

# Milieu therapy



# and the Unintegrated\*

I PROPOSE in this paper to concentrate on that small slice of grossly deprived anti-social children for whom long term planned environment therapy is essential. Those for whom otherwise the come-back factor would be rejecting and destructive and who would therefore, without doubt, subsequently be incarcerated and become increasingly institutionalised in prison. Those who form the hard core of the prison recidivist population in fact.

There are also those who would otherwise require secure placement and for whom, as such, secure placements do nothing except hold temporarily as they can never be households.

These are those who are continuously ruled, swamped and overwhelmed entirely by the most primitive instinctual impulses and reactions of a very primitive and paranoid nature and who, at root, totally distrust adults and their environment.

I am not describing, I hope, an eternally nurturing environment. In many ways the first stage of treatment resembles this. But to encourage a dependency or "provider" culture is disastrous always. In a sense, life becomes meaningless then, as I have described in the referral backgrounds

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in another paper. Not primarily because of lack of material goodies, rather the opposite, because of the built up but unfulfillable and unfulfilled expectations of being eternally nurtured by "them", "the State", or whatever.

For a period, and as an example of this, our small hostel in Oxford went through such a phase. I will describe this. In many ways we already live in a regressed society, and on balance, at present in many areas of need the swing is just as well for many are cared for who were formerly forgotten and neglected.

### THE CULTURE

Somehow the hostel deteriorated for a while into anti-task and became more or less a mixture of free dosing and a seedy bed and breakfast. The symptoms were over protection, relative passivity, not only in practical work but financially and in other ways, presumptions of inadequacy and immaturity, expectations of staff omnipotence and omniscience. Expectations of magic provided, and providable cures. A rejection of responsibility and its projection upwards and outwards. Denial of any substantial involvement or investment in community and individual problem solving. Since there was no reality in such a culture, it inevitably repeatedly broke down and there were continuous outbursts of dangerous acting out apparently from a clear blue sky. Staff felt trapped and afraid to confront. One of the most frequent manoeuvres was to put up one member as especially sick and requiring the special care of the leader. Often such a person was, in fact, pushed by the others into an extreme degree of distress in the hope perhaps that this would wring the hearts of the staff and at least show them up to be unfeeling idiots. Of course, when staff fall into such pseudo roles these also break down and then they feel themselves to be abandoned and rejected, as do clients. Boys became increasingly omnipotent. There is a complete denial of responsibility for self or others. Sub-cultural activity became very primitive and often very perverted and pornographic, also very paranoid, and, when confronted, very vicious. Staff, especially leadership, then very readily was split down the seams with one person after another coming to a sticky end. Such

a group is characterised by extreme greed and demand and also massive conflict between regressed infantile dependent tendencies and over determined pseudo adult posturings. This is why the firm organisation of domestic management (and its economics) is particularly central and important. Financial controls, especially those of kitchen and food become critical and vital, as they always are in residential work. The use of the kitchen and feeding are always particularly indicative and crucial. The hallmarks of such a dependency culture are increasing inertia and emotional outbursts. The most obvious indications of a dependency group (which is basically a sub-culture in essence rather than a culture) are underlying discontent and dissatisfaction that nothing can remedy (food can never satisfy for example, no matter in what quantity or quality), that of a living culture, joined together at the roots and the soil of interdependence in reality are activity, well being, and contentment. In a dependency culture everyone wants more, all that they cannot get, no-one is prepared to sacrifice anything, and nothing ever satisfies. It is predatory, and private interest is put before public concern. There is no common empathy or feeling dialogue, no carefulness, and no true sharing and therefore no true economy based on individual conscience and understanding of the needs of self and other, and there is a massive denial of reality.

Perhaps I can illustrate the loving toughness that is needed with a story told me by my son who works in a small community (one in which there are no people labelled clients or people labelled staff) in Provence. A young man had been cared for in many institutions and mental hospitals where all his needs had been attended to and where he had progressively become more and more paralysed until he could not even take himself to the lavatory and had to be wheeled about in a wheel chair always. If someone didn't immediately dance attendance on him at night he would scream and yell to be taken to the loo. One night the community decided that they would not do this. Eventually, after much shouting and grumbling, he got out of bed and took himself to the lavatory, and then on his way back was heard to be cursing those inconsiderate

buggers — didn't they realise he was completely paralysed and had they no feelings at all and so on!

