

## The Persistent Image

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The idea of institutional life has always been viewed with repugnance by a broad section of the population. This attitude has persisted despite many changes and improvements and although now it may be weakening, it nevertheless continues to be influential. Its survival has been assured by at least four forms of reinforcement: the deliberate cultivation of a repellent image; reported cases of the abuse of inmates; the enforced association and routine of institutional life, and the compulsion often associated with entry as well as with subsequent detention.

The management of destitution, and to a lesser extent madness and criminality, has dominated the history of institutions in this country. In this, the aim of the Poor Law was as much to affect the beliefs, attitudes and behaviour of working-class people generally as it was to discipline or provide for those who received its outdoor relief or entered its institutions. 'The poor law,' wrote Rose, 'was an ever-present symbol to the . . . poor of the fate to which their poverty might condemn them' (Rose, 1985: 3). The workhouse was at once the most visible and most impressive manifestation of that symbol. The similarities to the penal system are obvious. A common factor was the belief in the need for deterrence, not primarily aimed at those who were incarcerated but at the far greater number who were assumed to threaten to overwhelm the available resources or to disturb a precarious social order. However great the commitment to reformation and humane treatment, a regime fulfilling such deterrent purposes is constrained to preserve the evidence of severity, discipline and deprivation if it is both to be feared and supported by those outside (see Ignatieff, 1983).

Although the workhouse occupied such a central position in the history of the rise of the institution, comparatively few people passed through its doors. For example, in the peak year of 1871, after a prolonged period of economic depression, about a million people were getting poor relief in England and Wales: that was 4.6 per cent of the

population. Most of these recipients were being paid outdoor relief; only 150,000, or 0.6 per cent of the population, were in Poor Law institutions, a third of them children under 16 (Registrar-General, 1873: 13). If, as seems likely, this reflected the success of the workhouse as a deterrent, it also reflected the success of the Poor Law system as a whole in restricting the scale of its relief payments. The moralistic and inquisitorial manner in which relieving officers or the committees conducted their inquiries made any approach to the Poor Law a step to be avoided if at all possible. Uncertainty about the outcome of an application doubtless played its part as well. Given the laws of settlement (at least in England and Wales) recent arrivals in an area might well find that relief involved being returned to their union of settlement and, of course, it might also be linked with the offer of the House [i.e. the workhouse]. We do not know how many people, after having applied, refused to accept relief on these terms.

Thus fear and hatred of the workhouse have to be set within the context of Poor Law administration as a whole. Nonetheless, the workhouse represented the ultimate sanction. The fact that comparatively few people came to be admitted did not detract from the power of its negative image, an image that was sustained by the accounts that circulated about the harsh treatment and the separation of families that admission entailed. The success of 'less eligibility' in deterring the able-bodied and others from seeking relief relied heavily upon the currency of such images. Newspapers, songs and gossip, as well as orchestrated campaigns for the abolition or reform of the system, all lent support to the deliberate attempts that were made to ensure that entry to a workhouse was widely regarded as an awful fate.

Of course, the dread of the workhouse felt by the poor was not simply the product of hearsay and rumour or of exaggerated horrors. Well-documented accounts of ill-treatment, victimization, humiliation and appalling living conditions are to be found at all periods, even though views about what is excessive and intolerable have changed. Furthermore, what commissions and inquiries reported was certainly only a fraction of what was suffered in asylums, boarding schools, training ships and children's homes, as well as in workhouses and prisons. Such accounts stretch at least from the massive report produced by the committee that investigated the Andover Union and its scandals in 1846<sup>1</sup> to the series of inquiries into cruelty against patients in hospitals for the mentally handicapped that were conducted in the 1970s (for example DHSS, 1969). The extremes were never part of any deliberate policy; indeed, central authorities were at pains to advocate and legislate for fair and reasonable treatment. In their eyes the scandals that from time to time erupted were usually attributable to a combination of the inadequate nature of their power to control what happened locally; cruel or ignorant staff; or brutal,

incompetent and weak leadership. They were seen as deplorable deviations caused by the perversity of human nature and therefore as departures from good practice that were difficult to prevent. What was less often acknowledged was that such incidents were also symptomatic of the contemporary rationales of institutions (of deterrence, punishment or reformation) or of the gap that existed between benign aims (like treatment or care) and the resources that were made available. Whether institutions were set up as cost-cutting initiatives (as were the workhouses, at least after 1834) or whether they were underfunded for the more elevated purposes that they were intended to serve, the common result was an unwillingness or inability to appoint and train sufficient staff of the right calibre.

Whether or not the reality of life in an institution accorded wholly with its popular image, what was certain was that it entailed associating with strangers in intimate surroundings and worse, the probability of thereby becoming a member of a stigmatized group. Townsend captured the essence of the first element when he described what he considered to be an inherent disadvantage of residential homes for old people.

