and Safford 1996 p. 3)

There is much still to discover about institutional life, and the dynamics behind the institutional solution, in the twentieth century. Many of the practices which went on in institutions are indeed to be condemned, but those who live in the glass houses of today are well advised to be wary of casting the first stone.

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