

SOCIAL CLUB ACTIVITIES FOR INSTITUTIONALIZED SUBNORMALS

T. MACKINTOSH

Chaplain, Monyhull Hospital, Birmingham 14

Introduction.

Despite careful psychological and psychiatric assessment at the time of admission to hospital it is difficult and at times impossible to be certain of the social prognosis of a particular patient. The final level of social adaptation may be much higher than expected, and patients with poor mental assets and many liabilities in the form of personality difficulties will at times work their way back into the community at large.

In these circumstances it is probably much safer to organise life in the hospital on the assumption that many will leave and will therefore have to be given proper training for life outside the hospital whilst they are still under the care of the hospital.

One aspect of training and rehabilitation work has been much neglected in the hospital, and in fact what has been done is of a negative rather than positive nature. Traditionally hospitals insist on a rigid segregation of the sexes, despite the fact that this policy can only be enforced within the hospital grounds. Training and rehabilitation are, however, nowadays taking place very largely **outside** the hospital by using arrangements like Daily Work and Residential Licence, and the segregation policy cannot be continued outside the hospital gates. Moreover, the extreme change from one state to the other without a transitional stage to prepare and adjust to this aspect of life in the community can have the most disturbing consequences for the patient and for the maintenance of institutional organisation. After all, it is only natural that the patient should take advantage of opportunities of which he has been deprived for some time.

The artificial segregation of the sexes can only result in suppression of natural emotions, and it is therefore advisable to prepare the patient to meet the rules, habits and manners prevalent in a mixed society **before** we send him out to live on his own with little or no support.

An easing of the segregation policy does not necessarily result in an increase of uninhibited or unacceptable behaviour, nor in a rising birthrate of illegitimate children, but leads to a noticeable decrease of socially unacceptable substitute behaviour like institutional homosexuality.

Social Relationships.

The hospital can encourage in various ways **natural** social relationships between the sexes. Men and women meet frequently and informally on the way to and from work. They meet at dances and pictures. A step further, like in this hospital, is represented by inviting the men to come to the female homes for whist drives or other party games. The educational classes are for men and women, who attend at the same time and find it no longer embarrassing to sit at the same table.

A canteen, now in existence for nearly two years, has given opportunity for making meetings between the sexes even more a matter-of-course event. The canteen is open throughout the day, and both sexes frequent it during break time and after work. Men and women share tables and have the mutual enjoyment of

social intercourse, but, despite very careful observation, no disciplinary incident has ever been traced back to the existence of this novel feature in a hospital for subnormals.

Social Club.

Seen against this background the evolution of a Social Club, with membership open to both sexes, was quite a natural consequence.

The main objective of the Club is, of course, the reinforcing of the hospital policy to encourage a normal mixing of the sexes. Further aims could be listed as follow:

Leading members to a sense of neighbourliness as opposed to selfishness: a happy community is one of give and take, not of take and give.

Training members in elementary social etiquette, i.e., offering the girls first choice of foods, serving tea daintily, sharing in all activities connected with the club (washing up, setting up tables, etc.).

To lose at games and competitions and accept the moments of depression that often accompany such losses.

A link-up with outside clubs should ensure that subnormals returned to the community can be routed to a club in the vicinity of their homes with a knowledge of club work and what to expect. It is obvious that the majority of these patients will never have a high earning capacity, and, if in lodgings, are generally prompted to spend their leisure time out of the house. These patients will not be able to afford dances, cinema and other entertainments nightly (a craving rather stimulated by institutional living). Lack of pocket money only too often leads them to fall for the blandishment of sordid coffee shops or Bingo set-ups, and leading very often to criminal or sexual offences. A good and inexpensive Youth Club connection is of service to the patient and to the community, and may save many of these patients from prison or a return to the psychiatric hospital for further treatment.

Practical Details.

The Club meets one night per week from 7 p.m. until 9 p.m. in the Canteen, though the Assembly Hall would provide the same accommodation. A radio gramophone is in use and operated by one member for the whole evening (a different member each week). Two table tennis tables are erected by the patients. Table games (cards, dominoes, draughts, ludo, snakes and ladders, quoits, skittles, bagatelle) are set out, and simple jig-saw puzzles are used from time to time. Local newsagents let the Club have their unsold magazines and comics. Only a few of these are put out each week, and members may take them away at the end of the evening. Members dance or play games, and nothing is organised for normal evenings.

Everything stops for tea and biscuits at 8 p.m. Tea making, serving and washing up are done by two men and two women on a rota basis.

