

the first nine years at Fulbourn, was an exciting period. The last decade was good too, creating a psychiatric rehabilitation service. There was a lot of fun and excitement then and I think that by the end we had demonstrated a solution to the problems which are bedeviling institutional psychiatry in developed countries all over the place at the moment. What the Americans call 'deinstitutionalisation'. We showed that if you have a well-integrated, well-knit team of highly motivated staff (not many of them, but good) they can maintain people with long-term psychiatric disabilities in the community and there is no need for hundreds of people to be locked up in dreary asylums, nor for hundreds of lost, pathetic creatures to be wandering the streets of the big cities, raking in the trash cans. However, I must say that the most exciting time was in the sixties when we developed therapeutic communities at Fulbourn Hospital. In opening up the hospital we had been doing what many people in Britain had already done, and we were following in other's footsteps, but with the therapeutic communities we were striking out into completely new country. Nobody had ever taken all the patients from the segregated, locked, disturbed wards of a traditional mental hospital and put them together in one open-door, mixed-sex, therapeutic community. It was a challenging and, at times, terrifying period. We successfully demonstrated that it could be done and that, as a result, people who would otherwise be condemned to a perpetual back ward life could make their way to a degree of independence and free living away from hospital. But the reason why I say it was exciting was because of what it did for me personally. In the community meetings I was challenged and confronted by the patients and forced to rethink and modify many of the practices of unthinking authority which I had developed in a decade as a medical superintendent. Exciting too was to meet the staff on equal terms and to hear from them something of their complex feelings about the doctors that they had been subjected to over the years. The hostility and the admiration, the envy and the comradeship, the resentment of the medical arrogance and tyranny, and the protection that that very arrogance gave them. I learned an immense amount about myself

and my profession during those years. It was a wonderful time.

BB What do you see as the continuing theme of your professional work?

DC The exploration of the social factors in psychiatry. I learned medicine in the early forties when the entire focus was on the individual patient and the things that were wrong inside his body and his mind. The psychiatry which I learned from D. K. Henderson and from Aubrey Lewis was much the same—continuous, assiduous, devoted examination of the pathology of the person and his mind. Even the psychotherapy of those days was entirely individual. We were not supposed to have any social contacts with our psychotherapy patients, nor even to talk to their relatives.

It is amazing how far we have moved since those days in learning to assess the social dimension and to use it to help the patient. My own personal interest has been social therapy within the institution, the development first of all of open doors and a humane regime, then therapeutic communities and then rehabilitation. There have, however, been many other social developments. There has been the whole development of family therapy which arose directly from the awareness of the social dimension, and of course, the new growth therapies—encounter groups, psychodrama, etc, which are all rooted in the observation that for many people, their inner troubles are caused by their social relationships and the only hope of helping them is by exploring the problem in a social setting.

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Correction

Membership of the Royal College of Physicians of Ireland

We were incorrectly informed that Membership of the Royal College of Psychiatrists would give exemption from Part II of the Membership of the Royal College of

Physicians of Ireland. (*Bulletin*, February 1986, 10, 34). This should have read Part I.