



# Collective biography and the legacy of Hildegard Peplau, Annie Altschul and Eileen Skellern; the origins of mental health nursing and its relevance to the current crisis in psychiatry<sup>†‡</sup>

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## Abstract

Oral history and biographical research gathering previously unpublished material directly from Altschul and Peplau, and new commentaries on Eileen Skellern from colleagues, are triangulated to form a collective biography that accesses historical consciousness of times of great change in psychiatry. We can see core ideas about psychiatric nursing aggregated around the idea active therapeutic engagement. Peplau and Altschul were simultaneously working with innovative methods of community-based therapy during the Second World War in England with shell-shocked soldiers. Both developed founding ideologies in psychoanalysis and therapeutic community practice. A similar trajectory is apparent in the work of Eileen Skellern. User involvement and social inclusion, the corner stones of therapeutic community practice, remain intrinsic to the aspirations of psychiatry today.

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## Keywords

Biography, Peplau, Altschul, Skellern, mental health, psychiatry

## Introduction

The *Audit of Violence* (Royal College of Psychiatrists, 2005) drew attention to the wide array of problems encountered by staff including the unsafe atmosphere of acute wards compounded by inadequate staffing, high vacancies and inexperienced leadership. The report characterised treatments as coercive with high levels of staff demoralisation. Seventy-eight percent of nurses, 41% of allied clinical staff and 36% of service users reported that they had been personally attacked, threatened or made to feel unsafe. *Acute Care* (Sainsbury Centre, 2004) also noted high levels of boredom and inactivity reported among patients and a severe absence of therapeutic engagement of patients. Exposure to violence has been a key factor in low morale (Rask and Lavender, 2002; Bennett Inquiry, 2003). The NICE guidelines (2005) for the management of acutely disturbed patients concluded that there was little evidence of any credible advances in milieu research that could identify the characteristics of the ward environment that might mitigate or prevent the manifestation of violence.

It is with reference to the current debate about therapeutic environments that the careers of Hildegard Peplau, Annie Altschul and Eileen Skellern are retraced to see whether there is anything to be learned from the past when the concern was to transform a non-therapeutic custodial environment into a suitably inclined therapeutic milieu. This essay seeks to re-appraise the foundations of psychiatric nursing, and especially the ideas of psychosocial intervention which, contrary to claims that this is new direction for mental health nursing (MHN) (Gournay, 2005), can be seen as embedded in MHN ideology since the 1940s. Altschul, Peplau and Skellern together constitute what is commonly referred to as 'the first wave of psychodynamic nursing' in both the UK and USA. It is a legacy that has rested rather uneasily over the last quarter of the 20th century as the ascendancy of biologicalism and behaviourism has shifted the emphasis away from the inter-relational dynamics of nursing to divergent paradigm anomalies that are a source of tension in the advancement of the psychiatric nursing profession (McCabe, 2002).

The data herein is derived from a type of 'oral history' generated through a combination of documentary and interview procedures (Seldon and Pappworth, 1983; Thompson, 1988). Peplau provided three written accounts (on the 28th March, 3rd June and 4th June 1998) (Peplau, 1998a,b,c) and Altschul two accounts (a face-to-face interview in 1997 and a written account on 19th October 1998) (Altschul, 1997, 1998). Altschul and Peplau both iterated what information could and could not be published at present, and these requests have been observed throughout. Unpublished material regarding Skellern has been gathered from her colleagues (David Russell, Beatrice Stevens, Brian Woollatt and Harry Wright). New data has been contextualised where possible, with other available historical accounts (*Bethlem & Maudsley Gazette*, 1972; Barker 1993; Wright, 1996; Clarke, 1999; Gregg, 1999; Nolan, 1999; Sills, 1999; Spray, 1999; Callaway, 2002). Although findings are presented here sequentially as individual biographies, in each case data are clustered around a particular set of ideas that when digested together can be seen to transcend individual profiles to produce a cognisable weave of shared interests. It is towards the common themes and scope of influence

that the founding principles of MHN are unfolded. A case for advancing MHN based on these reflections is then envisioned.

