

LETTERS

Community breakdown

I read with dismay Judith Stone's account of her particular problems in dealing with individual councillors in the borough of Mersham and Fulham ("Community breakdown," *Voluntary Action*, 15 April). Someone who works for a voluntary organisation within the borough, I question Stone's right to speak as a self-appointed advocate for the voluntary sector as a whole—I would like to know which organisations were consulted before this article was published—and to create the impression that there is a full-scale war going on between the local council and the voluntary sector.

As Stone speaks of the "financial and political excesses of loony left councils" of Camden and Brent who "annoy the ratepayers and let down the voluntary sector." What are these excesses of which she speaks? A commitment to continue to provide essential services to the people of the boroughs; maybe a meaningful commitment to equal opportunities, or perhaps their political will to foster good community and race relations?

As Stone goes on to say that the councillors have no grasp of the concept of objectives with "unchanging charitable aims and

objectives." Here Ms Stone displays her lack of understanding of what constitutes a good voluntary organisation. A good voluntary organisation needs to be flexible and responsive so that it can work successfully, in partnership with a wide range of bodies including local councils both Tory and Labour, to develop their services. An unchanging voluntary organisation is a moribund voluntary organisation.

Very few voluntary bodies deal directly with councillors, in fact the majority of dealings are with council officers. There are obviously major concerns about the grant procedures and there have undoubtedly been some stormy meetings between councillors and a few voluntary groups. However what Ms Stone is unfortunately doing is making general rules from her specific difficulties.

Unlike Ms Stone, I recognise the difficulty of any one organisation or person representing the totality of the voluntary sector. The voluntary sector is not a homogeneous body, rather it is a loose knit body of organisations that represent a myriad of opinions, political persuasions, interests and constituencies whose only common link is their independence from statutory control. I resent the fact that, even after she has left, Ms Stone feels qualified to speak with such authority on behalf of all these organisations. She states that "nervous voluntary groups" feel that their grant depends on their popularity with certain councillors. I'm certainly not aware of this

and I challenge her to name these edgy organisations.

Mike Connolly
Local Employment Advice Project
378 Lillie Road
London SW6 7PH

As I please

SIR: Sean French ("As I please," 22 April): "... no two locations are 24 hours apart."

It must be nice not to be reliant on public transport.

S.A. Heywood
67 Earlsdon Street
Coventry

MATTERS OF FACT

The answers to the questions are:

- The first quarter of the year is the least popular time for marriages. In England and Wales in 1986 some 33,900 first marriages were registered in January to March, compared to triple that number—101,100—in the summer quarter (July to September). (Source: *Population Trends, Spring 1988*. Office of Population Censuses and Surveys)
- In April to June 1987 the average age at the time of divorce was 37 for men and 35 for women. (Source: *Population Trends, Spring 1988*. Office of Population Censuses and Surveys)

CAMDEN RACE POLICIES

A major report into Camden council's race policies and strategies by Liverpool university lecturer, Rashid Mufti, (who was Camden's first principal race advisor) has severely criticised the council's lack of political will in implementing equal opportunity policies.

At the press conference to launch the report, Mufti said that black people should not put faith in councils for the solution to their problems, but look to their own resources.

While accepting much of the report, the council's race and community relations committee chair, councillor Barbara Beck, has vehemently rejected its central contention. "We commissioned the report because that commitment is there—because we wanted to take stock of how our policies can be made to work on the ground," she said.

The report is especially critical of the council's housing department. Labour councils like Camden have been under pressure from ratecapping and power-stripping legislation. But Mufti feels that this is no excuse. "They must accept responsibility and not use equal opportunities as equal opportunism."

Azim Hajee of the influential Camden Black Worker's Group goes further. "Lack of political will is a generous description," he says. "The only lasting safeguard for equal opportunities is self-organised worker's groups in the negotiating room. The local authorities haven't delivered." **Charles Wright**

RACE AND SOCIETY

UPDATES

Black arts in jeopardy

Jatinder Verma, the ex-deputy chair of Greater London Arts (GLA) has severely questioned GLA's commitment to black arts.

