

IAN BREAKWELL

A PERSONAL HISTORY OF WORK ON  
PLACEMENT WITH THE DEPARTMENT  
OF HEALTH ; AND RELATED WORK.  
1976 - 1979.

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This report was commissioned by Artist Placement Group.

During 1975 the Artist Placement Group ( APG ) asked me to indicate which of the Government departments they were negotiating with might interest me for placement. I nominated the Department of Health ( DHSS ) and was subsequently called into negotiations with the Personal Social Services and Mental Health Group (Architects Division) of the DHSS.

It was considered that some of my work as an artist over the previous years was possibly relevant to the Health Group's involvement in the implementation of the new Government policy of providing local integrated services for the mentally ill rather than custodial care within large specialist institutions. The picture of so-called "normal" everyday life portrayed in my Continuous Diary, with its recurrent images of non-communication, separation, self-contained isolation, suppressed violence and eroticism, and stifled imagination, are indicative of my personal observation of the quacksand on which society's concept of 'sane reality' is built.

The negotiations resulted in my starting, according to normal APG practice, a Feasibility Study in January/February 1976, as did another APG nominee : the composer/musician Hugh Davies.

During the Feasibility Study I was based at DHSS headquarters, Euston Tower, London. I found out as much as possible about the Group I was working with, and their role within a Government department. I also visited street hostels, general hospitals, county mental hospitals, and high security hospitals such as Rampton and Broadmoor.

Throughout the period of time of the Feasibility Study I kept a Diary : a mixture of personal observations, verbal and visual, about everyday 'normal' behaviour, about attitudes towards mental illness, about the environments within which the mentally ill are kept. At the end of February 1976 I submitted this Diary to DHSS as my Feasibility Study report, with two proposals indicating the areas I would like to work in during a full placement :

- (1) to continue work begun during Jan/Feb with one of the architects in the Group on an audio-visual " Reminiscence Aid For Mentally Infirm Elderly People ".
- (2) to work within the area of the Group's activity in the high security hospitals.

I was invited by DHSS to undertake a full placement for the remainder of 1976 according to my second proposal ( the first proposal to be followed up at a later date).

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The group of architects I was working with, specifically George Miles, Len Bartholomew, and Maurice Fillery, were angry about the conditions and attitudes prevalent in the high security hospitals. At Rampton they had achieved some success against heavy odds by getting an upgrading programme accepted for a section of the hospital. However, they felt frustrated that not only the general public, but even members of the medical, architectural and social services professions had no real conception of what it was like within those walls. I suggested that words could only describe so much, and that a visual presentation might be necessary. So I made a colour slide-projection sequence photographed by me inside one of the locked single cells ("side rooms") in Rampton, in which I attempted to show a patient's-eye-view of the appalling, restricted conditions of confinement. This slide sequence was then presented at a Special Hospitals Internal Seminar to leading members of the mental health/medical professions by Bartholomew and Fillery, in March 1976. The slides were without precedent and remain unique.

The DHSS Architects Division Mental Health Group then prepared to undertake a Community Study of Broadmoor Special Hospital, in connection with its planned rebuilding, and I was invited to join the interdisciplinary team, which thus became : George Miles ( DHSS Superintending Architect ) ; Len Bartholomew ( DHSS Principal Professional Technical Officer ) ; Maurice Fillery ( DHSS Executive Officer ) ; Ian Breakwell ( Artist ) ; Rowan Matthews ( Environmental Psychologist ) ; Sandra Franklin ( Post-graduate Student Nurse ) ; Chris Grayson ( Architectural Student ).

As a professional observer of so-called 'normal' everyday life it was considered that my involvement as a commentator on everyday 'abnormal' life might be illuminating.

How did such an unusual environment as Broadmoor ( thought of by the outside world as a prison but actually designated as a hospital ) operate on an everyday basis, seen on the inside by outsiders ?

Miles, Bartholomew, and Fillery had over the years become less involved with merely bricks, mortar and drains, and more with how the built environment affected the people within it. I was sympathetic to this approach, and it was the basis of our subsequent work.

We worked as a team, on site within Broadmoor, observing all aspects of the institution's activities, and interviewing a wide variety of staff ( e.g. management, doctors, nurses, social workers, psychologists ) and patients,

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in order to try to identify moods for positive change.