This is a living and caring community, no transient "earth closet" idealised alternative, although it is characterised by smallness, very limited resources, self sufficiency, with everyone engaged in self help, and authentic communal living rather than a two world system.

### THE CHILD

But this paper is about "cover" therapy and the need of this particular group of unintegrated young people to be differentially covered, contained, and managed in a very real sense. These children are best described perhaps by the term applied to them by Mrs. Dockar-Drysdale, as "frozen". They are those in whom there has never been any root bonding, who have not yet begun. They have never separated as they have never been joined.

I will describe this by our last referral to the Cotswold Community. A youngster aged 13. Abandoned at two by his mother who was a prostitute and who had rejected him from birth. In his brief life he had had twelve transfers of "home", being cared for by ten "establishments", moving to at least twenty addresses, attending seven schools and "supervised" by nine social workers. Since the age of six he has been in a basically rejecting foster placement. His foster father, himself, having been unsuccessfully fostered and unable to regard the boy as anything except "evil". The foster mother, having had a broken marriage and saying that this boy "never gives anything". Her other children had one after another bonded to her closely, perhaps too closely, while this boy increasingly became the odd man out, giving nothing. She says he has never cared, never shown any concern or guilt, never shown any feeling, never felt any warmth towards her or anyone else. Although of average intelligence, he is regarded by his foster parents as increasingly sub normal. She says her other children have all "passed" him. As the other children have begun to integrate and formed a primary reference group of their own, as it were, this unintegrated child increasingly tended at first to panic, act out and disrupt. This has now gone underground in what has become an increasingly rejecting,

repressive and punitive situation. He has therefore increasingly been shunted between this adoptive family and various additional children's homes and assessment centres for temporary periods.

On the surface he has increasingly become "like a robot", according to his social worker and conforms and adapts on the surface and is now completely "socialised". Only occasional violent eruptions and attempts at fire raising outside the home. He even produces a warm smile and says all the right things for each and every situation. Throughout, he has continuously stolen and this stealing is increasing so that now everyone is quite clear that unless something is done he will end in Borstal and prison. One bit of behaviour may illustrate the feeling quality of the situation. The family cat of which he was fond was run over immediately outside the house in the road. The foster parents simply dumped the cat in the dustbin. They were then "horrified" to find this child screaming and throwing stones at the dustbin. The only hopeful indication was that at one stage much earlier he had a teddy bear that meant much to him and of which he took great care. He eats ravenously but has never known any comfort or well being.

His father has completely disappeared and his mother is now somewhere abroad. On the surface "loving" the younger infant of the family, he at the same time is suspected of being increasingly surreptitiously sadistic at times. This is typical of our referrals and such children need very special additional security and containment. Those that will care for him will need very special cover and support systems if they are to survive rather than be emotionally annihilated. More than and very different to those that could prevent breakdown in a fostering situation.

## MILIEU

At this stage I am emphasising the sanctuary/containment and cover elements of need at a stage well prior to that in which self determination becomes increasingly the focus of the help needed. Our work is that of listening, imagining, emphasising and getting to know what colours our own individual vision, our own neurotic conflicts, residues, and shadow.

Each unit needs its own clear primary task, a clear input frame of reference, a clear conversion task, and a clear output and completion of task boundary. No unit can survive unless it has a clear task, and clear boundary controls. When this doesn't occur, grotesque things happen in terms of splitting processes; for example, in the old approved school here at the Cotswold Community the Home Office underwrote a "limited experiment" in which boys were to be beaten for every offence for a period, followed by one in which they would not be, to see if either regime would or could produce a manageable order in the chaos of the rag bag intake (which incidentally, as I discovered eleven years ago, included also brain damaged children, psychotic, and severely sub-normal). The woolliness and class attitudes, the Victorian residue of the past will simply not work. Erin Pizzey calls such places "wonderful, middle class ideas", in describing a children's home she once worked in. These are riddled in the prestige of received dependencies and the repression of signs of disturbance.

