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EDITORIAL

There exists nowadays a wider range of good quality provisions for supporting mentally handicapped persons than there has ever been before. In the past the best solution to the problem was limited to dressing, feeding, housing and occupying them in clean institutional surroundings though even this peak of bare cleanliness was achieved in only a few instances whilst the majority was stored in inhuman and evil conditions. At present we have not only many peaks of different kinds of housing provisions but also more of them for a considerably larger number of deinstitutionalized people. There is an impressive diversification in sheer creature comfort which suggests that the wide variety of normal life situations begins to be felt even in areas which tend to be very subjected to standardized management. We see, for example, many individual touches in living areas where flowers and plants, pictures, knick-knacks, curtains and cushions are often met in abundance and where the more private territories of bedrooms reflect the normality of the personal lifestyle of their inhabitants to such a degree that only the bed itself is the link with the bare necessities of past practices. Though one meets occasionally still the Spartan simplicity of provisions limited to essentials without frills, there is no doubt that the attitude it reflects is becoming obsolete and will die a natural death when the last bastions of traditional practices are pensioned off. It is not too early to state confidently that the battle for decent provisions has been won and that any remaining pockets of resistance will be wiped out in due course.

Of course one has to admit, that the creation of acceptable 'normal' living conditions was the easiest problem to solve, even though it meant expenditure of much money, creation of new administrative measures, training of new staff, tackling of public relationships in the community, etc. because no one could seriously deny that the conditions of caring simply had to change — radically. The unavoidable consequences of these 'normal' approaches were either not realized or put aside for the time being, e.g. that a mentally handicapped dared to insist on his opinions, that he questioned the necessity of many rules, that he queried the rights of authority, that he wanted his privacy, the freedom of not having to account for every minute of his day, his own money, his personal friends and his sexual relationships and much else. These are problem areas which stand now in the foreground of discussion — to which may be added other topics not necessarily of primary interest to the mentally handicapped, e.g. the right to vote.

There is little doubt that a younger generation of care providers feels very strongly that these problem areas are the result of m.h. citizens being rejected, devalued and denied rights, which 'normal' people enjoy as a matter of course.

It is also noticeable that there is much haste and energetic pressure in an attempt to effect a breakthrough and to give the m.h. adult full citizens' rights tomorrow rather than the day after. These efforts, originating from a sense of justice and fairness, show the full impetuosity of crusaders in the face of the powers of an entrenched opposition, but may nevertheless do little good to those to be rescued unless the issue of 'rights' is tackled in its entirety.

As we all have seen, the overhasty caving in of institutionalism in the face of concerted attacks led to thousands of dependent people being deprived of their accustomed care and attention — poor as that may have been — by being turfed out into an insensitive community with which they could not cope. True it has sorted itself out but not without many unnecessary hurts and wounds being inflicted which could easily have been avoided by adequate preparation for a relatively independent life.

Such lessons should be absorbed and applied to many other issues. Of course it is right to insist on giving m.h. adults those rights which other people normally enjoy. Yet, one must not forget that those people have been prepared through many years of childhood learning for the time of responsibility when they are expected to exercise their adult citizens' rights. We, the care givers have so far completely neglected to give the m.h. adult those years of preparation for responsibility and must not try to push him out into normal adult situations as long as his childhood experiences have not grown out of the baby-stage.

Even if one disregards for the moment the very real and irremediable consequences of a mental impairment and wishes only to create conditions which rectify a situation which offends by its manifest unfairness, the sudden change from utter dependence to independence, from a state where decisions are made for a person to a state when he himself is called upon to make decisions, from a situation where responsibility is shouldered by others to a situation when he himself has to shoulder responsibility, can have disastrous results. The abrupt exposure to rights and ignorance of the responsibilities which go with them is bound to lead to emotional conflicts and disturbing situations, e.g. intimate relations with the opposite sex. We in fact demand more from the m.h. person than from a normal person. Why do we give a normal child 16, 17 or more years preparation before permitting him to exercise citizens' rights, but fail to give the same preparation to the mentally handicapped?

The answer is simple: once again the glamour of rectifying injustices of the past overrides the need for personal development. It takes years of carefully aimed education to add personal growth to the techniques and skills acquired in social education programmes and work placements.

A mentally handicapped person will have better opportunities for personal growth when he himself gives help to others, when other people rely on him, even depend on him and not when he is the receiver of charities at the end of a queue as is only too often the case. Mentally handicapped people who are conditioned by their caring environment to expect assistance as a right will only then develop a new justified self-assurance and the confidence of an accepted member of the community if they themselves are put in a position where they also give at times rather than receive all the time.

(contd. p.62)