Learning Difficulties

A Cultural History of Learning Difficulties in the Modern Age

by Owen Barden

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1. Introduction

My thesis in this chapter is threefold. Firstly, I contend that "learning difficulties" as we now understand them are phenomena created by certain contingent discursive formations. That is to say, they are not natural, but manufactured, and dependent on particular, peculiar historical conditions. Secondly, I contend that "learning difficulties" is an organizing concept: one that has, over the course of the twentieth and twenty-first centuries, irrespective of the shifting signifying terminology used over this period, radically transformed our sense not only of education and learning, but also of who is or is not deemed entitled to full citizenship and its associated rights, and so who is or is not fully human. Thirdly, I contend that a regime of truth has been constructed around "learning difficulties" that privileges certain knowledges and excludes alternative ways of knowing, most notably those of people labeled with learning difficulties.

In writing a *cultural* history, the emphasis is not on what certain people are or are not learning, nor on what anyone's particular difficulties with learning are perceived to be. Rather, the emphasis is on the role "learning difficulties" play in society. McDermott et al. (2006) put it in the following way in an article elucidating the political work so-called learning difficulties now have to do in Westernized societies:

> A cultural approach to learning difficulties does not address learning difficulties directly but instead addresses arrangements among persons, ideas, opportunities, constraints, and interpretations—what others call the discursive practices of learning difficulties. (McDermott et al. 2006: 13)

In other words, a cultural approach is concerned with the ways in which people who are said to have learning difficulties are conceptualized, spoken about, and interacted with, and with the relational and environmental factors contextualizing and shaping these practices. Through paying attention to these conditions, I aim to demonstrate how intersecting discourses of medicine, education, media, law, economics, colonialism, and eugenics brought into being the phenomenon of "learning difficulties," simultaneously casting professionals as moral agents working for the good of society and people labeled with learning difficulties and its synonyms as immoral or amoral agents. Much as Simpson

(2014) has done for intellectual disability in the early modern period, I hope to show how this discursively constructed regime of truth still defines and confines people labeled with learning difficulties.

Atkinson and Walmsley (2010) note that until the late twentieth century, intellectual disability history was subsumed or neglected within accounts from the psycho-medical professions, educational and mental health services, sociologists, and historians. More recently, input from a broad range of disciplines has helped to challenge the assumed truths generated about learning disability—in all its terminological guises—generated by medics, scientists, and medical historians (Philo 2014). Learning difficulties has also emerged as a field of inquiry within its own right within Disability Studies, in tandem with the realization that this aspect of disability has frequently been overlooked in both the turn to the Social Model and the later (re)turn to impairment (Goodley 2001). Meanwhile, Snyder and Mitchell (2005: xi) contend that "[t]here is still much to be learned from historical inquiry into the roots of what has been an unsettling century-and-a-half of rabid segregation and extermination in much of Europe and the US." This chapter offers a contribution to this field. It concentrates on the contemporary period, although in order to develop a fuller appreciation of the evolution of conceptualizations of "learning difficulties," the history will initially consider the nineteenth century.

Much of the evidence I will draw on comes from England, although I will also discuss examples from both the USA and Australia in developing arguments about so-called learning difficulties and how associated norms—with race as a factor—have and continue to vary from one cultural context to another. The material I draw on for my analysis includes primary sources in the Liverpool Hope University Library's Nugent Archive, the Lancashire County Archive in Preston, and the digital archives of the Wellcome Library, as well as a range of secondary sources. The Liverpool Hope University Nugent Archive is named after Monsignor James Nugent, a Roman Catholic priest of the Archdiocese of Liverpool in the late Victorian period. He instituted and influenced a number of local and national health and education organizations, and the Archive's records include those of a number of farm schools, approved and special schools, and other such locations around Liverpool and Merseyside. The Lancashire County Archive holds all manner of official and unofficial records, including those of the Royal Albert Asylum for Idiots and Imbeciles of the Seven Northern Counties and of the Calderstones Institution for Mental Defectives, as well as papers relating to Professor R. J. A. Berry, a prominent early twentieth-century eugenicist. The Wellcome Library houses a globally significant collection of medical history resources. I use these sources and give further examples to show that what was evident in asylums in the mid-nineteenth-century continues to this day in widely dispersed places of confinement, including schools, care homes, and youth detention centers.

2. Historical ontology

This chapter draws on Hacking's (2002) interpretation of Foucault's historical ontological method to expose the ways in which, from the mid-nineteenth century onward, professions and institutions of confinement have both stoked and assuaged antipathy toward people with intellectual or cognitive impairments, and consequently profited as a result of the regime of truth they have helped to construct. Under this regime, people

with intellectual impairments or perceived deficits are represented as menacing or risky Others; at the same time, the professions and institutions of confinement assume authority over "the problem" by relocating and segregating stigmatized individuals and assuring the public that "the problem" is under control. This move also provides some of those same professionals with captive populations for their own scientific, educational, and capitalist endeavors, which are geared toward either enabling people labeled with learning difficulties to approximate norms or toward keeping them segregated from the population considered normal. These processes of measurement, classification, and segregation bring into being new kinds of people through taxonomies established about perceived intellectual ability. In this way, "Normalization becomes one of the great instruments of power at the end of the classical age" (Foucault, 1979, quoted in Ball 2013: 54), and it continues to be one. The exact pattern of the discourse threads that intertwine to create the enclosing, excluding regime of truth will, as we shall see, evolve over time, but the fabric enveloping the discursive field in which "truths" about learning difficulties are scientifically established is never breached:

> The hegemony of this enclosed space is such that all statements and objects and subjectivities exist only by assuming a position within it … . Different points within the space signify variations in the relative emphasis of different elements. (Simpson 2014: 123)

Hacking (2002), while conceding that the term *historical ontology* is both somewhat pompous and rather vague, nevertheless contends that it represents a useful way of establishing what kinds of things exist, and what makes it possible for them to come into being, by enabling us to illuminate the creation of phenomena and plot their trajectories through discursive formations. I use this method to explain how learning difficulties were brought into being as a phenomenon and how they have subsequently become an organizing concept in Westernized societies: a concept that has radically transformed our sense of what it means to be (or not to be) a person (Goodey 2017). We can draw a parallel with Hacking's (2002) exposition of trauma as an organizing concept in contemporary culture. Noting the shift in the meaning of trauma from principally physical (harm done to the body) to the psychic (harm done to the mind), Hacking (2002: 19) argues that "The story of trauma can be looked at as a sequence of events in the history of psychology and psychiatry. But my concern is the way in which the trauma concept figures in the constitution of selves." He goes on to explicate this history of trauma using the three ontological axes of truth, power, and ethics posited by Foucault, showing how the current conception of trauma shapes our everyday lives in, for example, our responses to natural disasters. Paraphrasing Hacking's argument, substituting the phrase "learning difficulties" for trauma and making a few other minor alterations (swapping mention of soldiers for students, for instance) provides encouraging justification for considering learning difficulties an organizing concept:

First, there is the person known about, as having a kind of behavior and sense of self that is produced by "learning difficulties." Today there is a vast body of "knowledge" in the burgeoning field of learning difficulties.

Second, in the field of power, we have congeries of possibilities: self-empowerment and advocacy; power of victims over abusers; the power of the courts and legislatures; the power of students to claim reasonable adjustments and other benefits for learning difficulties. But most importantly, it is the anonymous power of the very concept of learning difficulties that works in our lives.

The third axis is ethical. At the moral level, events, present or remembered, experienced through learning difficulties, exculpate. Learning difficulties are used to explain or excuse an antisocial person, who may also be diagnosed with, for example, "antisocial personality disorder," or, latterly "moral imbecility." Learning difficulties create new moral beings. Learning difficulties offer not only a new sense of who others are, and why some may be that way, but also produce a new sense of self, of who one is and why one is as one is.

This chapter is thus concerned with the sequence of events in the history of psychology and psychiatry—as well as other intersecting discourses—that have helped to establish learning difficulties as an organizing concept: one that generates powerful "truths" about self and Others. These powerful, reflexive, intersecting, inescapable discourses construct a regime of truth in which it is inconceivable not to think of people with apparent learning difficulties as Other: "Truth is linked in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend it" (Foucault 1980: 133). I begin by considering the rise of the asylums in the mid-nineteenth century and the associated technologies of biopower. Next, I examine the period from 1900 to World War II, paying particular attention to the discourses in the USA, England, and Australia. The following main section concludes at the turn of the millennium, focusing on the progression from institutionalization to "care in the community," while the subsequent main section brings the discussion up to the present day.

