

Fiachra Byrne

'In humanity's machine'

Prison health and history

Last Updated: 2017

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This is the author manuscript of an article published in *Early Career Academics Network Bulletin*, July 2017.

NLM Citation: Byrne F. 'In humanity's machine': Prison health and history. London (UK): Howard League for Penal Reform; 2017.

The pernicious and damaging effects of incarcerating juveniles has long been a topic of concern and controversy for reform groups, policy makers, childcare practitioners and academics; such concerns are doubly compounded where the mental health needs of the confined young person are in question. Yet, while there is a considerable scholarly literature on the history of juvenile delinquency and juvenile justice systems more broadly, there have been few substantial treatments of the institutional detention of juveniles in the modern era outside of official and non-official inquiries into historical allegations of child abuse. Equally, aside from a small number of highly focused studies, there is a paucity of scholarly research on the history of the mental health of juveniles in secure settings. Here, I detail the change in our understanding of the juvenile offender from that of a degraded if redeemable moral agent in the nineteenth century to our current conception of the detained youth as a figure marked by psychiatric morbidity, behavioural disturbance and complex needs. One of my central findings is that the context of institutional confinement itself has been an essential factor in the long-term psychiatric pathologisation of detained juveniles. This framed the scale, manner and context of their frequent group conceptualisation as potentially dangerous and uniquely debilitated by psychiatric morbidity. This is not to argue that the presence of trauma and psychiatric morbidity amongst juveniles in custody is simply a historical construct. Nor is it an argument that the use of psychiatry for detained youths merely constituted yet another instance of factitious medical labeling for the purposes of social control. Rather I suggest that, historically at least, the deployment of psychiatric diagnoses and treatment facilities within the youth secure estate has often primarily served institutional or political needs rather than the needs of juveniles in custody.

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Prison health and history

Prisoners suffer significant health inequalities and a much higher burden of chronic illness, mental illness, infectious disease and substance misuse than the general population. Yet we lack an adequate historical perspective on these issues that might highlight continuities and ruptures in both prisoner health and prison health systems. *Prisoners, Medical Care and Entitlement to Health in England and Ireland, 1850–2000* is an ambitious, wide-ranging, comparative history project that seeks to tackle these questions from the birth of the modern prison era down to the present day. The project is funded by a Wellcome Trust Senior Investigator Award and led by co-Principal Investigators, Associate Professor Catherine Cox (UCD Centre for the History of Medicine in Ireland, University College Dublin) and Professor Hilary Marland (Centre for the History of Medicine, University of Warwick).

This is a large, complex, multifaceted project that is being conducted by a group of historians working in England and Ireland and based at four different universities. In addition to Cox and Marland, the project team includes members from Dublin City University (Dr William Murphy) and the London School of Hygiene and Tropical Medicine (Professor Virginia Berridge) and five postdoctoral researchers, two of whom are based at Warwick (Dr Rachel Bennett and Dr Margaret Charleroy), two at UCD (Dr Holly Dunbar and Dr Fiachra Byrne) and one at LSHTM (Dr Janet Weston). Dr Nicholas Duvall, who had been based at both Warwick and UCD, completed his two-year research fellowship on the project in January 2017. The impact of this research programme has also been significantly expanded with the recent addition of two public engagement officers to the project group based at UCD (Dr Sinead McCann) and Warwick (Ms Flo Swann).

The various research strands of the study include: the mental health of adult prisoners (Cox and Marland); the mental health of juveniles in custodial settings (Byrne); the physical health of prisoners, especially in regards to diet and nutrition (Charleroy); the health of women prisoners and maternity services in prison (Bennett); substance misuse among prisoners and the impact of HIV/AIDS (Weston); the aftercare of prisoners (Dunbar); the use of health in the campaigns of political prisoners (Murphy); and the place of prison doctors within the wider medical profession (Duvall). These individual subjects of historical inquiry are brought into coherence and dialogue under several overarching thematic questions: who advocates for prisoner health? To what extent are prisoners entitled to healthcare? Have human rights discourses impacted on prisoner healthcare? To what extent have prison doctors been constrained by dual loyalty to both the prison service and their prisoner patients? The project has sought to engage with these questions not only in academic fora but also at policy events and through public outreach activities. You can read more about our research and upcoming events on the project website <https://histprisonhealth.com>