Mrs. Dockar-Drysdale and myself have worked with such children together for many years now. She has written a great deal on her experience (see B. Dockar-Drysdale, 'Therapy in Child Care'. Papers on Residential work. Volume 3 Longmans 1968 Particularly her paper 'The Residential Treatment of Frozen Children' and 'The Provision of Primary Experience in a Therapeutic School') I will try to summarise our experience. It is first necessary to look at stages and syndromes of unintegration towards integration. The most damaged are the "frozen" children. Then there are those who have, as it were, only very small islands of good experience in a sea of chaos, the "archipelago" children. Neither of these have started and so regression, in a sense, does not come into treatment. "Caretaker selves" in which there is a very small regressed ego, cared for, as it were, by an often harsh and unyielding shell shunning adult help or support are a next stage, and beyond that the "false self" who, as it were, has achieved a sort of pseudo identity behind the scenes of which lurk a very infantile small real self.

Frozen children need containment, especially of self destructive areas, their continuous mergers to be

interrupted, anticipation of delinquent actions (that is *confrontation in advance*), conversion of acting out into communication of feeling, dependence on grown ups to be established, delinquent excitement converted into oral greed, the underlying depression from which they are in full flight to be reached and supported, communication opened up with one person and then with others. Archipelago children require one ego functioning islet to be related to others through communication, containment of non-functioning areas, (that is panics) support and encouragement to any functioning areas, provision for localised regression where needed and with reliable adaptations that can be sustained. False selves require containment of chaos within the shell, provision for planned and localised regression with reliable adaptations, and symbolic communication (they have reached a stage where they can make use of symbolism). Caretaker selves require provision for localised regression, reached through the co-operation with the "caretaker" in the care of the real self, symbolic communication, localised adaptation with as much communication as possible, and functioning areas to be strongly backed and supported.

## APPLICATION OF CONCEPTS

As I have already indicated (and this paper is not concentrating on this group) integrated children require ego support, especially where there is under-functioning, reliable parental figures on whom they can transfer unresolved conflicts, ways to make constructive use of regression, adults with whom they can identify, "open" communication and conversion of acting out into verbal communication, opportunity to accept responsibility as an individual in a group, acceptance of reparation and help and opportunity to reach it, and modification of a harsh super-ego.

The features of regressed behaviour are very primitive indeed and very frightening. They centre on food, shitty behaviour, drink, faeces, and so on. Children need special adaptations and provisions, boxes and holes to crawl into, their own special smelly rags, and special bits and bobs or soft toys and so on.

Perhaps the most useful paper that has been written on this subject is Winicott's. This we have always found to throw much light on otherwise dark and often very bewildering areas of our experience over the years. (Winicott D.W. "The Family and Individual Development" Paper: Group Work and the Maladjusted Child, Tavistock 1976). He writes of the problems of staff in providing "cover therapy" for unintegrated children — covering naked souls — "The children lie about on the floor, cannot get up, refuse to eat, mess their pants, steal whenever they feel a loving impulse, torture cats, kill mice and bury them so as to have a cemetery where they can go and cry. A notice is needed "Visitors not admitted"."

Something of the need of these children is described by the focal person in relation to the boy mentioned above, "He is beginning to accept physical contact and comfort. He still withdraws easily if he feels others may make comments. He seems to have been forced into a position where he has to appear independent and tough in his home circumstances".

Winicott describes the experience of the early stages of work with unintegrated children —

- (a) they are glad to be covered and they gain confidence.
- (b) They begin to exploit the situation, become independent and regressing to unintegration.
- (c) They begin independently of each other to achieve some integration, and at such times they cover offered by the group which they need because of their expectation of persecution. Great strain is placed on the cover mechanism. Some of these individuals do achieve personal integration, and so become ready to be moved to the other type of group in which the individuals themselves provide the group work. Others cannot be helped by cover therapy alone and they continue to need to be managed by an agency without identification with that agency.

And, as I have said, one cannot have a rag bag of recovering and highly disturbed, or integrated and unintegrated children, in one unit without staff withdrawal from therapeutic roles into frozen

professional competence and arthritis (or breakdown).

It is sometimes possible but exceptionally difficult to take a whole group through from unintegration to integration. Alternatively, it is necessary to have a sequential range of units dealing from 100% to 40% cover, making carefully planned transitional twenty-four treatment programmes and movement from one to the next as fragile integration is achieved. The planned transitional structures are of crucial importance.

