

His own experience, so similar as he must think, does not help him to understand the act of Sylvia Plath; he is cut off by the gulf that separates the reactive from the endogenous depression, alike in appearance but different in kind. Sylvia Plath was a manic-depressive. In her autobiographical novel she has described in limpid prose no less beautiful than her poetry the deep depression that came on her at about the age of 20 when, as it would seem, life was brimming with academic success and brilliant opportunities and she, heartfree and without cause for care, was enjoying every moment of it. *The Bell Jar*, the title of this classic auto-pathography, is her name for the invisible wall that came down around her to isolate her in an enclosed desert of the spirit. Alvarez quotes a poem which holds in its few lines the same irony and gallows-humour and dead-pan courage which so move one in her novel:

Dying

Is an art, like everything else.

I do it exceptionally well.

I do it so it feels like hell.

I do it so it feels real.

I guess you could say I've a call.

Her depression at 20 had its climax in a cold-blooded suicidal attempt, which failed by accident and through no fault of planning. She recovered from the depression after a short course of electro-shock treatments. So also, one feels, she might have been saved when a later recurrence of the depression destroyed her.

From this tragic pointless misadventure, Alvarez turns to the history of human concepts and values relating to suicide. This makes up the middle part of his book, sandwiched between the two personal episodes. He gets no help from the psychiatrist. He is told 'almost nothing' by the social scientist, whose procedures make the subject unreal, who seems to miss the heart of the matter, whose elegant superstructures are 'built on simple misery, a terminal inner loneliness which no amount of social engineering will alleviate'. The psychoanalyst may untangle motives, but can say little about what it means to be suicidal, and how it feels.

How it feels is what he is after; his own feelings at the moment of his attempt were blotted from his mind by the alcoholic blackout in which it was done. Causes and motives are alike irrelevant in his search. More to the point for him is what he can learn from a historical progress. Through the centuries social attitudes have swung from one pole to another and half-way back again. For the Romans, suicide was one way of dying, better than many another, to be chosen when expedient and to be conducted with serenity and decorum. Early Christians, for whom

death was the entry to paradise, enforced their own martyrdom. Theologians, horrified at this self-slaughter, made suicide a mortal sin; and Dante confined the perpetrator to the seventh circle of his Inferno, below the heretics and the murderers. Very gradually we are beginning to recoil from this ethical extreme, and changing attitudes are traced for us through the work of Donne, Cowper and others.

All this does not lead to any definite conclusion. Mr. Alvarez is trying to solve an enigma which he has created for himself. When one asks, what was in the mind of the suicide, there are as many answers as suicides, one for one. The infinite number of ways of dying include the infinite of ways and moods of killing oneself. To the Alvarez analysis of personal meanings there can be no conclusion; it is a universe of dis-course in which the negation of a truth is not falsehood but another truth. Of suicide Camus said, 'an act like this is prepared within the silence of the heart, as is a great work of art'; and Valéry, 'the victim lets himself act, and his death escapes from him like a rash remark'.

ELIOT SLATER.

INSTITUTIONS

Patterns of Residential Care: Sociological Studies in Institutions for Handicapped Children. By R. D. KING, N. V. RAYNES and J. TIZARD. Routledge and Kegan Paul. 1971. Pp. 255. Price £3.50.

Large numbers of children are brought up in institutions of one kind or another: in 1963 more than 146,000 were deprived of a normal home life for a variety of reasons. It may be that for some better community services could have prevented their removal from home, but for many it was unavoidable. Bowlby's report to the W.H.O. in 1951 noted the severe impairment of psychological development which sometimes resulted from an institutional upbringing, and pointed to the deplorable conditions in many of our institutions for children. This resulted in the closing down of many residential nurseries and the cutting down of day-nursery provision for the children of working mothers in the belief that even a bad home is better than an institution. More recently long-stay hospitals for the mentally retarded have come in for severe criticism and there have been pressures to shut down these hospitals.