### **Annie Altschul (1919–2001)**

Professor Annie Altschul gained international acclaim for MHN, as a teacher, examiner and professor of nursing studies at Edinburgh University. She spent 20 years at the Maudsley Hospital as a staff nurse, ward sister and tutor before moving on to Edinburgh. Like Peplau, Altschul was introduced to psychoanalytic ideas early on in her career. During her youth in Vienna she came across the ideas of the followers of Alfred Adler, including Danitzta Deutsch and Rudi Dreikurs (as mentioned in a letter on 19th October 1998). The Adlerian group were particularly interested in child guidance and, at the age of 16, Altschul worked as an assistant counsellor ('Jugend Fuehrerin') in a children's holiday camp during the summer of 1935 (a letter on 19th October 1998). The Adlerians had broken away from Freud developing a socially focused and less sexually implied version of psychoanalysis offering a socialist anchorage that resonated with Altschul's own socialist beliefs (Nolan, 1999). Apart from Altschul's preference for Adler's theory of personality she said that she always struggled to reconcile the translation of the Freud's idea of 'angst' into English; 'anxiety' was an inadequate translation and Altschul felt that the word 'phobic' was a closer representation of Freud's original intention (Altschul, 1997). Altschul's concerns about the translation of Freud's theory of 'angst' presented a significant problem to her in as much as the theory of anxiety lay at the nub of elaborations of Freud's mature work. She held a greater affinity for the work of Adler which she felt had been much overlooked in the UK.

When Altschul left Vienna she emigrated to London and began her training at the Maudsley between 1940 and 1942. Owing to the threat of bombing, the Maudsley had been re-located to a site at Mill Hill, and it was here that Altschul first worked alongside a young psychiatrist called Maxwell Jones treating shell-shocked soldiers (Altschul, 1997). Jones was under the guidance of the chief physician Aubrey Lewis, who was swayed by the idea of talking therapy and thus encouraged all of his trainees to learn the fundamentals of psychoanalysis (Lewis, 1932). Jones established group therapy sessions as an alternative to the common treatments of deep insulin coma therapy, electroconvulsive therapy (ECT) and sodium amotyl, and soon noted the beneficial factors of mutual learning, especially in relation to 'effort syndrome' where group therapy appeared to be particularly effective in reducing anxiety (Jones, 1942a,b).

Jones did not, ostensibly, work psychoanalytically, although he did have a short analysis with Melanie Klein. It is a common misconception that Jones was a psychoanalyst, as was the case in Ken Kesey's novel *One Flew Over the Cuckoo's nest* where Jones is mentioned alongside Freud and Jung. Nonetheless, Jones continued to draw from psychoanalysis in aspects of his later work describing that psychoanalysis had 'added a great deal to our knowledge of the therapeutic process' (Jones, 1968, p. 70). Altschul (1998) was impressed with what she saw as 'Jones's most productive work' in the rehabilitation of 300 British prisoners-of-war (POWs) who had been in the Japanese war camps (circa 1945). The resources for the rehabilitation of the POWs were six 'cottages' with 50 beds each. By helping the men find employment and returning them to social routines, their symptoms of paranoia, impotency and anxiety decreased (Jones, 1982) and Altschul (1998) noted that progress was

made through an inchoate democratic approach. The Department of Health and Labour were impressed and asked Jones to repeat his approach at Belmont Hospital (later called the Henderson) and as Altschul noted Jones continued to try and flatten the hierarchy:

'Jones went to Sutton where he worked with psychopaths. An important issue which he stressed was the inability of psychopaths to accept authority. It was therefore essential for staff not to be experienced as authority. The whole idea of the therapeutic community was that all members of the community, the patients in particular were therapeutic agents. The abolishing of titles, like doctor or nurse or sister, was part of the necessary framework, as was the use of Christian names.' (Altschul in a letter on 19th October 1998)

When Altschul became the principal Tutor at the School of Nursing during the 1950s she attempted to ingrain therapeutic community type philosophies in the training of students. Her teaching sessions were challenging and thought provoking, and she set up group forums for nursing sisters to discuss 'the psychosocial aspects of nursing' where she encouraged peer criticism and the ventilation of feelings (Russell, 1997). She recalled how these groups came to be established and the rationale behind them:

'When I became a tutor it seemed important to be involved in clinical work in order to be credible to the students. We (the tutors) attached ourselves to specific wards where relationships could develop. Three of the consultants were important in the development of 'groups' for ward sisters. One was Brian Acker, who edited the Red Handbook, (he later committed suicide). One was Bennett who became sold on group therapy in the USA, he was the person who introduced us to Schwartz: *The Mental Nurse* and he introduced us to 'the other 23 hours' when patients are not in psychoanalytic treatment, 23 hours which are spent with other patients and with nurses. The third was Hobson, an analytic psychologist.' (Altschul in a letter on 19th October 1998)

Altschul's two textbooks, *Psychiatric Nursing* (1957) and *Aids to Psychology for Nurses* (1962), brought together her ideas and were the first dedicated texts in the UK concerned with the clinical applicability of social psychology for nurses. Her departure from biological interventions did not always rest easily with her medical colleagues. Russell (1997) recalled her presence as a tutor as creating anti-traditional attitude 'a small Viennese woman prone to wearing flowered dresses instead of official uniform... who had penetrating eyes and a questioning manner of speaking that commanded attention' (Russell, 1997, p. 169). Jones (1982) later mentioned Altschul's reputation as a nurse tutor when they reconnected at the Dingleton Therapeutic Community in Scotland and she quipped that she 'was one of the few nurses with dark hair who were "allowed" to work with Jones, who had a preference for blond haired Scandinavian nurses, one of whom he married' (Altschul in a letter on 19th October 1998).

Later, two of her papers, one about group work and the other about systems theory, arose from her direct encounter with therapeutic communities and built on Von Bertalanffy's General Systems Theory (Altschul, 1964, 1978). Her late 1960s study of 'nurse-patient interaction' in acute psychiatric care explored the complex processes involved in the development of therapeutic relationships, especially in the early stages of care and treatment, confirming some of the attachment hypotheses of the psychoanalyst John Bowlby whom she had known from her time in London (Barker, 1999). Her book *Patient-Nurse Interaction* (Altschul, 1972) became another important interlocutor in establishing a distinctive tone for nurses' language in communication with patients and research interest (Tilley, 1999).

In the early 1980s she had her first bout of serious depression and she wrote candidly about her suicidal feelings, going public about the reality of psychiatric professionals suffering from mental illness. Her disclosures lent impetus to the user movement in the UK challenging the stigma about those who might suffer from mental illness demonstrating that even professionals faced problems.

### **Hildegard Peplau (1909–1999)**

Named in Marquis' 1995 *Who's Who* as one of the 'fifty most influential American's', Hildegard Peplau is generally regarded as the mother of psychiatric nursing. In 1996 the American Academy of Nursing named Peplau as a 'Living Legend'. Although much of her later work is known through her teaching and writings, the scaffolding of her earlier career is less well known. Her trajectory begins in the 1930s in North America, at Chestnut Lodge Hospital, Maryland, which was influenced by Harry Stack-Sullivan's innovative work in the 1920s using a modified psychoanalytic treatment with schizophrenics at the Shephard & Enoch Pratt Hospital (Bullard, 1940). The term 'therapeutic community' may have been first coined by Sullivan around this time where patient committees, social and work activities were established as therapeutically extant alongside the more formal practice of psychotherapy (Clarke, 1964). It was apparent that the delusional patient would direct projections onto different staff and not just at the psychoanalyst and so it was felt that all staff needed to have some grasp of psychoanalytic theories displacement, symbolization and so forth, as well as formal psychoanalytic supervision (Bullard, 1940). In 1932, when Peplau began working at Chestnut Lodge, this type of learning was very much steeped in the milieu:

'I learned so much there by reading, observing, seminars and lectures... The orientation of Chestnut Lodge was Sullivanian. However, I also studied Freud, Horney, Adler etc at Bennington College under a psychoanalyst Dr J C and Dr Eric Fromm. I studied Klein too.' (Peplau in a letter on 4th June 1998)

Lectures with Eric Fromm stimulated Peplau's interest in social science rather than natural science and it is of note that Fromm described Peplau's contribution at the seminars as 'outstanding' (Callaway, 2002, p. 88). However, it is apparent from Peplau's account that not all was smoothly running with this milieu approach:

'There was one patient (male) who was suicidal and kept in his room, unclothed, with an attendant. I objected and told Dr Bullard the patient should be clothed and walked through the unit. If he tried to hurt himself, he would be returned to the unit and then walked again and eventually the acts of self harm would stop. Dr B said: "since this suggestion shows great wisdom out of your vast clinical experience, I'll let you try it" (This was my first in-patient clinical experience!). So we tried it and it worked. Dr Bullard was sufficiently impressed that he paid me, a pittance (field study for college was voluntary) but he got me into lectures with Harry Stack Sullivan at the Bethesda.' (Peplau in a letter on 28th March 1998).

The evening seminars with Harry Stack Sullivan at Bethesda Golf & Country Club were around the fire with the Dexter Bullards' Great Dane at his feet (Callaway, 2002; p. 82). Although Sullivan's influence on Peplau is well known, it was actually Frieda Fromm-Reichmann who left the deepest impression. Peplau attended her lectures on dreams, myths and symbols, among other topics, and had lunch with Fromm-Reichmann

every Wednesday in her apartment where they talked about clinical work (Peplau in a letter on 28th March 1998). Peplau recorded the following:

'About Fromm-Reichmann. She was the ex-wife of Eric Fromm. Frieda was considered an Avant-garde humanistic therapist. But as I know, she wasn't perfect. "The devil is in the details". Schizophrenics with whom Frieda worked are very sensitive, highly perceptive and forever observant for the smallest of cues that others don't have their best interests at heart. One time Frieda stopped me in front of the iron gates of a room of one her patients to say that our lunch that week had to be changed to Thursday. The patient heard this then lured naïve me (1935 my first in-patient work on a disturbed ward) into her room to show me something. Trusting soul, that I was, went in and soon got out in a hurry when the patient cornered me and tried to harm me. Live and learn! I did. The patient was jealous about Frieda's comment. And Frieda was oblivious to her action. Another patient 16-17 year old boy was one I took out for walks – then once with Frieda's permission for a drive in my car. Several times as I was driving he tried to kiss me on my mouth – then later told me Frieda had urged him to do that as he had never kissed a girl. No More car rides!' (Peplau in a letter on 3rd June 1998)

Fromm-Reichmann had fled from Frankfurt, Germany, in 1932 with her husband Eric Fromm and other colleagues from the School of Social Research when the University Department had been high on the Nazi's target list of threatening institutions (Winship, 2003). It appears that Fromm-Reichmann's methods were rather unconventional, although in spite of these experiences, or maybe even because of them, Peplau developed her own ideas about interpersonal theory in practice. She graduated from Bennington College in 1943 with a BA in Interpersonal Psychology.

Of particular note is the fact that between 1943 and 1944 Peplau was stationed at the 312th military hospital in Stafford, England. As we have seen from the account of Altschul's career, there were radical changes afoot in UK psychiatry at this time. In her work with soldier casualties at the 312th military hospital, Peplau introduced some of the social and group therapy activities that she had learned at Chestnut Lodge. She ran breakfast groups, patient committees and group activities, utilising these as opportunities for therapeutic interaction (Callaway, 2002). She also attended seminars led by John Bowlby and William Menninger deepening her psychoanalytic leanings. It was these experiences in war-time psychiatry in England that formed the basis for her *Interpersonal Relations in Nursing* which was published a few years later (Peplau, 1952). Perhaps most significantly, it was during this time that she had an affair with a married officer, became pregnant and subsequently gave birth to a daughter (Callaway, 2002). We might say that in England Peplau experienced a dual conception: a converging of her biological and intellectual babies.

