

## MORE ON MONYHULL HOSPITAL AND MUCKAMORE ABBEY IN THE 1960's

MacKay's "By the By: Jobs in Bygone Days" article in the January 2005 issue of this journal contained some reminiscences of his encounter with Dr. H. C. Gunzburg at Monyhull Hospital in Birmingham, England, and of MacKay's working place at Muckamore Abbey in County Antrim near Belfast, Northern Ireland. This brought back memories of my own year in England as a post-doctoral research fellow at the Maudsley Hospital in London under the guidance of Drs. Jack Tizard and Neil O'Connor, from Autumn 1962 to Autumn 1963. During this year, I visited a great many services in England, Scotland, Northern Ireland and Eire, as well as in Germany, Belgium, and Switzerland. Among the places I visited in April 1963 happened to be both Monyhull Hospital and Muckamore Abbey.

Upon returning to the US, I wrote up what I had learned on this trip in a series of articles, especially in a long report published in three installments (Wolfensberger 1964a, b; 1965) by *Mental Retardation*, one of the two journals of what was then the American Association on Mental Deficiency, now the American Association on Mental Retardation.

My writing of these articles was greatly helped by the diary that I had kept of my various visits, though not everything in these diaries found its way into the articles. Prompted by MacKay's article, I went back to these diary notes, and found some things that the readers of this journal might find interesting.

For several years before meeting Dr. Gunzburg in April 1963, and for several years after, I considered him to be one of the most creative leaders and teachers in our field, and I tried to

read everything he wrote because every time I learned something important, and often even a great deal. Upon meeting him in person, it was good to discover that he was also a very pleasant individual with a great deal of vitality.

When Dr. Gunzburg started working at Monyhull Hospital, Dr. C. J. C. Earl was still superintendent. Earl had written a rather enlightened book for his day (Earl, 1961), published posthumously in 1961, mostly due to the efforts of Dr. Gunzburg. Earl had invented a so-called "moron battery," consisting of a conglomerate of pre-existing tests. It was an infelicitous name, making one think of a place in which morons got battered, or a way of keeping morons as in a chicken battery, though the latter did not yet exist in the form developed since.

One of the things that Dr. Gunzburg remarked upon to me was that a revolution was taking place in mental deficiency institutions in Britain, with the medical superintendents losing their iron grip on things, mostly due to emergent activism by the so-called consultants. At Monyhull at that time, there were three of them who had a lot of control and had divided the institution into three spheres of influence, though Gunzburg found this not very satisfactory.

Gunzburg also stated that the role of psychologists in the institutions was increasing in parallel with the change in age of the medical superintendents, probably meaning that an older generation of the latter was passing away. However, Gunzburg did not have a favorable view of these psychologists except where they had gotten into rehabilitation work.

Gunzburg reported that superintendent Earl had built up the children's section of the institution so much that the educational authorities eventually took it over, leaving the institution only with people of age 16 and over, for a total of about 900 in 1963. About 25 children were still living in cottages on the institution's grounds with house parents, but under a separate educational administrator. However, Gunzburg thought that the educational planning for the children was poor.

Gunzburg also thought that the institution was over-staffed with physicians, but understaffed with nurses. Despite that it was trying to get even more physician positions.

Gunzburg also reported that it had been Earl who had given the psychology department (five full-time and several part-time workers by 1963) a virtually free hand to work on issues of rehabilitation. As a result, this was one of the first institutions to introduce, in 1948, industrial machinery for residents to learn to operate. This machinery, begged from industry, "worked a miracle," Gunzburg reported. He also said that the only accidents with this machinery had occurred to the instructors, not the trainees. Furthermore, when there was a fire, it was one of the "lads" (meaning retarded males) who extinguished it. This machinery was set up in World War I pre-fab huts, but it provided not enough space. Eventually, the programme got a new building, but it had also not been purpose-built, and there were administrative hamstrings.

He also reported that there were wards meant for 35 residents that had been built at a time when the residents "were not supposed to have personal property." Despite this, there were now 58 beds on these wards.

The rehabilitation curriculum, after an assessment, consisted mostly of social training in budgeting, shopping, travelling, using the mails, etc. Gunzburg's policy was to push the trainees through this programme in three months if at all possible, or a year at the most, because otherwise, additional prospects looked

very dim. These trainees had previously mostly been in programmes for the "educationally sub-normal," and had been deemed failures there. Surprisingly, about 75% had been committed through the courts. The wards where these trainees were staying were not locked, in contrast to many institution wards at that time. Gunzburg himself was in charge of one of the wards, and thought that this was probably the only such arrangement in England with a psychologist being in that kind of a position.

Gunzburg also attempted to institute a social system in which there was much peer group pressure to meet the programme's expectations. Furthermore, while it was common in those days to lock up residents temporarily as punishment for infractions, he said that no one in his programme ever got locked up for even one hour. First of all, he had no space for it, but even if he had, he would be afraid to resort to it.

Of course, not everybody succeeded, and some of the trainees were sent either to other units of the institution, or to other institutions altogether, but Gunzburg tried very hard to avoid sending anyone to a place where they would be locked up.