Verma resigned last month in protest at the extensive cuts 50 of GLA's black clients faced. "It was broadly agreed there would have to be across the board cuts, given the Arts Council's £600,000 cut of GLA's finances. But when you look at the figures, you have to ask, what is the black arts priority? Of the

new development projects given funding, 20 per cent are black; of those facing small decreases in funding, 20-25 per cent are black; of those facing the full cuts, 40 per cent are black. Given GLA's lack of a black arts strategy, there is nothing to suggest next year's round of cuts will not be even more severe for black clients."

In the case of the Academy of Indian Dance, the lack of policy has meant that they have had to

fight for months against the initial decision to cut their £30,000 funding.

The academy is the only institution serving and promoting south Asian dance in Britain. In October 1987 Meera Kaushik was appointed director and under the full support and guidance of GLA began the financial and administrative consolidation of the organisation. "We realised we had overstretched ourselves in the past, and GLA approved a year's funding on the condition that the academy straightened itself out. We did everything the dance officer, Lynn Maree, suggested. She was very closely involved and she still recommended the funding be cut," Kaushik said.

Verma notes: "The officer in this instance was given a strong hand in the decision making, the scales were tipped. It seems the client has been compromised by the officer of a major funding body."

The fact that any money cut from the academy would be used to set up another one, acceptable to the GLA, has also caused concern. Kieron Kallow, administrator of the Dance Forum, of which the academy is a member, feels: "When an officer and an adviser can create their own version of what they feel is needed in the Indian dance community, and in order to fund that concept apply specious reasoning to destroy an already established organisation, in my opinion they exceed all limits."

Kaushik feels ethnic minority arts bodies should fight the cuts imposed on them. **Razia Iqbal**



Meera Kaushik, director of the Academy of Indian Dance.

UPVIEW

British racism—nice and rife

Let us not be churlish. Television, for once, seems to have served the cause of anti-racism, instead of neutralising it as it tends to do.

In a series of effective programmes, "Black and White" (BBC2) showed how insidious racial prejudice is in this country among "nice" white people. Using hidden cameras, Geoff Small and Tim Marshall, a black and white journalist respectively, lived in Bristol for two months, recording ordinary events like job and house hunting.

In all these situations they found examples where Geoff was deliberately discriminated against as he was black. For white people—most of whom still cling to the myth of a tolerant Britain, where racism is confined to a few hooligans (and the overactive sensitivities of blacks)—the programmes were bound to shock and shame. This

was thus a timely exercise.

But one which was wasted in some ways. The real implications of the programmes were not tackled. Not in the discussions between the journalists, which were lukewarm, and not in the programme on Friday night, which had a grasshopper interviewer who could not settle on any issue, backwater Tory

MPS mouthing regressive thoughts, and a frustrated audience.

The point of the experiences Geoff went through, was that they were illegal. But changes are needed in the way the law is enforced. There needs to be a look at what is workable in the 1980s, and whether the American model of covering all discrimination including ageism, would gather more support than isolated bodies which support the causes of racism and sexism. That discussion still needs to happen. ■

EXCLUSIVE LOCAL GOVERNMENT LIVES READ ALL ABOUT IT IN **OPENING THE TOWN HALL DOOR** JANE HUTT BEDFORD SQUARE PRESS

NEW PRACTICAL GUIDES **WORKING EFFECTIVELY** A GUIDE TO EVALUATION TECHNIQUES Warren Feek £4.95 (£5.57 by post) ISBN 0 7199 1177 X

NEW PRACTICAL GUIDES **GETTING INTO PRINT** AN INTRODUCTION TO PUBLISHING Jenny Vaughan £4.95 (£5.57 by post) ISBN 0 7199 1199 0

