

Chapter 1

The Debate over Private Property

A. Culture and Human Nature

*Asylums: Essays on the Social Situation of Mental Patients and Other Inmates**

Erving Goffman

The admission procedure can be characterized as a leaving off and a taking on, with the midpoint marked by physical nakedness. Leaving off of course entails a dispossession of property, important because persons invest self feelings in their possessions. Perhaps the most significant of these possessions is not physical at all, one's full name; whatever one is thereafter called, loss of one's name can be a great curtailment of the self. . . .

Once the inmate is stripped of his possessions, at least some replacements must be made by the establishment, but these take the form of standard issue uniform in character and uniformly distributed. These substitute possessions are clearly marked as really belonging to the institution and in some cases are recalled at regular intervals to be, as it were, disinfected of identifications. With objects that can be used up — for example, pencils — the inmate may be required to return the remnants before obtaining a reissue. Failure to provide inmates with individual lockers and periodic searches and confiscations of accumulated personal property re-

*Source: pp. 18-21, 244-254 (1961).

inforce property dispossession. Religious orders have appreciated the implications for self of such separation from belongings. Inmates may be required to change their cells once a year so as not to become attached to them. The Benedictine Rule is explicit:

For their bedding let a mattress, a blanket, a coverlet, and a pillow suffice. These beds must be frequently inspected by the Abbot, because of private property which may be found therein. If anyone be discovered to have what he has not received from the Abbot, let him be most severely punished. And in order that this vice of private ownership may be completely rooted out, let all things that are necessary be supplied by the Abbot: that is, cowl, tunic, stockings, shoes, girdle, knife, pen, needle, handkerchief, and tablets; so that all plea of necessity may be taken away. And let the Abbot always consider that passage in the Acts of the Apostles: "Distribution was made to each according as anyone had need."²¹

One set of the individual's possessions has a special relation to self. The individual ordinarily expects to exert some control over the guise in which he appears before others. For this he needs cosmetic and clothing supplies, tools for applying, arranging, and repairing them, and an accessible, secure place to store these supplies and tools — in short, the individual will need an "identity kit" for the management of his personal front. He will also need access to decoration specialists such as barbers and clothiers.

On admission to a total institution, however, the individual is likely to be stripped of his usual appearance and of the equipment and services by which he maintains it, thus suffering a personal defacement. Clothing, combs, needle and thread, cosmetics, towels, soap, shaving sets, bathing facilities — all these may be taken away or denied him, although some may be kept in inaccessible storage, to be returned if and when he leaves. In the words of St. Benedict's Holy Rule:

Then forthwith he shall, there in the oratory, be divested of his own garments with which he is clothed and be clad in those of the monastery. Those garments of which he is divested shall be placed in the wardrobe, there to be kept, so that if, perchance, he should ever be persuaded by the devil to leave the monastery (which God forbid), he may be stripped of the monastic habit and cast forth.²²

As suggested, the institutional issue provided as a substitute for what has been taken away is typically of a "coarse" variety, ill-suited, often old, and the same for large categories of inmates. The

21. The Holy Rule of St. Benedict, Ch. 55.

22. The Holy Rule of St. Benedict, Ch. 58.

impact of this substitution is described in a report on imprisoned prostitutes:

First, there is the shower officer who forces them to undress, takes their own clothes away, sees to it that they take showers and get their prison clothes — one pair of black oxfords with cuban heels, two pairs of much-mended ankle socks, three cotton dresses, two cotton slips, two pairs of panties, and a couple of bras. Practically all the bras are flat and useless. No corsets or girdles are issued.

There is not a sadder sight than some of the obese prisoners who, if nothing else, have been managing to keep themselves looking decent on the outside, confronted by the first sight of themselves in prison issue.²³ . . .

In mental hospitals and similar institutions the basic kind of personal territory is, perhaps, the private sleeping room, officially available to around five or ten per cent of the ward population. In Central Hospital such a room was sometimes given in exchange for doing ward work. Once obtained, a private room could be stocked with objects that could lend comfort, pleasure, and control to the patient's life. Pin-up pictures, a radio, a box of paper-back detective stories, a bag of fruit, coffee-making equipment, matches, shaving equipment — these were some of the objects, many of them illicit, that were introduced by patients.

