



Subnormality under debate: discourses and policies on intellectual disability during the late Franco regime

Mercedes Del Cura

Professor, Facultad de Medicina/
Universidad de Castilla-La Mancha.
C/ Almasa, 14
02006 – Albacete – España
mercedes.delcura@uclm.es

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Abstract

During the last two decades of the Franco dictatorship, intellectually disabled people became an object of concern on the part of Spanish society and the center of a debate involving the state, the church, certain professional groups and families of those affected. This debate was stoked by ideas circulating in the international setting about the right of the intellectually disabled to integrate into society and enjoy the same opportunities as other individuals. This article seeks to identify the circumstances that led to the emergence of this concern and to note the elements that helped construct the discourses and govern the practices on intellectual disability that developed during the later years of the Franco regime.

Keywords: disability history; intellectually disabled people; social policies; late Franco regime; Spain.

Intellectual disability came to be of interest to various professional groups and to the Spanish government during the early twentieth century. At that point, ideas that had been circulating elsewhere in the world about the existence of children who had difficulty adapting to the rhythms and rules of school life reached Spain (Demoor, 1900; Binet, Simon, 1907). This discourse was picked up above all by psychiatrists and educators, who set about refashioning it and adapting it to circumstances in Spain. This theoretical construction of intellectual disability was accompanied by proposals aimed at solving what was beginning to be called the “issue of abnormal children” (Granell y Forcadell, 1907, p.5). There was an attempt to organize training for specialists; a governmental board was created, and some public and private care facilities were opened to provide the medical and educational intervention recommended by international experts (Molina, Gómez, 1992; Álvarez Uría, 1996; Huertas, Del Cura, 1996; Del Cura, 2011). Lack of funding and the limited number of people who benefited from these measures were the main hindrance to this process, which was cut short when the civil war broke out in 1936.

Intellectual disability barely featured among the concerns of the regime that emerged after the conflict. The dictatorship needed to deal with more urgent matters, such as war orphans, widespread tuberculosis and other epidemics, and the existence of areas where the population was malnourished and subject to dire living and working conditions (Ysás, Molinero, 2003; Del Arco, 2006). Besides, the regime’s priorities with regard to children lay elsewhere. The Franco government needed to bring down the high infant mortality rate brought on by the war (143% in 1941), to figure out how to safeguard children’s health and physical development (Rodríguez Ocaña, 1998; Bernabeu-Mestre, Perdiguero-Gil, 2001), and come up with an educational model for training citizens of the “new Spain” that was being built (Martí, 2002).

The few measures pertaining to intellectual disability that were adopted during the early years of the dictatorship were token gestures aimed above all at eliminating memories of the republican era and demonstrating the benevolent face of a government that proclaimed itself the guarantor of the welfare of all Spaniards (Carasa, 1997; Molinero, 2006). During the 1940s, the regime limited itself to intervening in the few educational and care facilities that had survived the war, reorganizing them to reflect the values of the winning side and, in the case of state-run institutions, purging the staff in order to stamp out any vestige of opposition to the government. It also made some token gestures in terms of legislation. When drafting the Ley de Sanidad Infantil y Maternal (Child and Maternal Health Law) (Ley..., 28 jul. 1941) and shortly thereafter the Ley de Educación Primaria (Elementary Education Law) (Ley..., 18 jul. 1945), the dictatorship included two provisions relating to the care and education of disabled children.¹ The health law called for the creation of specialized clinics and treatment centers to rehabilitate “disabled and deformed children, as well as the mentally abnormal” (Ley..., 28 jul. 1941, art.22, p.11). The education law mandated the creation of special classrooms for “abnormal children, the mentally handicapped ... deaf-mutes, the blind and the physically handicapped” (Ley..., 18 jul. 1945, cap.III, art.33).