The insistence, for which I took specific responsibility, that the opinions of patients should be sought and given equal weight to the opinions of staff was an unprecedented and controversial proposal, but after negotiation we interviewed with tape-recorders patients unsupervised by staff, and some of their views were incorporated into our eventual published findings : a large illustrated report, produced at the end of 1976, called the " Broadmoor Community Study".

At the core of our report was the belief that new building should be the opportunity for new thinking about treatment, and to this end we recommended the setting up of an experimental new treatment unit within the hospital, and made specific proposals for the design, staffing, patient population, treatment programmes and daily organisation of such a building. We set these proposals for change within a rigorous critique of the status quo organisation and management of the institution.

Our report was considered to be so radical that it deeply offended the management at Broadmoor, and also embarrassed the higher levels of the DHSS hierarchy. The result was that the Community Study report was placed on restricted circulation even within Broadmoor and the DHSS. Also, although the report was never intended as a public document the Official Secrets Act precludes any such wider airing of the proposals contained within it.

Nevertheless we told the truth as we saw it, and made positive proposals for progressive change, and the day may yet come when account will have to be taken of our study, which remains the only one of its kind.

One of the accusations levelled by the authorities at the Community Study team, namely that of "stepping outside the brief as architects", raises an ironic problem involved with APG placement. The artist had been accepted into the DHSS on an 'open brief' basis, and accepted as an equal member of a democratic, multi-disciplinary team which interpreted the invitation to make a Community Study of Broadmoor as an 'open brief', and were encouraged to do so by the authorities. However, when the final results of this open approach proved unpalatable to those same authorities the tune changed, and in their eyes the "credibility" of the whole DHSS team plummeted. In other words, the artist successfully integrated himself into a host organisation which in turn proved flexible enough to incorporate his ideas and unorthodox approach ; so on that level the placement could be considered a success. However, by

going beyond that to another level where the host organisation ( the DESS team ) itself became placed within an outside host organisation ( Broadmoor ) which claimed to be flexible and to welcome a new approach, but which in fact proved to be inflexible and conservative when told the truth, the end result was 'failure'.

This second level, whereby a successful artist placement indirectly results in the host organisation itself becoming 'incredible' may not have happened before , but will have to be taken into account by APG and host organisations in the future.

Everyone clearly understands the safe limits of the usual Artist In Residence scheme, but the potential effects of a radical, successful placement are unpredictable.

The very terms : ' success ' and ' failure ' may have to be rethought, for the success of a placement cannot be measured merely by the degree of mutual back-slapping between the host organisation and the artist. A timid artist will produce timid work, and this will be acceptable to a timid host organisation.

An artist with a radical attitude may well produce radical effects, and this may or may not be acceptable to the host organisation, or if it is then the effects may not be acceptable to the host organisation's clients. A third party might perceive however that the latter was the more meaningful ( 'successful' ) placement because it brought bigger issues to the surface, even if in the process it caused trouble and turmoil.

Another irony is that a Civil Service department dealing with Health and Social Security could come to terms with an Artist, a character often seen as being a thorn in the flesh of socially secure society, in fact could accept the artist as primarily a purveyor of ideas rather than a maker of products, much more readily than the Civil Service department dealing with Art ( the Arts Council of Great Britain ) has often managed to do in the past. In a placement the 'artwork' is not the end products but the whole process.

With the publication of the Broadmoor Community Study report in November 1976 my first placement with DHSS was completed, although I was kept in close contact with the internal follow-up within the Department which tried to gain acceptance for our Community Study ideas, and in January 1978 I was recalled by the Department to introduce a seminar presentation of our proposals within Broadmoor which produced no change in the authorities' opposition to our ideas.

During the interim period I began, as much as I was able within the suffocating restrictions of the Official Secrets Act, to extend the experiences of my placement with DHSS into my personal artworks, and present them publically.

In 1977 my book "Diary Extracts 1968-1976" was published, which included sections written during my time with DHSS, and during 1977/78/79 I presented readings from this book at galleries, colleges and other venues throughout England, Scotland, Ireland and Wales. In 1978 a version of these Diaries, recorded live at the Whitechapel Gallery, London, was published on cassette by Audio Arts, London.