Patients who had been on a given ward for several months tended to develop personal territories in the day room, at least to the degree that some inmates developed favorite sitting or standing places and would make some effort to dislodge anybody who usurped them. Thus, on one continued treatment ward, one elderly patient in contact was by mutual consent accorded a free-standing radiator; by spreading paper on top, he managed to be able to sit on it, and sit on it he usually did. Behind the radiator he kept some of his personal effects, which further marked off the area as his place. A few feet from him, in a corner of the room, a working patient had what amounted to his "office," this being the place where staff knew they could find him when he was wanted. He had sat so long in this corner that there was a soiled dent in the plaster wall where his head usually came to rest. On the same ward, another patient laid claim to a chair that was directly in front of the TV set; although a few patients would contest this place, he generally could sustain his claim upon it.

Territory formation on wards has a special relation to mental

23. John M. Murtagh & Sara Harris, *Cast the First Stone* (New York: Pocket Books, 1958), pp. 239-240. . . .

disorder. In many civilian situations an equalitarian rule such as "first come, first served" prevails, and some disguise conceals another organizing principle, "strongest takes what he wants." This last rule operated to some extent on bad wards, just as the first rule did on good wards. Another dimension must be introduced, however. The alignment to ward life that many back-ward patients took, for whatever voluntary reason or from whatever involuntary cause, led them to remain silent and unprotesting and to move away from any commotion involving themselves. Such a person could be dislodged from a seat or place regardless of his size or strength. Hence, on the bad wards, a special pecking order of a sort occurred, with vocal patients in good contact taking favorite chairs and benches from those not in contact. This was carried to a point where one patient might force a mute one off a footrest, leaving the vocal patient with a chair *and* a footrest, and the mute patient with nothing at all — a difference that is not negligible considering the fact that except for breaks at mealtime some patients spent the whole of the day on these wards doing nothing but sitting or standing in one place.

Perhaps the minimum space that was built into a personal territory was that provided by a patient's blanket. In some wards, a few patients would carry their blankets around with them during the day and, in an act thought to be highly regressive, each would curl up on the floor with his blanket completely covering him; within this covered space each had some margin of control.

As may be expected, a personal territory can develop within a free place or group territory. For example, in the recreation room of a chronic male service one of the two large wooden armchairs favorably situated close to the light and the radiator was regularly taken by an elderly respected patient, both patients and staff recognizing his right to it.

One of the most elaborate illustrations of territory formation in a free place in Central Hospital occurred in the disused basement of one of the continued-treatment buildings. Here a few of the more intact rooms had been taken over by lower-echelon staff to use as supply rooms; thus there was a paint room and a room where grounds-care equipment was stored. In each of these rooms a patient helper held semi-official dominion. Pin-ups, a radio, a relatively soft chair, and supplies of hospital tobacco were to be found. A few of the remaining less usable rooms had been appropriated by aging long-term parole patients, each of whom had managed to stock his nest with something, if only a broken chair and stacks of old Life magazines. In the rare event of any of these

patients being needed during the day by a member of staff, a message would be sent directly to his basement office, not his ward.

In some cases, an assignment provided a personal territory. For example, the working patients who looked after their ward's clothing and supply room were allowed to stay in this room when no chores were to be done; and there they could sit or lie on the floor away from the alterations of commotion and pall in the day room. . . . In everyday life, legitimate possessions employed in primary adjustments are typically stored, when not in use, in special places of safekeeping which can be gotten to at will, such as footlockers, cabinets, bureau drawers, and safe deposit boxes. These storage places protect the object from damage, misuse, and misappropriation, and allow the user to conceal what he possesses from others. More important, these places can represent an extension of the self and its autonomy, becoming more important as the individual foregoes other repositories of selfhood. If nothing can be kept only for oneself, and everything one uses is used by others, too, then little protection from social contamination by others is possible. Further, some of the things one must give up are those with which one has become especially identified and which one employs for self-identification to others. It is thus that a man in a monastery may be concerned about his one privacy, his letterbox, and a man on a frigate about his canvas clothes bag.

Where such private storage places are not allowed, it is understandable that they will be illicitly developed. Further, if one is to possess an object illicitly, then the place in which it is stored may itself have to be concealed. A personal storage space that is concealed and/or locked not merely to thwart illegitimate interlopers but also legitimate authority is sometimes called a *stash* in the criminal and near-criminal world, and will be called this here. . . .

