

# OVER-PROTECTION, OR TRAINING FOR AN INDEPENDENT LIFE ?

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## FOREWORD

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Most of us who work in Mental Deficiency practice tend to resent the word "Institution." We like to talk of our "Hospitals" and we dislike to hear them referred to, either in conversation or print, as "Institutions." We should remember, however, that in another usage the word means "an established custom." In trying to make the word "Hospital" mean something in those places where we work we require to alter many established customs. Not all of these, unfortunately for the pioneer of today, are bad and, as all large and closely-knit bodies of people tend to resent sudden changes, any enthusiastic "new broom" is bound to meet with resistance.

By no means all of us who read this paper will be in agreement with it, although it contains little that has not been done, in part, at many hospitals and much that is in the minds of us, whether or not we have had the courage to carry it out. The value of such a paper lies, I think, in bringing our old-established customs to our notice once again and, not only urging us to review them, but proffering a radically different total approach which, although it may be anathema to many adherents of the old-established order, is none the less deserving of careful examination and thought.

The idea of encouraging self-help and initiative in our patients is, I am sure, nowadays well forward in our minds, but it is the method of carrying it out that arouses much resistance and emotion. It would be a happy hospital indeed if every member of the staff with an impact on the patient were welded, one with another, in a harmonious team. The question this paper poses is this: If any person, of whatever discipline, seems to have the capability and enthusiasm to go it alone or to organise the team, should we not examine our hierarchical established customs very carefully to see that they are not preventing our patients from reaping the benefit of such a person's ideas, however radical they may appear to some of us.

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## INTRODUCTION.

It is an accepted fact now in every corner of the kingdom that, insofar as is possible, patients who are only moderately sub-normal should be rehabilitated for life in the community. This means a two-fold process: occupational training and training in the art of living. The first of these has, in all progressive hospitals, been catered for reasonably well by utilising the resources of the hospital, introducing training workshops, vocational guidance services, and part-time work in the community. Yet the more difficult and uncertain problem of training for life still leaves wide open fields to be explored.

## THE OLD ORDER.

How would young women of unstable character and of moderately sub-normal intelligence have fared thirty years ago? Just as now, the majority would have come into the hospital either having borne children or having been in moral danger. Many would have been brought up against the seamy side of life at a deplorably

early age, many would have led a nomadic existence from institution to institution, and some would still be in the power of the law. All would have been illiterate or backward in school subjects. On admission they would have been assimilated into the hospital at the highest level—that of workers in ward, kitchen or laundry. Their hours of work and leisure would have been regulated. They would have been housed in a large ward with some fifty others of their own kind so that they need no longer feel inferior. They would have been shielded from the competition and traumatic experiences of the outside world. Their relations with the opposite sex would have been simplified by complete segregation, except perhaps for such contact as can be established at a weekly dance. All financial responsibilities, if they had money, would have been relieved by a hospital banking system, and their slender pocket money could not have encouraged saving. Regular meals, adequate clothes and housing, and all the security which these imply would have been bestowed upon them.

No doubt, even in those days, these unstable girls sometimes kicked against the pricks but, looking back, for young people whose basic difficulty is nearly always insecurity, such a sheltered environment must have been really beneficial, **if the sole objective were lifelong segregation from the community.**

### **THE PRESENT-DAY PROBLEM.**

Nowadays the limelight is focused on rehabilitation, and we must admit that the protective tradition prolonged beyond the first few turbulent months of hospital life becomes **over**-protection, and as such is a barrier to training for life. One does not help an adolescent to deal wisely with money by always handling it for her; how to choose clothes by ordering them in bulk from the stores or mail order firm; how to deal with sex problems by complete segregation; how to travel by sending her out under escort; or how to cope with all her manifold personal and personality problems merely by a stereotyped system of punishments and rewards. No more can we train adult patients in the art of living by the old methods.

