

IN THE NEARNESS OF OUR STRIVING:

CAMPHILL COMMUNITIES RE-IMAGINING DISABILITY AND SOCIETY

BY

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THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
BACHELOR OF ARTS IN THE DEPARTMENT OF HISTORY AT BROWN UNIVERSITY

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APRIL 14, 2009

ACKNOWLEDGEMENTS

I feel grateful to the many people who have supported me in the research and writing of this thesis. It is an honor to thank the following supporters, friends, and mentors.

Deborah Cohen has been an invaluable and generous advisor, editor, and friend in so many ways these years. I cannot imagine the course of my Brown career without her kind and illuminating influence, and the joy of watching Alice get know the world. Mary Gluck has been a helpful and open-minded advisor as I have organized and written this thesis. She has been a patient listener, a careful editor, and a thoughtful mentor throughout this year. I am deeply appreciative the support, insight, and friendship of Sarah Everhart Skeels and Bruce Becker in the last four years. My summer research and winter writing retreat were made possible by the generosity of the Royce Fellows program. Royce Fellowship coordinator Kerri Heffernan and my fellow Fellows have been the source of many engaging and enlightening conversations this year.

I am deeply grateful to the many people in the Camphill Schools in Scotland who helped me in my research last summer. Vincent D'Agostino and Robin Jackson were enthusiastic and tirelessly supportive, and they opened many doors for my research. I felt warmly welcomed by the lovely people of Cherrywood House, Mignonette, and St. Andrew's during my stay in the Camphill Schools, and I thank them.

In Ireland, Patrick Lydon started it all for me. He is the reason I moved to Camphill Ballytobin, and he has supported me as a co-worker, student, and researcher with untiring enthusiasm, insight, and encouragement. I have been privileged to share ideas and thoughts with him in the last seven years, and consider him a great and incomparable friend. Nick Blitz has also been a generous advisor and friend throughout my planning and research.

So many thanks to those at Brown who have been my editors, cheerleaders, supporters, and above all, my dear friends, especially Kathryn, Sam, Amy, and Nathan. My parents, the esteemed editors Dusty & Lefty, patiently and carefully helped me polish and improve the thesis. Finally, with thanks and dedication to my friends in Ballytobin who made my life there the transformative experience that it was. I have seen so much beauty with you, and because of you. Among many: Caspar, Imke, Christina, Mark, Rebecca, Sarah, Gabriel, Darren, Luke, Christian, and Eamonn. Thank you.

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PROLOGUE: TO OZ AND BACK

Camphill Communities defy description and categorization. A friend recalled how he felt after visiting Camphill: “I have been to Oz and back.” I too have been to Oz and back. Academically, I have contextualized Camphill into its historical and factual environment. But Camphill is a world unto itself. It has significant similarities to special education schools and therapeutic homes, but it is also radically and palpably different from related mainstream institutions.

In Camphill Ballytobin, the community in southeastern Ireland where I first lived, a wrought iron archway entwined with climbing roses leads from the car park onto the path that winds through the community. When I return to Ballytobin, walking under this archway sometimes takes my breath away, because it is truly the entrance to another world. In the founding Camphill Community in Scotland, there is a long, tree-lined lane from the main road to the community. A longtime friend of this community said that whenever he turns from the main road onto the lane toward Camphill, he turns the radio off in his car. He doesn’t really know why, he said. It just feels right. I know what he means.

The metaphor of Oz is imperfect, because Camphill is not a façade, and the wizard—or wizards—are not tricking you. Like Oz, though, there is something transformative in Camphill. A visitor there in the 1960s once asked the superintendent of the schools how he found such devoted and special volunteers to work with the disabled children. The superintendent replied that the young volunteers were as ordinary as any young people—their lives in Camphill made them extraordinary.¹

The transformative experience certainly took hold for me. I moved to Camphill after finishing high school at Phillips Exeter Academy, an academically rigorous and high-intensity boarding school. In Camphill, the currency of encounters among individuals was not academic prowess or sharp-edged wit, but something entirely different. It was an unquestioned respect, along with a sense of mutual empathy, shared purpose, and inherent kindness. I could not have articulated this when I first arrived, but I certainly felt it. Finding my way through a community that often valued my heart over my head, and asked for emotional commitment above all, transformed me.

¹Annaleis Brüll, personal interview, 30 June 2008.

Although Camphill, like Oz, seems to defy adequate description, let me try to describe it as I see it now, seven years after my first months there. Camphill Ballytobin is a farm community in County Kilkenny, Ireland. The community is home to about eight-five people, roughly half of whom have major cognitive, physical, or emotional disabilities. Camphill includes children and adults with these complex and varied disabilities as well as volunteer co-workers from across Europe and the rest of the world. No one in the community is paid; everyone has their needs met from the communal funds.

If you arrive as a visitor in Camphill Ballytobin you will be welcomed into the kitchen and offered a cup of tea. In the morning, someone will be cooking lunch. The farmers might stop by and offer the cook freshly harvested carrots, lettuce, broccoli, or onions. They, too, might sit down for a cup of tea and a chat. Some of the farmers have cognitive disabilities; some do not. When they clomp their muddy boots off at the front door and appear with a colorful basket full of vegetables that were growing only minutes before, it is difficult to determine the significance of their diagnoses or classifications. At lunch, everyone sits down at the big table, sings a song, holds hands to bless the meal, and serves the food. Meals easily extend to an hour, as some people eat slowly, with or without help, and conversations are lively and absorbing.

It's not that you won't notice that some people at the table have visible disabilities. You will see that some people have strange behavior; some use wheelchairs or do not speak; someone might have an epileptic seizure. It's not that the disabilities of the people sitting beside you are a secret. It's just that the dry and scientific questions about their diagnoses and I.Q. will recede from the forefront of your mind. Mostly, you will notice personalities, humor, and individuals. Camphill is not a community *for* people with disabilities, nor does it push them to the margins. Difference is not ignored or rejected, but celebrated.

Although it may not be uppermost in our consciousness, disability is everywhere. Everyone knows someone who is at the social margins because of a cognitive or physical or emotional difference. Modern scientific enquiry generally pursues the cure and prevention of disabilities. Yet no matter how perfect prenatal genetic testing becomes, no matter how much we refine the tools to select against disability, there will *always* be disability. There will always be injuries, there will always be difference that we are unable to pathologize, there will always be neglect or trauma that leads to disabling reactions. No matter what

breakthroughs the scientific community discovers, there must be equal energy toward accepting and embracing the differences that disability brings. Camphill is an effort to fill that role.

During my first year in Ballytobin, I was the responsible care worker for a young woman who had been hit by a tractor as a child. The accident caused a traumatic brain injury that resulted in a learning disability, epilepsy, periods of psychosis, hemiplegia, and challenging behavior. Yet that laundry list was not who Orla was.² She struggled with all of the complexities and burdens of adolescence, although she was not always able to articulate or intellectualize these difficulties, and they sometimes manifested in violent outbursts and deep anger. My year with Orla was immensely challenging. The reality of our experience together was so intimate and so human that it utterly eclipsed abstract questions about disability, such as: are people with disabilities valid members of society? Can they really experience the world or feel as deeply as “normal” people do? My life with Orla was so present, so complex, and so real, that these questions lost all significance.

In my second year in Ballytobin, two other co-workers and I took on the responsibility for a dormitory of three boys. The six of us, three children and three co-workers, were a diverse group. Two of the children, Brendan and Sean, had severe cerebral palsy and epilepsy and were unable to walk, speak, or eat by themselves. The third boy, Declan, also had mild cerebral palsy, although he was an active and talkative boy. Declan came from a difficult home situation, and often had periods of deeply aggressive and self-destructive behavior. Although I had already lived in Ballytobin for a full year when I began working with these children, it took time to get to know them. People with cognitive disabilities, a Camphill friend once said, are not just cuddly low-I.Q. teddy bears. They are people with needs and emotions and struggles as complex as anyone else's. As much as I had learned in my first year about the foundations of Camphill Communities, and through my work with Orla, I started again from the beginning in my second year to learn and understand the needs, wishes, and personalities of these three children who I did not yet know.

² Names have been changed of those who were not formally interviewed for this thesis, including most acquaintances and friends from my years as a co-worker in Ballytobin.

As co-workers, strangers to each other when we began working together in August, we were also a mixed bunch. A gentle German man, just out of high school and planning to study law; an extroverted and endlessly funny Japanese man who was improving his English before returning to Tokyo to become a nurse; and me, an American woman eventually on her way to Brown University. The six of us spent a year together, full of struggles and challenges and a great deal of laughter and kindness. I became especially close to Brendan during that year. He did not speak, or use any regular communication. He looked me in the eyes only very occasionally. He had complex and changing medical needs for his severe epilepsy and cerebral palsy, and he needed to be fed and clothed and bathed and pushed in his wheelchair. He had periods of poor sleep when a co-worker needed to stay with him late into the night or early in the morning. Yet along with being Brendan's caregiver in these many aspects of his life, we also became friends.

Our friendship grew out of a combination of growing familiarity and intuition, of hearing the tone in Brendan's voice and being able to understand whether he was happy or hungry or feeling left out. Brendan is slow to feel comfortable with new people, and it took time for him to know my touch and voice. In turn, I became comfortable with his movements, body, and needs. It was an intimate evolution that we shared, and at some point it was simply clear to me that Brendan was my friend. I spoke and sang to him often but he never responded—he does not speak. We became familiar with and fond of each other. I could say the same about any other, more “normal” friendship. Camphill is a series of intimate and individual details, like the processes of getting to know Orla and Brendan and many others who became close to me. Because of these details, Camphill is not just an idealistic thought experiment. It is a lived experience of the ideals of genuine integration and acceptance, which Camphillers call Lifesharing.

Lifesharing describes not only the relationships between co-workers and disabled children, but also among co-workers, all of whom are volunteers. There is no hierarchy within Ballytobin. There are co-workers who are specialists in certain fields, and those who have lived in the community for many years. These people bring a certain type of wisdom and insight from their experience to the community's functioning. Yet all meetings are open, and all voices—from the freshest, wide-eyed eighteen year old to the sixty year old who helped found Ballytobin thirty years ago—are welcomed and considered. By consciously

inviting equal participation by all co-workers and making decisions by consensus, another layer is added to the concept of Lifesharing. This also adds another element of the work in Ballytobin, and administrative and cultural meetings after a full day of working with children could be exhausting. Without those meetings, though, I do not believe that Ballytobin would have become my own as deeply as it did.

Beyond these diverse dimensions of Lifesharing, there is another binding element to the work and life of Camphill: the philosophical guidance of Anthroposophy. I knew nothing about Rudolf Steiner's philosophy, known as Anthroposophy, when I moved to Camphill. My first experiences there were decidedly practical and down to earth. The introduction courses I attended as a new co-worker centered on issues of health and safety, not Steiner's esoteric writings. Over the course of my early months in Ballytobin, though, I was gradually introduced to the spiritual underpinnings of the community. Introducing new co-workers to the less obvious foundations of Camphill is a task undertaken differently in each community. Although I have since visited other Camphill Communities, I can only speak about my own first taste of Anthroposophy.

I had been in Camphill Ballytobin for about two months, and I had heard fragments about Anthroposophy in conversations and meetings. I had observed my first festival, the autumn harvest celebration of Michaelmas. I knew that Camphill organized the year around a Christian calendar and that there was something unusual and complex that lay behind the work of the community. In the beginning, though, my practical work was more than enough to keep me busy. The questions that I asked were about the concrete challenges that I faced daily: how should I prepare a meal for twenty-five people when I hardly knew how to cook? How should I respond when one of the young women in my care seemed to be bordering on psychosis? Although I was enthusiastic and excited about all I was learning, the first months in Ballytobin were exhausting, and I was consumed with the busyness of each day.

At a weekend retreat for new co-workers, two months after I arrived, I heard about Anthroposophy explicitly. "Imagine this as a possible way to view the world," the lecturer began. With this suggestion, he short-circuited my impulsive questions about whether or not I believed or agreed with the social and spiritual framework of Anthroposophy. He described the theory of the three-fold social order, Rudolf Steiner's belief that human interactions could be divided into three spheres: economic, cultural, and rights-based. Each

of these spheres had a characteristic structure to accompany it: the world of cultural and artistic work should be free, the legal and rights sphere should be marked by equality, and brotherhood and cooperation should be the trademarks of economic interactions.

This theory is a cornerstone of Anthroposophy. It is deeply complex and nuanced, and Steiner, as well as many of his pupils, extensively examined the implications of the three-fold social order. In that first lecture, though, I took the speaker's advice. I let the idea of this theory sit with me as a possible way to imagine the world. This open-ended and non-forceful introduction to the theories of Anthroposophy gave me the chance to become engaged without declaring any kind of commitment to or belief in these theories. In later months and years, I read many lectures by Steiner. I participated in study groups and retreats and spent long nights discussing and debating elements of Anthroposophy with friends. I learned more about the spiritual background to the annual festivals, and also became more deeply involved in the community. For me, Anthroposophy came as a complement to my daily work in Camphill, something that added to my understanding of the community that was my home for more than two years.

The basis of Anthroposophy can seem confusing and strange. Visitors, inspectors and family members tend to be more concerned with practices that can be observed and measured and the daily realities of the children's care in Camphill. These people are often tempted to ignore Camphill's philosophical underpinnings and focus instead on the more straightforward and observable. Careful outside viewers, though, realize that this does not tell the whole story. Dennis Durno is one such careful observer. Two of his sons were pupils in the 1970s and 1980s at the founding Camphill Community in Scotland, and he has remained a long-time friend and supporter of Camphill. Not a student of Anthroposophy, Durno has had his share of frustration with the complex and unusual underpinnings of Camphill life. Even so, he is clear in his view of Anthroposophy's significance for these communities. Camphill, he said:

is the way it is because of Anthroposophy. And it's different...because of Anthroposophy. If it feels different, it feels different because of Anthroposophy. If it smells different, it smells different because of Anthroposophy. If it looks different, it looks different because of Anthroposophy. If it tastes better, it tastes better because of Anthroposophy.³

³ Dennis Durno, personal interview, 13 June 2008.

Durno articulated something that seems plain to those deeply involved in Camphill: the spiritual and the practical are inextricably intertwined in Camphill, and neither could exist fully without the other.

I think of an interchange where the intimate connection between the philosophical and the practical was illuminated for me. Each child in our care had a twice-annual meeting focused on him or her. Teachers, therapists, doctors, carers, and others who worked with the child met and discussed his or her progress and needs. The meeting I recall so clearly was about Brendan, for whom I was a primary carer. Sixteen at the time of this meeting, he was unable to walk, feed himself, communicate, or use the toilet, and his epileptic seizures were frequent. A physical therapist at this meeting described her work with Brendan, her observations of his abilities, and the kinds of therapy that he might benefit from. The physiotherapist described his movements as comparable to those of a six-month-old infant, and suggested a series of exercises that would re-create the evolving movements of an infant in the first year. Brendan's doctor, who had been in Camphill for many years, cautioned the young physiotherapist that whatever his abilities in movement, speech, or learning, one must never forget that Brendan had sixteen years' experience in the world and that he could not be compared to an infant or a young child even if his abilities might seem similar to someone of that age. This view of Brendan made a great deal of sense to me, although I had not heard it articulated before.

The brief interchange at that meeting illustrated a philosophical tenet of Camphill's work that has far-reaching practical implications. Co-workers in Camphill strive to challenge each child to expand his or her abilities, awareness, and skills through school, therapy, and a nurturing community life. At the same time, Camphillers place great importance on respecting each individual's dignity, life experience, and wisdom, even if it may not be visible in the ways of a more normally developing child, adolescent, or adult. This understanding of human development is based on the Anthroposophical premise of an undamaged soul that is at the heart of every being, no matter how disabled its external human vessel may appear. From this belief, Camphill has rejected the notion of "mental age," as determined by I.Q. scores, which has long been a feature of conventional understandings of disability. In place of mental age, Camphill chooses to behold even the

most severely disabled children—such as Brendan—with dignity and attention to their individuality and well-being.

Camphill, for me, changed everything. Who could expect Dorothy to be the same when she returned from the Emerald City of Oz? It is hard for me to imagine what I would care about or how I would encounter the world if I were not so deeply connected with Camphill. So much of what I believe and how I view the world today is directly connected to my education and life in Camphill Ballytobin.

I lived in Camphill as a full-time volunteer for two years after high school, working with a variety of children with disabilities, learning the routines of their lives and the daily life of the community. I learned to cook for many people by improvising meals from the vast winter stores of potatoes and beets. I became deeply committed to the administrative functioning of the community and curious about the philosophical and spiritual framework that guides Camphill's work. By the time I left Camphill for college at the age of twenty-one, only my written notes and journals from my first weeks were left to remind me of how much I had changed and learned in my two years there.

INTRODUCTION: IN THE NEARNESS OF OUR STRIVING

At a 1954 meeting in the Camphill School near Aberdeen, Scotland, Thomas Weihs observed: “Children have rights on us...to be lived *around*: as striving human beings. We must allow them to live in the nearness of our human striving.”⁴ This small comment illuminated two important and intersecting goals of Camphill: to support the disabled children in its care and to pursue a spiritual “human striving.” Although Weihs’s comment was worded unusually, perhaps reflecting his lingering unease with his second language, he suggested that not only were the non-disabled adults striving, but that the disabled children were also striving human beings in their own right. In the wake of World War II, in pursuit of a perceived spiritual destiny, and committed to the radical task of embracing the most outcast members of British and Austrian society, the history of Camphill has been one of striving side by side: spiritually, socially, and communally.

Striving together, for the founders of Camphill, was a direct response to fascism and Nazism. Camphill’s commitment to embracing all people regardless of ability or nationality was an alternative to the Third Reich’s categorization and elimination of difference. Over the course of its seventy-year history, Camphill has consistently existed on the threshold of the mainstream world, while also sustaining a strong sense of unique purpose and independent thought. This liminal role has been challenged in the past and faces new challenges today. This thesis aims to examine the implications of the historical moment of Camphill’s founding, which has influenced the role and philosophy of Camphill through the present. Thomas Weihs’s notion of human striving takes on great significance in light of the trauma of World War II, which forced Camphill’s Jewish founders out of Vienna in 1938. Camphill was founded in Scotland by refugees who consciously strove to embrace and welcome children with disabilities, who were themselves outcasts within Britain. Camphill’s founding as a radical alternative to World War II laid the groundwork for the organization’s historical development, its delicate combination of innovation and constancy, as well as its simultaneous isolation and public engagement.

Throughout this thesis, two Camphill Communities feature most frequently. Camphill Ballytobin, in County Kilkenny, Ireland, is the community where I lived for two

⁴ Schools Community Meeting, 10 January 1954, Karl König Archive, Aberdeen, Scotland.

years before college. Ballytobin is home to about eighty-five people, roughly half of whom have major physical, cognitive, or emotional disabilities. It is primarily a children's community, and runs a school and youth training workshop. Ballytobin also includes adults with special needs, many of whom came to the community as children and have stayed on to work on the farm or in the garden. Ballytobin was founded in 1979 as the second Camphill Community in the Republic of Ireland, and the first for children. Today there are twelve communities in the Republic of Ireland and four more in the counties of Northern Ireland.

The Camphill-Rudolf Steiner-Schools (CRSS) near the city of Aberdeen, Scotland was the original Camphill Community. It was founded in 1940 by a group of refugees, led by the medical doctor Karl König. CRSS is a school community specifically for children with special needs. It includes Camphill Estate, where König and his colleagues found their first permanent home. About a mile from Camphill Estate, CRSS has a second "campus," known as Murtle Estate. Together, Camphill and Murtle form the Camphill-Rudolf Steiner-Schools, home to about ninety children with complex needs and as many volunteer co-workers.⁵

Camphill is at once an evolving and dynamic organization, and also an institution that has shown remarkable constancy and durability through its seventy-year history. In examining Camphill and its relationship with other institutions and people, I have found that its early origins are not only a dramatic narrative, but also form the core of Camphill's work and beliefs. Camphill was founded as a philosophically-oriented shared living community, but it was also a direct reaction to World War II. The dual purpose of its establishment has set the stage for Camphill's consistent existence at the threshold between isolation and public awareness. Camphill was imagined as a tangible alternative to fascism and Nazism; as such it demanded autonomy but also conversation with the world beyond. Although this identity has evolved, and the world around Camphill has changed dramatically, the underlying sense of a shared striving and an inclusive spiritual life has sustained Camphill and influenced its development.