Individuals from diverse localities and backgrounds are brought together under one roof and are expected to share most of the events of daily life. Staff are employed and a common routine is established. The resulting 'community' is in many ways an artificial one because it does not consist of people . . . who are linked by a network of family, occupational and neighbour ties and whose relationships are reinforced by the reciprocation of services. (Townsend, 1962: 435)

Half a century before, Charles Booth had stated his belief 'that the respectable aged were deterred from entering the workhouse because they might be herded with disreputable characters' (quoted in Crowther 1981: 84). Despite the desire on the part of many administrators to separate the deserving from the undeserving and the reputable from the disreputable, the reality of institutional life has been one of enforced and uncertain association. Choice of associates has been limited and escape from the disruptive, distressing or frightening behaviour of other people well-nigh impossible.

Furthermore, the separation, often at moments of crisis, from those who were most cherished and best known was always painful, not least because it left the new inmate without established support or dependable allies. The prospect of entry to a residential establishment touches a deep-seated fear of being inescapably cast alone and defenceless amongst strangers, especially strangers whose codes are unknown but assumed to be disturbingly different from one's own. Such a basic social and psychological component of human fearfulness has played its part in sustaining the widespread negative image of institutions; but when many of the strangers who lived in them were believed to be, and indeed frequently were, members of



some of the most stigmatized groups in society the fear of association took on an added dimension.

The distinction repeatedly drawn between the deserving and the undeserving in both official and charitable quarters was undoubtedly also made by members of the working class. The Royal Commission on the Aged Poor in 1895 concluded that although there was a widespread dislike among the poor of entering the workhouse they nonetheless regarded it as suitable for wastrels and ne'er-do-wells and, indeed, as much better than they deserved (*Report*, 1895: para. 97, p. xxxi). Strong conventions existed to ensure the retention of an identity distinctively separate from the 'rough' or under-class. For many working-class people admission to a workhouse (or even the need to apply for outdoor relief) threatened the painstakingly constructed and carefully maintained differentiation from that level. Perhaps the most significant achievement of the Poor Law was to have provided and confirmed the lowest stratum of the many that existed within the working class. As Roberts recalls in his personal account of life in a Salford slum during the first quarter of this century: 'the workhouse paupers hardly registered as human beings at all' (Roberts, 1971: 8). They were at the bottom of a carefully graded heap and provided the means by which others, however lowly, could elevate their status. Thus, it was not simply a fear of associating with strangers that created the widespread aversion to institutions but also the fear that entry would result in a loss of status and self-respect as one became reclassified by association. This was an important weapon in the armoury of deterrence clearly revealed in the reaction of the 1895 commissioners to the proposal, made by a number of their witnesses, that in order to protect the aged but respectable poor from having to mix with objectionable people almshouses should be provided instead (*Report*, 1895: para. 128, p. xxxviii). This was considered to be unwise since it would discourage individuals from making adequate provision for their old age as well as weaken the resolve of sons and daughters to provide for their aged parents in their own homes.

Echoes of concerns about disagreeable associations are still to be heard today, albeit in the modified forms of the distaste that the elderly express for having to live alongside those who are mentally infirm; in what children in care say about being assumed to have been 'in trouble' if they live in a children's home, and in the way in which many parents of mentally handicapped children react to their offspring being placed residentially with those whose handicaps are obviously more severe.<sup>2</sup> The issues of classification, the debasement of status and stigma by association have all been enduring themes in the history of institutional provision. The fact that proportionately few people have entered residential care has made it that much more likely that those who do (or who have to stay) come to be regarded – and regard themselves – as a defeated and outcast group.

The negative image of institutions has undoubtedly been reinforced by the processes of legal compulsion that have preceded much admission. Until 1930 the doors of public institutions for the treatment of the mentally disordered were closed to all but people certified as 'a lunatic, an idiot or a person of unsound mind' and ordered to be detained for care and treatment by a judicial authority. Such a requirement imposed a stigma additional to any that was associated with being in an asylum. Not only was admission dependent upon certification, but the order for commitment carried with it the prospect of its irrevocability. Decertification and release were not easily obtained. Under these circumstances it is understandable that admission was frequently deferred for as long as possible. As a result, patients were liable to arrive on the wards in particularly distressed states and without the benefit of any earlier intervention that might have mitigated their condition. Visitors to the asylums therefore saw patients in states of crisis as well as many others suffering from the adverse effects of their long residence. Moreover, many mentally handicapped people were certified and admitted alongside the mentally ill (for a general review and account of these issues see *Report*, 1926: 15–30). All these things tended to reinforce prevailing stereotypes about the uniform character of madness. Indeed, the lack of understanding of the difference between mental illness and mental handicap was superimposed upon the widespread popular assumption that mental afflictions were hereditary in nature. This made the act of certification an additionally distressing event. Relatives were upset by the public confirmation of mental weakness in the family and could feel stigmatized by their membership. In that sense certification was often experienced as a matter of family shame.