Three married people and a male and female school-teacher, completely unconnected with the hospital, have volunteered to help in the Club, and they have a roving commission to goad members into games, dancing, etc. This is of immense value, because withdrawn and timid subnormals have in this way been led into joining many of the activities.

Rules are very few and are briefly as follows:—

- (1) Members must be Daily Workers.
- (2) Membership is limited to 15 men and 15 women.

- (3) A Committee and Secretary chosen by the patients approve the programme, etc.
- (4) Members must not be at the premises before 7 p.m. and leave at 9 p.m. sharp. (As this is essentially a winter activity it is desirable for the Staff to have some reasonable idea of the patients' whereabouts.)
- (5) Membership is cancelled if patient loses his/her job.
- (6) A patient on Licence is allowed to return for Club night (providing he has been a member of the Club). Guests are additional to the usual numbers.
- (8) The Club is open from September to May. (As Daily Workers are granted more parole in the summer months it is difficult to maintain indoor interests during this season.)

Other Activities.

Club members decided on a visit to a pantomime and bought the tickets. At Christmas a social evening was organised by them, and this was incidentally when members of the Staff were invited. A visit to a Youth Hostel, paid for by the members, followed.

One of the most important points is to arrange for reciprocal visits to and from outside Youth Clubs. As mentioned previously, the link with outside clubs is essential for the successful rehabilitation of many patients. However, the practical execution of this idea proved to be a tricky venture and needed a very careful approach. In the first instance the local Association of Girls' and Mixed Clubs was contacted. After an explanatory talk, Club Leaders were invited to visit. Further talks to the **senior** section of the individual clubs followed to explain the particular problems of the subnormal, and ideas regarding social rehabilitation. An invitation to visit on a club night helped to awaken more interest. This is very slow uphill work, and even after two years not sufficient contacts have been made. However, close contact with five clubs situated in the suburbs and covering a sizeable area of the city have now been established. Exchange visits are usually very informal, because no inter-club competitions and games can be arranged, since our patients have little ability in that respect.

Discussion.

Large centres of population (London, Birmingham, Glasgow, Cardiff, Manchester) may well consider whether a central club run on Y.M.C.A. lines might be the answer to keeping some of these socially inadequate subnormals off the streets and away from undesirable company. A club run by a sympathetic and understanding couple would have therapeutic value and save the country much money by keeping patients in the community, instead of having to return them for further rehabilitation treatment after easily avoidable social breakdowns.

Such a club would help patients to fill in their leisure time, since few subnormals really know what to do with themselves after working hours. It is well known that landladies often offer little encouragement for boarders to stay in the house in off-duty times.

Clubs of this kind would also ensure that a continued interest in the well-being of our patients can be taken because contact with the subnormal can be maintained informally and easily.

It might be argued that the establishment of an outside centre will collect too many subnormals of the same type who will soon form a community of their own, rather than become adjusted to the community at large. Membership of such a

club might be regarded by some subnormals as a social stigma singling them out and making them conspicuous. Whilst it is true that such an "outside the hospital" club caters for a small minority and sets them apart from the remainder of the community, it is a feature which other clubs show also to a certain extent. The "exclusiveness" of the membership of such a club will at least help in creating an atmosphere and climate which is reassuring because the subnormal will only meet people of his own mental level. He will not be out of his depth and forced to withdraw or to compensate when faced with superior knowledge or achievement.

The Club inside the hospital introduces the patient to the Club idea and Club life, to the social give and take, and should make him eager to continue the pleasant experience outside after leaving the hospital.

This conditioning for Club life outside the hospital may well be an important factor in keeping the subnormal's further career smooth and eventless. It has been seen again and again that many "failures" and setbacks originate in the subnormal's inability to occupy himself in out-of-work situations. Club activities represent this "Training for leisure" and may help in keeping the subnormal out of trouble.

The fact that the two sexes meet in ordinary social intercourse has not given any grounds for worry. The initial apprehension about the possible unhappy consequences of these meetings has long given way to an increasing feeling of confidence. Compared with ordinary Youth Clubs the organisers found the club not only easier to run but the behaviour to be definitely superior in every respect. There was no indication that intimate relationships developed because of the opportunities offered by the club, nor did members take liberties with the opposite sex. No incident occurred resulting in the expulsion of a member on account of his relationships with the opposite sex. The general impression is that the club may help some patients, whilst certainly it does not interfere with the general therapeutic programme at the hospital.

Summary.

A short description of the aims and success of a hospital club for subnormal patients of both sexes has been given.

After two years' experience there is reasonable ground for believing that this type of arrangement can help in overcoming social adjustment difficulties, and that it is particularly valuable in avoiding the effects of the traditional institutional segregation policy.

Acknowledgement.

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