3. The nineteenth century

Establishing the regime

> Never has an infant charity made such progress in such a short period. Never has a board of similar character taken up such serious responsibilities; and never, perhaps, has any one been so sustained by public sympathy … . The benefit has already extended beyond the sphere of our exertions. The tone of public feeling in relation to the poor idiot has been raised. He can never again be the forlorn, abandoned, scorned, imprisoned creature he once was. (Telford-Smith and Coupland 1856: 9)

So wrote Dr. Telford Telford-Smith, later to become Medical Superintendent of the Royal Albert Asylum for Idiots and Imbeciles of the Seven Northern Counties (of which more later), and W. H. Coupland in a pamphlet produced for the Edinburgh Home and School for Invalid and Imbecile Children in 1856. By *infant charity* they mean a newly created society formed in 1847 for the establishment of idiot asylums (i.e. not a charity for newborns) in London and Essex that were instituted the following year and shortly afterward incorporated by Royal Charter. Here, sovereign power in the most literal sense combines with religious, psycho-medical, and educational discourses to present a narrative of benevolence, acceptance, and the potential for "improvement," with an initial emphasis on education. Several features are notable in the passage. There is the rather triumphalist tone created by the repetition of *never has*. There is the claim to have elicited and sustained public *sympathy* for the *poor idiot*. And there is the claim to future progress and emancipation: "He can never again be … ." The passage in fact signifies a shifting conception of people who would currently be labeled with learning difficulties, here signified by the term *idiot*. Etymologically, *idiot* comes from the Ancient Greek *idios*, meaning "one's own," and refers to someone deemed self-centered and parasitical, unable to reason or self-regulate, and therefore ineducable and contributing nothing to the common good; someone who represents an obstacle to the perfectible society (Simpson 2014; Anthamatten 2017). Yet the quote suggests a new and public acceptance for the *idiot*, and the asylums instituted during this period initially had the goal of educating their inmates during relatively short-term stays, so that the inmates would ultimately return to—and contribute to—society.

These ideals did not last long, however. Governments and institutions soon sought to confine and control the lives of people labeled (however so) with learning difficulties, largely for their own benefit. During the late nineteenth century, the interests of medical and educational professionals, seeking to define and protect their territories and ensure careers and income, synergized with the interests of capitalist governments newly concerned with productivity, efficiency, imperialism, and "racial hygiene." Trent (1994) comprehensively charts the shift in purpose of US institutions for the "feebleminded" through the 1850s–1890s away from their original educational emphasis and toward a focus on "care" and labor, with this shift being shaped by changing scientific conceptions of cognition in combination with socioeconomic factors (principally the aftermath of the

American Civil War, immigration, a move away from trustee to state control of the institutions, and the influence of the UK "colony" and classification systems). Whereas the earlier institutions had attempted to educate people so that they could return to the outside world after relatively short stays—and many did (Rembis 2017)—this shift largely removed the goal of creating "productive" members of the community and society, replacing it with one of containment that is, as we shall see in the final section of this chapter, still in place today.

Colonies, farm schools, reform asylums, and the like sought to become self-sufficient and self-contained: not only through growing and making their own food, clothes, and so on, but by training the "higher-grade" inmates to care for their "lower-grade" peers. This isolation served governments preoccupied with imperialist agendas and maximizing productivity and wealth by keeping "undesirables" away from the rest of the population and—through strict surveillance, gender segregation, and sometimes sterilization—unable to have children, and thereby helping, it was thought, to maximize the health, "fitness," and productivity of the nation. More subtly, perhaps, technologies of learning—literacy, writing, grading, and examination—were developed as forms of accountancy, discipline, and differentiation, means of both measuring and recording learners and distributing them into specialist locations with a "grammocentric world" (Ball 2013: 47). Campbell (2013) describes the ways in which such technologies enabled governments toward the end of the nineteenth century to see inside their citizenries' heads as never before: to know what each individual knew and did not know, could do and could not do, and thus to intervene to control their populations by emplacing individuals according to their academic performance. Snyder and Mitchell (2005) argue that such educational surveillance technologies lay the foundations not only for stigmatization, regulation, and government of the self, but also for the eugenics movement and its ultimate appalling expression in the genocidal Nazi Aktion T4 program. As Foucault (2003: 61) observes, it is at this moment at the end of the nineteenth century that "a technology of human abnormality, a technology of abnormal individuals appears, precisely when a regular network of knowledge and power has been established."

As nodes of this network and agents of this discursive regime, the new institutions and professions of rehabilitation (Stiker 1999) made "mental deficiency" or "feeblemindedness" more visible and helped turn it into a national concern. There was a concomitant shift from a pathetic to a more menacing image of learning difficulties, aided and abetted by isolationist practices (which helped to foster a sense of Otherness), the eugenicist move toward confirming intelligence as hereditary, desirable, and manipulable (Snyder and Mitchell 2005), and the medical professions constituting themselves as "experts" on the problem of mental deficiency in the early twentieth century, writing and discussing articles and books in which feeblemindedness was likened to an organic disease (Digby 1996). Learning difficulties, or idiocy, were conceived of as the root of all human dysfunction, with sensory or physical impairment mere stigmata signifying a deeper malaise. For expansionist nations concerned with maximizing economic and military power, people of "low intelligence" denoted degeneration, threats to the nation's health and security. As such, the rise of Georgian and Victorian institutions and of segregated education systems was driven more by the desire to safeguard the

ablenationalist interests of society (Mitchell and Snyder 2015) than to care for or educate the people within them. Clinical judgments were tainted by moral judgments, further clouding some already dubious "scientific" decision-making. By 1911, Charles Paget Lapage and Mary Dendy, who were prominent in the study and education of the "feebleminded" in the UK, were making eugenicist claims in an influential book that:

> valuable as special schools may be, the work done in them must largely be wasted and nullified if the children are discharged at the age of sixteen, the most critical period in their lives, to become in many instances the parents of children similar to themselves. (Lapage and Dendy 1911: 10)

These developments illustrate how, over the latter part of the nineteenth century, a regime of truth was established in which people with apparent learning difficulties represented a threat to the rest of the population, to the extent that many influential scientists, educators, and politicians thought that they should not be allowed to procreate. Learning difficulties was also established as an organizing concept: new "kinds" of people were created, immoral or amoral Others whose existence was not only menacing, but helped to reinforce normalizing ideals. In the next section, I discuss two products of this discursive regime: firstly, the invention of the moron as an exemplar of the way in which new kinds of moral being were constructed; and secondly, the development of arguments around eugenics, sterilization, and extermination in Australia and England.

3.4. The twentieth century, 1900–39

Inventing the moron and the problem of the unfit

Digby (1996: 12) reports that in the UK, entry to special schools was legally dependent after 1914[1] on medical certification, even though, when reporting to the 1908 Royal Commission, "none of the witnesses was able to offer any verbal definition of the degree or want of intelligence which constitutes a defective child." This lack of any scientific basis for decision-making did not deter professionals from developing new taxonomies of people; in fact, they did so enthusiastically. Speaking of his studies of nineteenth-century statistics, Hacking contends:

> New slots were created in which to fit and enumerate people … . Social change creates new categories of people, but counting is no mere report of developments. It … creates new ways for people to be. (Hacking 2002: 100)

These new "ways to be" framed possibilities for agency and for control. There was a proliferation of these "ways to be" flowing from the "avalanche of numbers" (ibid.) beginning in the early nineteenth century, an avalanche whose architects were particularly concerned with deviancy. Just as a physicist could make a previously unseen property of light perceptible by manipulating instruments to attain a particular effect, so the medical or educational professional could render visible a new kind of person by manipulating

instruments—such as intelligence tests—in order to obtain particular results. The quite literal invention of the "moron" by Henry H. Goddard, discussed below, is a case in point, and it is particularly noteworthy because it was driven by overt ablenationalist, eugenicist concerns about the perceived threat presented to the health of nations by "undesirables" passing as "normal" within the general population.

The 1908 Royal Commission on the Care and Control of the Feeble-Minded adopted the following definitions of what are now commonly called learning difficulties, or perhaps degrees of "mental retardation," as suggested by the Royal College of Physicians of London. The USA had a similar taxonomy based on "mental age":

1. 1. A *feebleminded* person is one who is capable of earning a living under favorable circumstances, but is incapable, from mental defect existing from birth or from an early age, (a) of competing on equal terms with his normal fellows; or (b) of managing himself or his affairs with ordinary prudence.
2. 2. The *imbecile* is one who, by reason of mental defect existing from birth or from an early age, is incapable of earning his own living, but is capable of guarding himself against common physical dangers.
3. 3. An *idiot* is one so deeply defective in mind from birth or from an early age, that he is unable to guard himself against common physical dangers. (Royal Commission on the Care and Control of the Feeble-Minded 1908: 324)

Note that these classifications are given in terms of "risk" of harm to the person (and, as today, with explicit reference to competitiveness or fitness and "productivity"), in spite of the fact that by now the chief aim of the relevant institutions was to protect the "normal" from the "abnormal," and not vice versa. Added to these was the *moral imbecile*, also called in Britain the *moral defective*: a person who, "by reason of an innate defect, displays at an early age vicious or criminal propensities which are of an incorrigible or unusual nature, and are generally associated with some slight limitation of intellect" (ibid.: 325). This fourth classification amplifies the moral connotations of perceived deficiency through emphasizing ablenationalist concerns with degeneracy and the imperative to protect society from crime and corruption, rather than, as with the preceding three, conceits of protecting people portrayed as vulnerable.

