Chapter XII. The Breakdown of Welfare

All institutions, all social organizations, impose a pattern on people and detract from their individuality; above all it seems to me, they detract from their humanity ... It seems to me that one thing is in the nature of all institutions, whether they are for good purposes, like colleges, schools and hospitals, or for evil purposes, like prisons. Everyone in an institution is continually adapting himself to it, and to other people, whereas the glory of humanity is that it adapts its environment to mankind, not human beings to their environment.

John Vaizey, *Scenes From Institutional Life*

Anarchists are sometimes told that their simple picture of the state as the protector of the privileges of the powerful is hopelessly out of date: welfare has changed the state. Some politicians even claim that their parties invented welfare. The late Hugh Gaitskill, for instance, described the welfare state as “another Labor achievement”, adding that “unfortunately gratitude is not a reliable political asset”. In fact the candidates for office in most Western governments rival each other in the welfare packages they offer the electorate.

But what do we mean by the welfare state? Social welfare can exist without the state. States can, and frequently do, exist without undertaking responsibility for social welfare. Every kind of human association may be a welfare society: trade unions, Christmas clubs, churches and teenage gangs — all of which presumably
aim at mutual benefit, comfort and security can be considered as aspects of social welfare. The state, as we have seen, is a form of social organization which differs from all the rest in two respects: firstly, that it claims the allegiance of the whole population rather than those who have opted to join it, and secondly, that it has coercive power to enforce that allegiance. Association for mutual welfare is as old as humanity — we wouldn’t be here if it were not — and is biological in origin. Kropotkin, whose Mutual Aid chronicles this innate human tendency, describes, not the strengthening, but the destruction of the social institutions that embodied it, with the growth of the modern European nation-state from the fifteenth century onward:

For the next three centuries the States, both on the continent and in these islands, systematically weeded out all institutions in which the mutual aid tendency had formerly found its expression. The village communities were bereft of their folkmotes, their courts and independent administration: their lands were confiscated. The guilds were spoilated of their possessions and liberties, and placed under the control, the fancy, and the bribery of the State’s official. The cities were divested of their sovereignty, and the very springs of their inner life - the folkmote, the elected justices and their administration, the sovereign parish and the sovereign guild — were annihilated; the State’s functionary took possession of every link of what was formerly an organic whole ... It was taught in the universities and from the pulpit that the institutions in which men formerly used to embody their needs of mutual support could not be tolerated in a properly organized State; that the state alone could represent the bonds of union between its subjects; that federalism and “particularism” were the enemies of progress, and the State was the only proper initiator of further development.[128]

This is not an old-fashioned romantic view of the passing of the Middle Ages: it is reflected in modern scholarship, for example in Ullmann’s Government and People in the Middle Ages. Nor is Kropotkin’s bitter account of it exaggerated, as you can see from the history of pauperism in Britain. In the Middle Ages destitution
was relieved without recourse to state action. Guild members who fell into poverty were assisted by the fraternity, whose concern extended to their widows and orphans. There were hospitals and lazar-houses for the sick, and monastic hospitality was extended to all who needed it. But with the establishment of a firmly based nation-state by the Tudors, it was characteristic that the first state legislation on poverty required that beggars should be whipped and that the second required that they should be branded, and that the essence of the Poor Law from its codification in 1601 to its amendment in 1834 and its final disappearance in our own time, was punitive. Any member of the Claimants’ Union today would insist that the Poor Law still exists and that it is punitive.

We may thus conclude that there is an essential paradox in the fact that the state whose symbols are the policeman, the jailer and the soldier should have become the administrator and organizer of social welfare. The connection between welfare and warfare is in fact very close. Until late in the nineteenth century the state conducted its wars with professional soldiers and mercenaries, but the increasing scale and scope of wars forced states to pay more and more attention to the physical quality of recruits, whether volunteers or conscripts, and the discovery that so large a population the eligible cannon-fodder was physically unfit (a discovery it has made afresh with every war of the last hundred years) led the state to take measures for improving the physical health of the nation. Richard Titmuss remarks in his essay on War and Social Policy that “It was the South American War, not one of the notable wars in human history to change the affairs of men, that touched off the personal health movement which eventually led to the National Health Service in 1948.”[129]

With the extension of warfare to the civilian population, the need to maintain morale by the formulation of “peace aims” and the general feeling of guilt over past social injustices and of resolution to do better in future which war engenders, the concern over physical health extended to a wider field of social well-being. The “wartime trends towards universalizing public provision for certain basic needs”, as Titmuss says, “mean in effect that a social system must be so organized as to enable all citizens (and not only soldiers) to learn what to make of their lives in peacetime. In this context, the Education Act of 1944 becomes intelligible; so does the Beveridge Report of 1942 and the National Insurance, Family Allowances and
National Service Acts. All these measures of social policy were in part an expression of the needs of war-time strategy to fuse and unify the conditions of life of civilians and non-civilians alike.”[130]

His sardonic conclusion is that “The aims and content of social policy, both in peace and war, are thus determined — at least to a substantial extent — by how far the cooperation of the masses is essential to the successful prosecution of war.”