That many institutions are indeed crassly insensitive to the needs of children is undoubtedly true, but over the last twenty years it has become apparent that the progress of children in some institutions is very much better than in others. Much of the damage to children's development stems not from simple

separation from their families but from the quality of care they receive. Professor Jack Tizard has long urged the need to study patterns of child management in residential units, and this book describes the findings of his sociological research group based on observations of more than 100 living units in 26 institutions, most of which provided care for mentally retarded children but some of which catered for physically handicapped or 'deprived' children. Goffman has alerted us to the characteristics of institutions as a closed social system, and now King, Raynes and Tizard have gone one stage further and shown that there are great contrasts between different types of institutional care. It is a mistake to regard them as all alike. Marked differences were found between hostels, homes and hospitals in the type of life provided for the children. It was difficult to determine to what extent differences in the children's physical and mental handicaps influenced the type of care they received. They must do to some extent, but the authors put forward convincing arguments that the children's handicaps are not the main, and certainly not the only, determinant.

The value of the book lies chiefly in its attempt to account for the differences in child care in terms of the sociology of the institution. The authors' conclusion is revolutionary in its implication that present nursing training has the result of fostering rigid, depersonalized, distant, 'block treatment' of people without account for their individual needs. It is suggested that this is a function of the institutional structure within which they work, and that it is not a question of personal qualities. This means that it is not the slightest use deploring conditions in long-stay hospitals and exhorting staff to behave differently since it will be very difficult for them to do so without changing the structure of the institution itself.

While the implications of the research findings challenge the very basis of long-stay hospitals and of the training given to the staff who run them, the style of the book is far from revolutionary. The authors provide a careful documentation of the life of children in different types of residential care and of the work routine of the child care staff. Great care was taken to develop reliable measures which truly reflected important elements in institutional life. Each hypothesis was critically examined in terms of the available evidence, and sociological theories are repeatedly brought back to the real-life experiences of individual children.

This is an important book, and should be read by everyone concerned with the care of children or with the running of institutions for people of any age. It does not give a simple solution to the problem of how to provide residential care, nor does it show the effects

on children of different patterns of upbringing (an important task for the future). The authors are at pains to point out the further research that is needed and the difficulties yet to be surmounted. However, what the book does do is to show that methods of child care can be measured. The results of this measurement challenge many of the assumptions upon which hospital care is currently organized.

MICHAEL RUTTER.

Dynamics of Institutional Change. By M. GREENBLATT, M. R. SHARAF and E. M. STONE. University of Pittsburgh Press. 1971. Pp. 260. Price \$8.95.

Milton Greenblatt has had a distinguished career in social psychiatry; in charge of research at the Massachusetts Mental Health Center, superintendent of Boston State Hospital and commissioner of the Massachusetts Department of Mental Health. This book stems largely from his years at Boston State. He and his co-authors are concerned to show that medical administration is not just a dull grind but a complex activity requiring a high degree of skill and dedication upon which the success or failure of a medical service depends quite as much as upon the efforts of individual physicians or clinical teams. This was the message which David Clark put across in his *Administrative Therapy*. Writing about such matters is a thankless task, because the audience so often starts from the contrary assumption that administration inevitably means red tape and obstruction. Greenblatt and his colleagues do not underestimate the power of bureaucracy to hinder or kill a promising new development, but they also indicate that even in a gigantic organization like Boston State Hospital, something can be done to advance progressive policies when everything seems to favour a rigid application of the rules. The book is parochial; the reader really needs to know the hospital and its social environment in order to appreciate the issues discussed. It is difficult to compare the rather authoritarian organization described with the committee structure favoured in this country, and something of the isolation of the large state hospital from its community and from the rest of the medical and social services is reflected in the text. There is little discussion of alternative systems and no attempt to consider the highly relevant literature concerning different patterns of service in other countries.

Although the resources devoted to research make a British reader envious, the results reported are skimpy. Most of it is *ad hoc*, inconclusive and undeveloped—a symptom perhaps of the prevailing customer-contractor grant system. The book really comes alive at