This thesis intersects multiple bodies of research. It belongs entirely in none of them; it builds from the wisdom of all. Most obviously, it is part of a body of work about

⁵ "Introduction: The Camphill – Rudolf Steiner – Schools," <http://www.camphillschools.org.uk/page/introduction/>.

understandings of, and provisions for disability. There is ample literature on the history of institutions. Works from Michel Foucault's *The Birth of the Clinic* to case studies of particular hospitals and asylums have told the story of institutions' focus on segregation, structural isolation, and privileging of "normalcy." Evolving societal notions of otherness and belonging, along with a social focus on efficiency and productivity were well reflected in the birth of asylums. Foucault posited a bold and radical theory that the development of institutions was primarily a method of social control, one with broad-reaching implications throughout modern society. Foucault's work has been deeply influential, and for good reason. Unlike *The Birth of the Clinic* and the many case studies that have followed Foucault's mold, this thesis examines an organization that is attempting to be an anti-Foucaultian institution. Camphill does not inherently undermine Foucault's observations about the general purpose of institutions, but it does offer an alternative to the control-oriented asylums that Foucault considered universal.

Three recent books have been particularly influential within the latest generation of institutional and disability history. Mathew Thomson's *The Problem of Mental Deficiency* focuses significantly on policy and legislation in nineteenth and twentieth century Britain. Thomson critically analyzes the origins of these broad changes, and seeks to understand how the erratic progression of "solutions" to disability developed and influenced society. Anne Borsay's *Disability and Social Policy in Britain Since 1750* and David Wright and Anne Digby's edited volume *From Idiocy to Mental Deficiency* also made important contributions to the social history of disability. Unlike earlier studies that examined disability as an objective and quantifiable category, Thomson, Borsay, Wright, and Digby are attuned to the social elements of disability and to the subjectivity and complexity of social and legal structures for people with disabilities.

As important as this genre has been in informing my understanding of disability history, my thesis has a fundamentally different purpose. Whereas case studies of institutions are generally employed within these volumes as exemplary illustrations of broader themes or trends, I approached my work from another perspective. I began with the goal of understanding one particular organization that is neither a microcosm of societal attitudes nor an island unto itself. I have made a concerted and ongoing effort to let Camphill's history speak for itself; I have not focused on Camphill as a case study

evidencing a pre-determined argument. Unlike the studies that have been most often employed in institutional histories, Camphill has both reflected the culture of its society, and consciously and significantly differed from it. Although it does not lend itself to easy broad conclusions, Camphill's history can illuminate the complexities and interactions of an unusual organization on the boundary of mainstream culture over seventy years.

Beyond institutional histories, the growing field of disability studies research has also been relevant to this thesis. The newest work in this field examines disability with the tools of social scientists and historians, rather than as a strictly medical concern. Disability studies is a consciously non-medical field that focuses on the social construction of disability as more significant than the physical or cognitive barriers that a particular medical condition may bring. Because it is a young field, disability studies practitioners still struggle to defend its significance and relevance within academia. Even more than historical studies, disability studies research tends to be pursued in the service of specific arguments and social goals. Case studies are generally employed as exemplars of the historical stigma and neglect of people with disabilities, and the role of the academic often significantly and consciously overlaps with the position of the activist. Although I am deeply indebted to the contributions of this field, my thesis departs from disability studies; it incorporates historical methodology to examine an unusual and not easily categorized organization.

The history of Camphill as an alternative organization also intersects with literature on intentional and utopian communities in history. Dan McKanan's recent book, *Touching the World: Christian Communities Transforming Societies*, is a careful and insightful analysis of the work of Camphill Communities and Catholic Worker homes in the United States. As the name suggests, McKanan focuses on both the inward element of community building, and the engagement with the world that these two organizations undertake. McKanan departs from the more common studies of intentional and utopian communities, which tend to focus largely on the internal politics of relatively isolated organizations. Although it is a nuanced examination of two organizations, McKanan approaches his work—as many institutional historians do—with the goal of finding broad themes and reflections of society in his case studies. In spite of these differences, he and I share important goals of shedding curious, respectful, and critical light on unusual communities.

Sociologists and anthropologists have also written about intentional communities. These works are often framed by a particular theory of community, and case studies are approached within the scope of that theory. Such studies tend to examine the presence or absence of particular features of isolation and demarcation, often focusing on unconventional sexual practices, particular dress, or rites of initiation within intentional communities. This field has less bearing on my work than McKanan. Generally, this literature begins with a broad-reaching and theoretical lens and employs examples to assess the theory; this is clearly divergent from my aims and methodology.

Another relevant body of literature is the history of Jewish refugees who fled Central Europe before and during World War II. The story of the founders of Camphill has themes in common with literature about exiled intellectuals and social theorists. H. Stuart Hughes' *The Sea Change* examines exiled European Jews' influence on American social thought. Hughes argues that the forced migration of these thinkers strengthened their commitment to their ideals and that their exile expanded their international influence. Both of these features are relevant to the story of Camphill. Founder Karl König and his companions, however, diverged from Hughes in their transition from the theoretical to the practical. Hughes' thinkers from Austria and Germany by and large became thinkers in the United States, while Camphill's founders moved from being intellectuals in Austria to community builders in Scotland. Hughes examines intellectuals who generally endeavored to find an overarching theory of fascism. Camphill, however, was not simply an intellectual or analytical response to fascism. Instead, it was an attempt to rebuild society according to a different set of ideals and values. In this way, the story of Camphill diverges dramatically from that of Hughes and other authors of émigré and exile studies.

People within Camphill have written and published a variety of books about its work and history. Friedwart Bock edited the anthology, *The Builders of Camphill*, which includes biographies of eleven founders and richly illustrates the diverse origins of Camphill's pioneers. Hans Müller-Wiedemann took on the task of writing a full-length biography of the founding leader of Camphill in *Karl König: A Central-European Biography of the Twentieth Century*. Both of these books are valuable portraits of the early years of Camphill, and they are cited frequently throughout this piece. As biographies, these books are focused around individuals in a way that this thesis is not. Biographies focusing on the early Camphillers

necessarily wane as the founders aged in the 1960s, 1970s, and 1980s. With an interest in the full arc of Camphill's history, I have carried the story of Camphill through to the present, with the awareness that Camphill's recent expansion and diversification have made the task of broad generalizations much more uncertain. Although I have written about Camphill less specifically than Bock or Müller-Wiedemann, my work is more specific than the broad disability histories mentioned above.

Other books have examined Camphill's methods and work. Some of these were written by König himself, including his two brief and illuminating essays that comprise *The Camphill Movement*. Within König's expansive oeuvre, *In Need of Special Understanding* is an important examination of Camphill's work with adults with special needs. More recently, Robin Jackson edited *Holistic Special Education: Camphill Principles and Practice*, which comprises several chapters examining particular aspects of Camphill's unusual work. These books often presuppose a working knowledge of Camphill, and this assumption limits the potential for opening Camphill to broad scrutiny and understanding. Similarly, many of these books do not draw a clear distinction between an academic and a spiritual analysis. Among Camphillers, it can seem natural to collapse the practical and the spiritual, as these coexist easily in daily life. Works about Camphill often assume an understanding of this coexistence and thus leave it unexplained or unexamined.

I have researched and written with an undoubted affection and fondness for Camphill, but also with the critical eye of an academic. Throughout this thesis I have examined both the practical and the spiritual strivings of Camphill, but I have maintained a distinction between these two as befits an academic study. In crafting my work I have tried to straddle the line between insider and outsider. I do not wish to sensationalize the most unusual elements of Camphill, but neither do I intend to ignore them in order to tell an easier story. In light of Camphill's own progression toward increased interaction with mainstream society, which I examine here, this integration of respectful yet analytical examination is a crucial way forward.

Grounding my work in these diverse literatures, this thesis is also the result of extensive research in the Karl König Archive in the Camphill-Rudolf Steiner-Schools (CRSS) near Aberdeen, Scotland. The Archive is an extensive source of publications and a treasure trove of unpublished documents that span Camphill's history. My research in this

archive focused particularly on meeting minutes, articles, and Camphill publications. Although other scholars and Camphillers have made use of this archive in various capacities, there is as yet no thorough historical analysis of these documents in their entirety. I am conscious of the importance, therefore, of representing my findings from these documents with care and accuracy, as they are not part of a commonly reviewed body of sources. Throughout this thesis, I have contextualized my findings from the archive within the rich aforementioned literature, and I hope that, in sum, this represents a fair and innovative examination of Camphill's history.

The concept of Camphill as an anti-fascist alternative to concentration camps is developed in this thesis in five chapters. Chapter One describes the philosophical background to the founding of Camphill, including the founders' pre-war experiences in Austria and the development of the spiritual ideals that influenced Camphill. Beginning with the founders' early experiences in Scotland, Chapter Two traces the institutional and educational development of Camphill Communities and Schools in the first thirty years. The evolution of medical attitudes toward disability is the focus of Chapter Three, and Chapter Four examines relationships between Camphillers and parents of disabled children. Chapter Five traces the recent changes in co-worker training and carries into present issues of inclusion policy. Although Camphill is the primary case study in this piece, mainstream developments and Camphill's relationship with its neighbors and peer institutions are examined throughout.

CHAPTER ONE: EARLY ORIGINS OF CAMPHILL'S PHILOSOPHY

In 1939, Karl König and twenty of his Austrian companions moved into a wind-blown house near Aberdeen, Scotland, known as Kirkton House.⁶ Refugees from Vienna, and many of Jewish descent, each had fled alone and the group had reconvened in Britain. Those who arrived earlier helped obtain visas and work permits for their friends who were still fleeing. By May 1939, six weeks after they had moved to Kirkton House, the first disabled children joined this group of refugees. Many others soon followed, sent by their parents.⁷ Although the name was yet to come, the work of Camphill had begun.

Anke Weihs, one of the founding members of Camphill, recalled the powerful symbolism of the founders' home in Kirkton on the day in September 1939 when Britain entered World War II. The first night of the war seemed to have set the stage for Camphillers' sense of identity throughout the war years and beyond. Weihs wrote:

The day the War broke out blackout was declared as a stringent measure throughout the country. Up in our remote little manse [Kirkton House], we did not possess a wireless nor did we receive reliable daily news. So in the evening of that day, our little house on its hilltop was ablaze with light, while all the other houses in the valley were darkened. Although we were firmly put right by the police the next day, the image of our little house shining out in the darkness, not only of the night but of a world moment, remained inscribed in our hearts.⁸

The year in Kirkton House was the first manifestation of a Camphill Community, but it also marked the end of long years of gestation and organization. The idea that became Camphill—one that today reaches across the globe and has touched the lives of thousands—was not an impulsive project. The founding of Camphill was a unique product of a commitment to the philosophy of Anthroposophy and a response to the political unrest of interwar Europe.

Inspired by the spiritual framework of Theosophy and influenced by the writings of Goethe, Anthroposophy was described as a spiritual science, founded by the Austrian philosopher Rudolf Steiner, who was born in 1861.⁹ Steiner lectured and wrote prodigiously

⁶ John Baum, "The Youth Group in Vienna," in *The Builders of Camphill*, ed. Friedwart Bock (No City: Floris Books, No year) 33.

⁷ Hans Müller-Wiedemann, *Karl König: A Central-European Biography of the Twentieth Century*, ed. Friedwart Bock, trans. Simon Blaxland-de Lange ([Yorkshire, UK]: Camphill Books, 1996), 148.

⁸ Anke Weihs, "Fragments from the Story of Camphill," [1975], Karl König Archive, Aberdeen, Scotland, 7.

⁹ Christopher Bamford, ed., *What is Anthroposophy?* (Great Barrington, MA: Anthroposophic Press, 2002), 5.

on topics that ranged from the abstract to the practical. At its core, Anthroposophy described the spiritual nature of humanity as connected to a cosmic spirituality. Humans, according to Steiner, were four-fold beings, composed of the physical, etheric, and astral bodies, and governed by the Ego.¹⁰ Spiritual wisdom could be developed to provide insight into karma and destiny.

Steiner's writings and lectures included instruction for developing this type of spiritual insight and clairvoyance, which he believed could be accessed by any person who sought it. He also described what he had observed and interpreted from his own perceived clairvoyance. These latter writings and teachings were the basis for many specific Anthroposophical practices. Agriculture based on cosmic and earthly cycles formed the basis for the Biodynamic farming method. Steiner's artistic aesthetic and lectures described a type of architectural design with few right angles that made Anthroposophically designed houses, furniture, and even fonts immediately recognizable.

Steiner often gave lectures in response to requests from professionals who sought his insight on specific topics. Anthroposophical education is one such example. In 1919, Emil Molt, the owner of the Waldorf Astoria cigarette factory in Germany, asked Steiner to help him develop a school for children of his factory workers.¹¹ At Molt's request, Steiner gave a series of lectures that laid the groundwork for Anthroposophical education, and the first Anthroposophical school opened at the Waldorf Astoria factory. The term Waldorf Education still endures from this origin, and today there are Waldorf Schools around the world. In similar circumstances, Steiner described the foundations of homeopathic medicine and a framework for treating people with disabilities.

All of Steiner's writings and teachings were based upon his fundamental precepts of cosmic spirituality and the evolution of human destiny. From this foundation, which formed a deeply complex world-view, Steiner's more specific teachings were extensions based on practical questions or problems. Steiner's oeuvre could lend itself to independent thought, dogged adherence, or some combination of the two. At its core, it suggested that every person had the tools to develop spiritual wisdom and to arrive at his or her own conclusions. Yet Steiner's frequent forays into practical spheres could suggest to others a strict

¹⁰ William Dyfrig Evans, "The Philosophical Analysis of the Contributions of Karl Konig to the Education of the Exceptional Child" (Doctor of Education dissertation, University of Southern California 1982), 51.

¹¹ Christopher Clouder and Martyn Rawson, *Waldorf Education* (Edinburgh: Floris Books, 2003), 122.

adherence, lacking personal insight or innovation. Camphill's path toward developing an Anthroposophical community was challenging and unprecedented. For the founders of Camphill, Anthroposophy was a guiding light that informed their decisions and world-view and did not become a rigid set of demands.

Karl König described 1927 as the year that the seed of Camphill was planted. That year, König was twenty-five years old and had just received his medical degree from the University of Vienna. As a student, König had encountered Anthroposophy and belonged to an Anthroposophical Youth Group, although his deeper commitment in these years lay with Viennese Socialist groups.¹² By the time he completed his studies, Anthroposophy had become an increasingly central part of König's world-view. The year he graduated, he turned down a university job as a lecturer of embryology because he would be forbidden to lecture about his Anthroposophical understanding of science and spirituality.¹³ Instead of teaching in Vienna, König moved to Switzerland in November 1927, where he began working at Arlesheim, a private Anthroposophical medical center. Arlesheim was the home of some of the most revered figures in Anthroposophy, including pupils of Rudolf Steiner, who had died only two years earlier.

In addition to meeting esteemed Anthroposophists in Arlesheim, König had ongoing contact with disabled children. He described an immediate connection with these children, and felt that "a great well of love and compassion I had never experienced before surged forth."¹⁴ König was gifted in therapeutic work with his disabled patients, who responded and connected to his loving attitude. Only weeks after he moved to Switzerland, at an Advent Garden festival in Arlesheim, König had the epiphany that he later described as the seed of Camphill. Celebrated on the first Sunday of Advent, four weeks before Christmas, a spiral of moss and greens was built in a large room for the occasion. A lit candle was placed at the center of the spiral on a small mound of greenery. One by one, each disabled child, alone or with help, carried his or her own unlit candle into the center, lit it from the candle on the hill, and nestled the candle somewhere in the spiral on their way out. Over the course of the celebration, the spiral became illuminated with the light of each child.

¹² Müller-Wiedemann, *Karl König*, 50, 55, 56.

¹³ *Ibid.*, 63.

¹⁴ Karl König, quoted in Evans, "Philosophical Analysis," 25.

König described the profound insight that came to him while observing this festival of celebration and brightness:

My own heart flowed over with compassion. I saw these severely handicapped beings who appeared so happy and bright. I suddenly and very profoundly experienced that the spark of the living spirit was present in each one of them in spite of their deficiencies. And in this hour, the decision was taken that I would dedicate my life to the care and education of these children. It was a promise I gave to myself: To build a hill upon which a big candle was to burn so that many infirm and handicapped children would be able to find their way to this beacon of hope and to light their own candles so that each single flame would be able to radiate and shine forth.¹⁵

König frequently recalled that first Advent Garden as an almost divine realization of his life's purpose. The image of a candle on a hill came to symbolize the goals of Camphill, imagined more than a decade before Camphill itself would begin. The sense of destiny continued throughout the years of Camphill's gestation and development, and König traced an almost predetermined path from the 1927 Advent Garden through the founding and evolution of Camphill. His narrative attributed the inspiration for Camphill to an apolitical moment of realization. Through this lens, Camphill's development was primarily inspired by spiritual insight and the wish to enact König's 1927 vision. It is clear that the Advent Garden was a key moment for König, and that spiritual insight was considered very important among Camphill's founders. The sea changes of 1930s Germany also had a profound influence on König and his companions, although they were less often described in the story of destiny that König told. It is historically difficult to imagine a recognizable version of Camphill existing without the existence of fascism and Nazism.

In 1928, after a year in Arlesheim, König moved to Germany, where he worked in another Anthroposophical medical clinic for eight years.¹⁶ While in Germany, König continued his work with disabled children. He also met and married his wife, Tilla Maasberg, and three of their four children were born in Germany. The intensification of anti-Semitism and anti-Jewish laws forced the Königs out of Germany in 1936. Prohibited from bringing their earnings out of Germany with them, the family returned penniless to Karl König's native Vienna.¹⁷ Soon after his return to Austria, König opened a private

¹⁵ Karl König, quoted in Evans, "Philosophical Analysis," 26.

¹⁶ Müller-Wiedemann, *Karl König*, 81.

¹⁷ *Ibid*, 105.

medical practice and began offering weekly lectures to his patients because, as he said, “I knew that medicinal treatment alone was inadequate.”¹⁸ A circle of young people gathered around König, returning regularly to hear his lectures and seeking a deeper knowledge of his spiritual insights. These young people, mostly from bourgeois Jewish families, become core members of a study group led by König.¹⁹ The Youth Group, as they called themselves, included twenty to thirty young people at its weekly meetings.²⁰

Dr. König was a charismatic and compelling personality, and many people were drawn to his ideas and lectures. At the same time that his Youth Group was developing, the wider Anthroposophical Society was encountering difficulties as it struggled with internal tensions in the years after Rudolf Steiner’s death in 1925.²¹ Problems within the established Anthroposophical community of Vienna gave König’s new ideas and methods a wide appeal, and the Youth Group included established and new students of Anthroposophical enquiry.²² Originally a primarily academic and intellectual study group, the Youth Group’s members found themselves compelled to act on their ideals, rather than simply discussing them. König described the feelings of the Youth Group at this step in the evolution of Camphill: “We do not want to read Anthroposophy; we want to live it. We decided to aim at starting a home for handicapped children: The candle on the hill began to appear again before my inner vision.”²³

König remembered the transformation of the study group into an embryonic community-planning organization as a key step in moving toward the realization of the candle on the hill. For him, the idea of devoting his life to supporting people with disabilities was already almost a decade old. It seems likely that König’s charisma and persuasive enthusiasm encouraged the others in the Youth Group to consider this ideal. It is difficult to assess how serious this idea was for the other Youth Group members in the early 1930s. The peril of World War II and the threat of exile may have significantly influenced their commitment to truly devote themselves to the project of an inclusive home with disabled children.

¹⁸ Karl König, quoted in Müller-Wiedemann, *Karl König*, 108.

¹⁹ Müller-Wiedemann, *Karl König*, 109.

²⁰ Baum, “The Youth Group in Vienna,” 23.

²¹ *Ibid.*

²² *Ibid.*

²³ Karl König, quoted in Evans, “Philosophical Analysis,” 28.

