Where the Shoe Pinches

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There is a word in use among administrators, "institutionalization", meaning putting people into institutions. It follows that there must be an even more regrettable word "de-institutionalization", meaning getting them out again. It has only one thing to recommend it : it puts my theme in one word. By institutions, in the general sense, we mean "an established law, custom, usage, practice, organisation, or other element in the political or social life of a people", and in a special sense, we mean "an educational, philanthropic, remedial, or penal establishment in which a building or system of buildings plays a major and central role, e.g., schools, hospitals, orphanages, old people's homes, jails."

Since I am concerned with an anarchist approach, I must also define the aims of anarchism, and for this purpose I will use a sentence from Kropotkin :

> It seeks the most complete development of individuality combined with the highest development of voluntary association in all its aspects, in all possible degrees, for all imaginable purposes, ever modified associations which carry in themselves the elements of their durability and constantly assume new forms which answer best to the multiple aspirations of all.

If you accept these definitions you will see that anarchism is hostile to institutions in the general sense; hostile that is to say, to the institutionalization into pre-established forms or legal entities, of the various kinds of human association. It is predisposed towards de-institutionalization, towards the breakdown of institutions.

Now de-institutionalization is a feature of current thought and actual trends in the second or special sense of the word. There is a characteristic pattern of development common to many of these special institutions. Frequently they are founded or modified by some individual pioneer, a secular or religious philanthropist, to meet some urgent social need or remedy some social evil. Then they become the focus of the activities of a voluntary society, and as the nineteenth century proceeds, gain the acknowledgment and support of the state. Local authorities may fill in the geographical gaps in the distribution, and finally, in our own day, the institutions themselves are institutionalized, that is' to say, nationalised, taken over by the state as a public service. But at the very peak of their growth and development, a doubt arises. Are they in fact remedying the evil or serving the purpose for which they were instituted, or are they merely perpetuating it. A new generation of pioneer thinkers arises which seeks to set the process in reverse, to abolish the institution altogether, or to break it down into non-institutional units, or to meet the same social need in a non-institutional way. This is so marked a trend, that it leads us to speculate on the extent to which the special institutions can be regarded as microcosms or models for the critical study of the general institutions of society.

Institutional Maternity

A generation ago the accepted "ideal" pattern of childbirth was in a maternity hospital. The baby was taken away from the mother at birth and put behind glass by a masked nurse, to be brought out at strictly regulated hours for feeding. Kissing and cuddling were regarded as un-hvgienic. (Most babies were not born that way, but that was the ideal). " Today the ideal picture is completely different. Baby is born at home, with father helping the midwife, while brothers and sisters are encouraged to "share" the new acquisition. He is cossetted by all and sundry and

fed on demand. (Again most babies are not born that way, but it is the new accepted ideal). This change in attitudes can be attributed to the swing of the pendulum of fashion, to common-sense re-asserting itself, or it may be the result of the popularisation of the findings of anthropologists and psychoanalysts and of the immensely influential evidence collected by John Bowlby in his WHO report on maternal care. Professor Ashley Montagu writes:

> there was a disease from which, but half a century ago, more than half of the children (who died) in their first year of life, regularly died. This disease was known as marasmus from the Greek word meaning wasting away". This disease was also known as infantile atrophy or debility. When studies were undertaken to track down its cause, it was discovered that it was generally babies in the "best" homes and hospitals who were most often its victims, babies who were apparently receiving the best and most careful physical attention, while babies in the poorest homes, with a good mother, despite the lack of hygienic physical conditions, often overcame the physical handicaps and nourished. What was lacking in the sterilised environment of the babies of the first class and was generously supplied in babies of the second class was mother love. This discovery is responsible for the fact that hospitals today endeavour to keep the infant for as short a time as possible.

The conflict between the two "ideal" patterns of childbirth is frequently debated in the press today, partly as a result of two recent official reports, the Cranbrook Report (of the Maternity Service Committee, 1959) and the report on Human Relations in Obstetrics (1961). Today between 60 and 70 per cent, of births take place in hospitals or nursing homes, and a larger percentage probably would if more beds were available, but it is still true that "Many mothers compare their reception and management in hospital unfavourably with confinement at home. Of one series of 336 mothers who had at least one baby in hospital and one at home, 80% preferred home confinement and only 14% hospital confinement". (The Lancet 22/4/61). These apparently contradictory percentages simply mean of course that mothers want the advantages' of both "ideals"— medical safety and a domestic atmosphere. The real demand is in fact for the de-institutionalization of the hospital. Thus in opening the new obstetric unit of Charing Cross Hospital (23/2/60) Professor Norman Morris declared that "Twentyfive years of achievement have vastly reduced the hazards of childbirth, but hospitals too often drown the joys of motherhood in a sea of inhumanity." There was, he said "an atmosphere of coldness, unfriendliness, and severity more in keeping with an income tax office. Many of our systems which involve dragooning and regimentation must be completely revised. No sister should be permitted to exercise her authority by means of a reign of terror". And at the Royal Society of Health Congress (29/4/61) he described many existing maternity units as mere baby factories. "Some even seem to boast that they have developed a more efficient conveyor belt system than anything that has gone before".

Children in Hospital

The widespread acceptance of the view which has become known as "Bowlby's maternal deprivation hypothesis" has profoundly affected attitudes to the treatment of young children in hospital. The American pediatricians Ruth and Harry Bakwin observed that : **The effect of residence in a hospital manifests itself by a fairly well-defined clinical picture. A striking feature**

is the failure to gain properly, despite the ingestion of diets which arc entirely adequate for growth in the home. Infants in hospitals sleep less than others and they rarely smile or babble spontaneously. They arc listless and apathetic and look unhappy. The appetite is indifferent and food is accepted without enthusiasm. Respiratory infections which last only a day or two in the home are prolonged and may persist for weeks and months. Return to the home results in defervescence (disappearance of fever) within a few days and prompt and striking gain in weight.