Marion Milner's work (1) ("The Role of Illusion in Symbol Formation". Paper in "New Directions in Psycho Analysis". Edited Melanie Klein, Tavistock, 1955.) (2) ("The Hands of the Living God". International Psycho Analytical Library, Hogarth Press, 1969) has helped us in understanding our experience of the immense anxiety and defences (many of them anti-task) which this work evokes in staff (and children). I feel she gets to the essence of the feeling of the process of separation and its reliable and firm supportive structure and form and of the whole seminal field of transitional objects. I would also strongly recommend you to a new collection of key papers on the subject based on Winicott's work — "Between Fantasy and Reality. Transitional objects and Phenomena". Edited — F.A. Grolnick. Aronson 1978.

She writes "If one asks a key question what factors play an essential part in the process of coming to recognise a world that is outside oneself, not of one's own creation, there is one that I think has not been much stressed in the literature. Thus, in addition to the physical facts of the repeated bodily experience of being separated from the loved object, and being together with it, and the repeated physical experience of interchange with the not-self world, breathing, feeding, eliminating: in addition to the gradual capacity to tolerate the difference between the feeling of one-ness, of being united with everything, and the feeling of two-ness, of self and object, there is a factor of a capacity in the environment. It is the capacity of the environment to foster this growth, by providing conditions in which a recurrent partial return to the feeling of being one is possible; and I suggest that the environment does this by the recurrent providing of a framed space and time and a pliable medium, so

that on occasions, it will not be necessary for self preservation's sake to distinguish clearly between inner and outer, self and not-self". The essence is the reliable frame of reference and reliable and sustainable adaptations within that frame of reference. A complex dynamic two way stretch process that is carefully planned. There is always a terrible period of neat catastrophe, of paranoia, and near breakdown for both child and adult, a crisis usually just before trust and dependence are reached and the child is able to create and hold onto the adult in absentia, as it were. The transitional object and phenomena between reality and fantasy come in here. This object is, as it were, created by the child. I will repeat Winicott's definitions of this more than the mother object "A symbol of the unity of the mother and the baby at the place in space and time where and when the mother is in the process of transition from being merged in the infant to being experienced as an object to be perceived rather than conceived. The use of the transitional object symbolises the union of two, now separate things, at the point of initiation of their separateness". Often this pre-symbolic object may be some special food adaptation. In fact Bettelheim devotes a whole chapter in his book "Love is not Enough" to "Food, the Great Socialiser".

Staff at this point usually meet something very threatening to and in themselves and the process involves either potential mutual disaster or potential mutual healing. Planned environment therapy is a hopeful use of the environment to facilitate or unstick maturational processes from small hidden bottom up growing point in individuals (or virtually unborn cores).

Such milieu therapy is at the moment, as distinct from the frozen professional competence of slogan and cookery book therapies almost at breaking point. This potential splitting process is the challenge which now faces us, perhaps especially in the large organised public social services in "making bureaucracy work". Those institutional processes which make towards pseudo or delusional equilibrium, facades, and impression management, are much easier and everyone will applaud and give



support and affirmation to such work. Such treatment is not an occupation but a *pre*-occupation and requires a passionate commitment. Let us hope that we may in time gradually narrow the gulf between top down ideologies and bottom up realities in this work. It requires a reliable and well tested sixth or possibly seventh sense but it needs to be a trained and sophisticated one, for naivete or sentimentality in this work is disastrous.

If we are increasingly going to have to learn to plan from ignorance (at least honest ignorance) from uncertainty, and rapid change, we shall do well to discard competing platform realities, simple blueprints, dogmas, and "solutions". In any event what we see and experience ourselves as people called "staff" is infinitely less important than what people called "client" see and experience for themselves. We can only continuously and always learn from our mistakes, and make mistakes, but at least acknowledge and accept these rather than hide behind the icy perfectionism of the mere stylist.

#### MODEL

We have found that in order to make an accurate need assessment (and these have continuously to be made to pace each child) we need the following information:—

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- (a) Does this boy panic?
- (b) Does he disrupt?

(A state of unthinkable anxiety and a continuous breaking in on any group activities.) These are the two main indications of unintegration.

Assuming he is unintegrated we need to differentiate between the various syndromes mentioned above. The degree of ego functioning, or rather the lack of it, can be assessed by the state of the boy's feelings with regard to —

- (a) Personal guilt — evidence of concern and responsibility for harm done which might lead to reparation.
- (b) Dependence on people or persons.
- (c) Merger — with another or with a group.