My own research investigates the mental health of juveniles in custody in Ireland and England from the mid-nineteenth until the end of the twentieth century. Of course, the pernicious and damaging effects of incarcerating juveniles has long been a topic of concern and controversy for reform groups, policy makers, childcare practitioners and academics; such concerns are doubly compounded where the mental health needs of the confined young person are in question. Yet, while there is a considerable scholarly literature on the history of juvenile delinquency and juvenile justice systems more broadly, there have been few substantial treatments of the institutional detention of juveniles in the modern era outside of official and non-official inquiries into historical allegations of child abuse. Equally, aside from a small number of highly focused studies, there is a paucity of scholarly research on the history of the mental health of juveniles in secure settings. This omission is puzzling given the focus within the history of medicine on both institutions and the health of young people. This pretermission is also difficult to account for when there is such a strong contemporary focus on the ubiquity of mental health problems amongst young people in detention, concerns over the scale of juvenile confinement, and the manner in which such secure settings can cause or exacerbate psychiatric disturbance.

Frequently historical analysis of juvenile justice has been occupied with a sometimes sterile charting of the pendular policy swings towards either welfare or punishment. Instead, I detail the change in our understanding of the juvenile offender from that of a degraded if redeemable moral agent in the nineteenth century to our current conception of the detained youth as a figure marked by psychiatric morbidity, behavioural disturbance and complex needs. One of my central findings is that the context of institutional confinement itself has been one of the essential factors in the long-term psychiatric pathologisation of detained juveniles. This framed the scale, manner and context of their frequent group conceptualisation as potentially dangerous and uniquely debilitated by psychiatric morbidity. This is not to argue that the presence of trauma and psychiatric morbidity amongst juveniles in custody is simply a historical construct. Nor is it an argument that the use of psychiatry for detained youths merely constituted yet another instance of factitious medical labeling for the purposes of social control. Rather I suggest that, historically at least, the deployment of psychiatric diagnoses and treatment facilities within the youth secure estate has often primarily served institutional or political needs rather than the needs of juveniles in custody.

My research, in large measure, also constitutes an analysis of the historical processes whereby juveniles in custody have been increasingly understood in psychiatric terms in England and Ireland. This development rested upon the emergent notion, fostered by reformers such as Mary Carpenter (1851) from the mid-nineteenth century onwards, that the incarcerated juvenile offender was psychologically and morally distinct from his or her adult counterpart. For such juveniles the prison was increasingly perceived as a potential site of moral contagion whose disciplinary systems were inimical to the natural processes of child development. Instead, for juveniles, the prison as a primary site of detention was increasingly marginalised with the creation from the mid-nineteenth century of specialist youth detention facilities, such as industrial and reformatory schools. Indeed, in both England and Ireland, this tendency would lead to the eventual establishment of separate and discrete youth justice systems in the early twentieth century. The proliferation of new institutions for 'infant malefactors' was initially founded on the hypothesis that governors and staff could effect rehabilitation through the exercise of moral suasion over their charges and the nurturing of affective bonds. However, the reality of regimented institutional regimes coupled with attendant disciplinary problems and 'disturbed' or at least 'disturbing' behaviour often served to undermine this seemingly beneficent rehabilitative model.

In England, by the late nineteenth century there was a further shift in emphasis, as medical and psychological discourses increasingly framed delinquent juveniles in terms of mental deficiency. Yet, even following the passage of the Mental Deficiency Acts (1913, 1927, 1931, 1938), juvenile courts were reluctant to embrace a model of mental defect to account for juvenile offending. Nonetheless, outside of the court setting, mental deficiency became increasingly important to the internal organisation of juvenile detention institutions. This was perhaps especially true in the borstal system, where Feltham functioned as a singular repository for 'backward' boys. This development, together with the growth of child guidance and psychiatry services from the interwar period, would provide the impetus for the later post-war psychologisation of the detained juvenile in England. In the Irish juvenile justice system, by way of contrast, the concept of mental deficiency due to the non-extension of the Mental Deficiency Acts lacked legal and institutional purchase, child psychiatry and psychology had little foothold until the late 1960s, and there was considerable cultural resistance to conceptualising the population of industrial and reformatory schools in terms of mental aberration. These factors were critical to the later development in Ireland of a psychological understanding of the juvenile offender in custodial settings.

