Chapter 13

Conclusion: prisons of benevolence, repression or ignorance?

In sum, the history of incarceration is too complicated to allow for 'either-or' approaches. It is not a question of reform or social control, ideology or reality, nobility on the one hand or capitalism on the other. There is no quick fix available — not in public policy when it comes to trying to solve the problems of crime or mental illness or poverty — and not in history either. Put most succinctly, and without all the requisite qualification, there remains a critical distinction between ideology and history, even if it takes a while to reach it.¹

At the commencement of responsible government Tasmania's aged poor were seen as an undeserving social element, to be isolated and incarcerated in secluded penal establishments. By 1901, while not fully embraced by all in society, there was, nevertheless, overwhelming acceptance that they were deserving of vastly improved care and succour than had been the case in 1856. Within the bounds of the existing historiography, there are three ways of accounting for this process of change. The progressivists would argue that this transformation resulted from the benevolent actions of middle class reformers motivated by humanitarian concerns to improve the conditions of those less fortunate than themselves. The advocates of the social control theory would explain the changes as the outcome of a social policy designed to not so much discipline deeper, but to discipline better. Still others, such as David Rothman and Gerald Grob, would interpret the shift in mentalité as the unforeseen consequence of a multitude of related and unrelated cultural interactions.

This thesis has demonstrated that none, and all, of the existing models explain this substantive social transformation. The issues involved are manifold and complex, but do not defy analysis. The evidence is fragmentary, often contradictory, and infused with middle class ideology, but it does not
preclude a history of the aged poor in Tasmania. It is clear that middle class opinion fractured and can be loosely categorised into two contrasting viewpoints. One of these sought to employ the institution as a means to impose social control and order, while the other articulated an alternative outlook which campaigned for improvements in the care of the aged poor. While the second of these gained ascendancy over time, the boundary between both camps was porous. A feature common to both views is that they can be seen as a means of establishing middle class identity in relation to invalids. Thus according to one model, middle class respectability was emphasised as the antithesis of invalid disorder, a point reinforced by attempts to control the undeserving and hence highlight its position as an ‘other’ which stood as a binary opposite to respectability. By contrast, the second perspective sought to make the invalid the subject of middle class virtue, a surface upon which philanthropy could be played out in the same fashion as a library, or any institution of benevolence, could be physically erected. While both positions may have shared remarkably similar impulses, their impact upon the lives of aged invalids could not be more different. It is also apparent that the repercussions of these two standpoints, although in many ways diametrically opposed, helped to drive each other in an inter-related, if unintended fashion.

The discourse, in its entirety, which took place between and within social groups gave meaning to class structure. Within the context of this thesis, the pauper and invalid were important in defining a middle class in Tasmania because they were a social division that the middling classes could perceive that they were not, that they did not wish to be. Invalids acted as a mirror for other social groupings to view their reflection, enabling demarcation between themselves and others. In regard to the middle class, they occupied a space that was only entered to gratify feelings of pity, charity, philanthropy, to titivate, and to reinforce attitudes of superiority. Such visits supported the

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indoctrination of beliefs of superiority held by the middle class which pressed upon them their ability to use the capitalist system to secure for themselves an independent existence outside of such spaces. They could go home after their visits to a life of comfort; the invalid could leave as well but not to comfort. The middle class structure of beliefs — its paradigm, was based upon the notion that individual labour and sacrifice in the present generated the wealth to secure ongoing liberty in the future. The vagrant pauper and invalid was seen as opposing this fundamental, and therefore needed to be both re-educated and punished, and thus they were sent to the depot. This is why paupers and invalids were both initially feared and loathed, because they represented an assault on this principle, and later pitied when the system reinforced the ‘truth’ of this value in middle class minds, as liberty was stripped through confinement to institutional spaces. The existence of the institutions maintained and reinforced both the political and economic power of middle classes — the institutions were the physical manifestation of that power. As they unintentionally gave visibility to the invalid so too did they also give identity to the middle class.

Refined inmate classification, increased surveillance, institutional specialisation, centralisation of administrative power, improved bureaucratic professionalism, case management, medicalisation of institutions and more detailed record keeping were strategies increasingly used to control the lives of the aged poor. Invalid visibility was an unanticipated consequence born out of these developments. They were the mechanisms which unconsciously and unintentionally drove reform in the sense that the concentrating of invalids in built space made them more visible in mental space. This ‘visibility’ led to the adoption of a progressive reform doctrine designed to direct the management of the aged poor. The implementation of this agenda was inextricably linked to classification, centralisation and specialisation. Effective classification of paupers, specialisation between charitable institutions and concentration of the aged poor in centralised institutions, resulted in a greater understanding of the issues confronting invalids, particularly in terms of their medical requirements and the internal
differences within their ranks. An awareness that invalids suffered specific age related conditions and that this needed to be reflected in their care, management and treatment was a direct consequence the power/knowledge relationship derived from implementation of the new disciplines.

