

NORMAL RELATIONSHIPS BETWEEN INSTITUTIONALIZED SUBNORMALS*

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PART I: GENERAL REFLECTIONS ON NORMAL RELATIONSHIPS BETWEEN INSTITUTIONALIZED SUBNORMALS

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Institutional therapy and care for human beings make it advisable to introduce some limitations on personal freedom. In most cases the limitations are required only for a short period, and the individual is again his own master within the limits of acknowledged principles of social intercourse, without any undesirable consequences resulting. As far as institutionalized subnormal individuals are concerned, quite a different situation exists. Subnormals of either sex are commonly forced to live in institutions for a very long time, perhaps for a lifetime. It is evident that as long as traditional regulations are maintained for these patients, they will all that time be living under highly unsatisfactory conditions, far beyond what is justified by their mental defect, since subnormals are in many ways not essentially different from other individuals, especially as far as their primitive impulses and their emotions are concerned. The most severe restriction in the majority of institutions for subnormals is the strict segregation of the two sexes—a drastic limitation of the primary individual rights, of greatest consequence to the individual patients, and sometimes leading also to serious consequences in the community; for instance, in cases of sexual assault.

This unfortunate policy of segregation is probably not a necessary regulative factor in routine institutional life and not to the benefit of the patients. To maintain particularly rigid rules for living conditions in institutions has scarcely any real purpose in our time. These rules were originally established because it was ~~administratively convenient and necessary~~ to protect patients, especially the girls, against sexual exploitation, but they rest on traditions with a part of its origin in religious prejudice. They still continue as a result of the old dualistic view that any sensual gratification is sin, and is the very opposite to things spiritual. Today we accept that spirit and flesh are inter-depending matters, superior to questions about good and evil. Our ethical practice should parallel this advanced view and allow people to live their own lives freely. Apart from rules of good conduct in general, there should be no more restrictions in this field than are necessary to prevent unwanted consequences of sexual intercourse, e.g., between mentally ill persons or between persons with venereal disease.

As it is, subnormal persons do not belong to the group for whom strict restrictions are inevitable or expedient (discussed below). No sensible person will deny that definite restrictions, for instance on sexual behaviour according to ethics, have essential functions in normal life, and relate to the development of harmonic and well-adapted relationships between the members of the community. The accepted moral rules of conduct in this field give an extra "dimension" to personal, family and social life, which is, after all, nothing else but a system of conventional "rules of the game." In principle these rules are certainly sufficient to regulate the behaviour of mentally weak persons too, if insisted on. Although mentally inferior persons commonly are, more or less, incapable of acquiring more advanced

*An account based on experiences gathered at Emma Hjorths Hjem, Norway (Medical Superintendent: Dr. Ole Bull Munch).

ideas about morality and of comprehending the broader aspects of sexual relationships, it is reasonable to apply the same ethical pattern of life to subnormals as to normals.

Conclusion: The rules of social life in an institution for mentally subnormal persons must be based upon rational principles, independent of institutional tradition and prejudice. Therefore: Eliminate the artificial segregation and—gradually—encourage normal relationships between the sexes. Seen from an advanced view this is only right. Subnormals also are individuals in their own right.

Well knowing that such a declaration will raise a storm of indignation and protest, we will reply to the main objections.

Objection I: Mixing of sexes in institutions will sap the foundation of common morality, especially ethics.

Reply: Not when the new views have penetrated the massive walls of tradition in our institutions, prejudice and resistance to advanced opinions. Some modifications of the existing code of ethics and a willingness to look dispassionately on these questions will be necessary, likewise an understanding of the importance of the institutional social mixing of both sexes in view of the subnormal's possible return to ordinary community life.

Objection II: The flagrant result of free social intercourse between institutionalized mentally subnormal boys and girls will be a great number of mentally retarded and deformed children.

Reply: Experiences gathered at Emma Hjorths Hjem (1) make it likely that the fear of unfortunate consequences from natural social intercourse between subnormals of either sex is highly exaggerated. Statistics show that as far as Emma Hjorths Hjem is concerned no girls became pregnant even though circumstances might have facilitated it.

