

# **Backward Bodies and Medical Minds: Modernity and the Backward Child in Belgium (ca. 1900 - ca. 1930)**

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What counts in the things said by men is not so much what they may have thought or the extent to which these things represent their thoughts, as that which systematizes them from the outset (Foucault, 1963: XIX).

*In this article the authors are focussing on the start of special education in Belgium to which the impetus seems to have been provided by the patronage movement, an international network dealing with the protection of the child. Ovide Decroly's scientific works in the fields of psychology and special as well as new education were closely related to this network and, thus, are taken as the starting point for exploring the construction of the Brussels special education section in the first part of this article. In the second part the authors are presenting some reflections on this case study. The emergence of the special education section is linked to the professionalization of medical practices. There are real people acting on other real people in the past, yet these people and their actions cannot be seen as the fundamental basis of an historical reality or the starting-point of a specific process, like e.g. of medicalization. Therefore it is necessary to historicize and to pay attention to the 'wild profusion of entangled events' in which both subjects and objects are created. In a concluding remark the authors argue that, although 'disentangling' implies a certain 'simplification', this doesn't mean that it has to result in a 'simplified' history as it exactly enables countering a simplified one-directional approach regarding a subject (the medical mind) that creates or represents an object (the backward body).*

## **Exploring the Special Education Section in Brussels**

The founding of the Municipal School for Special Education in Brussels in 1897 is generally considered the start of special education in Belgium. Although compulsory education is often considered to have provided the impetus for special education, this does not seem to have been the case in Belgium. Compulsory education certainly has served over time to bring more low achieving children into the schools and has been a catalytic factor in the breakthrough of special education (Dekker, 1996: 264; Franklin, 1989: 576-577; Copeland, 1999: xii; Armstrong, 2002: 450), but it was introduced in Belgium only in 1914, or almost twenty years after the foundation of the first special school. As in France, for instance, it seems that we have to rely on external pressures or an impetus outside of the schools in order to explain the emergence of special education (Vial, 1990; cf. De Wilde, 1992: 350).

This impetus seems to have been provided by the patronage movement, an international network that focussed on protection of the child. It was firmly embedded in Belgium (Dupont-Bouchat, 2002). The pioneer and promoter of this 'International of the New Philanthropists', as it sometimes was called (Dupont-Bouchat, 2002: 551; cf. Harris, 2004), was Jules Le Jeune (1828-1911), the Belgian Minister of Justice between 1887 and 1894 and the Belgian exponent of the new philanthropy. Influenced by criminal anthropology, Le Jeune was particularly interested in the problem of juvenile delinquency and recidivism, which had become one of the main targets of child-welfare work in Belgium (Van Gorp, Depaepe & Simon, 2004: 595-596; Dupont-Bouchat, 2002: 555-557; see also Gould, 1977: 120ff.). Because of his pioneering role in child-welfare work, Le Jeune was chosen in 1901 as honorary chairman of the new founded *Société Protectrice de l'Enfance Anormale* (Society for the Protection of the Abnormal Children, subsequently referred to as SPEA), an organization that was initially concerned with the fate of the children who had left special education. It continued to monitor them closely during their apprenticeship and to help them find a suitable path in life. It also sought suitable ways to improve the situation of the abnormal children, which it judged to be miserable (Decroly & Jonckheere, 1904: 56). As a result the SPEA was closely associated with special education in Belgium from the very outset to around 1930.