Furthermore, Gunzburg had devised an incentive scheme that included showing progress on charts, and giving various rewards, such as getting out into the community, promises that every effort would be made to find placements for trainees if they attained a certain competency level, using failures in a pedagogic and therapeutic way, discussing performance ratings of trainees every week, and so on. As I recorded it, "the crux of the approach is ample individual discussion and counselling, and making clever use of ratings." The ratings were tied to monetary payments. For instance, learning to keep proper time was awarded by a bonus of 2 shillings. Top pay per week was 14 shillings above a base pay in most cases of 5 shillings. Now, this may not seem like much money, but people in Britain may no longer be aware just how low the pay for entry-level positions then were. As I seem to remember, men in London

were being hired to give out the tickets on the city buses at just a few pounds per week, and that was a demanding job!

There was also a sexually integrated canteen which, in those days, was rather unusual, but Gunzburg admitted to about two pregnancies a year, supposedly mostly as a result of off-grounds affairs.

By no means were all the trainees mildly impaired. Many of them in fact were very severely impaired, some in wheelchairs.

As staff, Gunzburg was able to use the nursing personnel who in the other units on the grounds would have worked on the wards, but because none of his trainees stayed on the wards during the day, he could deploy at least the day shift in his training programme. Such a simple solution to a staffing problem, but how many people elsewhere had thought of it?

There was only one tiny classroom for eight pupils, and when I visited it, money change was being taught. One way money was taught was by playing card games with it which elicited intense absorption by the players. My diary recorded, "it is amazing how much can be done in a 10-foot by 15-foot room."

There were all sorts of other clever pedagogic processes and devices used, such as teaching time by breaking it into 5-minute intervals that were charted during the day, teaching the duration of TV programmes and trips, etc.

In the machine shops, copper tubing that had been brought in 50 miles by lorry was being stripped; paper bags were being made; cardboard boxes were made to pack glass items; and work was done on plastic hair curlers and hair pins. Even better chores could have been got if the programme had had its own vehicles. Other jobs were the making of stools, labelling products, cutting rubber hoses on lathes, and various other tasks on hoses that required special jigs. Heavy coat hangers were being made, and a part of that job required the use of a welding machine. However, Gunzburg was opposed to traditional institutional work, such as upholstery and shoemaking. There was a

printing shop which Gunzburg really did not want, but which somebody had given to the institution. He said that it required too much supervision, and no placements could be made into this kind of work.

Gunzburg also made trainees responsible for answering all phone calls. This was rather revolutionary at a time when institutionalised or mentally retarded people virtually never got a chance to get on the phone for any purpose.

A few of the trainees did not live at the institution but at home because there was at that time no community training center in the area around Monyhull.

Gunzburg commented wistfully that in the Netherlands, industry was required to give a certain amount of work to the institutions, while he had repeated difficulties with labor unions that did not want to see any work diverted to the institution.

Gunzburg admitted that there was often a conflict between the training mission, and efforts to be productive so as to earn income to pay the trainees.

Gunzburg further stated that he wished there were some kind of workshop training units for some people to attend before they came to his programme, but I wonder if he would still have thought so later on.

The work day was a culturally normative 8 to 5, with a 1-hour lunch break, though there were also two half-hour "tea breaks" which, to an American, looked excessive.

A few days after visiting Birmingham, I was in Northern Ireland, where I first met in Belfast with people in the office of the Eastern Special Care Management Committee for a 3-county area. Among the people there was a Mr. MacKay, psychologist, who I now assume was the very MacKay of the "By the By" article! I then visited the Glenravel Day Center, and Muckamore Abbey.

At Muckamore, I met Dr. Weir, the county medical superintendent whom Dr. MacKay had mentioned in his article, but aside from Mr. MacKay, my guide was a Dr. Scally, a

geneticist with the mysterious title "registrar." There were about 700 beds for all ages, grouped by age, sex, and degree of impairment, with a future capacity of 1020 being envisioned. Only two buildings were for people with severe problems.

The older parts of the institution were said to date to 1948. There was still a farm operated by the institution, but it was not seen as a site for training and community placement.

The newly constructed multi-storey buildings, initiated only in 1958, were called "pavillions," and had 40-50 residents each. However, a fire had already destroyed one of them because of a faulty heating system.

There were 8 physicians at Muckamore. In an equivalent US institution then, there might have been one or two aside from the superintendent.

Like so many institutions, this one was up on a hill where I thought that it suffered a great deal from the wind.

In those days, people like myself had to look respectable and "presentable," and so I was wearing a suit and tie. But I was terribly conscious of the importance of documentation, and the only way I could get a good overview photo of the institution was by climbing up a water tower through dirty places and taking pictures from up there, at considerable risk to my presentability.

I thought that there had been a lot of misjudgment in planning the new buildings, especially the medical hospital building. In contrast to the crowding that one would always find everywhere else, there was a lot of unused research and lab space, and unused offices and diagnostic suites, including an unused EEG suite. There was a dental department which also provided dental services to retarded people living in the community.