Although documentation for this period is scarce, testimonies provided years later by some of those involved show that the impact of these few measures in practical terms was minimal. The dearth of funding meant that the Franco government’s intended reforms were

not carried out and institutions were unable to perform their activities effectively. People with intellectual disabilities remained shut up at home or in charity asylums that lacked resources and qualified staff (López Rosat, 1964). It was not until the 1960s that the marginalization of these people began to change. In 1968, a report published by the Instituto de Sociología Aplicada (Institute for Applied Sociology) under the title *Estudio sociológico sobre los subnormales en España* (A sociological study of the subnormal in Spain) (Instituto..., 1969, front cover), included the following statement:

The mentally handicapped person, who has so far remained hidden as an individual and as a problem, has just sprung into the spotlight of public attention. From being concealed within the family and disguised by a society that feigned ignorance of his existence, he has suddenly become an object of intense social concern in Spain. The newspapers, radio and television discuss him more often. The government, meanwhile, has mandated some benefits intended to protect him; while meager so far, these promise more effective aid [in the future]. And almost simultaneously, as another healthy symptom that the time is ripe for society to confront his problems, the subnormal person has appeared in the street: we have been surprised to find that our new neighbors or friends did not hide [the fact that] they have a mentally handicapped child.

Within a few years intellectual disability had been “rediscovered” by Francoist Spain. Intellectually disabled people had been made visible, had become objects of social concern and were, as we shall see throughout this paper, at the forefront of a debate that would involve the state, certain professional groups, the church and parent organizations. The goal of this article is to analyze the circumstances that explain the appearance of this renewed interest and to point to elements that helped shape discourses and govern practices regarding intellectual disability during the second phase of the Franco dictatorship.²

To reconstruct this process, and to give voice to all the social actors who took part in it, I consulted a heterogeneous group of sources, including legislative texts and government documents, reports by specialists and recommendations from international organizations, scientific articles written by doctors, educators, psychologists and other professionals involved in the topic, informational guides for priests, teachers and family members of the intellectually disabled, and lastly, journals published by organizations for the disabled. The sources most especially relevant to this article – because they bring together many of the ideas and proposals circulating during this period – are the three volumes containing the talks and papers presented in the Jornadas Técnicas sobre Subnormales (Specialized Conferences on the Subnormal), held in 1963, 1967 and 1969.

Opening up to the outside world in the 1950s

The change that I referred to in the introduction began taking place in the 1950s. The Cold War context modified the international community’s perception of Spain, particularly in the case of the United States. Spain’s strategic location in Europe made it a potential ally and helped the country emerge from its international isolation. From 1951 to 1955, the regime joined various supranational organizations – the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (Unesco), the

International Labor Organization (ILO), and the United Nations Organization (UNO); signed a Concordance with the Vatican, which helped legitimize it in the eyes of other states and in public opinion; and signed three bilateral economic and military treaties with the United States (Pardo Sanz, 2008). The influx of foreign capital and the government's rectification of its failed policy of autarchy allowed the country to begin a slow economic recovery and helped the regime pass new measures aimed at improving, among other things, the situation of the intellectually disabled.

In the mid-1950s, two government agencies were created to handle care mechanisms and revive special education at the institutional level: the Patronato Nacional de Asistencia Psiquiátrica or National Board for Psychiatric Care (*Ley...*, 15 abr. 1955), which was set up to create facilities providing diagnosis and therapy for the mentally handicapped (Fernández, 1964); and the Patronato para la Educación de la Infancia Anormal or Abnormal Child Education Board (*Decreto...*, 21 mar. 1953), a Francoist version of the agency created prior to the civil war (Del Cura, 2012), which was reorganized and renamed just two years after its creation (*Decreto...*, 2 ene. 1956). The new title of "National Board for Special Education" reflected the administration's desire to follow internationally-used terminology and also lobbying by families of the intellectually disabled, who considered the term "abnormal" to be pejorative and stigmatizing (García, 1958). From then on, in accordance with the 1945 law, the Board collaborated with other organizations to provide education and job training for disabled children and young people from 2-20 years old. This broad age range reflected modern educational guidelines that advocated providing early intervention services for disabled children from infancy on and continuing to support them until they could join the work force thanks to adequate vocational training (Baena, 1964). The two elements I have just mentioned – the terminology change and the broad age range for the children involved – show how the détente of the 1950s and accession to specialized organizations also helped the Franco administration and Spanish professionals come into contact with ideas about intellectual disability that were circulating on an international level.

