Anne Coghill

Radical Processes in a Hospital Setting

In the discussion that followed a showing of 'Asylum', the film of one of the therapeutic communities established by Dr. R.D. Laing, there was a tendency to see ordinary mental hospitals in contrast as custodial places in which physical treatments such as drugs and electro-convulsive therapy, (E.C.T.) are used extensively. Although this may be true of many hospitals, I would like to record my experience of a hospital which attempted in the late 1950's to radicalise itself, by turning itself into a therapeutic community.

It was a large hospital and was run when I joined it (as organiser of educational and social activities) on traditional authoritarian lines. My appointment was the first step in the process of radicalisation in that I was asked to organise a social club which was to be run by the patients themselves. This created tensions in the ward because the patients were treated in the social club and on the committee as responsible adults, but, in their relations with the staff, they remained irresponsible children. The fact that I was not in uniform and was outside the hospital hierarchy, encouraged the patients to confide in me and, in whispered conversations in the corner of wards, they would tell me of their despair at the advice of some of the more elderly staff to: 'Pull yourself together' and of other misunderstandings with members of the staff.

The task of the junior nursing staff was to distract the patients from their problems by getting them interested in the classes in crafts that were taken by the occupational therapists, or in those in music, drama, dancing and so on for which I was responsible.

The establishment of a therapeutic community involved, on the staff level, the opening of commumications both up and down the hierarchy and a much closer involvement of the non-medical staff in the treatment of patients. For patients, it meant the opening, i.e. the unlocking of wards and in the mixing of the sexes on all but the most disturbed wards. These changes created a good deal of anxiety among staff members. Consequently, for one year before the change-over discussions were held with the staff at every level at which they were encouraged to express their fears and put forward ideas. Those staff who still felt at the end of the year, that they could not accept the new approach, were moved to wards which remain unchanged, such as the geriatric wards.

Once the wards were opened, daily ward meetings took place, in which staff and patients could speak freely about the problems encountered on the ward. It took some time for the patients to be confident enough to voice their grievances but, once they had begun, it was interesting to see how quickly minor disputes (such as where women patients should dry their 'smalls') which had become endemic in the psycho-neurotic unit under the old regime, were settled once and for all in a matter of minutes. Each ward meeting was followed by a staff meeting so that any difficulties raised in the first meeting could be dealt with. Junior nursing staff were encouraged to play an active

part in the discussions. Psycho-therapy groups were run by the medical staff several times a week, with small groups of patients.

Changes took place in the organisation of the social club in the villa for psycho-neurotic patients. Running the social club by means of a committee, although democratic, involved only the more active patients in the planning activities. In order to involve all the patients, the villa was divided into three groups, meeting once a week and each group being responsible for organising an evening's activities. Members could discuss any diffilcuties they had in mixing socially.

At the end of the first year of the therapeutic community, certain changes became apparent. Among the patients on the open wards, their was a marked decline in disturbed behaviour due to the less authoritarian attitude of the staff and to the fact that, in the ward meetings, patients could ask the staff to explain the reasons for their actions and could suggest alterations in ward administration. Rigid rules were relaxed; patients were regarded as adults who were responsible enough to make themselves a cup of tea when they wanted one or to take a bath. I was relieved to find that I was no longer the recipient of desperate confidences.

On the staff level, increased communication led to more relaxed relationships through-out the hospital and to a greater appreciation of other's roles. For example, the burden of responsibility carried by the medical staff was fully acknowledged when patients committed suicide, but it also brought into the open rivalries between groups of staff such as nurses and occupational therapists, and meetings were held to explore and hopefully, to reduce these.

My work was carried out mainly among the psycho-neurotic patients so it was here that I was able to observe the changing attitudes of the nursing staff in more detail. Instead of regarding emotional upsets as events to be disregarded and trying to 'cheer them up', the nurses now encouraged the patients to discuss their feelings and express them openly; where the nurses were keen to do so, they were allowed to run groups of their own and thus gain experience in the therapeutic skills that had previously been considered the domain of the medical staff, although the character of the group remained distinct because of the more intimate contact that the nurses had with the patients. In many ways, this closer contact added to the nurses' difficulties in running groups. Consequently, nurses were encouraged to increase their understanding of the ways in which patients might identify them unconsciously with people from their own background or alternatively, the nurse's own tendencies to identify with the roles the patients were forcing them to play. Their job thus became a more skilled and therefore a more satisfying one.

Throughout much of the hospital and certainly in the psycho-neurotic unit, all drugs and physical treatments were withdrawn and the patients were encouraged to take responsibility for themselves. This meant in some cases, that recovery was slower; there were no over-night changes of heavily depressed women into cheerful if forgetful people after a series of electric convulsive therapy (ECT). Instead, they had the chance

to become aware of their conflicts rather than supressing them, which in many cases, led to further breakdown.

Looking back on these changes now, I can see that, though revolutionary then, they were in fact only the first step, since therapy remained largely on the verbal level. Understanding among both staff and patients increased but insights and understanding are only half the picture. Mental breakdown was still seen as an illness rather than as a crisis in a continuous process of emotional growth. This was vividly illustrated by a woman of fifty three who entered hospital in a disturbed state. She was sent to me with a note describing her as deteriorating rapidly but wanting something to occupy her mind. She began to paint and, over a long period, developed a striking talent although she had never painted before. She was finally able to leave hospital.

The resolution of early conflicts which is central to personality growth, can only occur where childhood pain and rage are re-experienced in the present over and over again, at the different levels of accumulated experience. The more relaxed atmosphere of the theraputic community enabled the patients to express their feelings verbally thus reducing the intensity of their symptoms and enabling them to return to the outside world but an introduction to the techniques of the Human Potential Movement would have helped the patients to express a deeper level of feeling at the same time as it would have given them some idea of the relationship of their breakdown to the natural tendency towards wholeness. It would aslo have provided them with techniques which they could have used to continue working on their problems after their discharge from hospital.

Reference

Denis V. Martin. *'Adventure in Psychiatry'* Bruno Cassirer, Oxford, 1962.

A Cure for Cancer and a Way of Life

Not to mention curing kidney problems by outlining the ear with a lighted cigarette. Professor Michio Kushi's recent seminars at the Community Health Centre in Old Street may have seemed in some respects way out but taken as a whole, he offers an extremely convincing and extremely relevant body of knowledge for present day living.

The starting point is the Oriental philosophy of the essential polarity of life, of the complementary nature of opposites - hot and cold, black and white, up and down, male and female. This concept they simplify by fusing together all opposites into major polarities - Yang and Yin - using this simple but powerful concept to categorize and deal with the whole of life - elements, chemicals, food, disease, individual personality differences, physical organs and in fact the whole of evolution. It is a philosophy that says that there is nothing in the world but energy. Fifty years ago Western science quite properly laughed it to scorn since they could prove that there were solid unmoving lumps of matter which they had in their cleverness broken down to the basic building blocks - atoms, the smallest possible piece of matter. Nuclear