This close relationship was emphasized by Ovide Decroly (1871-1932) and Tobie Jonckheere (1878-1958), two leading figures of the Belgian patronage movement with regard to the abnormal child, who in 1904 referred to the SPEA to explain the foundation of the then existing special schools and classes not only in Brussels but also in Antwerp and the Walloon industrial town of Verviers (Decroly & Jonckheere, 1904: 58). Thus, the foundation of the SPEA seems to have been the formalization or concretization of an already existing group. Decroly in particular, in his capacity as medical officer in the Brussels special education section, but first and foremost in his twofold capacity of psychologist and educationalist during the period from 1901 to 1932, seems to be a very suitable starting point for exploring the construction of the Brussels special education section. Elsewhere we have argued that Decroly's scientific works in the fields of psychology and special as well as new education were closely related to the network described above (Van Gorp, Depaepe & Simon, 2004; Van Gorp, 2005; cf. Depaepe, 1990). For that reason we might consider Decroly, throughout his scientific works, to be a prominent spokesman of a network that was explicitly related to the section mentioned. This implies that below, where the name of Decroly is mentioned, his name could have been easily replaced with another one, and that we will also refer to other agents, acting within the same network and sharing similar opinions.

### *Modernity and the Unfortunate Child*

In 1906, Decroly stated that the remarkable increase in youth delinquency and recidivism was one of the phenomena of social life that demanded the full attention of those who were concerned with child welfare (Decroly, 1906). Modern society was characterised by industrialisation, urbanisation, impoverishment, disease, poor hygiene, and criminality. It was a society in which the 'social plagues' or 'social ills' – in the first place alcoholism, syphilis, tuberculosis – held sway (Decroly, 1904; cf. Tollebeek, Vanpaemel & Wils, 2003; Depaepe, 1990). According to Decroly, the causes were above

all economic inherent in the progress of civilization, especially the rapid growth in the population and the existence of compact agglomerations, which formed attractive milieus for degeneration and lawlessness. In addition, the individual also had to be taken into account: hereditary properties, mostly linked to an intellectual decrease due to illness or other reasons, could manifest itself in less resistance to harmful environmental factors. In the alleys of the large cities, the child was confronted mostly by low and antisocial scenes (Decroly & Buyse, 1923: 56). One could apply this situation to many of the backward children who were living in the large cities. Decroly called them ‘the future recruits for the army of the degenerate who probably would end up in jail’ (Decroly et al., 1906: 226; cf. Decroly, 1909b). It was obvious that these unfortunate children had to be dealt with and taken of, for they were not culprits themselves but rather victims of modernity (Demoor & Decroly, 1904: 318; cf. Decroly, 1906).

With regard to this image of the child-victim, Marie-Sylvie Dupont-Bouchat referred to the construction of a new object by the end of the 19<sup>th</sup> century, i.e. the child in danger or the child-martyr (Dupont-Bouchat, 2002: 561-562). However, the notion of the child-martyr seems to be inadequate, for it referred only to what Decroly called sentimental, humanitarian and philanthropic motives to apply oneself to the problem of the unfortunate child (Decroly, 1902a). According to Decroly, this philanthropy was a good thing, but since it started from the premise of misery it could be mere eyewash (Decroly & Degand, 1907: 232-233). It considered misery, vices, delinquency and the dregs of society as the inescapable fate of society, as necessary plagues (Decroly, 1905a: 22). Abnormal children were the price one had to pay for the progress and welfare of society (Decroly, 1924a: 139); cf. Nyns, s.d.: 12). Social life demanded gradually more and more, and modern society was very complicated with the result that it itself created, as it were, the backward child. However, on the other hand this modern society was also able to withstand the social plagues. And the ultimate motive was a society freed from social plagues, i.e., the dream of an ideal, peaceful and prosperous life, in short: the ‘new era’ one longed for.<sup>1</sup>

Therefore, Decroly liked to stress that the patronage of the abnormal child was far more than only charity. The SPEA not only helped the unfortunate children – who were often the object of mockery – out of pity (Decroly, 1902a; Demoor & Decroly, 1904; Decroly, 1909b; Decroly, 1920: 1; Decroly, 1924b; Nyns, s.d.: 12). The ‘new’ philanthropists could be distinguished from the ‘old’ philanthropists on the basis of their distinct socio-economic motives (cf. Harris, 2004: 2, 184 ff.). Abnormal children not only were a threat to themselves but also to society (Demoor & Decroly, 1904; Decroly, 1909b). The future of the human race was at stake to the extent that the fear of degeneration of the social body was equated with the fear of the decline of the human race (Decroly, 1904: 406-407; cf. e.g. Chamberlin & Gilman, 1985; Herman, 1997: 13-45, 109-146; Pick, 1989; Tollebeek, Vanpaemel & Wils, 2003). It was absolutely necessary for society to be cured of this illness otherwise it would be stricken with gangrene ([Decroly], [1904]: 24). But Decroly and his colleagues from the SPEA refused to believe that the social plagues were necessary, terminal plagues ([Decroly], [1904]: 21-22). These plagues were curable (Decroly, 1904: 407)! Youth delinquency was a