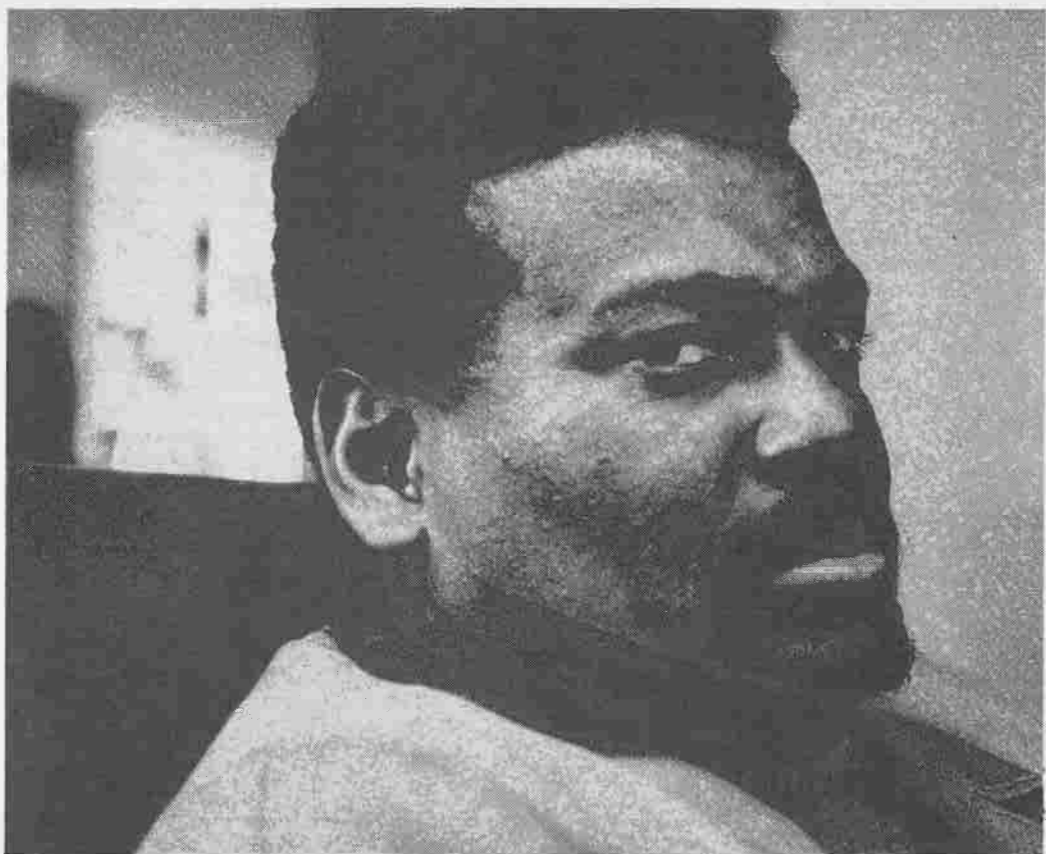
comprehensive guidance on local government services and structures helpful advice on how to lobby and how to apply for grants guidance on how to make a complaint against a local authority

£4.95 (£5.57 by post) ISBN 0 7199 1201 6

AVAILABLE IN BOOKSHOPS, OR BY POST FROM HARPER & ROW DISTRIBUTORS LTD, ESTOVER ROAD, PLYMOUTH PL6 7PZ.

BROKEN AND BY-PASSED

MENTAL HEALTH AND ETHNIC MINORITIES



Sara Murray

YASMIN ALIBHAI looks at how our mental health institutions treat black people and the reforms that are under way.

One expects psychotherapy clinics to be plush, white places with tranquil gardens where money silently changes hands to pay for a return to sanity. Instead the first and only inter-cultural therapy centre in this country, NAFSIYAT, is housed in small rooms above some shops in a busy, dirty street in Finsbury Park. The location unexpectedly breaks the prevailing orthodoxy. It is the first of many surprises.

Jafar Kareem, the director of the centre, and his team are also challenging many other conventions of mental health treatment. As a trained NHS psychotherapist, Kareem and others had begun to feel increasing disquiet about the way they were working, especially with ethnic minority patients. So they decided to ask their patients what they were getting out of psychotherapy . . . and got the brutal answer they half expected. "Fuck all," said one perspicacious young Afro-Caribbean. "You talk a completely different language from us. We come because we are expected to come. It is a waste of time for us."

The professional's initial response was anger, but afterwards the centre began to question what it was that they were doing. Kareem pondered on the relevance of traditional Eurocentric therapy models to a multi-cultural, international world. The core of the problem, according to Kareem, "Is that although Britain has changed in colour, content, value systems and every conceivable way, the professionals—be they doctors, solicitors, policemen, or psychiatrists—are not trained to be responsive to the needs of a changed society." This can lead to gross misjudgments. Social workers, for example, assess the behaviour of teenagers based on a certain expected relationship within the family, of dependence, interdependence and independence. And yet these relationships are clearly culture bound. Most professionals also operate on the model of the nuclear family, which is inappropriate for many of the groups now living in Britain. NAFSIYAT aims to fill these gaps. Chrisou Andreau, one of the workers at NAFSIYAT explains, "It is the blindness in all of us. We are victims of our own pre-conceptions. But it is important for these professionals to realise how they are using rigid stereotypes in their assessments."

