

PART II: EFFORTS MADE AT EMMA HJORTHS HJEM IN NORMALIZING RELATIONSHIPS BETWEEN SUBNORMALS OF EITHER SEX IN INSTITUTIONS

JOHN ROINAAS-JACOBSEN

Secretary in charge of Emma Hjorths Hjem, Norway

Starting with the assumption that all mentally subnormal people are capable of improvement and education to a certain extent, stress ought to be laid—from the earliest possible moment—on the adequate treatment of patients who have the best prognosis of managing for themselves, entirely or partly. This concerns particularly adjustment to normal life.

We are familiar with the natural principle that in children-wards children are not segregated, yet very often they are segregated when arriving at puberty. At the Emma Hjorths Hjem we have recently gone a step further and placed boys and girls from seven to fourteen years old together in a smaller ward with accommodation for twelve children. The aim is to create a domestic brother-and-sister-milieu, and after one year's running we have concluded that the mixing of sexes does not cause more troubles than those existing in any normal crowd of brothers and sisters. On the contrary. An eight year old boy with pronounced habits of masturbation and an inclination to menace other smaller boys to assist him, stopped this behaviour shortly after transfer to the mixed ward.

As far as the adults are concerned, it is of course necessary to separate the two sexes in different wards, but here, too, certain unusual characteristic features can be observed. At Emma Hjorths Hjem there are no closed wards and no bars or locks round the institution or between the single wards. During leisure time there are no other restrictions—except in the cases of patients in need of nursing care and some disturbed ones—than a definite time when all patients must be back to the ward, the hour depending on the seasons, being later in spring and summer than in winter. The patients are also expected "in" for meals. They are not allowed to undertake distant trips without having procured permission first, but such permissions are given very liberally and are seldom abused. It may be objected that by allowing the patients such a great latitude one must reckon with a considerable number of abscondings, but experience at Emma Hjorths Hjem shows that this is not the fact. It appears that patients, who, under a more rigid regime, had been greatly inclined to run away, settle down in the more normal milieu which we attempt to establish at Emma Hjorths Hjem.

Since there are no closed wards and the patients themselves arrange their leisure time, and have mixed freely "outdoors" for several years, ample opportunities for free intercourse between the sexes are present and, in fact, to the same extent as if they were living outside the institution. The management does certainly not interpose obstacles to this, since high-grade patients are in several ways encouraged to live as much as possible normal lives. The consideration is all the time: Aided but not guided.

A very important factor in our endeavours to normalize institutional life is that the patients themselves are responsible for their wages. The system introduced means that all patients who are capable of work have a normal working day from eight o'clock to half past four, interrupted by breaks for eating. Their wages are graded by the work manager according to achievement and ability. The top wage is 20 crowns (20 shillings) a week, plus five crowns for pocket money. This amount is paid out directly to the patient, who disposes fully of his money. There is no compulsory saving, but the patients are encouraged to put spare money into

bank books, and it is surprising how many have been able to save sufficient money to buy things like portable radios, disc players, bicycles and the like in the case of boys, whereas the girls, like average girls, aim at an extra hair-do, a handbag or clothes. There is no doubt that this pay-system has given the patients increased self-reliance and has thus educational influence. It can scarcely be over-emphasised that the patients are also given the idea in this way that their efforts at work determine their living standard. They undoubtedly also feel themselves more free and their feelings of being institutionalized become less prominent. Both sexes receive equal wages. This system has also influenced the social intercourse between the two sexes by giving the patients opportunity of spending their leisure time in more varied ways. About two kilometres from the institution there is a village with well-assorted shops, restaurants and movies. It is usual that the patients themselves buy there things of different kinds and possibly finish shopping with some refreshments in one of the restaurants without arousing any animosity among the ordinary public and the waiters. Of course the patients are trusted visitors in the cinemas, sports meetings and other entertainments in the neighbourhood. As a special treat, after having procured permission, they also take a trip to the capital, Oslo, located about one half-hour by bus from Emma Hjorths Hjem.

Breaks of confidence have of course occurred, but they are more of a frivolous than serious nature. The management has also taken the initiative of forming the patients' own club, "The Star Club," conducted by a council which is chosen by the patients themselves, with help from the staff, some of whom are voluntary members. Normally there is a club-meeting every fourteenth day, where the programme offers varied entertainment produced by the patients, pictures, and, towards the end, dancing. Members pay one crown every month from their wages. The meetings are always fully attended. Except when invited by the council, no one of the staff is admitted to the meetings.

The possibly strongest objection which may be raised to the system practised at Emma Hjorths Hjem, as far as it concerns the relationship between the sexes, relates to the sexual aspect. However, during the years when this free life has been permitted in the institution, no unfortunate complications have occurred. Several of our patients of all ages have during many years kept "firm company" with their sweethearts. The couples have kept together and showed an often moving trustworthiness and dependence on each other. They commonly consider themselves as "engaged to be married" and bear engagement rings, and their amour is accepted by fellow patients and management. At "great functions" like birthdays, Christmas, etc., they give each other presents, often relatively expensive things considering their wages. It is common that the feminine partner, like any other housewife, purchases some coffee, cakes and other things to make an occasion of the week-end. In the ward for improved women there is a kitchen where the patients have the opportunity of preparing food, perhaps baking a cake or some such thing. Several of the patients commonly join in these efforts, arrange a party and invite their friends. Altogether, the living room is assiduously used for this aim. Endeavours are made to organise simple musical and community singing evenings where the patients and invited staff participate.

In winter this group—either in couples or several couples together—go out ski-ing in the excellent terrain surrounding the institution. In summer time they have ample opportunity for bathing and other outdoor life.

That sexual intercourse takes place is certain enough, but despite the fact that several of these "married" couples are not sterilized, there have been—as mentioned above—no "unfortunate consequences" of these connections. No action is taken if it is discovered that sexual intercourse has taken place. We have not the

impression that our "passivity" in this respect has encouraged more frequent and less disguised meetings. We discourage, of course, as with other ordinary people, a public exhibition of petting and kissing.

No special "sex education" is given, nor have the consequences of illicit intercourse been emphasised. It seems that our subnormals are far less sexually active than has been thought, and that this permissive and tolerant institutional arrangement does not lead to a worse situation than found commonly. Our patients are well adjusted, more content and, above all, happy patients, whose living conditions approach normal life, as far as is possible within an institution.

Questions may be raised as to new patients and their adjustment. They are placed at admission in wards best suited, and have from the beginning the same rights and duties as the "old-timers." Broadly speaking, we have found that the old patients themselves are very valuable factors in our efforts to adjust new patients, and recent admissions adapt themselves surprisingly quickly to the new milieu.

We have several examples to show that this system, if it may be called so, has been working according to its purpose. Two of our patients have now been happily married more than a year, and the husband is a very stable and clever breadwinner. He works in a factory, and his wife runs the house satisfactorily. Some of our other patients also are employed under normal conditions of labour, and—being under a certain amount of supervision—they manage very well for themselves after leaving the protective shelter of the institution.

Therefore we are on the right track. Some results have been achieved and much remains to be done, but the antiquated form of institutional life will never come back.