Bowlby notes the same thing and remarks that the condition of these infants is "undoubtedly a form of depression having many of the hallmarks of the typical adult depressive patient of the mental hospital". The pioneer of the de-institutionalisation of children's hospitals was Sir James Spence who, in 1927, set up a mother-and-child unit at the Babies' Hospital, Newcastle. In 1947, writing in the British Medical Journal about the reforms needed in long-stay hospitals for children he advocated the breaking-down of institutional hospitalisation of older children, remarking that

> it would be better if the children lived in small groups under a house-mother, and from there went to their lessons in a school, to their treatment in a sick-bay, and to their entertainment in a central hall …

The findings of Bakwin, Bowley and Spence, and of James Robertson, of the Tavistock Child Development Research Unit (who made the films A Two-year-old Goes to Hospital and Going to Hospital with Mother) were at last given official endorsement when the Ministry of Health accepted the Piatt Report on "The Welfare of Children in Hospital" which recommended that for young children institutional care should be the last resort, that institutional care should be broken down into small informal units, that the visiting of children in hospital should be unrestricted and that provision should be made for admitting th mothers of under- lives to help in their care and to prevent the distress of separation. Two years later there have been several attempts to gauge the extent to which these recommendations have been carried out. Isabel Quigly {Spectator 24/ 2/61 and correspondence in subsequent issues) found that "one hospital and the next, under the sam National Health Service, seemed as different as Dotheboys Hall and a Montessori class", and James Robertson {Observer 15/1/61 to 12/2/61) found both wards which were a model of enlightened practice and at the other extreme many "in which practice is so rigid and, in effect, so inhumane as to warrant the utmost concern".

Institution Children

The observations of the effect of the institutional environment on sick children are also true of physically healthy children. One of the first comparative studies of orphanage children with a matched control group, conducted by the Iowa Child Welfare Research Station in 1938, led the observers to remark :

> No one could have predicted, much less proved, the steady tendency to deteriorate on the part of children maintained under what had previously been regarded as standard orphanage conditions. With respect to intelligence, vocabulary, general information, social competence, personal adjustment, and motor achievement, the whole picture

was one of retardation. The effect of from one to three years in a nursery school still far below its own potentialities, was to reverse the tide of regression, which, for some, led to feeble-mindedness.

In Britain during the war Dorothy Burlingham and Anna Freud reported in Infants Without Families the striking changes in children showing every symptom of retardedness, when their residential nurseries were broken down to provide family groups of four children each with their own substitute mother, and since then a great number of such comparisons have been made in several countries, which Barbara Wootton sums up in these words :

> Repeatedly these children have been found to lag behind the standards of those who live at home; to have both lower intelligence and lower developmental quotients, and to be, moreover, relatively backward in both speech and walking. Goldfarb, who has been one of the most active investigators in this field, records that those who had spent their earliest ye'ars in infants' homes were apt to be retarded both in general, and in particular in speech. They were also more destructive and aggressive, more restless and less able to concentrate and more indifferent to privacy rights than other children. They were, in fact, impoverished in all aspects of their personality.

The change in public and official opinion in this country began with a letter to The Times in 1944, from Lady Allen of Hurtwood, who followed it with a pamphlet drawing attention to the grossly unsatisfactory conditions of children's homes and orphanages, giving examples of unimaginative and cruel treatment. As a result an inter-departmental committee was appointed in the following year, and its report, the Curtis Report on the Care of Children was issued in September 1946, severely criticising the institutional care of children, and making recommendations which have been so widely accepted that Bowlby was able to write in 1951 :

> The controversy over the merits of foster-homes and of institutional care can now be regarded as settled. There is now no-one who advocates the care of children in large groups— indeed all advise strongly against it.

It is not surprising that the methods and attitudes which have proved most successful with normal children and 'normally' sick children should be even more striking with children who are afflicted in someway, for example, spastic or epileptic children, and with mentally handicapped children. Dr. Tizard and Miss Daly of the Maudsley Hospital are carrying out a three-year research project, financed by a voluntary association, at Brooklands, Reigate, where a group of 16 'imbecile' children from the Fountains Hospital, matched with a control group at the parent hospital, are being cared for on 'family' lines. Even after the first year they increased by an average of 8 months in mental age on a verbal intelligence test as against three months for the controls. In personal independence, measured on an age scale they had increased by six months as against three by the controls and there were significant developments in speech, social and emotional behaviour and self-chosen activity. 'By contrast' comments Len Chaloner,

> children cared for by changing groups of nurses in a ward of perhaps thirty beds find it difficult to make close relationships with any one person. They are apt to be provided for on a mass basis at all levels, and again because of the numbers involved,

the daily round has to be pretty closely regulated. If these conditions tended to retard the normal "deprived" child, as the Curtis Committee found, how much more must they affect the subnormal?

Similar experiences of the benefits of small, permissive family groups have rewarded those who have sought to de-institutionalize the residential care of 'delinquent* or maladjusted children—George Lyward at Finchden Manor, or David Wills at Bodenham, for instance.

Institutional Old Age

For many generations the word institution meant, to the majority of this country's inhabitants, one thing: the Institution, the Poor Law Infirmary or Union Workhouse, admission to which was a disgrace and a last refuge, regarded with dread and hatred. The Poor Law has gone, but Brian Abel-Smith in his contribution to the symposium Conviction reminds us that we are still surrounded by the Poor Law tradition 'which taught us that people in need were second-class citizens', and that four out of five old people in LCC welfare accommodation are living in the old workhouses.

After the war the Rowntree committee on Problems of Ageing and the Care of the Aged noted that

> The committee's field surveys have shown that of old people a high proportion lead independent lives … It is certain, however, that a considerable number of old persons who are leading independent lives and many who are living as guests of their children are really unfit on physical or mental grounds to do so. Many cases have been encountered … of old people maintaining a hopeless struggle against adversity in order to cling to their last vestige of independence. Such excessive devotion to independence can be explained partly by the serious lack of suitable homes for old people, partly by the regulated life which is widely believed, not always with justice, to be the common feature of all Institutions.