After three years in Austria, the threat of war forced König to leave Vienna. On the evening of March 11th 1938, when the Austrian Chancellor resigned and Hitler annexed Austria, König's Youth Group held its last meeting in Vienna. Hans Schauder, a Jewish member of the group, recalled the fear of the journey to the meeting that night:

When we got on the tram, we felt immediately an immensely oppressive and spectral atmosphere... It was full and there were no seats left so we were the only people standing. Everyone stared silently at us. No one said a word. And then we saw that all of them without exception had pinned on a swastika.²⁴

At that last meeting, the group agreed that their work would have to resume in another place and that each member would have to find his or her way out of Austria alone. When they departed, no one knew where they would meet again. Schauder recalled the journey home with his wife after that last meeting:

[We] no longer dared to take the tram home so we walked back through the nocturnal city... It was a terrible walk. Both of us were now completely alone with our fear. I still remember our awful loneliness on that Vienna night in the empty streets.²⁵

The Youth Group members escaped Austria by routes that took them across Europe. The head of the British Anthroposophical Society arranged the König family's entry visas in Britain. After they arrived safely in Britain, the Königs arranged the visas for their colleagues who were still making their way out of Austria. Through a series of connections with Youth Group members, the empty Kirkton House near Aberdeen was offered to the group as a site to begin their work.²⁶ In 1939, König and a small group of his companions from Vienna moved into Kirkton House and the work that became Camphill was begun.²⁷

The turmoil of being uprooted from their home country and forced to flee into an unknown nation to protect themselves painfully strengthened the founders' commitment to their work. The men and women in the rural Scottish house in 1939 had all participated in König's Anthroposophical study group in Vienna. All were students of Steiner's writings and teachings and sought to implement this philosophy in a living community. Yet the influence of the war must not be underestimated. Where they had once been well-off members of Viennese society, the founders were now refugees in a rustic house hundreds of

²⁴ Hans Schauder, quoted in Baum, "The Youth Group in Vienna," 28.

²⁵ Ibid.

²⁶ Baum, "The Youth Group in Vienna," 32.

²⁷ Baum, "The Youth Group in Vienna," 33.

miles from home. Anke Weihs was the only founder who was proficient in English. All had been forced to leave their homeland. Austria had been annexed by Hitler and was a hotbed of anti-Semitic fascism, and many founders never learned the fates of their Jewish family members left behind. In a 1941 newsletter article, König recalled that at the time of their flight from Austria, “the world seemed so empty and naked, so full of hate and destruction, and there was such a crying need to alter one’s own muddling through a poor life, and to transform it into a real life.”²⁸ The ideology of Camphill, the very antithesis of the fascist state, bolstered the group’s commitment to their task in spite of the challenges and uncertainties they faced.

The unprecedented circumstances of the founders’ experiences and environment forced them toward innovation in almost every respect. The 1927 Advent Garden and the Viennese study group laid the groundwork for the development of Camphill. A commitment to both Anthroposophy and disability was not new, yet nothing like Camphill had been established before. In addition to the points of departure that König frequently recalled, the development of Camphill was also dependent upon World War II to push König and his companions to develop a truly radical social form. The philosophy of Camphill strove not only to build an Anthroposophical community with disabled children, but also to establish a tangible alternative to concentration camps and the methods of control that were being implemented across Europe.

König, however, was not often explicitly aware of the historical specificity of Camphill’s founding. Rather, he viewed Camphill as a natural step in a primarily spiritual progression. In his 1959 essay, “The Three Stars of the Camphill Movement,” König described his understanding of Camphill as the beneficiary of the three “stars”: Johann Comenius, Ludwig Zinzendorf, and Robert Owen. These inspirations of the movement were pioneers in reforming human interactions, and König saw the work of Camphill as the integration of these three reformers.

Johann Amos Comenius was a 17th century priest concerned primarily with education, who was described by König as “the teacher of modern Europe.”²⁹ For Comenius, the pursuit of wisdom was a religious devotion, although his ideals of widespread

²⁸ “The Christian Refugee in Scotland,” *Scottish Christian Council for Refugees*, December 1941.

²⁹ Karl König, *The Camphill Movement* (North Yorkshire: Camphill Press, 1993), 22.

education were not realized in his lifetime. Count Ludwig Zinzendorf was an 18th century social reformer and the bishop of the Moravian Brotherhood.³⁰ Where Comenius imagined community in learning, Zinzendorf found in Christianity the impulse for community, and the Moravian Brotherhood was an attempt among the faithful to live their lives after Christ. The most famous of König's designated inspirations, Robert Owen was a British social reformer concerned with the practical rather than the spiritual or intellectual. Owen founded the nineteenth century utopian factory town of New Lanark, Scotland, which aimed to provide communal surroundings and strong social connections for working-class factory employees.

Comenius's dreams of universal shared education was never implemented; Zinzendorf's Moravian Brotherhood remained a fringe group of religious devotees; and Owen's social creations never fully succeeded. Nonetheless, König wrote that they influenced the work of Camphill:

like the light of three stars, their beings radiat[ing] into our efforts and permeat[ing] our work. But it is neither repetition of their sayings nor a conventional tradition which we try to continue. We do not regard ourselves as pupils of Comenius or followers of Owen; nor are we members of the Moravian Brotherhood. But we feel that we walk in the wake of the trials and errors and achievements of these three great pioneers.³¹

In the same essay, "The Three Stars of the Camphill Movement," König went on to describe Rudolf Steiner as the unifying visionary who wove the wisdom of these three predecessors together in his formation of spiritual science.³² The name Anthroposophy literally translates to "wisdom of man," a reflection of this interpretation of Steiner's work.

In describing Camphill as the outcome of these three inspirations that culminated in Rudolf Steiner, König suggested Camphill's origin to be the result of a primarily spiritual evolution. He devoted relatively little attention to the unprecedented rise of Nazism in this story. Historically, however, Camphill was not an obvious or inevitable outcome of the inspirations that König described. His attention to the spiritual progression of these stars privileged destiny over historical intervention. The gap between Steiner's and König's lives, although they included more than twenty years of overlap, was made a chasm by World War II. By the time Camphill was founded, it was a leap from Steiner's Anthroposophy as great

³⁰ Ibid.

³¹ Ibid., 25.

³² Karl König, "The Three Stars of the Camphill Movement" in *The Camphill Movement*.

as Steiner's leap to spiritual science from Comenius's 17th century ideas. Although König did reference the importance of the historical moment of Camphill's birth elsewhere, he frequently referred to the spiritual evolution from the "stars" through Steiner and to Camphill.

Within the founders' spiritual and social background, living with disabled children amidst the turmoil and intolerance of World War II was a natural and meaningful endeavor. People with disabilities were among the first victims of Nazism in Germany, and the genocide of Jews was soon to come. It is hard to know exactly how much this influenced the founders, as they left Austria before the war began in earnest. Although it may not have been entirely conscious, Camphill developed into a kind of inverse reflection of Nazism. Where the Third Reich was identifying and consolidating Jews and people with disabilities in order to kill them, Camphill's founders were building an embracing social form that explicitly included these same populations. In its radical rejection of the philosophy of Nazism, Camphill found its own community structure. Although often described as a kind of destiny, Camphill also constituted a tangible opposition to concentration camps and mass killings.

Much of the founders' strength came from their internal support and a study group that echoed the Youth Course in Vienna. In spite of the demanding work of daily life in Scotland, the founders were committed to including spiritual study into their lives. Anke Weihs's history of the early development of Camphill described the founders meeting almost daily in the evenings or late nights, huddled and shivering around a small stove while analyzing the spirituality of Rudolf Steiner.³³ Camphill was not simply a project inspired by Anthroposophy, rather, the founders focused on integrating its spirituality into the practical aspects of their lives.

The demands of Scottish farm life were daunting. The founders may have been experienced students of Steiner, but few had spent significant time with disabled children before arriving in Scotland. As their philosophy was permeated by their own experiences of exile, so too was it influenced by the reality of the children who arrived at Kirkton in 1939. The idea of seeing and respecting the dignity of every human being, no matter how disabled or ill, was challenged by the reality of the first disabled child, who Anke Weihs recalled as a

³³ Weihs, "Fragments," 3.

“thoroughly disconcerting new element in our lives.”³⁴ This first pupil who arrived was the son of German refugees fleeing to the United States. Because of strict immigration laws, his parents were unable to bring their disabled son with them. A founder recalled a vivid first impression of the boy, who seemed “like a little beast[.] He cannot talk, wipes the food from the table with his tongue, and pokes his hands and his nose in every pocket to look for empty cigarette boxes, which are his only toys. What are the friends going to do with this child?”³⁵ König’s experience with children with disabilities furthered his role as the group’s leader. He guided his companions to better understand the premises of Curative Education³⁶ and helped them learn to live with the ever-increasing number of children who arrived in Kirkton House.

In their earliest work, the founders of Camphill were living with a radically different understanding of disability than most of their British neighbors. Many British people maintained eugenics views that had gained widespread and enthusiastic support in the early twentieth century. Eugenics sought to improve society by preventing the birth and reproduction of populations considered undesirable, including people with disabilities. In 1909, the London-based Eugenics Education Society began issuing a journal of research and analysis, *The Eugenics Review*. The *Review* published articles that shed a supposedly scientific light on a variety of marginal and dangerous populations, including the “feeble-minded.” Throughout the first half of the twentieth century, doctors and scientists categorized people with intellectual disabilities as idiots, imbeciles, or feeble-minded. Idiots were those with the lowest perceived ability, while the feeble-minded were the highest functioning. Eugenicists were particularly concerned about the feeble-minded, who were seen as the most insidious and potentially dangerous. Unlike more severely disabled people, the feeble-minded were feared because they could live in society without detection.

In this era in Britain of social Darwinism and widespread notions of heredity and genetics, feeble-mindedness was considered a danger intimately connected with alcoholism,

³⁴ Ibid., 4.

³⁵ “This Was the Start, and the Year of Interval,” Karl König Archive, Aberdeen, Scotland.

³⁶ Curative Education is a translation of the German *Heilpädagogik*, which refers to Anthroposophically-based work with children with disabilities. Although it is commonly used, I dislike the English translation for its implication of curing people with disabilities. In reality, Curative Education refers to the therapeutic, educational, and social practices of living with people with disabilities that Camphill and other therapeutic communities and schools have taken on. These center on respect and do not imply a demand for a cure.

poverty, and unnaturally high birth rates.³⁷ In addition to permanent segregation in “farm and industrial colonies”³⁸ *The Eugenics Review* called for “sterilisation of the unfit,” although this latter proposal was never implemented in Britain.³⁹ Both of these solutions, which maintained widespread support in the decades that followed, were seen as nominal protections for the feeble-minded. Mostly, though, these measures were intended to ensure the security and stability of normal society from the dangers of the disabled. Eugenics was presented as the scientific way of bettering society for the future, and eugenicists in 1909 were convinced that disability was spreading at an alarming rate. The 1909 government report, *The Problem of the Feeble-Minded* maintained confidently that, “mental defects are hereditary; the feeble-minded are prolific; and thus the relative amounts of feeble-mindedness and insanity increases at an ever-growing rate and threatens the race with progressive deterioration.”⁴⁰ To quell the dangers of this population, institutions were built to house thousands of feeble-minded patients, who were often forced to remain there for life.⁴¹ These policies had devastating implications for people with disabilities and other populations considered undesirable in society. The 1913 Mental Deficiency Act first provided the legal framework for “permanent and compulsory segregation” in institutions.⁴²

The catastrophic extreme to which this ideal was taken by Hitler largely ended the vocal and explicit calls for eliminating the existence of people with disabilities and mental illness. Abhorrence of the Third Reich muted eugenicists and pushed their explicit proponents to the fringes of society. The abandonment of explicit eugenics arguments was not accompanied by a decreased fear of the disabled person in society. On the contrary, legislation supporting the segregation of people with disabilities survived for decades after Camphill’s founding. Although new laws changed and improved upon some elements of the 1913 Act, compulsory segregation for the mentally unfit continued through the 1960s in Britain. Institutions were the ultimate plan for most of the early twentieth century. They were large, rural, and final places for disabled children and adults, and they protected society

³⁷ A.F. Tregold, “The Feeble-Minded – A Social Danger,” *The Eugenics Review* (July 1909): 97-104.

³⁸ *Ibid.*, 104.

³⁹ Havelock Ellis, “The Sterilisation of the Unfit,” *The Eugenics Review* (October 1909): 203-204.

⁴⁰ Royal Commission on the Care and Control of the Feeble-Minded, “The Problem of The Feeble-Minded.” London, 1909, v.

⁴¹ Department of Health and Social Security, Welsh Office, “Better Services for the Mentally Handicapped,” Cmnd. 4683, London, 1971, 11.

⁴² Mathew Thomson, *The Problem of Mental Deficiency* (Oxford, UK: Clarendon Press, 1998), 39.

from a population considered disproportionately dangerous and demanding. I.Q. tests determined ability, and institutions were the answer for children whose abilities did not meet certain standards. Poor I.Q. scores were believed to foretell a life of poverty, crime, or deviance.⁴³ Through 1959, the “Board of Control” published annual reports and updates of the Lunacy and Mental Treatment Acts.⁴⁴ The Board’s name reflected the goal of controlling the so-called lunatics and mental defectives of Britain.

When Camphill was founded in 1939, parents of children deemed “ineducable” still often lost guardianship of their children. Such “certified” children could be sent away to facilities with often dismal conditions, overcrowding, and few or no educational or occupational opportunities. Studies from the apex of the eugenics era had suggested that people with cognitive disabilities were disproportionately represented in poorhouses and jails, and were prone to sexual deviance. These findings led to an alarmist reaction among the public of the supposed dangers and high costs of people with disabilities in British society, and this reaction remained embedded even after explicit eugenics had waned.

Along with Camphill, other independent charities provided services for people with disabilities in the first half of the twentieth century. Although these organizations rarely embodied prevailing views of disability in their entirety, they still differed significantly from the work of Camphill. Thomas John Barnardo, an evangelical doctor who lived in the late 19th century, began establishing charity homes for destitute children in London in 1866.⁴⁵ These homes, called “Dr. Barnardo’s,” continued to flourish and expand through the twentieth century, taking in poor, disabled, and exploited children. Throughout its nearly 150-year history, Dr. Barnardo’s has faced allegations of physical and visual exploitation of the children it aimed to help.⁴⁶ Destitute children who appeared in advertisements for Barnardo’s claimed that their clothes had been damaged to make them look more pitiful and even voyeuristically sexually appealing to middle and upper class audiences and potential donors.⁴⁷ Dr. Barnardo’s was a very public rescue mission that attempted to force religion and morals on desperate populations.

⁴³ Adrian Wooldridge, *Measuring the Mind* (Cambridge: Cambridge University Press, 1994), 234.

⁴⁴ Commission on Lunacy and Mental Deficiency, “Annual Report of the Board of Control,” London, 1945-1959.

⁴⁵ *Dr. Barnardo’s 1866-1966* (London: Dr. Barnardo’s, 1966), 8-12.

⁴⁶ Seth Koven, *Slumming* (Princeton: Princeton University Press, 2004), 118.

⁴⁷ Koven, *Slumming*, 120.

Although it was structurally and philosophically closer to Dr. Barnardo's and other religious organizations than to large custodial institutions, Camphill differed from this category in important ways. Convents and charity houses were institutions set up by an organized religion for needy populations; there was no integration of their religious background into the work with people with disabilities. Convents might take in disabled children, but they were not treated like equals, nor were they considered an integral part of the work of the convent. Likewise in charity homes, there were clear givers and receivers of care and charity.⁴⁸ "Community," if it was said, was little more than a euphemism for a somewhat softened institution.

Compared to the realities of such homes, Camphill belonged to an entirely different category. Anthroposophical community building and work with disabled children were elements of the same project. Camphill's interpretation of Anthroposophy applied equally and without modification to co-workers and to people with disabilities. Perhaps the most significant element of Camphill's philosophy was that it was not *for* or *about* disabled people. It concerned all people who were part of it, and this foundational element set the stage for Camphill to follow its own path that was equally concerned with personal development and supporting children in need of special care.

The war was a crucial catalyst for Camphill's development and sense of urgency, and it also set the stage for an early sense of insularity within Camphill. The ideas of eugenics, which suggested that people with disabilities were dangerous and deviant, were still very much alive in Britain when Camphill was founded, and even after the war. The children who König wanted to live with were widely viewed with suspicion by their own society. The founders, too, were viewed with suspicion in their first years in Scotland. They were mistrusted both for their Jewish origins and their Austrian nationality, suggesting a paradoxical perception that they might be both Jews and enemy Nazis. This group of suspect outsiders had moved to the Scottish countryside and actively sought to include another group of societal rejects. The mistrust founded by this project fostered a sense of mutual disinterest between Camphill and its Scottish neighbors in its early years of development. Insularity became a feature in Camphill's work that reflected these origins, and served as both an asset and a vulnerability in years to come.

⁴⁸ Stuart, *Not Quite Sisters*, 3.

CHAPTER TWO: EDUCATIONAL AND INSTITUTIONAL DEVELOPMENT

Camphill brought a constancy and devotion to its philosophical and practical work that was strengthened by the founders' early experiences. The birth of Camphill was dependent on World War II, and the founders' identity as an anti-fascist organization was a guiding force in Camphill long after the end of the war. This identity was instrumental in many of the great successes of Camphill, but it also explained the limited contact with non-Camphillers in the 1940s and 1950s. For their part, authorities and the public were generally content with this relative silence. The deeply insular character of these years provided space within Camphill for significant internal flexibility and innovation, but it also limited Camphill's potential as an advocate in political discussions. This limitation made Camphill vulnerable to legislation and mainstream demands, and held it back from acting as a model in these years. The early experiences of Camphillers in Scotland revealed the tensions and negotiations between internal development and contact with the world at large.

Wartime Development

Growing pains began almost immediately after the founders and the first children moved into Kirkton House. Kirkton was owned by the Haughton family, who supported the British Anthroposophical Society and loaned the house to the founders for free. Kirkton was rustic and old, with no electricity or running water, and these conditions were not easy for the founders, who generally came from affluent Austrian homes. The Haughtons were helpful and supplied the founders with regular supplies of fuel and food. Nonetheless, the landlords and tenants found themselves at odds culturally. The founders brought expansive plans and community-building projects. Philosophically, renting did not suit this pioneering spirit. König and his companions chafed at any limitations that outsiders might place on these goals. Anke Weihs recalled that Kirkton's owners "were so very British and we were so very continental."⁴⁹ The founders wanted autonomy and space to enact their mission, and

⁴⁹ Weihs, "Fragments," 8.

they felt limited by living in such close quarters with Kirkton's owners, who did not seem to appreciate the full scope of the founders' plans.

Refugees of such extreme circumstances as the Third Reich might have been expected to approach their adopted homeland with a great emphasis on assimilation. Although genuinely grateful for their newfound home, the founders of Camphill maintained a deep commitment to their spiritual, therapeutic, and communal goals. The founders judged Scottish society to be unprepared for the radical possibilities of an Anthroposophical Lifesharing community, and they therefore sought independence and relative isolation for their project's gestation. The founders' social goals were a crucial guiding feature in their early development and decisions. These Anthroposophically-inspired plans had been considerably less foreign to Austrians and Germans than they were in Scotland. The group saw themselves as the keepers of the destiny of Central Europe which was being destroyed by Hitler.⁵⁰ The sense of maintaining this threatened identity kept the founders at a distance from their neighbors and adopted homeland.

The founders' dissatisfaction with renting Kirkton House was bold in light of the great practical challenges they faced as they developed their new life. They had imagined a land-based community of farming and self-sufficiency, yet virtually none of the group had any skills as farmers or gardeners. They wanted to create a community that belonged to their adopted home, yet only one of the founders spoke English. Although they were unhappy in Kirkton House and wanted greater autonomy, more land, and more freedom, the founders were virtually penniless. The hurdles facing the group were daunting.

The struggle to maintain a daily existence as refugees in a new land with a new language and culture could easily have overshadowed the project of Camphill. Setting a tone for decades to come, it was the disabled children who kept the founders focused on their mission. Although the Austrians in Kirkton House were unassimilated and viewed with suspicion by many, parents kept arriving at Kirkton with the hope of finding a home for their disabled children. The looming threat of war in Britain moved attention away from concerns about the disabled. In spite of this broad shift of attention, there were no fewer parents who were in desperate need of a caring placement—or sometimes any placement at all—for their

⁵⁰ Dan McKanan, *Touching the World: Christian Communities Transforming Societies* (Collegeville, MN: Liturgical Pres, 2007), 17.

children with disabilities. While the odds seemed to have been stacked against the founders' communal project, their work with disabled children kept them busy and grounded in the first years. The founders had various complaints about Kirkton House's limitations as a home for their spiritual projects. Its size limitations and shortage of space for children, though, were the ultimate reason for the group's move to a home of their own. Less than a year after the first disabled child arrived in Kirkton, the house was full.

