Demanding Money with Menaces: Fear & Loathing in the Archipelago of Confinement.

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# Abstract

This article aims to expose the ways in which, from the mid-19th-century onwards, professions and institutions of confinement have both stoked and assuaged emotions toward people marked with intellectual or cognitive impairments, and consequently profited from the regime of truth they have helped to construct around what are now commonly called Learning Difficulties. Under this regime, people marked 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. Beginning by alluding to the birth of the asylums in the mid-19th-century, I then concentrate on two periods, the early 20th- and 21st-centuries, to illustrate how this process continues to this day. This process, which initially had charitable aims and thus required income generation, now serves ablenationalist interests whilst also creating significant corporate profits across various locations, widely dispersed across what might be termed the archipelago of confinement. I conclude that it confines and denigrates not only disabled people, but the professionals charged with caring for them.

# Introduction

This article aims to expose the ways in which, from the mid-19th-century onwards, professions and institutions of confinement have both stoked and assuaged emotions toward people marked with intellectual or cognitive impairments, and consequently profited from the regime of truth (Foucault, 1980; Simpson), they have helped to construct around what are now commonly called Learning Difficulties. A “regime of truth” is a power-knowledge regime; a formation of knowledge, techniques and scientific discourses through which power is exercised. Power is exercised in order to produce, regulate, distribute statements which come to be accepted as truths. These “truths” are then exploited in order to maintain the power of those who produce, regulate and distribute them (Foucault, 1980). In this circular relationship, only certain kinds of “scientific” knowledge are permitted to form the discourse, and only people with the power to govern the conduct of others have the authority to speak, meaning emic (insider) knowledge is not taken into account and the status quo of subject positions is maintained. The regime of truth around (what we now call) Learning Difficulties is formed of intersecting, interlocking medical, psychological, pedagogical, moral, religious, humanitarian and political discourses relating to the normative functioning of minds, bodies and development (Carlson; Simpson). 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 endeavours, which are geared towards either enabling people labelled with Learning Difficulties to approximate norms, or towards keeping them segregated from the population considered normal. These processes of measurement, classification and segregation bring into being new kinds of people through taxonomies based upon perceived intellectual ability. In this way, “Normalization becomes one of the great instruments of power at the end of the classical age” (Foucault, cited in Ball, 54), and continues to be one. Snyder and Mitchell (2010) contend that at this point in history – that is, from the late 18th-century onwards, as normalization takes hold - nation and ableism are conflated. In expansionist, industrialising nations concerned with maximizing economic productivity and military power, disabled people are construed as unwanted exceptions to the abled norm that qualifies people for citizenship. They term this convergence of nationalist agendas and ableist ideology *ablenationalism.* In an ablenationalist interpretation, those people who are “too impaired” (114) for meaningful labour – either in the workplace or the school – are ostracized: locked out of meaningful cultural interactions with others.

This ostracization is often literal and physical. 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 which exist largely at odds with the collective and individual well-being of disabled people. In the case of so-called Learning Difficulties, they include a continuum of penal, medical and educational settings: special schools, approved schools, hospitals, care-homes, immigration detention centres, prisons, group homes and youth detention centres. In the past, there have been other similar locations such as farm schools, colonies, asylums and reform schools; in the late 1800s Liverpool, where I live and work, even had two reform ships, the Akbar (Protestant) and the Clarence (Catholic), permanently moored in the docks to house unruly orphans, often prior to “transportation” to North America or Australia. We can conceive of such locations forming what might be termed, again following Foucault (Foucault, 1977), the “carceral archipelago” (Adams and Erevelles, 361) or the “archipelago of confinement and control” (Spivakosky, 366), with the islands of this archipelago scattered across the globe. In fact, this disciplinary archipelago now extends beyond the physical realm into the virtual. In 2006, McDermott, Goldman & Varenne (213) 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 (Ellis & Kent; Lewthwaite). Throughout this article, I draw on evidence to illustrate the way in which the archipelago of confinement operates under a regime of truth now suffused with neoliberal, ablenationalist economic imperatives (Mitchell & Snyder). The article also supports Elizabeth Donaldson and Catherine Prendergast’s argument, derived from Daniel Gross, that emotions are psychosocial and manipulated for political ends (131). In the case of Learning Difficulties, agents of the archipelago of confinement have deliberately invoked feelings of pity, sympathy and charity, or alternatively fear and loathing. In both cases, emotions associated with “abject bodies” (130) are summoned in order to help define both the normate and non-normate subject positions (Goodey).

