

## Summary

This dissertation deals with the development and organisation of the care of the feeble-minded in Sweden 1916–1945. The contemporary term, “care of the feeble-minded”, which is a translation from the Swedish expression “sinnesslövärd”, includes all pedagogical, social, and medical measures taken on behalf of a heterogeneous group whose very composition is itself a subject of research. In this connection, the phrase “feeble-mindedness” should not – despite a partial correspondence – be equated to the more modern term, “intellectual disability”. However, the care of the feeble-minded can be seen as a precursor of special education for people with intellectual disabilities.

The study is based on the intersection of historical and international comparative research in special education. It refers to theoretical approaches from social, institutional, regional, and oral history. Its primary aim is to show how the phenomenon of “feeble-mindedness” in Sweden was perceived as a social problem, and to describe the pedagogical, medical and social ways of acting that the problem evoked. Contemporary literature and records of different institutions were used as historical sources.

The disposition of the study goes from general to special. Following the introduction (chapter I), chapter II describes the framework in which the care of the feeble minded developed. In the first half of the 20<sup>th</sup> century, Sweden was a state in change. Modernisation covered a multitude of societal spheres, and politically a sweeping democratisation could be observed. Later than in central Europe yet exceedingly fast, the country developed from an agrarian culture into an industrial society. The social security system was based on a joint operation of private initiatives and the gradually increasing public influence. In the interwar period, the foundation for a modern welfare state was laid.

Compared to northern European neighbouring countries, the ideology of eugenics spread widely in Swedish society during the first decades of the 20<sup>th</sup> century. At the same time, in the sense of Stefan Kühl (1997), a change from an “orthodox” racial hygiene to reform eugenics could be observed. This new type of eugenics could easily adapt into the structures of a democratic state.

In the realm of education, starting in the 19<sup>th</sup> century, the increasing integration of many people into the society was contrasted with the distinct exclusion of a few, those who were considered uneducable. It should be noted that also in the case of Sweden, “normalisation and separation have to be discussed together” (Ellger-Rüttgardt, 1985, p. 109). From the turn of the century, special help-classes were created, but these remained organisationally a part of the Swedish primary school (“folkskola”). For the education and upbringing of people with disabilities – the blind, deaf and dumb, the feeble-minded, the crippled – special institutions took over, largely as a result of the normalisation of the general school system. In the beginning, these special institutions

emerged as a result of philanthropic initiatives. On one hand, their legitimacy came from moral obligation to help individuals and on the other hand from the prospect of making these people useful to society.

From the middle of the 19<sup>th</sup> century, boarding schools for idiots evolved out of homes for the deaf and dumb. In turn, these new institutions for idiots turned into a comprehensive care system for the feeble-minded. Their philanthropic tradition was reflected in the efforts of the “Society for the Care of Feeble-minded Children” (“Föreningen för sinnesslöa barns vård”, FSBV), which has founded special schools as well as the teacher training seminar Slagsta. In the course of modernisation, a new professional federation was established, the “General Swedish Association for the Care of the Feeble-minded and the Epileptics” (“Allmänna Svenska föreningen för vården av sinnesslöa och fallandesjuka”, ASF). Strained relations between the two wings of the association could be observed. On one hand, there was a traditional philanthropic and pedagogic line, yet on the other a modern psychiatric orientation of “rational” care emerged, which won substantial influence in the 1930s and the early 40s.

Following discussions about terminology and aims in chapter III deals with education and upbringing, i.e. the main issues of special education. Among educators, the term “idiocy” had negative connotations even at the beginning of the 20<sup>th</sup> century, which is why it was gradually replaced by the expression “feeble-minded”, which also, little by little, came to contain negative connotations. At the same time, a psychiatric three-part categorisation of idiocy – imbecility – debility was established. The term “feeble-minded” remained complex in its meaning, as three different levels can be distinguished: intelligence defect, failure at school, and violation of social norms. The latter is due to the rise of the term “moral imbecile” (“vanartiga sinnesslöa”) and in the establishment of state-run special institutions.

During the first half of the 20<sup>th</sup> century, the goals for the care of the feeble-minded varied. In the tradition of philanthropic-pedagogical care, the individual well-being and the social usefulness of the pupils were seen as arguments for pedagogical work. With the increasing influence of psychiatric “rational” care, the orientation towards civil utilitarian expectations became more important. The feeble-minded should receive practical training to integrate them into the fabric of society and work life.

