

WHAT DOES JOHN DO NOW?

Meet John Smith. He's twenty-seven years old and a dishwasher in a local cafeteria. John was the second child, his sister being five years older, born to Mr. and Mrs. Harry Smith. They married at the start of the war, before Mr. Smith went off in 1940 to fight for his country. When they sent him back from the front in 1945, he got a job as a teller in the local post office and he is still working there now. John was born a year later - a fairly joyous occasion in the Smith household. John went to the neighbourhood school where Miss Jones, of 4C, remembers him as a quiet boy whose marks, as she put it, 'were in the lower half of the class'. 'Oh yes' she added 'he did not seem to have many friends.' The other teachers would probably have given the same description if they could have remembered John. Miss Jones is still teaching 4C but the school is moving into a new building this autumn. John did not get on with his family; his sister always put him down, with the tacit consent of her mother who always complained that John was untidy and would never grow up to be anything, just like his father. His father, Mr. Smith, was a weak man who spent most of his evenings in the local pub getting drunk and then coming home and taking it out on John. It seems to be the same now, but John and his sister are no longer there and Mrs. Smith is on heavy tranquillisers.

At sixteen, John left home and got a room on Dover St. plus a job in a warehouse fetching goods from shelves. The money was more than he had ever received and Mr. Freeman remembers him as a pretty good worker at the start, but later he got a bit negligent. 'Wasn't a very talkative lad for the two years he worked here. Just got up and quit one day.'

Nobody knows what happened to John between the ages of 18 and 21; it is thought that he travelled a bit; his family received a postcard from a city on the other side of the country, but otherwise it is a big mystery as to what happened. Since he returned to the city, John has lived in several rooms, most landladies describing him as untidy and a recluse. As Mrs. Simpson, in whose place he lived for six months, put it, 'I didn't like him; sometimes drank, you know. His room was so messy, you know, and he never cared what he looked like. Would spend hours, sometimes days in his room. No, I don't remember his ever having visitors.' She also remembered his having quite a few 'disgusting' magazines lying around. Last March, while he was working as a shoe salesman, John met Susan, but after two months it just dissolved between them. From that time on, John

would go into long periods of staring in front of himself and at his new job as a dishwasher was not as effective as he could be and the manager had to push him.

On talking to John about himself, one would hear that he doesn't care about himself and everybody wants him dead (fits of laughter). He seldom feels very much, sometimes there is a great heaviness, but usually it is an experience of nothingness. With the hollowness he gets very bad headaches all over his head and they can go on for days.

That is the background for John. It is the kind of universal background which fits many people who are diagnosed as 'mentally ill'. He could be psychotic, paranoid, completely withdrawn in some depressive state, or maybe even suicidal. Alcoholism could be his problem, or some kind of sexual perversion such as rape or child molestation. Now try to understand and feel what John has gone through; the kind of subjective experiences and perceptions which he must have; the loneliness, the withdrawal, the fear of communication with other people; the feeling of nothingness; the complete despair that he will never be able to experience joy, happiness and relationships with other human beings. He feels that people hate him and have rejected him and the real sad part is that the perceptions of his situation are based far more on truth than fantasy. Whatever label one could attach to John, one would have to say that he needs help, and lots of it.

Now I would like to look at how John would be helped in this day of ours. The most probable thing which would happen to him is that he could arrive at admitting, either by himself or brought in by police, at a mental hospital where a doctor would interview him and then attach some diagnostic label, with instructions that he should be given so much Librium, Valium or any other such wonder drug. The doctors would then decide with some consultation with the nursing staff, what therapy John would receive during his stay at the hospital. His medication would be prescribed and if John is unlucky he could be on Largactil, which completely suppresses any inner energy he could have, or Lithium carbonate, which may not help his depressive state but is guaranteed to raise havoc in the kidneys. This medication will be taken anything up to four times daily and nobody will explain to him what it is or what it does, except that 'it will help you'. If he has more bad luck, John may be subjected to electro-therapy - E.T. for short. It used to be known as E.C.T. (electro-convulsive-therapy) but due to the fact that the patient is suitably drugged beforehand, he does not convulse and John could feel even more privileged, for his hospital may have a portable unit for on-the-ward use. John will also have to take part in group therapy, where people sit around in a circle and one person, whom John sees as one of those people who live in those big houses in that neighbourhood he had to