Intelligence testing was becoming widespread at this time. Most influential was the Binet–Simon test, which was enthusiastically adopted and adapted by psychologists in the USA. Henry H. Goddard quickly rose to prominence among this group owing to his position as Head of Research at the Training School at Vineland, which enabled him to publish a series of scholarly papers and newspaper articles combining his interests in heredity, intelligence, and social hygiene (Trent 1994). Through manipulating the Binet–Simon test, Goddard created results that apparently confirmed the existence of a new category of feeblemindedness, and he claimed that 2 percent of all school-aged children belonged in this category. Like a physicist adjusting the properties of his optical instruments to reveal a suspected yet hitherto invisible property of light waves, Goddard's maneuver helped bring into being a new "kind" of person, who was held in many ways to resemble a "normal" child, but was permanently, unimprovably mentally deficient. As such, this new kind of person represented a particular threat to social order because of their potential to

pass unnoticed in the general population, combined with their purported propensity for crime and procreation (Trent 1994). In this way, the *moron* (a name Goddard derived from the Ancient Greek *moros*, meaning "dull") was deliberately invented as a new slot into which people could fall and be counted, and a new way for people to be: of low intelligence and a menace to society.

Yet historical ontology teaches us that new kinds of people—and the roles for those people—come into being not through the discoveries of individual scientists, but rather as the contingent products of discourses enacted at particular moments (Reid and Valle 2004). The historical ontologist aims to illuminate the ways in which discursive fields produce particular events from within the space of possible events created by discourse. Here, Foucault is speaking of madness, but the logic extends to other objects brought into being through the interplay of multiple discourses:

> Unity of discourses on madness would not be based upon the existence of the object "madness," or on the constitution of a single horizon of objectivity; it would be the interplay of the rules that make possible the appearance of objects during a given period of time: objects that are shaped by measures of discrimination and oppression, objects that are differentiated in daily practice, in law, in religious casuistry, in medical diagnosis, objects that are manifested in pathological descriptions, objects that are circumscribed by medical codes, practices, treatment and care. (Foucault 1972: 32)

In a historical-ontological interpretation, the moron was not simply a discovery of Goddard's, but rather a new strategic possibility, an object that emerges from a discursive field comprising medicine, education, social Darwinism and social work, scientism in a context of continuing urbanization and population growth, expansionism, capitalism, colonialism, nationalism, and, as a forerunner of today's neoliberalism, a meta-narrative of individualized, meritocratic success (as represented by the American Dream). The ways in which these discourses played out did vary somewhat from place to place, but the overall effect was to establish an irresistible, all-encompassing regime of truth around learning difficulties that made alternative interpretations of this "way of being" virtually inconceivable. I now draw on archive material to illustrate this claim, using examples from Australia and the UK that have connections to Liverpool, where I live and work.

Richard James Arthur Berry was born in 1867 in the village of Upholland, about twelve miles northeast of Liverpool, England. In 1891, he graduated with a degree in medicine from the University of Edinburgh and quickly moved through the ranks of the profession while continuing to work in Edinburgh. In 1905, he left Edinburgh to take up the position of Professor of Anatomy at the University of Melbourne, Australia. During his time there, he had a considerable influence on the teaching of medicine while also pursuing his own research interests. These interests centered on three interrelated topics: cranial anatomy; physical anthropology, especially that of Australian and Tasmanian aboriginals; and "mental defectiveness" in children. He had his own laboratory and clinic for the study of

"mental deficiency," and he published extensively in learned journals, including the *Eugenics Review* (e.g. Berry 1930), gave invited addresses to the British Eugenics Society and the Royal Society of Edinburgh, attended lavish Galton Laboratory dinners, and so on. His influence was considerable, and not limited to fellow academics and medical men. Contemporaneously with the beginning of the Nazi Aktion T4 extermination program, Berry published a book, *Your Brain and Its Story* (Berry 1939), aimed at a general audience, as well as numerous newspaper articles, of which cuttings may be found in the Lancashire County Archives, in which he used his research findings to argue stridently for the segregation, sterilization, and extermination of people with learning difficulties. For example, Berry was convinced that cranial volume was linked causally (as one factor) with intelligence. Put simply, he believed that, by and large, at the population level, bigger skulls equaled bigger brains and therefore higher intelligence. In one study he conducted by measuring skull volumes to deduce the brain weights of different peoples, he arrived at the following results, which were shared both at public lectures and in Melbourne newspapers:

Australian aboriginal: 1189 g

Negro: 1244 g

Malay and Indian: 1266 g

Chinese: 1332 g

Caucasian: 1335 g

The implication of this and other similar work of Berry's was that antipodean Aboriginals and people he termed Negroes (i.e. people of African descent) were of lower average intelligence and more prone to learning difficulties than people of Asian and European stock. An English contemporary of Berry's, Professor Sir E. Ray Lankester, was making similar claims about the heritability of learning difficulties:

> congenital feeblemindedness is spontaneous originally and truly hereditary subsequently and is not brought about by starvation and other such conditions: it is more probably due to easy conditions of life and the absence of the selection that obtains amongst more primitive men. (Lapage and Dendy 1911: 17)

The implication here is the same as the basis of Hitlerian eugenics: that because of improvements in living conditions, Nature needs a helping hand in selecting out members of the species who would previously have not survived and bred. But there is a paradox here that neither Berry nor Lankester appear to have acknowledged, constrained as they were by the regime of truth: if selection is indeed more effective among "more primitive men," then surely it would lead to steadily more intelligent humans being born, and fewer incidences of learning difficulties, among those races. So how can those same races also be given as examples of peoples who are less intelligent? Logically, they cannot have both more effective selection and lower intelligence. Nevertheless, not content with neatly classifying intelligence by race, Berry published similar studies that purported to

show that criminals and "the lower grades of society" (*Melbourne Argus* 1912: 10) tended to have smaller brains than those "occupying a higher place in the social scale" (ibid.). One such study whose results were also published in the newspapers (ibid.) used an index to tabulate the results, rather than the absolute weights used above:

1—355 Melbourne criminals … 100

2—4 Melbourne students … 102.1

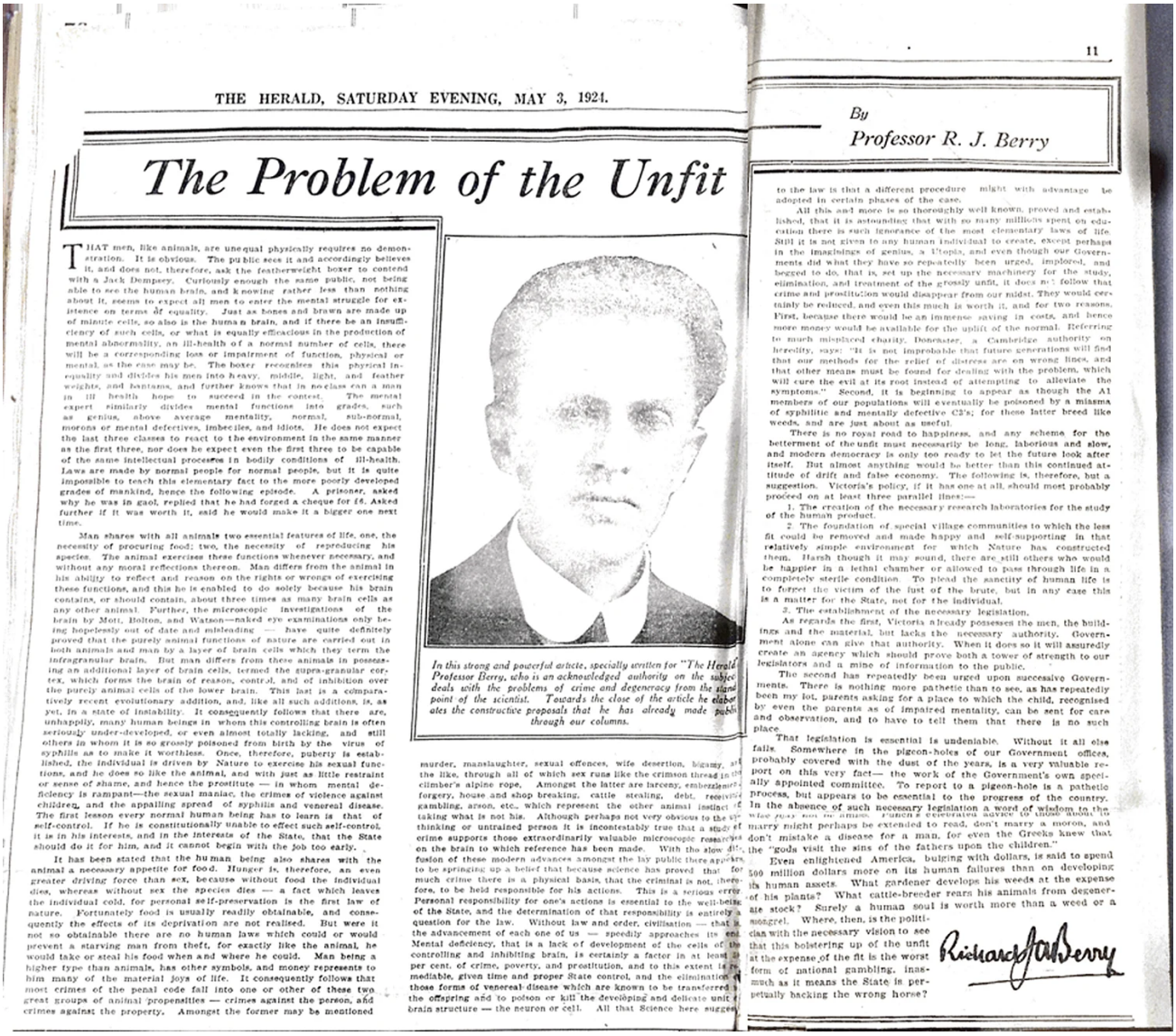
3—British Association males[2] … 103.9

4—215 London Medical students … 104.7

5—5 University college teachers … 105.9

6—35 anatomists … 106.8

Even setting aside the empirical flaws, such as the vastly unequal sample sizes, and the rather remarkable finding by a professor of anatomy that, of all the peoples known to science, anatomists (who are of course invariably Caucasian) turn out to have the heaviest and therefore largest brains and thus greatest intelligence, these results are quite striking. Not only are criminals the lowest of the low, but also British students are superior to Australian students. As such, it is not hard to detect the colonialist, racist, eugenicist ideology underpinning Berry's work. The most succinct and powerful exposition of this ideology I encountered in the archive was a newspaper article written by Berry, afforded a double-page spread in Melbourne's *The Herald* when published on May 3, 1924. The article was called "The Problem of the Unfit" (Figure 7.1).



THE HERALD, SATURDAY EVENING, MAY 3, 1924.

11

The Problem of the Unfit

By Professor R. J. Berry

THAT men, like animals, are unequal physically requires no demonstration. It is obvious. The public sees it and accordingly believes it, and does not, therefore, ask the featherweight boxer to contend with a Jack Dempsey. Curiously enough the same public, not being able to see the human brain, and knowing rather less than nothing about it, seems to expect all men to enter the mental struggle for existence on terms of equality. Just as bones and brawn are made up of minute cells, so also is the human brain, and if there be an insufficiency of such cells, or what is equally efficacious in the production of mental abnormality, an ill-health of a normal number of cells, there will be a corresponding loss or impairment of function, physical or mental as the case may be. The boxer recognises this physical inequality and divides his men into heavy, middle, light, and feather weights, and bantams, and further knows that in no class can a man in ill health hope to succeed in the contest. The mental expert similarly divides mental functions into grades, such as genius, above average mentality, normal, sub-normal, morons or mental defectives, imbeciles, and idiots. He does not expect the last three classes to react to the environment in the same manner as the first three, nor does he expect even the first three to be capable of the same intellectual processes in bodily conditions of ill-health. Laws are made by normal people for normal people, but it is quite impossible to teach this elementary fact to the more poorly developed grades of mankind, hence the following episode. A prisoner, asked why he was in gaol, replied that he had forged a cheque for £6. Asked further if it was worth it, said he would make it a bigger one next time.

Man shares with all animals two essential features of life, one, the necessity of procuring food; two, the necessity of reproducing his species. The animal exercises these functions whenever necessary, and without any moral reflections thereon. Man differs from the animal in his ability to reflect and reason on the rights or wrongs of exercising these functions, and this he is enabled to do solely because his brain contains, or should contain, about three times as many brain cells as any other animal. Further, the microscopic investigations of the brain by Mott, Bolton, and Watson—naked eye examinations only being hopelessly out of date and misleading — have quite definitely proved that the purely animal functions of nature are carried out in both animals and man by a layer of brain cells which they term the infragranular brain. But man differs from these animals in possessing an additional layer of brain cells, termed the supra-granular cortex, which forms the brain of reason, control, and of inhibition over the purely animal cells of the lower brain. This last is a comparatively recent evolutionary addition, and, like all such additions, is, as yet, in a state of instability. It consequently follows that there are, unhappily, many human beings in whom this controlling brain is often seriously under-developed, or even almost totally lacking, and still others in whom it is so grossly poisoned from birth by the virus of syphilis as to make it worthless. Once, therefore, puberty is established, the individual is driven by Nature to exercise his sexual functions, and he does so like the animal, and with just as little restraint or sense of shame, and hence the prostitute — in whom mental deficiency is rampant—the sexual maniac, the crimes of violence against children, and the appalling spread of syphilis and venereal disease. The first lesson every normal human being has to learn is that of self-control. If he is constitutionally unable to effect such self-control, it is in his interests, and in the interests of the State, that the State should do it for him, and it cannot begin with the job too early.

It has been stated that the human being also shares with the animal a necessary appetite for food. Hunger is, therefore, an even greater driving force than sex, because without food the individual dies, whereas without sex the species dies — a fact which leaves the individual cold, for personal self-preservation is the first law of nature. Fortunately food is usually readily obtainable, and consequently the effects of its deprivation are not realised. But were it not so obtainable there are no human laws which could or would prevent a starving man from theft, for exactly like the animal, he would take or steal his food when and where he could. Man being a higher type than animals, has other symbols, and money represents to him many of the material joys of life. It consequently follows that most crimes of the penal code fall into one or other of these two great groups of animal propensities — crimes against the person, and crimes against the property. Amongst the former may be mentioned murder, manslaughter, sexual offences, wife desertion, bigamy, and the like, through all of which sex runs like the crimson thread in the climber's alpine rope. Amongst the latter are larceny, embezzlement, forgery, house and shop breaking, cattle stealing, debt, receiving, gambling, arson, etc., which represent the other animal instinct of taking what is not his. Although perhaps not very obvious to the ordinary thinking or untrained person it is incontestably true that a study of crime supports those extraordinarily valuable microscopic researches on the brain to which reference has been made. With the slow diffusion of these modern advances amongst the lay public there appears to be springing up a belief that because science has proved that so much crime there is a physical basis, that the criminal is not, therefore, to be held responsible for his actions. This is a serious error. Personal responsibility for one's actions is essential to the well-being of the State, and the determination of that responsibility is entirely a question for the law. Without law and order, civilisation — that is, the advancement of each one of us — speedily approaches its end. Mental deficiency, that is a lack of development of the cells of the controlling and inhibiting brain, is certainly a factor in at least 25 per cent. of crime, poverty, and prostitution, and to this extent is remediable, given time and proper State control, and the elimination of those forms of venereal disease which are known to be transferred to the offspring and to poison or kill the developing and delicate unit brain structure — the neuron or cell. All that Science here suggests

In this strong and powerful article, specially written for "The Herald" Professor Berry, who is an acknowledged authority on the subject deals with the problems of crime and degeneracy from the standpoint of the scientist. Towards the close of the article he elaborates the constructive proposals that he has already made public through our columns.

to the law is that a different procedure might with advantage be adopted in certain phases of the case.

All this and more is so thoroughly well known, proved and established, that it is astounding that with so many millions spent on education there is such ignorance of the most elementary laws of life. Still it is not given to any human individual to create, except perhaps in the imaginings of genius, a Utopia, and even though our Governments did what they have so repeatedly been urged, implored, and begged to do, that is, set up the necessary machinery for the study, elimination, and treatment of the grossly unfit, it does not follow that crime and prostitution would disappear from our midst. They would certainly be reduced, and even this much is worth it, and for two reasons. First, because there would be an immense saving in costs, and hence more money would be available for the uplift of the normal. Referring to much misplaced charity, Doncaster, a Cambridge authority on heredity, says: "It is not improbable that future generations will find that our methods for the relief of distress are on wrong lines, and that other means must be found for dealing with the problem, which will cure the evil at its root instead of attempting to alleviate the symptoms." Second, it is beginning to appear as though the A1 members of our populations will eventually be poisoned by a miasma of syphilitic and mentally defective C3's; for these latter breed like weeds, and are just about as useful.