*Interpersonal Relations in Nursing* (Peplau, 1952) was published a year before Sullivan's (1953) *Interpersonal Psychiatry* although Peplau was duly deferential to her old teacher. She took Sullivan's theory of a 'self-system' as a start point (not without an insignificant Kleinian undertow) and she argued that in infancy the self was firstly a conception of 'good me' followed by 'bad me' and then finally 'not me' (Peplau, 1989, p. 53). Peplau believed that these early experiences had an influence on relations later in life where the present was reminiscent of familiar elements of the past, a mode she called 'parataxic'. Peplau saw that a statement by a patient like; 'you remind me of somebody' was an opportunity to explore this parataxic mode (Peplau, 1989, p. 54). Sullivan argued that the instinctual drives were secondary to the interpersonal processes in infancy, a shift in psychoanalytic theory away from Freudian drive theory to the object seeking theory expounded

by Abraham, Fairbairn, Suttie and Klein and this shift from a psychobiological perspective to a psychodynamic one enabled Peplau to apply Sullivan's conceptual framework directly to nursing likening the dynamics of the early stage in the nurse/patient relationship to that of an early feeding experience with the patient perceiving the nurse as a surrogate mother.

During the 1950s there were further experiments which carried forward and honed psychoanalytic and social approaches to therapy and the organization of the psychiatric ward as a therapeutic process in itself (Stanton and Schwartz, 1954). The realization that psychiatric illness was weighted by a number of social variables invoked a spate of sociological research and the social approach to ward therapy became known popularly as 'milieu therapy' in the US (cf. Sills, 1994). By the late 1950s milieu and psychoanalytic principles were core curriculum material in training nurses. Peplau acted as a consultant to Holly Skodol Wilson whose doctoral study was based on work of RD Laing, Tom Main and was supported by National Institute of Mental Health, the book *Soteria House* emerging from the thesis. Social construction theory became embedded in general psychiatry (Bateson and Ruesch, 1951; Sills, 1994) and Peplau became acquainted with the work of Maxwell Jones who had sent her a signed copy of one his books although when he came to see her at Rutgers, the State University of NY where she was director, she refused to meet after she believed him to have inappropriately propositioned a student of hers over dinner (Peplau in a letter on 28th March 1998).

Grayce Sills (1999), who was a student of Peplau's Summer workshops in the 1950s and 1960s, offered a retrospective on the ferment of US psychiatry between 1954 and 1974 and noted the growth of interest in social psychiatry highlighting *The Therapeutic Community* by Jones (1953) as an essential read for anyone 'seriously concerned with the field of psychiatric management' (Sills, 1994, p. 100). As Peplau's stature as a teacher increased she developed a reputation for group sessions based on the psychodrama work of Jacob Moreno, later establishing formal group therapy sessions for the students in training (Callaway, 2002). Like Altschul she was committed to re-applying the psychoanalytic procedure of treatment in the service of nurse training; if nurses were to begin to start talking meaningfully to patients they needed to be exposed to learning about talking therapy during their training. Ideas about milieu and therapeutic community practice finally gelled in Peplau's thinking when she had made sense of systems theory:

'I did employ a sociologist at Rutgers to help me and the graduate students to develop idea about therapeutic milieu. Very little resulted from that effort. After I studied the systems theory of von Bertalanffy and got the idea of "illness-maintaining systems" (see Chapter 9 O'Toole & Welt, *Interpersonal Theory in Nursing Practice*) our practice of milieu began to evolve (see part II Therapeutic Milieu), several RNs who have worked or studied with me have developed TCs also – Dr Grayce M Sills for instance.' (Peplau in a letter on 28th March 1998)

Up until the end of her life Peplau travelled widely speaking at conferences around the world. She continued to reaffirm her commitment to the interpersonal psychotherapies, arguing that the nurse herself was the true agent of change rather than the mechanism of the therapy and she maintained that milieu approaches continued to represent a source for MHN practice and research development (Peplau, 1989, 1994).

### **Eileen Skellern (1923–1980)**

Skellern's career path had many turnings, although it is of particular note here that she was rarely ever far away from the idea of therapeutic communities. Like Altschul and Peplau,

Skellern's later senior positions enabled her to have an influence on the therapeutic ideology in MHN practice. Skellern trained in the early 1950s at the Cassel Hospital, a National Health Service Therapeutic Community in Richmond and the foremost psychoanalytic hospital in the UK under the medical directorship of Tom Main. Main had been involved in the war-time experiments at Northfield Hospital in Birmingham treating shell-shocked soldiers using methods of group and milieu therapy experiments. 'The Northfield Experiments' (as they became known) were reported in a special *Bulletin of Menninger Clinic* in 1942 and were contemporaneous to Altschul's work at Mill Hill and Peplau's work at the 312th. After Northfield Tom Main went on to hone Therapeutic Community principles at the Cassel Hospital maintaining close connections with the Institute of Psychoanalysis (cf. Pines, 1996). The nursing approach at the Cassel where Skellern developed her craft was therefore informed by mainstream psychoanalysis and more exactly by the 'Independent School' insofar as Tom Main underwent a training analysis with Michael Balint.