There was also another issue which needed reappraisal. "I have

Although Britain has changed in colour, content, value systems and every conceivable way, the professionals—be they doctors, solicitors, policemen, or psychiatrists—are not trained to be responsive to the needs of a changed society.

always believed," says Kareem passionately "that there is a very unequal power relationship between a health giver and receiver. The structures of the profession are all based on that particular power relationship. In mental health, that power assumes frightening proportions because you can lock people up at the stroke of a pen." Most of the time, mentally ill people seem to have but two roles open to them, that of a child or a prisoner—both states of vulnerability, helplessness, and fear. All these fears are justifiably greater in people from ethnic minority communities. Black people are proportionately over-represented in mental institutions. They are five times more likely to receive custodial (often enforced) treatment and twice as likely to have their first diagnosis changed, to see junior staff, and receive physical treatment, not therapy.

Unsurprisingly, therefore, black people, particularly Afro-Caribbeans, see section 136 of the Mental Health Act (which empowers social workers and health personnel to order the compulsory detention of mentally ill people) as another arm of the racist criminal justice system. A recent MIND report stated: "Possible racism inherent in the police or psychiatric profession" could be a factor in these disturbing statistics.

Increasingly racism is seen as a causative factor in several kinds of depression found among many ethnic groups in this country. This is

a recent acknowledgement of a reality that seems to have eluded the mental health professional in the past. It is still common, however, for professionals to seek to establish an anthropological/cultural interpretation for the alarming statistics of black and Asian mentally ill patients. Writers like Phillip Rack, author of *Race, Culture and Mental Disorder*, tended to focus on these aspects and the problems of migration instead of the effects of racism.

The radical approaches developed by NAFSIYAT to deal with these issues, are operationally very simple. "We ask patients to define the problem, and to prove to us that they need us. We do not accept other people's definition of madness." The patients decide who they want to see and for how long. It is common for patients to call in and rearrange appointments, often giving no notice. Though this kind of unilateral re-shuffling of schedules is clearly off-putting, but it is a price willingly paid by the workers at NAFSIYAT. The centre is now sent patients by the statutory bodies from all over the country. There are many more self-referrals, especially by people at the end of the line after years of non-effective institutional treatment. All kinds of patients are on their books—from depressives to acute psychotics. There is no drug use and you don't have to be rich to use the services which inevitably leads to overstretching.

Often patients have been receiving inappropriate treatment because of mis-diagnosis or an over-simplistic evaluation of their problems. Andreau gave the example of a young black girl who was severely disturbed, and who was described as suffering from an "identity crisis" because she referred to herself as "a filthy black bitch." The problem turned out to be much more complex. It eventually transpired that she had been sexually abused as a child by a white man in a foster home.

Kareem is keen to emphasise one point: "Let's be very clear. It is not that there are more mad people among the ethnic minorities, or that because there are ethnic minorities there is a problem. Just the reverse. We are looking at a section of the community who are not getting a fair deal."

He does not think that the professionals deliberately set out to discriminate: "They are just caught up in their own psyche, and when faced with an unknown quantity, they feel impelled to produce answers based on stereotypes."

The only way around this problem, he feels, is to drop all pre-conceptions. "We deal with all kinds of minorities here—Italians and Greeks too. I cannot know the cultural landscapes of their minds. But I can say I don't know and be prepared to learn from the patient." As Andreau says: "Each person is a new, open book each time you see them. Otherwise all you do is make stale interpretations."

At NAFSIYAT they do not believe that genuine psychiatric exploration is only possible if the therapist and patient share a cultural world. "If you say that you curtail my humanity," argues Kareem. For him and others there is a universality about human nature. "In Britain today, a white professional needs to know how to treat an Indian and an Indian has to learn how to treat a Greek, and it doesn't come automatically."

