Correspondence

The long-stay patients and the community

Dear Sirs

Until the mid-eighteenth century there was virtually no provision for the mentally ill. They, along with vagrants, were left in the community, often in dilapidated accommodation living rough as tramps or in the doss houses of the day. Those in the community with a social conscience felt that this situation was to the detriment of the mentally ill, and the Vagrancy Act of 1744 required every Parish to look after their ‘furiously and dangerously mad’ in suitable accommodation.

The community then, as now, being somewhat dilatory in putting through such financially costly accommodation out of the then equivalent rates, Parliament realised that something more definite should be done.

The Asylum Act of 1808 was a permissive act that recommended every county to provide proper asylum for pauper lunatics. The county councils remained equally dilatory and this led to Lord Shaftesbury’s second Asylum Act of 1845 which made provision of the county mental hospitals compulsory. This, at the time, was a great advance in the treatment of the mentally ill, or at least in their care.

There is currently a move to return the mentally ill into the community and to reduce the reliance on the old and often outdated county medical hospitals. Some States in America, and the Italian experiment, have shown the disasters that can occur when ‘this policy is forced through against the advice of the more conservative elements who recognised that many of the chronically mentally sick do need asylum in the pure sense of the word’!

A number of articles have appeared in recent years examining the situation in which the long-term mentally ill find themselves as a result of the following through of the policy of community care. It has been recognised that a continuing need for in-patient care of some sort is likely to remain with us. Haslam,2 as far back as 1970, noted the accumulation through the district general hospital of some 1 per 10,000 population per annum of long-stay that would require much longer term in-patient accommodation. In Bristol Measey and Smith3 similarly noted that 106 patients had accumulated in the five years, and Le Gassicke4 noted similar figures in 1977 for St George’s Hospital in Morpeth. Bewley et al,5 in his Tooting Bec study in 1981, noted an accumulation of some 80 patients in five years under the age of 65 and felt that a third of these were likely to be permanent admissions.

What has happened to those who have been discharged? Begun,6 speaking in Manhattan in 1981, mentioned that there were 60,000 vagrants in the city of New York and some 30,000 of these had a history of mental illness. All were in the community and it would seem that vagrants and the mentally ill were again being lumped together much as 200 years ago. Begun stated ‘the unbelievable human misery which their special situation represents must be ascribed to having resulted from a fallacy too long subscribed to by the public health authorities who in a misdirected effort to protect freedom and civic rights have advocated the abolition of long-term institutional treatment in favour of the community based after-care when this latter is not a real option since the facilities are not there’. Kathleen Jones has written similarly about the situation in Italy.1

What of this country? Blackburn’s article,7 based on the Middlesbrough experience, should provide an ominous warning to us all. He stated that beds in St Luke’s had dropped from a 1960 level of 550 to 310 in 1974 but by then not a single hostel place had been created. Of the 230 long-stay discharged virtually all remained dependent and there was no room for readmission in the district hospital. It would be no surprise to learn that they were living in dilapidated accommodation in bedsitters, in Salvation Army hostels, in derelict areas where no one else was prepared to go, and sleeping rough. Many had become recidivist offenders and landed in jail (bridewells?)

What a pity Lord Shaftesbury can’t come back and give us a lecture.

M. T. Haslam

Clifton Hospital
York

REFERENCES


Further observations on the Second AUTP Conference

Dear Sirs

Concerning Dr Graham Davies’ personalised account of the AUTP Conference on Teaching Dynamic Psychotherapy (Bulletin, September 1985, 9, 174–176), we, both as participants in the Conference as a whole and more specifically with Graham in the same small discussion
group, feel that his account of the conference does less
than justice to its constructive aspects and to the speakers
who, alive to the complex issues, strove to present their
own approach boldly to provoke discussion.

We were astonished to read, ‘The conference was
singularly without overt controversy until at one point . . .’
Our memory of the small group discussion was that of
lively heated counterpoint of the repeated assertion that
the conference was riven by a polarity between psychoanalysis
and scientific pragmatism.

