Living in the margin

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It was about nine years after the closure of the old wards at Woodilee psychiatric hospital, while walking in the disused grounds that I remembered and finally understood the words of Wilbert Rideau "The Wall Is Strong". The wall is strong refers to the metaphorical walls that psychologically incarcerate the human mind and its will. Even though this institution had closed, its walls still held its captives. The institutional wall was indeed strong, too strong for any individual.

The holed roofs and the bricked up windows of the dilapidated hospital buildings did little to mask their previous role, if at all, the buildings looked even more intimidating. I sensed that the boarded window frames and sealed up doorways were a poor attempt to silence the buildings' chaotic past. Continuing by these old ward buildings I could still hear the sounds of daily life going on inside. Having assessed the structure, taking account of its unworthy state, it screamed at me for some reassurance for its uncertain future.

As a child my father would take myself and my brother for Sunday walks in the nearby countryside. Across from our house was the "Wudlie" as folk called it. Our walk would start by passing through the massive green gates that acted as a sign of demarcation and announced; you are entering a hospital.

On every walk we quickly detoured to avoid the main hospital, I would break away and climb up a steep embankment, which would bring me to the RH wards. Creeping up slowly to the lime green huts (everything in the hospital was green) and by skilfully stretching myself an inch or two above the window, I was able to peer inside and steal a glance at the forbidden world. As soon as I had done so, I was tearing down the hill in fits of excitement and puzzlement. "Dad" I asked, "why are all those beds in the same room? Who lives here?" I could not understand why everything I had just seen was identical. The beds, pillows, sheets and towels, even the lockers were positioned uniformly. My brother and I were identical twins; we also shared the same bedroom. I can remember my side of the room looked so different from Stuarts. I thought to myself that the people in that grey room must have been all the same.

Strolling home, we gazed at the regimented façade of the main hospital complex. Flanking the stolid buildings and running the entire length of the hospital grounds was a sea of rhododendron bushes, which the whole hospital appeared to float upon.

We never stopped nor spoke with those who lived within. On the brief occasions I did see the people, they looked terribly sad. I wondered if it was because of where they lived, not having things like houses, shops, cars, children, cats and dogs; all the things that I knew so well. I thought that if I had to live here without these things, I too would be sad.

As I grew older, the Wudlie and its people remained frozen as if in a time capsule. It stayed like a film set of a late 19th century town: an institutional municipality.

When Erving Goffman wrote *Asylums (essays on the social situation of mental patients and other inmates)* in 1961, the "mental hospital" was already over 200 years old. In its various shapes and forms the "total institution" has in time become the stalwart appliance of the mental health profession. Hidden from sight and rarely spoken of, the institution has become symbolic of society's failings: the ultimate deviation from the norm. For the men women and children whose lives were shaped by physical/ mental disablement and mental illness or whose social circumstances made them disadvantaged; an institutional life would reinforce the stigma felt by many against those with a prevalent social disposition and disability.

To truly understand the institutional system we must examine the ideology of those who created them. In medico-social history, the path walked by those diagnosed with a mental handicap or a mental illness has often been traumatic. The ancestry of the intentions in those charged with the care of the "afflicted" have long been rooted in fear and mistrust. Within our hieracachial, social spectrum, some of the most excluded groups were those labelled as mentally handicapped or mentally ill*. The negative attitudes, mostly homogenous in nature have been transferred down through the ages by social interaction. Cultures at any period in history, have in some manner or form, abused those who have a mental or physical disability.

Few of us are familiar with the internal system and workings of a total institution. The majority of us would not be comfortable in an institution because we would not recognise it for the world we know. To understand the institution and its ways, one must ask; where did the hospital institutions originate and why were they built?

Towards the middle of the nineteenth century the ruling (Victorian) classes began to feel some responsibility towards those misfortunate in society. As society in general continued to progress, the need for social institutions to facilitate this advance became apparent. Government legitimised a wave of social reform bills and in tune with this development two principals of welfare legislation were created, which in turn would have

a lasting effect on the fortunes of mental welfare provision. In August 1845 the Scottish poor relief laws were amended by Parliament to give new Parochial Boards authority to build pauper lunatic poorhouses. In England Lord Shaftsbury introduced a series of bills (1845), which paved the way for the erection of lunatic asylums throughout the counties. With its dual role, the poorhouse asylums, unable to cope with the demands of both the destitute and the lunatic, had by 1855 fallen into disrepute. A Royal Commission report drew attention to the inadequacy of all Parochial Board asylums. In 1857, the Lunacy (Scotland) Act set up a General Board of Commissioners. The General Board of Commissioners along with the Poor law Guardians in England, decided that separated and specialised asylum were required for the care of the mentally ill. From the 1870s onwards, institutional lunatic asylums were built outside most major cities. This offer of fervency was not all that it seemed. Hidden behind the pretext of assistance to the vulnerable, was the desire by the elite to control and eliminate the weak from society. The state viewed these lower classes, especially the physically deformed and the destitute insane, as the vehicle to penury, poverty and madness. As with all diseases, if allowed to spread it would in time contaminate the decent man. The institutions, an extension of the dreaded workhouse, now began to fill up with those deemed unfit to live in society.

