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The Use and Misuse of Planned Environmental Therapy

BY

MARJORIE E. FRANKLIN

Hon. Physician, British Hospital for Functional, Mental and Nervous Disorders and to London Psycho-Analytical Clinic; Hon. Psychiatrist, Institute for Scientific Treatment of Delinquency; Hon. Consulting Psychiatrist, and Hon. Sec., Q Camp for Boys; Member of Executive Committee, Howard League for Penal Reform, Fellow Brit. Psychol. Soc.

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EDITED BY

MELITTA SCHMIDEBERG,
M.D. (Berlin)

AND

MARJORIE E. FRANKLIN,
M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., D.P.M.

PAPER 1.

**The Use and Misuse of Planned
Environmental Therapy**

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MARJORIE E. FRANKLIN

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THE USE AND MISUSE OF PLANNED ENVIRONMENTAL THERAPY.*

By MARJORIE E. FRANKLIN.

From some points of view *all* psychotherapy is environmental. The psyche is subject to influences reaching it through the senses, whether these stimuli come from the outside or whether they come from internal tensions or stresses of the body or mind such as those that arise during the developmental phases of instincts and emotions. "Planned Therapy" can obviously only come from outside, whether by means of the penetrating application of 'depth psychology' directed by practitioners to exposing the inner, unconscious realms of the mind; or on the other hand by the absorption of more diffuse impressions through the manifold influences of an organised daily life and planned curriculum presenting a combination of protection and stimulation. The second deals chiefly with the reactions of the subject to external reality, although the discoveries obtained by means of psycho-analysis have given us greater understanding of how it works. It is this that I am calling "planned environmental therapy", although perhaps "social and educational psychotherapy" would have been a better description. If we understand what we mean I don't think it matters much at present what we call it. If ever the methods used become the object of clinical study with the scientific seriousness given to the study of individual methods of psychotherapy (or 'consulting room methods' as it seems convenient to call it), the terminology will be important. This paper is intended to advocate such a study.

I feel diffident, as a private psychiatrist, whose resident mental hospital work belongs to the remote past, to speak before colleagues who are working within institutions. I have, however, in my practice to discriminate, advise and consult on environmental methods. I have learnt, too, to feel rather impatient about questions as to a preference for schools, hostels, homes, etc., as if the label told us anything profound about what is to be done to help the person who goes there. A consultant who is asked advice about an offender may well hesitate before recommending Home Office Schools or Borstal Institutions, not because he considers none of

*Paper read at the Psychopathology and Psychotherapy Discussion Circle, 199 Gloucester Place, N.W.1, on December 1st, 1944. (Reproduced with some omissions and some amplifications).

them suitable for a particular case, nor even because of such obvious drawbacks as the Court sentence, punitive associations, etc. - drawbacks whose effects can be got over - but because he cannot be sure that the patient will go to the place selected nor what the alternative will be. There is as much difference as between chalk and cheese, between one residential private hostel and another, or between one Home Office School and another. It is right that there should be a wide variety in type, if not desirable that there should be variety in quality. I am aware, of course, that efforts are made for Approved School and Borstal candidates to be observed and finally allotted to the institution that seems most suitable within the label 'Approved School' or 'Borstal,' but all that the private physician does by advising or the magistrate by "sentencing" is to confine the choice within these limits. A Court or Classifying Centre may try to send the "offender" (i.e., our patient) to the place re-commended, but supposing they fail - and the best places have not always vacancies - it is assumed that the second choice is necessarily another Approved School or Borstal, as the case may be. This is particularly true of persons of Borstal age. Such an assumption appears logical only because of the label, or the fact of State control, and is by no means always correct. For example, if one considered North Sea Camp Borstal the first choice for a certain young man, it must necessarily follow that some of the other Borstal Institutions would be about the tenth choice (and vice versa) with various hostels, another shot at living at home with the help of probation, even the boys' prison (which would mean a shorter period) coming in between. Again, a man might come out of Wakefield Camp Prison the better for being there, a rare phenomenon in the case of the majority of prisons. Yet I believe even a judge cannot select the prisons where the "sentence" is to be carried out, so if he thinks a man reformable by environmental methods he must avoid sending him to prison.*

Another reason for my seldom recommending government controlled large institutions is their lack of elasticity, but I refer to this later.