### **PSYCHOTHERAPY.**

Because it has been stated frequently that the analytical types of individual psychotherapy are impracticable with sub-normal patients, a defeatist attitude to the whole question has sprung up. Nevertheless, though depth therapy may be inappropriate, individual counselling has been found a useful and even necessary adjunct to training. And the discussion group can be extremely valuable, especially in times of stress when the girls need to externalize their emotions in a permissive atmosphere. However, to approach the problems of these patients through words alone is not sufficient. Their understanding is limited and they frequently fail to integrate speech with action. Therefore the most profitable approach will be through some sort of combination of instruction, therapy and practical exercises.

### **REHABILITATION PROGRAMME.**

The first essential is that the unit for rehabilitation should be homogeneous and small. In the large hospital ward of 50-70 beds with a skeleton staff, regimentation cannot be avoided. And avoided it must be. Then, a comprehensive curriculum of work, either in the hostel, or mother hospital, or community must be planned and adequate provisions made for leisure activities, but before a training scheme can be evolved a study must be made of the most pressing needs of the whole group. To illustrate this we will consider two very different sets of trainees.

**Group 1** consisted of middle-aged women who had not the alertness and drive to get themselves out into daily employment at the usual age. They were so imbued with institutional habits that they had lost the ability to make decisions for them-

selves—if they had ever possessed such ability. Not apathetic, but woefully ignorant of outside conditions, they were put through a rigorous series of projects to develop their initiative. Starting with simple journeys on foot to explore their neighbourhood, they graduated by easy stages till they could cope single-handed with quite complicated journeys by train and bus to local towns. They learned to use the telephone, to carry verbal messages reliably, and to do the shopping for the hostel. They were given opportunities to earn extra pocket money and taught the rudiments of saving and wise spending. They learned to care for their clothes and to plan their own wardrobe. They were given experience in making social contacts, encouraged to do voluntary work for others and to make good use of their leisure time.

With this group, discussion sessions were rather unproductive because of the paucity of their ideas, but they would listen eagerly to arguments put over in dramatic form on the tape recorder, and would often make shrewd comments, and once they had become used to the permissive atmosphere they would offer suggestions for future activities. They presented no special behaviour problems, always needing to be helped forward rather than restrained. In less than a year they had been placed in outside jobs and are doing better than even the most sanguine observer could have hoped at the beginning.

**Group 2** consists of younger and more active girls. They have failed to be placed in employment from the hospital either on account of youth or because they are not regarded as being steady enough. They are as lively and full of initiative as a band of healthy adolescents—and as troublesome. Clearly here the problem is to channel their initiative, to give outlet for their energy, and to inculcate a sense of responsibility.

They have mastered the rudiments of telephoning and other forms of communication with twice the ease of the last group, and because they are young enough to learn many of them are improving their reading and writing. At their own wish they went swimming many times last summer, managing their own bus and train journeys and money matters. At present they are enjoying the novelty of organising tea parties for children and adult friends. With a little guidance they have shown themselves capable of electing their own catering and entertaining committees and carrying out their individual roles faithfully and with little friction. The whole emphasis in this training is that the responsibility lies on the trainees themselves. There are now no silences in the discussion sessions, each girl is only too anxious to take her part, and nearly all projects spring from the minds of the girls themselves.

### **IS SELF-GOVERNMENT FEASIBLE ?**

Perhaps here is the key to the best form of training for impulsive and irresponsible sub-cultural adults. The success of the above experiments in democratic leadership seems to indicate that in firm but enlightened hands some degree of self-government could operate in a small group of these patients, and it must surely be the most effective way to instil a sense of responsibility. Starting with such field exercises as the organising of a social event where the girls are taught the principles of electing the best member for each special job, we might lessen the staff intervention little by little until the group was able to carry out a project unaided. Then this new spirit of well-controlled independence might be introduced by easy stages into the general running of the hostel until such matters as work rotas, organised leisure activities, laundry checking, shopping, menus—to mention a small part of the daily round—could be delegated largely to the trainees themselves. And finally it might be possible to let a properly elected council of patients or even the whole

group take part in the formulation of rules and in decreeing the penalty for having broken one.