At the Cassel, Skellern became close friends with Isobel Menzies Lyth with whom she cohabited. During this time Skellern was herself psychoanalysed and it appears that having undergone psychoanalysis, Skellern was always more comfortable subsequently when working with staff who were psychotherapeutically inclined (Russell, 1997). With non-psychoanalytic psychiatrists she was less able to forge easy alliances (Russell, 1998):

'Skellern left the Cassel in 1952 to go to the Henderson where she worked she worked as Sister-in-Charge of the Social Rehabilitation Unit of 100 beds. At the same time she collaborated with a team of anthropologists and social scientists studying the Unit. This was a particularly active period when she worked with Dr Maxwell Jones and others in pioneering models of social rehabilitation by group methods. This work later became well-known as the model for therapeutic communities at the Henderson Hospital. She also published papers in *The Lancet*, the *Nursing Times* and the *Nursing Mirror*. In 1957 when she was 34, she left the Henderson to embark on a tutor's course at the Royal College of Nursing.' (Russell, 1997)

Skellern and Jones appeared to have enjoyed a harmonised relationship and she is probably best known for her nursing leadership and her collaborative involvement in the development of the Henderson hospital study, a fact that is noted by Rapoport (1960) in *Community as Doctor*. Also in Jones's (1968) *Social Psychiatry* the book is dedicated 'to the work of Eileen Skellern and the other nurses at the Henderson'. Skellern herself published a clutch of articles about the therapeutic community and social rehabilitation in the nursing press, as Russell noted, and she collaborated with Jones on other descriptions of therapeutic community practice (Skellern, 1955; Jones *et al.*, 1956; Jones and Skellern, 1957). She developed a reputation as an inspiring teacher and leader, and this was apparent in Briggs' (2002) account of his first visit to see the Henderson at work in 1956:

'I was especially interested in the training of the social therapists whose energy, like that of the patients, seemed to be boundless. Their daily "tutorial" with the senior staff was a cauldron of ideas. I was especially impressed by the sessions that Eileen Skellern conducted. In one, the matter of emotional attachment to a patient and his subsequent "sexual blackmail" was the initial focus. By the end of the tutorial Eileen was reviewing David Henderson's types of psychopaths and strategies for dealing with each.' (Briggs, 2002, p. 21)

Social therapists might be seen as something equivalent to graduate mental health workers today, and Skellern was not disinclined to training such a workforce. Maxwell Jones had,



from the 1950s onwards, been keen to employ 'social therapists' at the Henderson with the aim of de-professionalising the hospital in order to foster an atmosphere where the patients could be treated more like people and less like medical cases. Likewise, Joshua Bierer employed Occupational Therapists at the Marlborough Day Hospital in London in order that the therapeutic relationship would be a practically based and social, less wedded to a medical model approach. At Kingsley Hall, London, RD Laing was starting to employ colleague sufferers as caregivers, and later at the Arbours Crisis Centre in North London, established by Laing's colleague Joseph Berke, the community was staffed intentionally by psychotherapists or trainees and not nurses. So the idea that non-mental health nurses might take on the challenge of everyday running of a psychiatric unit was not an anathema to Skellern. Indeed, Skellern was not actually qualified as a mental health nurse herself and it was only after she left the Henderson that she completed a mental health nurse training:

'A point worth making is that the staff at the Cassel were not trained mental nurses, but SRN's. Skellern did a short post-graduate course at the Creighton Royal Hospital before starting at the Bethlem and Maudsley. She left the Henderson in 1962 and after her RMN training and a period of study leave during in which she visited psychiatric hospitals in the United States, she started at the Bethlem & Maudsley in 1963. The Superintendent of Nursing at the Bethlem had been in post from the inception of the NHS in 1948 until the early 60's. Eileen Skellern was possibly head-hunted for the post. During the 60's with a group of like minded Senior Nurses from in and around London she started an ongoing group with an analytical psychotherapist. Its aim was to explore group dynamics and was reviewed in a paper she wrote for the *Nursing Times* (or *Nursing Mirror* as it was then). She had to give it up when her National Working Party task with Richard Crossman became too demanding.' (Woollatt, 2005).