Observing helpless residents being fed, I thought that this was done rather poorly, but some of the dormitory walls were very nicely decorated by local art students. Bathtubs were few, but a great many chairs were custom-made

for a person's size and physical impairment, which at that time was relatively unusual.

Female wards were very clean, homey, colorful, and even had a piano. The women residents were very well-dressed, and there was already then a TV set in every unit. Every resident had a locker, but it was very small.

Very amusing to an American was that there were old fireplaces in the units, and even though they were not used, residents still sat around them, because that had been the tradition of where one sat.

When a living unit needed certain drugs, the staff put the request into a locked box and gave it to a resident to take to the pharmacy, where it was unlocked, the request was filled, the box was locked again, and taken back by the resident to the living unit--a rather simple but creative way to find a productive function for some residents.

Dr. Weir seemed to be a bit uneasy when I first asked to see the problem units, but when I finally got to one, it was actually not too bad, though it was of course locked. I was told that a lot of windows got broken. A nurse had been observed by residents drowning some kittens, and this upset some of the handicapped women very much, and made them resentful. (Could this have happened in England?)

There was a school for 156 pupils aged 5-16, but the highest mental age was only around 7. The older pupils helped out in the classrooms which were very large, and in an adjacent nursery area that was divided by glass partitions. Again, there seemed to have been poor planning in the design of the building, but there was also not much in the way of toys and educational equipment. All-in-all, even though the teachers seemed to be intensely involved, I recorded that it seemed to be a "snow job education," very much of the so-called "watered-down" type, i.e., a weaker and slower version of community classrooms instead of truly special education.

There was also a lot of old-fashioned work going on in the laundry, with a lot of music everywhere. There were a vast number of laundry

*machines which at that time all institutions had, and at which large numbers of residents were put to work. One unusual arrangement was that the residents had cordless electric irons which were placed into receptacles to heat, and once an iron became hot, it could be taken out and used without having to worry about the cords while using it. When it had lost sufficient heat, it would be put back into its recharging stand, and another hot iron was taken out to be used.*

*Compared to Monyhull, there was very little rehabilitation work done on the grounds, but there were hostels for girls in the community to which some of the residents could be sent.*

*In the programmes for placement, financial rewards were also used up to 12 shillings and sixpence a week, and some workers could earn the status of "member employee" at 2 pounds a week. There were considerable elements of what was later called the dignity of risk in some of the arrangements and equipment of the buildings. A great many residents were employed in kitchen work, and many of the chores were done by hand that today would be done by machine, such as mountains of potatoes being peeled and onions sliced.*

*The workshops were much more in the nature of occupational therapy (OT) designed to fill the time of the residents, than real work training for adult jobs. There were also the traditional institutional chores (disdained by Gunzburg) of chair-caning, basket-weaving, weaving of rugs and mats, mop-making, cobbling and shoe repair, tailoring, printing, and woodwork. On the positive side, residents who had a tendency to tear off their clothes were clothed in overalls that they could not easily remove, and those who were incontinent wore specially designed pants. These clothing items were made in a tailor shop on the grounds so as to fit well and not look too institutional. In many other institutions, such persons might never even have got into OT.*

*There were sex-segregated workshops on the grounds, but finding industrial work was*

*difficult. Again, union opposition was cited for some of this.*

*A big obstacle to placement of residents in the community at that time was high unemployment in Northern Ireland.*

*There was a lot of other sex segregation, but since this was verbally denied, I suspected that it was done somewhat unconsciously.*

*I still have in my possession a 12-page brochure given by Muckamore Abbey to parents and relatives, apparently primarily prior to the admission of their family members. It contains a map of the campus, but without the water tower on it. Visiting hours were from 2-4 p.m. on Wednesdays, Saturdays and Sundays.*

*In 1968, I mediated between Gunzburg and an American publisher to have Gunzburg's **Progress Assessment Chart** (PAC; a social skills inventory with a visual graphing thereof) "translated" into American and published here. I went as far as doing the translation myself in order to make an American edition possible. I also made some suggestions for improvements which Gunzburg said he would incorporate into the next (7th) British edition. The money tasks proved the greatest problem, since dealing in metric dollars cannot be compared to dealing with the British units of dozens and twenties. However, the PAC publisher decided to eschew an American publisher, and instead to make certain text changes, and only use American distributors. This ended up working quite well, according to Gunzburg.*

*People at that time would certainly have learned a lot from visiting Monyhull Hospital, and even though Muckamore Abbey was considered to be one of the more progressive institutions, most knowledgeable workers in the field would probably have been familiar with much of what I have told about it here. However, this old news may be relatively new news for a lot of younger people in the field. One irony, however, is that many American institutions of that time were terrible snake pits compared to Muckamore Abbey.*

*In the early 1960s, I was an unknown*

*young professional in my field, still in my late-20s, but I was received almost everywhere with great consideration and hospitality. In part, this was due to some of the well-known senior people in the field having recommended (or even arranged) the particular sites that I visited, but in part it was also due to the fact that there were not as many people visiting services in those days as there were only a few years later, when some services began to be almost overrun with visitors from abroad, and perhaps with domestic visitors as well.*

**Wolf Wolfensberger**  
**Syracuse University**

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