Mrs. Margaret Neville Hill who was a member of the committee remarks in her recent book An Approach to Old Age and its Problems that the institutions and homes which it visited — only 14 years ago — showed only too clearly why old people did their utmost to keep out of institutions. After many years work in establishing a variety of housing, homes and communities for old people, the first of her conclusions is clearly stated: 'All who can do so should, irrespective of age, continue to live their own lives in their own homes as long as possible, hence the need of adequate numbers of small convenient dwellings.' She also illustrates the value of small homes run on hostel lines, small residential communities, short-stay geriatric units and 'half-way houses' bridging the gap between hospital treatment and the return home, and she points out that one group of old people— the permanently infirm who should not remain in hospital but cannot live alone— have needs which are hardly ever met, simply because they fall between the responsibilities of the Health Service on one side and the local authorities on the other. Her book has many anecdotes of the startling change, amounting literally to a new lease of life, which some old people have experienced as a result of moving from a chronic hospital or from the cver-solicitude of relatives, to a good residential home with an atmosphere of independence and tolerance :

Probably the first thing for anyone to learn who has old people to care for is the need to allow them the utmost freedom of action, to realise that their personality is still individual and that social significance is essential to happiness. It is all too easy to take the attitude that the old are past doing anything and encourage resting and doing nothing. This is mistaken kindness, thought it may be an easy way of satisfying the conscience compared with the more exacting way of continual encouragement to be active, to go out, to find worthwhile occupation. The latter course, however, is much more likely to promote happiness and to forestall the troubles which may arise later on, from infirmity and apathy.

The End of the Asylum

The deinstitutionalization of the treatment of mental illness began in the eighteenth century when William Tuke founded the York Retreat and Pinel, in the same year (1792) struck off the chains from his mad patients in the Bicetre in Paris. But in the nineteenth century with what Kathleen Jones in her Mental Health and Social Policy calls the triumph of legalism', the pattern was laid down of huge isolated lunatic asylums as a sinister appendage to the Poor Law, which are the heritage against which modern pioneers have ^ m ^^.^^%3 his remarkable lecture on prisons, delivered in Pans in 1877, took Pmel as the starting point for the 'community care which is now declared policy for mental health :

> It will be said, however, there will always remain some people the sick if you wish to call them that, who constitute a danger to society Will it not be necessary somehow to rid ourselves of them, or at least prevent them from harming others? No society, no matter how little intelligent, will need such an absurd solution and this is why. Formerly the insane were looked upon as possessed by demons and were treated accordingly. They were kept in chains in places like stables, rivetted to the walls like wild beasts. But along came Pinel a man of the Great Revolution, who dared to remove their chains and tried treating them as brothers. "You will be devoured by them cried the keepers But Pinel dared. Those who were believed to be wild beasts gathered around Pinel and proved by their attitude that he was right believing in the better side of human nature even when the intelligence is clouded by disease. Then the cause was won. They stopped chaining the

> Then the peasants of the little Belgian village, Gheel, found something better They said: "Send us your insane. We will give them absolute freedom." They adopted them into their families, they gave them places at their tables, the chance alongside them to cultivate their fields and a place among their young people at their country balls. "Eat, drink and dance with us. Work, runabout the fields and be free." That was the system that was all the science the Belgian peasant had And liberty worked a miracle. The insane became cured. Even those who had incurable, organic lesions became sweet, tractable members of the family like the rest. I he diseased mind would always work in an abnormal fashion but the heart was in the right place. They cried it was a miracle. The cures were attributed to a saint and a virgin. But this virgin was liberty and the saint was work in the fields and fraternal treatment.

> At one of the extremes of the immense "space between mental disease and crime" of which Maudsley speaks, liberty and fraternal treatment have worked their miracle. They will do the same at the other extreme.

Very slowly public sentiment and official policy has been catching up with ihis attitude. The first reform in the care of the mentally ill in America put the insane into state hospitals' writes J. B. Martin in The Pane of Glass, 4 the second reform is now in progress— to get them out again'. Exactly the same is true of this country. Until the reforms of 1930 it was not possible to be a voluntary patient in a public mental hospital, and not surprisingly the great advances in effective treatment were made outside them. Since then, there have been fewer certifications, more vountary admissions, more discharges, more cures, more doubts about institutionalisation. A key piece of research was that of Milliard and Munday ('Diagnostic Problems in the Feeble-Minded', The Lancet 25/9/54). At the Fountain (Mental Deficiency) Hospital, London, they found that 54% of the "high-grade" patients were not in fact intellectually defective. Commenting in the light of this on 'the false impression of the problem of mental deficiency' resulting from present classifications, they added the significant observation that 'such patients may be socially incompetent, but in many cases institutional life itself has aggravated their emotional difficulties'

The successful experiments of some local authorities and regional hospital boards were belatedly followed by the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency in 1957 and the subsequent Mental Health Act of 1959, sweeping away the whole process of certification and seeking the treatment of mental sickness like any other illness and mental deficiency like any physical handicap. Out-patient facilities, occupation centres and the variety of provisions known as 'community care' are to replace institutions wherever possible.

The National Council for Civil Liberties which has been agitating for years about the locking away in institutions of people who are no danger to themselves or others, believes that the new provisions are still open to administrative abuse and that they, will in effect legalise the detention of the 3,078 men and women (at Feb. 1959) who, since the case of Kathleen Rutty, have been shown to be illegally detained. Norman Dodds says that most of these people had been sent to institutions by local authorities as they had nowhere else to send them, and that they were being kept as 'slave labour' since without them the hospitals and institutions could not be kept running. You can easily imagine what happens in such cases : a local authority put a child who was a bit dim or a bit of a nuisance and had no parents into an institution, and the institution did the rest of the damage, so that by the time he grew up he was incapable of making a decision for himself or of going into the outside world, and stayed there as a useful and harmless drudge until he was prematurely senile.