There is no royal road to happiness, and any scheme for the betterment of the unfit must necessarily be long, laborious and slow, and modern democracy is only too ready to let the future look after itself. But almost anything would be better than this continued attitude of drift and false economy. The following is, therefore, but a suggestion. Victoria's policy, if it has one at all, should most probably proceed on at least three parallel lines:—

1. The creation of the necessary research laboratories for the study of the human product.

2. The foundation of special village communities to which the less fit could be removed and made happy and self-supporting in that relatively simple environment for which Nature has constructed them. Harsh though it may sound, there are still others who would be happier in a lethal chamber or allowed to pass through life in a completely sterile condition. To plead the sanctity of human life is to forget the victim of the lust of the brute, but in any case this is a matter for the State, not for the individual.

3. The establishment of the necessary legislation.

As regards the first, Victoria already possesses the men, the buildings and the material, but lacks the necessary authority. Government alone can give that authority. When it does so it will assuredly create an agency which should prove both a tower of strength to our legislators and a mine of information to the public.

The second has repeatedly been urged upon successive Governments. There is nothing more pathetic than to see, as has repeatedly been my lot, parents asking for a place to which the child, recognised by even the parents as of impaired mentality, can be sent for care and observation, and to have to tell them that there is no such place.

That legislation is essential is undeniable. Without it all else fails. Somewhere in the pigeon-holes of our Government offices, probably covered with the dust of the years, is a very valuable report on this very fact— the work of the Government's own specially appointed committee. To report to a pigeon-hole is a pathetic process, but appears to be essential to the progress of the country. In the absence of such necessary legislation a word of wisdom to the wise may not be amiss. Francis Bacon's experience advises those about to marry might perhaps be extended to read, don't marry a moron, and don't mistake a disease for a man, for even the Greeks knew that the "gods visit the sins of the fathers upon the children."

Even enlightened America, bulging with dollars, is said to spend 500 million dollars more on its human failures than on developing its human assets. What gardener develops his weeds at the expense of his plants? What cattle-breeder rears his animals from degenerate stock? Surely a human soul is worth more than a weed or a mongrel. Where, then, is the politician with the necessary vision to see that this bolstering up of the unfit at the expense of the fit is the worst form of national gambling, inasmuch as it means the State is perpetually backing the wrong horse?

Richard Jas Berry

Figure 7.1. "The Problem of the Unfit."

In person, Berry was reportedly strident and forthright, and his forceful personality is certainly evident in both the tenor and content of the arguments he makes in "The Problem of the Unfit." The article begins by using boxing as a synecdoche for the human condition, managing in the same breath to condescend to his intended audience while also overtly and deliberately dehumanizing people with learning difficulties by equating them to animals. Such animalization was already a well-established tactic of patriarchal disability and racial oppression, aligned to a belief that because animals lack certain traits and abilities, they exist outside our compass of moral responsibility and are therefore fair game for domination and abuse (Taylor 2011):

> That men, like animals, are unequal physically requires no demonstration. It is obvious. The public sees it and accordingly believes it, and does not, therefore, ask the featherweight boxer to contend with a Jack Dempsey. Curiously enough, the same public, not being able to see the human brain, and knowing rather less than nothing about it, seems to expect all men to enter the struggle for existence on terms of equality. (Berry 1924: 10)

Berry goes on to justify the sorting and classifying of individuals according to perceived mental ability in much the same manner as boxers are classified by weight, and then moves to lament the ineducability of the "last" three classes of morons, imbeciles, and idiots, who he seems to believe are subhumans existing outside the law: "Laws are made by normal people for normal people, but it is quite impossible to teach this elementary fact to the more poorly developed grades of mankind." He then contends that people with learning difficulties are essentially more like beasts than humans because of their inability to control their lustful appetites for sex and food, and that this is the source of the great many crimes perpetrated by The Unfit:

> It consequently follows that most crimes of the penal code fall into one or other of these two great groups of animal propensities—crimes against the person and crimes against property … . Mental deficiency, that is, a lack of development of the cells of the controlling and inhibiting brain, is certainly a factor in at least 50 percent of crime, poverty, and prostitution.

Having set out The Problem of the Unfit, Berry then moves, in the final third of the piece, to suggest solutions. This final third is perhaps simultaneously the most revealing and disturbing part of the article. Berry begins it by bemoaning both what he perceives to be a lack of action in respect of the problem and the limitations of such action, even if carried out effectively:

> Still it is not given to any human being to create, except perhaps in the imaginings of a genius, a Utopia, and even though our Governments did what they have so repeatedly been urged, implored, and begged to do, that is, set up the necessary machinery for the study, elimination, and treatment of the grossly unfit, it does not follow that crime and prostitution would disappear from our midst. They would certainly be reduced, and even this much is worth it, and for two reasons. First, because there would be an immense saving in costs, and hence more money would be available for the uplift of the normal … . Second, it is beginning to appear as though the A1 members of our populations will eventually be poisoned by a miasma of syphilitic and mentally defective C3's; for these latter breed like weeds, and are about as useful. (Berry 1924: 11)

Berry here goes beyond even animalization, likening people with learning difficulties to both a cloud of toxic gas and prolific nuisance plants, which ought to be eradicated in order to prevent them from corrupting the "normal" population. He then advocates for enhanced legislation, the establishing of more research laboratories, and the foundation of "special village communities," elsewhere known as colonies, "to which the less fit could be removed." Yet even segregation and isolation are not sufficient, in Berry's estimation, to solve the problem of what he calls elsewhere (*Melbourne Argus* 1912: 10) "the festering human refuse heap":

> Harsh though it may sound, there are still others who would be happier in a lethal chamber or allowed to pass through life in a completely sterile condition. To plead for the sanctity of human life is to forget the victim of the lust of the brute, but in any case, this is a matter for the State, not for the individual.

Berry concludes with a rather desperate call for government intervention:

> Punch's celebrated advice to those about to marry might be extended to read, don't marry a moron, and don't mistake a disease for a man, for even the Greeks knew that the "gods visit the sins of the fathers upon the children."
>
> Even enlightened America, bulging with dollars, is said to spend 500 million dollars more on its human failures than on developing its human assets. What gardener develops his weeds at the expense of his plants? What cattle-breeder rears his animals from degenerate stock? Surely a human soul is worth more than a weed or a mongrel. Where, then, is the politician with the necessary vision to see that this bolstering up of the unfit at the expense of the fit is the worst form of national gambling, inasmuch as it means the State is perpetually backing the wrong horse?

It is difficult to imagine who would be happier inside a gas chamber than outside, yet Berry was not alone in calling for them. Nor did his views only chime with those of the Nazis; the mayors of the English cities of Portsmouth and Nottingham, for instance, had both advocated extermination, with the *Nottingham Evening Post* of June 8, 1909, reporting the Mayor of Portsmouth as saying, "It is possible to submit these idiots to a painless death and release them from the purgatory of non-intelligence" (Stewart 2017: n.p.).

This is not to say that extermination and sterilization were universally accepted as solutions to "the problem of the unfit." The archive of the Calderstones Certified Institution for Mental Defectives near Blackburn in Lancashire, UK, contains a 1933 report of evidence prepared by the institute's medical officers for the Departmental Committee on Sterilization at the Board of Control in London. Its chief author appears to be Dr. Frank A. Gill, Medical Superintendent at Calderstones. Gill's opinion on sterilization, which seems to be based at least in part on the Calderstones admissions data, is as follows:

> As a means of eradicating mental deficiency … this is a hopelessly futile proposition. The great proportion of defectives are not the progeny of mental defective parents but of apparently normal or subnormal yet more or less self-supporting members of the community … whom no sterilization laws could touch or seek to touch. (Gill 1933: 1)

Here, Gill is less calling into question the heritability of learning difficulties than admitting that it is not possible to predict which parents will give birth to "the unfit." He also implicitly acknowledges a second paradox in the eugenicist position: that there are so many "undesirables" at large in the population that it not only makes their eradication unfeasible, but also calls into question the statistical basis of determining normalcy. In the USA, Goddard had encountered a similar problem when he applied his IQ tests to military personnel, whose average mental abilities the test found to be equivalent to those of a twelve-year-old.

Like Berry, Gill takes the view that people with learning difficulties are "sex delinquents," but he is less enthusiastic about sterilization, although not out of any higher regard for such people. Rather, he contends that because people with learning difficulties simply cannot understand the consequences of sexual intercourse, removing the consequence of having a child will not alter behavior and hence reduce promiscuity:

> The mental defective is a sex delinquent by nature with strong desires unrestrained by moral control or fear of the consequences, and I question if the release from consequential results of immorality will make much difference in future chastity. (Gill 1933: 1)

Gill may be less enthusiastic than Berry about the efficacy of sterilization as a blanket solution, but his final statement in the report confirms that he thinks it appropriate in certain circumstances:

> Finally, I am strongly in favor of legislation sanctioning sterilization in selected cases and, of course, under proper safeguards. (ibid.)