Yet, despite their significantly different historical trajectories, in both England and Ireland the post-war period constituted a significant watershed in the treatment and understanding of children and youth in custodial facilities. In both cases, the often fitful and partial institutional renewal of juvenile detention facilities was advanced primarily through an attempt to refashion the 'emotional regimes' operating in these facilities. This development was driven by the increasing recognition of the emotional needs of such youthful offenders in detention and their reframing through the categories of psychiatric morbidity. The dominant psychological model underlying such changes was the post-war attachment theory of John Bowlby, or 'Bowlbyism', as Mathew

Thomson (2013) phrases its wider popularisation. The influence of Bowlbyism in official reports seeking to humanise residential institutions for juveniles is evident in England dating from the landmark *Report* of the Curtis Committee (1946). Ultimately, however, in England the psychological model provided by attachment theory proved inadequate for the needs of custodial institutions and it was deemed necessary to medicalise security. The medicalisation of security refers to the policy of conceiving of external security not simply as a means of containment but as having a therapeutic role in providing the necessary stability for the development of emotional wellbeing, personal autonomy and self-discipline. A focus on the disturbed and disruptive juvenile from the late 1960s in England was an important element in the notable expansion of child and adolescent detention throughout the 1970s. Specifically, the medicalisation of security as potentially therapeutic was a key factor allowing for the institutional renewal of secure institutions whose expansion continued unabated until the early 1980s.

In Ireland, in what is a species of transfer history, Bowlbyism, in local translation, informed part of a mounting critique of existing childcare provision throughout the 1960s that reached its culmination, and official sanction, only in the issuing of the seminal *Kennedy Report* (1970). Indeed, such intercultural transfers were highly relevant to the emergence of an incipient model of professionalised residential childcare in Ireland, including custodial settings. The lay and religious agents of this intercultural transfer, on the basis of their own training and expertise, sought to displace older variants and organisational providers of childcare in Ireland's increasingly archaic industrial school system. Their cultural and accredited acquisition of the social and human sciences knowledge underlying their authority was, however, heavily mediated through a dominant Catholic, 'socio-spiritual' cultural space (Skehill, 2004). In Ireland, the advent of modern psychological approaches to the child, evident from the late 1960s, served to increasingly delegitimise an archaic nineteenth-century infrastructure of juvenile detention facilities as profoundly inadequate, and significantly accelerated an already ongoing process of juvenile decarceration.

In England and Ireland, gender was a critical component in structuring the youth justice estate. During the twentieth century in both jurisdictions girls were significantly more likely than boys to be detained for status offences rather than criminal behaviour. This differential treatment was in part informed by deep concerns over the supposedly 'wayward' sexual precocity of such girls. In England, female juveniles in custody came to be deeply pathologised, especially during the 1950s and 1960s, as much more psychologically disturbed and difficult than their male counterparts. Conversely, in Ireland, despite the fact that a proportionately much higher population of girls were in custody for much of the twentieth century, the psychologically disturbed female juvenile offender was hardly a category of any salience whatsoever within either the judicial system or the penal estate. When the psychologically disturbed juvenile offender eventually emerged in Ireland during the 1960s it was a markedly male figure.

It is my aim and belief that this research, resulting in a book length study, will provide a proper historically contextualised account of how juveniles in custody have come to be understood increasingly in terms of psychiatric morbidity in the present day. It will also elucidate some of the benefits and dangers of framing this institutional population through the lens of mental health. In particular it will highlight the potential dangers that derive from such a pathologisation when it is driven by institutional needs rather than from a careful evaluation of the individual needs of juveniles in custody.

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