International discourse

Virtually ever since the UNO was created, its objectives included establishing mechanisms to defend the rights of disabled people and guarantee their welfare, focusing on prevention and rehabilitation. In the winter of 1950, the UNO held a conference in Geneva to establish how specialist organizations could collaborate to create international guidelines on education, treatment and job training for disabled people. In response to this call, the WHO, in collaboration with Unesco and the ILO, published two reports on disability in childhood that ratified children's right to expect the greatest possible protection against the occurrence of physical or mental handicap before, during, and after birth (WHO, 1952, 1954). The texts stressed that children should be able "to satisfy fully the needs of their own personalities and become, as far as possible, independent and useful members of the community" (WHO, 1954, p.5). To achieve this, a series of preventive and corrective measures needed to be set up during early childhood within a broader framework of integrated health care, social education, vocational guidance and job placement services. The relevance of integration

into the workforce was also ratified by the ILO, which in 1955 published a recommendation setting out internationally-applicable conditions and guidelines concerning vocational rehabilitation for disabled people (ILO, 1955).

The Franco regime was receptive to the ideas about intellectual disability defended by the international community. This receptivity was clearly linked to the regime's need to legitimize itself by aligning its policies and values more closely with those of the group of countries it was re-joining,³ but it also helped improve the situation of disabled people at that time. The relationships established with international organizations, through permanent delegates, participation in scientific conferences and above all through consultations with international experts had an impact on a practical level. In fact, the Franco government used the specialist reports issued by these institutions in the 1950s and 1960s as blueprints for reform as regards both physical disabilities (Ballester, 2012) and intellectual ones. One of the experts who visited Spain as a consultant was Gunnar Dybwad, director of the Mental Retardation Project of the International Child Welfare Union, Geneva (Díaz Arnal, 1966) and later a leading advocate for the social model of disability. Dybwad visited the country on three occasions: the first was in 1965, as a consultant for the interior ministry's *Secretaría Técnica* (Specialist Board) on rehabilitation mechanisms for the intellectually disabled; the second in 1966, as consultant to the education ministry's *Oficina Técnica de Educación Especial* (Special Education Office); and lastly in 1972, when he and his wife, Rosemary Dybwad, were invited by the government to take part in a round table on "mental subnormality" (Tres..., 1972).

Supranational organizations (and their experts) were not, however, the only external reference point during the dictatorship. The close ties forged with the USA and the international ramifications of the Kennedy administration's disability policies, beginning with the appointment of the President's Panel on Mental Retardation in 1961 (Berkowitz, 1980), explain Spanish experts' interest in, and frequent references to, the American experience. The Catholic church's position on intellectual disability was even more influential. In the early 1950s, the creation of a Medico-Pedagogical and Psychosocial Commission (1953) within the International Catholic Child Bureau gave rise to a movement advocating care and religious training for intellectually disabled people, which gained momentum during the Second Vatican Council. Under the leadership of Pope John XXIII and above all Paul VI, the church defended disabled people's right to participate in community and liturgical life, their ability to make positive contributions to society, their right to develop as people (and to have access to education, work, social life and leisure activities), and their families' right to receive community support and assistance (Díaz Arnal, 1965; Mensaje..., 1967). In Spain, the new approach seen in the Vatican Council led in 1965 to the creation of a *Secretariado de Educación Especial de la Iglesia* (Special Education Board for the Church), intended to promote religious education and integration into the ecclesiastical community for people with intellectual disabilities.

The actors and publications of the new stage

International guidelines and the few institutions created by the Franco government in the 1950s laid the foundations for a "reconstruction" process in disability theory and practice.