I recounted my work with DHSS at APG public presentations at many venues, during 1977/78, including: Institute of Contemporary Arts, London; Midland Group, Nottingham; the Städtisches Kunstmuseum, Bonn, Germany, this being a presentation with a selection of German Government ministers including their Minister for Health; the Royal College of Art, a seminar for representatives from central and local government in the U.K., at which I made a presentation including the slide sequence shot in Rampton: my presentation was filmed and recorded by BBC Television but never transmitted, and a follow-up illustrated article by the Sunday Times about my work with DHSS was censored by the Asst. Secretary. Another presentation, shared with Joseph Beuys, was at Documenta 6, Kassel, Germany, which resulted in a synopsis of the work with DHSS being forwarded to Sir Patrick Nairne, Permanent Secretary to the Department. Information about the DHSS placement was also forwarded to the Minister of Health and Social Security, David Ennals.

Also during 1977/78 press articles about my work as an artist began to include sections referring to my work with DHSS, including articles in The Times; The Guardian; Studio International; Vorwärts; and Audio Arts. Reference was also made to my work with DHSS in the BBC Television film about my work: "Ian Breakwell; the Continuous Diary" transmitted in May 1977.

Documentary material about my first placement with DHSS was exhibited during 1977/78 at APG exhibitions at the Whitechapel Gallery, London ; the Städtisches Kunstmuseum, Bonn, Germany ; and in the 'Art For Society' exhibition, also at the Whitechapel. (\* see Supplement 1 )

A number of artworks ( collages, photomontages, drawings, photo-text sequences etc ) directly or indirectly influenced by my experiences with DHSS were exhibited in one-man shows of my work during 1977/78/79 in galleries in England, Ireland, Scotland and Wales. (\*see Supplement 1 )

As a result of one of these presentations in 1977 I was approached by a documentary producer from Yorkshire Television, and subsequently visited their London offices. The documentary team who had made the famous television programme 'Johnny Go Home' were doing preliminary research towards a possible programme about high security mental hospitals. They asked for my advice. I explained to them the difficulties of an artist working within the Official Secrets Act, but said that I would advise them as much as I was able to, on an unpaid basis.

I first of all questioned the Basis of their brief, which at that time was to investigate isolated cases of patients confined within hospitals who should not be. I considered this to be a side issue to the main problems and I urged them to deal with the environmental nature of the institutions, the attitudes prevailing within them, the levels of treatment ( or lack of it) within them, and the alternative methods of treatment being attempted elsewhere to help these severely disturbed people regain their places in society. To this end I referred them to contacts within DHSS, which resulted in the television team being invited to film for a period of time in the Eastdale Unit of Balderton Hospital, Nottinghamshire, ( the Rehabilitation Unit for selected male Rampton patients).

Members of the television research team also attended screenings of my film 'The Institution' \*(see Supplement), public talks by me about my work with DHSS, and readings and recorded presentations of my Diaries.

However, the television team were not allowed access to Rampton itself, This was a perfect example of the kind of paranoic secrecy which I had identified as early as January 1976 in my DHSS Feasibility Study, \*(see Supplement 1), as producing exactly the opposite effect to that which it sets out to achieve.

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PART TWO

Second placement :

Reminiscence Aids Project.



During the Feasibility Study period in January/February 1976, Hugh Davies and I came into contact with Mick Kemp, DHSS advisor on accommodation for the elderly infirm. Kemp was a mercurial character, quite the opposite of the popular image of the Civil Servant; he was also extremely frustrated about certain brainwaves he had in the past presented to his superiors, which, being bright ideas rather than fully worked out schemes, had fallen on stony ground. One of these ideas had been for a "Nostalgia Jukebox" for installing in old people's hospitals/homes, so that they could listen to their favourite tunes of days gone by. Although not fully developed in its present form, Davies and I felt that there was potential for developing the idea into a much more ambitious project, and that we could act as catalysts to make this happen. Kemp's obviously sincere wish to improve the lot of the elderly, particularly those who were classified as confused or demented, impressed Davies and I, and we provided the sympathetic ears that Kemp had been seeking.

I had made widespread use of memory images in my Diaries, films and exhibited work. Davies was professionally interested in the evocative potential of sound. Neither of us was interested in nostalgia. The task as we saw it was to join with Kemp in moving beyond his original idea towards unknown areas of research into memory in old age by means of evocative combinations of visual and aural imagery.

