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EDITORIAL

It is informative and at the same time disheartening to watch the exercise called 'upgrading' carried out in various hospitals for the subnormal. Upgrading is undertaken to turn oldfashioned and obsolete wards into accommodation fit for the purpose they are supposed to serve. However, upgrading should not only aim at providing the minimum standard permissible by modern requirements, but also at creating facilities to encourage and support the specialised rehabilitation function of the hospital for subnormals. In other words it is not simply a matter of making the place look as good as new when it was built in 1890 but providing something better, more advanced and more progressive than could have been thought of at that time. This means that any upgrading which limits itself to plastering the walls, putting in new floors, a few washbasins and new toilets, and does away with the institutional all green or cream paint cannot be considered genuine upgrading but is more in the nature of making good the status quo. This type of alteration is simply perpetuating the old conditions, making them appear more palatable and impressive but the spirit in which they are carried out is that of the past.

The reactions of people defending this type of upgrading by stating 'you wouldn't believe the difference a few splashes of colour have made to the ward' is complacent and paternal. The comment 'these are better than I have at home' does not only reflect a certain jealousy but also the belief that the mentally subnormal person is in fact an inferior human being who deserves inferior habitation and inferior conditions of living.

There is, of course, much rationalising among the staff and those who defend the bare wall institution by stating quite bluntly 'we cannot put any flowers or plants in the wards, we cannot put any pictures on the walls, we cannot put good light fittings in the wards, they would be eaten up, they would be smashed, you don't know my patients'. This may well happen with patients who never had the experience of seeing a picture, a plant and anything out of the ordinary and who have to handle, and to investigate, to satisfy like children their natural curiosity. These things, which are a matter of course for home reared children are alien to the institution children and are of such novelty and attractiveness that a good deal of damage may occur in the initial stage when they have to explore their new and unusual surroundings. There are, it is true, a few destructive patients who can do great damage to decorations and furniture but it is wrong policy to bow to the shortcomings of a few and deprive the majority. The result of this thinking is that whole wards are locked up because a few patients might abscond, that decorations and furniture are on a strictly utilitarian level because they might be destroyed by a few and that extreme precautions are advocated in designing gadgets to make them "safe". We are repeating here in small but significant details the errors of the past when the colony was unable to carry out its rehabilitative role and to attend to the needs of the individual because life was geared to the demands of custodial care for the majority.

A recent Ministry direction on "Improving the Effectiveness of the Hospital Service for the Mentally Subnormal" states quite clearly that "the general aim of hospital care is, wherever possible, to enable the patient to return to life in the community". It continues "the development of self-confidence, self-reliance and self-respect is all important, and the extent to which this can be achieved depends on both the internal organisation of the hospital and attitude of the staff". There is no doubt that progress in the past has been considerably impeded because we have tended to under-estimate the potential of the subnormal.

At present it is difficult and often impossible to state how far the subnormal's innate capacity can be utilised and by what means this can be achieved. On the other hand there is no doubt that environmental conditions must be created to stimulate and encourage him in the same way as we create stimulating and encouraging conditions for the normal child in school and home. It is quite unbelievable that conditions which normal people do no longer tolerate at work or in their own homes because they lead to frustration, apathy and diminished drive should be perpetuated in hospitals which have a therapeutic function.

Upgrading of hospital wards must, therefore, be carried out with a view to utilising the effect of the environment on developing the self-confidence, self-reliance and self-respect of the patient. There is no need to go all out for luxury fittings, carpets and expensive curtains. Considering the modest social role which rehabilitated subnormals may just be able to carry through in the community and the need to adjust them to their inconspicuous nook, we would do them some disservice if we were to accustom them to conditions which they will not find in their lives. The middle way between luxury conditions on one side and the utilitarian unimaginative continuation of outmoded conceptions of institutional care, is found in creating areas in the hospitals where living and teaching and preparation for higher self-sufficiency are the paramount aims. This would relate to small but important items like provision of full-length mirrors which would assist in making the patient aware of herself and her ability or disability to dress, the provision of individual wardrobe accommodation to enable them to look after their clothing and under-clothing, and it would include permission to display personal belongings on bedside tables. A Procrustes bed is invariably created by planners who demand that professional staff should specify in detail their requirements for the immediate future. This is very often quite impossible because new ideas and new approaches will develop from new conditions and these cannot be anticipated until those new conditions have in fact been created. Thus much of the upgrading should be as flexible as possible and the guiding principle should be preparation for living in the community. Again little points matter—the provision of electric socket outlets—there may be at present only need for one socket outlet to use the floor polisher which has replaced the old-fashioned bumper. But in future socket outlets may be needed in the same way as there never seem to be sufficient socket outlets in the ordinary household with its increasing number of electric gadgets, and girls who are to be prepared for the community should learn to use these gadgets properly and without danger to themselves. Many progressive hospitals have provided hairdressing saloons and domestic science rooms for patients training. Useful and recommendable as this practice is, many subnormal people will not be able to afford a hairdressing saloon or the latest domestic devices. They should have practice and homely teaching by the staff in the ward how to use hair dryers and gas rings or electric kettles. Provision of one advanced unit for teaching does not do away with the need for other learning opportunities which are often much nearer to the conditions which can be expected in the community.

It is too little realised that most of the subnormals are social misfits first of all and that social training is treatment which must be carried out throughout the day by everyone in the hospital. Wards are not simply places where patients are stored until the doctor or a specialist calls for them but are part of the social learning environment which prepares patients for their return to the community.