### **PUNISHMENT OR CONSTRUCTIVE TRAINING ?**

It might be thought that the concept "punishment" should have been banished from our mental deficiency institutions when the concept "hospital" came in, but there are still able and experienced workers in this field who believe that without a firm disciplinary code the smooth running of ward or hostel would be impossible. One must recognise that these patients frequently behave in an impulsive, irresponsible way. They may on occasions be violent or spiteful, insolent or disobedient, dishonest or untruthful, and although it would always be better to meet these contingencies by constructive training the occasion may sometimes arise where some penalty is indicated. Then each case must be judged on its own merits. There are four simple rules which should govern all punitive measures. The punishment should fit the crime. It should follow immediately on the offence. It should never be merely destructive; that is, it should never impede the training of that patient. It should be as short as possible, accompanied by counselling and followed by an opportunity for the patient to re-establish herself.

In short, punishment if we must use it in the treatment of subnormal patients has no meaning unless it is short, sharp, immediate, and to the point. Otherwise we create such absurdities as that of putting a patient into a locked ward for a long period because of a transient emotional outburst, or depriving a daily worker of her job because she has stolen money in the hospital, though this is her only means of restitution, or indeed inflicting long-term penalties on patients who have not the intelligence to take in and remember the full nature of their offences.

### **STAFF.**

The question of staff is, of course, all-important. There has been a revolution in our way of thinking on the training of our moderately subnormal patients. But tradition dies hard and there will always be advocates of "the good old days," but with a strong lead it should not be impossible to change public opinion, even before it is done universally in the training schools. Necessity always brings forth bold pioneering spirits. A true rehabilitation scheme demands an enthusiastic and broadminded staff working in harmony with a close-knit governing team, or, better still, one officer with psychiatric or psychological training who is prepared to enter into the life of the unit and keep a day-to-day check on its development. It is not enough to establish a new order and leave the rest to chance. The ideology of former days would be bound to persist. But the greatest danger of all is that there should be conflicting ideologies. That would inevitably be fatal to the atmosphere of security which is all-important to these patients.

### **PAROLE.**

Space does not permit a detailed discussion of all the salient features of a rehabilitation scheme, but parole is so important as to warrant a special mention. It is important because it is generally the first contact with the community outside the institution and the only period when the patient, within certain limits of space and time, is free to please herself. But what does this contact with the outside world amount to? In the case of the first group described above it is doubtful whether it amounted to more than such trivialities as buying a cinema ticket or a cup of tea. In the second group it led in some cases to the formation of undesirable friendships with boys. Since normal contacts are an essential part of the training, this weekly outlet seems ineffectual. Would it not be better, where possible, to draw upon the wealth of social organisations in the neighbourhood? The trainees might be infiltrated one or two at a time into church clubs, first aid classes, Ranger

companies, youth clubs, Townswomen's Guilds, night schools, or week-end jobs. Male patients seem to be in advance in this respect. They make parole a real experience by joining clubs for football supporters, cycle racing, fishing, etc., or add to their income by doing an afternoon's gardening or car cleaning.

In the event of parole being abused by hostel patients it will always be wise to consider whether perhaps they have been given too much liberty before they have been trained to use it. The answer is not, of course, the time-honoured punishment of lost privileges. That would be on a par with forbidding a child who was bad at arithmetic to do sums. Some alternatives might be tried, such as giving the girls a series of errands to do on her parole day, sending her out in the company of someone more reliable or, since these girls are often quite responsible towards those weaker than themselves, it might be possible to make her responsible for a child or dog when she went out.

#### **SUMMARY.**

If we are to follow the national policy of speedy rehabilitation of moderately subnormal patients, there must be a complete change from the despotic regime of former days. There can be no compromise; excessive regimentation is antagonistic to self-determination. It is suggested that democratic leadership and some degree of self-government may be the answer to the problem. Such a scheme would stand or fall by the calibre of the staff. Whereas it is comparatively easy to run a unit of institutionalized patients with the support of the hospital punitive system, it would require strong and devoted leadership to establish the permissive atmosphere necessary for even the most limited form of self-government. Most important of all is the need for absolute consistency of policy amongst all members of staff concerned in the venture.