

The British Journal of MENTAL SUBNORMALITY

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Vol. XXVI, Part 2

DECEMBER 1980

No. 51

EDITORIAL

Much of this issue of the BJMS deals with individual people, with David, John, Paul, Joe and others, rather than with "subjects" of investigations or "patients" whose treatment results are being reported. Of course the actions, responses to treatment, the progress or lack of it, have to be scientifically studied to ensure objectivity and to avoid unjustified conclusions. At the same time it becomes only too obvious that in the course of this work the individual human being tends to disappear and is replaced by a synthetic construct, whose vital measurements are made up of means, standard deviations, ranges and significant statistical differences.

This need not be, this must not be!

The first contribution in this issue deals with the development of m.h. people in changed living conditions. The article tells us about ten people and it could have been said that their average age was 48 years, that they had spent a total of 229 years in institutions which indicates an average stay of approximately 23 years - and these statistical facts are shattering enough. After their transfer to various open community placements, their social competence was measured and compared with their previous institutional performance. It is not really surprising that the new environmental opportunities offered, resulted in significant gains by the group and one could conclude that moving m.h. people from the closed community to the open one was the right step to take. This conclusion is strengthened when adding to the statistical facts the flesh and blood case paper entries and social worker's assessments.

There is, for example, Patricia who had been characterised by the institution staff as being rude, insolent, deceitful, a dreadful liar, but who changed dramatically since she moved into her own home. It may be, of course, that it needed a treatment time of 13 years to make her and other inadequate, non-conforming "patients" see the light, it may be that nature takes long over stabilising the unstable, but it may also be that new conditions in new environments may, by themselves, induce different behaviour. There are many factors of different weights and complexity which influence behaviour and it would be impossible to state with any degree of confidence whether institutional residence is a necessary factor in rehabilitation, or could have been omitted or shortened, or indeed whether it might not have made the situation worse rather than better.

Scientific investigations, even when containing irrefutable statistics (do they exist?) informing us about trends and probabilities, are not much help because they still leave us with the problem of the minorities, with people who do not quite fit into the broad band of one standard deviation above and below the mean. These exceptions tend to humble our expertise and knowledge but their very existence must force us to follow at times our hearts rather than be guided by logic and reason. Rosemary, for example, was 70 years old, Vera was 67, when they were transplanted from the security of an institutional existence which they had experienced for 32 respectively 21 years, to the unfamiliar surroundings of a bungalow in the open community. There are many professional people,

who would be genuinely disturbed by the "heartless" decision of depriving two old women of their "home," uprooting them at the end of their lives, because someone might have decided that they no longer required "hospital treatment" as such. Nevertheless, those two might enjoy their new experiences like many others, younger ones, even though this, by itself, does not "prove" that all m.h. people in institutional care should be in the open community. Nor would it "prove" anything if those two would scuttle back to the security of a closed community, as so many others have done.

These events should, however, suggest that the varieties of human nature require varieties of habitats, and this principle applies to the m.h. person to the same extent as it applies to the normal person. Even nowadays, in the age of an enlightened and progressive "Normalisation" approach, we tend only to exchange the institutional type of management - considered undesirable - for another type of management in the open community which is regarded as desirable but can not be proved to be that for all m.h. people. We thus limit ourselves once again to one specific course of action, when, in fact, we should have available a wide range of environmental opportunities - including some form of institutional life - to suit people with varying needs.

The expert's role is not to predict or invite prediction by reporting behaviour in one particular type of setting, which results in disastrous self-fulfilling prophecies. He must encourage a systematic, controlled and monitored trial and error approach to many varied situations to which an individual could be exposed. The so-called "failures," who return for little understood reasons from the "normal" world to the "abnormal" world of the institutions and whose case histories may now be full with as many negative entries by social workers as they were previously full with pessimistic entries by psychiatrists and nurses, this minority must be given a large range of choices so that they can find their niches eventually. But the experts must also, at the same time, learn to help the individual person to overcome his difficulties. This may range from giving him training in social skills to very personalised assistance in dealing with one overwhelming problem, as exemplified in this issue by the stories of Joe and Paul.

A remodelled institutional setting - perhaps under completely new management - must not be considered as a dumping-ground for failures resulting from Normalisation. It fulfills partly the role of a suitable environment for people who are unbalanced by the demands of a normal life situation, and partly that of a service station which provides that type of tuning up and repairwork which prove necessary after the mechanism has been misused by excessive wear and tear, strain and stress. Indeed, giving regular 12000 miles services where needed, preparing and fitting up for another spell in trying conditions would not be a bad role for an outward looking sheltering community. Such an institution would be an essential factor in the habilitation work without which the hit-or-miss philosophy of normalisation will not be as successful as it could be.

The task of helping in the development of the m.h. person requires more and better honed tools than we have used in the past and are liable to be content with at present. The many mistakes which have been made in institutional practices do not preclude the possibility of utilising this type of environment for active habilitation work to widen our choice of "treatment," particularly for those minorities who need more specialised help. Getting rid of all the unacceptable faces of institutionalism so as to create a guiding and developing environment for the needs of the individual person, will mean major surgery affecting concepts, staff, training etc. This must be done, if we want to avoid throwing away opportunities for helping also those individuals who do not readily respond to our well meant large scale social engineering that aims at living in the open community.