Its protagonists continued to be psychiatrists and educators (who were now educational therapists), although in this new phase they were accompanied by other actors who gradually became more important: psychologists, who had managed to consolidate their professional standing in the 1950s; social workers, who would do so in the 1960s; and other medical specialists, such as endocrinologists, obstetricians, neurologists and pediatricians.

Alongside these professionals, two other groups from outside the scientific community played an extremely important role: priests and parents of intellectually disabled children. Pastoral psychopathology, led by psychologist and priest Henri Bissonnier (1964), proposed transforming priests into “therapists,” capable of providing psychological support to parents and collaborating with “men of science” in the recovery or rehabilitation process. This idea, linked to the Vatican II discourse, led some Spanish clergy to take an active role in the change that was starting to take place. The most notable of these was José Ignacio Eguía, who wrote numerous articles on the topic, became director of the Special Education Board and was a leading figure in the disability rights movement that grew up in the 1960s. Disability advocacy groups were the tools used by parents to defend their children’s right to educational resources, special-needs care and other types of aid to help them improve their lives and futures. The majority of these groups were involved not only in lobbying but also in setting up educational care facilities and other services such as sheltered workshops, co-ops and leisure activities (Del Cura, Martínez-Pérez, 2016).

The growing number and variety of actors also led to changes in the publishing world. The number of scientific publications grew considerably. The issues analyzed by experts in books and articles were similar to those of the previous stage (etiology, diagnosis, prognosis, treatment, prophylaxis and education), although the content changed quite significantly as a result of advances in the various disciplines involved in disability studies (De Moragas, 1962; Monsell, 1968; Moya, 1970). This scientific literature was accompanied by another type of text that had not existed prior to the Franco era. In mid-1960s, works on religious special education, written by priests and aimed at clergymen, families and experts connected with intellectually disabled people began circulating (Bissonnier, 1968; Eguía, 1969). Also around that time, educational or informational texts, written by professionals, people with links to the religious world or even by parents themselves (Egg, 1967; Abad Caja, 1969) began to appear; the goal was to educate and provide guidance to families so that they could “begin effective and methodical rehabilitation behavior” that would allow the child to achieve the kind of integration into family and social life described by experts (Cambrodí, 1967, p.54).

Old and new ideas on the “subnormal”

On a discursive level, the scientific and informational texts I have just presented included, as we shall see, content that corresponded to the previous stage, although they also made important new contributions. In this regard, there was a noticeable change above all in terminology. Expressions that were commonly used in Spanish before the civil war or in the immediate post-war period to refer to the intellectually disabled, such as *anormal* (abnormal), *tarado* (defective), *disminuido* (diminished), *retardado* (retarded, slow), or *débil mental* (feeble-minded), fell out of use and were replaced with other terms, such as *oligofrénico* (oligophrenic),

deficiente mental (mentally retarded), *insuficiente mental* (mentally insufficient), *subdotado* (mentally underendowed), and especially *subnormal*. A derivation of the expression “mental subnormality” adopted by the WHO in 1954 to refer to an “incomplete or insufficient general development of the mental capacities” (WHO, 1954, p.6). The term “subnormal” would be well received in Spain not only by experts, but also by families of the disabled and by society as a whole (Arbelo, 1968; De Azua, 1970). Most of the parents’ organizations included this word in their title; it was also used in publicity campaigns in the media, and there was even an official Day for the Subnormal (April 26). In the late 1960s, when the WHO (1968) recommended using the terms “mentally retarded” and “mental retardation” in an attempt to unify the language and make it more understandable, the experts adopted Spanish versions of the terms (*deficiencia mental* and *deficiente mental*), but the word “subnormal” continued to be the most popular one.

The movement to unify the terminology was paralleled by an effort to relativize the value of the classifications. The taxonomies that had been so appealing to the period before the civil war were now considered unjust, unsatisfactory and mutilating, pigeon-holing individuals without really saying much about them. Therefore, while not renouncing their use, the experts recommended applying them with caution and above all revising them based on changes as they took place in children, thereby underlining the dynamic nature of disability (Folch, 1964; Eguía, 1970).