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<sup>1</sup> Compare also with new education and the periodicals of the New Education Fellowship, like e.g. *The New Era*, *Pour l’Ere nouvelle*, and *Das Werden Zeitalter*.

symptom of an injured society, and prisons were pernicious bandages that, instead of cleansing the wound, gnawed away at society like a cancer ([Decroly], [1904]: 23).

Consequently, in order to cure society of its diseases one had to renounce the old metaphysical conception of good and evil (Decroly, 1906). The delinquent child all too often was considered to be not only a dangerous subject but also a subject one had to punish, someone one had to take revenge upon. According to Decroly, this conception 'of another era' had to be replaced with the 'modern' notion of crime as an illness. The best remedy was called 'protection' and that notion rhymed with 'prevention' (cf. Dupont-Bouchat, 2002: 561). Decroly liked to use the aphorism 'one more school is one less prison' to indicate what was essentially needed to be done in order to act in an adequate preventive way (Decroly, 1902b: 399).

### *Castaways and Rescuers on the Waves of Modernity*

Indeed, only the school could lead society and, in particular, the unfortunate child out of its misery (Decroly, 1904: 410). But the traditional school continued to prepare the child for bygone times instead for the future (Decroly, 1906). The expression 'school for life' would become the catchphrase to emphasize that one had to try to relate the school to life, i.e., the complicated and changing modern society (e.g. Demoor & Jonckheere, 1920: 283, 329; [Decroly], [1904]: 9-10; cf. Franklin, 1989: 578-579; Armstrong, 2002, 444-446; Harris, 2003).<sup>2</sup> One had to arm the children against the temptations and dangers of real life with a view to their participation in 'the terrible and terrifying struggle for life' (Nyns, s.d., 16). Actually, this meant that the 'solidarity for life' had to replace the 'struggle for life' ([Decroly], [1904], 10). Thus, we are able to explain the emergence of the Brussels special education section from the establishment of a particular type of special classes intended for the victims of modernity, i.e. the backward child and in particular what one called *l'arriéré au point de vue pédagogique* (the backward child from an educational point of view, sometimes also called the 'educationally' retarded children).<sup>3</sup>

This backward child from an educational point of view was a child of which 'a certain intellectual lethargy' made it impossible for it to take classes successfully (Frickx, 1934: 20-21). This 'lethargy' was largely the result of frequent school absenteeism and/or an unfavourable milieu. One had to distinguish the 'backward child from an educational point of view' from those 'from a medical point of view', among which one could find the 'real' backward children (Demoor & Jonckheere, 1920: 328-331; Decroly, 1905b: 3; Decroly, 1905b; cf. Descoedres, 1916: 17; De Wilde, 1992). We have little statistical data concerning this specific category of abnormal children. Before 1909, Decroly surveyed the 'educationally' backward children and estimated their number at about 300 in Brussels (Decroly, 1909b). In 1915, Jean Demoor and Tobie Jonckheere noted that, according to several surveys conducted in Belgium, one could estimate the number of

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<sup>2</sup> Within the context of the New-School movement the principle 'for life, through life' became the stereotype slogan which raised both Decroly's 'new school', the *Ecole de l'Ermitage* (founded in 1907 and better known as the school 'for life, through life') and his progressive educational method to the educational ideal par excellence, at least according to his followers. One might also relate this slogan to the notion of citizenship.