This digression may serve as an introduction, or to emphasise the diversity and specific nature of the kind of help we ought to have at our disposal. Persons recommended for environmental rather than or as an adjunct to consulting room treatment include for example many of the unhappy, the shy, the frightened, the rebellious, unloved, restless, and so on and so on, through a whole dictionary of phrases, and such clinical types as psychopathic character types of various kinds, some fairly mild and diffuse anxiety hysterics and even slight schizoid characters, provided

* The fact that several of the places commended in this paper happen to be "Camps" is largely a coincidence. While it is true that the camp type of construction tends to promote more freedom and friendliness than brick and mortar institutions, this is not always the case. The author does not wish to exaggerate the importance of material conformation in environmental therapy.

the ego, or the personality, is sufficiently firm to be capable of development and strengthening. Planning involves, among other things, placing the patient in a right atmosphere and the establishment of relationships with a wide number of things, people and influences. The influences include love, friendship, attachments, employment, opportunities for liberty and initiative and to feel of use; opportunities also for regression so as to work through childish situations in an atmosphere of understanding tolerance, new interests to facilitate sublimation, responsibility sometimes and relief from responsibility sometimes. They include also free play, an ordered life, individual development, social combination, opportunities to form positive and negative transferences to people who can understand and handle them and to pass from this to real objective relationships.

In the bad old days when a patient in whom no signs of organic disease were discovered might be dismissed with the words: "there is nothing the matter with you, only nerves," complicated and deep seated mental disturbances were expected to be swept away by the magic prescribed in portentous tones by famous medicos. Change of scene, a new job, travel, social work, punishment, listening to exhortations, rest and isolation, activity and society, even marriage and child bearing were expected to cure hysteria of all kinds, obsessional neurosis, melancholia, schizophrenia, social maladaptation, and all sorts of character and behaviour problems. The discovery of psycho-analysis has opened up a new world and revolutionised not only the treatment of mental ailments but also the understanding of human personality and social relationships. Applied specifically to the subject of to-night's discussion, psycho-analysis can often explain how it is and why it is that some people get better when particular external influences are brought to bear. It should help us to give guidance, in association with other specialists, in the selection and application of these influences in a purposeful manner.

It was perhaps a natural reaction to these bad old days to pay too little discriminating attention to the possibilities of controlled environment. Such an environment should take account of the manifestations of the unconscious and of the conscious mind, of intelligence, memory, perception, imagination, and so on. The new myopia may be to regard social therapy as if it had merely the negative value of removing the subject from undesirable surroundings or to protect him or society from danger or inconvenience, and to treat consulting room therapy as the only form to be considered positively. It is not unknown for a hospital or clinic to declare a patient to be "not needing treatment," and then send him to an institution staffed by people who are specialists and have given long thought to the job of making their charges better.

I would like to mention a few "*misuses*" that I have come across in my work, and expect that in the discussion many more will be given. A dangerous misuse of environmental methods, to my mind, is to misunder-

stand the scope and limitations of this kind of treatment; e.g., to try to conduct an analysis by means of the environment. This is not intended as criticism of experiments in active therapy, or group therapy, etc., which are variations of depth psychology practised in the consulting room. Nor am I referring to recognised methods of play therapy, such as its use as a means of communication to supplement speech in children. I do, however, regard with some misgiving the utilisation of consciously directed play ostensibly dependent on exact interpretation of unconscious phantasies whose real meaning can only be guessed at. This is different from giving opportunity for *free* acting out of phantasies in play. Another form of this kind of "misuse" is a practice I have heard described of selecting a certain person in the environment to act the part of a recipient of positive transference and choosing another to be the recipient of negative feelings, one administering favours and the other "discipline". In general I consider that treatment dependent on *specific* knowledge of what is going on in an individual's unconscious mind (more than general principles) is best confined to cases where its effects can be watched and controlled and where the unconscious mind is being explored at the same time by recognised and well established methods.