One of the issues that changed very little at this time was the lack of reliable data on the number of people with intellectual disabilities. The Franco government was not able to conduct a national survey and, without real data, it was limited to providing estimates based on partial studies done in Spain, and above all, on data given by other countries and by the WHO itself. As had happened before the civil war, the government and Spanish specialists used these estimates to stress the growing magnitude of the problem (Arbelo, 1968). The reasons used to explain the increasing number of people with intellectual disabilities, or at least their increasing visibility, were not very different from those of the earlier period. In the experts’ view, there were four contributing circumstances: a rise in school attendance rates, which meant a growth in the number of children diagnosed; an increase in migration from the country to the city, which was a much more challenging environment where people’s limitations became more obvious; advances in medicine that were causing previously-unknown disorders to be identified and ensuring the survival of children who would have died in previous eras; and lastly, a change in attitude on the part of families affected by disability (De Azua, 1970).

This last circumstance was one of the great novelties of the era. As we saw in the excerpt quoted at the beginning of this article, during the 1960s, intellectually disabled people and their families began demanding support from the government and Spanish society, making visible a reality that had been confined to the private sphere or to asylums until that point. Although the reasons for this change in attitude are not clearly identified in testimony from those involved at the time, it is logical to assume that they must have been influenced both by the professionals’ view of prognosis, which was much more optimistic and focused on the chances of recovery and social integration (De Moragas, 1962); by the news from abroad about the disability-rights movement led by parents and families of disabled people (Dybwad,

1963); and by the meetings held by the Medico-Pedagogical Commission of the International Catholic Child Bureau or the International League of Societies for the Mentally Handicapped to advocate on an international level for the right to social, family and religious integration (Díaz Arnal, 1965; De la caridad..., 1968).

Responding to these demands meant adopting numerous measures that the state and society would have to accept, despite the cost involved. In order to convince them, disability rights advocates used humanitarian arguments – imbued at that point with associations of Christian charity (or “Catholic duty”) – and also economic ones, but they never resorted to the defensive reasoning employed in the previous period (Del Cura, Martínez-Pérez, 2009). They no longer argued that society had to be protected, but rather that disabled people did, and furthermore that they were entitled to protection for the sake of social justice, not charity. They and their families were entitled to expect society to provide them with the necessary means to receive an education, a job and a way of living in the community that would grant them the greatest possible level of independence (Segrelles, 1970; Gay, 1970).

In pursuit of this social integration and independence, the medical and educational intervention process was enriched by the advances in and new perspectives of the different disciplines involved in disability management. Four elements that were beginning to emerge before the war became much more significant at this point: ensuring that intervention did not involve uprooting individuals from their family and social environment (Gayarre, 1970; Soriano, 1969); making training and vocational guidance central to the rehabilitation process (Vázquez Velasco, 1964); using leisure as a tool for integration and education (Gayarre, 1973); and lastly, developing mechanisms to prevent disability. The growth of knowledge about the etiology of disabilities and the existence of new diagnostic technology (biochemical, genetic, bioelectric and morphological) meant that it was possible to identify hitherto-unknown illnesses and considerably boost the chances of successful prevention (Suárez et al., 1968). They also gave specialists arguments for demanding, among other things, the creation of a network of maternity hospitals and clinics for children, expanded genetic counseling (Santemas, 2014), the use of new treatments for metabolic disorders, or public-education campaigns to combat prejudice and convey modern scientific knowledge to the general population and professionals themselves (Moya et al., 1969).

