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POINTS OF VIEW

BY THE BY:

Normalisation and De-institutionalisation in Nineteenth Century Scotland, I

It was with some relief that, eight or nine years ago, I gave up trying to read the literature on normalisation, de-institutionalisation and related concepts. There was just too much of it. I seem to remember that reviewers usually began their articles with respectful nods towards Nirje (1969), Bank-Mikkelsen (1969) and Wolfensberger (1972). And some readers might come to believe that these gentlemen, along with others, somehow invented normalisation and de-institutionalisation, and helped to put the principles into practice.

Maybe so. I'm not for one minute belittling their achievements. All I want to do in this piece is to draw attention to a slim book by a remarkable man called Arthur Mitchell which was published in Edinburgh in 1864. Here we have to pause for the usual apologies: many of the terms used in those days have long been dumped in the mental health cellar. Only when I use quotes will they re-appear.

Mitchell was born in Elgin in 1826. He studied medicine in Aberdeen, Paris, Berlin and Vienna. At the time his book appeared – ***The Insane in Private Dwellings*** *– he was one of two Deputy Commissioners in Lunacy for Scotland. A polymath, his abiding interest was in mental illness and learning disability, particularly among the 'pauper insane'. He died in 1909.*

Michell strongly believed and persuasively argued that many patients in institutions should be transferred to private dwellings for two main reasons: it was therapeutically preferable and it was cost effective.

> *Many lunatics are quite capable of appreciating the amenities of domestic life, and of enjoying the individuality which they acquire in private houses, and which they cannot have while part of the population of a large asylum. Though their mental powers may be deficient, or their intelligence perverted, many of them still have 'warm affections and are capable of deriving pleasure from social intercourse'. To such patients the weary monotony of prolonged confinement is irksome, and injurious at least to their bodily health, if we may judge by the improved physical wellbeing and greater chance of living, which we know they acquire by removal to more natural or less artificial surroundings. But it probably is injurious also to their mental health, for it is a generally received opinion now that 'all great aggregations of permanently diseased minds is an evil which as much as possible should be avoided, as their tendency is undoubtedly to lower and degrade each constituent member of the mass' . . . (transfer) may become the*

> *source of increased comfort, happiness and general wellbeing.*

*Loss of individuality was one of Goffman's (1961) main themes in his classic book, **Asylums**.*

Mitchell did, however, argue that institutions had their place. It would be unwise to consider the following for community care: the physically aggressive; the suicidal; those with marked physical handicaps.

Of the many more recent operational definitions of normalisation the following is only one:

> *The environment an individual is placed into should be normalised and can be evaluated using the PASS procedure . . . PASS III, a more recent version . . . has been factor analysed and four factors emerged: normalisation of the habilitation programs, normalisation of the physical setting . . . attention to individual rights, and access to generic services . . . Willer and Intagliata, (1984).*

The following was Mitchell's version:

> *. . . it has been thought satisfactory when these patients are found to be treated in all respects like the poor around them, and among whom and with whom they live. In the vast majority of cases **it is enough if the patient is really treated as a member of the family in which he lives** (emphasis mine). If he is not half naked and in rags while they are warmly and sufficiently clothed; if he does not sleep in an outhouse or on the bare floor, while they have warm beds; if his meat is not thrown to him as if he were a dog, while theirs is decently served; if he is not unwashed and filthy, while they are clean, and so on in other respects.*

Given the vast differences in standards of living, which of the two operational definitions is the easier to understand?

Mitchell personally visited hundreds of private dwellings to assess their suitability for the care of patients. It was a difficult task. For example, he found the living conditions in parts of the Outer Hebrides so primitive and poor that he doubted whether settling patients there was really to their advantage, despite the fact that families were generally kind and tolerant.

He was also very much aware that institution is as institution does and dwelling house is as dwelling house does. And he cites examples of good and bad in both. That's why he insisted that patients settled in with families must be regularly visited, and reports written up.

Simply to transfer the resident from institution to private dwelling and hope for some vague, unspecified improvement was not enough for Mitchell. The purpose of the exercise had to be explained to, and understood by, the family, stressing the value of individuality, integration and so on. But there was more: the patient should receive some form of training in the dwelling. Perhaps his most interesting and pertinent remarks are about those with significant learning disabilities:

> *All efforts to develop the usefulness of such persons are and should be encouraged, when they are conducted in a humane and judicious manner. To teach them self-control, to make them able to put off and on their own clothes, to make them acquire habits of cleanliness and to render them in some degree useful as to diminish the burden which their defect of mind imposes on their friends or on the public, and by or large indeed diminish the defect itself, since that which was capable of cultivation has been cultivated.*

To sum up. At no stage did Mitchell use the polysyllabic horrors: normalisation and de-institutionalisation. But I would argue that his book and his work certainly adumbrated them. In a later piece I'll describe the efforts he and his colleagues made in reducing the numbers in institutions. Fortunately, figures are available.

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