The solution to the space constraints of Kirkton House was found in a parent. Since arriving in Britain, Karl König had been traveling to London to hold regular medical clinics for disabled children. Many early pupils were from London and found their way to Camphill through these meetings with Dr. König. At one such clinic in early 1940, König met W.F. Macmillan, director of Macmillan publishing company, who was desperate to find a placement for his disabled son, Alistair. When Dr. König told Macmillan that Alistair could not live with him because there was no room, Macmillan bought a piece of land near Kirkton House, known as Camphill Estate, for the group.⁵¹ The exiled Austrians and marginalized children had found a permanent home and a name for their endeavor.

Camphill Estate captured the founders' imaginations and hearts at first sight. As Anke Weihs described:

Lying close to the river, secluded by its trees, fragrant from pines and well looked after, it seemed paradisaical after the bleak, windswept, draughty manse at Kirkton and our thoughts and love began to circulate around the new place like bees around honey, although our actual future as enemy aliens in a country valiantly and single-handedly at war remained obscure, to say the least.⁵²

The estate offered rich riverside land for farming as well as the stone Camphill House. Eagerly, the founders planned to move to Camphill Estate at the beginning of June 1940.

Shortly before moving day, however, the British war effort intensified. Although Britain had declared war on Germany more than half a year earlier, in September 1939, it was not until May 1940 that the relative peace known as "Bore War" or the "Phony War" gave way to the casualties and sense of threat that ushered Britain fully into the war.⁵³ On May 12, 1940, on the eve of the demise of the Bore War, the Austrian and German men in

⁵¹ Weihs, "Fragments," 8.

⁵² Weihs, "Fragments," 9.

⁵³ Peter Clarke, *Hope and Glory: Britain 1900-2000* (London: Penguin Books, 2004), 192.

Kirkton House were arrested as suspect aliens and interned on the Isle of Man.⁵⁴ Many of the men and women in Kirkton had witnessed Nazi arrests of relatives and friends in Austria, and the trauma and shock of the unexpected disappearance of König and the other men was tremendous. The women and children were left behind with the responsibilities of daily life at Kirkton House and the fast-approaching moving day. Although they considered staying in Kirkton House until the men returned, the women and children eventually decided to make the momentous move from Kirkton House to Camphill Estate themselves.

Although König's vision of Camphill kept the spheres of spiritual and social endeavor intimately connected, outside realities drove them apart for the first months. The move to a more permanent community structure in June 1940 occurred very differently for the male and female founders. The women took complete responsibility for the work of moving, caring for their own families and the children in their care, and establishing a daily routine and nurturing home in Camphill House. The men, interned hundreds of miles away, were living in relative comfort and engaging in discussion groups and a kind of impromptu university of Anthroposophical study.⁵⁵

When König was released on October 3rd, 1940, after nearly five months' imprisonment, he returned to a community that was deeply his own and also entirely foreign. Weihs recalled that König:

was a man returning to freedom after some months in [an] internment camp. He was a man returning to his wife and four children. He was returning to the main stream of his life and activity. But he was not returning to Camphill, for he had not yet been in Camphill.⁵⁶

"And so," Weihs concluded, "Dr König's coming constituted a stormy wedding feast between the male and female components of our community."⁵⁷ In the first weeks after this joyous and stormy reunion, the strands of the intellectual and the practical had to be rewoven in the work of Camphill. The women adapted their routines to find time for study, while the men learned the details and daily demands of life in their new home. Perhaps because of this early separation of tasks, Camphill developed a relatively conventional view of gender roles. In fact, a return to the wholesome family structures of the past was

⁵⁴ Weihs, "Fragments," 9.

⁵⁵ Ibid., 12.

⁵⁶ Ibid., 15.

⁵⁷ Ibid.

described by at least one co-worker as one of the therapeutic methods of Camphill. “We want to plan our life according to the old-fashioned idea of the women remaining at home and the men going out to work,” a Camphiller wrote in 1956.⁵⁸ Amid the many ways the founders focused on breaking down inequalities and divisions, gender was not a significant category in their consciousness.

During the war, the founders of Camphill were preoccupied with internal developments. The single-minded attention to the war effort in Britain allowed Camphill to proceed with little oversight. Medical attention during the war primarily concerned veterans. The Commission on Lunacy and Mental Deficiency, the governing body of hospitals and provisions for the disabled, ceased publication of its annual reports between 1939 and 1946.⁵⁹ Hospitals placements for people with disabilities—already sparse before the war—were converted provide care for injured soldiers. 25,000 mentally deficient and feeble-minded patients were reported to have been evacuated and their beds converted used for war casualties.⁶⁰ These displaced patients flooded the remaining mental deficiency hospitals and overcrowding exceeded sixteen percent for disabled patients during the war.⁶¹ Both care and control of people with disabilities were almost entirely neglected in wartime Britain. This cultural disinterest in disability did not reduce the number of disabled children in need of care, of course. Parents were as desperate as ever to find care and homes for their children with special needs and found few such options. Throughout the war, Camphill had a steady flow of disabled children who were sent and paid for privately by parents. There was an ever-expanding waiting list of prospective pupils.

With little outside interest or oversight, Camphillers developed their community structure and the values of Lifesharing for their work. More than any therapeutic or educational project, mutual respect was seen as the most radical and important element in the lives of Camphill’s exiles, both Austrian and British. A history of Camphill, written by one of the founders (likely Anke Weihs) described that:

although among the new friends [founders] there are two doctors and an experienced Curative teacher, the weight of instruction for the children lies in a different realm. ‘Create a Home around the children. Accept them entirely, and

⁵⁸ Kate Roth, “Domestic Life in the Village Community” *The Cresset* (Michaelmas 1956): 29.

⁵⁹ Commission on Lunacy and Mental Deficiency, “The Thirty-Second Annual Report of the Board of Control for the Year 1945,” London, 1946, 1.

⁶⁰ Ibid.

⁶¹ Ibid.

let them live with you together.’ This is the continuous admonition of Dr König, which is born out of the situation, and therefore the friends simply take the children into their own every day life; they work in the house and the garden together with the children.⁶²

Paying little attention to mainstream disability provisions or societal trends, Camphill found its own way through the war years. Spiritual development and Anthroposophical study were significant features of Camphill life in these years. Camphillers viewed themselves as lone voices in a hateful world, and considered themselves emissaries of a lost culture, roles that implied isolation. Although the founders may have clung to their disengagement with the mainstream society longer than was necessary, there was no question that provisions for people with disabilities were seriously lacking in these years. A 1950 newspaper article claimed that Great Britain’s occupation centers for children identified as “ineducable” provided for only 4,000 disabled children, out of 30,000 in need of such placements.⁶³

Although inward development was the primary focus during the war, Camphill should not be imagined as completely ignorant of, or disinterested in, the world outside. During and after the war, Karl König frequently commuted to London and held clinics for children with disabilities and their families.⁶⁴ Nearly all of Camphill’s pupils were paid for privately, and this demanded interactions with parents and outsiders.⁶⁵ Camphill was also supported by aid organizations for refugees. Although the primary focus of Camphillers in the 1940s was to strengthen core ideals and practices, external interactions also existed and kept the group in contact with non-Camphillers.

In 1945, Camphill took a decisive step into the world of mainstream British society. The Camphill-Rudolf Steiner-Schools, Ltd. was incorporated as an independent organization, with Karl König as the superintendent.⁶⁶ The formalization of Camphill as a legal entity led to increased bookkeeping and literature. Meeting minutes were recorded with more frequency and greater care. In 1947, König published the first Superintendent’s Report on The Camphill-Rudolf Steiner-Schools for Children in Need of Special Care, a report that

⁶² “This Was the Start,” 5.

⁶³ Judy Fryd, “I Rescued My Lame Chick From a Lifetime of Suffering!” *The People*, 4 June 1950.

⁶⁴ Weihs, “Fragments,” 8.

⁶⁵ Karl König, “The Superintendent’s Report on the Camphill – Rudolf Steiner – Schools for Children in Need of Special Care,” 1947, Karl König Archive, 11.

⁶⁶ Müller-Wiedemann, *Karl König*, 192.

was published at various intervals through the 1970s. The superintendent's report echoed common practices in mental deficiency institutions at this time.

Camphill's 1945 incorporation and the resulting increase in documentation and publications about its work were not offhand changes. Camphill was more engaged with outsiders at this time by virtue of expanding enrollment. Increasing numbers of children were sent to Camphill by government authorities who paid the pupils' fees and tended to ask questions. Still, authority oversight in the late 1940s and early 1950s was minimal. Compared to the insular independence that saw the founders through their first years, however, this marked a significant change in their work. There was evidence of an increased consciousness of the distinction between the internal, spiritual development of Camphillers and their institutional structure as it was relevant to parents and authorities.⁶⁷

Camphill's incorporation also began the ongoing process of evolution by which Camphill became an advocate for people with disabilities and a vocal proponent of its own methods. In his Superintendent's Report in 1949, König wrote that one of the tasks of Camphill was "to enlighten the public about the nature of the child in need of special care."⁶⁸ He noted that, "parents, as well as teachers and doctors, dealing with problem children and so-called mentally deficient ones, are still enveloped in clouds of preconceived opinion."⁶⁹ This prejudice, König went on to write, led to the unnecessary deprivations of legal certification, whereby children were deemed "ineducable" and government officials determined their future. "Children are much too readily certified," König lamented, "and thus deprived of further education... Future years will bring to light that it is a barbarian act to certify a child before he has reached puberty."⁷⁰ In light of Camphill's relative isolation from public and legislative conversations at this time, this was a strong indictment of mainstream attitudes and the certification system. Perhaps owing to the founders' experience in hostile societies and a resulting sense of helplessness in the sphere of politics, König's objections in this report were not taken up as an active political campaign. Nonetheless, like the 1945 incorporation, this opinion marked a beginning of the vocal role that Camphill went on to fill with more confidence in decades to come.

⁶⁷ Müller-Wiedemann, *Karl König*, 197.

⁶⁸ Karl König, "Superintendent's Report 1947-1949," 1949, Karl König Archive, 24.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*

In the years after its incorporation, Camphill grew rapidly. By 1947, eight years after the homeless exiled companions made their way to Kirkton House, Camphill was home to 128 children with disabilities, and forty-five volunteer co-workers.⁷¹ The original Camphill House was still at the center of the community, but it had expanded to include a neighboring estate, and new houses were built rapidly during this time.⁷² In 1949, Camphill had expanded to 183 children and had a waiting list of 123 more.⁷³ In 1957, enrollment peaked with 272 pupils and 124 co-workers, many of whom were also caring for their own young children.⁷⁴ Discussions from the 1950s reveal that these high enrollment numbers made for tight living quarters: a co-worker commented at a 1952 meeting that due to shortages of accommodation, “the children are...squashed.”⁷⁵

Post-War: Negotiation and Autonomy

Formal legal status, growing numbers of pupils and increased contact with parents and authorities all influenced Camphill’s development after 1945. The biggest changes in the years that followed, however, were the result of the intense introspection that was still a cornerstone of Camphill. The most important decisions in Camphill were the result of these internal conversations and spiritual understandings. The development of innovative and inclusive education in Camphill was an example of the great potential in Camphill’s autonomous and independent development. Policy papers and legislation from these years, however, illustrated the vulnerabilities of Camphill’s insularity.

In its first years, Camphill was a Lifesharing community that offered no formal education for its students with special needs. Education was not rejected outright, as it was in most other institutions in 1940s Britain, but it was not the priority of the founders. König and many of the early group of founders were doctors, which contributed to a medical and therapeutic emphasis in the first years. More importantly, though, the personal histories of the founders meant that living together as equals was their paramount task. Workers in peer

⁷¹ Karl König, “Superintendent’s Report 1946-1947,” 1947, Karl König Archive, 13.

⁷² Karl König, “The Friends of Camphill: Camphill, Heathcot, Murtle, Newton Dee,” [1948].

⁷³ König, “Superintendent’s Report 1947-1949, 19, 23.

⁷⁴ Thomas Weihs, ed., “Camphill Rudolf Steiner Schools Report on the Period from 1955-1962,” [1962], 6.

⁷⁵ School Community Meeting Minutes, 21 November 1952, Karl König Archive.

institutions in the 1940s—even those providing some degree of education for children with disabilities—were clearly not living *with* their pupils in the way that König imagined.

The educational developments in Camphill were a remarkable illustration of the potential of Camphill’s autonomy. The first step in its development as a school as well as a Lifesharing community came in 1948, when Camphill co-workers began teaching a class for non-disabled students, many of whom were children of Camphillers. There was considerable consternation about this project, which took attention away from the work with disabled pupils, and a co-worker recalled that, “the sacrifice of work for the handicapped child in favour of the normal child caused those of us who took it on both sorrow and distress.”⁷⁶ Co-workers taught the classes at this new school—called St. John’s School—using the Waldorf Curriculum established by Rudolf Steiner. The school was developed to fill a practical need, as many children of co-workers were of school age, and other schools were a significant distance away.⁷⁷ In 1948, Waldorf curriculum was considered unsuitable for most disabled children, although some of the more able pupils in Camphill were able to join the conventional school in these early years.⁷⁸

At the same time that this practical educational demand was being met, co-workers were becoming aware of the difficulties their disabled children faced as they reached puberty. König described that, “their minds drowned into masses of body.”⁷⁹ He went on explain that, “some of us could observe it only happened to those children of whom we thought a regular education would be of no avail.”⁸⁰ The establishment of a school in Camphill, alongside the realization that the lack of education seemed to be a disservice for disabled children, came together in the 1951 decision to open the doors of St. John’s School to children with disabilities, even though they were widely considered unsuitable candidates for school.⁸¹ Within a few years, the school decided to arrange its classes based on students’ chronological age rather than academic ability or “mental age” as determined by I.Q. tests, a policy that directly opposed traditional conceptions of disability.⁸² This integration within classrooms was soon accompanied by a similar integration of houses within Camphill, based

⁷⁶ A.N., “Camphill’s First Twenty-One Years,” *The Cresset* (Summer 1961): 32.

⁷⁷ Ibid.

⁷⁸ Fyfe Robertson, “A School Where Love is a Cure,” *Picture Post*, 30 April 1949.

⁷⁹ Karl König, “Study Week on Curative Education” (Lecture, 14 August 1952) Karl König Archive.

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Ibid.

on the realization that children benefitted from having others with different abilities and challenges around them. Camphillers soon considered the experiment of inclusion at St. John's School to be a success. König began to lecture about the nature of the Waldorf Curriculum as it applied to disabled children, and meeting minutes reveal that co-workers were pleased with the accomplishments of the school.

Opening St. John's School to disabled pupils in 1951 came almost twenty years before the 1970 Education Act would mandate universal inclusion in Britain regardless of disability. The success and prescience of this process in Camphill spoke to the benefits of Camphill's flexibility and its distance from its conventional peers. Camphill was not an idea that arrived, fully formed, in König's imagination, or even in the first days or weeks of the founders' lives in Scotland. The founders were committed to a guiding philosophy and purpose but exercised a great deal of flexibility and capacity for change based on their experiences and the needs of society.

Through the 1950s, Camphill continued to act as a relatively insular and autonomous organization. This role allowed for the independent development of an inclusive school, but it also kept Camphill distanced from the legislative changes and public discourses that were increasingly widespread in the late 1950s. In 1957, six years after St. John's School's inclusion experiment began, a British Commission on Mental Illness and Mental Deficiency published its findings, which brought disability into the public sphere for the first time since the end of the war. For Camphill, nearly twenty years old, this was a push to become more involved with British society. Camphill's growing sense of confidence and purpose alongside widespread public attention to disability set the stage for changing dynamics between Camphill and the world outside.

The Royal Commission's 1957 Report marked a turning point in legislative views of mental illness and intellectual disability. It included an in-depth examination of provisions for the mentally ill and mentally deficient and a set of recommendations that formed the basis for the 1959 Mental Health Act. Although the 1957 Report defended the use of "compulsory powers" to admit those classified as idiots or imbeciles into mental deficiency hospitals, it argued that compulsion was often unnecessary and unhelpful for patients.⁸³ The

⁸³ Royal Commission on Mental Illness and Mental Deficiency, "Report on the Law Relating to Mental Illness and Mental Deficiency, 1954-1957," Cmnd. 169, London, 115.

Commissioners declared the model of social exclusion for disabled people to be outdated and inhumane. Instead, they favored housing in smaller, non-hospital settings within local communities. Supported community care was recommended in place of strict, inflexible classifications that differentiated the normal from the subnormal, and the mentally ill from the mentally deficient.⁸⁴

The Report also examined provisions for disabled children in schools, training centers, and family homes, and concluded that these services need not be segregated with such rigidity from general children's services.⁸⁵ The Commissioners supported the importance of sustained family contact for children with disabilities even in cases of "not entirely satisfactory home[s]."⁸⁶ Although they still saw compulsion as necessary to protect certain disabled patients, the Committee believed that forced governmental involvement should be limited, and should not mean severance from an individual's family connections.⁸⁷

The Report recommended changes in educational provisions that would provide some type of education for a broader range of disabled children. Nonetheless, it maintained a distinction, albeit with new nomenclature, between children who were and were not suitable for schooling. According to the Report's recommendations, those children who had once been identified as ineducable would now be "'recommended for training' in a [non-academic] training centre or hospital."⁸⁸ Although this change was probably an improvement for parents who received the news of their child's classification, there was little substantive difference for the children identified as unsuitable for schooling. Straddling the line between adherence to old structures and forward-thinking philosophy, the Report concluded that for children, "full consideration should be given to the views of the parents themselves, but there should finally be an obligation on parents to allow their children to receive the form of training most suited to their abilities and aptitudes."⁸⁹ For those children with the poorest perceived prospects, the 1957 Report recommended what amounted to a softening of the language of governmental authority. For disabled pupils who were more successful in I.Q. testing, though, the Report recommended great improvements.

⁸⁴ Ibid., 211.

⁸⁵ Ibid., 115.

⁸⁶ Ibid., 129.

⁸⁷ Ibid.

⁸⁸ Ibid., 115.

⁸⁹ Ibid.

The 1957 Report seemed to have come as a surprise to Camphill. There was no mention of Camphill within the Report, no indication that the Commissioners contacted Camphill, nor any sign that Camphill reached out to the Commissioners during their investigation of disability services in Britain. The Report and the subsequent Mental Health Act neither directly supported nor opposed Camphill's philosophy and work. That Camphill may not have realized that these documents were in progress speaks to its isolation even from situations where more engagement might have benefitted Camphill's confidence and standing in British society.

Although it may have been unexpected, Camphillers certainly noticed the Report's publication and responded to it. The notion of children unsuitable for school, upheld by the Commissioners and decisively debunked by that time in Camphill, provided an opportunity for Camphill to begin to act as an advocate for their methods and work. Karl König had been ill in 1955 and had temporarily withdrawn from Camphill for part of that year, and in 1957 he stepped down from his role as the administrative leader and Superintendent of Camphill. Thomas Weihs, husband of founding historian Anke Weihs, became Superintendent.⁹⁰ König may have sensed of the dramatic changes ahead and thus took the opportunity to step back as Camphill stood on the threshold of a new chapter in its development. It may also have been a coincidence that Weihs, a founder of Camphill significantly younger than König, took over on the eve of these changes. Whatever the sequence of events, the newly-minted Superintendent Weihs quickly responded to the 1957 Report in the quarterly Camphill journal, *The Cresset*. Weihs recognized the Report's significance as "an important step forward in the attitude toward mental disorder," and noted that "the Report represents the endeavour to receive back into the community the mentally ill and handicapped."⁹¹ At the same time, Weihs illuminated the Report's weaknesses from Camphill's perspective. His article continued: "it is regrettable that there are no recommendations regarding the severely handicapped child under the Education Authority. We would have held that the severely sub-normal child requires and is entitled to education even if the education he receives is different from that ordinarily given."⁹²

⁹⁰ "Camphill Rudolf Steiner Schools Report" 1955-1962, 6, 10.

⁹¹ Thomas Weihs, "The Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency," *The Cresset* (Michaelmas 1957): 15.