Equally new, and in a sense more important, was a realization that had apparently not occurred to people before: the fact that over time, intellectually disabled children grow up into adults. Carmen Gayarre, founder of a special education school for teenagers, remarked that it was no longer possible to speak only of “subnormal children;” the other stages of their lives needed to be taken into consideration also (Egg, 1969, p.10-11). Issues relating to their emotional life (sexual relations, marriage) and legal status (incompetence, guardianship) became a focus for debate in international forums and also attracted lop-sided concern on the national level. While ideas about intellectually disabled people’s legal situation were often discussed in meetings and publications at the time (Azua, 1970; Segrelles, 1970), issues relating to their emotional life and above all their sexuality were barely discussed (Fierro, 1974; De la Torre, 1972). They were not even taken into account during the first National Symposium on Care for the Subnormal Adult in 1971 (Editorial..., 1972).

According to Jesús Raventós (1972), president of the first disability advocacy group in Barcelona, meeting the needs of adults was much more complex than offering solutions for children. It involved meeting demands for autonomy and independence that went beyond integration into the working world and meant taking intellectually disabled people's opinions into account, so that they could stop being "objects of care" and become active subjects with responsibilities, desires and a capacity for initiative.

From words to deeds: disability policy in the later Franco regime

The ideas I have just laid out were present to a greater or lesser extent in the dictatorship's management of disability in the 1960s and 1970s. The government shake-up in 1957 opened a phase of reforms led by a group of technocrats belonging to the Catholic organization Opus Dei, aimed at stabilizing the country, opening up the economy to the exterior and ultimately winning international approval for the dictatorship (Palomares, 2006). As a result of these reforms, Spain underwent a process of modernization characterized by an important socioeconomic and cultural transformation.

The new period helped propel social policies initiated during the previous decade and brought new measures (many of them legislative), intended to improve education, care and working conditions for the disabled. The regulations passed by the government helped to ratify the role of state agencies (both national and local) in creating special schools and *escuelas-hogar* (care homes where students were also educated) for disabled children (Ley..., 23 dic. 1965); defined the role of the Ministry of Education in founding diagnostic, training and education centers; appointed a National Board for Special Education to advise the Ministry on a national level (Decreto..., 16 oct. 1965); officially mandated the content of therapeutic education; and created grants to help pay for children's education in specialized centers, through the Fondo Nacional para el Fomento del Principio de Igualdad de Oportunidades (National Fund for Promoting the Principle of Equal Opportunity).⁴ All these measures helped create the special education field and culminated with the passage of the Ley General de Educación or General Law of Education (Ley..., 6 ago. 1970), which ratified the right to education of all Spanish children between the ages of 6 and 14 (including the disabled) and made special education a model that paralleled regular education, with its own norms and specific curriculum (Ley..., 6 ago. 1970).

In terms of care for intellectually disabled people, the most notable development was the gradual increase in the number of clinics and pilot centers for diagnosis and therapy, which were run by the National Board for Psychiatric Care, (Segrelles, 1970); and the creation of an Aid Program for Subnormal Children administered by the Fondo Nacional de Asistencia Social (National Social Welfare Fund), which offered financial aid to low-income families and children with mental or psychomotor disorders (Ley..., 23 jul. 1960). The goal of this aid was to help meet the cost of examinations at diagnostic centers, outpatient care, day center care and in-home care. It was also intended to cover residential care in state facilities run by the Board or the provincial governments, and by recognized private institutions (Guía..., 1967).

In an attempt to coordinate all these activities, in the mid-1960s the Interior Ministry created a Comisión Interministerial de Asistencia y Educación de Subnormales Físicos,

Psíquicos o Escolares (Interministerial Commission for the Care and Education of the Physically, Mentally or Academically Subnormal) (Decreto..., 18 mayo 1965), which included representatives from government agencies, parent organizations, professionals and directors of educational and care centers (Rubio Nombela, 1970b). The Ministry of Labor was left out of the Commission even though at that time it was implementing measures designed to promote integration into the work force. From 1964 on, disabled people over the age of 18 were eligible to apply for the Programa de Promoción Profesional Obrera (Working-Class Career Enhancement Program), which provided specialized training for manual laborers (Martínez et al., 1968). Subsidies were also offered for creating or improving sheltered workshops (Orden..., 30 nov. 1968) and Spanish businesses were given a minimum quota for disabled employees (Decreto..., 15 sep. 1970). The last step taken by the Ministry of Labor was to create the Servicio Social de Asistencia a Menores Subnormales (Social Service for the Care of Subnormal Minors), an agency charged with caring for “the welfare and rehabilitation” of disabled children of members of the new social security system (Decreto..., 7 oct. 1968) by creating centers (which never happened during the dictatorship) and granting financial aid to help cover the cost of education, training and rehabilitation.⁵