There are in fact several quite separate traditions of social welfare: the product of totally different attitudes to social needs. Even in the unified provision under the state’s welfare legislation these traditions live on. A friend of mine, an experimental psychologist who visits many hospitals, says that although it is several decades since the establishment of the National Health Service, he can always tell whether a particular institution grew out of a voluntary hospital, a municipal one, or a Poor Law institution. One of these traditions is that of a service given grudgingly and punitively by authority, another is the expression of social responsibility, or of mutual aid and self-help. One is embodied in institutions, the other in associations.

In the jargon of social administration there is an ugly but expressive word “institutionalization”, meaning putting people into institutions. There is also an even uglier word, “de-institutionalization”, meaning getting them out again. Regrettable the word may be, but it describes a trend that is profoundly significant from an anarchist point of view. “Institution” in a general sense means “an established law, custom, usage, practice, organization, or other element in the political or social life of a people” and in a special sense means “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”. 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 were
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 became the focus of the activities of a voluntary society, and as the nineteenth century proceeded, gained the acknowledgment and support of the state. Local authorities filled in the geographical gaps in their distribution and finally, in our own century, the institutions themselves have been institutionalized, that is to say nationalized, or taken over by the state as a public service.

But at the very peak of their growth and development a doubt has arisen. 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 examination of the general institutions of society.

In one sense the institutions found their architectural expression in a hierarchy of huge Victorian buildings in the cemetery belt on the fringe of the cities. “Conveniently adjacent to the cemetery”, wrote C. F. Masterman, “was the immense fever hospital ... In front was a gigantic workhouse; behind a gigantic lunatic asylum; to the right, a gigantic barrack school; to the left, a gigantic prison ... Around the city’s borders are studded the gigantic buildings, prisons or palaces which witness to its efforts to grapple with the problems of maimed and distorted life — witness both to its energy and its failure. The broken, the rebellious, the lunatic, the deserted children, the deserted old, are cooped up behind high gates and polished walls.”[131] Heather Woolmer commented: “Masterman sees these features as a deliberate rejection by society of all it wished to forget, like death, and all which it found inconvenient, like the destitute, old, or mad. It was almost as though an entire sub-culture could be processed on the city fringe: from charity school to workhouse, to old people’s institution to hospital to graveyard: like battery chickens awaiting the conveyor belt to death.”[132]

And indeed institutionalization is a cradle-to-grave affair. 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 unhygienic. (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 cosseted by all and sundry and fed on demand. (Again most babies are not born that way, but it is the accepted ideal.) This change in attitudes can be attributed to the swing of the pendulum of fashion, or to common sense re-asserting itself, or to the immensely influential evidence gathered by John Bowlby in his W.H.O. report on maternal care.[133] Ashley Montagu writes:

there was a disease from which, but half a century ago, more than half of the children [who died] in the 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 flourished. What was lacking in the sterilized environment of the babies of the first class and was generously supplied in the babies of the second class was mother love. This discovery is responsible for the fact that hospitals today endeavor to keep the infant for as short a time as possible.[134]

The conflict between these two “ideal” patterns of childbirth is still frequently debated. It was reported, for example, that “Many mothers compare their reception and management in hospital unfavorably with confinement at home. Of one series of 336 mothers who had at least one baby in hospital and one at home, 80 per cent preferred home confinement and only 14 per cent hospital confinement.”[135] This simply means 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 when he opened the obstetric unit of
Charing Cross Hospital, Professor Norman Morris declared that “Twenty-five 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.”[136] Later 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.”[137]

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 observed that residence in hospital manifests itself by a fairly well-defined clinical picture. “A striking feature is the failure to gain properly, despite the ingestion of diets that are entirely adequate for growth in the home. Infants in hospitals sleep less than others and they rarely smile or babble spontaneously. They are listless and apathetic and look unhappy.” 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”.[138]

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 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 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.[139]