The article focuses on two periods, separated by one hundred years: the early 20th and 21st-centuries. The aim is firstly to show how the regime of truth around so-called Learning Difficulties came into being, and then show how it persists to this day despite the discrediting of eugenics subsequent to World War II, and latter day rhetoric around disabled people’s rights and inclusion in society. As with so many aspects of scholarship and discourse, terminological choices are fraught. Words and meanings change over space and time. This is evident in the way, for example, words which have in the past existed as pyscho-medical diagnostic labels – idiot, imbecile, feebleminded, moron, and so on – are no longer used as such, but are commonly employed as insults. Similarly, Learning Difficulties, a term which emerged in the 1970s to replace terms like *backward* and *handicapped,* is freighted with a host of meanings, interpretations, and connotations. Taking my cue from Snyder and Mitchell’s conceptualisation of ablenationalism, in this article, I use Learning Difficulties to denote cognitive impairments which result in people’s ostracization because they are deemed incapable of meaningful labour and hence personhood and citizenship.

# **God Help the Imbecile!**

Asylums for people labelled as idiots and imbeciles – as distinct from madhouses, prisons, hospitals and other such places of confinement - began to be established in both the UK and US in the mid 19th-century. Murray Simpson notes that prior to this moment, there was no cohesive discursive field of idiocy, and only then did one begin to emerge. One early constituent of this discursive field was a society formed in 1847 for the establishment of idiot asylums in London and Essex, which were instituted the following year and shortly afterward incorporated by Royal Charter. In 1864, James Brunton, a Quaker businessman, offered Dr Edward Dennis de Vitre, visiting physician at the Lancashire County Lunatic Asylum (who was pioneering in recognising the difference between “feeble-mindedness” and insanity, a distinction many at the time were unable to make) £2000 to establish in Lancashire an asylum for idiots and imbeciles (Alston). According to the National Archives currency converter, this is equivalent to £125,000 today. De Vitre formed a Committee who immediately set about fundraising for the Royal Albert Asylum for Idiots and Imbeciles of the Seven Northern Counties, at which they were extremely successful. Queen Victoria herself granted her patronage and donated one-hundred guineas, the equivalent of £6600 in today’s money. Sovereign power in the most literal sense here 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. It must be noted that although philanthropy from the rich was significant source of funding (also motivated by religion and displays of wealth), much of the money came from subscriptions and donations from ordinary people, generated through concerted appeals to the public’s sentiments of sympathy, pity and charity. All told, in the 41 years to 1906 (the tenure of the Royal Albert’s first Secretary) £468,000 was donated to the institution, equivalent to £37-40m today.

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. Initial motivations were strongly influenced by paternalistic Christian philanthropy and benevolent humanitarianism, epitomised in verses included in the early reports of the Royal Albert’s annual meetings:

*God help the Imbecile! More dark their lot*

*Than dumb, or deaf, the cripple, or the blind;*

*The closed soul vision theirs; the blighted mind;*

*Babes though full grown; the page of life a blot*

*Yet say, shall their affliction be abhorred?*

*Their need o’er looked? Shall charity pass by?*

*Leave them to perish with averted eye?*

*Forbid the love that burns to save her Lord!*

(Alston, 2)

The verses clearly locate imbeciles at the bottom of the hierarchy of disability; imbeciles’ lives are little more than mistakes – blots - and they themselves little more than children – *babes though full grown* – who nevertheless are not to be abhorred or overlooked by Christian love. These charitable ideals did not last long, however. Governments and institutions soon sought to confine and control the lives of people labelled with what we now call Learning Difficulties, largely for their own benefit. During the late 19th-century, the interests of medical and educational professionals, seeking to define and protect their territory, and ensure careers and income, synergized with the interests of capitalist Governments newly concerned with productivity, efficiency, Imperialism and racial hygiene. Whereas institutions had initially attempted to educate people so that they could return to the outside world after relatively short stays – and many did (Rembis) – this shift largely removed the goal of creating ‘productive’ members of community and society, replacing it with one of containment which is still in place today.

Colonies, farm schools, 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. The admissions books of the Royal Albert reflect these concerns. The registers give biographical information, starting with parents and heredity, with intricate, hand-drawn genealogies and notes on family members’ undesirable characteristics. They then describe the patient’s “State on Admission” in terms of their General Aspect (e.g. “ordinary”, “frail”, “Mongoloid”, “Paralytic”, or simply “Rather thin”); Complexion; Appearance and Manners (eg. “typical of class”, “pleasant and happy” or “clumsy and lazy”); Temper and Disposition, and Propensities, Peculiar or Dangerous (e.g. “sits as mongols do”, “not obedient”, “very sulky’, or “fond of playing with cotton”). There are also details on “any deformity” as well as head measurements, and assessments of general health and mental and moral capacities. These descriptions read somewhat strangely to modern eyes, with a mixture the intimate and coy; for example, one patient is described under Propensities as “Apt to Romance" and then the size and shape of her genitals is recorded, meaning an intimate physical investigation must have been performed: "Labia majora large and pendulous". The left-hand pages of the ledgers are used for detailed case notes; for most these are updated only annually, but occasionally there is more consistently detailed reporting on cases, as in the patient mentioned above who was deemed to be a particular risk because of her perceived promiscuity, and whose record extends over several pages of the ledger.