Final considerations

Although the regime presented all these measures to the public in optimistic terms, stressing its achievements over that period (Editorial..., 15 jul. 1971), some leading government officials were aware that there was an enormous gulf between what was “supposed to happen” and what “was.” Gregorio Rubio Nombela (1970a, 1970b), head of the Sección de Planificación Asistencial y de Auxilio Social (Section for Care Plans and Social Aid) in the Dirección General de Política Interior y Asistencia Social (Department for Domestic Policy and Social Assistance) acknowledged the lack of coordination of government services, the inefficiency of the Commission, the lack of specialized support, the weak oversight of existing institutions, the paucity of private-sector resources and the failure to liaise between the government and parent groups.

These parent groups had sprung up across the country in an attempt to compensate for the shortage of government programs and to draw attention to the problems that they and their children were facing (Vázquez, 1970). They collaborated with the *Servicio de Asociaciones Familiares* (Family Associations Service) in organizing the Technical Conferences I referred to earlier in this article. They actively participated in radio and television debates and programs, and took to the streets, especially on the Day for the Subnormal, to raise funds and mobilize public opinion. On the whole, they succeeded in this thanks to support from the media and above all the press, which began publishing more and more articles about the activities of parent associations and the people they represented (Los subnormales..., 1971). They were also heavily involved in setting up care centers (400 places), special education centers (15,338 places), job training centers and sheltered workshops (1,800 places), leisure clubs (357 places), summer camps and outdoor activity centers (500 places) (Rey, 1973).

The achievements of the disability advocacy groups were certainly important but they were clearly not enough, since both the groups themselves and experts put the number of

intellectually disabled Spaniards at over 350,000.⁶ In the early 1970s, many of these people were still living in isolation. Only 8% received any kind of extra-familiar care and many were still confined to psychiatric institutions (around 11,000). There were not enough educational care centers, and most of them were designed for moderately handicapped children. There were scarcely any places for people at other stages of life or with severe handicaps. There were few benefits available to families, and they were poorly funded and incompatible with each other. Besides, they were dependent on the availability of places in the centers and could exclude applicants based on age, level of handicap and income.⁷ This last feature prevented middle-class families from being eligible for aid to help meet the considerable fees charged by residential institutions (Las becas..., 15 mar. 1972). The isolation of intellectually disabled people was repeated and amplified in the working world. The prejudices that existed in society, in addition to the economic recession of the 1970s, perpetuated their exclusion from the job market. The few who managed to get jobs were employed in one of the existing sheltered workshops, and in most cases did not receive financial compensation for their work (Aguilar y Paz, 1970, p.327).

The scenario I have just outlined shows how, despite the variety and extent of the measures introduced during this era, and the government's willingness to invest in disability issues, the situation of intellectually disabled people changed a lot less than they or their families needed. Many of the hopes and ideas present in the discourse on disability never came true (there were no preventive policies at a national level, or changes to the Civil Code) and the ones that did led to an inadequate safety net that was largely dependent on private initiative and on families. Nevertheless, there was undeniably a shift during this period in understanding and dealing with intellectual disability and an increase in involvement on the part of society and the state. These two facts are linked, in my opinion, to the work of public education and consciousness-raising carried out by the church, through its Special Education Board; to the visibility given to intellectual disability by advocacy groups; and to the use of the media as a way to create a place in Spanish homes for the concerns and needs of intellectually disabled people.