The Victorians' use of ideological purity to justify a conviction to punish imperfection had more than laid the foundations for the lasting institutional matrices; upon which mental-health care would develop its role. Shortly before his death, the ailing Lord Shaftsbury, who had tirelessly campaigned for the rights of the individual, was politically overpowered. Lord Salisbury, aided by powerful governmental allies introduced the Lunacy Act of 1890, which, claims an historian of the lunacy laws, "was to hamper the mental health movement for nearly seventy years".

Its important for us to have an insight into the origins of the institution for this allows us to further question: why have we retained a system which today is over a hundred years old and has its legitimacy firmly attached to the exclusion of certain social groups? Did the institutional system work so well as a medical model, that a lasting example remains apparent today?

When I first began to research the subject of psychiatric/ mental handicap hospitals, I had expected the project to revolve around a main theme, that of the individual. The reality of institutional life I have so far discovered is about control. Controlling minds, bodies and lives. It is this simple. The politics of a whole organisation which will take you, from birth if need be, and throughout your life, whilst overseeing every single experience you have, has at its heart the need to control.

On arriving at the institution, and in an attempt to arouse the opposition. I looked at every corner of the building. As an individual with my own identity and my own personality, I felt no match for the institution's multi-faceted disposition. As I approached a psychological confrontation ensued. "Can I protect myself?" I find reassurance in the fact that I'm six feet tall and around thirteen stone. The door to the dentist at Woodilee hospital is around eighteen feet high and half as wide again. One gets the impression that the institution remains at all times larger than the individual.

I was directed by a sign, which told me which way to go to find the wards. "What if I don't want to go this way, what if I chose my own route?" The institution reminded me to follow the sign. I conformed and followed the sign, as if the whole world depended on it. Standing in front of a red brick building, I felt menaced by its small, square, uniform windows, which like numerous suspicious eyes seemed constantly aware. The building's architecture was confused. From the front it looked like an army barracks, but the sides resembled a church. I later found out it was the patients' cinema.

This was such a large institution even walking quickly around its perimeter would take over an hour. All the buildings looked so identical, it must have been really difficult to remember exactly which ward was which. At night with no one around it would have been deadly quiet. A shout or a cry probably would not have received an answer, yet if one had searched the darkness, eight buildings stood back to back like mirror images.

I thought about this and a wave of immense detachment swept over me. The weather was poor, and as the rain started, the hill side mist had also lowered to enshrine the institution completing its isolation. The only comfort now was the hospital's architecture. Its dark flat shapes had receded into itself further, thus allowing its architectural insincerity to become openly visible. To avoid the rain, I entered a ward. The corridor of the ward was long and wide. Large swing doors with safety glass segregated the many rooms, which branched off in opposite directions. As I passed through the doors, my nostrils were filled with a strange smell. It's not a human smell, as one would naturally expect. This is the smell of an institution. It's the unique odour of a chequered linoleum floor, which has been religiously polished. It's the starched scent of the floral designed DHSS fire proofed curtains, which after treatment in the hospital's laundry are often hung up in a different ward from whence they came. It's the impenetrable, icky fullness of three daily meals, which although dished in the servery, invade and occupy the dayroom like a constant unwelcome smell. It's also the aroma of a human life contained within the dry temperate limits of just four walls. Existence as a substitute for a life, which now cornered, reverberates between the floor and the high ceilings. All this, and the rest, is encapsulated by the institution, which monitors the living space. These wards were not attached to the main hospital, but seemed to exist as separate, subservient identities. By comparison, Gartloch hospital had a maze of corridors, which branched out like bony fingers reaching to infinity. I felt as if the real world itself has been exiled from the premises, the clinic had taken over in its place. It was sterile to the point that its totality had excluded all ordinary life.

Looking at the day room, with its large square domain, lit up by a front facing panel of windows, it is here that I remember, (how can I forget ?) the whole room packed with patients. It was not Bedlam as you may have thought. There was no wailing or visible distress in those that sat here. Instead around thirty adults with mental and physical handicaps sat grouped together. It was a sea of chrome contraptions illuminated in the summer sun. Walkers, wheelchairs, sticks, and other specialist equipment, some I had never seen before. If a patient wished to move around within the confines of the room, it was inevitable that a collision would ensue. Those alone, not seeking companionship would pace the passageways or attach themselves to their favourite nurse. Those who could not walk sat. Those who could not sit down, because of agitation, walked. Those who could not speak sat silent. Those who could not stay silent made noise. It was a complete jumble of individuals with so many varying degrees of needs, that it would appear difficult to direct any form of constructive care towards them. And so the people sat, walked, talked or did nothing that day and the next.

My mind moved quickly away from this and I entered the bedroom. The male bedroom is on the left and the female bedroom is on the right of the building. This was a single length dormitory, divided into individual cubicles. Each bed space was separated by a single partition to its right side. There was no screening to the front. At night the inhabitants of the ward slept here. There was no privacy and little peace and quiet. One's personal property would be borrowed, moved, lost and stolen. The individual accommodation differed only in its décor. The single wallpaper borders traced a multitudinous coloured line that changed as it passed each bed. A metaphor of the system: one of these bed spaces had fallen between a window; the partition allowed each patient a half share of the window.