This evidence shows that although Berry, Gill, and others may have taken varying stances in relation to eugenicist agendas, their beliefs both influenced and helped to reinforce the regime of truth created for learning difficulties. By publishing in medical journals, books, and mainstream newspapers, reporting to committees, and speaking in public, these professionals constructed and manipulated discourses of medicine, education, media, law, economics, colonialism, and eugenics in order both to create "the problem of the unfit" and to position themselves as the experts who can solve "the problem." They are the moral agents who determine what kind of person it is acceptable to be and who must contrast themselves and the wider public against "The Unfit"; here, again, we see learning difficulties as an organizing concept, determining what kinds of persons exist, generating privileged, etic kinds of knowledge about those kinds of person, explaining how they come to be, why they are as they are, and how society should act toward them, while simultaneously reifying normative ideals and enlisting "the unfit" in narratives of degradation.

5. From 1940 to the twenty-first century

Baths, blackclocks and "better services"

A gradual transition away from geographical segregation and toward deinstitutionalization and "care in the community" policies and programs characterized the period discussed in this section, at least within the Anglophone countries within the purview of this chapter. However, while wholesale eradication of people with learning difficulties now seemed to be off the agenda, dehumanizing attitudes and practices still prevailed. As the world recoiled from World War II and the Nazi regime and eugenics lost respectability, there appeared to be something of a softening of attitudes toward people with learning difficulties, at least in the public declarations of medical professionals. Whereas Professor Berry and, to a lesser extent, Dr. Gill had advocated for extermination and sterilization, in 1940, Lord Richard Cavendish, Chairman of the Central Committee,[3] published the following in the prestigious British medical journal *The Lancet*:

> The social attitude of most people towards the fate of mentally defective people strikes me nowadays as odd. At one time I shared their opinion and advocated euthanasia was the best: but that was before I had much to do with mentally defective patients. Even after a month or two in the wards I was pretty cocksure—but little by little I found I was wrong. The easy superiority of the eugenicist deserted me, for I found that I was dealing, not with regrettable accidents, but with people, and uncommonly nice people at that.
>
> After five years of their society, and the time has been spent among low-grade defectives, idiots and imbeciles, I know that if someone presented me with a fine new lethal chamber and authority to use it, I should have extreme difficulty in choosing even one victim. On what grounds ought the choice to be made? Mere lack of intelligence seems a dangerous standard. Many high-grade defectives … would not be noticeably deficient if placed among simple or savage people: they would do pretty well. It seems unreasonable to say that if they had been born scions of a race of savages they would be fit to survive, but that having cropped up in a civilized country they merit death. Most of them are kindly, innocent, easily contented, easily amused and willing to work endlessly at a dull job without losing interest … on the whole they are good citizens. (Cavendish 1940, quoted in Alston 1992: 78)

In contrast to prior widespread support of euthanasia, here was an outright rejection. Yet despite the apparent sympathy, an infantilizing, dehumanizing attitude can readily be discerned in Cavendish's appreciation of how "uncommonly nice" the "defectives" are, despite being somewhat akin to "savages" or "simple people" who, although they are "good citizens," somehow do not belong in "civilized society." In a similar paternalistic and condescending vein, Dr. F. D. Turner, Medical Superintendent of the Royal Eastern

Counties Institution in Colchester, England, at this time, not only referred to adult inmates as "boys and girls," but is on record in an Annual Report as saying, "'Daddy' is the name I like best to hear" (Stevens 1997).

Under a discursive regime of truth that made it difficult for the staff and administrators of such institutions to conceive of people with learning difficulties as adult humans and citizens, rather than as children or even animals, daily disciplinary routines and practices were often aligned more closely with the prison or even the farmyard than the hospital or school. Take the example of bathing: former residents of the Royal Albert Asylum in Lancaster have, in oral history interviews, recalled the routines for bathing in the 1920s through to the 1950s. Some of their statements are corroborated by those of former staff. Baths were communal, with up to six people sharing a bath at any one time. The baths were tepid, with one of the twelve rules for bathing stipulating a temperature of 98°F (i.e. blood temperature). Residents recalled one of their contemporaries having his jaw broken for attempting to resist a bath:

> **Frank:** 'cause he (another resident) wouldn't go in bathroom and have a bath. And then there was three—there was always three staff in the bathroom when you went down … he wouldn't go in one day so he picks him up and gives him a punch in jaw and throws him in bathroom.
>
> **Interviewer:** That was the staff?
>
> **Frank:** Staff. Yes. Anyhow the same day his Dad was coming to see him and of course he had his jaw broken and that. (Unlocking the Past 2010b)

According to former nurse Duncan Mitchell, such practices continued well into the 1980s:

> I'll never forget things like bath nights. Everyone had their bath night. You'd probably get two baths a week … . But if it wasn't your night for a bath then you couldn't have one. But it was the way it was done. To be honest it was more like a sheep dip. (Unlocking the Past 2010a)

Of course, bathing routines were not the only evidence of disablist attitudes toward institution residents; clothing was also communal and had to be taken from pre-prepared "bundles"; the food was so poor that Royal Albert residents nicknamed one regular dish as "blackclock soup," blackclock being a dialect term for a beetle. Residents could be sent to a punishment ward for weeks for writing letters to boyfriends or girlfriends. They might be flogged simply for trying to move seats in the dining hall. Even when they were discharged, residents had to exit via a side door; only staff were permitted to use the main entrance. Many such institutions had burial grounds, yet graves were marked with copper tags fastened to nearby trees rather than with headstones: the regime of truth continued to dehumanize people even after they had died.

In 1948 in Great Britain, the National Health Service (NHS) began. On July 5 that year, the Royal Albert was, like other such institutions, absorbed into the newly formed NHS. On the one hand, this meant more money was available, since funding now came from central government rather than solicited subscriptions. As a result, there were improvements in things like clothing, furnishings, and decor. Institutions such as the Royal Albert and nearby Brockhall already resembled hospitals in many ways, having facilities including operating theaters, X-ray rooms, sick bays, pathology laboratories, and mortuaries (Hindmarch 1992). Being subsumed into the NHS meant that the character of such institutions changed, and therefore so did the role of patients. Hitherto, it had been common in institutions in both the UK and the USA for patients to be given work to do. This included domestic work such as cleaning, baking, and laundry duties, crafts such as basket weaving, shoemaking, toolmaking, and so on, as well as agricultural labor, since these isolated organizations strove to be self-sufficient.

It was also commonplace for "high-grade" residents to be given work caring for their "low-grade" fellows (Trent 1994; Wright and Digby 1996). Ostensibly, this work was designed to help prepare residents for the outside world, and this is how it was promoted by institutional agents. It had the added benefit of keeping costs down, which was certainly useful, as many institutions were in frequent financial straits. This exploitation for free or very cheap labor was also defended on the grounds that it gave residents some sense of purpose and dignity. One might remark here that residents only needed a sense of dignity and purpose restored to their lives because the regime of truth around learning difficulties had resulted in its removal. In addition, recalling Lord Cavendish's fond observation above that residents' "willingness to work endlessly at a dull job without losing interest" provides a means to perhaps discern ablenationalism at work: the idea that the only worthwhile life is one that involves productivity and work and that the worthless lives of people with learning difficulties can be made worthwhile through exploitation for labor. Institutions harnessed the labor of one "kind" (Hacking, 2002 100) of resident to govern the conduct of another. With awareness of this, we can appreciate the hegemonic exercise of power: guiding the possibilities of conduct through productive constraints—determining who is able to work, and in what ways, upon whom—while remaining itself concealed (Tremain 2015).

Through the 1950s and 1960s, the purpose of institutions like the Royal Albert became less about education and training and more about custodial care, and they were run in a similar fashion to acute hospitals, despite being long-stay residential sites. Nevertheless, greater recognition of patients' humanity and domestic and social requirements began to develop; in a foreshadowing of the normalization policies of the 1970s, discipline and sexual segregation were relaxed and "parole" was introduced, whereby patients were permitted to make unaccompanied visits into the local town and area. A number of additional factors then contributed to the shift toward "care in the community," again shaped by medical, political, economic, and philosophical discourses. Several institutional scandals, whereby the maltreatment of residents was brought to the public's attention, surfaced in the 1960s, although these were attributed to lack of funding and overcrowding rather than disablist attitudes. Meanwhile, an "explosion" (Alston 1992: 91) of research into "mental handicap" was revealing that the learning abilities of people held

in such institutions had been hugely underestimated and their potential was much greater than had previously been thought. At the same time, there was a growing recognition of human rights, with, for example, Goffman's work on stigma and hermetic "total institutions" such as prisons, labor camps and asylums (Goffman 1963, 1968) promoting questioning of whether institutions could provide an environment that would nurture rather than stifle human beings. In the UK, two key pieces of legislation came into force. The 1959/60 Mental Health Acts (England and Wales/Scotland, respectively) repealed the Mental Deficiency Acts, espousing "community care," but providing little funding. The 1971 white paper "Better Services for the Mentally Handicapped" also advocated care in the community.