The new approach has had some exciting successes. The Worthing experiment in community care, the Henderson Social Rehabilitation Unit — a therapeutic community for psychopaths, the factory at Bristol known as the Industrial Therapy Organisation, the new independent factory at Cheadle Royal Hospital which is to grow from the workshop there. The 'basic re-orientation' which Dr. Wadsworth, the Medical Officer at Cheadle Royal describes as the first result of taking the locks off the doors, was what he calls 'the replacement of a custodial authoritarian system by a permissive and tolerant culture in which the patients are encouraged to be themselves and share their feelings'. Explaining the purpose of the new wing at Coppice Hospital, Nottingham, as the result of private subscriptions and a Nuffield grant, the superintendent, said, 'It is to be run by the patients themselves. The hospital staff, although ready to give advice and guidance, will

only enter at their express invitation. The patients will decide what they wish to do with their time and organise themselves into doing it'

The research organisation PEP is conducting a three-year study of the way in which the emphasis on community care works out in practice. The first report, in the broadsheet Community Mental Health Services studying the plans and proposals of 120 local authorities is not particularly encouraging. Community care ought to mean something more than simply local authority care, and the report calls for a systematic study of public attitudes to mental disorder, which, it is thought, have 'an important irrational component'. The same point was raised last year at the conference of the World Federation of Mental Health, where Dr. D. F. Buckle commented that there were strong psychological reasons, hidden from the people in the community which caused them to put away people they could not abide or who raised the level of anxiety, and Dr. Joshua Bierer said

> I and my collaborators are convinced that it is our own anxiety which forces us to lock people up, to brand them, and to make them criminals. I believe if we can overcome our own anxiety and treat adults and and adolescents as members of the community, we will create fewer mental patients and fewer criminals.

Institutes of Crime

In linking criminality with mental disorder (considering crime in the psychologist's rather than in the legalistic sense), he brings us to the most sinister of institutions, the prison. Karl Menninger, founder of the Menninger Clinic, addressing the American Bar Association, said

> "It is not generally the successful professional criminals upon whom we inflict our antiquated penal system. It is the unsuccessful criminal who gets caught— the clumsy, desperate and obscure, the friendless, defective and diseased. In some instances the crime he commits is the merest accident or impulse. More often the offender is a persistently perverse, lonely and resentful individual who joins the only group for which he is eligible— the outcast and the anti-social.

> And what do we do with such offenders? After a solemn public ceremony we pronounce them enemies of the people, and consign them for arbitrary periods to institutional confinement. Here they languish until time has ground out so many weary months and years. Then, with a stupidity surpassed/ only by that of their original incarceration, they are dumped back on society, with every certainty that changes have taken place in them for the worse.

He calls for diagnosis of the offender, investigation of the most suitable techniques in education, industrial training and psychotherapy, noting the experience of mental hospitals of the desirability of moving patients out of institutional control swiftly and concludes that 'once we adopt diagnostic treatment directed towards getting the prisoners out of jail and back to work, the taboo on prisons, like that on mental hospitals, will begin to diminish'. The prison will in fact cease to be a prison. In this country Barbara Wootton, in her Social Science and Social Pathology discusses the institutionalization of crime in these terms:

To be convicted of a crime (other than that which is condoned by the prevailing mores) is to acquire a special experience; and shared experience is the basis of a common culture. Graduation from a period of probation to residence in an approved school, and thereafter to Detention Centre, Borstal or prison is itself as much a way of life as is a graduation from Eton to Oxford and thence to one of the professions. And more is involved in this shared experience than contamination in the sense of exposure to explicit suggestions for future criminal activities from offenders of greater experience... We have, indeed, to face the disagreeable paradox that experience of what are intended to be reformative institutions actually increases the probability of future lapses into criminality; it has, for example, been shown that a previous residence in an approved school is one of the best predictors of recidivism among Borstal boys. The effects of such exposure have, however, been relatively little studied in criminal investigations: indeed they tend to be discounted.

For anarchists, of course, this point of view will be familiar. William Godwin wrote 170 years ago in Political Justice that

The most common method pursued in depriving the offender of the liberty he has abused, is to erect a public jail, in which offenders of every description are thrust together, and left to form among themselves what species of society they can. Various circumstances contribute to imbue them with habits of indolence and vice, and to discourage industry; and no effort is made to remove or soften these circumstances. It cannot be necessary to expatiate upon the atrociousness of this system. Jails are, to a proverb, seminaries of vice; and he must be an uncommon proficient in the passion and the practice of injustice, or a man of sublime virtue, who does not come out of them a much worse man than when he entered.

And 80 years ago in his lecture in "Prisons and Their Moral Influence on Prisoners", Kropotkin summed up the problem in these trenchant words :

Whatever changes are introduced in the prison regime, the problem of second offenders does not decrease. That is inevitable: it must be so — the prison kills all the qualities in a man which make him best adapted to community life. It makes him the kind of person who will inevitably return to prison …

I might propose that a Pestalozzi be placed at the head of each prison... I might also propose that in the place of the present guards, ex-soldiers and ex-policemen, sixty Peslalozzis be substituted. But, you will ask, where are we to find them? A pertinent question. The great Swiss teacher would certainly refuse to be a prison guard, for, basically, the principle of all prisons is wrong because it deprives men of liberty. So long as you deprive a man of his liberty, you will not make him better. You will cultivate habitual criminals.

Penal policy today is a fantastic mess of conflicting theories and practices: retribution, restitution, deterrance, therapy, desperation, inertia, fear, and force of habit. The Home Secretary himself is a split personality — half of him wants to get tough and the other half has lost faith

in the value of prisons. But who can doubt, that in spite of primitive public attitudes and official parsimony, we are groping, in a half-hearted and contradictory fashion towards the de-institutionalization of the treatment of delinquency just as mental and physical sickness and deficiency, childhood and old age are slowly being rescued from the dehumanizing effects of the institutional environment?