⁹² *Ibid.*, 16.

It is difficult to assess the impact that this article had on mainstream conversations about disability regulation in the years after 1957. Articles, like Weihs's that compared Camphill's philosophy to general public attitudes certainly suggested a new commitment to engaging with outsiders and bringing Camphill into more public conversations. *The Cresset*, however, was a relatively limited publication, subtitled *The Journal of the Camphill Movement*. Although subscriptions or individual copies were available to anyone, *The Cresset's* exclusive focus on the Camphill movement kept its readership within a self-select population already familiar with Camphill. This probably limited the potential public impact of Weihs's writings.

The 1959 Mental Health Act, the first legislation to call for social inclusion of the mentally deficient, seems to have been a turning point within Camphill. An outgrowth of the 1957 Report, the Mental Health Act was the most significant disability legislation in Britain since the founding of Camphill, and it came at a moment when Camphillers were increasingly confident about their ideals and practices. Governmental reiteration of the need to identify children who were not suitable for school came as Camphill's opposing experiment was increasingly showing its success. This created a confidence among Camphillers who become more vocal about their work. That the Report and subsequent legislation were not anticipated cast into doubt Camphill's broadly dismissive attitude toward mainstream policies of earlier years. That it was similar in some ways to Camphill's work provided the positive encouragement to engage with an increasingly attentive mainstream society.

The 1957 Report and ensuing legislation were dramatic departures from existing laws and assumptions about disability. In practice, though, they were almost entirely ignored. Long-stay hospitals continued to be the permanent reality for people with disabilities. Through the 1960s, even as scientific thought and social goals evolved, the reality for most children with disabilities in Britain remained unchanged. Places at special education schools were limited and only a fraction of the children suitable for one of these schools found a place. A government report suggested that in 1969 there were more than 6,000 children in England and Wales in need of residential homes of some sort.⁹³

⁹³ Department of Health and Social Security, "Better Services for the Mentally Handicapped," Cmnd. 4683, London, 1971, 16.

Occupation centers, though frequently little more than day-care centers with little purpose or organization, were similarly overcrowded and had waiting lists that numbered into the thousands.⁹⁴ Even mental subnormality hospitals, although dreaded and feared by many parents of disabled children, were consistently overcrowded.⁹⁵ Educators and psychologists may have been changing their views in these years, but the changes had little immediate effect on most disabled children and their families.

The 1960s saw gradual internalization of and acclimatization to the changes suggested but unenforced in 1957. Within Camphill, there was a parallel process of re-imagining and re-assessing the organization's role within British society. The years of insularity that the founders believed necessary for their own strength and purpose seemed to be drawing to a close, perhaps belatedly. Camphill was not interested in being absorbed by conventional institutions, as it did not consider itself redundant in light of the progress of 1957 and 1959. Rather, there was a growing sense that Camphill's alternative model could be advocated for within mainstream society. For Camphill and people with disabilities across Britain, the benefits of being part of mainstream conversations increasingly outweighed the risks of losing a unique identity.

As part of this move toward the wider Scottish society, visits and opinions of visitors were treated with more attention in the late 1950s and beyond. Representatives of county councils had long been visiting Camphill and observing the work with pupils whose tuition and care were funded by these local governments. In earlier years, though, these visits were described with little serious concern beyond a wish to keep the inspectors relatively satisfied.⁹⁶ As the field of disability care began to expand, other schools for children with special needs opened. There were more options for parents, and Camphillers viewed government authorities and inspections of Camphill with more significance. Inspectors also seem to have been more attentive to details of Camphill's educational system, which was still unique but no longer as unprecedented as it was in 1951.

⁹⁴ Ibid., 14.

⁹⁵ Pauline Morris, *Put Away: Institutions for the Mentally Retarded* (New Brunswick, Canada: Adline Transaction, 2006), 79.

⁹⁶ Camphill – Rudolf Steiner – Schools Council Meeting Minutes, 28 April 1954; 5 May 1954 and others, Karl König Archive.

A 1965 inspection of Camphill prompted an internal discussion about the points raised by inspectors as they applied to Camphillers' own goals.⁹⁷ Later meetings of the Camphill Schools Region—which by now included several Camphill schools in Great Britain—involved discussions about how Camphill could be of most use to the most pupils. These discussions took into account the other options for pupils of Camphill, including other special schools and even mental subnormality hospitals. Although confident about their methodology and philosophy, Camphillers in the mid-1960s saw a new acknowledgement of other services for these children, and perhaps an unspoken realization that the model of Camphill was not being adopted rapidly by mainstream institutions.

How Camphill could best support children with disabilities within the system of hospitals and other residential schools was increasingly the subject of conversations about admission and discharge of their pupils. In 1967, a Regional Schools Meeting discussion led to a tentative conclusion: “We should help those others cannot. We are not the only schools... Perhaps we should keep children as long as we *can* help.”⁹⁸ It is not clear whether this discussion led to a significant change in the admission and discharge of pupils in Camphill Schools. Even if they did not, these comments were indicative of a changing view of Camphill's role in the world, a view that found significant relevance in examining, and conversing with, the mainstream.

Even if the 1959 Mental Health Act had been promptly and thoroughly implemented, public provisions for disabled children would still have looked very different from a nation of Camphill communities. In place of eugenics or extreme isolation, the 1957 Commissioners proposed classifications to more humanely and accurately assess the abilities and needs of people with disabilities. Rather than identifying the idiots and imbeciles of old, I.Q. was used to identify who belonged in special school classes, who could be absorbed in conventional schools, and who would benefit only from the non-academic setting of an occupational centre. Although an improvement, these new categorizations were essentially a softened version of the old ones. I.Q. tests, administered to young children—often in unfamiliar settings—were still the standard by which a child's future prospects could be determined, and their childhood would be based on these

⁹⁷ Meeting of the British Schools Regional Council, Thornbury, October 1965, Karl König Archive, 5.

⁹⁸ “A Resume of Points Discussed at the British Schools Regional Meeting,” October 1967, Karl König Archive.

measured outcomes. Between children bound for special schools and those destined for occupation centres the line between educable and ineducable endured.

Equally persistent was the assumption that there could be an ideal method of classifying and placing students who did not meet the standards of “normalcy” in Britain. Laws and reports throughout the twentieth century revealed a progression of dramatic and wide-ranging changes of attitudes toward and understanding of disability. The superficial diversity of these documents belies the underlying insistence on an absolute and categorical system of placements and classifications for all people whose test scores or behaviors existed beyond the boundaries of the normal. In the early twentieth century, eugenics was widely considered to be such a panacea for the social problem of disability. By the time of Camphill’s founding, institutionalization had replaced eugenics as the preferred method of control, and doctors had become the agents who were qualified to identify candidates for certification and isolation. In later years, the label Educationally Subnormal, with subcategories of Mild and Severe, came into vogue. In each of these eras, it was understood by mainstream advocates that there could be a perfect way to measure and classify people with disabilities and determine where they belonged.

Camphill, on the other hand, was assessing and examining its work in light of the children themselves rather than as scientists and statisticians. Because of this, it had significantly more flexibility in its development during these same years. Camphill started with a deeply held core belief about the rights of children with disabilities as well as the significance of meaningful communal living. From this grounding philosophy, the institutional and educational structure of Camphill evolved, responding to changing needs and the wisdom gained from years of hands-on work. When co-workers began to realize that the children in their care who had been deprived of school suffered in puberty, the school was opened for these children. When the success of integrating children with very different disabilities and needs in school was visible, the housing structure of Camphill followed suit, and pupils’ houses within Camphill were no longer separated based on their diagnoses or needs. As the impact of I.Q. testing and changing mainstream views began to seep into Camphill’s work, Camphillers were also willing to take on the challenge of further clarifying their role within the field of care-providers, a field that was almost non-existent at Camphill’s inception.

Although its spiritual underpinnings gave Camphill the orientation to progress according to its own views, the potential vulnerability of Camphill's insularity also came to the fore in these years. This realization led in part to the active decision to engage more with legislators and authorities, and to act as an advocate rather than remain an obscure enclave. The 1959 Mental Health Act was both unenforced and roughly in line with Camphill's work. Had these factors been different, Camphill could have found itself blindsided by legislation that demanded radical changes in their work. As public attitudes were increasingly aware of people with disabilities, Camphill chose to—and was required to—become an actor in a growing and gradually more regulated field.

CHAPTER THREE:
“A POOR RELATION OF GENERAL MEDICINE”:
MEDICAL DEVELOPMENTS AND ATTITUDES

Medicine and disability have had an ongoing and uncertain relationship. Although people with disabilities have long experienced stigma and inattention, they have also been the subjects of doctors’ attempts to identify and classify them. Early twentieth century medical attention to disability primarily focused on scientific means of control and identification. Camphill, too, had a strong medical focus in its early years. Although it shared a great deal with mainstream medicine, Camphill differed in important ways by its further commitment to help and even cure people with disabilities.

The Pathology of Disability: Mainstream Medical Attitudes

Eugenics, which profoundly affected attitudes toward the disabled, was only one of many ways that science influenced awareness and opinions about issues that were once considered social. The expansion of public education in Britain brought the public’s attention to the prevalence of cognitive disability. At the same time that disability was an increasingly recognized problem for British schools, scientific solutions and approaches were employed for an expanding range of social situations. The Jay Report, a widely read 1979 government publication, traced the development of disability’s perceived status as a subset of the medical field. In the early twentieth century, according to the report:

came the recognition that among those who were classed as lunatics there was a discrete group of people who were not ill but ‘mentally defective’ or ‘feeble minded.’ The concept of mental handicap thus started life as a variant of mental illness and despite later attempts to define it as a social problem the link with medicine—albeit as a poor relation of general medicine—was established.⁹⁹

Believing that it was their medical and moral obligation to do so, doctors partook in supposedly scientific identification and classification of the disabled.¹⁰⁰ Assessing the establishment of large and compulsory institutions at the turn of the twentieth century, a

⁹⁹ “Report of the Committee of Enquiry into Mental Handicap Nursing and Care,” Cmnd. 7468, London, 1979, 11.

¹⁰⁰ Mark Jackson, “Institutional Provision for the Feeble-Minded in Edwardian England,” in *From Idiocy to Mental Deficiency*, eds. David Wright and Anne Digby (London: Routledge, 1996), 162.

1971 report observed the dual roles of these institutions. As medicine and morals were increasingly intersecting, institutions “served a social welfare as well as a medical purpose,” according to this report.¹⁰¹ In its early twentieth century form, the widespread medicalization of disability focused on diagnosis and classification. Medical professionals were responsible for testing and “certifying” children who were designated as ineducable. Based on I.Q. scores and medical understanding of the causes of disability, the certification process reflected the perception of ability as a static and quantifiable measurement.

The legal foundation for the compulsory certification and segregation of disabled children began with the 1913 Mental Deficiency Act.¹⁰² In the years leading up to this Act, intellectual disability was increasingly perceived as a widespread and threatening problem. The 1913 Act was supported as a structured and systematic method of dealing with what was seen as the growing and frightening problem of mental deficiency.¹⁰³ The framework for certification of mental defectives was constructed as an objective method of identifying the needs of a child based on his or her ability and potential role in society. The inclusion of quantifiable measurements such as I.Q. scores in this process was considered an improvement that would eliminate the prejudicial elements of the certification process, such as social status and class.¹⁰⁴

The process of identifying and certifying the disabled for compulsory segregation was erratic in spite of its aspirations for objectivity. Historian Mathew Thomson argues that certification through the first half of the twentieth century was as much based on an “assessment of home life” as on I.Q. scores.¹⁰⁵ Institutions never housed all of the mentally deficient members of society, nor did they have the capacity to do so. Families who came to the attention of the Mental Deficiency Board of Control were mostly poor; for them, certification could be the single and final assessment of a child with disabilities. Although it was never universally enforced, the notion of identifying the least able and mandating their permanent removal from society was a powerful voice in Britain through the 1950s and beyond.

¹⁰¹ “Better Services for the Mentally Handicapped,” 11.

¹⁰² Thomson, *The Problem of Mental Deficiency*, 39.

¹⁰³ *Ibid.*

¹⁰⁴ Wooldridge, *Measuring the Mind*, 92.

¹⁰⁵ Thomson, *The Problem of Mental Deficiency*, 258.

In addition to their role in assessing and certifying children, doctors were also involved in the creation and management of large long-stay mental deficiency hospitals. Although they were ostensibly medical centers staffed by doctors and nurses, the reality of mental deficiency hospitals was often far from therapeutic. The Annual Report of the Lunacy and Mental Treatment Acts for 1947 described the overcrowding that plagued these hospitals, as large numbers of disabled patients had been evacuated from other hospitals during the war years to make room for injured soldiers. Many of the remaining mental deficiency hospitals had responded to the shortage of beds by limiting their admissions to certified patients—those who were determined to need compulsory segregation.¹⁰⁶ The 1947 report acknowledged the problem of accepting only certified patients as, “of course, clearly detrimental to the whole system of voluntary treatment.”¹⁰⁷ The report continued, noting that this structure, “involves grave hardship to persons voluntarily seeking treatment, often in the early stages of their illness, when there is the best prospect that early treatment might ensure recovery.”¹⁰⁸ Coming from the governing body of these hospitals, this statement was a striking admission that mental deficiency hospitals had essentially become permanent segregating institutions rather than places of therapeutic treatment.

Until 1952, the Lunacy and Mental Deficiency documents made no distinction between mentally ill and cognitively disabled patients. Confusion about this distinction abounded in legal documents, diagnoses, and public opinion throughout much of the early twentieth century. The 1957 Report on Mental Illness and Mental Deficiency attempted to clarify these distinctions by recommending three categories of patients: mentally ill; psychopathic; and patients of severely sub-normal personality.¹⁰⁹ Although the effort to disentangle mental illness from cognitive disability was an important one, the suggestions of the Commission were hardly the clear and humane distinctions they were intended to be. Psychopathic patients were defined as those with “any type of aggressive or inadequate personality which does not render the patient severely sub-normal...but which is recognised medically as a pathological condition.”¹¹⁰ Mental illness was expanded to include the

¹⁰⁶ “Lunacy and Mental Treatment Acts, Annual Report of the Board of Control to the Lord Chancellor,” London, 1948, 3.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ “Report on the Law Relating to Mental Illness and Mental Deficiency”, 6.

¹¹⁰ Ibid.

“mental infirmity of old age.”¹¹¹ Although the 1957 Report elsewhere argued that intellectual disability and mental illness should be regarded with the same objectivity as physical illness, its categorical suggestions continued to identify these disabilities as defects in personality, hardly an objective definition.¹¹² The 1957 Report aimed to provide more inclusive and less stigmatizing definitions and provisions for people with disabilities, but did so with the same overarching aim of classifying, identifying, and essentially blaming these patients.

Through the 1960s, doctors routinely treated disabled children as unworthy of care and incapable of feeling. One mother recalled taking her disabled son to a doctor because she was concerned about an injury on his foot. The doctor refused to suggest any treatment or prevention and instead told the mother that she should know that children like her son could not feel pain or pleasure. The mother lamented, “if you take a normal child to a doctor, they say, ‘What seems to be the problem?’ and you tell them and they take it in; and they ask you questions. If you go with a handicapped child, they don’t ask you what you think is wrong. They tell you without explaining anything.”¹¹³ Although this may have been an unusually explicit case of such neglect, the underlying beliefs of this doctor were not obscure.

Medical involvement consistently sought to control rather than improve the lives of people with disabilities. Pauline Morris’s 1969 book, *Put Away*, was an exposé of the conditions in mental hospitals. Among other observations, Morris revealed that doctors routinely administered tranquilizers as means of custodial control. Drugs were used to stop loud or disturbing behavior, according to Morris, and no effort was made to find the reasons behind a patient’s anger or frustration.¹¹⁴ The 1971 Report, “Better Services for the Mentally Handicapped,” found that therapeutic attention in mental hospitals had remained minimal throughout the twentieth century, noting that:

hospital ‘treatment’ is restricted to meeting the patients’ most basic physical needs. The nurses’ time is taken up in getting patients up in the morning, dressing, washing and feeding them, dealing with incontinence during the day

¹¹¹ Ibid.

¹¹² Ibid., 3, 6.

¹¹³ Shirley, quoted in *Tears and Joy* (Bristol: Bristol Broadsides, 1981), 26.

¹¹⁴ Morris, *Put Away*, 174.

and putting them to bed in the evening. It is a life of minimal satisfaction for patients and staff alike.¹¹⁵

Eight years after the publication of the seminal “Better Services,” the Jay Report, authored by the Committee of Enquiry into Mental Handicap Nursing and Care, found that large numbers of patients continued to be confined unnecessarily in hospitals that provided little more than the basic care and subsistence provisions.¹¹⁶

Like the 1957 Report’s attempt to redefine grades and categories of disability, other legislation sought to reconcile the relationship between disability and medicine. This was often an effort to infuse an element of medical progress and cure into a field generally marked by focus on diagnosis and control. Papers and legislation in the 1970s argued for more humane care, but upheld the concepts of subnormality and firm adherence to I.Q. results. Until the late twentieth century, there was little attempt to seriously reconsider the conceptual framework of disability as a classifiable medical problem that could be cured. It is remarkable that conventional medical assumptions adhered so consistently to this vision of disability as a subset of medicine, because, as the Jay Report illustrated, this connection grew out of happenstance and confusion as much as rational reasoning.

Disability, Medicine, and Treatment in Camphill

In Camphill, the work of mainstream doctors and social scientists was not overlooked. In 1955, König observed that, “the handicapped child about whom nobody cared very much thirty years ago is now a fashionable object,” and worried that “the great danger is that under the impact of all these attempts the handicapped child as a human being is overlooked.”¹¹⁷ König also expressed concern about the methods of specialization and identification that were common among doctors and the general public:

The most ridiculous specialisation and segregation were introduced into every school, and from the earliest age onwards, children had to undergo tests and examinations in order to estimate the type of school they should attend... A

¹¹⁵ “Better Services for the Mentally Handicapped,” 22.

¹¹⁶ Peggy Jay, Chairman, “Report of the Committee of Enquiry Into Mental Handicap Nursing and Care,” Cmnd. 7468, London, 1979, 139.

¹¹⁷ Karl König, “Superintendent’s Report 1952-1955,” [1955], 67.

stupefied public was given to understand that those were the true methods of modern science. But the immediacy of childhood was thus destroyed.¹¹⁸

König, however, seemed to have underestimated the categorization that took place within Camphill. Superficially, Camphill's founders were not exceptions within the mainstream medical context, as most were doctors. Although König's first admonition to his companions in Scotland was to live *with* the children—and this was the primary task of the first years of Camphill—König's medical experience with disabled children soon featured in the daily life of the community. In the early years, the houses of Camphill were divided based on medical diagnosis. There was a house for children with cerebral palsy, another for children with “schizophrenic, prepsychotic and post-encephalitic conditions,” and others for deaf and blind pupils.¹¹⁹ Therapies and routines were established in each house based on the perceived needs of children with each diagnosis.

Generalizations about disabled children were plentiful within Camphill in the early years. A 1949 *Picture Post* article about Camphill wrote that, “individual treatment is the chief secret of Camphill's success.”¹²⁰ Shortly after, however, the article went on to observe:

The staff have evolved, and are still developing, many successful techniques and practices... One kind of defect is used to mitigate another. Mongol children are surely the happiest on earth; in them affection seems to well over from a never-ending fount... Paralysed children, on the other hand, are afraid, nervous, anxious; and the epileptic is inclined to be melancholy. So in Heathcot House, which is primarily for paralysed children, and where a few epileptic girls work as nurses, some young Mongols live also—to spread their happiness.¹²¹

From internal lectures and meetings during this period, it seems that the *Picture Post* accurately portrayed Camphill's policy toward and understanding of disability. At its core lay a commitment to accept and respect each child as an individual. As doctors and intellectuals, however, the founders were inclined to look for patterns and develop generalizations about the children in their care. There was clearly an overlap between König's medical perception of disability and that of his mainstream peers in the post-war years.

¹¹⁸ Karl König, “The Three Great Errors,” *The Cresset* (Michaelmas 1956): 9.

¹¹⁹ Karl König, “Camphill Rudolf Steiner Schools for Children in Need of Special Care Superintendent's Report, 1952-1955,” [1955], 7-8.

