A willingness to be

When a report of a mental hospital enquiry is published, the public is all too ready to read another side to the story of the Farleigh Report and decide that only through these efforts can we learn more about the problems of our large mental hospitals.

(The joint writers of this article first met after the Farleigh Enquiry (1970). Their close association during the succeeding period has led to the present project. The description is written from two points of view: that of a member of staff at Farleigh, whose ideas inspired the growing support of outsiders; and that of a technical college lecturer committed to the theory that social problems are best understood by involvement.)

Subnormality nursing, with all its attendant difficulties and frustrations, has, for as far back as I can remember (and I have been nursing subnormals for the past 37 years), been the Cinderella of the profession. That being accepted, it must be appreciated how conditions in the subnormality field have been allowed to deteriorate into the sorry mess which we hear of so often.

It is too easy to lay blame at any door—so many are involved that countless time could be, and is, wasted on this type of exercise. Those hospitals for the subnormal which managed to follow a programme of upgrading their antique facilities, and of raising the standard of care for those in their charge, know only too well the sustained effort that had to be made against overwhelming odds, which at times appeared too immense to be overcome.

Farleigh, itself, under the guidance of its Chief Nursing Officer, followed a series of five year plans (which has spanned the last 19 years) to upgrade all its wards and amenities in order to give the patients in its care a much fuller life than they had ever known before. Because of limited finance, and the operation of an irritating procedure of priorities, there is still a tremendous backlog to be tackled and the twice-damned system of priorities still has to be battled with (a tenacious adversary this Priority fellow).

Farleigh staff have always recognised their limitations—not of their own making, but limitations that have been thrust upon them by many influences. Of all these influences, not the least is a narrow-minded...
involved

Arthur Owen and David Gordon

condemn and recoil. A college lecturer living in Bristol realised that there had to be practical help and involvement could the public ever come to understand something

and prejudiced public (the community), who have ignored so righteously the ‘there but for the grace of God go I’ attitude, which has perpetuated instead the ‘out of sight, out of mind’ fallacy.

This fallacy has been exposed time and time again, clearly shown by the so-called public conscience swaying to and fro like a leaf in the wind: ‘lock them up’, if one of those less fortunates should do some wrong; ‘lock them all up—we must be protected’; ‘let them all out’, if it becomes apparent that a person was put away without obvious cause.

How fickle is Public Opinion!—but it is to this fickle public conscience that we, who care for the subnormal, have to answer. We are not too well served by the creators of public opinion—the press, radio, TV and other mass media—who, though lacking in knowledge, can (and do) present situations to their audiences in ways which inflame the public, swaying the public conscience out of all proportion to the facts (and, let us not forget, thereby helping to sell the communicating media concerned).

After being subject to the most rigorous investigations, by more than a few authorities, insulted and degraded time after time, quoted as ‘bullies, liars’, etc., one could have expected the members of the staff of Farleigh to be resentful. On the contrary, what they have felt is anger, and some considerable pity for a public which allows itself to be fooled, and which refuses to find out for itself. By allowing the neglects of the past to be perpetuated in its name, without accepting its share of the attendant responsibility, scapegoats are found who have to suffer for the many.

Who can say that nurses of the subnormal are not justified in viewing with suspicion the present public attitude of apparent conscience-stricken activity, when they have seen it all before? But this time they are wondering when ‘the wind of change’ may come or when the pendulum of public opinion will swing the other way.

New relationships have opened up since the ‘long haired non-conformists’ of Bristol Polytechnic and

Brunel Technical College, and the student fraternity of Redland College, have become aware of the residents of Farleigh. It is to these activists in voluntary community action that we look, to remind the public of its constant responsibility: in ensuring that each individual who is ‘put away’ receives his or her fundamental rights—to be treated as a human being at all times, with that human’s rights and privileges, given without dissent.

As an exercise in community relationship, the public could well emulate our residents within the hospital—always a friendly approach, always a spirit of sharing, minor squabbles and differences settled rapidly and no resentment borne—in other words, a community spirit that is sadly lacking in present day society.

An ‘open arms’ policy has been adopted by Farleigh for as many years as I can remember, but how many
The Press used and abused the events at Farleigh. It made sensational reading. For the hospital staff, there remained the bitterness of being exposed in this way, of suffering together with those who stood trial. For the general public, there has been a surfeit of mental hospital reports which are still coming in.

There are no easy answers to the problems which have been aired ad nauseam. There is, however, an uneasy feeling that public outcry will release just sufficient funds to stop the sensationalism—to tidy up the squalor where it exists, to concentrate, above all, on the physical environment. The Farleigs will disappear from view: they will no longer be newsworthy.

