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## EDITORIAL

The term 'the least restrictive environment' is one of the latest additions to the jargon of modern mental handicap philosophy. It recognizes the utter importance of providing suitable environmental conditions to assist in furthering the development of the mentally handicapped, but admits implicitly that some restrictions are still necessary—which applies, of course, not only to the mentally handicapped but to mankind in general.

It is also argued that various organisational disposal arrangements, such as large institutions/hospitals are, by their very nature, most restrictive environments and that the best chance to establish 'least restrictive environments' for the m.h. would be in the normality of the ordinary community, in the form of small grouphomes, lodgings, etc. Most people, concerned with the dehumanizing, negative aspects of past practices, will fully agree with this thesis, which indicates a broad trend of moving away from the storage practices of: 'Out of sight, out of mind'. It opens up a wide range of new opportunities for the m.h. to find his niche among a variety of community placements. There is also no doubt, that removing him from the many restrictions imposed by institutional routine, has automatically helped him to gain new skills of independence, and if, in addition, purposeful training and education in social competence makes full use of the learning opportunities offered by life in the open community, his level of social independence might rise dramatically.

Of course, some m.h. people do not relish the requirements of ordinary, normal life and scuttle back to the protective shelter of the institution and to people, whose task it is to care for them. Other m.h. people have to be returned to institutions because their behaviour can not be tolerated and they have to be put out of circulation in the same way as deviant people in general have often to be removed from the mainstream.

It is probably correct, that many of these so called 'failures' have been so conditioned by their past life in institutions that they are simply not capable of facing up to demands, particularly when no adequate preparatory training during a transition phase has paved their way to a new life. It would be scarcely fair to cite those returnees in evidence of the unsuitability of the policy of decanting the institutional population into the open community, because we ourselves have loaded the scales against them by treatment and present hastiness and shortsightedness.

It is probably now time to stop thinking in generalities and making policy decisions on behalf of The Mentally Handicapped, but to pay instead attention to the variety of needs among individual mentally handicapped people. There are those who adjust relatively easily to new conditions and many of them take advantage of these openings. There are others who find this hard and they must be helped, energetically and purposefully, to try and try again to avoid any form of dropping out of the community. And there are others, not necessarily the most dependent of all, who, as individuals, prefer to submerge in a crowd of peers after having sampled life several times, rather than being conspicuous deviants in the crowd of normal people.

Perhaps one should consider that some, though not all normal people prefer to be together with other people with whom they have interests in common, whether this be old age, a particular infirmity, adjustment difficulties, neurotic symptoms etc. Thousands of organisations bear witness to the tremendous importance for and need of

some individuals to be members of special communities and groups which provide support and mutual relationships. These people feel at ease among people who have the same type of handicap and where they are no longer conspicuous in the vast crowd of normality.

Can we be sure that the 'normal life' into which we settle the m.h. on principle, will be 'the least restrictive environment' for some of them? Are there not enough signs that the disinterest, the intolerance, the lack of understanding, the wariness of normal people can often isolate the m.h. in grouphomes and lodgings to such an extent that new restrictions are imposed on him by the normal community?

The ordinary, normal life is meant to give normal people opportunities to select where they wish to live, with whom they establish different types of relationships, whom they accept as friends, where they shop, etc. There are restrictions in the form of finance, education, social class but, nevertheless, there is still a wide choice available. yet, we are not really applying the same principles to m.h. *individuals*, because we only offer *our* normality to the m.h. in general and separate m.h. individuals from *their* normality.

Having said this and emphasizing, once again, that a broad policy of normalization to provide the least restrictive environment for the development of the m.h. is the correct direction to be taken, one must, nevertheless, hesitate to apply this principle to all and sundry, disregarding entirely individual needs. Evaluative studies—such as those contained in this issue—direct attention to the human consequences of a policy which arose from compassion and guilt and pressed for the creation of living standards for the m.h. which were not to differ substantially from those enjoyed in the open community. The statistical studies present often findings which sound a note of caution. Successes and failures of the new policy suggest that it does not necessarily provide always as fertile a soil for development as one would have hoped. Indeed, important ethical problems will have to be solved by the profession. How far are we entitled to press home our policy of encouraging the m.h. to become independent though many of them become very conspicuously unhappy as a result? If there are individuals, who can not cope with the open community (despite clubs for the m.h. to visit after working hours, etc.) and who require the shelter, the haven of the asylum, the institution which many of us regard as obsolescent, ready for demolition, should it not be necessary to provide for them in this traditional form? On the other hand, if we were to accept the need to add suitably modified institutions to our range of residential accommodation for the m.h. are we not opening the gates to a flood of refugees from the community, who have given in at the first crisis because we have omitted the necessary preparatory training or have skimped it? We must be careful and avoid the risk of making the institutions once again the disposal dump for all those, who have not succeeded at once, who have not adjusted readily, who have not responded to our pretensions of giving training for life in the community.

Nevertheless, a human being has the right to receive comfort and support by living in a community among other people with whom he feels at home. Inducing him to live in group homes and hostels will, one hopes, be very acceptable to most, but it must not provide a restrictive environment for those few who are genuinely not able to cope with our normality.

Nothing said above suggests that the institution gates should once more be opened to receive crowds of mentally handicapped people licking their superficial bruises and scratches, received in brief encounters with normality. On the contrary, applying for admission to the protection of an institutional set-up should become a most difficult and arduous task for the community authorities who have to prove that they have tried in various different ways to settle a particular m.h. person in the community. The institution, the colony, the village must certainly not become the easy way for disposing of a problem by removing it—ever so nicely—once more out of the way. But it must be accepted that there are individuals—who happen also to be mentally handicapped—who can not and will not thrive in the least restrictive environment of ordinary, normal life.