At the beginning of the research period, in 1916, systematic evidence of pupil educability formed the basis for admission to the school system, making education for the feeble-minded exclusively a matter of special institutions. The maintenance of the social construct of “non-educability” legitimated exclusion from the special schools. Those prematurely dismissed children had at best an opportunity to return to their parents’ homes or to be accommodated in a nursing home (“vårdhem”). In unfavourable situations, they could end up in the custody of a poorhouse, old people’s homes, or psychiatric institutions.

The institutionalisation of education was dominated by boarding schools. These facilities were given an extensive educational mission, whereby the parents were seen to be overburdened. These schools usually developed under pedagogical leadership, but they were overwhelmingly separated from the regular schools. Alternatives in the form of day schools (“externatskola”) – special classes or schools for pupils who remained living in their homes – existed only in a few big towns. A day school in Norrköping founded in

1900 can be seen as a pioneer. From the 1920s, similar schools were established in Stockholm, Gothenburg, and Malmö. These day schools occupied an intermediate position between help-classes and boarding schools.

A teacher training seminar, Slagsta, held high reform potential. Above all, Slagsta instructors focused on modern teaching methods in the schools for the feeble-minded, but they did not call into question the entire structure of the school system. Many similarities between Slagsta, Séguin's "physiological method", and international progressive educationalists like Montessori and Decroly are obvious. Under such circumstances, an individual-centred education could be established early on.

In 1944-45, compulsory schooling for the educable feeble-minded was introduced, realising decades of demands by those who cared for the feeble-minded. As a result, an increasing number of children were included in the process of education. However, changes in the regulations governing primary schools entailed compulsory exclusion of those children from regular schools. However, the difficult situations in the elementary schools called for an implementation of a compulsory school law. This was in fact promoted by the difficult conditions of the wartime that, among other things, concerned lack of teachers. It should be noted that a connection can be observed between the school law of 1944-45, the law of sterilisation and the state-forced effort to utilise young people's labour power.

Chapter IV is focused on care after and out of school. In the 1920s, studies on the situation of school-leavers carried out by the educationalist Ambrosius could be interpreted in a decidedly optimistic light, contemporary doctors stressed the imminence of moral corruption. Nevertheless, there was a consensus of a further need of institutional development of the care system. On this basis, the ideal conception of "rational" care was developed, which was the central innovation of the interwar period. It included a complex structure of different institutions, intended to create homogeneous groups of clients with regards to degree of disability, intelligence test results, age, working capability, and genus. Affiliated with the boarding schools, working units ("arbetshemavdelning") were often further developed into autonomous working homes ("arbetshem"). In turn, these were connected to so-called "controlled family care" ("kontrollerad familjevård"), which offered a modest opportunity of integration into working life. New nursing homes also emerged in part of the boarding schools. They often grew to independent units and served a custodial function. Moreover, different state-run institutions were established for those of the feeble-minded who manifested "asocial" behaviours or severe disability. Different positions have been adopted on the question of governmental intervention. Geographical and fiscal policy forces were highly influential, and despite attempts toward further nationalisation, there emerged a system of mainly small, private institutions. Those homes were financed by public grants. The Danish island institutions for morally deficient persons can be seen as a model of state-run homes for the "degenerated asocial feeble-minded", founded at the beginning of the 1930s. In Sweden, closed barracks were opened for isolation of those whose behaviour or disability deviated significantly from the social norms. The principle of protecting society gradually came to the fore. On the basis of an outlook on mankind, influenced by technocratic, biologic, and psychiatric ideas, the pupils in fact became patients. In these circumstances, methods of treatment were developed that from today's perspective can be seen as cynical. How-

ever, it could be also shown that new therapies were developed at the hospital of Vipeholm. Excluded from those improvements were people with severe disabilities and whose ability to develop was denied.

Chapter V deals with the complex relation between the care of the feeble-minded in relation to eugenics. The first impulses for this discussion arose in the US before World War I. In the 1920s, an obvious orientation toward the debate in Germany can be registered, which was followed by a gradual dissociation in the 1930s, motivated by both science and politics.

Taking into account the different branches of the Swedish care of the feeble-minded, two main trends can be observed along a dividing line between medical and pedagogical occupations. First of all, psychiatrists propagated sterilisation as a central element of “rational” care. Social and economic concerns were in focus of discussions referring to the sterilisation law and its implementation. In contrast, arguments related to racial hygiene and genetics played a minor, yet pro forma legitimating role.