Over and above this, in the great majority of cases, certification also led to the stigma of pauperism. Unless the certified person could pay, or be paid for, as a private patient, the costs of confinement and treatment had to be borne by the Poor Law up until 1930. Many inmates therefore became certified paupers as well as certified lunatics. For many families this would have been their first encounter with the Poor Law, although there was also a steady stream of entrants to the asylums who were already in receipt of outdoor relief or who came from the workhouses. Indeed, certification as a means of establishing eligibility for admission to an asylum (renamed mental hospitals after 1930) at public expense was 'equivalent to the order for the admission of a pauper to a workhouse, and to the order and medical certificate which were required until . . . 1948 for the admission of any patient, except in an emergency, to a poor law hospital' (*Report*, 1957: 62–3). Where it differed was that it was also an authority for the detention of the patient, whether in an asylum, workhouse or elsewhere. Even though it was possible for patients to enter a mental hospital on a voluntary basis after 1930, this relaxation



did not extend to the so-called mentally defective. From 1913 until the reforms of 1957 nobody could be admitted to a public mental deficiency institution without certification and the parallel authority for confinement (for discussion and details see Board of Control, 1929: Part 1).

The statistics assembled by the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency (1954–7) show how extensive the elements of compulsion and detention remained in spite of the growing use of voluntary admission to mental hospitals. Although only 18 per cent of patients received into mental hospitals in 1955 were certified, about 70 per cent of all patients in hospital at the end of the year fell into that category. This was because many of them had been there a long time but also because, being detained, this population accumulated. Thus, there were some 105,000 certified patients in mental hospitals in England and Wales in 1955. Added to these were a further 58,000 in mental deficiency hospitals, making a total of 163,000 certified and detained patients – more than double the number at the turn of the century (*Report*, 1957: 318). Although the 1959 Mental Health Act eliminated the traditional use of certification, the long-term certified patients from the earlier period remained in the hospitals for some time and arrangements were continued for compulsory admission and detention under certain circumstances.

Compulsion combined with detention was not the only disquieting aspect of admission to an institution. By the end of the nineteenth century there were various laws that enabled authorities to detain those who had originally been admitted to institutions on a voluntary basis. This had been a long-standing option for boards of guardians. For example, where families were admitted to the workhouse parents could not discharge themselves unless they took their children with them and guardians could seek to have inmates certified and thus reallocated to a detained class. Moreover, in the late nineteenth century several measures were introduced that enabled organizations to detain children (who were mostly in their institutions) against the wishes of their parents. In 1889 boards of guardians were enabled by administrative procedures to assume parental rights and duties over children in their care until they were 16.<sup>3</sup> There was other legislation of a similar kind. Under the Custody of Children Act, 1891 not only guardians but any person or institution could acquire custody of a child in place of the parents if they had been looking after that child at their expense and the parents could not reimburse them. This was largely the outcome of intensive pressure by Barnardo but it enabled any voluntary children's society to prevent children being returned to poor parents who were not considered to be fit persons. In the same year the Reformatory and Industrial Schools Act also made it more difficult for parents to have their children back after the term of their detention had expired. Managers, under certain provisions, could

override parental wishes about what should happen to a boy or girl upon discharge. This was considered to be especially valuable in arranging their emigration or employment well away from detrimental parental influences. (For further discussion of some of these issues see Parker, 1986.)

These are but examples: the important point is that there were circumstances in which admission to an institution on a voluntary basis could lead to compulsory detention which might also be accompanied by transfer to a different regime. Few people would understand the legal niceties but many would be aware that simply being in an institution could lead to steps being taken to prevent you leaving. It is *difficult to assess, at different times, the full extent of compulsion and detention as correlates of institutional life*; but it has been considerable. If, for example, one takes the figures in the 1931 Census, then of all the recorded inmate population (including those in prisons and hospitals but not in boarding schools) about 45 per cent would have been subject to compulsory detention (estimated from Registrar-General, 1934: 118. Table 16). Although that proportion had probably fallen to some 10 per cent by the time of the 1981 Census (mainly as a result of the abandonment of certification and an ageing population) the idea of residential establishments as places where people are confined against their will lingers on; not least, perhaps, because in practice many residents have little or no alternative. Legal compulsion may have been replaced, especially amongst the aged, by the compulsion of their circumstances. The historical association of commitment to an institution with being either mad or bad dies hard and has certainly contributed to the unfavourable view of residential provision. How could it be otherwise if one needed to be compelled to enter and stopped from leaving?

## Notes

- 1 *Report* (1846). See also Anstruther (1973) for a discussion of the role of *The Times* in using the official report to further the campaign against the Poor Law.
- 2 Page and Clark (1977). Another child in care explains that 'when you go to a new place before you've got your foot in the door they say "hey, what are you in for?" . . . they come to me and said "what you done wrong?" Because, you know they look upon it [a children's home] as a detention centre.'
- 3 This provision continues to the present day in the form of Section 3 of the Childcare Act 1980.

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