<sup>3</sup> This specific notion of 'the backward child from an educational point of view' appeared the first time in Demoor, 1901.

backward children – both ‘educationally’ and ‘medically’ – in the big cities at about 10% of the total number of pupils in primary school (Demoor & Jonckheere, 1920: 329; cf. Jonckheere, 1909<sup>2</sup>: 28-29). In any event, the special school founded in 1897 was initially intended particularly for the category of ‘educationally’ backward children (e.g. Frickx, 1934: 20-21, 106; Demoor & Jonckheere, 1920: 332-334). The school consisted of eight classes and started with a population of 321 boys.

This special school replaced some ‘premature’ special classes, which had been operating since 1890 but without using special educational methods. Already in 1902, the city council had decided to establish, in addition to the special school, five special classes attached to three ordinary primary schools for girls. The following year in 1903, four special classes were attached to School No. 7 and three to School No. 10, two ordinary primary schools and both intended for boys. This resulted in two groups of classes intended for ‘educationally’ as well as ‘medically’ backward children. The first group consisted of the special school and of the three schools with classes for backward girls. The second group consisted of the two schools with classes for backward boys and was placed under the supervision of Decroly as the medical officer. In 1906, the Brussels special education section consisted of, alongside the special school, 26 special classes, spread over seven ordinary primary schools (Frickx, 1934: 28-29).

According to reports it has always been, from the very beginning, a subject of discussion whether or not one should keep the special school (Frickx, 1934: 29-30). It was argued that the backward child could benefit from special classes attached to ordinary schools, since living among normal children certainly would have a favourable influence on their development. However, three other reasons dominated this consideration: an economic one (inevitable): classes were a lot cheaper than schools; a, perhaps, philanthropic one: a special school bore a social stigma (e.g. De Paeuw, 1920<sup>2</sup>: 206); and a social one, which probably was the most important within the context of patronage and social hygiene, i.e. the problem of distance, so many backward children would run the risk of picking ‘the flowers of evil’ in the tempting garden of modernity (Decroly, 1909a: 412). School No. 7, for instance, was situated in a working-class neighbourhood on the other side of the city, so only a few backward children from that district attended the special school (cf. Frickx, 1934: 29-30).<sup>4</sup> In 1913-1914, the special school was finally closed in favour of special classes, attached to ordinary primary schools (Nijns, 1908-1909; Demoor & Nijns, 1913-1914).

School No. 7 soon developed into what was called a ‘model school’ (Rouma, 1908: 11; Leto, 1908-1909; Roubinovitch, 1910: 228) of which the internal organization, based on the distinction between ‘educationally’ and ‘medically’ backward children, has often been compared to the well-known Mannheim model (e.g. Decroly, 1905a: 10-11; De Paeuw, 1920<sup>2</sup>: 206-209; Descoedres, 1948: 19; Claparède, 1926: 75; Jonckheere, 1909<sup>2</sup>; Rouma, 1908: 11). In 1907, the school had 28 classes, of which seven were special classes, consisting of one observation class, two classes for educationally backward children, and four for medically backward children (Leto, 1908-1909). This structure grew into three parallel cycles of six years each: Cycle A was intended for the normal children; Cycle B for the educationally backward, and Cycle C for the medically backward children (figure 1). It is striking that one often draw a comparison between the

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<sup>4</sup> ACB (Archives City of Brussels), Fonds School Nr. 7, Procès-verbaux des séances du comité scolaire, 31 mars 1892 au 18 oct. 1916, Procès-verbal du séance du comité scolaire de l'école nr. 7 du 31 jan. 1903.