I now entered a locked ward, these were locat-

ed at the periphery of the hospital. After ringing the bell, a face peers through the window of the inner security door. The door was unlocked and I entered an environment, which did not conceal its gloominess. The dim, glow from the ward lights were quickly evaporated by the dark, blue carpet beneath. The corridor and day room were virtually empty, suggesting they were sparsely furnished, would have been a total exaggeration. Not even the reflection from the blue shiney walls created any stimulation. There was little, if any feeling of human attachment in this place. It was also deadly quiet.

I immediately noticed, sitting on the floor, a young, "child like" woman who was naked from above the waist. I didn't know whom to feel more embarrassed for, her or myself. The two male members of staff were sitting smoking and talking, they seemed totally unaware of this woman's predicament. Maybe she didn't want to wear clothes, maybe they were tired of re-dressing her; maybe that's what she did: that was her life. It seemed that everyone who entered the bare incarcerating walls of this ward, would in time, like the ward, also become naked. The metamorphosis of the medical paradigm was now complete, the individual had become the institution.

Today the institution is empty of the individuals it contained, if it could ever have been described as having contained true "individuals".

This was where it happened. This was where thousands and thousands of people over the last umpteen decades were literally processed through a medical machine: diagnosed, prognosticated, treated, cured or not cured, passed on to another institution, or just kept for ten, twenty, thirty years or more. Ironically in a building sterilised and bereft of emotions, today this is such an emotional place to be. There are very few places that generate these types of emotions. Prisons and concentration camps also contain this ambience of sadness and despair. One can see the connection, it's all to do with people and the fact that so many impersonal acts went on in here.

In bringing together so many people, the one way to govern and regulate the life of the individual was via the architecture of the institution. They were built to hold a lot of people and they did contain a lot of people. The total institution was the unaccountable authority, and the primary starting point from which every activity that followed would catalyse. Contained within the institution, was an ideology. It was this institutional ideology in which the system was contained. It was an ideological system that far from representing the patient represented its own identity. The institution was the authority and the authority was contained within the institution.

During the early 1980s, the medical profession knew that the institutional regime, being deficient, was failing patients terribly. As the decade drew to a close, the system had progressively deteriorated to the verge of near collapse. When the Government's large financial life-lines ceased, the health service found itself disconnected. It wasn't just the hospital services which had been left. Thousands of patients languished in various institutional settings, which looked more like antiquated country houses rather than modern hospitals. The reality of the situation, which had been slowly lumbering up on the institutions, finally delivered its blow around 1989.

The medical profession, like the added transitional eras of the psychiatric and mental handicap hospital, has finally, in partnership with the institution, turned in on itself. The bureaucracy which once removed those with mental handicaps/ mental illnesses, and who now returns the individual to society are one and the same. Modern psychiatric and psychological medicine is telling us that it does not have the answer. It tried, it failed and now it's someone else's turn.

The new focus is on supported care in the community. The contradiction in terms between living in one's own home, with one's own identity or living as part of a NHS industry with a shared identity could not be more opposed to each other. In saying that, the concept of independence is heavily circumscribed in political manipulation: community care was the cheaper alternative to the expensive and morally bankrupt "total institution". The remaining hospital institutions now have target datelines to decant or discharge as many patients as is practicable before the hospitals close.

With this and other closures, an exodus of institutional legacies will follow. Society will inherit thousands of people who were products of a medicalized system. It was the hospital institution which facilitated the opportunity for medicine to attempt to create perfection. Housed in special units, the handicapped and the mentally ill were tested and experimented on. From scientific research, and its own generated hypotheses, medicine provided society with possible solutions.

In the future, the politics of social control will be raised again. Society, no longer having the reliance of the custodian institution, will look to the advancements of medical science to perform these tasks. Through the harnessing of eugenics, physical and mental disability resulting from a medical condition will now be socially engineered out of existence. The new institutions will be laboratories, the test tube and the petri dish replacing the hospital ward. Human genetic matter, not human beings will be trained and controlled for life within society. Society will be able to select the healthy and reject those it does not desire.

As this century draws to a close, the psychiatric/ mental handicap institutions will be quietly allowed to slip away into history. It will be remembered by many for its levels of dysfunction, substantiated by its inability to cope with the short falls of its own model of pathology. A pathology model wholly obsessed with function and illness, which turned people from real life individuals into curios of nature and conditions in textbook references.

Today there are still mentally handicapped and mentally ill adults shut away in the old style institutional hospital. It is not a world they chose to be part of, but a world we have placed them in. To be locked up in a world of one's own body or mind, is pain enough. To be removed, locked up, and kept excluded from society is unforgivably cruel.

By the year 2002 the last of the large institutions in Scotland (Lennox Castle Hospital) will have been closed by order of the Secretary of State for Scotland.

*With the new culture of change "mental hadicap" is now termed "learning disabilities".

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