

## Paper 6: 'Feedback to Supervisor, June Mellow, on one-to-one relationship with Mrs X.'

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It is never easy to sum up impressions, experiences, and events. After a period, so rich and varied in learning situations as my last three months, it is almost impossible. My attempts at recapturing what was important or in highlighting what was noteworthy result in producing a kaleidoscopic effect of images, memories, and ideas, in which nothing remains stable long enough to allow for adjustment of focus and develop precision of definition. Perhaps, at the risk of being called a cynic, I could express what I learned at Mass. Mental Health Center thusly:

Never, under any circumstances, allow anything at all to be published. Always strive to remain in complete obscurity.

Any hospital following these prescriptions for success would find itself short of students and visitors. This would have the advantage that permanent personnel would find time to think about patients. They would receive some recognition and consequently gain some satisfaction from their work. It would also give the hospital the advantage that people like me would be spared the disillusionment I experienced and would not feel so critical and dissatisfied.

As I attempted to sort out my ideas and put them on paper, I found myself becoming increasingly critical. All the hospital's and personnel's shortcomings were listed, not a single favorable comment would come into my mind. Obviously, such wholesale condemnation must find its explanation in the eyes of the perceiver. No place could possibly be as bad as the Mass. Mental Health Center of my description. I tried to find what caused me to be so dissatisfied. However hard I looked I could not detect in myself any signs of depression, which might have accounted for my selection of facts. My gloom is restricted to the way I think about the one hospital. In all other respects I am able to find enjoyment. My own past experience is not responsible for setting my expectations irrationally high. On the contrary I am very conscious of throwing stones from a glass house. Eventually, I think I discovered the reason for my dissatisfaction which led me to formulate the new philosophy I stated earlier. I am angry because the hospital is not the way its own publications make it out to be. My expectations were created by the writings which have come out of the Mass. Mental Health Center. The hospital itself had created an image of itself which renders reality unrecognisable.

When I realized what was wrong I went back to the book which had served as my Bible for years - *From Custodial to Therapeutic Care in Mental Hospitals*. Sure enough, one by one my criticism of the hospital turned out to refer to failure to come up to its own standards. True, there is no longer any emphasis on custodial care, there is now no care at all. True, there is no physical restraint, it is unnecessary because the hospital will not treat disturbed patients. There is nothing in the book which would lead one to expect the amount of sedation and the volume of tranquillizing medication used in lieu of understanding. Therapeutic atmosphere and environment was not in my inspection restricted to furniture. I did not expect the state of total confusion in relationships to which patients are exposed. Perusal of the book led me to expect a

high standard of professional education. I found nursing personnel as ignorant as or more so than in other hospitals. Nothing in the book prepared me for the atmosphere of dislike of patients, disapproval of sickness, and absence of sympathy! I expected frequent communication between the various disciplines - I found meetings for report which were simply an exchange of ignorance and an opportunity for creating ill feelings. No other staff meetings, no attempt to deal with problems of patients or staff by group discussion, no exchange of information about individual patients.

Little regimentation in the ward it is true - instead there is total disinterest in patients' activities. The value of activity, specifically applied to individual patients is discussed in the book. In reality patients are permanently idle and bored without even the incentive to get out of bed or attend to personal appearance. The few young, active patients who can not control their behavior when there is nothing for them to do are punished by being restricted to their room, still with nothing to do.

There is much in the book about the value of democratic attitudes. I failed to detect any sign of it in the ward. Anarchy, chaos resulting from disinterest in patients, and vindictive use of personal authority when the patient forces attention.

I am becoming bitter again. Certainly my feelings are out of proportion to the situation. Perhaps my involvement; in trying to work with a patient was great enough to fan the flames of my indignation. Most of it, however, was there even before I had found a patient.

In all this I am strongly reminded of a book I read a long time ago. Arthur Koestler in "The God That Failed" describes feelings which apply to me. His disillusionment with communism was certainly of more importance than my disillusionment with M.M.H.C. His ability to describe and explain feelings is a much better way than mine and I shall end referring the reader to Arthur Koestler hoping here to spare me an occasional thought and to remember that big feelings can apply to little problems.

#### References:

Greenblatt M., York R. H. & Brown E. L. (1955) *From Custodial to Therapeutic Care in Mental Hospitals*, New York: Russell Sage.

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#### Recommended citation format

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