go through when he was fourteen on the way to hospital for those special blood tests, this person asks everybody how they feel. Eventually John's turn comes and he wants to tell him all about himself; finally, for the first time in a very long time, someone will listen, so he starts; but the man keeps interrupting and saying that is not the way it is and John must realise that he is sick. John did not know that he was sick. Some of the patients listen to what John has to say, but none of the staff - and they control the group. John's hopes having been built up for some kind of help are dashed and he starts to cry. The staff seem fairly happy about this, for they feel that John finally realises that there is something wrong with him. Over the next three weeks John begins to feel better; the drugs do not make him feel as groggy as they used to and talking to some of the other patients in the ward builds him up a bit. He is ready for discharge, but while confined he lost his job and his landlady refused to hold his room for him. John leaving the hospital is worse off than when he came in. The hospital, with all its cruelty, is the only security he has; the other patients his only friends. Maybe it is not worth looking for another job, another claustrophobic room with a landlord who dislikes him. Some hospitals have people who may help him procure a room and find gainful employment and, until then, welfare will help keep him alive, but somehow nothing in John's life has changed except for those drugs which he can take and become completely oblivious to what is happening around him.

Maybe John will be able to go to a psychiatrist, but not psychoanalysis or sophisticated group therapy, for they are a rich man's privilege. On arriving at the psychiatrist's office, a pretty secretary asks John to sit in the waiting room. There are several magazines in the room; he picks one up: 'The Economist'. John has never heard of 'The Economist' and anyway it does not look very interesting. Dr. Cain comes and asks John to follow him into a large office with lots of books with long complicated titles. John is asked how he feels and to say something about himself. The doctor seems to be very interested about John's parents and sister, but John does not see what they have got to do with him; he has not seen them for several years. The doctor ask all sorts of difficult questions, using lots of words John does not understand. He asked what they meant at first, but then it did not seem worth it. Slightly inhuman and cold the doctor is and he does not understand John's feelings. John starts to talk about his room and landlady, something important to John, but the doctor says that the hour is up and will have to continue next week.

Not all psychiatrists are alike; maybe John would have a psychotherapist who is a true Rogerian and the situation may look slightly different. 'He's a nice man' thinks John, 'Did not tell me that I was sick or that he knew what I really needed. He understood what I talked about; I can talk to him.' It may not have too much to do with John's environment, but at

least for one hour a week he has for the first time in a long time a friend, somebody who will not look down on him. But somehow that is not enough, for it does not make washing dishes or smelling people's feet any nicer; the pushy landlords and all those people he sees day after day, who do not give a damn about 'that weed', are still there; the loneliness is still there. What John needs is some friends; somebody to talk to; somebody to go places with; somebody to sleep with; somebody who is kind and accepting; a way of life which is meaningful - and, how is the present type of psychotherapy giving that.

Where do we go from here? I really as yet do not know. If John came to me I know that to help him I would have to become his friend and my home his home. I know a person who owns a house and as lodgers she has ten 'patients' whose state could easily be described as 'acutely retrogressed', and for these ten she is a mother, sister, friend, housekeeper, laundress and therapist and she has performed wonders for people no one else could help. This is the type of place John needs, where he could have both a lot of love and a say in how things are done; here he would have the freedom to do what he really feels like doing. In this house there would be intense house meetings which would deal with anything from house procedures to deep personal problems. But how many people are there who have the beauty of spirit and dedication to give their own lives to help people in such a way? And still somehow the society which rejected John in the first place does not change.

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THE PORNOGRAPHY BANDWAGON

even if the evidence were valid - what about Nixon and the Gorbals?

In his recent article - *The Effects of Violence and Sex in Culture* (SELF AND SOCIETY, May 1973) David Holbrook cited Christopher Chataway's reported statement that 'there is not a shred of evidence that the showing of violence on television is *responsible* for violence in the young'. He blurred this into the more ambiguous statement that 'there is no evidence of *harm* from the depiction of sex, on the screen' (in his picture of what he calls 'the *progressive dogma*') before producing his 'refutation' of both these statements. In this he stated that 'there is, in fact, evidence that sex and violence on the screen do have *some* effect on behaviour in *some* circumstances' (my italics) without apparently realising the difference between 'responsibility' and 'some effect' or the possible limiting force of that modifying 'some'.