Abstract

Title: Easily Handled and Adaptable: Historical Images of a Psychiatric Nursing Home and its Patients

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The easily handled mentally ill were the not fully recovered but "quiet" and "amenable" patients, who in ever rising numbers inhabited the Swedish state-owned mental hospitals during the first decades of this century. For this group the county councils started to establish special nursing homes from about 1930.

The object of the dissertation is both documentary and analytical. Some specific questions are posed and discussed, concerning the historical variability characterizing this type of care, up to and including its final dissolution in the 1980's and 1990's. This is done on the basis of three different levels: the level of societal administration, the local institutional level (which is constituted by a case study of Fontinhemmet in Kungälv) and the patient level. The principal discussions are mainly referring to the theories of Mary Douglas, an anthropologist of knowledge, as presented in her book How Institutions Think (1987).

In the history of Fontinhemmet two dramatical changes of the institutional thinking, as well as of the social and spatial organisation, are found. In view of this fact the development of the nursing home could be described as consisting of three rather distinct periods: The self-supporting period, the medicalization-professionalization period and, finally, the normalization period.

In the diachronic perspective, the local institution Fontinhemmet, is mainly seen as an open system, to a strikingly high degree receptive and adaptable to influences from its institutional environments. In the synchronous perspective, though, and more specifically at the time of a project in the 1980's, it could be observed that the nursing home staff had a considerable autonomy and influence on the course of events.

Three subsequent styles of thought are thus identified that have been determining for the treatment of the easily handled patients. The adaptability of these patients in accordance with the cultural changes is demonstrated both in regard to them as a group and as individuals. It could be argued, that none of these styles of thought was constituted primarily in order to promote the interests and needs of the easily handled patients. The seclusion of this group of patients, first from ordinary society and then from the institutions where they had been living for decades, took place and was legitimized in order to satisfy interests of a higher priority.