Nevertheless, it is in the sphere of the transference, and especially the transition from transference relationships to real object relationships that, as referred to above, we find one of the most important *uses* of environmental therapy. Although it may be a little out of place to turn from "misuses" to "uses," it may be as well, if you will allow me, to consider now this theme of a positive utilisation of the transference phenomenon. In orthodox psycho-analytical treatment the analyst's personality is kept in the background and as the analysand revives memories he feels once more emotions he felt towards persons in his early life. While he thinks and speaks of them he inevitably transfers those feelings on to the impersonal and rather nebulous analyst. He makes mother and father transferences, we say, of a positive and negative kind to the same person at different times, with little relation to the sex or real character of the analyst. This happens to all people undergoing analysis successfully, whether they are people in good objective touch with their surroundings undergoing it as research or training, or patients without this possibility of satisfactory direct relationships. These analytical transferences are, according to orthodox principles, dissolved at the end of the treatment by "analytical methods" (making their sources conscious) and also throughout the analysis, almost as soon as they are formed.

This state of affairs is not the same in environmental therapy. The essence of this is that the patient is in contact with external reality (in analytical terms it works probably by strengthening the ego), however sheltered and selected this "reality" may be. The people around are living sincere lives and showing themselves as they really are, with only

the sort of reticences and subterfuges one expects in life. They should have some understanding of what is happening when a person under their care shows feelings, positive and negative, which are built up from the patients' own subjective emotions and needs - that is to say, transferences. They should also be able to appreciate that "real" (in inverted commas, for we also recognise that the inner psychic reality is genuine) likes and dislikes always play some part in these relationships, and as the subject makes better contact with the outside world he supersedes to a large extent transference judgements by objective ones. Not only should the persons in charge understand and accept both transferences and "reality" attachments - it is impossible always to distinguish between them - they should also allow themselves sincerely to respond, though taking care that their reciprocal feelings are kept in hand. Analytical or institutional aloofness is too cold a thing to be suitable in social therapy, which needs warmth and spontaneity.

This transition is an important stage in socialisation. A patient asked me if I thought her judgement of people was at fault. She was an intelligent woman with experience in many walks of life, but it was evident that in her then state of mind she could not see people she met without a hang over from other people, for example, all men with fair hair tended to be liked because her late husband had fair hair, and so on. Think of her having to choose candidates for a job! In our work with young men, aged between 16½ to 25, at the first Q Camp we used to get some who were unable to form attachments of an affective nature at all. They seemed to improve in stages which overlapped, and were not clearly distinguished. First came a love of inanimate objects - they liked the camp they were helping to build or improve, and so on. They were sometimes extraordinarily ambivalent to it and regressed to childish behaviour. Some, who have since developed into ordinary members of society, had periods in which they destroyed and broke up the buildings and furniture they loved. This attachment to things before manifesting it to people is not usually found as an early stage of healthy development. We observed it during the regeneration of some individuals who had been so much hurt in their emotional relation to other people that they had become cold and, as it were, without any affective attachment at all. A later stage we observed (which was the first stage with some, as it is the first in early development) was to form mother and father transferences to the staff or neighbours. Later, with various intermediary stages, came a time of equal friendship with comrades, which was promoted by the way in which the inmates and the staff shared in the government of the place. Later came life in the less specialised outside world, with marriage and the foundation of a family, work and perhaps social responsibilities outside the family.

In our newly constituted Q Camp for younger boys (11 to 15) under the leadership of Arthur Barron, we are finding much the same manner

of progress (although I am glad to say the destructive phase has not yet been so manifest), with the important addition that animals, small ones as pets and larger ones on the farm, are playing a very prominent part in the emotional lives of the boys. The boys can play with them, they can mother and protect them and they can learn to train and control creatures bigger than themselves. One boy, who lavished much affection on his kitten, remarked to me privately, "I feel I want a larger animal to master." Before he came he used to be frightened of bigger boys and dominating men and he was passing from that period to being something of a bully himself, and he thought this might help him to get over it. Another boy seems to have progressed, in his last environment, from an almost completely negative attitude to everybody and everything, through a strong attachment to a place, thence a passionate mother transference, and there stuck. He is now showing a further stage of comradely objective friendship with an equal, some father transference to the Camp Chief and capacity for quite skilled care of goats on the farm. It is interesting that with the growth of real object relationships his learning capacity, or general receptiveness, is improving.