While Foucault would have had no problem with 'reform' leading to better health care, arguing that such a development would have led to a more comprehensive control over the individual, he did not acknowledge that the tools of discipline led to humanising the individual because of greater visibility in society. Inspection, examination, classification, specialisation and surveillance had the unintended consequence of humanising the invalid. They resulted in the predicament of the invalid being laid bare, thus the body of the inmate was literally exposed to public scrutiny, despite the high walls erected around the boundaries of Tasmania's charitable institutions. Foucault's disciplines were the decontamination or purification agents which facilitated the transcendence of invalids from their mid-century designation of undeserving moral contaminant to unfortunate worthy recipient of social relief.

The social control theorists uphold a position that charitable institutions formed part of a system for installing discipline in, and managing, an emerging proletariat. In Tasmania, the institution did play a central role in the charitable system throughout the latter half of the nineteenth-century. Economic circumstances, in particular the 1890s depression, saw the housing of the aged poor in institutional space continue far longer than might otherwise have been the case, due to the economically viable management solution they offered in financially constrained times. This depression had a notable impact upon prevailing social ideology. This event was a salient ingredient in reshaping the mentalité of late nineteenth-century Tasmanians. Yet considerations of such cataclysmic episodes in the life of a society rate particularly low in the rationalisations of the social controlists, or else it is argued they act as motivation for further refinement of the mechanisms of social management due to the disturbance they cause to social order. Here it
is argued that this event so significantly impacted upon the socio-economic circumstances in Tasmania, as to bring into question the principles underpinning social control and the validity of middle class virtues as a means of guaranteeing security in old age. Poverty became an economic misfortune, not a crime.

In terms of the process of social change, institutions did play a role in that they aggregated invalids and permitted the implementation of the disciplines of social control, which in turn identified the characteristics of the invalid. But with regard to a Foucaultian ideology, the question must be asked — what evidence is there for a defined social agenda for the institutional management of pauper invalids, and can institutionalisation be perceived as an orchestrated rationale for implementing social change? The evidence siding with Foucault and his cohorts, on this point, is debatable. While the colonial administration accepted, albeit reluctantly, that the issue of invalid management required the involvement of central government and the expenditure of public monies, its initial attempts to address invalidism were not coherent; they bore all the marks of a piecemeal, *ad hoc* development, as opposed to a deliberate systematic plan of control. They stumbled down the road of charitable administration. Not until at least the 1880s, with the centralisation of southern charitable institutions at New Town and the development of a proficient, well coordinated, public and private bureaucracy administering outdoor relief, could there be said to have been a deliberate planned attempt made at controlling and reforming social deviancy. While society attempted to introduce its control measures, it must also be remembered that the invalids were not passive participants in these events. They resisted the imposition of these disciplines and they proved to be proficient adversaries in manipulating the charitable system to their advantage. Social change did not involve one way traffic from a dominant group to a subservient element, rather it was a negotiated dialogue.

Coultman Smith wrote of a *Shadow Over Tasmania*, but that hated convict stain has also cast a pall over Tasmania’s colonial history, blinding historians in
their capacity to see other reasons for influencing social change. This study has attempted to remove some of these blinkers by exposing the bearing that other developments had in transforming social attitudes and practices towards the aged poor. Brown, Breen and Hargrave have all stressed diminishing emancipist numbers as the prime rationalisation for the decline in institutionalisation of the aged poor at the close of the nineteenth-century in Tasmania. They have also argued that the decline in the ex-convict population was responsible for changing treatment regimes, management structures and community sentiment. This research has shown that this demographic change, in itself, cannot maintain uncontested centrality. The transformations which took place were a universal phenomenon and must be elucidated within this context. They were evident in the neighbouring Australian colonies and observable on the international stage.

Pat Thane, in *Foundations of the Welfare State*, has elucidated this point in relation to a broad spectrum of nations, including Australia, Japan, Russia, Germany, Norway, the United States and Britain. In this work, Thane asks the pertinent question:

Why then did societies at such different stages of economic development, some primarily industrial, others primarily agricultural, begin at around the same time to take similar types of action on certain similar social problems?

In answering this question, Thane points to the similarities in the types of pressures that developing economies, be they agricultural or industrial, and irrespective of their level of development, were facing from the 1870s onwards. She argues that it was the issue of ‘globalisation’ of the world economy, and the pressure this placed upon markets to maximise productivity and efficiency, which was the most notable causal agent in influencing social change. This tension resulted in escalating demands being

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placed upon labour, as employers attempted to maximise workforce potential and became increasingly aware of the capital value of labour. Such actions generated reactions from workers culminating in the expansion of labour movements. Another result was that inefficient members of the workforce, such as the aged and infirm, were gradually removed. Thane maintains that:

"Older and slower workers found themselves laid off, having previously expected to work for as long as they were physically able. The historically new notion of a fixed retirement age spread through Europe, America and Australasian business. Provision of occupational pensions and pressures for the provision of publicly-funded pensions enabled employers to make this change with clear consciences. . . . The relative roles of employers and of the state in such provision varied from country to country, but these changes are noticeable everywhere."\(^5\)

Thane also reasons that new measures which improved the condition of aged workers also had the proviso that they contained and repressed organised labour protest for greater material and political advantage. It was believed that the introduction of improved welfare benefits would act as a disincentive for workers to engage in organised labour movements.