In January 1972 Skellern left the Henderson to become the chief nurse at the Bethlem Royal and Maudsley hospitals. Her senior position meant that she was able to exert influence and provide the fertile ground and intellectual space for many innovations to take root and thrive, not only at the Bethlem Royal and Maudsley hospitals, but in psychiatry in general. Russell (1997) records:

'From 1969 to 1974 she gave large numbers of talks and lectures on nursing, the introduction of change and on stress. Committee work inside and outside the hospital (for example, at the King's Fund) became an important part of her life. She was the first ever nurse to become an Associate of what is now the Royal College of Psychiatrists. One project of particular note was her participation in the 1969 national working party, chaired by Richard Crossman, the then Secretary of State, to review policy on mental sub-normality following revelations of malpractice and the enquiry at Ely Hospital Cardiff. The work involved her with persons such as Professor Brian Able Smith, Baroness Serota and other major figures. Eileen took this work very seriously, and devoted much time to it. Unfortunately, before it could be completed, the Government fell and brought the work to a premature end. However, some results were eventually recognised and included in the White Paper of 1972, *Better Services for the Mentally Handicapped*. In 1972 she was awarded the OBE.'

Within the Bethlem Royal and Maudsley hospitals she established the Charles Hood therapeutic community unit in collaboration with Bob Hobson and Michael Feldman. The unit was the first dedicated therapeutic community at the Maudsley and offered a day programme of dynamic psychotherapy with nursing staff carrying individual therapy case loads, which became a benchmark for other nurses developing psychotherapy practices elsewhere (cf. Strang, 1981). Bob Hobson acknowledged Skellern's 'sage-like' influence on

the Bethlem therapeutic community project (Hobson, 1979) and Dietrich's (1976) seminal paper about nursing in the therapeutic community captured the atmosphere of progressive thinking that emerged under Skellern's steer at the time. Later Beatrice Stevens (1995) and Harry Wright (1996) described the atmosphere of the Maudsley during the 1970s and its conductivity to the development of psychodynamic practice.

The 1970s saw a long decline in Skellern's health. As Russell records:

'There were intermissions during which she struggled to continue to develop the work of the Bethlem & Maudsley although her outside work declined. She was frequently in Hospital at King's College, London, undergoing surgery and radiotherapy and then in St Christopher's Hospice, Sydenham. During these times she counselled other sufferers with cancer and showed great fortitude. Her last public appearance was at the hospital Founder's Day Service in the autumn of 1979. At the beginning of 1980, taking advantage of a re-mission she went to stay with her parents and sister in Winchester. It was there she received the news she had been made a Fellow of the Royal College of Nursing. On the 29th July, 1980 she died. Following her funeral at Winchester Cathedral, she was buried in a Winchester cemetery.'

One of Skellern's last contributions was the planning of the First International Psychiatric Nursing Congress in 1980. This took place in London, 2 months after her death although she had prepared an address of welcome which was given to the delegates. The inaugural Eileen Skellern Memorial Lecture was established 2 years later to remember her career and influence and was delivered in 1982 by Baroness McFarlane. Skellern's death at the height of her career meant that the therapeutic community movement, as it was known by then, had lost one of its most important supporters. Her name has since been remembered at the Bethlem Royal & Maudsley hospitals with the naming of new ward block, the first nurse to receive this accolade in the 750-year history of the hospital.