It is for an entirely different reason that I plead for Farleigh to remain in the public eye. The trauma of events has been weathered by the staff, and they have come to terms with their past, learning from it, not grieving over it. The work has always been difficult, not easily categorised as general nursing, but, rather, as pastoral responsibility. Violence was a major factor in the conditions in the wards, and it remains a worry, although it should be emphasised that by far the greatest number of incidents have concerned a patient doing violence towards himself, with violence towards property occurring to a lesser extent, and violence towards others being relatively uncommon.

of our conscience-stricken public have ever put themselves out to visit us, to see just what it is all about? It is left to those ‘long-haired layabouts’ to set an example, and, seeing their involvement progressing, putting to shame those who have so strenuously condemned and decried them for what they certainly are not.

Through the sustained and quite voluntary efforts of the students, Farleigh is developing an outdoor adventure playground which will cause spirited activity for years to come; and, together with the very carefully planned indoor adventure play-room which is nearing completion, will allow an all-the-year round physical activity.

This must be the basis for further progress, and surely will help us to develop the progressive therapeutic community which has been evolving at Farleigh for some time.

(ARTHUR OWEN)
Incontinence makes work that tries the patience of staff. Each day is too often an attempt to start again from the beginning with the patient—there is no memory of yesterday, so that to dress is a new skill, to eat is the discovery of means to get food to the mouth. Cleaning, washing, changing patients, feeding them, administering medicine where needed—these are part of the daily routine.

Nothing so far described is very different from looking after other handicapped groups. What emerges as different on any day is the difficulty of communicating, of being recognised, of occupying the long day actively and happily. These are children in men's bodies, and very small children at that. Few can speak, and even the one who talks most fluently converses in endless loops of words, and phrases which repeat.

At first sight—a hopeless task. The more sensitive reporters have touched our sympathy; most have recognised the dedication of the staff. But too few have recognised the signs of hope, the determination to learn from the past. Some of the credit for helping Farleigh to change must go to the student body in Bristol. Starting at the time of the enquiry (which followed the trial) a dialogue was sustained which led to the present project—the adventure room.

The basic exploration of ideas sprang from the simple belief that there must be another side to the story, and that some outside help could be offered. Youth, energetic and direct, received a qualified acceptance. After all, the Press has often presented the student as little better than a long-haired non-conformist, too young to be taken seriously—and the hospital staff had, as yet, no reason to doubt this description. (It has been interesting to see the mood change—from initial scepticism, to surprise that the same faces reappeared regularly, bringing more each time; to a genuine trust that the involvement was both sincere and practical.)

Youth persisted and a project was born. In that first year (1971) an adventure playground was built, in a part of the vegetable garden. For normally active children it has become increasingly recognised that conventional playground equipment, in dreary wire compounds, satisfies the imagination of the young to less and less extent. Farleigh has a few swings and a see-saw, in occasional use. Our group brought knowledge of 'junk' playgrounds, and we were now asked to adapt these ideas to the 'men-boys' at the hospital.
All the materials were found and bought by the students, and structures erected, including a solidly built tower. It is of minor significance that the playground had faults—the tower too hard to climb, the wooden box ‘hide aways’ too flimsy, too little low-level activity. What was important was the steady involvement over many months by a great variety of students, both men and women.

The originators came from the new disciplines at the Polytechnic—Business Studies, Advertising and Marketing, Economics. Others came from Town Planning, Surveying, Computer Studies. From Brunel Technical College came Printers, Caterers, Carpenters, even Bakers. All gave time which once would have been channelled towards chasing a football, or wielding a hockey stick. The writer’s involvement was one of re-discovering farming skills, learnt in the years before teaching—adapting the work to the materials available.

If we had come to Farleigh solely to construct, we could have been seen as escapists only. Instead, we worked beside North Ward (the lowest-grade patients) for whose benefit the playground was built. We were able to see the patients, with their handicaps; we talked to them, played with them, or watched them wandering rather aimlessly in their small compound. Then we chatted to the staff, went into the wards to find them, drank tea in their rest room, and they came out to see us at work.

The lasting impression in that first year was of the astonishing openness of Farleigh to the visitor. Institutions are notoriously controlled, yet here was one where there appeared to be nothing to hide. It took some time to appreciate this atmosphere, and to be reassured that the hurried visitations by reporters had missed this essential. (I have tested this on many occasions, seeking out staff in remote corners of the hospital.) Comparing this experience with visits to similar institutions, where one is carefully steered away from the less presentable aspects, or asked with aggressive politeness ‘Can I help you?’, I can only marvel at Farleigh’s courage in offering the whole place to the outsider’s curiosity. The offer must not go unnoticed, as it is an offer of participation in the exciting changes taking place.

Last autumn a new stage was reached in our relations with Farleigh. Apparently convinced by the commitment already made, and anxious to progress with our help, the hospital board suggested a major scheme—to convert an empty building into an indoor adventure room. Apart from the faults in the outdoor structures which I have outlined, there remained the problems of bad weather, and the long winter months. Boredom, hyperactivity, insomnia due to lack of exercise, could be matched by the staff’s feeling that their work was so often just child-minding, lacking in purpose.