¹²⁰ Fyfe Robertson, “A School Where Love is a Cure,” *Picture Post* 30 April 1949.

¹²¹ *Ibid.*

The key distinction that set Camphill apart in this period, however, was a commitment to developing therapies and treatments based on this medical knowledge. Where the 1957 Commission had suggested new classifications of the mentally defective for “legal and administrative purposes,” Camphill’s medical distinctions almost ten years earlier were an effort to provide the most effective therapeutic care for pupils, not as a method of control or bureaucratic streamlining.¹²² Because mainstream medical attention generally stopped at identification and control, Camphill’s work in developing therapies and treatments was unique. Devoting time and energy to a field largely neglected in peer institutions, König and his medical colleagues had significant success in diagnosing and treating the children who came to Camphill. Many children improved considerably there, and some returned home and enrolled in conventional schools.¹²³

König gave lectures based on his understanding of causality and the development and proper care of children with a variety of diagnoses. He was particularly interested in Mongolism, as Down Syndrome was commonly known. Some of his early conclusions and observations were plainly mistaken: in 1949, König believed that Down Syndrome was the result of shock in utero, and that the age of the fetus at the time of the shock could be identified by characteristics of the child with Down Syndrome.¹²⁴ Through observations of children in Camphill, König further observed in 1950 that, “no Mongol child has a conscience or has any fear of death.”¹²⁵ Later in the same lecture, König suggested that only those children with Down Syndrome who survived a childhood disease were able to live past puberty.¹²⁶ Based on the 1,200 children König had seen in clinics and in Camphill by 1952, he claimed that, “30% have histories of shock to the mothers during pregnancy.”¹²⁷ He was also critical of mothers who were too active or lived amidst too much noise during pregnancy: “The noise and the over activity of the mother is the cause of the mentally defective child,” according to König in this 1952 lecture.¹²⁸

¹²² “Report on the Law Relating to Mental Illness and Mental Deficiency,” 6.

¹²³ [Thomas Weihs,] “Camphill Rudolf Steiner Schools for Children in Need of Special Care Superintendent’s Report 1962-1972,” [1972], 5.

¹²⁴ Robertson, “A School Where Love is a Cure.”

¹²⁵ Karl König, “Maladjustment in Children” (Lectures, 7-9 September 1950, Bristol).

¹²⁶ Ibid.

¹²⁷ Karl König, “Study Week on Curative Education” (Lecture, 13 August 1952, Aberdeen).

¹²⁸ Ibid.

It is easy to be scornful of König's confident assertions about theories that have since been soundly disproven. Further, König's medical and diagnostic interest in disabled children seems unexpectedly conventional in an era replete with diagnoses and classifications. In spite of this, König's work was still progressive, given the steps that followed his initial diagnoses. Alongside his scientific interests about causation was a deep commitment to using this knowledge to develop treatments and therapeutic activities for the children of Camphill. While König concerned himself with the causal mysteries of disability, he and his colleagues in Camphill were simultaneously committed to applying this knowledge to live *with* their children in the most meaningful and supportive way.

König's attention to medical needs and treatments at this time was an alternative to the mainstream classifications of "feeble-mindedness" and "idiocy." These diagnoses used medicine as a tool for identification rather than an avenue for treatment, and were based on phenotypic traits rather than underlying origin. Refusing to accept that these children were ineducable, König was interested in examining their needs, abilities, and syndromes, and trying to improve their quality of life. At a time when these labels were unquestioningly accepted, König began decrying such vague classifications. "Findings such as 'Feeble-mindedness' or 'Backwardness' or 'General Retardation' are not a diagnosis but merely a link in a broken chain," König wrote in 1949.¹²⁹ In contrast to labels that diverted responsibility from doctors' attention, König took pains to diagnose children and prescribe treatments and therapies that would help them.

The opening of Camphill's St. John's School to disabled pupils in 1951 shifted a significant amount of energy toward education and away from medical treatment. This transition was cause for concern among Camphill's co-workers. Discussions in meetings revealed dismay over the neglect of medical and therapeutic work in favor of school development. Karl König continued to see patients in his London clinic, and he was actively involved with researching and lecturing about new treatments and discoveries around medical aspects of disability. Medical work was not at the forefront of Camphill life in the late 1950s and 1960s as it had been earlier, but there was still considerable attention to medical developments, and to statistics about the progress of pupils while in Camphill. Records were kept of the children who left Camphill "fully recovered."

¹²⁹ König, "Superintendent's Report 1947-1949, 5.

By 1970 and beyond, Camphill had consciously begun to shed its identity as a medical center. That year, CRSS superintendent Thomas Weihs noted the pitfalls of the mainstream medical changes he had observed:

Society feels the obligation to provide for the handicapped but ever more, to offer cures and still better, means to prevent handicap. Indisputably, the scientific search for cure and prevention is one of the essential ways society tries to cope with its handicapped people... Yet, the altering of conditions is only one of other possible ways of reacting to challenges open to the human being.¹³⁰

Efforts to understand and prevent disability and to improve health care were noble, but carried with them an implicit dehumanization of people with disabilities. Weihs drew readers' attention to the dual responsibility to understand and also respect people with disabilities.

By the time mainstream medicine had taken up the campaign of medically assessing and curing people with disabilities, Camphill had begun to move beyond this project. As adequate medical attention for people with disabilities became routine, Camphillers seemed to have perceived and responded to this cultural shift. Camphill's internal evolution and guidance also factored into the increasing move away from the path of medical attention. It is clear that by the 1980s Camphill was decisively not a center for medical care, and the language of patients and cures was being consciously eschewed.

As predominant attitudes about disability moved toward medical attention, Camphill took a different step and began working to enact the social model of disability. Most often articulated in disability activist groups, this model defines disability as a primarily social construct, and asserts that the daily struggles of people with disabilities result from stigma and prejudice rather than the physical or intellectual barriers of a disability itself. The social model of disability follows in the footsteps of earlier civil rights campaigns for equality of gender, race, and sexual orientation. The conception of disability as social construct sets itself in direct opposition to the medical model of disability, which seeks to pathologize and scientifically assess a problem that activists believe is, at its core, about prejudice and social barriers. This model distinguishes between disability, which is social exclusion, and impairment, meaning physical or intellectual limitation. Sociologist Tom Shakespeare explains this dichotomy:

¹³⁰ Thomas Weihs, "The Social Potential of the Handicapped," *The Cresset* (Summer 1970): 9.

Impairment is distinguished from disability. The former is individual and private, the latter is structural and public. While doctors and professionals allied to medicine seek to remedy impairment, the real priority is to accept impairment and to remove disability... Like gender, disability is a culturally and historically specific phenomenon, not a universal and unchanging essence.¹³¹

Camphill is not often an explicit voice of the social model of disability; in practice, however, it clearly subscribes to this world-view. In recent decades, people with disabilities have been less excluded from medical care, but have been consistently excluded from meaningful social involvement and genuine integration in neighborhoods and communities. The problems of medical neglect are not gone, but they are no longer the paramount barriers facing people with disabilities—indeed, mainstream medical attention has brought many problems along with its improvements.

A series of intersecting factors led to Camphill's move from the medical to the social model of disability. In contrast to the dramatic shifts of in legislative and popular attitudes, Camphill has seen a more gradual evolution. Widespread attention to medical needs of people with disabilities meant that many conditions with relatively easy remedies were treated early, and these pupils no longer came to Camphill. On the other hand, infants and young children with severe and complex disabilities and illnesses survived in far greater numbers with improved medical technology and access to care. This confluence of factors led to changing demographics of pupils in Camphill. Those who might have otherwise been cured medically in Camphill were increasingly cured elsewhere; those who would have rarely survived early childhood were surviving in increasing numbers, often with complex and major needs.

For an organization like Camphill, the cure was no longer the ultimate goal; rather, acceptance was considered the most important need for people with disabilities. Acceptance can easily be used as a euphemism for the passive neglect and abandonment of children and adults in long-stay hospitals; in Camphill, however, acceptance is a modern adaptation of König's early and frequent reminder to live *with* disabled children. In 1940, medical care was a pressing need in pursuit of that aim; fifty years later, accepting people without demanding that they meet certain standards of normalcy was seen as the most meaningful

¹³¹ Tom Shakespeare, "The Social Model of Disability," in *The Disability Studies Reader*, ed. Lennard J. Davis (New York: Routledge, 2006), 198.

way to achieve König's goal. This transition was internally consistent with Camphill's ongoing commitment to flexibility in its practices and to upholding respect and dignity for all people. Mainstream medical professionals were consistent with their own commitment to new and improved ways to identify, classify, and deal with abnormal people within a standardized, "normal" world.

CHAPTER FOUR:
“OUR CHILDREN ARE YOUR CHILDREN”:
RELATIONS WITH PARENTS AND FAMILIES

The evolution of medical attitudes illustrated the potential for prescient innovation within Camphill’s flexible structure. Attitudes toward parents and families of children in Camphill, however, were largely in line with the imperfect mainstream opinions of the mid-twentieth century. Through its own process of development, Camphill arrived at a distanced attitude toward parents that was common among institutions throughout most of the twentieth century.

In the 1950s, parents of disabled children were largely considered a burden rather than an asset, in Camphill and elsewhere. In hospitals and residential occupation centers, parents’ visits were often restricted to specific days and hours.¹³² Parents found their inquiries about their children disregarded, and many struggled to stay in contact with their institutionalized children. During the 1950s, at the height of institutionalization in Britain, hospital placements for disabled children were almost always permanent. Mental deficiency hospitals had shed their early mantles of hope and training, and instead provided permanent custodial care for the disabled. Children admitted to hospitals were never expected to come home. Parental involvement and contact, therefore, were not priorities in these conventional institutions.

The circumstances were different in Camphill, since Camphill schools only kept pupils through adolescence. The first Camphill Community for adults, Botton Village, was founded in England in 1955, but pupils of the Camphill schools were not automatically admitted to adult communities. Through the 1960s, Camphill held a strong conviction that children should live with their families or in another mainstream setting for at least one or two years before they might return to Camphill as adults.¹³³ Although there were exceptions to this policy, adults with disabilities were expected to make a conscious choice to live in Camphill only after gaining some experience of the world outside. Even though Camphill communities existed for both children and adults, time spent at home or in other settings was

¹³² For example: “Readers Write,” *Parents’ Voice* (March 1965): 19.

¹³³ The British Movement Council, Meeting notes, 29 May 1964.

considered important to prevent Camphill from developing the custodial and permanent attitudes that were so widespread at the time.

There were exceptions to the rule of spending time out of Camphill, and some pupils moved directly to an adult Camphill community. If it was considered suitable for the child, though, co-workers did not hesitate to send pupils into the non-Camphill world for a time after they finished school. At a meeting in 1954, a note was made of a pupil “to be dismissed. Contact should be kept, should later on go to village.”¹³⁴ In 1955, another pupil’s future was discussed as follows: “future unsettled. Is now 18. Later to village.”¹³⁵ Parents were generally responsible for arranging these years out of Camphill. This could be a struggle, especially as many families had waited for months or years for their children to finally have a place in the Camphill schools.

Another common context of parents’ importance to Camphillers was their payment of fees. Early Camphill meeting minutes frequently refer to parents’ struggles to meet Camphill’s tuition. Although they attempted to adjust their fees “according to the means of the parents or guardians,”¹³⁶ pupils were often dismissed from Camphill because of outstanding fees.¹³⁷ Although this attitude was harsh, roughly half of the pupils in the 1950s were still sent and supported privately by families, and Camphill was dependent on these fees for the upkeep of the community.¹³⁸

Although meeting minutes were generally recorded in brief fragments, it is possible to sense from these notes the authority that Camphill assumed over parents. In 1955, a note was made about a pupil who was presumably approaching school-leaving age: “letter from parents. Nothing yet found for her, parents unhappy. Discussion: Morwenna to write that she must go by the end of August.”¹³⁹ Camphill’s insularity supported its self-confident espousal of philosophies and beliefs it deemed important, such as time out of Camphill. Camphillers continued to identify themselves as alternative founders of a radical project in a hostile world, and within this identity, parents were perceived as potentially invasive outsiders.

¹³⁴ Schools Community Meeting Minutes, 17 November 1954.

¹³⁵ Schools Community Meeting Minutes, 15 July 1955.

¹³⁶ Karl König, “The Camphill-Rudolf Steiner-Schools for Children in Need of Special Care,” [1947], 22.

¹³⁷ See for example Council Meeting Minutes, 15 September 1954.

¹³⁸ Internal Superintendent’s Report, presented at Schools Community Meeting, 8 January 1953.

¹³⁹ Schools Community Meeting Minutes, 15 July 1955.

Seemingly unconsciously, parents were grouped with public authorities as potential threats to the evolution and strength of Camphill's alternative project.

Part of this conflation of Scottish families and authorities probably dated from Camphill's earliest and most inward-looking period. Between the trauma of their exile and the strange task the founders had begun, the war years created a division between Camphill and the wider Scottish community. The prevalence of German as a common language within Camphill furthered this separation with the wider community. Because the distance between Camphill and its Scottish neighbors was primarily based, from Camphill's perspective, on status as insider or outsider, parents and authorities could easily be grouped together. Camphill only existed because of parents who sent their children to Dr. König and his companions. Camphill Estate, and later the land that became Botton Village, were donations from parents who supported the founders' work. Yet Camphillers were not inclined to feel beholden to those who had been generous to them. Like their attitude toward Scottish culture at large, the founders were not ignorant of the debt they owed to parents, but neither were they prepared to alter their work and project based on the wishes of outsiders.

Medical and therapeutic developments, along with Camphill's identity as an alternative, informed its attitude toward parents. These elements in Camphill had little relation to mainstream society, where the focus on control and exclusion was a prominent factor. In the end, though, parents might have found their voices ignored and insignificant in Camphill as much as in mainstream institutions. The early medical focus of Camphill was a significant factor in its distanced attitude toward parents. Karl König's early medical research often found parents—especially mothers—primarily responsible for their children's disabilities. Hereditary notions of disability in their eugenicist form had waned by the post-war years, but less aggressive ideas of genetics were still very active among physicians and scientists. In König's view, a leading cause of disabilities was the actions and emotions of parents. He was fascinated with the idea of shock and trauma during pregnancy causing a multitude of disabilities. Other conditions such as autism König believed to be the direct result of parental indifference or withholding of love. As discussed earlier, these beliefs were widespread at this time.

This medical view tended to neglect parents or even blame them. Camphill's early identity as a medical center created a prescribed power dynamic that elevated Karl König

and his medical colleagues and diminished parents' roles. Nowhere is this more plain than in König's 1954 publication, *The Handicapped Child: Letters to Parents*. This book included three letters to parents about their disabled children who either lived in Camphill or had attended one of König's London clinics. In the chapter "To the Parents of a Spastic Child," König alleged that:

Your bitterness grew, and your care for your child was so excessive that you made her entirely dependent on you. You meant well, but you did the worst possible for her. You fed and nursed her, and she became self-willed and egoistic and demanded your constant presence.¹⁴⁰

König's letter went on to describe the pupil's improvements since she had moved to Camphill, but maintained that after visits home her condition again worsened, which König attributed to her parents' own "spastic minds and closed up hearts."¹⁴¹

Although only one volume of letters to parents was ever published, König was a prolific letter-writer, and many such correspondences with parents were certainly composed and sent. It is difficult to read this small book without imagining the impact of König's letters on the parents who received them. König was blunt and his words were doubtless heartbreaking to many parents. The purpose of these letters and postulations was not as sinister as it might seem at first glance. Along with most of his professional peers at the time, König was convinced that parents were often responsible for their children's disabilities. In an effort to understand, treat, and even cure these disabilities, it must have seemed natural to write and publish such letters of observation. König believed these writings to be a key to the rehabilitation of children with disabilities.

As Camphill found itself in line with mainstream attitudes toward families, parents themselves were increasingly active and vocal advocates for their children. Newspapers periodically published pieces written about or by parents of disabled children. The articles often addressed the neglect these children faced at the hands of authorities, the struggles to find adequate accommodations or education for them, and parents' insight into the emotional lives of children who others thought were impervious to love or kindness.¹⁴²

¹⁴⁰ Karl König, *The Handicapped Child: Letters to Parents* (London: New Knowledge Press, [1954]), 12.

¹⁴¹ *Ibid.*, 14.

¹⁴² See for example: Robertson, "A School Where Love is a Cure"; John Quigley, "This School Has a Teacher for Every Two Pupils!" *Scottish Sunday Express*, 16 November 1958; Anne Allen, "A Call to People Who Really CARE," *Sunday Mirror*: 4 April 1968.

These articles were a significant factor in exposing the shortcomings of mental deficiency hospitals and occupation centers.

Parents' organizations began to develop in the 1950s. Judy Fryd, whose daughter lived in Camphill until the family could no longer afford the tuition, published two dramatic and exposing articles about the tragedy of Britain's "30,000 lame chicks" like her daughter, who could not find or afford adequate education or care.¹⁴³ Fryd went on to found the British Society for Backward Children, a parents' advocacy organization that changed its name to MENCAP and finally the British Institute for Learning Disabilities (BILD), which was an influential and wide-ranging organization in the United Kingdom into the 21st century.¹⁴⁴ Parents increasingly advocated for the rights of their children and for their own rights as parents to have a say in their children's lives. Periodicals and books were published by and for parents of disabled children. Articles and letters in these texts reveal them to be a source of information and solidarity, as well as a tool for political organization.

In addition to parents who became vocal advocates for disabled children, there were many more who quietly took care of their disabled children at home, often without the respite of school. Mass institutionalization and certification of pupils deemed ineducable or morally deficient was a plain and widespread phenomenon during much of the twentieth century. Even at the peak of institutionalization, though, more than half of disabled adults and a far higher percentage of children lived at home, cared for by their parents.¹⁴⁵ Historian Mathew Thomson suggests that children were often spared I.Q. assessments and compulsory certification in cases where families did not otherwise come to the attention of authorities.¹⁴⁶ These children who avoided institutions often continued to live in their childhood homes through adulthood as their parents aged. Such parents were often gravely afraid of the consequences of their own deaths, as many had avoided hospital placements for their children because of poor conditions and care. In the 1960s, this cohort of parents who had taken full and lifelong responsibility for their disabled children also began to join the ranks of vocal parents lobbying for more humane and varied options for people with disabilities.

¹⁴³ Judy Fryd, "I Rescued My Lame Chick from a Lifetime of Suffering: The Agony of 30,000 Backward Children," *The People*: 4 June 1950.

¹⁴⁴ Lord Rix, "Obituary: Judy Fryd," *The Guardian*, 24 October, 2000, <<http://www.guardian.co.uk/news/2000/oct/24/guardianobituaries1>>.

¹⁴⁵ John Welschman, Melanie Nind and Sheena Rolph, "General Introduction," in Sheena Rolph et al, eds., *Witness to Change* (Worcestershire: BILD Publications, 2005) 14.

¹⁴⁶ Thomson, *The Problem of Mental Deficiency*, 264.

In spite of the increasingly active roles that parents were beginning to occupy in the late 1950s, this change was not immediately embraced within Camphill. Discussions in these years spoke of authorities and parents almost interchangeably, as relevant only when they were dissatisfied in some way. Parents and authorities periodically inquired about their children or clients; Camphill generally responded with a comment in meetings about upcoming visits of these outsiders, or changes that they requested. As much as can be inferred from reading meeting minutes, parents and authorities were generally viewed with an attitude of grudging compliance.

Many public authority members who had encounters with Camphill during this period have positive memories of these interactions, though.¹⁴⁷ Similarly, although Camphill's internal discussions suggested a lukewarm attitude toward parents, many of these parents recalled positive relationships with Camphill.¹⁴⁸ Parents' recollections may reflect their relief at finding an organization that was more engaged with their children than a traditional hospital. When Dennis Durno first visited Camphill in the late 1960s to enquire about placements for his two sons, he recalls an open and welcoming environment:

I think it was about...engaging with someone for the first time who really listened to what we were trying to say; not only listened to what we were trying to say but understood what we were trying to say. And responded in a way that seemed to us to be meaningful and appropriate for the circumstances we were in. Something that I couldn't say for all the other professional people that we engaged with up until we met Thomas [Weihs].¹⁴⁹

It is not immediately clear what explains the gap between parents' perceptions of their role in Camphill and the attitudes of Camphillers themselves. By the 1960s, the disengaged attitude toward outsiders expressed in meetings may have represented old habits more than a conscious and thoughtful philosophy of the time. Changes in Camphill were gradual, and it seems that real encounters with outsiders had become welcoming and respectful before private, internal discussions took on the same language.