Historians more qualified than myself have noted that, whatever polices have been in operation at the time, most people marked with intellectual impairments have lived their lives outside institutions rather than in them, simply because such institutions are products of a particular moment in time and existed in only a small number of locations (Digby 1996; Rembis 2017). Nevertheless, "Better Services for the Mentally Handicapped" augured a sea change in government policy on provision for people with what were now starting to be called learning difficulties. This change in policy reflected a change in philosophy, which had its roots in Scandinavian legislation and normalization theory (Wolfensberger 1972; Nirje 1982) and was gaining ground in the USA and Britain. In this philosophy, people with learning difficulties were explicitly recognized as having the same human rights as other citizens. Adherents advocated that disabled people should participate in society and live lives that were as similar as possible to those of nondisabled people, while recognizing that although disabled people and their families would share some needs with other families, they would also be likely to have specific or individual support requirements in order to be able to live and participate in regular communities. Critics of normalization contend that its pursuit of cultural normativity merely represented a strategic reconfiguration of disciplinary biopower (Simpson 2018).

The model of care changed from segregation in institutions that purported to protect patients from the outside world (but whose primary function was arguably to "protect" the outside world from "the unfit") to community care. However, the government did not make any money available with which to implement either the closure of hospitals or the resettlement of residents; hospitals had to use whatever funds were "released" through declining patient numbers and resulting cost reductions. The multiagency support services that replaced the institutions were also poorly resourced. This failure to adequately fund the new policy—that is, to fund the lives of people with learning difficulties—indicates that disablist attitudes still saturated the regime of truth around learning difficulties.

This regime of truth was irresistible even outside the now-withering institutions. People labeled with learning difficulties were no longer necessarily enclosed by their immediate physical environment, within the panoptic architecture of institutions, colonies, and hospitals, but were still enveloped within an all-encompassing regime of truth that characterized people with intellectual impairments or perceived deficits as menacing or risky Others. Although the professions and institutions of confinement had initially attempted to assume authority over this "problem" by relocating and segregating

stigmatized individuals and assuring the public that "the problem" was under control, stories from the movement toward care in the community from the early 1970s onward reveal how inescapable the regime was and continues to be. In her autobiography, Mabel Cooper, a former resident of St. Lawrence's Hospital in Caterham, Surrey, describes experiences of, and reflections on, independent living and continuing ableist attitudes:

> There a little Down's Syndrome boy, he comes off the bus to go home … . And the children would not leave him alone, they used to tease him and everything … . They called him names and they squirted water out of the window at me a few times and threw tins … . (Atkinson et al. 1997: 33)

Then, after explaining that writing to the school stopped this abuse:

> It stops the children but then you don't stop the adults because they never learn. One Saturday I was with one of my friends and one of the women was so rude my friend was really shocked … . It really did upset her because she said, "You know, you have told me about it, that people are rude but I had to listen to it to believe it … . It's damn disgusting that people ought to be allowed to do that." (ibid.: 34)

The fear of difference arising from the Othering of people with learning difficulties thus leads to verbal and physical abuse of adults and children. Writing to the school appears to stop the children abusing Mabel and the unnamed boy with Down's Syndrome, though it is impossible to know whether this is due to the abusers developing newfound respect and appreciation for their fellow citizens or simply fear of punishment from the school. It is revealing, however, that Mabel asserts that it is the *adults* who never learn, suggesting that they, too, are discursively positioned within a regime of truth in which their relative power excuses unethical behavior toward people "known about" as having learning difficulties. Exercise of that power helps citizens sustain and extend this "truth" (Foucault 1980).

6. The twenty-first century

The archipelago of confinement

The move to care in the community and supported or independent living was in part a reaction to the scandalous abuse and neglect evident in many institutions. In theory, it should have led to a more humane, civilized, and inclusive way of life for people labeled with learning difficulties. However, as noted above, even outside such institutions, the all-encompassing regime of truth around learning difficulties still held sway. Moreover, much evidence seems to suggest that rather than these policies and practices leading to the emancipation of people labeled with learning difficulties, all that has happened is a reconfiguration of power relations, "one that is entirely in keeping with the modern drive to greater efficiency" (Drinkwater 2015: 230). Snyder and Mitchell (2005: 3–4) have

defined "cultural locations of disability" as sites of violence, restriction, confinement, and the absence of liberty, where disabled people are deposited against their will and that exist largely at odds with the collective and individual well-being of disabled people. In the twenty-first century, we can conceive of such locations forming what might be termed, again following Foucault (1977), the "carceral archipelago" (Adams and Erevelles 2017: 361) or the "archipelago of confinement and control" (Spivakovsky 2017: 366) for people said to have learning difficulties. The islands of this archipelago are scattered across the globe and comprise a continuum of penal, medical, and educational settings, including schools, hospitals, prisons, immigration and detention centers, and care homes. The existence of this archipelago is yet another manifestation of the regime of truth around people deemed to have learning difficulties, who continue to be represented as menacing and risky Others who must be contained and controlled by professionals for their own good, as well as to protect the wider public.

In fact, this disciplinary archipelago now extends beyond the physical realm into the virtual. In 2006, McDermott et al. (2006: 13) wrote about "the concerted activities of millions of people engaging in a surveillance system consisting of professionals—doctors, psychologists, lawyers, educators—and parents," and we can now add in further layers of digitized data, whereby information about people is routinely collected and compared by businesses, organizations, and governments. Disabled people also find themselves exposed, disciplined, and regulated by social media (Lewthwaite 2011; Ellis and Kent 2017). In this section, I draw on evidence from the UK and Australia to illustrate the ways in which the archipelago of confinement operates under a regime of truth now suffused with neoliberal, ablenationalist economic imperatives.

In 2011, the BBC's investigative current affairs program *Panorama* exposed the systematic abuse and neglect of people labeled with learning difficulties at Winterbourne View Hospital, of the kind that was supposedly consigned to history with the demise of the asylums. More recently, the Justice for LB campaign, which highlighted the death of Conor Sparrowhawk (nicknamed Laughing Boy), who drowned in the bath because of inadequate supervision in the hospital that was supposed to be caring for him, has kept the spotlight on these inhumane practices (Ryan 2017). Despite convictions in the Winterbourne View Hospital case and an ensuing government inquiry and publication of a Programme of Action aimed at ensuring that the despicable physical and psychological abuse of people with learning difficulties that took place at Winterbourne View Hospital could never take place again, we are continually presented with evidence of the segregation, maltreatment, and exploitation of people labeled with learning difficulties. A recent review of the deaths of learning-disabled people in England concluded that they not only experienced significant health inequalities and premature mortality, but that delays in care or treatment, gaps in service provision, organizational dysfunction, and neglect or abuse often adversely affected their health (LeDeR 2018). Meanwhile, in June 2017, thirteen directors, managers, and carers were convicted over abuse at two residential homes in Devon, both isolated farmhouses, for adults labeled with learning difficulties (Morris 2017). One such resident had been moved from Winterbourne View Hospital after its closure. One of those convicted was the founder of the company running the homes and is a well-known figure in mental health circles in the UK, having helped

formulate national policy on caring for people with learning disabilities in the community. He told the court that he did not know what was going on. However, as at the Royal Albert, residents were punished for trivial transgressions, including staring at a staff member, facial twitches, or asking questions repeatedly. Sometimes residents were punished by being denied food, drink, fun activities, and visits. Other times, they were confined in bare seclusion rooms for hours and sometimes overnight, on occasions wetting or soiling themselves because there were no bathroom facilities. One resident described his experiences thusly:

> It was a room that was disgusting and cold. At night the door was locked. It had a CCTV camera, a smoke detector and a punctured mattress—it was an airbed but it had a puncture in. It was cold, damp. If you wanted to go to the toilet, there was no toilet in there. There was a window but it was locked. No curtains. They made the room as bad as possible and as uncomfortable as possible … . It made me feel terrible in a way … an animal, basically. (Morris 2017: n.p.)