Brussels and the Mannheim systems in order to transfer it into a question of priority: which system was the oldest (e.g. De Paeuw, 1920<sup>2</sup>: 206; Rouma, 1908: 11)? In any event, Decroly only mentioned that the system set up at School No. 7 was similar to that of Mannheim (Decroly, 1905a: 10).<sup>5</sup>

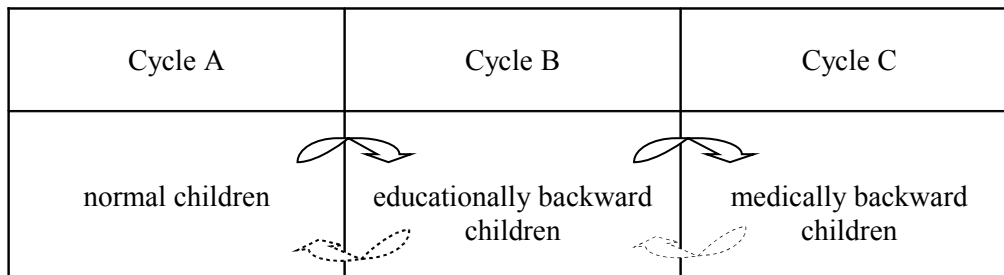


Figure 1: Organization of School No. 7

According to Decroly, the take advantage of the implementation of this system was that it facilitated transfers from one cycle to another (Cycles B and C constituted the ‘sedimentation’ of A and B, respectively) (Decroly, 1905a: 7). To describe this ‘polymorphous’ educational system – a coherent whole that was as far as possible based on homogeneous classes more or less corresponding to the intellectual capacities of each individual – many of Decroly’s colleagues liked to use Edouard Claparède’s expression of *l’école sur mesure* (the ‘tailor-made school’) (e.g. Nyns, s.d.: 12; Jonckheere, 1909<sup>2</sup>; Demoor & Jonckheere, 1920: 283, 329). To understand the implications of this expression, we can refer to Alice Descoedres, who argued that the existence of special education was generally an indication of well-organized ordinary education (Descoedres, 1948: 9). After all, both the backward and the normal child would benefit from the system. But, this system could only work with an adequate triage, which had been made possible by the development of a battery of inquiries, tests, and the like (which we have referred to elsewhere as ‘pedotechniques’, see Van Gorp, 2005: 142-143).

Decroly and others would soon refer to educationally backward children in terms of children who were scoring two or three years below chronological grade (e.g. Decroly, 1920: 1-2; Leto, 1908-1909; Demoor & Jonckheere, 1920: 332-334; Frickx, 1934: 88). It implied that one could distinguish between the backward and the normal child, starting from the criterion of adaptation: in contrast with the normal child the backward child could not manage life (Decroly, s.d.: 10-12). Consequently, the ultimate aim of educating backward children would become what we might call ‘normalization’, which was according to Claparède of ‘teleological’ importance: only the normal was able to self-preservation, while preservation of the species depended on the normal subjects (Claparède, 1926: 227-228; for more contextual information, see Van Gorp, 2005).

<sup>5</sup> Cycle A, consisting of normal classes, corresponded with the Mannheimer *Hauptklassen*, Cycle B, consisting of parallel classes, with the *Förderklassen*, and Cycle C, consisting of the ‘real’ special classes, with the *Hilfsklassen*. See Frickx, 1934: 102 that is showing the structure about 1930 of School No. 10, which was based on that of School No. 7.

## Reflection: A Disentangling History of Body and Mind

Let us conclude with some reflections on this case-study, and on the way we constructed it.

First, all things mentioned – the wounded society, the fear of degeneration, the need for prevention and classification, distinguishing between the abnormal and the normal, and so on – facilitated the notion that the medical doctor, in his professional capacity, was the person qualified to become the rescuer of the castaway, the backward child (cf. [Decroly], [1904]: 7-8). It is obvious that the special education section focused not only on the backward body but also on the medical mind and was, thus, also linked to the professionalization of medical practices (cf. Dekker, “An educational regime, 256; Franklin, 1989: 580-581; Armstrong, 2002: 442: ‘The power embedded in professional knowledge and practices has been, and continues to be, the bedrock of special education.’). The body, backward or otherwise, does not emerge out of the passive conception of medical expertise but turns up simultaneously with the medical mind in the light of anonymously yet effective conditions of possibility, such as the political stress placed on life, the central emphasis placed on normality, and the emergence of such a thing as the ‘social’ that could be endangered.