So, I set up a series of tape-recorded dialogues between Kemp, Davies and myself, in which his idea was discussed, the tapes transcribed, then further criticized and developed. As a result, by the end of February 1976, Kemp had drafted an outline proposal for a project to research and develop:

"Reminiscence Aids For The Elderly Including Those With Mental Infirmity".

The statement read as follows:

Project : Audio Visual Reminiscence Aids For Elderly People Including Those With Mental Infirmity

"In earlier times, old people's memories were evoked by family and friends through repetition of shared experiences and an interest in family history. Their memories were supported by familiar and unchanging surroundings.

Today, in Western society, with large and shifting communities, a rapidly changing environment, and the nuclear family, the old person is often deprived of the traditional stimuli for reminiscence.

He/she is also deprived of the sense of personal value that comes when memories are sought by a younger generation, with the consequent interest in, and

respect for the narrator created in the listener.

So there exists a vicious circle in which the old person, denied the opportunity to recount his/her memories, loses the ability to recount them, thus less interest is shown in him/her by younger people, thus still less opportunity to reminisce is presented.

There is evidence that an inability to reminisce is related to lack of 'self-concept' in the elderly, leading to insecurity and unhappiness, further complicating the vicious circle of social isolation referred to above. We seek to show that an audio visual method can be found to stimulate reminiscence in elderly people including those with mental infirmity.

We have hopes that this method, if successful in its primary aims, will help to reverse the deprivation common in the quality of life of very old people by :

- (a) Providing a framework for caring dialogue between old people and nursing staff, volunteers and others.
- (b) By evoking reminiscence, which will be listened to, to restore a sense of personal value to the old person.
- (c) Enabling some old people to obtain a fuller perspective of their own past lives, the better to relate themselves to the present.

These are some of the hoped-for improvements in the quality of life in the long term. As short term objectives, research will seek to show that :

- (1) An apparatus can be produced, using photographic slides and tape recorded sound, which will increase reminiscence in the elderly.
- (2) That such an apparatus will have educational benefits.

An audio-visual Reminiscence Aid is a device that will encourage reminiscence in a structured way and which can be used by the old person with or without assistance. It would be used in the main in day and residential accomodation for the elderly in Health and Social Service areas.

The device would consist of a non-erasing cassette tape-slide play/projection unit. With the unit would be series of tape recordings based on each of the decades from 1890 ; each tape would contain material evocative of the period ; connected to the sound system would be a synchronised visual slide projection system which would display visual images related to the audio material.

The result hoped for is that the apparatus will be available to patients,

nursing staff, therapists and volunteers, which enable an elderly person to mentally progress through any part or all of their life span, evoking personal memories and placing them in some kind of order or context reinforcing their self-concept.

The proposed project will consist of four principal stages :

- Stage (1) : Research and collection of suitable audio-visual material from existing sound archives, libraries and photographic collections.
- Stage (2) : Selection, editing and assembly of sufficient 'packs' of presentable material to cover each of the decades from 1890 to the present day ( the conscious life-span of an 80-90 year old person.) These would be the prototype Reminiscence Aids.
- Stage (3) : Testing the protoype Aids in hospitals/homes for the elderly, under the supervision of appropriate medical, nursing or care staff.
- Stage (4) : Report of Research findings and Recommendations for future development of Reminiscence Aids. "
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Hugh Davies had finished his Feasibility Study, and in his report had stated a wish to work with DHSS in the future, but with no specific short term proposals.

Then I began working on the Broadmoor Community Study placement.

Meanwhile, from the spring of 1976 onwards, Mick Kemp began floating the Reminiscence Aids scheme to interested parties and sounding out potential funding bodies, keeping Davies and I informed of his progress.

An important contact made during this period was with the Medium Fair Theatre Company in Exeter. Dr. Gordon Langley, Consultant Psychiatrist at Exe Vale Hospital, Exeter, and a member of Medium Fair's board of management, with backing from Kemp and I encouraged the theatre company to use the Reminiscence Aids proposals as a basis for live dramatic performances in Devon old people's homes. Medium Fair went on to found ' Fair Old Times', a group within the company specialising in "Reminiscence Theatre" for the elderly, which subsequently ran as a parallel scheme to the Reminiscence Aids project, and Dr. Langley was later to become an influential member of the Reminiscence Aids Advisory Committee.

