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EDITORIAL

It is noticeable that there is a marked slowing down in the rate of decanting the populations of m.h. hospitals into the community and even more in the rate of their full integration. It is probable that this progress will be even slower in future. Whether this is due to a lack of funds, to the unfavourable socio-economic climate, to the shortage of suitable staff and accommodation could be argued ad infinitum and it would be more in the interests of the M.H. to use this temporary slow-down for working out other issues than how to shift him from A to B.

It has become abundantly clear that the community's compassion for the deprived institutionalized M.H. decreases fast once he is about to become the immediate neighbour in a community group-home. To expect that the community at large would change its traditional suspicion of anything or anyone that does not conform to a traditional standard of normality, was one of the fundamental errors of a hasty deinstitutionalizing policy. This had, in many ways, become a political issue, carried by emotion and sentiment, and rested on the only too often justified notion that getting the M.H. out of the dehumanizing institutional stranglehold must be achieved at any price.

There were, of course, many who were well aware of the problems created quite unnecessarily by the rapid discharge of large numbers of totally dependent people who deviated markedly in appearance and behaviour from other members of the community. The pleas for a gradual discharge of m.h. people, *after* they had been adequately prepared for the new situations they were to face, went unheeded since there was, and still is, a widespread belief that mere exposure to normal ways of living would automatically induce learning processes which would overcome most adjustment difficulties.

The consequences of these ill-timed migratory movements of substantial numbers of people into hotels, lodgings, private houses, and the handing over of responsibilities to unprepared and badly stretched social services are by now well known and need not detailed descriptions. Left to themselves, unoccupied, lonely and completely naive in the ways of the world, many of these m.h. people suffered much unnecessary emotional insecurity and not a few knocked again for admission at the doors of their old institutions. Others vegetated in hastily prepared dayrooms of accommodation in the community not much different in physical quality from those they had known in institutions. Of course, there were many who enjoyed a never before experienced luxury in new purpose built places, and most important of all, new admissions to institutions have decreased markedly. Generally speaking, there were those who were lucky and there were others who were not so lucky — when, in fact, all of them should have been lucky as the intention was.

No doubt, some administrative solution will emerge eventually which, whilst not completely satisfactory, will represent a considerable step forward in the provisions for m.h. people. Yet even after many rather unnecessary problems of where and how to live have been sorted out, doubts must remain whether these new arrangements are effective in reducing the size and impact of the handicap on the person himself.

Both, institutions and community provisions have pioneered and established apparently reasonably efficient techniques for teaching vocational and social skills. They have con-

centrated on targets, the very usefulness of which makes them obvious and popular choices — e.g. self-help-, communication-, social- and vocational skills. Competence in these techniques, leading to creditable and much applauded performances serve the M.H. well enough in standardised situations. No thought, no time, however, have been given to introducing the M.H. to novel situations, less circumscribed and more demanding than living and working in sheltered conditions. Working and living in the ordinary community requires more than drifting along in carefully prepared grooves because people have to make decisions, have to initiate actions, have to select and choose, have to face disappointments and frustrations, have to face aggression and rejection, have to strive for short term goals, have to gain personal satisfaction and much else in daily life. The need for making these vulnerable people less dependent and less acquiescent to exploiting demands, by giving them reasonable competence in personal skills, as well as social and vocational skills, will become more pressing when working hours contract and leisure time expands in future. Unless we are ready with augmenting the vocational and social training programmes, by introducing heavily emphasized personal training programmes, there is no hope for arranging anything else for the M.H. in future than high quality permanent sheltering conditions.

This is the time for reconsidering the efficacy of our present two-dimensional approach to reducing the effects of handicap on the adult person involved. On one hand a large proportion of time is set aside for work in its various forms of employment, occupational and vocational activities, and here training and learning taking place in an atmosphere of productivity, pressure, and having associations with employment, wages, recognition, etc. is directly goal-directed, systematic and demanding. On the other hand, the remaining time — after work — has to provide for relaxation and perhaps for domestic chores, for hobbies and crafts, and whatever training and learning of social skills takes place during that period, it is carried out in a more leisurely atmosphere, is less demanding and is less programmed. Its impact on the m.h. adult is likely to be reduced in effectiveness because so much of the learning is haphazard and isolated. But if to these vocational-social dimensions a third dimension is to be added — a personal training programme — which furthers the direct development of personal attributes, this must not be squeezed in as an 'extra' (one hour once a fortnight) but must receive at least as much attention in programme building, goal setting, methodology and techniques as has been given to vocational and some social training, because so far nothing has been done in that direction in the past and so much more is needed to truly reduce the handicap.

Somewhere experimentation and careful evaluation must be arranged to evolve a novel three-dimensional approach to the development of the M.H. This may well mean that the time given over to industrial training, to assembly work and other vocational learning will have to be reduced substantially to make room for evolving in practical situations a programme aiming at furthering qualities of greater self-confidence, insight, assertiveness, judgment, discretion, motivation, initiative, etc. We do not know how much scope there is in that direction but we do know that these qualities have never had a chance to evolve, partly on account of our own single-minded pursuit of vocational and social objectives. In the end a balance of techniques and approaches will have to be found which will provide the best possible conditions for developing a person, who, despite his handicaps, will then be a much more competent personality, capable of participating in life on his level, rather than to remain a person whose potential has never been fully realized because we desisted too early from further efforts after having dealt with the obvious and relatively easy targets of habilitation.

We must not deceive ourselves and avoid this additional very demanding task, by expecting that simply living in normal conditions will produce the miracle of integration. New quite unexplored and uncharted regions have to be tackled as the major task of the future and we must not settle down already now quite contentedly in the feeling of having achieved nearly everything that is achievable.