



# The myth of the total institution: Written narratives of patients' views of sanatorium care 1908–1959



Staffan Bengtsson <sup>a,\*</sup>, Pia H. Bülow <sup>a,b</sup>

<sup>a</sup> Jönköping University, School of Health and Welfare, Sweden

<sup>b</sup> Research Fellow at the Department of Social Work, University of the Free State, Bloemfontein, South Africa

## ARTICLE INFO

### Article history:

Received 26 March 2015

Received in revised form

2 February 2016

Accepted 3 February 2016

Available online 8 February 2016

### Keywords:

Sweden

Total institution

Sanatorium

Story

Letter

Narrative analysis

Patient–staff relationship

## ABSTRACT

Drawing on written narratives by 72 former sanatorium patients, this article explores, from patients' perspectives, the nature of the relationships between patients and staff in a Swedish sanatorium during the first half of the twentieth century. These narratives are discussed in the context of *the total institution*. This article suggests that this phenomenon was marked by inconsistencies that can be understood in terms of its situational and contradictory characteristics. Simultaneously, these narratives are in opposition to the assumption of the static and powerless patient adapted only to suit the logic of the institution.

© 2016 Elsevier Ltd. All rights reserved.

## 1. Introduction

This article explores the narratives of former residents of a Swedish sanatorium in the first half of the 19th century. The analysis is guided by the following questions: how do former patients describe institutional procedures and their relationships with the professionals, and what does this have to say about the nature of the sanatorium environment? The questions highlight a broader sociological problem with institutions and the tension they engender with issues such as power, integrity and autonomy in the agents and institutions involved.

Our analysis takes as its point of departure Goffman's seminal work *Asylums* (1961) and the concept of the total institution (TI), defined by the author as “a place of residence and work where a large number of like-situated individuals, are cut off from the wider society for an appreciable period of time” (p. xiii). Goffman presented the TI in terms of an ideal type with prominent characteristics. Thus, the TI is to be understood as “a conceptual model or

mental construct [ ... ] a hypothetical situation [and] an exaggeration of empirical reality” (Weinstein, 1994, p. 358); that, according to Goffman (1961, p. 6), consists of the following characteristics:

First, all aspects of life are conducted in the same place and under the same single authority. Second, each phase of the member's daily is carried on in the immediate company of a large batch of others all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled with one activity leading at a prearranged time into the next, the whole sequence of activities being imposed from above by a system of explicit formal rulings and a body of officials. Finally, the various enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution.

Further, Goffman presented various categories of TIs and placed sanatoria together with mental hospitals and leprosarria, a category that held people who were considered to be both a threat to society and unable to care for themselves. Other TI categories consisted of institutions such as prisons, homes for the blind and monasteries. Goffman (1961, p. 5) stressed that not all of the features above occur in every form of TI but “what is distinctive about total institutions is

\* Corresponding author. Jönköping University, School of Health and Welfare, P.O. Box 1026, SE-551 11 Jönköping, Sweden.

E-mail addresses: [Staffan.Bengtsson@ju.se](mailto:Staffan.Bengtsson@ju.se) (S. Bengtsson), [Pia.Bulow@ju.se](mailto:Pia.Bulow@ju.se) (P.H. Bülow).

that each exhibits to an intense degree many items in this family of attributes". Worth noticing is that Goffman's ideal type has been widely used within social sciences but that it also, from its first publication, has been subject to criticism (Weinstein, 1994). Perry (1974), for instance, argues that the model lacks explicit criteria and ordering relations.

Goffman's own empirical research in relation to TI was conducted in a large mental hospital in the mid 1950s. His book *Asylums*, along with works of Laing, Foucault and Szasz, became part of the era of anti-psychiatry that "marched into the world" (Hacking, 2004, p. 292), and "provided a justification for the development of a new policy known as deinstitutionalization" (Wright et al., 2000, p. 69), which implies the implementation of community based care. Even though Goffman has been criticized for not taking into account the changes that already had occurred within mental health, he was an important part of a critical perspective that views modern medicine and institutions as ideological systems that dehumanize the meeting between staff and patient – where social control and medicalization go hand in hand with the monitoring of the individual (cf. Foucault, 1977; Hacking, 2004; Weinstein, 1994).

An important dimension in Goffman's model is thus the categorical division between inmates and staff, in which the former have only limited contact with the outside world. According to Goffman (1961), both of these groups have a tendency to paint the other group with hostile stereotypes. Furthermore, when entering the world of the TI, the inmate faces a phenomenon characterized in terms of mortification; meaning a process of role dispossessions and altered identity in which the inmate's conception of self, with its sense of autonomy, is transformed, leaving the individual to be "shaped and coded into an object" (Goffman, 1961, p. 26). Accordingly the TI is characterized by inspections, surveillance and obedience tests that are a part of the attempt to socialize the individual into a submissive role, making punishment a crucial aspect of a TI. However, Goffman also highlighted how a TI could trigger fraternization and solidarity processes among the inmates. Using his observations from the mental hospital, Goffman described this in terms of a hospital underlife in which patients were "working the system", i.e., seeking advantages or developing systems of interaction.

