

# The British Journal of MENTAL SUBNORMALITY

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Vol. XXIX, Part 1

JUNE, 1983

No. 56

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## EDITORIAL

It is nowadays quite a frequent event for the national press, radio, television and Sunday papers to burst forth with detailed accounts of distressing management and treatment practices meted out to the old, the physically and mentally handicapped, which, if true or only partly true, give serious and justified concern for the fate of those who are unable to escape the coercive situations of some kind of institutionalization. Subsequent investigations reveal only too often that many of the accusations are justified and that drastic changes will have to take place.

Some of these accusations imply that all those practices they object to, are due to neglect, misuse of authority, disregard of human values and inhumanity. The possibility that certain practices might be the outcome of new and different ways of dealing with the vexing problems of handicap is never considered. Though people know that remediation of an unbalancing condition is seldom pleasant and rarely without disturbance to the person under treatment, the media and the general public do not consider that such methods with their side effects might also occur in course of carefully planned remedial measures for developing the mentally handicapped person. Does this attitude perhaps suggest that neither the press nor the public really believe in the possibility of "treatment" for the mentally handicapped and accept that making his life comfortable and happy is all what is on offer for him?

Many people, who work in this field, pursue various forms of "treatment" because they are aware that the traditional methods of "care" have not been very successful. They believe, with the parents and relatives of those handicapped people, in the "right to treatment" yet many treatments have, of necessity, to be exploratory and novel, and will often deviate quite markedly from the accepted, traditional and largely ineffective ways of coping with the situation. Of course, safeguards have to be found and ethical standards have to be defined to prevent that indefensible practices and experiments with human beings are camouflaged as scientific treatments. There are, however, approaches to rendering more effective assistance where it would be well worthwhile if critics were to obtain more information about the rationale used rather than to over-react with charges of cruelty and neglect.

Two types of emotional statements are seen quite often: "depriving patients of food" and making them carry out "menial work". Of course, referring to a "patient" — simply because mentally handicapped people are still accommodated within a hospital framework — is guaranteed to rally everyone to the defence of the helpless sick. Parents, who send a child: "upstairs, without your pudding" because of some misdemeanour are scarcely pilloried in the media for starving their offspring, and excluding such a normal procedure in the cases of those handicapped people who can appreciate the "cause and effect" relationship, means only, once again, emphasizing the assumption of abnormality as far as the general

public is concerned. "Menial work" is part and parcel of every housewife's daily routine. If the "right to treatment" means to assist a handicapped person to participate in normal life, there is certainly no reason to exclude menial work from the domestic life skills which every able bodied person should acquire so as to live the lives of most of us, who have not attained millionaire status.

There is a widespread fiction that relevant treatment and training can only be dished out by people with qualifications, working in specified locations at specified times when it is referred to as "therapy". These "therapeutic activities" tend to dominate the lives of handicapped people — at least in institutions proud of their progressive work — and relegate the ordinary, homely, personal activities and interests of normal life to neglected corners outside the "programme". What prize "Normalization"? The "patient", having spent the best time of the day in "therapeutic activities" — which, by now, have deteriorated into monotonous, uninspiring microactivities at assembly lines — returns so "exhausted" to his "home" that he would be unable to live in it, unless it has been cleaned and prepared by paid staff. Thus he is being deprived of establishing a close and personal relationship to his home, which is, for many normal people, the shelter where they can develop as individuals. Too often those in charge are aware that introducing the sharing out of domestic chores among "patients" will be considered by onlookers as "exploitation" even though it may provide the basis for a supportive family life, and they are therefore content to organize a kind of hotel where people are put up comfortably before being called up for the next therapy session.

Many professional workers feel that the mentally handicapped person has been deprived far too long of nutriment obtainable through the warmth of an ordinary home-environment with its ups and downs, domestic crises and pleasures, and that all therapies in the world will not overcome that under-nourishment. Their attempts to add new dimensions to the therapeutic approach by introducing normal ordinary domestic living into the lives of the handicapped, must be judged by the sensitivity with which such situations are manipulated to establish relationships to persons and objects, and not whether they try to posture as "Therapy".

Much of the misinterpretation of unassuming attempts to balance our assistance for the mentally handicapped person is due to our failure to disseminate more complex knowledge of the nature of the problems we are faced with. Having reduced the general public's awareness to a level where they appreciate that mentally handicapped people need *care*, that the care of large institutions is not adequate but that care given in small community placed units might be more satisfactory, knowledge relating to the *treatment* of specific conditions is pitifully slender. If all that is required is care then most of the accusations are probably quite in order. If what is required is treatment, then a far more informed criticism must be encouraged. In the same way as the public is becoming aware that medical treatment involves controversial approaches, which have to be tried out in practice, that educational work likewise has to deal with various issues in *different, experimental* ways, the public must also accept that the right to treatment in the case of the mentally handicapped person does not consist merely of closing down large institutions and transferring the problems to small units in the community. By over-simplifying the issues we are really inviting over-simplified reactions to our work.