## Discussion

In re-appraising the legacy of the eminent founders of MHN discussed here, it is possible in the first place to note the intrinsic influence of therapeutic practice in each career trajectory. Peplau, Altschul and Skellern's thinking can be seen in the domain of progressive traditions of user-involvement and social psychiatry. Elsewhere, these ideas have coalesced in the steady flow of descriptions of democratically inclined therapeutic community practice (Clarke, 1964; Jones 1968, 1976; Hinselwood and Manning, 1979; Main, 1983; Cullen, 1997; Kennard, 1998, Haigh and Campling, 2000) and later the agenda for social inclusion and recovery in mental health practice aspiring to an optimal level of social agency for the patient (Repper and Perkins, 2003; ODPM, 2004). The significance of user involvement as an indicator of a progressive therapeutic milieu remains largely an aspiration, although there is some emerging evidence that democratic administration and collective rule setting in the milieu might have a positive impact on reducing levels of aggression, violence, seclusion and staff sickness and increasing staff morale (Mistral *et al.*, 2002). It is possible that mental health nursing has rather lost its way and the foundations for good practice that Peplau, Altschul and Skellern discovered through experience, from the gamut of skills from understanding group dynamics to deploying techniques of talking therapy, have been rather misplaced. It is perhaps these principles of practice that might once again come into focus for nurses attempting to transform anti-therapeutic milieus into safe and efficacious treatment environments.

A re-vitalised agenda for mental health nursing might well reach to the agenda for active patient engagement espoused in the *National Health Service Plan* (DoH, 2000), aspirations that were familiar givens to Peplau, Altschul and Skellern. Harking back to the patients committees that Peplau observed at Chestnut Lodge and the breakfast meetings she held at the 312th, the democratic houses for POWs that Altschul encountered at Mill, the initiation to therapeutic communities that Skellern experienced at the Cassel, can mental health nursing re-discover the group-based inclusive ideologies of democratic practice and regulation for good therapeutic milieu management? While this might seem like re-charting old territory, democratic social inclusion as an indicator of a progressive therapeutic milieu remains extant. In the progress of therapeutic community practice, as a model of social inclusion and recovery, the type of psychosocial, interpersonal and psychodynamic approaches to nursing practice can be re-rooted (Winship, 1995; 1997; Barker, 1999). The therapeutic community movement was an enclave for a progressive psychiatric nursing agenda, and it may again offer a potential arena for rejuvenating the interpersonal practices that interested Peplau, Altschul and Skellern and the basis from which to properly address the crisis in acute psychiatry.

The history of therapeutic community and milieu therapy movements usually features accounts of the key psychiatrist figureheads (deMare, 1983; Main, 1983; Pines, 1983; 1985; Kennard, 1998; Harrison, 2000). Reports specific to nursing practice in the history of the therapeutic community tradition have been limited to a handful of accounts (Main, 1957; Barnes, 1968; Dietrich, 1976; Ploye, 1977; James, 1984; Clarke, 1994; Barnes *et al.*, 1998; Benbow and Bowers, 1998). The battle with medical authority structures and, it should be said mainly men, might be characteristic of the careers of Altschul, Peplau and Skellern. It is perhaps an important debate to be had about the gender politics of these historical developments in psychiatry have impacted upon female pioneers. The matriarchal legacy (if we can call it that) in the therapeutic community movement is an elemental dynamic that has remained fairly unexplored although it did not escape Peplau's attention entirely:

'It is probably true that the patriarchal order has had an impact on nurses. However; "it takes two to tango!" So do puzzle out why nurses were vulnerable, receptive, compliant and easily fell into line. Florence N and the early nursing school system certainly was one that did not stimulate independent thought - if any thought - in nurses. Then there's the imputed - if not actual - characteristics of women to take into account. It has often interested me that in the UK it seems to be the men who are more active, verbal, publish more etc.' (Peplau in a letter on 4th June 1998)

There would seem to be the case to be had here. For example, in the rendering of the history of the Cassel Hospital (at least from the outside) Tom Main's name is synonymous with developments whereas the enormous influence of the chief matron Doreen Wedell is rarely mentioned. Likewise the work of the Henderson is associated with Maxwell Jones while Eileen Skellern and Annie Altschul are overlooked. In the context of the therapeutic community movement, in spite of its inclination towards equality and democracy, nurses in the therapeutic community and milieu movements bear the hue of the mother/wife standing in the shadow of the doctor/father figure. The foregoing collective biography sets a straighter record, perhaps offering a more balanced partnership model for re-appraising the advances that emerged during the careers of Altschul, Peplau and Skellern.

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