In Britain during the war Dorothy Burlingham and Anna Freud reported in *Infants Without Families* the striking changes in children showing every sign of
retardation 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 comparisons have been made in several countries, with results which Barbara Wootton summed 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 ... 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.”[140] The change in public and official opinion in Britain 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 in children’s homes and orphanages, giving examples of unimaginative and cruel treatment. As a result a committee was set up in the following year and its report (the Curtis Report on the Care of Children) was issued in December 1946 severely criticizing the institutional care of children and making recommendations that have been so widely accepted since that Bowlby was able to write that “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 that have proved most successful in de-institutionalizing the treatment of normal children and “normally” sick children should be even more striking with children afflicted in some way, for example spastic or epileptic children, and with mentally handicapped children. In the research project undertaken at Brooklands, Reigate by Dr J. Tizard and Miss Daly, a group of sixteen “imbecile” children were matched with a control group at the parent hospital. Even after the first year the children cared for on “family” lines gained an average of eight months in mental age on a verbal intelligence test as against three months for the control group. In personal independence, measured on an age scale, they had increased by six months as against three in the control group, and there were significant developments in speech, social and emotional behavior and self-chosen activity. 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 example. For many generations the word “institution” meant, to the majority of people in Britain, 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 its traditions remain. Slowly we have learned that any institution for the old encourages senility, while every effort to help them to live their own lives in a place of their own encourages independence and zest for life.

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 realize 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 a mistaken kindness, though 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.[141]

The de-institutionalization of the treatment of mental illness began in the eighteenth century when William Tuke founded the York Retreat, and when Pinel in the same year (1792) struck off the chains from his mad patients at Bicêtre. But in the nineteenth century, with what Kathleen Jones calls “the triumph of legalism”, the pattern was laid down of huge isolated lunatic asylums as a sinister appendage to the Poor Law — the heritage against which the modern pioneers have to struggle. Kropotkin, in his remarkable lecture on prisons, delivered in Paris in 1887, took Pinel 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, riveted 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 in 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 insane.

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, run about 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. The 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.[142]

Very slowly public sentiment and official policy have been catching up with this attitude. “The first reform in the care of the mentally ill in America put the insane
into state hospitals”, writes J. B. Martin, “the second reform is now in progress — to get them out again.”[143] Exactly the same is true of Britain. Evidence has been piling up for years to indicate that the institution manufactures madness. One key piece of research (by Hilliard and Munday at the Fountain Mental Deficiency Hospital) indicated that 54 per cent 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 remarked that “such patients may be socially incompetent, but in many cases institutional life itself has aggravated their emotional difficulties.”[144]

The law itself has changed, 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. Outpatient facilities, occupation centers and the variety of provisions known as “community care” are intended to replace institutions wherever possible. And yet every year still brings a fresh crop of stories of grotesque conditions in allegedly therapeutic institutions, of terrible ill-treatment of helpless patients, or of the continued illegal detention of people who, years ago, had been placed in an institution because they were a nuisance to their relations or to a local authority and who had, over the years, been reduced to a state of premature senility by the institution itself.

But why, in the face of known facts about the harmful effects of institutions, and in the face of the officially declared policy of “community care”, have we failed, in spite of some glowing exceptions, to de-institutionalize mental illness? The answer is not merely the parsimony of public spending on mental health, it has two other important components. How can we adopt a policy of “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,”[145] when the staff themselves are organized in the rigid and authoritarian hierarchy that characterizes every hospital? The people whose lives are spent in closest contact with the patients are themselves at the bottom of the pyramid of bullying and exploitation: there is no “permissive and tolerant culture” for them, let alone for the inmates (This aspect of institutions is brilliantly illuminated in Erving Goffinan’s book Asylums.) The other factor is what the PEP report on community mental health calls the “important irrational component” in public attitudes to deviancy.
Dr Joshua Bierer remarked that “I and my colleagues are convinced that it is our own anxiety which forces us to lock people up, to brand them and make them criminals. I believe if we can overcome our own anxiety and treat adults and adolescents as members of the community, we will create fewer mental patients and fewer criminals.”

There are indeed some people whose presence in ordinary society arouses such anxiety or hostility or fear, or for whose welfare it is so unwilling to assume responsibility in its normal primary groups like the family, that the special institutions we have discussed were established to contain them: asylums for the insane, orphanages for homeless children, the workhouse for the poor and aged, barracks for the defenders of the state, prisons and reformatories for those who transgress and get caught. Discipline, routine obedience and submission were the characteristics sought in the well-regulated institution, best obtained in an enclosed environment, away from the distractions, comforts, seductions and dangerous liberties of ordinary society. In the nineteenth century — the great institution-building age — indeed, the same characteristics were sought in the ordinary “open” institutions of outside society, the factory, the school, the developing civil service, the patriarchal family.

