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## EDITORIAL

It is well known that B. Nirje, N. Bank-Mikkelsen, K. Grunewald in Scandinavia, and later W. Wolfensberger in Canada and the USA concentrated public and professional attention on the morality and merits of deinstitutionalization. Yet, the initiative in advocating ordinary environments as a major factor in alleviating and even eradicating the problems of mental handicap to some extent, had been taken some years before in 1962 by President Kennedy's Panel which proposed a programme for national action to combat mental retardation. The Panel stated that it was society's special responsibility to persons "with extraordinary needs" to, first, "permit and actually foster the development of their maximum capacity" and, secondly "to provide some accommodation or adjustment in our society for those disabilities which cannot be overcome".

Whilst subsequent events have certainly moved quite fast and even more radically in the direction indicated by the second demand, there can be some justified doubt whether the "development of their maximum capacity" by actually **fostering** as demanded in the 1960s has been met with in the 1980s. Permitted, yes, but fostering? Fostering in the sense of actively and deliberately pursuing defined goals to achieve at least a reasonable competence – on this issue, evidence suggests we are lagging far behind the material advances we have obtained for mentally handicapped people. There are, of course, integrated schooling approaches, the provision of a varied diet of stimulating events and encounters, e.g. organised visits to museums and concerts, excursions, holidays abroad, etc., but they can scarcely be substitutes for aimed developmental programmes to foster under-functioning abilities.

The neglect of deliberate fostering – apart from a few professional "experiments" – is partly due to a mistaken belief that a major breakthrough into the community will, by itself, be sufficient to automatically encourage mental and social growth, but may also be partly due to an uneasy avoidance of certain difficult and problematic areas of decision making. This seems to be indicated by any review of the numerous literature of organisations which act purely out of humanitarian, ethical and personal motives rather than professional, scientific interests. The overwhelming majority of these articles, discussions, pronouncements etc., do not deal with **fostering** but nearly exclusively with the various issues associated with giving citizens' rights also to people with a mental handicap. The underlying strength of these pressure groups derives from parents and relations who are capable of moving mountains to ensure for their m.h. children the best normal living when they themselves will no longer be able to look after them. In pursuance of these aims they have fought hard and mostly successfully for obtaining from the state various rights and privileges, which discriminate in favour of m.h.

citizens or ensure for them the same treatment as for other handicapped citizens, e.g. extra allowances, assistance, pensions, reductions, etc. As a result m.h. people in many countries share now the various preferential arrangements which are claimed as a right by people with other handicaps, whether they are physically disabled or senior citizens. In hard financial terms, the increasing obligations of the state towards the needy means an increasing financial expenditure. This is generally being tackled by giving assistance in proportion to the kind or degree of handicap. And here is the dilemma: if a deliberate fostering to maximum capacity were indeed to succeed in increasing a m.h. person's capabilities to some extent, it could result in reducing the amount of assistance rendered by the state, and a m.h. person and those who care for him, may financially and in other respects be worse off as a result of an improvement in functioning which might, after all, fluctuate or only be temporary. Of course a dependent person must receive by right as much assistance as he is entitled to and therefore a means test of dependence which can take away some or much assistance must be adjusted to deal flexibly with the ups and downs of a habilitation process.

Does the absence of such flexibility perhaps account for a certain wariness in approaching the findings of research suggesting – but not guaranteeing – improvements in independence following careful training, yet not promising a permanent "cure"? Could it be, that those most concerned with the future of Tom and Ann cannot really believe that Tom and Ann could achieve better functioning despite the disappointing results of the past? Could it be, that it is felt, that a prolonged systematic education and training programme demands too much from Tom and Ann and is not worth the extra effort, sweat and stress for all concerned? Could it be, that opting for immediate, concrete and permanent financial gains and services, achievable by political pressure, is preferable to the speculative possibilities of educational approaches which may have succeeded elsewhere but may not have much chance with other Toms and Anns? Could it be, that the certainty of material achievements and rights must not be risked by embarking on a deliberate policy of exposing a m.h. adult to competition on account of small improvements in social competence? Could it be, that a combination of all these powerful feelings has resulted in concentrating scientific and professional attention on the very necessary, but certainly not all exclusive task of improving the situation of m.h. people in general and in detracting attention away from fostering a m.h. person's individual development? In such a climate the scientific contribution will deal more and more with service delivery, with the criteria for adequate provisions, with suitable staff training, public relations, administrative technicalities, etc., in other words with the extent of the quantity and quality of mechanisms ensuring that **passive recipients** are being served well, and less and less with a m.h. person's abilities to become an accepted **active participant** in the community.

One cannot but be concerned that progress in the m.h. field becomes more and more lopsided. Those two aspects in furthering the m.h. person's interests, so clearly described by the President's Panel require a well co-ordinated move forward on a broad front. Instead, efforts have not only focused on one aspect alone, but there is a real danger that the other aspect is not only neglected but avoided altogether. It can only be hoped, that once the enthusiastic advance has succeeded in consolidating the, so to speak, territorial rights of m.h. citizens in the community, there may be eventually the realisation that **physical integration** alone, even in optimal conditions, will still be an unsatisfactory answer to a person's emotional needs and there will then be a swing to that fostering of competence, independence and self-assertiveness which are essential for **social integration** and which are being neglected at present.