Secondly, this doesn’t imply that history would be stripped of acting subjects (Hacking, 2002: 86). There are real people acting on other real people in the past, such as e.g. medical doctors on disabled persons, but these people and their actions cannot be seen as the fundamental basis of an historical reality or the starting-point of a specific process, like e.g. of medicalization. On the contrary, both subject and object, and the truth that can be expressed about both, are contextualized *casu quo* historicized and receive their characteristic shape through what Felicity Armstrong called ‘a wild profusion of entangled events’ (Armstrong, 2002). Historical events or regimes are the effect of the convergence, the contradiction, the consolidation, and the working on through of many strategies, techniques, discourses, and knowledge. The result is that both the subject and the object can emerge before the activity of thinking by men and women. A particular historical regime contains the conditions of possibility for different historical figures. In our case, both the backward body and the medical mind are, to a great extent, related to intertwining discourses and discursive practices on which we might put the label of ‘social hygiene’.

This can be illustrated by the frontispiece of a booklet on the struggle against social plagues that was published in 1930 (figure 2). Both ‘heroes’ and ‘enemies’, or ‘objects’ and ‘subjects’, become visible through the rays of a vivid and dazzling light source shining from the anonymous background of the picture. In our opinion we might apply Nikolas Rose’s conclusion regarding his analysis of the emergence of feeble-mindedness in England also on this figure: ‘[A] number of overlapping and mutually imbricated series are involved here, in which the mental defective is constituted not simply as the threat of the eugenistic discourse, but also respectively as a challenge to science and philanthropy, as a burden to the nation and those who produce its wealth, and as an obstacle to the operation of a universal system of education’ (Rose, 1979: 38-39).

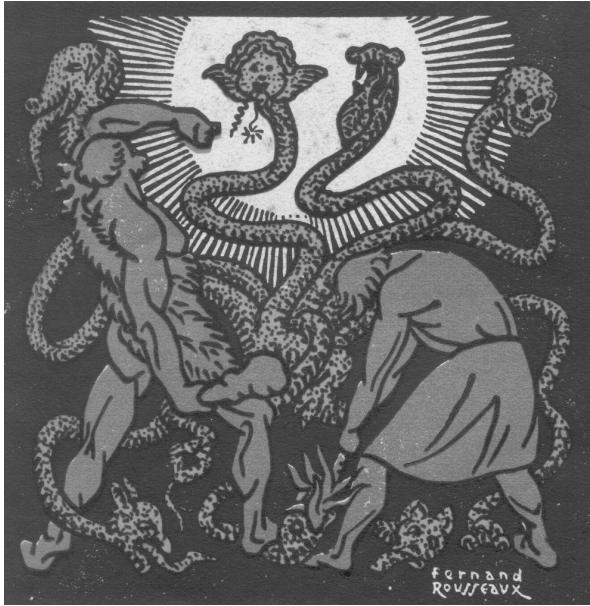


Figure 2: Frontispiece of *Allen, eensgezind ten strijde tegen de maatschappelijke ziekten* (Struggling collectively against social diseases). Brussels: Sociale Afdeeling der Nationale Eeuwfeestcommissie (Social Section of the National Centenary Commission), 1930.

One certainly doesn't need this 'Foucauldian' way of thinking to write (this kind of) history, but it certainly enables us to make a selection out of a whole pile of source material in order to be able to write a historical narrative. Although this 'disentangling' implies a certain 'simplification' it doesn't mean that it has to result in a 'simplified' history as, in the wake of Anne Borsay's *Disability and Social Policy in Britain*, exactly this interpretation enables us to counter a simplified one-directional approach regarding a subject (the medical mind) that creates or represents an object (the backward body).<sup>6</sup> The disabled body in particular and the emergence of special education more generally cannot be seen as dead ends of a one-way street dominated by doctors – like e.g. Dr. Ovide Decroly.

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<sup>6</sup> See the discussion of Andrew Skulls' ideas on the development of the asylum in England in Borsay, 2004: 77-79.



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