When patients entered Central Hospital, especially if they were excited or depressed on admission, they were denied a private, accessible place to store things. Their personal clothing, for example, might be stored in a room that was beyond their discretionary use. Their money was kept in the administration building, unobtainable without medical and/or their legal agents' permission. Valuables or breakables, such as false teeth, eyeglasses, wrist watches, often an integral part of body image, might be locked up safely out of their owners' reach. Official papers of self-identification might also be retained by the institution. Cosmetics, needed to present oneself properly to others, were collectivized, being made accessible to patients only at certain times. On con-

valescent wards, bed boxes were available, but since they were unlocked they were subject to theft from other patients and from staff, and in any case were often located in rooms locked to patients during the day.

If people were selfless, or were required to be selfless, there would of course be a logic to having no private storage place. . . . But all have some self. Given the curtailment implied by loss of places of safekeeping, it is understandable that patients in Central Hospital developed places of their own.

It seemed characteristic of hospital life that the most common form of stash was one that could be carried around on one's person wherever one went. One such device for female patients was a large handbag; a parallel technique for a man was a jacket with commodious pockets, worn even in the hottest weather. While these containers are quite usual ones in the wider community, there was a special burden placed upon them in the hospital: books, writing materials, washcloths, fruit, small valuables, scarves, playing cards, soap, shaving equipment (on the part of men), containers of salt, pepper, and sugar, bottles of milk — these were some of the objects sometimes carried in this manner. So common was this practice that one of the most reliable symbols of patient status in the hospital was bulging pockets. Another portable storage device was a shopping bag lined with another shopping bag. (When partly full, this frequently employed stash also served as a cushion and back rest.) Among men, a small stash was sometimes created out of a long sock: by knotting the open end and twisting this end around his belt, the patient could let a kind of moneybag inconspicuously hang down inside his trouser leg. . . .

I would like to repeat that there were some good reasons for these bulky carryings-on. Many of the amenities of life, such as soap, toilet paper, or cards, which are ordinarily available in many depots of comfort in civil society, are not thus available to patients, so that the day's needs had to be partly provided for at the beginning of the day.

Fixed stashes, as well as portable ones, were employed, too; they were most often found in free places and territories. Some patients attempted to keep their valuables under their mattresses but, as previously suggested, the general hospital rule making dormitories off-limits during the day reduced the usefulness of this device. The half-concealed lips of window sills were sometimes used. Patients with private rooms and friendly relations with the attendant used their rooms as stashes. Female patients sometimes hid matches and cigarettes in the compacts they left in their rooms. And a favorite exemplary tale in the hospital was of an old man

who was claimed to have hid his money, \$1200, in a cigar box in a tree on the hospital grounds.

NOTES AND QUESTIONS ON PROPERTY AND THE SENSE OF SELF

1. Why does the author make so much of an inmate's use of property (or possessions) to present a personal appearance? Are such uses of property a good thing, or do they imply that property merely serves vanity and deception? Why did the Benedictines restrict the monks' property? What other institutions do so, and why? For related critiques of property, see, for example, E.M. Forster, *My Wood*, in *Abinger Harvest* 22 (1964), suggesting that property makes the holder pompous and self-important; Thorstein Veblen, *The Theory of the Leisure Class* (1899), arguing that the wealthy use property for "conspicuous consumption."

2. Why is "first come, first served" a principle identified with the asylum's "good wards," whereas "strongest takes what he wants" is a principle identified with the "bad wards"? What is the matter with the rule of the stronger? See Thomas Hobbes, *Leviathan* (1651). First possession is a widespread rule for property formation; see Chapter 3, *infra*, on The Significance of Possession. But does this make first possession more morally justifiable than the rule of the stronger? Which would latecomers prefer? Is first possession justifiable on efficiency grounds? Compare Duncan Kennedy and Frank Michelman, *Are Property and Contract Efficient?*, *infra* p. 63.

3. How do you account for the pervasive "territory formation" among inmates? Do you see similar patterns in other persons, such as the homeless, who ostensibly own very little property? Do these patterns suggest that some sort of territoriality is "hard-wired" in the human psyche, as is argued by sociobiologists? See Richard Pipes, *Human Nature and the Fall of Communism*, *infra* p. 20. For variations on this theme, see Elizabeth Cashdan, *Spatial Organization and Habitat Use*, in Eric Alden Smith & Bruce Winterhalder, *Evolutionary Ecology and Human Behavior* (1992). Or is the inmates' territory formation grounded on functional needs, culture, or both?