From transference there is a natural transition to imitation and identification - sometimes called "following good (or bad) examples." I have no time this evening to discuss this process, but it is one that can be utilised in environmental therapy and is fairly recognised.

The first misuse we have considered, then, is to try to employ our medium in ways for which it is unsuited. A second, that I have already referred to, is lack of elasticity in the methods used. I remember hearing from the superintendent of an institution for young men how careful they were fully to employ the youths' leisure - "idle hands," etc. It is true that some unstable people do need the support of a time table for their spare time; but the support should not be there for the whole of it and should be gradually removed when they can bear to be without it, even though they might still prefer to be regulated. Others, however, badly need to be left to their own devices, even during unstable periods. Rigidity of discipline and fixed punishments are evils too well known to need expounding here.

A third type of "misuse" which is very discouraging for people who have to carry out environmental therapy is for a psychiatrist to select cases unsuitable for this kind of treatment, especially if the patients are likely to be curable by what I have called "consulting room" methods. (This term has the advantage of being neutral and without bias towards any particular form of psychotherapy.) I have enumerated already some types of cases for which planned environmental therapy seems best suited. In general I consider that it may be expected to help the more diffuse character disorders, especially when shown in relation to society, as, for example, anti-social behaviour, delinquency etc., particularly in children.

It is likely to be least effective when the symptoms are segregated from the main personality - e.g., obsessions, phobias. But this is a somewhat rash generalisation. One meets general character cases and "diffuse" neurotics who clearly require "deep psychotherapy" and some phobias are greatly relieved by environmental therapy. Much more experience is needed before we can be certain in our recommendations.

Besides asking people to cure by environment patients the nature of whose illness implies that they are shut off from such influences, it is also a misuse to send a patient with insufficient diagnostic and prognostic advice and without differentiation. To take a few examples: (a) In every medical psychologist's practice there are patients, especially among the children, whom one expects will benefit, by social methods carefully used, to an adequate extent; that it is to say that they will make a personal and social adjustment such that they will not need to seek further advice - we are not talking about "complete cures." (b) There are others selected for an eventual course of consulting room therapy in whose case it seems likely that preliminary treatment of an environmental kind may shorten the course, lower tensions and relieve some of the symptoms and anxieties and also strengthen the healthy part of the ego. We all know the type, I think, where superficial troubles overlay deeper ones. (c) Those who after having had some consulting room treatment have reached a clinical condition very similar to those constituting the group described above (a) as being the most suitable for environmental treatment. (d) Patients who while receiving consulting room therapy need to live among specially tolerant people or who, for some reason, need non-resident help from probation officers, social workers, etc., who are co-operating closely with the psychotherapist. (e) Patients who need custodial care but cannot be influenced substantially by any environment and either cannot be benefited by consulting room therapy or in whose case, for practical reasons, it is not available. These we are not here concerned with, since custodial care is not, strictly speaking, therapy. (f) Patients who can be benefited by planned environmental therapy, though not enough to be made independent. I refer to these later.

In view of the difficulty of getting decently humane treatment for our socially annoying patients, my standards may seem impractically idealistic, but I think if we are to hope for the application of science to this problem they are not too high. In order, then, to make the best use of available methods it is necessary for the medical-psychologist who makes the first contact to have a working knowledge of what may be expected from various sources. I am not as greatly worried as some people at mixing the neurotic and the delinquent, the refined and the less refined, provided, and the proviso is important, that the atmosphere is curative. But I think we should not muddle up the patient whose main cure is being obtained from his visits to the doctor's consulting room with the patient

who is intended to have positive benefit from environmental therapy as his main sheet anchor, even though he too may be interviewed periodically by a psychiatrist. I am uncertain whether they should live at the same place, but I am sure that the people looking after them, medical and non-medical, should realise the great contrast in the approach.