The prison is simply the ultimate institution, and every effort to reform the institution leaves its fundamental character untouched. It is, as Merfyn Turner says, “an embarrassment to those who support the system it personifies, and a source of despair for those who would change it”. Godwin underlined the basic dilemma as long ago as the 1790s:

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 vise, 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 vise; 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.[148]

And in the 1880s, Kropotkin (who originated the definition of prisons as “universities of crime”) explained the futility of attempts at reform:

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 Pestalozzis be substited. 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.[149]

One of the things that emerges from the study of institutions is the existence of a recognizable dehumanized 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 behavior 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 Muselmänner (“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 environment total power over them. They did this when they gave up trying to exercise any further influence over their life and environment”.[150] His terrible description of the ultimate institutional man goes on:

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 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.[151]

This description has a recognizable affinity to the behavior 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 Brian Abel-Smith of institutional pensioners. Dr Russell Barton gave this man-made disease the name institutional neurosis and described its clinical features in mental hospitals, its differential diagnosis, etiology, treatment and prevention. It is, he says,

a disease characterized 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, “institutionalized”, “dull”, “apathetic”, “withdrawn”, “inaccessible”, “solitary”, “unoccupied”, “lacking in initiative”, “lacking in spontaneity”, “uncommunicative”, “simple”, “childish”, “gives no trouble”, “has settled down well”, “is cooperative”, should always make one suspect that the process of institutionalization has produced neurosis.[152]

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) Bossiness 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. Other writers have called the condition “psychological institutionalism” or “prison stupor”, and many years ago Lord 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.”[153]

This is the ideal type of Institution Man, the kind of person who fits the system of public institutions which we have inherited from the past. It is no accident that it is also the ideal type for the bottom people of all authoritarian institutions. It is the ideal soldier (theirs not to reason why), the ideal worshiper (Have thine own way, Lord/Have thine own way/Thou art 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 that 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 vocabulary 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 organs 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 Cooperative 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.

It is important to note that the servants of the institution are as much its victims as the inmates. Russell Barton says 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 the fault lies with the administrative structure. Richard Titmuss, in his study of “The Hospital and its Patients” attributes the barrier of silence so frequently met with in ordinary hospitals to “the effect on people of working and living in a closed institution with rigid social hierarchies and codes of behavior ... 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 used in many different settings when we look at other institutions where the relationship between the staff and the inmates is not a happy one.”[154]

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 unfulfilled and they lust for power and control.”[155] 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 behavior, 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 disorganized ...”[156] The point is emphasized with many telling illustrations in a modern anarchist classic, Alex Comfort’s Authority and Delinquency in the Modern State.

The anarchist approach is clear: the breakdown of institutions into small units in the wider society, based on self-help and mutual support, like Synanon or
Alcoholics Anonymous, or the many other supportive groups of this kind which have sprung up outside the official machinery of social welfare. Brian Abel-Smith (by no means an anarchist), when asked how we should rebuild and restructure the social services so that they really serve, replied:

We would rebuild hospitals on modern lines — outpatients’ departments or health centers, 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 centers and domiciliary services? We would plow 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.[157]

And an anarchist approach to the penal institution? There is none, except to shut it down. The organization called Radical Alternatives to Prison has listed twelve existing alternatives within the community, each of which is likely to be more effective than incarceration by impersonal, punitive and incompetent authorities, in enabling “offenders” of different kinds to play a part as creative and influential members of society.[158]

Within the structure of social security as at present constituted, social welfare as a substitute for social justice — the most anarchical feature is the rapid growth of Claimants’ Unions. This is a direct reaction to the way in which a so-called social insurance scheme has been institutionalized into a punitive, inquisitorial bureaucracy which declines to reveal to the “clients” the basis on which payments are made or withheld.[159] Anna Coote’s account of the Claimants’ Unions notes that: “Their growth has been entirely spontaneous, like the recent mushrooming of tenants’ associations, play groups, neighborhood newspapers and advice centers. They have no political affiliations and each one is anxious to maintain its independence, not to be controlled or influenced by any organization. All Claimants’
Unions are formed at grass-roots level among the claimants themselves and in response to a specific need.”[160]

She makes the very significant observation that members of a Claimants’ Union treat the social security office like home. “They stand around exchanging information, conferring in corners, organizing, handing out leaflets and words of encouragement’ while “claimants who don’t belong to a union tend to sit still, without talking, looking anxious”.

A multiplicity of mutual aid organizations among claimants, patients, victims, represents the most potent lever for change in transforming the welfare state into a genuine welfare society, in turning community care into a caring community.

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