Objection III: Without sterilization of the girls (or boys) the risk will be too great.

Reply: At Emma Hjorths Hjem very few patients are sterilized or castrated. Sterilization is considered to be a too drastic encroachment on fundamental human rights, as it is impossible to decide, beforehand, whether a young girl or boy could not be a relatively good mother or father one day. A responsible man or woman will hesitate before taking away from a fellow creature the ability to procreate children, because one may doubt that it is the only adequate solution to the problem. Here sound scepticism proves necessary (2).

(1) See "Mental Deficiency Services in Norway," by L. Birkelund in J. Midl. Ment. Defic. Society, 1959, No. 8, pp. 11-18.

(2) Operations resulting in sterilization or castration may be carried out on a man or woman in accordance with the provisions of the Act of 1st June, 1934. The patient would have to suffer from a serious hereditary disease or deformity which can be inherited. Mentally ill people and others with a severe mental handicap can be treated under this Act if one can be reasonably sure that they would be unable to provide either for themselves or their children. Voluntary castration is permissible in cases of persons (particularly men) who have repeatedly come into conflict with the law on account of abnormal sex drives which they are unable to control.

Permission for the operation is given by an advisory committee of experts, of which the Director-General of Health Service is Chairman. The four other members include a woman, a judge and two medical men. A normal person can make application on his own behalf, but if the person is not considered responsible for his actions, the guardian, appointed curator, institutional superintendent, police chief, etc., can apply.

At times, the Emma Hjorths Hjem is consulted regarding sterilization, and in these

Objection IV: What about mental deficiency and questions of heredity? If free social intercourse between subnormals should result in offspring, the child might be subnormal.

Reply: Yes, of course. Just as every normal person may get a child who does not develop in the right way. Perhaps the risk of mental defect in a child is commonly greater where there are parental defects, but even so the differences in the defects of the parents are probably so small that we are obliged to run that risk, until more research clarifies the connection between mental subnormality and heredity. Moreover, this risk is a small problem compared with the imminent deterioration of mankind as far as intelligence is concerned. This is a problem partly raised by the official fiscal and relief policy, which seems to favour reproduction among carriers of bad genes, whilst the most intelligent and responsible parents have only one or two or very few children, who commonly are carriers of the best combinations of genes. However, this is a question lying outside the framework of our discussion.

Summary of Part I.

1. Some limitations on personal freedom are necessary in institutions for subnormals.
2. The most drastic restriction concerning institutionalized subnormals is the artificial segregation of the sexes.
3. This policy of segregation originated in a time when a dualistic, sex-opposing view of mankind was prevailing, and strict rules for living conditions in institutions were introduced as a convenient solution to problems raised by ethical principles and considerations of security.
4. The rules of institutional life must be based on rational principles, independent of the particular tradition and prejudice still existing there. No more restrictions should be introduced than necessary to protect patients and the community against uncontrolled and noxious sexual activity. Normal relationships between the sexes should gradually be encouraged.
5. Mixing of sexes in institutions will not sap the foundations of common ethics, when the new views have penetrated the massive wall of tradition, prejudice and resistance to radical opinions.
6. One cannot over-estimate the importance of institutionalized patients of either sex mixing socially with a view to the subnormals' possible re-adjustment to community.
7. Experiences mainly gathered at Emma Hjorths Hjem, where ordinary social intercourse between boys and girls has been practised for several years, go to show that girls do not become pregnant even after a long time when circumstances might have allowed it, although sterilization is seldom performed.
8. Perhaps subnormal parents have relatively more frequently abnormal children than parents with normal I.Q.'s, but the figure is small compared with the alarming deterioration of mental capacities, essentially due to our social system, which seems to favour reproduction among inferior persons, or more correct: Maintain a policy which prevents intelligent parents from having a crowd of children.

cases the patient is admitted for observation. The opinion given is sometimes quite contrary to the almost unanimous recommendation by the officials. The observations of a medical, psychological and socio-psychological type (the interaction of milieu and individual) often pointed out that a drastic operation was neither advisable nor necessary, particularly in the cases of young people. In the last five years no girl or boy has been sterilized except on medical reasons.