Statistics and Reservations

To what extent is de-institutionalization opposed to being merely talked about? The this statistically was a paper given by Brian Pinker to the Manchester Statistical Society in they studied changes in the use of institutions While they had to ignore changes in criteria and length found (according to The Guardian) that actually taking place as only attempt to answer Abel-Smith and Robert Pinker to Manchester Statistical Society in February 1960, in which between 1911 and 1951. of stay, they found (according to The Guardian) that

> In welfare care the proportion of the population looked after in institutions apparently fell by nearly 51% It appeared that between 1911 and 1951 the physically ill increased by 21% and the mentally ill by 26% more than would have been expected from: demographic changes alone. Errors of classification probably accounted for some of the difference; but it seemed probable that the proportion of the population in hospital was lower in 1951 than in 1911. In mental hospitals the proportion has increased only by a small amount.

> With law-breakers the most striking change was the decline in the age of offenders. Among the most numerous group of single men the prisons of 1911 contained 0.45% of men aged 45–64, 0.31% of men aged 65–74, and 0.21% of men aged 15–44. In 1951 the highest proportion came from the age group 15–44 (0.38%) and the proportion declined as age increased.

> In these 40 years there was a considerable increase in the proportion of children in institutional care while the proportion of the aged fell. In 1951 many sick people, many law-breakers .and many people needing welfarie care were living at home with the support of district nurses, probation officers, children's officers, and many other workers.

A few other figures : Of 61,580 children in the care of local authorities in 1960 nearly a half are boarded out with foster-parents. (In 1950 the proportion was one-third). Of our 120,000 mentally handicapped people slightly less than half live at home or in hostels and are self-supporting in some industry. A fifth are partly self-supporting and a tenth are useful at home if nothing else. Figures given in The Lancet (1/4/61) show that it should be possible within 20 years to reduce the number of mental hospital beds from 3.5 to 1.8 beds per thousand of population. In Worthing, with its fine experiment in community care, four out of five mental patients are out-patients.

What none of the figures can tell us of course is the very thing we would really like to know: the extent to which institutions have been or are being transformed into non-institutional units.

A great many good ideas have advocates who extend them beyond their validity. Thus Bowlby's findings on maternal deprivation has been extended by some people into a deterministic theory that the deprived child is hound to become a maladjusted child who can never develop

affectionate relationships with others. The same thing is true of aspects of the anti-institutional trend. In the name of keeping the family together at all cost, there has already appeared a point of view which would return a maladjusted child to the source of his maladjustment, or would insist that the proper place for a handicapped child is in his own family, even though he may be unable to get there the remedial care and understanding that he needs, or even though he may become an intolerable burden to the rest of the family. Or the argument may be that grandma ought to live with her relations even though she may, on the one hand disrupt the whole family relationship by her tyrannical demands, or on the other, may be treated with such indifference and neglect that she feels she must apologise for still being alive. Or that babies ought to be born at home regardless of conditions there or the peace of mind of the mother. This kind of absolutist argument is as foolish as its opposite, because both ignore the immense variety of individual circumstances and temperaments.

Unfortunately too, the case for breaking-down institutions may be put simply as a matter of reducing the cost of the social services rather than for its effect on the lives of individuals. Possibly in the long run it might be cheaper, but in fact the immediate cost is likely to be greater, because so much needs to be done. What, asks Abel-Smith in Conviction, should we do to rebuild the social services in such a way that they really serve? He answers :

> We would rebuild hospitals on modern lines — outpatients departments or health centres, with a few beds tucked away in the corners. We would close the mental deficiency colonies and build new villas with small wards. How many could be looked after by quasi-housemothers in units of eight just like good local authorities are doing for children deprived of a normal home life? How many could be looked after at home if there were proper occupational centres and domicilary services? We would plough up the sinister old mental hospitals and build small ones in or near the towns. We would pull down most of the institutions for old people and provide them with suitable housing … We would provide a full range of occupations at home and elsewhere for the disabled, the aged and the sick. We would discharge prisoners into the psychiatric hospitals and try and cure them. The criminal law would become a social service and stop being so bloody majestic …

The Institutional Character

One of the things that emerges from the study of institutions is the existence of a recognisable dehumanised institutional character. In its ultimate form it was described by the psychiatrist Bruno Bettelheim in his book The Informed Heart (where he relates his previous studies of concentration camp behaviour and of emotionally disturbed children, to the human condition in modern "mass society'). Bettelheim was a prisoner at Dachau and Buchenwald, and he describes those prisoners who were known as Muselmanner ('moslems'), the walking corpses who 'were so deprived of affect, self-esteem, and every form of stimulation, so totally exhausted, both physically and emotionally, that they had given the environmental total power over them. They did this when they gave up trying to exercise any further influence over their life and environment'.

> But even the moslems, being organisms, could not help reacting somehow to their environment, and this they did by depriving it of the power to influence them as

subjects in any way whatsoever. To achieve this, they had to give up responding to it at all, and became objects, but with this they gave up being persons.

At this point such men still obeyed orders, but only blindly or automatically; no longer selectively or with inner reservation or any hatred at being so abused. They still looked about, or at least moved their eyes around. The looking stopped much later, though even then they still moved their bodies when ordered, but never did anything on their own any more. Typically, this stopping of action began when they no longer lifted their legs as they walked, but only shuffled them. When finally even the looking about on their own stopped, they soon died.

This description has a recognisable affinity to phenomena observed in 'normal' institutions. "Often the children sit inert or rock themselves for hours", says Dr. Bowlby of institution children. "Go and watch them staring at the radiator, waiting to die", says Mr. Abel-Smith of institution pensioners. Dr. Russell Barton has given this 'man-made disease' the name Institutional Neurosis (which is the title of his splendid monograph on the subject), and has described its clinical features in mental hospitals, its differential diagnosis, aetiology, treatment and prevention. It is, he says

a disease characterised by apathy, lack of initiative, loss of interest* especially in things of an impersonal, nature, submissiveness, apparent inability to make plans for the future, lack of individuality, and sometimes a characteristic posture and gait.