Besides, the fact that families and the church were speaking out on behalf of these people helped bring about the move towards social cooperation that was being proposed abroad. Even though the medical model of disability continued to dominate (Shakespeare, Barnes, Mercer, 1999), and the families' main concern continued to be access to resources, during the later years of the Franco regime there was a cultural shift and more acknowledgement of intellectually disabled people's rights to equal opportunity. These two elements were indispensable to the development of policies of normalization and social integration that would not reach Spain until the democratic period.

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NOTES

¹ Even though disability was soon incorporated into the Francoist political agenda, few measures were adopted during the postwar period and those were largely aimed at protecting people with sensory and/or physical handicaps (generally during their productive period). In 1939, a state agency called the Organización Nacional de Ciegos (National Organization for the Blind, known as ONCE), was created, as part of the Dirección General de Beneficencia (National Welfare Board); in 1947, the Caja Nacional del Seguro de Vejez e Invalidez (National Fund for Old Age and Invalid Pensions) was created, and in 1949, the Lucha Sanitaria Nacional contra la Invalidez (National Health Struggle Against Invalidism) (Guía..., 1967) was launched. The way the regime dealt with disability and rehabilitation during the early decades has been analyzed by Martínez-Pérez, Del Cura (2015).

² The expression “segundo franquismo” (the later Franco regime) was coined by historiographers to refer to the period from 1959 (the year when the Stabilization Plan was passed) and the end of the Franco regime. Among the many very interesting studies analyzing this period see: Soto Carmona (2005); Palomares (2006); Townson (2009).

³ The transformation that was taking place around the world in terms of this issue was revealed in the early 1960s in an interesting article by Elisabeth M. Boggs (cofounder and president of the National Association for Retarded Children in the United States and member of the Kennedy administration’s Panel on Mental Retardation); it was titled “New Hope for the Retarded” (Boggs, jul. 1963). Among the studies devoted to analyzing this process in other countries, see Grossberg (2011); Bakker (2015).

⁴ The creation of the “Fondos Nacionales para la aplicación social del impuesto y del ahorro” (National Funds for Social Application of Taxes and Savings), in 1961, are related to the institutionalization of Asistencia Social (Social Welfare) during the later years of the Franco regime. The National Funds were a government service intended to “aid, by drawing on general state funds, those individuals who are not financially able to meet, by themselves, what are considered basic needs by the national community (cited by Cerdeira, 1987, p.140).

⁵ By passing Law 193 on December 28, 1963 (Ley..., 30 dic. 1963), the Franco government launched a social security plan aimed at unifying the country’s pension system and extending coverage to all workers. The law included basic benefits and extended benefits that covered social services and social care (Rodríguez Ocaña, 2001; Pons, Vilar, 2014). Shortly before the end of the dictatorship, the government combined the Servicio de Asistencia a Subnormales (Care Service for the Subnormal) with the Servicio de Recuperación y Rehabilitación de Minusválidos (Service for Recovery and Rehabilitation of the Handicapped) (Decreto..., 20 mar. 1974). This led to the first national agency in charge of developing a common policy for all people with disabilities: the Servicio de Recuperación y Rehabilitación de Minusválidos Físicos y Psíquicos (Service for Recovery and Rehabilitation for the Physically and Mentally Handicapped) (Jiménez, Huete, 2010).

⁶ The Comisión de Seguridad Social, Sanidad y Asistencia Social (Commission for Social Security, Health and Social Care) of the Franco government’s II Plan de Desarrollo (Second Development Plan) put that figure even higher, at 670,000. The Plan called for investment in intellectual disability-related issues to rebuild centers, create special education classrooms and promote professional education (Comisaría..., 1967).

⁷ Social Security benefits only covered children of the insured with an IQ below 50; education grants were limited to children aged 5-18 with an IQ of 40-80, and help paying for care expenses was only available for children and young people aged 5-21 with an IQ below 45. The cost of institutions ranged from 4,000-8,000 pesetas a month and the most generous allowances (the ones from the National Fund for Equal Opportunity) were under 21,000 pesetas a year.

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