Goffman's reasoning about TI has inspired sanatoria researchers (e.g. Bryder, 1984, 1988) but has also attracted criticism. Davies (1989), for instance, argues that TIs are not homogenous, but entail variations regarding the degree of openness and control. Porter (1985) further discusses the TI and stresses the need to record the histories of patients and to more openly capture their perspective. The complex nature of the sanatorium environment triggered Condrau (2010) to problematize the validity of Goffman's model and reject the notion of the sanatorium as a system solely aimed at reconstructing the identities of inmates and controlling deviant behavior. Condrau argued that such settings must be approached based on their own premises. According to him, the TI has become a "myth", and "the notion of the sanatorium as a total institution itself has never been challenged" (p. 74). The sanatorium did not necessarily offer its inmates a uniform and standardized experience; rather, patients' accounts differ in many ways, which is why patient narratives can be used in order to problematize the ideal type presented by Goffman and help pinpoint some of the conditions under which a TI does or does not exert a mortifying influence.

## 2. Patients' views of the sanatorium

A number of so-called pathographies (Hawkins, 1984), about being a sanatorium patient have been published (e.g., Conry, 2002; Dell, 2013; Gillard, 2010). In research, where there is a shortage of

first-hand historical accounts, personal narratives still remain essential to understanding the patients' views. In a classic observational study, Roth (1963) took on the perspective of the TB patient. According to him, the patient constructed time tables in order to handle the uncertainty related to a future discharge, constructions that were marked by a certain negotiation between the patient and the physician.

By analyzing letters from the 19th century, Rothman (1994) illustrated how life histories are very useful in grasping patients' experiences of consumption and its impact on their lives. However, few studies have focused on sanatoria residents' stories in general, and letters in particular. Bryder (1988) used various sources, such as biographical notes, in an effort to capture the views of the British working-class sanatorium patient. In her exposition, she discussed the stigma and social isolation attached to the disease. According to Bryder, the patients were "treated like children, incapable of making decisions for themselves of controlling their own lives and bodies" (Bryder, 1988, p. 205). Concurrently, Bryder underlines how sanatoriums were marked by discipline and hierarchy, in which the patient was to show gratitude or, as she states, "Discipline was strict 'in the interests of the health of the patients', and as such was readily accepted by the patients" (Bryder, 1988, p. 205). However, Bryder also highlights elements of resistance, where, for instance, men and women socialized even though it was against the rules. Surveillance and the breaking of rules were also recognized by Bryder (1984) in her earlier study of TB patients' testimonies at the Papworth village settlement.

Lerner (1997, 1998) also used accounts, including letters, of former patients in his studies of American vagrants, alcoholics and poor immigrants suffering from tuberculosis in the 20th century. He concluded that the sanatorium environment, although characterized by control and coercion, included negotiations between patients and the institution, making noncompliance a concern for the medical profession. Patients' senses of deviation and isolation accompanied by an unwillingness to fully submit to a disciplinary sanatorium regime were also noted by Jones (2001) in her scrutiny of Irish sanatoria in the first half of the 20th century, in which she partially used biographical material.

Furthermore, Shaw and Reeves (2009) conducted an extensive survey with approximately ninety (most of them women) former inmates of the Craig-Y-Nos sanatorium in Wales from 1922 to 1959, most of whom were there as children. Drawing on these written and oral narratives Shaw and Reeves presented testimonies that highlight both positive and negative recollections concerning the treatment environment and encounters with the staff. In Shaw and Reeves's analysis, the dark memories and violations of integrity, like corporal punishment, stand out, illustrating that this period in the sanatorium was difficult in many ways; procedures such as placing a child in a high-sided cot could be seen as "imprisonment" (Shaw and Reeves, 2009, p. 7). These compiled narratives also indicate the mixed images of the meetings between patients and staff. For instance, those who stayed in the sanatorium as older children and teenagers are said to "recall the most positive memories" (p. 7). Kelly (2011) also used narratives in her study of tubercular children in Northern Ireland. The interviews illustrated how children in that position found various life strategies, which underlines how narratives of former patients can become important sources in understanding the experiences of former TB patients.

In sum, previous research suggests that there are some inconsistencies in how patients experienced the TI, in which elements of both social control and negotiation between various parties are highlighted. This article will use patient narratives in order to elaborate on the TI as a situation-bound phenomenon that accentuates some of the contingent nature of the mortification

Download English Version:

<https://daneshyari.com/en/article/7330447>

Download Persian Version:

<https://daneshyari.com/article/7330447>

[Daneshyari.com](https://daneshyari.com)