Permutations of these words and phrases, 'institutionalised', 'dull', 'apathetic', 'withdrawn', 'inaccessible', 'solitary', 'unoccupied', 'lacking in initiative', 'lacking in spontaneity', 'uncommunicative', 'simple', 'childish', 'gives no trouble', 'has settled down well', 'is co-operative', should always make one suspect that the process of institutionalisation has produced a neurosis.

He associates seven factors with the environment: in which the disease occurs in mental hospitals: (1) Loss of contact with the outside world. (2) Enforced idleness. (3) Bos sin ess of medical and nursing staff. (4) Loss of personal friends, possessions, and personal events. (5) Drugs. (6) Ward atmosphere. (7) Loss of prospects outside the institution, and discusses the way in which these factors can be modified, and the stages of rehabilitation by which the disease may be cured.

Other writers have called the condition "psychological institutional — ism', or 'prison stupor, and many years ago Fenner Brockway, in his book on prisons, depicted the type exactly in his description of the Ideal Prisoner.

The man who has no personality: who is content to become a mere cog in the prison machine; whose mind is so dull that he does not feel the hardship of separate confinement; who has nothing to say to his fellows; who has no desires, except to feed and sleep, who shirks responsibility for his own existence and consequently is quite ready to live at others' orders, performing the allotted task, marching here and there as commanded, shutting the door of his cell upon his own confinement as required.

Authority and Autonomy

This is the ideal type of Institution Man, the kind of person who fits the system of public institutions which we inherited from the nineteenth century, and it is no accident that it is also

the ideal type for the bottom people of that century's social institutions in the general sense. It is the ideal soldier (theirs not to reason why), the ideal worshipper (Have thine own way, Lord/ Have thine own way/Thou are the potter/ I am the clay), the ideal worker (You're not paid to think, just get on with it), the ideal wife (a chattel), the ideal child (seen but not heard), the ideal product of the Education Act of 1870.

The institutions were a microcosm, or in some cases a caricature, of the society which produced them. Rigid, authoritarian, hierarchical, the virtues they sought were obedience and subservience. But the people who sought to break down the institutions, the pioneers of the changes which are slowly taking place, or which have still to be fought for, were motivated by different, values. The key words in their attitude have been love, sympathy, permissiveness, and instead of institutions, they have postulated families, communities, leaderless groups, autonomous groups. The qualities they have sought to foster are self- reliance, autonomy, self-respect, and as a consequence, social responsibility, mutual respect and mutual aid. When we compare the Victorian antecedents of our public institutions with the orpins of working class mutual aid in the same period, the very names speak volumes. On the one side the Workhouse, the Poor Law Infirmary, the National Society for the Education of the Poor in Accordance with the Principles of the Established Church; and on the other, the Friendly Society, the Sick Club, the Co-operative Society, the Trade Union. One represents the tradition of fraternal and autonomous associations springing up from below, the other that of authoritarian institutions directed from above.

Peter Townsend, in an interesting discussion of the current trend, N The Institution and the Individual', The Listener 23/6/60), suggests that the phenomenon of institutional neurosis arises from the deprivation of family life in the sense of the frustration of the 'need to give as well as receive affection and to perform reciprocal services within a family or quasi-family group'. But must we not also conclude that it is not merely the non-familial, but more especially the authoritarian character of institutions which produces institutional types, not only among the inmates, but among those who administer the institution?

The Hierarchy of Institution

Thus Dr. Barton declares that 'it is my impression that an authoritarian attitude is the rule rather than the exception' in mental hospitals and he relates this to the fact that the nurse herself is 'subject to a process of institutionalization in the nurses home where she lives'. He finds it useless to blame any individual for 'individuals change frequently but mental hospitals have remained unchanged' and he suggests that it is a fault of the administrative structure. Richard Titmuss in his study of The Hospital and Its Patients attributes the 'barrier of silence' so frequently met in ordinary hospitals to the effect on people of working and living in a closed institution with rigid social hierarchies and codes of behaviour.

> … these people tend to deal with their insecurity by attempting to limit responsibility and increase efficiency through the formulation of rigid rules and regulations and by developing an authoritative and protective discipline. The barrier of silence is one device employed to maintain authority. We find it so used in many different settings when we look at other institutions where the relationships between the staff and the inmates is not a happy one.

and John. Vaizey, remarking that 'everything in our social life is capable of being institutionalized, and it seems to me that our political energies should be devoted to restraining institutions' says that 'above all ... institutions give inadequate people what they want — power. Army officers, hospital sisters, prison warders — many of these people are inadequate and unfilled and they lust for power and control'. In The Criminal and His Victim, von Hentig takes this view further:

> The police force and the ranks of prison officers attract many aberrant characters because they afford legal channels for pain inflicting, power-wielding behaviour, and because these very positions confer upon their holders a large degree of immunity, this in turn causes psychopathic dispositions to grow more and more disorganised ...

Finally.. Dr. Bettelheim sees even Hoess, the Commandant of Auschwitz, as a victim of the institution. 'That he never became a "moslem" was because he continued to be well fed and well clothed. But he had to divest himself so entirely of self-respect and self-love, of feeling and personality, that for all practical purposes he was little more than a machine.'

Perpetuating Social Pathology

The profound changes which are coming or can be predicted in the social care of the deprived, the disabled or the delinquent, cannot happen in isolation. Just as progress in psychological investigation has proceeded from the abnormal to the normal, so the process of critical evaluation, must move from the special institutions to the general ones. The criticism of the anti-human quality of institutions cannot remain isolated in the field of social medicine or social pathology. Changing attitudes in one must lead to the demand for a change in attitudes in the other.