Because of these disparities, it is difficult to assess exactly when and how attitudes toward parents changed in Camphill. Because it changed incrementally and internally, in contrast to the government's abrupt legislative turnarounds, it is difficult to track Camphill's

¹⁴⁷ Pat Millar and Margaret Taylor, Personal Interview, 17 June 2008.

¹⁴⁸ Robin Jackson, ed. *Bound to Care* (Dundee, Scotland: RESCARE, 1996); Robin Jackson, ed. *Holistic Special Education* (Edinburgh: Floris Books, 2006).

¹⁴⁹ Durno, Personal Interview.

changes precisely. As early as 1955, parents were organizing in local communities to raise money for Camphill.¹⁵⁰ Also in that year, parents' demands for adult placements for their children led to the establishment of Botton Village Community in England, a new departure within the Camphill Movement.¹⁵¹ The founding of Botton Village was a major undertaking that was the product of collaboration between parents and Camphillers. It indicated König's responsiveness to the concerns and wishes of parents. In the same years that Botton was beginning, however, König continued to write about the association between shocks in pregnancy and disability, and espoused general parental culpability in the cases of many disabled pupils. In the decade after the 1955 founding of Botton Village, Camphill was in a sometimes-paradoxical grey area between rejecting and embracing parents. Although an improvement compared to wholesale mainstream rejection, Camphill's uncertain attitude was the product of its flexibility in a situation that was not met with flawless innovation.

The decisive legislative moment of change regarding parents came in 1970 and 1971. The 1970 Education Act and the 1971 policy paper, "Better Services for the Mentally Handicapped," condemned the exclusion of parents from their children's lives, and advocated for placements that were close to home and included extensive parental involvement. In keeping with the patterns of this period, these recommendations were not immediately or universally heeded. Nonetheless, the broad-stroked changes laid out in the 1970 Education Act thrust parents into a role of relevance and respect, a striking contrast to their earlier struggles to rid themselves of responsibility and guilt.

Although Camphill's changes are harder to track, it was clear that attitudes toward parents were changing by the 1960s. Parents were increasingly included in Camphill through open houses and children's frequent vacations at home. The clearest evidence that Camphill's indifference to parents was fading came in 1968, two years before the Education Act made this a mainstream understanding, and eleven years after the Royal Commissioners' Report suggested it. The Easter 1968 edition of *The Cresset*, the journal of the Camphill movement, was dedicated to parents. The dedication page described Camphill's debt to and admiration of parents, and the contents of that edition were devoted

¹⁵⁰ Council Meeting Minutes, 14 December 1955.

¹⁵¹ Barbara Macrae Taylor, "Making a Future for the Handicapped: They Came to a Village," *The Observer*, 9 November 1959.

to experiences of parents and articles about disabled children at home. Morwenna Bucknall, the first British co-worker who joined the founders in 1942, wrote in the dedication:

To you, the parents of our children, we wanted to dedicate this number of the *Cresset*. We must admit that many years ago, when the Camphill Schools first began, we were young and enthusiastic and convinced of our mission, but only gradually were we able to fully acknowledge that ‘our children’ are, after all, ‘your children,’ and it is our joint concern to help each of them to become their own true selves.¹⁵²

In the years after 1968, parents and families became increasingly active in Camphill life. The first day-pupils began attending the Camphill schools in the late 1960s and meaningful connections were formed between their families and Camphill. In these years, the medical model of disability began to lose its authority, and in this new dispensation, parents were not just exonerated but increasingly respected for their wisdom about their children. The changes in attitudes toward parents came amidst a period of major changes within Camphill and beyond. The notion of an entirely insular candle on a hill began to seem less relevant, and the reality of participating in British society, which included parents as well as authorities, took hold.

The progression of Camphill’s views of parents is an unusual case study, as it finds Camphill to have been in agreement with mainstream opinions about what now seems to be an unquestionably misguided idea. Camphill’s attitude of questioning norms did not seem to have permeated the concept of patient-doctor power dynamics and their implications for parents. This blind spot—as it seems today—is familiar from Camphill’s ongoing adherence to conventional gender norms in its early division of work. Camphill was working as an alternative, but a careful alternative: its mission was not to react against every aspect of public opinion or conventional practice. In many ways, this notion of a nuanced alternative was an asset to Camphill, and made its development and structure sustainable in a way that entirely reactionary organizations rarely are. Yet Camphill as a selectively alternative organization also ran the risk of adhering to standards that were later overturned or found to be lacking by mainstream society itself. Early disregard for parents was a striking example of the risks of being only selectively alternative.

¹⁵² Morwenna Bucknall, “Editorial,” *The Cresset* (Easter 1968): 4.

CHAPTER FIVE: SINCE 1971 – CONVERSATIONS WITH MAINSTREAM SOCIETY

On April 1st 1971, the old distinction between educable and ineducable children was finally cast aside, and all children, regardless of ability, became the responsibility of Education Authorities.¹⁵³ The change was a response to increasing dissatisfaction with long-stay hospital care for people with disabilities, and to public realizations of the inadequate attempts at education and therapy that took place in hospitals and occupational centers.¹⁵⁴ This educational approach to the problem of disability was not new to Camphillers, who had been advocates and practitioners of universal education for twenty years. Camphill's growing size and vocal presence meant that it was no longer the obscure project it had been in 1940, yet its earlier calls for education for all children had been largely ignored. The 1970 Education Act and the 1971 Policy Paper, "Better Services for the Mentally Handicapped," signaled a dramatic change.

On many levels, the changes put forth by the British government in 1970 and 1971 were a significant step forward; these new ideals were far closer to Camphill's philosophy than the eugenics of the 1930s and the later rigid adherence to I.Q. and compulsory institutionalization. While an important improvement, the new legislation also gave rise to tensions between Camphill and mainstream society. After 1971, Camphillers were suddenly faced with the task of proving that they were providing *enough* education for disabled children, as measured by mainstream standards. Before then, Camphill's education had been unique in that it provided a service for children otherwise unaccounted for by governmental education provisions. Although its implementation took place slowly, the Education Act meant that Camphill's work existed in a field mandated by law.

Because it remained largely unenforced, the 1970 Act was not the radical turning point in conventional schools or in Camphill that it could have been, and the mandates of the act remained de facto recommendations.¹⁵⁵ Like many of its legislative predecessors, the 1970 Act was a bold symbolic step in a slow process toward change. In Camphill, it ushered in a new era of complexity. The years of relatively confident distance from the outside world

¹⁵³ "Better Services for the Mentally Handicapped," 32.

¹⁵⁴ *Ibid.*, 63.

¹⁵⁵ Department of Health and Social Security, "Mental Handicap: Progress, Problems and Priorities," 1980, 2.

were over. Camphill did not change suddenly, but it faced a gradual realization that mainstream institutions and policies could no longer be entirely ignored. The days of seeing their work as the plain antithesis of the outside world were drawing to a close. Ann Walker, a social worker who has been involved with Camphill for many years, recalls this transition:

Because [Camphillers] were fighting a lone battle to provide for children that no one else provided for, they had to have this inner strength that comes from keeping yourself to yourself. Now they're not fighting that battle, but they still have a battle to fight to say that they have something worth offering, that not everyone is offering. What society really needs is a range of offerings that people can actually choose from.¹⁵⁶

As Walker suggested, the story of Camphill as an alternative model for society became more complex after the 1970 Education Act. Although it was still grounded in the spirituality of Anthroposophy, Camphill increasingly realized that its work demanded a meaningful dialogue with local authorities, politicians, and peer institutions. Meanwhile, internal changes also contributed to this growing complexity: Camphill was expanding and diversifying in the 1970s. Karl König died in 1966, and other founders also retired or died. As Camphill expanded there was no longer a monolithic group of clear protagonists or major figures within it.

Camphill's role as an alternative institution became subtler in the years after 1970. It can be tempting to end the story before then, at the time of profound contrast, when Camphill provided care and support that was almost entirely neglected in Scotland. Yet the complexity of Camphill's development after 1970 is an important chapter in its evolution. Although it probably could have kept to itself well into the 1970s and beyond, Camphill began to involve itself increasingly in public discourse after the 1970 Education Act. There are few extant records about this decision, but it seems natural that the legislative move toward Camphill's own established policy bolstered Camphillers' confidence and security in their work. The policies of 1970 and 1971 were likely also encouraging to Camphillers about the potential for their philosophy to penetrate the wider world. Although Anthroposophy itself had not become any more widely known in the United Kingdom than it was in 1939, its implications for Camphill's practical work were increasingly in line with mainstream legislation of the 1970s.

¹⁵⁶ Ann Walker, Personal Interview, 13 June 2008.

In 1975, Camphill was asked to submit recommendations to the Warnock Committee of Enquiry into Special Education. Seeing the request as an opportunity to describe and defend its methods of educating disabled children, Camphill considered it a welcome challenge, and put great effort and care into crafting a submission.¹⁵⁷ Although it did not have the authority of law, the Warnock Committee's 1978 Report was deeply influential. It supported the 1970 call for the education of all children, but criticized its slow implementation, and suggested further methods of integrating children with disabilities into society. Warnock called for an expansion of the notion of special education to include a much broader swath of pupils who would need some degree of extra assistance in their educational careers.¹⁵⁸ The Warnock Committee believed that by expanding and modifying definitions of disability, pupils of all abilities would be better served by schools.¹⁵⁹

Although the Warnock Report did not specifically mention Camphill Communities, it did support the continuation of non-governmental special educational schools, at least until government provisions met the demand for special boarding schools.¹⁶⁰ The act of contributing to such a document marked a changing relationship between Camphill and its peers. After attending a conference about disability in 1971, Camphill co-worker Hans Heinrich Engel illustrated his perception of the changes in societal attitudes. Engel recalled huge institutions of the early twentieth century as the "grand design of the final solution."¹⁶¹ Tracing the arc of evolution in this field, Engel went on: "The first phase of 'put them away and forget about them' was followed by the searching question 'What can or must we do for them?' Now at last an important question is raised: 'What can the handicapped do for us?'"¹⁶²

The passing of legislation with positive intentions but few practical provisions or strategies put Camphill in a strong position to advise and publicly discuss its methods with the wider public. In addition to the Warnock Committee, Camphill contributed to the Jay

¹⁵⁷ "Camphill Rudolf Steiner Schools Annual Report 1975-1976," [1976], 3.

¹⁵⁸ Committee of Enquiry into Education of Handicapped Children and Young People, "Meeting Special Educational Needs," London, 1978, 12.

¹⁵⁹ *Ibid.*, 4.

¹⁶⁰ *Ibid.*, 14-15.

¹⁶¹ Hans Heinrich Engel. "Reflections Following the Conference 'Action for the Retarded'" *The Cresset* (Summer 1971): 44.

¹⁶² *Ibid.*

Commission of Enquiry into Mental Handicap, Nursing and Care,¹⁶³ as well as the formulation of “Planning Together,” a policy recommendation paper for the conversion of occupational centers into schools.¹⁶⁴ Camphill’s involvement in these national projects was optimistic but cautious. Camphillers were aware of the practical benefits of staying on the cutting edge of legislative and social developments.¹⁶⁵ The attitudes and policies of earlier years were not forgotten, and there was an element of pragmatism in the decisions of the 1970s. Standards and classifications, even if they were pursued in the service of good and humane ideals, had the potential to backfire. The philosophy of the 1970 Act, the 1971 “Better Services” paper, and even the Warnock Report was not in favor of alternatives for their own sake, or the kind of flexibility that Camphill had long been modeling; indeed, they were as standardized and strict as earlier legislation. The difference was only that they happened to be roughly in line with what Camphill was already doing. The winds of policy trends could change again, or their parameters might narrow and push aside Camphill’s interpretation of education and care. For Camphill, having a seat at the table where these decisions were made was important.

As part of the process of staying involved with legislators and committees, the fourteen Camphill Communities of the British Isles formed an Association of Camphill in 1980. The Association was designed to be a strong, national voice of the Camphill movement.¹⁶⁶ CRSS’s Annual Report in 1980 announced the formation of the Association of Camphill and noted that “special committees recommend that authorities shall be ever more careful to see that pupils are placed in the care of qualified people, are taught by qualified teachers, and so on.”¹⁶⁷ The Association was formed to better clarify Camphill’s position among these committees. Its members hoped that the Association’s “voice may therefore be more readily heard than an individual school, when evidence is submitted to committees such as the Jay or Warnock.”¹⁶⁸ In 1981, the year after the Association was established, Camphill collaborated with outside supporters to write the first formal documentation of its

¹⁶³ “Camphill Rudolf Steiner Schools Annual Report 1975-1976,” 3.

¹⁶⁴ Margaret Taylor, Personal Interview, 17 June 2008.

¹⁶⁵ Murtle Estate Camphill Meeting Minutes, 1 September 1980.

¹⁶⁶ “Camphill – Rudolf Steiner – Schools Annual Report 1980-1981,” [1981], 1.

¹⁶⁷ *Ibid.*, 4-5.

¹⁶⁸ *Ibid.*, 1.

work in language that would be accessible to readers unfamiliar with Anthroposophy.¹⁶⁹ The Superintendent's Reports dating from the late 1940s, as well as *The Cresset*, had long been lines of communication between Camphill and the broader society. The 1981 documentation was new in that it was directed toward policy and legal discussions.¹⁷⁰

In addition to these broad attempts to bring the ideals of Camphill's unusual, Anthroposophically-based work into the public consciousness, the late 1970s and early 1980s saw a new focus in Camphill on the issues of qualification and recruitment of co-workers and teachers. The impetus for this new attention was two-fold. Externally, the 1970 Education Act had put Camphill's work into a sphere that could be regulated and standardized. Many mainstream policy discussions examined the qualifications of educational staff and care workers in special education settings. The enforcement of minimum qualifications for care-workers and special educators had the potential to be a significant issue for Camphill, which trained its co-workers internally.¹⁷¹

The other reason that qualification became a key issue in Camphill was an internal concern with recruiting co-workers, especially those who committed to stay for an extended period of time. The founders, as well as the generation of co-workers who came after them, saw Camphill's radical and gentle community as a place to heal the traumas of their childhoods. The 1960s provided a continuation of this flow, as communal living became popular among a generation who had not experienced World War II.¹⁷² When interest in communal living waned across Europe in the 1970s, fewer people were willing to come to Camphill and devote themselves to its work indefinitely and selflessly. The uncertainties of recruiting and maintaining co-workers were especially worrisome as Camphill was expanding in these years by opening new communities, which were often founded by groups of co-workers from established centers.

Co-workers who did arrive increasingly asked for qualification or certification of the work and learning they accomplished while in the community.¹⁷³ Those who had lived and worked successfully in Camphill for years were frustrated by their inability to find jobs elsewhere if they decided to leave. The potential power of legislators to demand

¹⁶⁹ Annaleis Brüll, "History of the BACE Course," Presented 14 September 2005.

¹⁷⁰ Ibid.

¹⁷¹ "Camphill – Rudolf Steiner – Schools Annual Report 1980-1981," 4-5.

¹⁷² Brüll, Personal Interview.

¹⁷³ Ibid.

standardized qualifications, along with co-workers' desire to see their experience and training recognized, pushed Camphill to seek external accreditation for its training course for new co-workers. The process of formalizing co-worker training in Camphill went on for more than twenty years. At the end of this winding and often frustrating path was the 2003 decision by the Scottish Social Services Council to recognize a four-year course of training and apprenticeship in Camphill as a Bachelor of Arts Degree in Curative Education (BACE).¹⁷⁴ The process of accrediting the BACE was a success story about the potential to integrate the work and philosophy of Camphill with input from increasingly open-minded authorities and educational experts.

The training course for new co-workers, which evolved into the BACE, was originally based on the course of study that Karl König and his companions conducted when they arrived in Kirkton House in 1939. The founders' study then was focused exclusively on Anthroposophy, and mostly comprised the lectures and writings of Rudolf Steiner.¹⁷⁵ As new co-workers began to arrive in greater numbers after the war, the structure of the founders' study was re-created in 1949 and formed the basis of the training course for new co-workers.¹⁷⁶ The training course, also called the seminar, was a two-year program that was undertaken along with daily work in Camphill, and it continued to place most of its emphasis on Anthroposophy.

In its early years, the course was part of the insular, protective formation of a shared identity in Camphill. It was a way to bring the founders together around ideas that they would uphold and share, and it helped give them the inner strength to meet the challenges and hostilities of the world outside.¹⁷⁷ Because Camphill was still a profoundly experimental work in progress in those early years, the training course was a way to forge a set of common beliefs that informed the development of therapies, communal structures, and foundational beliefs. In later years, the structure of the seminar became established and traditional. Its necessity as Camphill was becoming increasingly stable and recognized was not seriously questioned, nor were the methods of lecturing that were universal at the time of König's education but which had faded out of vogue by the 1970s. The possibility of

¹⁷⁴ Angelika Monteux, "Curative Education has Become a Fully Recognized Profession!" *Camphill – Rudolf Steiner – Schools News and Notes*, 25 March 2003.

¹⁷⁵ "Camphill Rudolf Steiner Schools Report 1955-1962," [1962], 75.

¹⁷⁶ Brüll, "History of the BACE Course."

¹⁷⁷ Angelika Monteux, *Teaching Styles in Higher Education* (May 2002, unpublished) 2.

seeking recognition for this training course was apparently already an old discussion in 1965, when Anke Weihs noted that, “time and again the question of seeking official recognition of the Training Course and the Certificate has come up.”¹⁷⁸ Weihs concluded then that “the time is not yet ripe” to seek such recognition.¹⁷⁹ This conclusion seems to have held for almost a decade more.

In the late 1970s, changes in legal policy and co-worker recruitment suggested that seeking recognition for the training course might be an important and necessary process in Camphill. Early on, recognition was seen as a necessary hassle. With little willingness to negotiate about the content or structure of the seminar, Camphillers’ goal was simply to find a way to get the course, as it was, recognized.¹⁸⁰ It was a long time before Camphillers warmed to the idea that there might be constructive criticism in the persistent rejections of immediate accreditation of the traditional seminar. As these attempts continued to fail, there were discussions about changing the content of the course on paper but maintaining it in practice, and continued debates about the merits of seeking this outside approval at all.¹⁸¹ There was considerable discomfort as both long-time supporters and new friends began to advocate dramatic changes in the structure and content of the long-standing Camphill training course.¹⁸²

Over time, however, this discomfort began to lessen. Vincent D’Agostino, a co-worker in CRSS since the 1970s, described the process of this changing view about accreditation as a “discovery that one wasn’t losing everything from moving from a form which was handing down perceived wisdom...to much more dialogue, debate, critical analysis, and evaluation...which became rejuvenating for what we were trying to bring as well.”¹⁸³ Eventually, Camphill was ready to experiment with modifying the seminar to make it more acceptable to external recognition. As early as 1992, when the accreditation prospects were still very uncertain, a Camphill report articulated the hope that recognition would make “the boundaries more permeable between the Communities and other social

¹⁷⁸ A. Weihs, “The Training Course in Camphill,” *The Cresset* (Michaelmas 1965): 224.

¹⁷⁹ *Ibid.*

¹⁸⁰ Minutes of the Inaugural Meeting of the Camphill Board of Studies, 10 March 1992.

¹⁸¹ Camphill Board of Studies Meeting Minutes, 10 March 1992; 7 July 1992; 5 November 1992.

¹⁸² Robin Jackson, Personal Interview, 16 June 2008.

¹⁸³ Vincent D’Agostino, Personal Interview, 13 June 2008.

settings.”¹⁸⁴ Further, the report suggested that accreditation would “offer an opportunity to articulate and develop Camphill’s distinctive approach to those with special needs.”¹⁸⁵ Although the process was long and not without its difficulties, the establishment of the BACE is generally considered a success for Camphill communities, co-workers, and the wider community. The changes to the course were significant, and caused much worry as they were taking place, but are now almost universally described as improvements.