Unlike psychiatrists, many educationalists temporised on the question of sterilisation. A range of attitudes existed such as tacit permission, approval, acceptance, and active support. As an important result, it can be demonstrated that eugenics and the care of the feeble-minded entered into a “marriage under convenience”. The eugenic movement not only left untouched the tasks of the care of the feeble-minded – teaching, education and aftercare – but it explicitly confirmed their importance. Those who cared for the feeble-minded could in turn continue to working on educating their pupils to become useful members of society. In this way, people with mental disabilities could – within limits – live a “normal” life after their release from boarding school. As a result of this, however, social integration often meant that they had to relinquish the hope of bearing children.

Scientific investigations in Sweden have estimated the total number of sterilisations on the basis of categorisations like “feeble-minded”, “mentally retarded” etc. to be 13,600 (Tydén, 2002, p. 64). First of all, women were affected. The sterilisation law was applied with considerable variability, varying according to both time and region. The number of operations depended on the initiative of local actors, primarily principals, doctors, and welfare authorities. Within their spheres of activity, mechanisms could be established which, from today’s perspective, could be described as de facto coercive – although formally the procedures were considered voluntary.

Similarities can be found in the carrying out of castrations. In Sweden, a castration law was introduced in 1944 and some hundred persons were castrated. Almost exclusively men were involved; many of them regarded as feeble-minded or intellectually underdeveloped in other ways. Even before the castration law was introduced, some operations were carried out. They were not only performed on what we today would call sex offenders, but also homosexuals and sodomites.

In chapter V the discussions about “euthanasia” are important. German publications on the subject from the 1920s were well-known within a circle of experts, but the targeted killing of disabled or ill people was not accepted in Sweden. Only in the dehumanised atmosphere of World War II could a very few outsider positions on the subject be found. Whereas the presentation in the first five chapters is based prevalently on analyses of literature, chapter VI adopts another approach. This part of the research is a case study based on exemplary documents from regional historical archives from the south Swedish

province of Malmöhus. As early as 1916 there existed two boarding schools (Lund, Malmö) with affiliated working home units, and an asylum for the uneducable feeble-minded (Helsingborg). In the interwar period, an extension phase took place. External classes developed in Malmö and Helsingborg, first as a complement to the boarding schools, later as an alternative. These special classes emerged from the remedial classes of elementary school, and the teaching at those schools for feeble-minded children was obviously oriented toward Slagsta education. But only a small number of school-leavers reached a level of competence that was sufficient for work outside the institutions, so from a contemporary perspective it was hardly possible to transfer them into controlled family care or to allow them to live independently. However, the majority of the former pupils were occupied and fed in working homes.

The situation for people with severe disabilities was particularly difficult. They were excluded from education, and at risk of falling ill and die early, for instance from tuberculosis. The risk of infections decreased over the years, but the high mortality in Vipeholm hospital in the early 1940s underlines the special danger that faced the severely disabled people.

All contemporary statements by staff members from institutions in the province of Malmöhus suggest approval, in principle, of the sterilisation law. Also, consensus was that all sexual contact between the residents must be avoided, or if control was impossible, reproduction must be avoided by all means. The introduction of a register for the feeble-minded in Malmö in 1938 is interpreted in this study as a socio-technocratic instrument that missed its aim of increasing the number of sterilisations. At the beginning of the 1940s, the heads of the institutions tried to multiply the number of sterilisations. Across all the institutions for the feeble-minded in the province of Malmöhus, a hundred or more inmates were sterilised by application, initiative, or approval of the respective principal. This disregard for autonomy, and especially the sexuality of those concerned, as shown in the case studies, led to severe conflicts long after 1945.

Finally, in chapter VII the central research results are summarised. The interwar period is marked by contradictory developments, which is why it has to be underlined that also in Sweden there were “two lines of historical continuity” (Hofer, 2004, p. 887). The relation between coeval inclusion and exclusion came to characterise the special positions of people with mental disabilities in the first half of the 20<sup>th</sup> century. As a normalising and controlling power, the Swedish welfare state, which defined itself in its early years by criteria of social usefulness, refused full affiliation between the feeble-minded and other outsiders. At the same time, it created conditions that led, in the course of time, to a genuine normalisation of the living conditions for these groups.

The developments in Sweden clearly show that no radical political system was necessary to put the people with mental disabilities in threatening situations. In a specific political context, as for the building of a modern democratic society in times of social change, lack of adaptability to the prevailing social norms and values was sufficient. The extent of coercion that the state could exert over the individual was huge, but in no way did it match the power of the German National Socialism. Such differences do illustrate the limits of conformity between the two countries.