We may draw quite striking implications of this kind from a Ministry of Education report, that of the Underwood Committee on Maladjusted Children (1955). The Committee remarked that the regime in ordinary schools is sometimes 'a precipitating or contributory factor' in maladjustment Barbara Wootton makes extended comment on this in her book Social Science and Social Pathology. Our reluctance, she says,

> to examine the imperfections of our institutions as thoroughly as we examine the faults, failings or misfortunes of individuals has also other and curious consequences. Among them is the fact that, in cases where individuals cannot adjust themselves to what exists, it is often found easier to invent new institutions than to improve the old ... Formidable administrative complexities, as well as, on occasion, strange contradictions follow.

> This process is well illustrated by developments in the field of education and child training. One might reasonably suppose that the primary function of the school was to train the child in the business of adapting himself to the culture in which he has to live, and to help him to make the best contribution of which he is capable in that culture ... Notoriously, however, a certain number of children fail to adjust themselves to the educational institution which is thus intended to adjust them to life.

Indeed it now appears that the ordinary school, far from achieving the adjustment which is its normal aim, sometimes actually has an exactly opposite effect.

She then quotes the findings of the Underwood Committee on what she tartly calls "these risks of exposure to the educational system" and she goes on:

An obvious way of avoiding these catastrophes would seem to be to modify the regime in the ordinary school so that it might succeed better in what it is intended to do. But that is too difficult. On the principle that it is easier to create a new institution than to modify an existing one child guidance clinics and schools for maladjusted children have to be invented to deal with the misfits of the normal educational system. At these clinics, we are told, "as the psychiatrist comes to be acceped as an ally … the child is helped to bring his problems to the surface and face them, and through his relationship with the psychiatrist he gains the confidence needed to go forward and to meet whatever the future has in store for him" (she is quoting the Report).

Yet "going forward with confidence to meet whatever the future has in store" is, surely, just what schools of every kind might be expected to help their pupils to achieve; and the teacher, no less than the psychiatrist, might be expected to be the child's ally, not his enemy. If in practice schools and teachers fail in these roles, commonsense and economy alike would suggest that whatever is wrong with them should be put right, rather than that a whole fresh layer of institutions should be created to make good the deficiencies of those that we already have. Yet the latter is apparently the easier course. So we end with schools designed to supplement and to correct what ie done in homes, and clinics or special educational institutions designed to supplement and to correct what is done in schools …

Though schools differ greatly from one another, it is probably fair to say that those which are included in the public educational system (and a high proportion of those outside it) are on the whole imbued with authoritarian values and employ authoritarian methods. The virtues which they inculcate are those of discipline and hard work, of respect for, and obedience to, properly constituted authority. Children are at least expected to behave politely and respectfully towards their teachers.

But not towards their psychiatrists. Typically, the climate of the clinic is permissive rather than authoritarian: the role' of the adults is to help, indeed to serve, not to command the children …

Her remarks illustrate graphically the collision of two opposing trends of thought, libertarian and authoritarian. The result can either be the abandonment of the therapeutic approach altogether because it conflicts with the authoritarian values of society as a whole, or in change in the schools and change in the social values which dominate them.

Science and Government

Alex Comfort, in Authority and Delinquency in the Modern State, the most important anarchist contribution to sociology since Kropotkin's Mutual Aid, makes a similar point in terms of criminology :

> It is only within the last few years that psychiatry has been formally invited by legal, administrative and executive authorities to intervene in the problem of crime. It worked its way into penal and legal procedure from the outside, by modifying public opinion and by throwing light on problems of delinquency in the course of purely medical studies, and the formal invitation comes when a generation of lawyers, prison commissioners, and legislators has grown up in the intellectual tradition which social studies have created. Psychiatry therefore brings into its contacts with law a tradition of its own. cutting across the preconceptions of law and government which come from the pre-scientific tradition of society.

> The attempt to establish criminology as a distinct branch of knowledge . encounters immediate difficulties. Anti-social conduct and delinquency, in the sense of action and attitude prejudicial to the welfare of others, are psychiatric entities: crime, on the other hand, is an arbitrary conception embracing both aggressive delinquency, such as murder or rape, and actions whose importance is predominantly administrative, such as the purchase of alcohol after closing time. Since the concept of crime depends directly upon legislation it may be altered at any time to embrace any pattern of behaviour. Under modern conditions it is quite possible for the criminal psychiatrist to be confronted with the task of reforming an individual whose conflict with society arises from a high rather than a low development of sociality. Refusal to participate in the persecution of a racial minority, or in the military destruction of civilian populations, have recently figured as crimes in civilised Western societies. Under these conditions the independent tradition of the psychiatrist must lead him to decide at what point the psychopathy of the individual exceeds that of society, which he should attempt to fortify, and by what standards. More important perhaps is the growing awareness that, great as is the nuisance value of the criminal in urban society, the centralised pattern of government is today dependent for its continued function upon a supply of individuals whose personalities and attitudes in no way differ from those of admitted psychopathic delinquents. Society, so far from penalising anti-social behaviour per sc. selects the forms, often indistinguishable, which it will punish, and the forms it must foster by virtue of its pattern …

> In spite therefore, of the extent and seriousness of delinquency as a social problem, its most serious aspect for humanity today is the prevalence of delinquent action by persons immune from censure, and by established governments. The importation of science into the study of crime is an irreversible Mep, and its outcome can only be the suppression of science itself or the radical remodelling of our ideas of government and the regulation of behaviour.

Lady Wootton describes the clash between the therapeutic approach and authoritarian values; Dr. Comfort puts it bluntly as a clash between the therapeutic approach and government

itself. Thus from the criticism of the authoritarian, hierarchical, institutional structure of the instruments of social medicine and social pathology, we move to the challenge to authority and hierarchy in the institutions of society itself.

The anti-human characteristics of the general institutions give rise to the existence of the special institutions. Paul Tappan remarked that the fact is that we prefer our social problems to the consequences of deliberate and heroic efforts so drastically to change the culture that man could live in uncomplicated adjustment to an uncomplicated world.' But it is not so much the complexity of our culture as its authoritarianism which is at fault : we need if we are to achieve the most complete development of individuality, a complicated society, a society (to go back to Kropotkin's definition of the anarchist approach)

> to which pre-established forms, crystallised by law are repugnant; which looks for harmony in an ever-changing and fugitive equilibrium between a multitude of varied forces and influences of every kind, following their own course.