The evolution and accreditation of the BACE were concerning to co-workers for multiple reasons. The traditional training course was considered an integral and positive part of Camphill’s work, and the prospect of changing it to meet the demands of outside authorities seemed threatening. Further, outsiders who observed the training course criticized its exclusive focus on Anthroposophy at the expense of other theories of disability and community living. Co-workers easily construed this critique as an attack on Camphill’s philosophical grounding. The accreditation process also demanded a great deal of time and energy on the part of co-workers, and the changes to the course demanded increased time for its students. Both of these changes were seen as troubling for some Camphillers who worried that the course would no longer feel like an organic element of life in Camphill.

The evolution of the original training course into the BACE involved changes in methodology, structure, and content that still apply today. Most dramatically and controversially, Anthroposophy became one of many philosophies and educational methods that students study.¹⁸⁶ Students still learn about Anthroposophy, but they are asked to analyze it and assess it critically, in light of other theories and alternatives. Classes are taught by professors from the University of Aberdeen as well as by experienced Camphillers. Still a curriculum fundamentally about Camphill and its philosophy and practices, the BACE is now a more conventionally recognizable course of study than its predecessor.

There has been an increase in applications from young co-workers who are drawn by the work of Camphill and the qualification that they will get from their experience. While most young volunteers commit to join Camphill for one year, BACE students generally stay for four or five years, giving communities a continuity that harkens back to the early years

¹⁸⁴ “Training and the Camphill Movement,” 1992.

¹⁸⁵ Ibid.

¹⁸⁶ Brüll, Personal Interview; Angelika Monteux, Personal Interview, 15 June 2008.

when nearly all Camphillers stayed in communities for extended periods. Interactions between co-workers and conventional teachers, social workers, and government authorities are reported to have improved, as students are well versed in the language of the predominant Scottish ideas and they can confidently explain their work with reference to other theories and institutions.¹⁸⁷

It is tempting to draw easy conclusions from the successful process of accrediting the BACE as a conventional degree course. It could seem that Camphill's perception of itself as an alternative has become almost obsolete, and that its concern about mainstream regulations and standards is misguided. The BACE's success occurred among other more contentious issues, however. Together, the stories of success and struggle combine to form the new, subtle, and complex role that Camphill has played as an alternative to mainstream society in recent decades.

The 1970 Education Act was the first of many policies mandating increasing oversight of residential facilities. There are now ongoing demands for careful recordkeeping and bureaucratic organization which can be time-consuming and tedious, although some argue that these requirements are simply good practice.¹⁸⁸ Communities are faced with health standards and regulations that some fear will turn Camphill homes into little more than institutions. National concerns about abuse and neglect have led to policies meant to limit the possibility of poor care, but in practice these also limit the highly valued physical contact that co-workers can have with pupils. The detail-oriented standards of the 1990s and beyond have limited the flexibility and creativity of work in Camphill, although these regulations are based on an interest in protection and rights that is generally in line with Camphill's philosophy.

Increased involvement with authorities has become inevitable in British society in the last twenty years. Non-governmental organizations such as Camphill face decisions about how to interact with these authorities and regulators, but there is no longer the possibility that a government-funded home or school could exist entirely without outside scrutiny. The process of BACE recognition illustrated the potential benefit that Camphill could find in positive contact with authorities who based their actions on the goal of

¹⁸⁷ Pat Millar, Personal Interview, 17 June 2008.

¹⁸⁸ Durno, Personal Interview.

supporting and respecting people with disabilities. In other contexts, though, government officials continued to pursue their policies with a narrow interpretation of acceptable methods and results.

The 1970 denunciation of ineducability and segregation of disabled children soon evolved into a broader policy of inclusion. Inclusion was a well-intentioned plan whose goal was to integrate people with disabilities more fully into society, yet its implementation soon demanded narrow and unnecessarily specific conformity. Inclusion policy was a natural outgrowth of the 1970 Act, the Warnock Report, and other progressive documents. It was formalized in 1990 as the Community Care Act, which called for further dissolution of institutions and advocated “care in the community” provisions for people with disabilities.¹⁸⁹ The underlying belief of inclusion policy was similar to Camphill’s philosophy, as both shared the goal of de-stigmatizing people with physical and cognitive disabilities. Continuing the pattern of earlier government philosophies, the broad goal of inclusion soon developed into a standardized, monolithic template. No longer were people with disabilities to be rounded up and killed, nor were they to be victims of involuntary institutionalization and marginalization, nor were they to be excluded from schools and communities. However, after denouncing all of these previous strategies as misguided, legislative policy of the 1990s chose a new program to pursue with single-minded commitment and intolerance of deviation. The well-intentioned and humane ideal of inclusion contained the risks of its non-negotiable and impersonal implementation for all people with disabilities.

For Camphill, the dogmatic pursuit of mainstream inclusion was a new theme that demanded a persistent alternative. Within the mindset of universal inclusion, residential special schools, like Camphill, are seen as a discriminatory form of segregation and isolation. Even day schools entirely devoted to special education are seen as incompatible with inclusion policy. With the rise of inclusion as the dominant ideology, Camphill’s work and structure were cast as outdated and discriminatory. This portrayal of Camphill’s work presented new challenges to Camphill’s education and communal structures.

Camphillers had hoped that the BACE recognition would ease the problems of the new and strict demands of inclusion policy. A 1992 report about the process of training and recognition described this as a goal of accreditation:

¹⁸⁹ Stuart, *Not Quite Sisters*, 135.

The Camphill Communities are currently seeking recognition for their various training courses in order to ease the contradictions which are increasingly evident between the experienced enthusiasm for their work on the part of ‘clients,’ their families and the professional officers responsible for placements on the one hand and, on the other hand, the increasingly monolithic definition of ‘quality’ by regulatory authorities, usually the same Departments, sometimes even the same people who seek placements!¹⁹⁰

When it became a fully-accredited Bachelor’s Degree eleven years later, the BACE would be unable to resolve these contradictions. An unsettling coexistence has endured between enthusiasm for Camphill and simultaneous rejection of its principles, embodied in single departments and even in individuals.

Stanley Segal, editor of a 1990 book about communities for people with special needs, pointed to the contradictions that exist in community care rhetoric. Similar to inclusion policy in schools, community care policy seeks living arrangements for adults with disabilities in the most conventional environment, usually apartments or group home settings. Segal writes:

[‘Community Care’] entails a stress...on the disabled person conceived passively, as resident, welfare client and patient... Since ‘Care’ would appear to be the strong suit of separate provision, it is not quite clear who (apart from finance departments) are going to gain from a policy of social integration based on a model of inactivity and the indigence and isolation which that implies.¹⁹¹

Describing the twentieth century progression of provisions for people with disabilities, Andy Alaszewski in 1988 took a less abstract approach to the pitfalls of community care as he understood it. Alaszewski criticized the vagueness of the term, noting that “as a specific guide to service development it is useless,” and observing that the most significant changes rendered by care in the community had been a dispersal of responsibility among various agencies in Britain.¹⁹²

Mainstreaming and inclusion were first required in the 1970 Education Act and subsequently supported by the Warnock Report and other documents that called for the closure of long-stay hospitals and the end of grading children based on I.Q. tests

¹⁹⁰ “Training and the Camphill Movement: An Introduction Into its Training and Training Needs and the Institutional Mechanisms Underpinning its Training Structure,” 15 February 1992.

¹⁹¹ Segal, Stanley, “The Context and Perspective,” in Stanley Segal, ed., *The Place of Special Villages and Residential Communities* (Oxon, AB Academic Publishers, 1990), 19.

¹⁹² Andy Alaszewski, “From Villains to Victims,” in Alan Leighton, ed. *Mental Handicap in the Community* (Cambridge: Woodhead-Faulkner Limited, 1988), 11.

administered at young ages. In these early forms, inclusion and mainstreaming were a leap forward. The decision to impose this policy on every child marked a return to the ideal of a standardized, one-size-fits-all solution to disabled children, a pursuit that was still pervasive almost a century after it was first introduced. Stefan Geider, a doctor who first came to Camphill almost twenty years ago, has witnessed the advent and recession of various governmental ideologies. Inclusion, he observed, “was driven for many years in a [very] dogmatic way, and [created] so many casualties on the way...organizations, schools, but also individuals, parents, children.”¹⁹³ Geider believes that this policy is beginning to relax its grip in recognition of its over-zealous pursuit, but still suggests that it will be many years before these changes make their way down to the level of individual social workers and local opinion.¹⁹⁴

Inclusion and mainstreaming are among the biggest unresolved issues of Camphill Communities in Britain today. Many experts and social workers deny the necessity of residential schools like Camphill on principle, but simultaneously struggle to place children in such schools. According to inclusion theory Camphill should not exist. It is seen as an illustration of the failure of mainstream schools to be open and accepting to all children, and a holdout from a bygone era of exclusion and control. In reality, children with complex needs, particularly those with behavioral and social difficulties, are routinely failing at normal schools and arriving at Camphill after a succession of such failures.¹⁹⁵ As in earlier periods, official scorn or neglect for Camphill exists alongside desperation on the part of parents and authorities to have a child admitted to Camphill.

There is no question that inclusion, which is also legislated in the United States and elsewhere in Europe, has been tremendously beneficial for many children with disabilities. Many of the children admitted to Camphill in the 1940s and 1950s would thrive in mainstream classrooms with some degree of support today. Accommodations are easily made for students with relatively mild disabilities in conventional schools, and for many of these children this means a welcome chance at an integrated, happy childhood. For non-disabled students, inclusion is an important opportunity for them to interact with people

¹⁹³ Stefan Geider, Personal Interview, 13 June 2008.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

different from themselves, and to develop an early familiarity and comfort with those who were once considered dangerous and frightening.

Because of such cases of successful inclusion, the demographics of children applying to Camphill schools have changed dramatically. Most of Camphill's pupils today have much more complex and significant disabilities than pupils from thirty or forty years ago.¹⁹⁶ Those more capable Camphill pupils of the 1950s are today included, often successfully, in mainstream schools.¹⁹⁷ Children who do arrive in Camphill, though—and they do still come—generally arrive with a sense of failure and shame. Residential schools are viewed by parents and social workers as a last resort, an admission of personal and institutional failure. While attempts at inclusion are often noble, the dogged pursuit of the most normal environment can become a deeply discouraging process for families.

The simultaneous process of BACE recognition and the inclusion policies that threaten to deny Camphill's validity illustrate the complex and changing relationship between Camphill and the outside world. Although the story of Camphill as an alternative model is less black and white today, it is still present. The lines between Camphill and general society are no longer so obvious, and Camphill is now one of a multitude of options for people with disabilities. For these people and their families, this choice and variety of opportunities is progress worthy of celebration, and it is an affirmation of their inherent validity and worth. According to many legislators and politicians, however, Camphill is an obsolete and outdated option among inclusion and community care initiatives. This position risks undermining the principles of choice and humanity that a wide variety of options allowed.

Today, Camphill's identity as an alternative is a response to the rigid demands for conformity that continue to marginalize people, despite seeking to help them. Many Camphill Communities receive consistent praise for their practices, environment, and successes. Yet a crucial and ongoing aspect of Camphill's development has been its independence and its potential to challenge the accepted norms of society. These very strengths are threatened by demands for universal inclusion. Camphill Communities in Britain have long experience with the imposition of legislation, and have found ways to

¹⁹⁶ "Camphill-Rudolf Steiner-School Annual Report 1980-1981."

¹⁹⁷ Ibid.

continue their work alongside such standards. Increasingly, they are aware of the potential benefit that comes from relationships with legislators and authorities.

Yet even as society's blanket solutions move toward more respectful and humane policies, Camphill is still questioning the key assumptions that stand behind these policies, namely the belief that there *is* an ultimate solution that will be right for all people and that can be universally applied. When the British solution to the "problem" of disability was certification and compulsory confinement in hospitals, disabled people far outnumbered hospital beds. Camphill was struggling against the philosophy of eugenics and confinement, but its existence was perhaps less seriously threatened, as it was supporting children for whom governmental authorities could propose no practical alternatives. Camphill was a living alternative to the prominent philosophy of those years, but the philosophy of institutionalization could never realistically have been universally implemented.

These dynamics have changed in the last decades. The solution to the "problem" of disability is no longer the unwieldy and costly plan of mental deficiency hospitals and permanent isolation, but rather mainstreaming and inclusion. In its best implementation, mainstreaming demands significant resources in order to support students with and without disabilities in classrooms. Classroom aides are needed to assist students, classes need to be small to accommodate a wide range of learners, and specialists need to be employed to develop education plans for the exceptional needs of disabled students. Yet in practice, mainstreaming can easily become a cheap project that lets governments and legislators shirk responsibility for disabled pupils and send students with extraordinary needs into classrooms where teachers have neither the resources nor the training to adequately support them. Within the philosophy of mainstreaming, shoddy practice can be an inexpensive and seemingly easy way to "solve" the problem of large numbers of disabled pupils. Because of the relative ease with which mainstreaming can be implemented, Camphill faces a growing possibility that mainstreaming may become the only accepted system of education in Britain.

The pendulum has swung back and forth enough since Camphill's inception that there is a sense that Camphill is not facing imminent doom, although it is facing new challenges. Being a living alternative to the ongoing demand for rigid standardization takes creativity. Camphill does not—and should not—look the same today as it did seventy years

ago. The acceptable standards for disability provisions in Britain are based on improved ideals, but decreased tolerance for deviation from these ideals. This narrowing perception of acceptable provisions and an inflexible commitment to inclusion and normalization will demand creative innovation if Camphill is to maintain its identity as both alternative and engaged with mainstream society.

CONCLUSION: COMMUNITY AND VALUES IN THE 21ST CENTURY

Throughout this thesis, I have examined the evolution of Camphill from its interwar origins in Austria through its present-day challenges and accomplishments. I have interpreted the changes within Camphill with reference to attitudes and conditions that have existed beyond Camphill, and these, too, have changed over time. Particular areas of focus, including education, medical orientation, relations with parents, and co-worker training, have illustrated the complex and changing role of Camphill in Britain in the last seventy years. A historical analysis of Camphill's founding has revealed that the organization was the result of both its Anthroposophical commitment and World War II. Although important elements of Camphill were imagined by Karl König and others in the 1920s and 1930s, it seems impossible that Camphill would have been established with such certainty and intensity without the specter of the Third Reich casting its shadow over the Jewish founders. Camphill was formed as a spiritual and practical effort to build an alternative social structure of inclusion and mutual respect. This was dependent on inward spiritual guidance as well as the urgency of the war.

Although it has long outlasted the Holocaust, the factors that led to Camphill's wartime founding have continued to influence its path. From its unique origin, Camphill has developed with both reactive and proactive tendencies. Reactively, it was developed as an opposition to fascism and Nazism, and has continued to consider itself an alternative organization that can critique mainstream culture and demonstrate a living alternative to practices it considered unwise. Proactively, Camphill has committed itself to understanding and supporting people with cognitive disabilities through educational, medical, social, and therapeutic innovation.

For the founders, the distinction between reaction and initiative would likely have seemed artificial; they imagined their task as the pursuit of a destiny that took on a new form through the onset of the war. Indeed, there is substantial and important overlap between the proactive and the reactive elements in Camphill's evolution. Although it is imperfect, this distinction serves a historical purpose. It sheds light on the aspects of Camphill that have supported the organization's simultaneous innovation, cultural critique, and constancy. Camphill has never been a reflection of mainstream public opinion or practice, but neither

has it isolated itself entirely. The nuances of this balance have changed over time, as Camphill is a dynamic organization. The dual projects of responding to the war and developing new practices have helped Camphill sustain itself at the threshold between the mainstream and the periphery.

When it opened its classrooms in 1951 to all pupils, regardless of disability, Camphill was demonstrating the potential strength and wisdom of its insularity. By largely neglecting the significance of parents in its early decades, Camphill exhibited the weakness of its selective adherence to mainstream attitudes. In other instances, the distinctions were less obvious. In his attention to the medical diagnoses and classifications of people with disabilities, Karl König often sounded strikingly conventional. By using that understanding to develop therapeutic techniques and living arrangements to support such children, König and his companions were truly pioneers. Many years later, the establishment of the BACE degree in Camphill illustrated the great potential of conversations with the wider community of educators and disability care workers. A simultaneous devotion to inclusion policy, which called for the dissolution of residential homes and schools, illustrated for Camphill the continued need for its identity as a flexible alternative.

The task of being a dynamic and thoughtful alternative is large and ever-changing. When König moved to Scotland in 1939, the rise of Hitler and concentration camps demanded an alternative that accepted and embraced threatened populations: Jews and people with disabilities. The Education Act in Britain changed the way Camphill existed as an alternative, and after 1970, Camphill increasingly emphasized the value of choice in a newly standardized field of care and education for people with disabilities. In 2001, advocates for Camphill in Scotland successfully lobbied for legislation that included choice and variety among its stated values. This statute has been a valuable asset to Camphill's advocacy in the years since 2001, as it upholds the value of diversity among options for people with disabilities. Even without such particular arrangements, the move to enforce the wide-reaching goals of community care and universal inclusion has been slow. Like so many ideals before it, governmental policy has moved far quicker than implementation. Depending on one's perspective, this is either a major shortcoming of legislation, or else a window that has given Camphill and other alternatives the time to establish and legitimate their work.

Among Camphillers, the most pressing questions and the most vibrant discussions take place around the future, not the past. There is real and valid anxiety about the changes that standards and laws are requiring of Camphill. A romanticization of its history can be appealing, especially at a time when Camphill's work seems threatened. Yet the great successes in Camphill's history were the moments of flexibility and open-minded interactions. These moments will not look the same tomorrow, but the tools with which they have been navigated can be kept alive and flourishing in Camphill.

Camphill lives at the boundaries of tradition and innovation, of inward development and external changes, of reaction and construction. These lines are necessarily fluid and complex. Camphill has been set apart by its commitment to staying abreast of these boundaries and constantly challenging them. This existence has looked very different in the years since 1939; at the same time Camphill has maintained its original goal in its broadest sense. History, of course, cannot tell us the future. As a historian, I hesitate to push history to answer the questions of today. As a friend of Camphill, I am reluctant to conduct an academic study in a vacuum that pays no heed to the present realities and challenges of life in Camphill Communities. I have argued that Camphill's history has relevance within both the context of the world in 1939 and within the path that Camphill has followed since. This thesis, I hope, has been able to examine the significance of both of these closely related narratives.

In the eighteen months since I first imagined this thesis, the world has changed tremendously. The stock market has plummeted, foreclosures skyrocketed, and the sense of security and relative well-being that have been the hallmarks of my childhood and young adulthood have receded rapidly. In Camphill, the economic crisis has not led to immediate changes in policy or philosophy, but it has caused a growing sense of uncertainty. Budget cuts have put development and building projects on hold, and the idealistic pursuit of high-quality alternatives in the disability sector begins to seem unnecessarily luxurious and expensive to cash-strapped governmental offices.

Seen from another perspective, though, I am hopeful that the world's changes may do some good for Camphill. The currency of our society, with its absolute individualism and its die-hard capitalism, does not seem to be working anymore. In her article, "Democratizing Finance," economic analyst Hazel Henderson posits that, "in a very real sense, we humans

don't have a financial crisis but a crisis of perception.”¹⁹⁸ As she describes it, the economic collapse extends far beyond its obvious financial repercussions and will demand that our society examines much broader notions of value and wealth.¹⁹⁹ Camphill has been posing alternative meanings of worth and individual value for seventy years now. Its development has been imperfect, but the value of human experience has been consistently viewed from a different perspective in Camphill. Today, as financial wealth and the pursuit of the highest salary are showing strain as the cornerstones of our society, perhaps Camphill's alternative values will resound with more people. Maybe what was founded as an alternative to concentration camps can become an alternative to corporate greed and global warming, and part of a new way forward. Looking at Camphill's history and evolution, I do not think that this is impossible.

¹⁹⁸ Hazel Henderson, “Democratizing Finance,” Hazelhenderson.com, April 2009.

¹⁹⁹ Ibid.

APPENDIX:
FURTHER INFORMATION

Today there are more than one hundred Camphill Communities in twenty countries in Europe, North America, southern Africa, and India. Volunteer co-workers and charitable donations are always welcome. Visit the following sites for more information about Camphill:

Scotland: www.CamphillScotland.org.uk

Ireland: www.Camphill.ie

England and Wales: www.Camphill.org.uk

Northern Ireland: www.Glencraig.org.uk

United States: www.Camphill.org

Worldwide: www.Camphill.net

The photographs throughout this thesis are noted as either my own or those of Colum Lydon. For more of Colum's beautiful and diverse work, see: www.ColumLydon.com.

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