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By 1977 Mick Kemp had eventually decided that it was the Department of Health's responsibility to fund a Reminiscence Aids project, so Kemp, with Davies and I, prepared a detailed application to the DHSS Small Grants Committee. This application was successful, and £20,000 was allocated for a one year research project to begin in June 1978.

Kemp had proposed that I be commissioned to the project on a full time basis, with research and technical assistance and himself as DHSS Liaison Officer. However I favoured a team operation based on shared responsibility rather than a "chain of command", partly due to my respect for this way of working based on the Broadmoor Community Study placement, and partly because I was already committed to a time-consuming series of one-man exhibitions of my work during 1978-79. So I negotiated a flexible role for myself, being involved in the overall direction of the project, as well as the research, assembly, editing, testing and report stages of the project outlined above. The next step was that Kemp and I, with some assistance from Barbara Steveni of APG, set up the Reminiscence Aids Project Research Team.

Bill Furlong, publisher of Audio Arts, the tape-cassette 'magazine', became the team's Audio-Visual Consultant; this appointment was originally intended to be full time, but prior commitments of Furlong's were to reduce this to a part-time appointment.

Carmel Sammons, a printmaker from Brighton, became the full time Researcher. Rowan Matthews, an Environmental Psychologist, who had been involved in the Broadmoor Community Study became the team's Psychology Consultant.

Hugh Davies was the Music Consultant.

APG was to provide administrative and secretarial back-up to the project.

The flexibility of my role, combined with Bill Furlong's reduced involvement, together with staffing difficulties within APG which for a time reduced the effectiveness of their role, created some difficulties within the project, specifically by overloading Carmel Sammons with work. These difficulties were for the most part solved by: increasing Carmel Sammons areas of responsibility and increasing her pay; the appointment of Nick Alderton, an ex art student, as Technical Assistant; an increased involvement of Mick Kemp in the running of the project; the co-option of David Toop, a musician and APG Director to oversee APG's areas of responsibility.

Then Malcolm Weaver, from the Portsmouth School of Architecture joined the team as Statistician.

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REMINISCENCE AIDS PROJECT - JUNE 1978-AUGUST 1979

Team Personnel:

Mick Kemp	- Architect DHSS, Team Leader
Nick Alderton	- Artist, photographer
Ian Breakwell	- Artist, writer and painter
Hugh Davies	- Artist, musician
Bill Furlong	- Artist, Audio Arts
Rowan Matthews	- Psychologist
Carmel Sammons	- Artist, designer
David Toop	- Artist, musician

Visiting team member June-August 1979

Arro Bekkering	- Medical student (Holland)
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Advisory Committee - Appointed by the team to advise and monitor as the project progressed.

Dr Gordon Langley	- Psychiatrist, Exeter
Dr Roy Boyd	- Geriatrician, Nottingham
Graham Clarke	- Community Nursing Officer
Pat Healy	- Social Services Journalist 'The Times'
John Hook	- Geriatric Hospital Volunteer Organizer, Dulwich
Anne Hansford	- BBC film and video library
Mark Jones	- BBC Sound Adviser
Lawrence Stapley	- BBC Recording Service
Barbara Steveni	- APG (Research) Ltd
Jane Vollans	- Psychologist, Institute of Psychiatry
Ted Baker	- Retired worker, London

The Advisory Committee met on a monthly basis with the Project Team.

PHASE I - INITIAL RESEARCH

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( Extract from Mick Kemp's Introduction & Summary : DHSS Reminiscence Aids Research Project Report)

- i. Visits were made to selected establishments for the elderly with mental infirmity. A variety of photographs from each decade was shown to residents in an attempt to gauge the likely effect on memory of photographic images where these were not personally connected with the individual.
- ii. Approaches were made to London radio stations and the BBC for help in appealing for first-hand information on the periods from elderly listeners.
- iii. Studies were begun into available literature and photographs of the period, with special emphasis where possible on the personal accounts of ordinary people.
- iv. An advisory committee was set up with representations from Geriatrics, Psychiatry, Psychology, Journalism, BBC Sound and Television Archives, Nursing and Voluntary workers, who kindly agreed to participate by acting as advisers and critics during the project.

The visits with the photographs gave early indications that photographic images could indeed evoke memory even where the subject matter was not personally connected with the individual.