While previous researchers have stressed the decline of the emancipist population, and in particular their replacement in charitable institutions by free immigrants and native born, as the explanation for the conspicuous changes observed in the treatment of Tasmania’s aged and infirm poor in the last decades of the nineteenth-century, Thane’s research clearly obligates consideration of this issue within a far wider context. Convictism merely gives local flavour to a phenomenon observable worldwide as capitalism began its relentless pursuit of a global economy. The lesson for historians interested in Tasmanian history is to look for agents other than the legacy of the convict system to explain change. In regard to the administration and management of pauper invalids, part of the explanation does lie in changing emancipist demographics, but this is not the whole story, nor is it necessarily the most significant factor. The fact that similar changes were taking place in South Australia, where there had been no convicts, as well as in countries as

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diverse as Japan, Russia, Germany, Denmark and Britain, reinforces the need to look for other interpretations. This thesis suggests that the consequences of the apparatus of discipline are one such interpretation. That is, while not denying that demographic change played a part in influencing social perception, it is proposed that a more exacting visibility of the individuals forming the invalid population was a more significant agent in facilitating change.

Although there have been massive societal changes since Federation and the mentalité of the poor law has tended to recede into the recesses of our collective consciousness, along with its language of deserving, undeserving and pauperism, it is still with us in many ways. Pauperism is what contemporary governments refer to as ‘welfare dependency’. For example, the Howard Government’s major paper on the subject, released in 1999, was entitled ‘The Challenge of Welfare Dependency in the 21st century’. This paper demonstrates that official fears over the spectre of the poor have mellowed little in the last 100 to 150 years. It reveals that, at least at the political level, it is still acceptable to blame those least able to fight back. Governments are still willing to deflect serious questioning of the shortcomings of the capitalist system, and the institutions it creates to manage its failings, by focusing community resentment on the perceived inadequacies of those individuals who are left in its wake.

The designation ‘undeserving’ is identified with the deviant. Last century these individuals were hidden away in institutions in order that our social disgrace should be ‘out of sight, out of mind’. A century-and-a-half of subconscious training has rendered us a people capable of selectively culling from our vision those same social images which so disturbed the sensibilities of the Victorian middle class, so today we can walk by the sidewalk beggar with only a fleeting fear of ‘contamination’. However, the late twentieth-century policy of community care and decarceration, particularly of the mental hospital patient, has again pushed to the forefront images which
disturb our sensibilities and give visibility to social outcasts in much the same way that the aged and infirm poor did in the nineteenth-century.

Finally, this is a story with contemporary relevance as today's society wrestles with how to manage the ageing 'baby boomer' population. At present it is unclear as to what direction society will head, but what is certain is that we as individuals, all of us, have an opportunity and an obligation to ensure that the mistakes of the past are not repeated in the future. Almost 150 years after the first aged and infirm crisis was recognised in Tasmania another, remarkably similar, appears to be challenging contemporary society.

**Acute bed shortage**

24 beds at the LGH are taken up by elderly patients because they have nowhere else to go. MANDY SMITH reports.

Twenty-four beds at the Launceston General Hospital are tied up by elderly Tasmanians, some suffering dementia, while they suffer the long wait for a nursing home or hostel bed.

It was revealed on Thursday that the Royal Hobart Hospital was accommodating 34 elderly people, the equivalent of a full medical ward, with some being left waiting on emergency ward trolleys for up to 15 hours before being admitted.

The admission by Health Minister Judy Jackson came as part of an attack on the Federal Government for failing to provide enough aged care beds in the State.

Ms Jackson yesterday said that there were 600 Tasmanians on the aged care waiting list and at least 115 were being cared for in hospitals because they had nowhere else to go.

LGH chief executive officer Liz Stackhouse said that the hospital yesterday had 24 patients awaiting placement in care facilities.

'Sometimes there are more than that,' she said.

The wait could sometimes be considerable, Ms Stackhouse said, with patients suffering dementia particularly hard to place due to limited dementia care beds.

She said they required specialist care and that while the hospital was looking at extra training for nursing staff, the layout of the hospital was not ideal for caring for dementia sufferers.

Ms Stackhouse said that the only solution was an increase in aged care beds, in line with Tasmania's ageing population.
The Federal Government announced funding for 123 more beds in Tasmania this week, but Ms Jackson said that it could be years before the beds actually became available.

'I mean it's no good just allocating them, there has actually got to be places and now the nursing homes and the organisations are finding they haven't got the capital to build the beds,' Ms Jackson said.

THE EXAMINER, Saturday, April 7, 2001, p. 6.