- (d) Empathy — the capacity to imagine what it is like to be in someone else's shoes after remaining in one's own.
- (e) Stress. How does he deal with feelings of stress?
- (f) Food. What is his attitude to food? Is he selective or interested. Any evidence that he might convert delinquent excitability into oral need?
- (g) Communication — does he communicate with feeling or merely chatter in a stereotyped or institutional way?
- (h) What is his capacity to symbolise. Does he dream? Does he tell his parents or others about his dreams?
- (i) Identification — does he seem to be able to model himself on, as distinct from merely imitation or merge with, other people he admires?
- (j) What are his earliest memories?
- (k) Has he ever felt comfort or well-being?
- (l) Depression — What is his capacity to sadness? Is he able to be depressed or is he always apparently superficially cheerful, — is he capable of real sadness or is he in a state of hibernation?
- (m) Delinquent excitement. What happens when he steals?
- (n) Aggression — What does he do with his anger? Verbal or physical? How does he experience and deal with this? Does he catch other people's excitement in a group? How does he cope with boredom?
- (o) the level of his capacity for play. Does he play a lot alone with pleasure? Does he make use of a transitional object? Does he usually like to play with one other? Usually a grown up? Does he play with more than one grown up at a time? Does he play with others boys and is he able to keep to rules?
- (p) Are there any clues as to his fantasies with regard to cruelty or sadistic behaviour? What is his attitude to animals and pets?
- (q) What is his capacity for learning? Does he learn from experience in every sort of learning situation.

- (r) What is his capacity for self preservation? Does he take care of, or value himself in any way.
- (s) Has he any established functioning areas? What is his capacity for self involvement? In which areas?

We would, I think, agree that intervention is only justified when it is assumed to be clear that it would achieve better results than non intervention. The big hunters of social work make a heavy industry of intervention.

It is beginning to be possible, and there is a literature on this, objectively to evaluate treatment environments. We begin to know what constitutes the healing rather than harmful environment. We can begin now more accurately to formulate a sort of human ecology (although this could become yet another hints and tips cookery book). An ecology which may be transferable to other situations. We know that certain environmental conditions foster or inhibit various maturational processes. It is one of the most important tasks and responsibilities ahead in this work to clarify what is needed for whom and what is effective and not effective for whom (what enhances coping skills and environmental mastery and what inhibits these). It is our immediate task, and no-one else has the experience or knowledge to do it for us. This is the immediate responsibility for us as residential work practitioners.

## CONCLUSION

There is an increasingly active and militant social worker element, but at this stage it seems more associated with "things" and methods appropriate to things, rather than people. We could well adopt the Sandhurst motto, "Serve to lead"! Anyway, it appears at this stage to have more to do with poorly motivated staff than the needs of disturbed children.

I would end by enjoining you to hold fast to your public support for people, for the individual, with skill and imagination and to watch out for any efflorescence of grandiose top down blueprints and ideologies which may be concretised, for these concretisations have a habit of

crumbling fairly quickly. These create the elegant hollow places where theory obscures actual practice and reality.

The increasing pressure of the mass mentality can only be understood by those few individuals who have found some connections with their own most ancient inner most roots and human instincts. These can only be found in the traditional wisdom of men.

All rests on the individual. It was Jung who wrote, "The greatest events of world history are at bottom profoundly unimportant. In the last analysis the essential thing is the life of the individual. This alone makes history, here also do the transformations take place, and the whole future, the whole history of the world ultimately springs as a giant summation from these hidden sources in individuals. In our most private and most subjective lives we are not only the passive witnesses of our age, and its sufferers, but also its makers. We make our own epoch".

The heart of the matter is the individual, and what he is. Qualities which communicate instantly to others — that concern for others in the development of their own resources, supported by unflinching reliability and unassailable integrity. Only such qualities can communicate to others instinctively and immediately that sense of trust without which, as Dr. Sutherland remarks, "No man reveals himself to another".

I would, however, end by asserting that it is not only skilled leadership which is needed, but conscious and adequate boundary definition for control systems, activity systems, groups, tasks, and authority. Unless these are clearly defined, frontier skirmishing is inevitable and will increase. Ken Rice (Rice A.M. "The Enterprise and its Environment. Tavistock Publications, 1963) who helped us with our original organisational model, wrote, "It is perhaps a major paradox of modern complex enterprises that the more certainly boundaries can be located the more easily formal communication systems can be established. Unless a boundary is adequately located, different people will draw it in different places and hence there will be confusion between inside and outside. In the individual this confusion leads to breakdown, in enterprises to inefficiency and failure". ●