There are strong echoes here of the "farmyard" practices of the Royal Albert. The company running the homes, Atlas Project Team, claimed to provide specialist care for learning-disabled people. The cost of this "care"—or, more accurately, confinement—was reported as being up to £4,000 per week per person. Yet this case is not an isolated incident, a single rogue institution operating outside the law in ways its founder claimed to be ignorant of. Rather, this case is representative of a national and international ablenationalist project of confinement and abuse under the euphemistic guise of managing "risky" individuals with "challenging behavior" and "complex needs." Also in the UK, Brown et al. (2017) have, through interrogating a range of official data as part of the Seven Days of Action campaign to support the rights of people labeled with learning difficulties to live in their own homes, established the following summary facts about the confinement and control of this population: in 2015/16, £477.4 million was spent in keeping approximately 2,500 people labeled with learning difficulties in hospitals, with just over half of those beds provided by the private sector rather than the NHS. Ten years ago, only one in five such beds were in the private sector, meaning that there has been significant growth in private-sector provision—and hence money going to the private sector—over that period, to the point where the private sector now plays the greater role. This "inpatient market" is estimated to be worth £284 million to the private sector: "Most of that provision operates on a for-profit basis and our sons and daughters are its currency" (Brown et al. 2017: 8). On average, a person who has been in hospital for five years will generate £950,000 in income for an independent-sector organization, although significantly higher levels of income are possible. Private providers are tending to locate their institutions where operating costs are lower, as indicated by real-estate prices.

Efficiency and profit thus appear to take precedence over care, support, and education. This leads to people labeled with learning difficulties being sent to hospitals far away from their families. Moreover, under the current funding regime, when such a person is registered with a general practitioner (GP)[4] close to the hospital they are now resident in,

as is standard practice, the health authority in that area (known as a clinical commissioning group [CCG]) becomes responsible for the cost of any aftercare, rather than the person's original "home" authority. Inevitably, because these costs are substantial, CCGs are reluctant to meet them, providing further incentive for continued confinement in some cases. In other cases, people are discharged to institutions outside of the area, meaning that they will have to register with a different GP and hence become another CCG's financial responsibility. These factors mean that people labeled with learning difficulties are being traded like commodities in order to generate profits, as providers make exchanges based on the types of provision they do and do not have. These providers unabashedly use the language of commerce in describing what they do. Here is a quote from a report of the Southampton, Hampshire, Isle of Wight, and Portsmouth (SHIP) Transforming Care Partnership (TCP):

> The SHIP TCP is a net importer of people with Learning Difficulties … plus a net exporter of inpatients as there are no beds on Portsea Island. (quoted in Brown et al. 2017: 8)

And another, from Northamptonshire:

> Northamptonshire is a County with several large providers and this has created an "importer" concern … . St Andrews is a large [independent] provider of services for people with learning disabilities. This hospital is in the process of expanding with a new 100 bed service for people with autism which is a significant concern for the CCGs from an economical and value based perspective. (ibid.)

As if this market in people as though they were livestock was not despicable enough, people labeled with learning difficulties tell us horrible stories of seclusion, assaults, restraint, and self-harm, with those detained in the private sector being 30% more likely to experience an assault and 60% more likely to be detained than those in the NHS:

> One morning he was made to attend a meeting with other patients … . He tolerated this for a while, but then asked to leave. A support worker told him that he couldn't leave, so my son, in a panic, struck the support worker. This same worker retaliated by grabbing him, forcing his arm up behind his back, and manhandling him out of the room.

> When I went to visit later, I noticed that my son's arm was badly swollen and I asked about this … . The next morning the manager rang me and said she was organizing for him [the son] to go to A&E [Accident and Emergency] because his arm was still swollen. An x-ray revealed that his humerus was badly broken and that the break was compatible with someone having their arm forced up behind their back. This bone is one of the thickest in the human body and therefore quite difficult to break. (Glover and Olson 2012, quoted in Brown et al. 2017: 16)

Such stories are dispersed through the archipelago of confinement. Returning us to Australia, McCausland and Baldry (2017) report the case of Dylan Voller, a sixteen-year-old held at a youth detention center in the Northern Territory. In August 2016, the Australian Broadcasting Corporation screened footage of guards restraining, secluding, and assaulting children at the facility. Voller, a disabled Aboriginal, was filmed hooded and chained to a chair. The broadcast precipitated a press release from Prime Minister Malcolm Turnbull and Commonwealth Attorney General George Brandis, stating that they were "shocked and appalled" by the images of maltreatment. Yet McCausland and Baldry assert that the incident was neither isolated nor unusual, and that a pattern of treating disabled people as dangerous, Other, and unworthy of full citizenship has been evident throughout Australia's relatively short history, whereby colonialism resulted in the implementation of British models of law, prisons, and other such institutions of control in the eighteenth and nineteenth centuries. As in Britain, "feebleminded" people have been seen as problematic, an issue perhaps more overtly compounded by racism than in the UK. To this day, indigenous Australians in particular, who commonly have multiple impairments and disadvantages, are more likely to encounter the criminal justice system than nonindigenous Australians, and often have their lives "managed" from childhood by the police and judicial systems rather than—in the words of the United Nations Convention of the Rights of Persons with Disabilities—"being afforded care, protection and full and equal enjoyment of all their human rights and fundamental freedoms and respect for their inherent dignity" (UN General Assembly 2007: 292).

People labeled with learning difficulties are routinely being subjected to oppressive, inhumane, and degrading treatment for extended if not indefinite periods, and yet they are not the only ones paying a price for what those of us outside the archipelago and under the auspices of ablenationalism tend to regard as "freedom" (Spivakovsky 2017). The interlocking discourses of policy, legislation, corporate strategy, and the professional "street-level bureaucrats" (Lipsky 1980) or frontline support workers employed in institutions for people labeled with learning difficulties lead those workers inexorably into conceptualizing the people in their care as "risks" to be managed. People labeled with learning difficulties are constituted as risks to wider society, to themselves, to staff, and to profits. This results in restrictive practices that have legislative approval only as measures of last resort becoming normalized and commonplace. Such practices include the administration of drugs approved only for short-term use for years at a time, in addition to seclusion, "aversive technologies" such as inflicting pain, electric shocks, and the

forced inhalation of ammonia (Adams and Erevelles 2017), as well as the kinds of physical "restraint" performed on Dylan Voller. A paradox these workers face is that although ablenationalism aims to produce "prudent workers with enhanced responsibility," it also provides "the framework and mechanisms necessary to blame, penalize and ultimately remove from the workforce" anybody who is deemed to be acting irresponsibly, in order that organizational reputation and profit are not put at risk (Spivakovsky 2017: 378). Acting irresponsibly includes workers putting their own health and safety at risk. In an institution where people are frequently violent or where violence is a perceived to be a constant threat, workers respond to this threat to their health and safety—and hence their continued employment—by enacting restrictive practices as a matter of course, all in the name of managing risk. For example, one disability advocate from an Australian disabled people's organization asserted:

> The problem is that a lot of this stuff makes it easier for workers, and sometimes safer for workers—keeping people under control—and I think that means that things like workplace health and safety can be used as a technique for maintaining coercion and control. (ibid.)

My point here is that employees as well as residents find themselves constrained by a discursive regime of truth that constructs people labeled with learning difficulties as risky Others; the power of ablenationalism is exerted through the relationships between, inter alia, these two groups, with the concept of learning difficulties constituting workers as moral agents—protecting everyone from risk, and hence harm—whose apparent professional freedom to act is in fact confined within the very limited space of possibilities afforded by current and historical political, legal, and medical discourses. Of course, disabled people are subjugated to an immeasurably greater degree by this power, and yet ablenationalism denigrates us all.

7. Conclusion

> From the time people with "the thing," mental retardation, became social problems requiring help and treatment, the contours of this requirement have changed, sometimes dramatically, but the contours of our regard for people with mental retardation have not. This or that must be done to and for them; this and that must be learned about them and said about them to ensure progress in treatment technologies, professional influence, institutional funding, or social control. (Trent 1994: 6)

James Trent introduces his book with this observation, and I would like to conclude with it, capturing as it does the essence of The Problem of Learning Difficulties (as opposed to The Problem of the Unfit). I would also like to suggest that the contours of our regard for people labeled with learning difficulties have not changed because we are enveloped by a powerful regime of truth concerning learning difficulties, created and sustained through multiple intersecting discourses that privilege certain ways of being and of "knowing

about" learning difficulties while simultaneously silencing emic ways of knowing. The gaze now directed at people said to have learning difficulties is informed by a long history of condescension, suspicion, and exclusion. Meanwhile, the "work" that learning difficulties has done in Anglophone countries in the twentieth century and continues to do in the twenty-first century is manifold. It includes work to provide Others against which "normals" can be defined and measured; work to legitimate professional medical, legal, educational, and health power knowledge regimes; and work to provide careers for professionals who "care" for fellow humans labeled as defective or risky and profits for companies employing those people. Over the course of this chapter, I have attempted to explain, through the method of historical ontology, how this work is made possible through the constitution of learning difficulties as an organizing concept; one that has radically transformed our sense not only of education and learning, but also of who is or is not deemed entitled to full citizenship and its associated rights, and so who is or is not fully human.

[1] Subsequent to the 1908 Royal Commission on the Care and Control of the Feeble-Minded.

[2] No sample size given.

[3] The top administrative layer for asylums in the UK until they were incorporated into the NHS.

[4] Family physician.