The appeal to radio stations led to a short series of broadcasts on BBC Radio London which in turn led to further broadcasts on BBC Woman's hour, Radio Holland, and the BBC Overseas service, and the articles in a variety of Journals and the 'Observer' colour supplement. Each of these elements of publicity brought in their wake letters from elderly people giving invaluable insight into the times we were studying as they were lived.

Another important benefit of the Radio London broadcasts was that it brought the team into contact with some very lively elderly Londoners, in particular Mr Ted Baker who was later co-opted onto the advisory committee as an adviser on the accuracy of our representation of each period.

PHASE II - THE TAPE-SLIDE PRESENTATIONS

The first completed presentation, that covering World War II was ready in August 1978 and was used as a test-bed for the principle of reminiscence aids. This presentation was shown to a variety of elderly audiences, and amendments were made following comments from audiences on its evocative power. Lessons were learned, too, about methods of talking to elderly people during and after viewing.

In addition, an early fear that reference to the war years might upset or frighten elderly people was largely dispelled, although it remained group policy throughout that no person thought likely to be disturbed would be invited to see such a presentation.

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The results from the WWII presentation were sufficiently encouraging to justify work on further presentations, and the months September 1978 to May 1979 were devoted mainly to work on the 1950s, 1920s, World War I, pre World War I and 1950s presentations.

In the event, lack of time and suitable available material prevented the completion of the pre-WWI and 1950s presentations in time for field testing, and these were put into abeyance.

As an experiment into the possible effect of subject-related, rather than chronologically related presentations on memory, a presentation on 'childhood' was prepared. This sought, through images and sounds from all ages and conditions of childhood taken from each of the decades, to evoke in a non-specific way, memories in the minds of the elderly from one of the periods in their lives when childhood would have affected them: their own childhood, parenthood, grandparenthood. (There was not time to carry out full field trials on this presentation, but early indications were that some effects could be expected from women who had had children of their own, since it seemed to be parent and grandparenthood which was evoked rather than personal childhood).

A further presentation, produced specifically for use with elderly severely mentally infirm patients was produced. This presentation was based on the original WWII presentation, and was tested with patients at a London Mental hospital. Experience with this presentation showed that, whilst some response could be expected, the tasks involved in procuring such response were beyond the resources, for the present, of the team. This experience was of major importance in the decision to concentrate on the less severely confused elderly. As each of the presentations was completed, it was checked for impact with groups of elderly confused and of non-confused people and modified as necessary.

PHASE III - FIELD TESTING

Full field testing commenced in June 1979 with the selection of, and visits to four old people's homes and identification of 20 people in each home, each said to be confused or mentally infirm according to criteria laid down by the team. The level of confusion was then established in a further series of visits, using a combination of methods of assessment and interview with staff and residents.

Finally, the homes were visited with each in turn of the three presentations thought most likely to produce results. Each presentation was assessed for its effectiveness using a specially developed questionnaire method in which an attempt was made to 'score' reminiscence on a scale of intensity of response and evocation of period. The groups were dealt with in equal 'test' and 'control' groups. This method created difficulties which were expected but which may have served to obscure some of the value of the presentation. As a precaution against this, the majority of presentation interviews were tape-recorded, and each interviewer was required to note down any non-verbal response or other unquantifiable reaction which was thought to indicate a reaction to the presentation.

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The questionnaire and the interview method itself was modified during the field-testing period, but it was felt to the end that almost any formal method of questioning very old people would be bound to have inhibiting effects on their responses.

In all, some 220 interviews were conducted with test and control groups within the homes. The results were compiled and sent for analysis.

M.K. Sept.1979.

The DHSS Reminiscence Aids Project Final Report, of which the above is an extract, is the definitive official document dealing with the project in detail. Written jointly by all members of the Project Team it contains the following sections :

- Mick Kemp - Introduction and Summary.
- Carmel Sammons - Production of reminiscence aids presentations, including research and early field trials.
- Nick Alderton - Technical history of project.
- Bill Furlong - Description of media involvement.
- Arre Bekkering - Summary of testing procedures.
- Ian Breakwell - The role of the artist, and the involvement of APG.
- Rowan Matthews  
Malcolm Weaver - Research results and conclusions.
- David Toop - Summary of Advisory Committee proceedings.
- Carmel Sammons  
Nick Alderton - Summary of letters from correspondents.

DHSS Reminiscence Aids Project Final Report

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