I would also caution against confusion between a therapeutic environment intended for those in whom there is something amiss and the best environment for a healthy adult to live in or a healthy child to be educated in. Dr. Glaister reminded us, in the discussion, that this last remark needs amplifying and qualifying. I need not apologise for taking my illustrations from the work he and I have done and are doing within the Q Camps organisation, since it is the environmental therapeutic establishment that I know best. At the first camp, which was for young adults, it was our policy, as it still is with the boys, that the methods of government in which members and staff participated should remain experimental and change frequently. A community of normal adults would prefer a more stable constitution (and if they are completely adult I think it would be fully as democratic as the forms we promote in our training camps) which is also desirable on grounds of efficiency. The method of experiment and change, however, in shared management of their group is, in my opinion, to be recommended for training normal as well as anti-social children to become democratic citizens when adult. This is an example of the way in which researches in dealing with the abnormal add to knowledge of normal education - and, of course, many advances in education as well as in general psychology have come through studying the pressing needs of the disordered. Another example is that in our regenerative work with young people of all ages we frequently find that it is necessary to supply opportunities for experiences which they have missed but which are desirable for healthy growth in the majority, thereby emphasising that these are general needs (e.g. affection, adventure, contact with nature, freedom, imaginative outlets, group friendships, etc.). Nevertheless, there may be a tendency for a too wholesale application. As already mentioned, the fluid, changeable form of democracy best for training is not an ideal democratic constitution for running a country or even a small group. My next example may be more controversial. In our Camp School lessons and school discipline are arranged on the "free school" model used in most progressive schools for mal-adjusted children. I may be unorthodox for a modern educationalist in believing that well adjusted children in their teens coming from harmonious homes do not suffer from constraint in following conventionally regulated school time tables and are benefited by the convenience of time tables in covering the curriculum and helping them to acquire knowledge. Extreme eclecticism in lessons, however, is often an invaluable aid in educating the inhibited and the rebellious.

To summarise. I have discussed the misuse of environmental instruments by expecting them to do things they are not fitted to do and also the misuse by bad selection and inadequate differentiation of patients for whom these treatments are prescribed.

The **remaining uses** I can only indicate shortly. Some of the more important have been mentioned and I will not repeat them, but I would like to refer to a few additional ways of helping by environment when adjustment has broken down.

1. **Specific methods** such as occupational therapy, remedial teaching (and if this ought not to be classed as environmental therapy I will accept the correction), vocational guidance, family adjustment by advice, etc.

2. Some **general uses.** (a) Improving family relationship. I wonder if it is realised sufficiently when we criticise the parents of anti-social and unhappy children how much is expected of them emotionally. A lot is said about their material difficulties but not so much about their emotional difficulties. By giving the children some additional parent figures on whom to put their affections and also a number of outlets beyond the home we can mitigate the situation quite simply by lessening the demands to something these not very satisfactory parents can manage better to supply.

(b) Helping older children and adults to adjust to social life in the world beyond the family and to facilitate the dissolution of fixations.

Sometimes we find that progression is promoted by a temporary regression. It is well known that one of the signs of mental disturbance in the previously healthy is regression to an earlier stage of development, e.g. a happy child is disturbed by separation from parents and as a result reverts to a mode of behaviour which he had outgrown; - perhaps he starts to wet the bed, or he loses the new skill in reading that he had begun to acquire at school. On the other hand are those who already have long standing symptoms of conflict and personality difficulties. In the cure of these and as a preliminary to achieving a free mind and a responsible, adult form of behaviour we have learnt to regard a temporary regression as by no means necessarily a bad sign. It seems as if a tolerant atmosphere and security encourage the patient to re-live periods that have not been satisfactorily and fully experienced in his development. But while permitting this type of regressive behaviour, environmental therapy should be ready to encourage progression to a wider growth and responsibility.

3. An important use of environmental therapy is in utilising and strengthening that part of the personality which is not disordered and thus, so to speak, bye-passing the symptoms. Dr. Edward Glover has aptly described this as "side-tracking" the illness.

I have already stressed the importance of distinguishing those cases in which environmental therapy is prescribed (a) as the principal means

of readjustment; or (b) as an adjunct to consulting room practice. In the latter case we should further distinguish between those cases in which it is prescribed (1) before, (2) during and (3) after the intensive course. The second especially needs a different type of environmental treatment – one less interfering, less positive and more passive.