Meanwhile, technologies of learning – literacy, writing, grading and examination – were being 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, 47). Tom Campbell describes the ways in which such technologies enabled Governments towards the end of the 19th-century to see inside their citizenries’ heads, to know what each individual knew and did not know, could do and could not do, as never before, and thus 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 programme. As Foucault (2003, 61) observes, it is at this moment at the end of the 19th-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, agents of this discursive regime, the new institutions and professions of rehabilitation (Stiker) made ‘mental deficiency’ or ‘feeble-mindedness’ 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 towards confirming intelligence as hereditary, desirable and manipulable (Snyder & Mitchell, 2005), and the medical professions constituting themselves as ‘experts’ on the problem of mental deficiency in the early 20th-century, writing and discussing articles and books in which feeble-mindedness was likened to an organic disease (Digby). 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 & Snyder) than to care for or educate the people within them. This desire, evident in the popularity of the eugenics movement generally, and specifically in the invention of the ‘moron’ discussed in the next section, can still be discerned within the archipelago of confinement today.

# The Menace of the Moron

Digby reports that in the UK, entry to special schools was legally dependent after 1914[[1]](#footnote-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” (12). 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 19th-century statistics, Hacking (100) contends that:

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.

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” (100) beginning in the early 19th-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 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 we now call Learning Difficulties, or perhaps degrees of ‘mental retardation’, as suggested by the Royal College of Physicians of London. The US had a similar taxonomy based on ‘mental age’:

1. A *feebleminded* person is one who is capable of earning a living under favourable 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. 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. 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.

(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” (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 US. 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). Through manipulating the Binet-Simon test, Goddard created results which apparently confirmed the existence of a new category of feeblemindedness, and he claimed that two percent of all school-aged children belonged in this category. Like the physicist adjusting his optical instruments so as to reveal a suspected yet hitherto invisible property of lightwaves, Goddard’s manoeuver helped bring into being a new ‘kind’ of person, who was held in many ways to resemble ‘normal’ children 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). In this way the *moron* (a name Goddard derived from the Ancient Greek *moros*, meaning “dull”), was deliberately invented as a new slot in 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 (Foucault, 1972; Hacking) teaches us that new kinds of people, and 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 & Valle). 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 metanarrative of individualized, meritocratic success (as represented by the American Dream). The ways 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 which made alternative interpretations of this “way of being” virtually inconceivable.

# The 21st-century: The Archipelago of Confinement

The move to Care in the Community and supported or independent living witnessed in the latter part of the 20th-century was in part a reaction to the scandalous abuse and neglect evident in many institutions, exposed in the 1950s and 60s, and in part due to growing recognition of disabled people’s human rights and capabilities. In theory, it should have led to a more humane, civilized and inclusive way of life for people labelled with Learning Difficulties. However, much evidence seems to suggest that rather than these policies and practices leading to the emancipation of people labelled 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, 230). Although moves towards inclusion within and beyond education have been made, with some success, people who are deemed to have the most ‘complex needs’ or ‘challenging behaviour’ are represented as menacing, risky, loathsome Others and permanently warehoused in the archipelago of confinement in order to generate corporate profits and safeguard ablenationalist interests.

In 2011, the BBC’s investigative current affairs programme *Panorama* exposed systematic abuse and neglect of people labelled with Learning Difficulties at the 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). Despite convictions in the Winterbourne View 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 labelled 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). Meanwhile, in June 2017, thirteen directors, managers and carers were convicted over abuse at two residential homes in Devon, both isolated farmhouses, for adults labelled with Learning Difficulties (Morris). One such resident had been moved from Winterbourne 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 difficulties in the community. He told the court 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. At others, 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 so:

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, np)

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 behaviour’ and ‘complex needs’. Also in the UK, Brown, James & Hatton have, through interrogating a range of official data as part of the Seven Days of Action campaign to support the rights of people labelled with Learning Difficulties to live in their own homes, established the following summary facts about the confinement and control of this population:

In 2015/6, £477.4m was spent in keeping approximately 2,500 people labelled with Learning Difficulties in hospitals, with just over half of those beds provided by the private sector rather than the National Health Service. Ten years ago, only one in five such beds were in the private sector, meaning 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 £284m to the private sector: “Most of that provision operates on a for-profit basis and our sons and daughters are its currency” (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 labelled with Learning Difficulties being sent to hospitals far-distant from their families. Moreover, under the current funding regime, when such a person is registered with a General Practitioner[[2]](#footnote-2) close to the hospital they are now resident in, as is standard practice, the health authority in that area (known as CCG, Clinical Commissioning Group) 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 the area, meaning they will have to register with a different GP and hence become another CCG’s financial responsibility. These factors mean that people labelled 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 don’t 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:

The SHIP TCP is a nett importer of people with Learning Difficulties…plus a nett exporter of inpatients as there are no beds on Portsea Island(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. (8)

As if this market in people as though they were livestock (Taylor) was not despicable enough, people labelled with Learning Difficulties tell us horrible stories of seclusion, assaults, restraint and self-harm, with those detained in the private sector 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 & 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 & Olson, cited in Brown, James & Hatton, 16)

Such stories are dispersed through the archipelago of confinement. From Australia, McCausland & Baldry report the case of Dylan Voller, a 16-year old held at a youth detention centre 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 strapped to a chair. This footage, and other films of Dylan and other inmates, can still be viewed online, along with transcripts (Meldrum-Hannah & Worthington). An excerpt of the transcript from the incident described here is reproduced below:

Guard: "You just can't put toilet paper everywhere, you can't rip your, you can't start chewing on your mattress. You can't do that stuff, you know that."

Dylan Voller: "You can't lock me in here, bruz."

Guard: "Unfortunately you've put yourself in here by going at risk."

Guard: "Might get the restraint chair possibly as well."

Voller: "I don't want the restraint chair bro."

Voller: "Where's my f\*\*\*ing mattress? I'm not a dog to you."

Guard: "You need to settle down."

Voller: "I'm going to break my hand anyway."

Guard: "Why are you going to break your hand?"

Voller: "So I can go to hospital … (inaudible)."

Guard: "Well you won't go … I doubt very much you'll go to hospital."

Voller: "I'll snap my bone through my skin."

Guard: "Alright, well I'll just give you the heads up, grab the grab the restraint chair, we are going in the restraint chair."

Dylan is being punished for chewing his mattress and making a mess with toilet paper. The hood is a punishment for having previously spat on staff. This is the challenging behaviour which makes him a menace, a risk to others. The guard makes a point of telling Dylan he is also a risk to himself, and has only himself to blame for his treatment: “…you’ve put yourself in here by going at risk.” The guard then threatens Dylan with the restraint chair. When Dylan understandably resists being treated like a dog, the response is to put him in the restraint chair. This incident is an example of the ways in which “in psychiatry, and in culture at large emotion is monitored, measured and regulated” (Donaldson & Prendergast, 130). 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 nineteen centuries. As in Britain, ‘feeble-minded’ 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 non-indigenous 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” (292).

People labelled 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 (Spivakosky). The interlocking discourses of policy, legislation, corporate strategy and the professional ‘street level bureaucrats’ (Lipsky) or front-line support workers employed in institutions for people labelled with Learning Difficulties lead those workers, inexorably, into conceptualizing the people in their care as ‘risks’ to be managed. People labelled with Learning Difficulties are constituted as risks to the wider society, to themselves, to staff and to profits. This results in restrictive practices which have legislative approval only as measures of last resort becoming normalized and commonplace. Such practices include the administration of drugs approved 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 & Erevelles), 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, 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. One is on record as saying that:

 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.(Spivakosky,378)

My point here is that employees as well as residents find themselves constrained by a discursive regime of truth which constructs people labelled 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, economic and medical discourses. Of course, disabled people are subjugated to an immeasurably greater degree by this power, and yet ablenationalism denigrates us all.

#  Conclusion

From the time people with ‘the thing’, mental retardation, became social problems requiring help and treatment, the contours 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, 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 regime of truth around Learning Difficulties. I would also like to suggest that the contours of our regard for people labelled with Learning Difficulties have not changed because we are enveloped by this powerful regime of truth concerning Learning Difficulties, created and sustained through multiple, intersecting discourses which privilege certain ways of being, and of “knowing about” Learning Difficulties whilst 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. This history has been shaped by a process which I have, in this article, traced back to the middle of the 19th-century. In this process, professions and institutions of confinement invoke and manipulate public emotion toward people marked with intellectual or cognitive impairments, representing them 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. What began with charitable societies soliciting subscriptions, royal patronage, and donations continues over one hundred years later by generating corporate profits through the warehousing and trading of people.

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1. Subsequent to the 1908 Royal Commission on the Care and Control of the Feeble-Minded [↑](#footnote-ref-1)
2. Family physician; GP [↑](#footnote-ref-2)