'A Sort of Anarchy'

Are we ever going to make these 'deliberate and heroic efforts' to analyse and open up the general institutions — family, the school, the factory, the wage system, the social divisions of class and status, the industrial and commercial structure, the physical environment, the bureaucracy, the state and the war machine and punitive apparatus which are inseparable from it?

Take, for example the school. The changing relationships between parents and teachers, parents and children, teachers and children, between work and leisure, between education and play, could lead to an entirely different conception of the school, 'calculated' as Godwin wrote (m 1797):

> entirely to change the face of education. The whole formidable apparatus which has hitherto attended it, is swept away. Strictly speaking, no such characters are left upon the scene as either preceptor or pupil.

Or as Bakunin put it in 1870 :

> From these schools will be absolutely eliminated the smallest applications of the principle of authority. They will be schools no longer, they will be popular academies, in which neither pupils nor masters will be known, where the people will come freely to get, if they need it, free instruction, and in which, rich in their own experience, they will teach in turn many things to the professors who shall bring them the knowledge which they lack.

Nobody took much notice of them, but In our own day a number of experiments have foreshadowed the changed school in one way or more of its aspects — the Cambridgeshire Village Colleges and the ideas of Henry Morris, the Pioneer Health Centre at Peckham before the war, or Prestolee School (which was an elementary school in Lancashire revolutionised by its late headmaster Teddy O'Neil) where

timetables and programmes play an insignficant part, for the older children come back when school hours are over, and with them, their parents and elder brothers and sisters.

Or the ideas and practice of A. S. Neill and other pioneers of the school as a free community of children and adults. Or the idea of the school as an extension of the family, as a family centre in which, according to the needs of the individual, the cohesion of the nuclear family could be heightened or its tensions loosened, as a source of autonomy and reciprocity, as a community workshop, as a centre for the exchange of skills and experiences. The Peckham Experiment and its findings about the positive aspects of health, was an immense source of clinical material. 'We had found from experience', wrote the Peckham biologists, 'that seven out of ten uncomplaining members of the public entering our doors had not even the negative attributes of health — freedom from diagnosible disorder. Still less had they the positive attributes — vitality, initiative and a competence and willingness for living.' It is these very qualities that the special institutions we have discussed are found to have inhibited. And significantly the social environment with which the Peckham biologists sought to release these qualities was, in the words of the founder, Dr. Scott Williamson, 'a sort of anarchy'.

The Irresponsible Society

Or take housing. One quarter of the population of England and Wales live in the three-and-a-quarter million dwellings owned by local authorities. But is there one municipal housing estate in this country in which the tenants have any control over and any responsibility for the administration of their estate, their physical environment? Or industry, with its authoritarian structure, its hierarchical chain of command and its meaningless routines. Does not the industrial neurosis (like the 'suburban neurosis' of lonely housewives) which has so often been diagnosed bear a significant relation to Barton's institutional neurosis? When are we going to evolve a programme for the de-institutionalization of the factory system (see Anarchy 2 — Workers' Control). When for that matter, are we going to de-institutionalize the trade union movement? Or work itself. Occupation is so rigidly institutionalized that it is impossible to move from one occupation to another without being economically penalized, and virtually impossible to enter many occupations at all unless you do so on leaving school. Why should people condemn themselves to a lifetime in one occupation. why not an outdoor job in. the summer and a nindoor one in the winter, or an alternation of brain work and manual work? Why, in fact, do we ask so little out of life?

Because of the process of conditioning that begins in infancy to make us fit the institutions. Bettelheim noted that the 'old' prisoners, those who adapted successfully, sought to look and behave as much like their guards as possible and developed the same brutality and ruthlessness. And J. A. C. Brown in The Social Psychology of Industry observed that the 'faithful servant' type of employee was the one who had been so browbeaten throughout his life that he had adopted the values and attitudes of management — which is precisely why he was appreciated. Institutional society successfully imbues people with its values so that they mindlessly perpetuate the institutions. They become tolerant, in the medical sense, of the intolerable.

Rene Cutforth illuminated this point beautifully in his radio programme about the motives and characters of people on the Aldermaston March :

Consider for a moment the times we middle-aged men have lived through in this monstrous century. First the huge terrible casualty lists of the First World War. Then the mass unemployment, the misery, and the injustice of the early Thirties. Then the spectacle of Europe under the heel of a murdering maniac, Belsen, Auschwitz, the Jews in the gas chambers. Then another war. Then Hiroshima and Nagasaki. And finally for us, an exhausted, meaningless state, intent on the "lolly".

In medical matters there's a principle called tolerance. If some poisons are fed to a human being over a long period he acquires a tolerance of them, and can survive a lethal dose, though his whole metabolism may have to change to meet the challenge. The young are those who have so far never breathed the poisons we have had to try to contrive to survive, and their minds are unclouded with them.

With every increase of tolerance we have lost a human sensitivity. And now it seems quite possible that these marchers, whatever their impact on the bomb, or the future impact of the bomb upon them, these Aldermaston marchers may well already be the only people left alive in Britain.

The rest, he implies, like the institutionalised patients and victims, have lost the capacity to react.

Anarchists and Bureaucrats

This is why the trend which we have examined in the philosophy of social welfare seems to me so important, and to imply very much wider conclusions. Social ideas, says Richard Titmuss, 'may well be as important in Britain in the next half-century as technical innovation'. We are moving away from an institutional philosophy, says Peter Townsend, 'and have not yet found an alternative philosophy to put in its place'. I believe that the alternative philosophy is one which seeks to release the spontaneity, individuality and initiative, the unsuspected human potentialities, which an authoritarian society has buried in institutionalized life, and that the pioneers of the break-down of institutions are part of a broader struggle between opposing values, which may legitimately be called the struggle between anarchists and bureaucrats.

Colin Ward
Where the Shoe Pinches
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