I would like to illustrate some of the types belonging to the group in which environmental therapy is regarded as the *principal* means of re-adjustment by a quotation from a speech by W. David Wills. He was describing the kind of young men who might be expected to do well at the first Q Camp (ages 16 ½ to 25).

“(1) **The high-spirited adventurer.** This is the type that can be helped most as his high spirits and energy can be directed into constructive channels. There is plenty of scope for his energy at the camp, plenty of hard work to be done and in the self-governing life of the community ample opportunity for such a boy to become a leader, an asset, and a vital force in the day to day routine of the camp.

“(2) **The boy who is reserved, quiet and shut in.** For such a boy the encouragement given for freedom of expression of personality at the camp is very helpful. He needs the careful observation which can be given in a small community and individual guidance into channels which will bring out any latent interests.

“(3) **Slightly unstable.** While this type of boy may derive benefit from the camp it is in the interests of the majority that there should only be a sprinkling of these. Such boys are able to gain more balance through the opportunities they have to express themselves in sharing in the government of the camp. They are able to voice their grievances freely and can see in a very clear cut and positive way the immediate results of unstable and inconsiderate action on their part without the continual fear of punishment inhibiting such action. It is essential that such a person should be allowed to see and should eventually realise that he has a constructive contribution to make to society as a whole. This can only be achieved slowly and with a certain amount of forbearance from the camp community.

“(4) **The emotionally inhibited boy.** This type of boy often gave the impression that he was much less intelligent than he was. With plenty of opportunity for friendly discussion, with the gradual realisation that his opinion was sometimes sought and valued, with the encouragement that was given to him to work at the things which most interested him, whether through handwork, office work, reading, music or painting he became aware of the value of his personality and later on realised that he has through it a valuable contribution to make to the camp if he chooses to give it.”

It may be observed that all through this passage the value of feeling of use and appreciated is brought out.

Finally, I would like to say a little more about the class that I have called above **group (f)**: - people who can be benefited by environmental treatment but not enough to become independent, and either cannot be influenced by consulting room treatment or are unable to receive it. Such people are found among the undeteriorated of the chronically insane who, for their own protection or that of others, must remain in mental hospitals; among the permanent inmates of institutions for the mentally defective; and among the "old lags" in and out of prison or remaining in "protective custody" for many years. It is perhaps hardly necessary to remind you of the great difference which environmental treatment can make to the lives and characters of these permanent citizens of large communities. I will end my paper with one example from this group. It comes from an American book about an institution for mental defectives, whose name I forget and which I quote from memory of a long time ago - but it made a lasting impression on me. The book was dedicated to the memory of a young man who was a patient in the institution, with one short interval, from early childhood till his death from tuberculosis at 25. He had seemed hopelessly anti-social and unteachable until a high degree of musical talent was discovered and he was taught to play the violin. He attained such proficiency that, with the permission of the superintendent, he tried to earn his living outside. He failed in this for he was not capable of managing his affairs without supervision, and after his return to the institution he never considered leaving it again. He ran the choir, scouts and so on, and his endearing personality won him respect and affection from all who knew him. The author concludes by asking of how many people dying so young could it be said, as it could of this incurable inmate of an institution, that a community of a thousand were happier because he had lived and the poorer for his death.

The **Discussion** brought up many points of interest, some of which have been incorporated in the paper itself. One subject discussed was *truancy* and *running away*. It was agreed that only a minority of those who decamp do so because they are badly treated or do not like the place they are in. Indeed there is perhaps more running away from progressive institutions than from strict and unsatisfactory places. Three additional reasons were mentioned: (a) A love of adventure. This natural and healthy desire should be provided for by legitimate outlets. (b) Psychoneurosis. A person with frightening mental conflicts may try to externalise them and, as it were, attempt symbolically but vainly to get away from himself by moving restlessly from place to place. In this case the inner mental difficulties need treatment. (c) A "testing out" of affection and