The powerful drive to change this inertia came largely from two of the hospital’s own staff. Mary Carter, the consultant psychiatrist, came, by sheer coincidence, after the original uproar. She has a lifetime’s experience of children and is applying the same principles to Farleigh’s ‘men-boys’. She believes firmly in the idea that progress is both possible and recognisable—it is only the degree of progress which is debatable. One of her pointers to success is the case of the over-mothered sixteen-year-old, who arrived at Farleigh in a wheel-chair, and has since learnt to walk.

The other personality is Arthur Owen, a senior charge nurse, whom we first knew as responsible for the most handicapped patients in North Ward. To
him is due the change from excessive use of suppressant drugs, to a policy of team involvement with the patients, backed by subtly chosen piped music, which has a soothing effect. Arthur is a radical thinker, with the assurance to convince and support the younger staff, on whom change must ultimately depend.

Both Mary Carter and Arthur Owen encouraged me to explore the new idea, for which there was the princely sum of £1,500 set aside. The building chosen had been used as a junk store for years—long and low, roofed with red Bridgewater tiles, alongside a spacious grassed area. It has the look of a Somerset farm shed, of distinctive character with its stone walls and pillars. The roof leaked, but has recently been handsomely restored.

This is the building now being presented to the outside world in its new form. I venture to suggest that the project is unique—where is there such a room for normal children, let alone mental patients? Where else has a student body been recognised as worthy of such an investment? An area of 60 feet by 20 feet under a pitched roof 13 feet to the ridge, will incorporate every combination of tactile and visual and physical experience which can be devised. The overriding principle is one of adventure and exploration. Having already accepted the general principles of an adventure playground, it is essential to retain these principles inside.

Briefly, there will be areas each with a different purpose, yet inter-related. A strenuous climbing area has ladders, platforms, tunnels, varying in difficulty. A cat-walk leads to a long slide, which lands the patient in an area of softness or springiness, or leads him to bump his way into out of soft canvas bags. Materials will be hard or soft, cold or warm, metal, wood, plastic. Colours and lights will change the atmosphere. And an additional small room at one end will provide places to hide away, to be individual, to explore objects that revolve or move.

To achieve this standard of design and to match the generosity of the Hospital with our own resources, I have had the good fortune to convince the Polytechnic Art College that it should provide the expertise. As a result, three students from the construction department, in their last year, have been wholly responsible for the work now emerging, and have been able to put forward the project as part of their course work. Mike Sorenson, Bob Redman, and Peter Daw, have produced the designs now on show at Farleigh. They have spent hours talking to the staff of North Ward, to Arthur Owen, and some time with a busy Mary Carter. They watched the patients move, noticing the additional physical handicaps; they have seen the limitations of the outdoor playground, and have then returned to College to discuss the whole project with the technical experts.

Perhaps the most exhausting, but most profitable, intense preparation was achieved during one afternoon, when the staff most closely involved were confronted by this group of outside idealists. During the course of several hours the ideas ranged from the stark, clinical, authoritarian concept of a gymnasium on to a stage of criticism of the outdoor playground, and finally to a measure of agreement to the principles which both sides wished to see. (Without this exhausting experience there could not have developed the degree of mutual trust we have since experienced.)

Whilst waiting for the roof to be repaired, much of the woodwork for the interior structures has been prepared in the college workshops. At the same time, the donkey-work has proceeded quietly, with many groups of students clearing away mounds of rubbish and rubble, cleaning walls and woodwork, and, finally, completely clearing the interior. As in so many other projects in the city, I have been amazed at the willingness of students to involve themselves in utterly filthy jobs.

We await the final stages when the whole design takes shape. When completed, in the next few weeks, there will then be a long and interesting involvement with the Farleigh ‘men-boys’.

No-one expects this to be the final answer. On the contrary, it is hoped that all of us will learn from this project, will alter it, and create better ones elsewhere. What is important is to have made an effort so memorable that it will encourage the general public to believe that all is not despair and disaster in this twilight world of mental hospitals. From the safety of our normal institutions (University, Polytechnic, Technical College) we should be stimulated to think that we have something to offer the less fortunate.

Instead of the uncertain image which Farleigh now presents, it is hoped that the local community will come to accept their handicapped neighbours.

In our own medieval heritage (and in modern less ‘civilized’ societies) the simple soul was the symbol of innocence, uncorrupted, untouched by materialist values. This may be the reason why puzzled, anxious ‘modern man’ has so far hesitated to destroy his uneconomic, deformed—even ugly—brother. The experience for so many of us at Farleigh has been to examine ourselves, to realise that our outward normality may hide an inward ugliness far greater than that which we see there. We have learnt compassion, but equally we have learnt that we can give practical support, and accept Farleigh back into the community.

(David Gordon)