The idea that psychoanalysis and scientific pragmatism
are antithetical and compulsively locked in a mutually
envious struggle, which is the basic assumption, is an anti-
quated one which need no longer be retained (even by
some august figures who appear still to need to maintain
the split to buttress their own identity). Will’s1-2 concepts
of levels of generative mechanism backed by a philosophy
of transcendental realism allow the mental mechanisms of
the internal world to be open to scientific status as testable
hypotheses and to rest separately but comfortably with the
falsifiable hypotheses of the empirical realist set in the
external world. The idea that both analysis and empiricism
are necessarily unbalanced is false. The psychoanalyst can
contain in a feminine way and create order by the scientific
testing of his hypotheses via interpretation in a masculine
way. The empirical realist needs feminine intuition to
create hypothesis which he then studies with the masculine
falsifiability trial. Certainly cross-fertilisation from empiri-
cism to psychoanalysis and vice versa can occur but is not
absolutely necessary for the growth of either.

In trying to understand the need of a basic assumption
of a split between analysis and scientific pragmatism, we
would like to take up the proffered but not fully worked
out allusion to Oscar Wilde together with the misunder-
standing of Dr Sandra Grant’s comments on perversion
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out allusion to Oscar Wilde together with the misunder-
standing of Dr Sandra Grant’s comments on perversion.

As MacDougall points out,2 the basis of perversion is the
inability to internally hold on to the good penis in good
intercourse. The result is that what was abolished internally returns from without, but in a persecutory
fashion. There is then the compulsion to escape from the
sexual world of father’s ordered universe into a world of
goodness that was there and our motive for writing lies in
its insistence upon the envious split actually spoiled the
intercourse. The result is that what was abolished
freely, which can lead then to the lysis of any idealisation.
The trainee is then able to assume a freedom of hypothesis
within the structure of acknowledgement of good sources.

Our overall view is that the account of the conference in
its insistence upon the envious split actually spoiled the
goodness that was there and our motive for writing lies in
the anxiety that psychiatrists and trainees take this split to
be a real and irradicable one. The subtitle is ‘A Wilde
Analysis of Hamlet’. The ending of the story of the
Nightingale and the Rose is typical of Wilde’s perversion.
He could not, of course, ever allow good intercourse
between the student and the professor’s daughter but in his
envy had to keep them forever apart.

Peter Whewell
Charles Lund

Dryden Road Hospital
Gateshead, Tyne and Wear

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2 Will, D. (1983) Transcendental realism and the scientificity of psy-
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3 MacDougall, J. (1972) The primal scene and perversion. Interna-
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International Review of Psycho-Analysis, 11, 429.

Dear SIRS

I read Dr Davies’ ‘personal observations’ of the Second
AUTP Conference (Bulletin, September 1985, 9, 174-176)
with great interest. In my view his treatment of his subject
matter represents an approach based on what he himself
labels the ‘analytical stance’.

The sketches of the conference themselves demonstrate
the ‘perennial dilemma’ of the social sciences between
‘understanding’ (Verstehen) and ‘explanation’ (Erklären)
and also the ever present ambiguity surrounding the
meaning of ‘facts’ inferred by observers, participant or
otherwise. Without intending to question the validity of Dr
Davies’ observations, I wish to express my belief that dif-
derent observers could have given different descriptions
of the events of the conference. Stating that Glyn Bennett
was attacked was one possible inference. Another inference, and
one based on a lower level of abstraction, would be to state
that a number of individuals representing some contrast-
theoretical (existential?) positions were expressing
marked disagreements with Dr Bennett’s views.

To further highlight this basic difficulty in establishing
the ‘facts’ I turn to Dr Davies’ judgement that Dr Steiner
believes what he understands in terms of his theory to be
‘literally true’. I wonder if the very same judgement may
not be levied against Dr Davies himself. Was his state-
ment ‘It was Bennett who was the perfect scapegoat for the