interest is a common cause of running away from a sympathetic environment, especially after some real or imagined slight. It is advisable to treat this behaviour as a symptom of an urgent craving for the assurance of love and of a need for attention. Ways of attempting to satisfy these needs and doubts should be discovered and applied. This advice may sound revolutionary and is in opposition to the general idea that if we discover that a child is doing something "just to attract attention" we must refrain from giving this attention and ignore the young suppliant. But if we do that we fail to take account of the desperate need to be assured of love and approval which can make a child suffer the discomforts, for example, of running away and being for hours without warmth or food in order to find out if he is noticed and wanted. A parallel from another department of human need may be more convincing. Imagine that, owing to rationing or poverty, an institution had only just enough food to satisfy the *average* needs of children, except for a private store to be used for special cases. Let us suppose that most of the children were adequately nourished and did not feel hungry but that little X was so constituted physically that he needed more food than the average and was desperately hungry but dare not say so. Eventually his hunger drives him to steal from the private store before his condition is diagnosed. I think that most of us would agree that the treatment here was not to deprive him of food as a punishment for stealing, but to make further stealing unnecessary by giving him regularly a bit extra. I think, too, if this were done, X would lose his panicky fear of starvation and try to limit his demands to his minimal needs and co-operate in efforts to cure the physical complaint, which made him unable to manage on the same amount of food as the other children.

A point raised, but not perhaps sufficiently discussed, was the predominating importance of the **personality of the staff** in institutions where planned environmental therapy is given. I think that no one would dispute that this is so and that it is even more important, for patients of all ages, than the right choice of method. But surely there is no antithesis? Affection and intuition are not a monopoly of the ignorant and untrained and the mistakes of the foolish and uninformed can do much harm even though they are less hurtful than an unloving intelligence. Where staff are concerned with developing the personality of their charges, the demands on them are more exacting than where "mass production" methods and fixed rules are used. I do not think it can be too much emphasised that in planned environmental therapy the staff are the most important factor.

I have described this paper as a plea for a scientific study of this type of therapy. An attitude to scientific truth has grown up in some places which tends to disparage facts that cannot be isolated and measured.

Laboratory experimentors can determine and compare the degree of reaction to the “fear” stimulation of an unexpected and carefully graduated electric shock. They cannot measure and compare accurately the degree of fear experienced by two children of the same age entering the same strange new environment from totally different backgrounds. One, we will suppose, has few pathological repressions and comes from a home where there was love, security and harmony. The other comes from a past life of change, conflict, frustration, suspicion and violence. The mental picture of the moment and anticipations for the future are so totally different in the two cases that even if it were feasible to measure the fear engendered we would still not know the comparative timidity or courage - the vulnerability to fear, that is to say. Both enter together, but what they see, hear and feel are quite different. There will be innumerable differences, too, for both of them, in their impressions according to whether they arrive on a sunny day in June or a tempestuous, wet, November evening - especially if the small bit of remembered contentment in the unhappy child's experience occurred in November; and the mother's death that changed life for the hitherto happy youngster took place in June! But in this connection we must remember also certain “constant” factors which influence the impression apart from associations. June sunshine and flowers have, as compared with the wet and fog of November, a “reality” influence for happiness that only exceptionally painful and, closely bound associations can permanently distort.

Furthermore, how can we measure and compare the observations of and reactions to the conduct of the same little boy made by two members of the staff, one of whom is sympathetically reminded of his own boyhood longings and perplexities and the other unconsciously irritated by a resemblance to his bullying elder brother or to the younger one of whom he was jealous? It is not surprising, perhaps, if a scientifically trained investigator prefers complete knowledge about partial issues to partial knowledge about a complete situation. But though not surprising, it is rather a pity. In spite of the complexity of the field, some of the laws which govern the types of behaviour and feeling that have been described are known in a general way and the knowledge can be used. There is need of team work between those with a certain objective detachment, combined with scientific humility towards what is incompletely understood and possibly unknowable, on the one hand, and on the other the active and less detached workers who apply their knowledge and feeling. If we are to undertake the task of studying scientifically the influence of planned environment as a cure for mental troubles we cannot ignore the most important aspects of the treatment. We must recognise warmth of feeling without chilling it and spontaneity without enchaining it, for science is knowledge and truth and therefore all-embracing.