Essentially NAFSIYAT and other organisations like it are challenging the complacency which has operated in the world of mental health for much too long. There has also been abundant folklore which has been used to block change and action. Myths abound, for example about the extended family being able to manage mentally ill members of the family. This has left important needs unattended. There is much emphasis on cultural practices, and the minorities are lumped together as homogenous groups.

Underneath all this lies an assumption that black ethnicity is somehow by definition alien, exotic, perhaps dangerous, and often in need of corrective measures. The contradictions enmeshed in these two positions have not been adequately examined. Aggrey Burke, senior lecturer in psychiatry at St George's Hospital, London (one of the only two Caribbean psychiatrists in Britain) thinks that the result of this muddle could be either over-diagnosis,

caused by fear in white professionals, or under-diagnosis, as blacks are not considered to be suffering from ordinary problems like depression.

There is also too much emphasis placed on the stress of dislocation. Recent work has shown that young people born here make up the largest group of black people using the mental health services. Burke thinks that there is a hierarchy of factors which produce mental stress in black people in this country, and that: "The most potent factor is quite definitely class, which is itself the result of racism, and which forces blacks into dependent situations and a circle of deprivation by denying them opportunities." Young blacks resisting racism are seen as (and become) "uncontainable." This in turn has led to incarceration and consequent mental illness. There is a danger of people becoming stigmatised. The result is that fewer blacks are coming for help, they come much later than they should, and have a bad record on treatment compliance.

Recently, there has been some soul-searching going on at the (nearly white) Tavistock clinic. Graham Ingham, a psychiatrist at the clinic described how they are trying to "explore and grapple with cross-cultural therapy and the issues which arise in the patient/therapist relationship. This work," he says, "will continue and develop in an attempt to think about an area of work where thought easily breaks down." A series of seminars has been organised with NAFSIYAT and the Middlesex Hospital, where Dr Roland Littlewood, who has worked extensively in this area, discussed the deeper implications of changes that needed to be implemented. Psychotherapy, has, he believes, been the empire of people who are white, "educated" and middle class. Exclusions have been justified through spurious excuses that some groups are not sufficiently psychologised or lack the verbal facility to benefit fully from therapy work.

Littlewood believes that the other fallacy has been to pretend that selfhood is independent of the social context in which we live, "the politics of the therapeutic encounter," as he calls it, has got to inform work done with ethnic minorities. Definitions of normal behaviour are determined by the dominant culture, power relationships, and the endemic racism which operates in this society. Traditional psychotherapy is steeped in racism. Freud and Jung both had deeply racist views about the non-European. Jung warned: "Living with barbaric races exerts a suggestive effect on the laboriously tamed instincts of the white race and tends to pull it down." Many therapists still make evaluative judgments of defence mechanisms, and Littlewood thinks that certain displays of distress are regarded with disapprobation. All of this needs examination.

Within the therapeutic encounter, racism operates in intangible ways. There is often a status contradiction between a black therapist and white patient. Many white patients, and (some black patients too) demand white therapists for this reason. Black patients fear they are letting the side down, or that they are being given inferior treatment. "We have to admit," says Littlewood, "that there is a good therapeutic encounter when there are shared assumptions of causes and manifestations of distress. Most of us like dealing with people we like."

But it is the politicisation of psychotherapy that is proving to be the most difficult area of discussion. Do therapists help their black patients to manage their pain at living in a racist society (which consistently denies that it is racist) and so help to maintain the status quo? Or are they now to intervene in the social processes of change? The internal world is bound up with external power relationships, and it is impossible to keep hands sterile during therapy work. Most therapists are apprehensive about entering this world, but as Lennox Thomas from NAFSIYAT says, "Racism is 'counter-therapeutic.' It cannot be ignored in any real work with black patients. Unfortunately at present, most people see the problem to be that black people have not yet learnt the correct and white way to show their madness."

DAVID UPSHAL visits Tooting Bec Mental Hospital, which a large number of local black people have serious misgivings about.

When the NHS Health Advisory Service (HAS) compiled its report on mental health care in West Lambeth in 1986, it concluded: "Tooting Bec Hospital should be closed." The report said: "Nursing staff attitudes at Tooting Bec are entrenched, defensive and misguided. Therapeutic enthusiasm is lacking. Supervision and monitoring are very poor. Care standards . . . in some wards are deplorable."

In short, Tooting Bec is a typical example of a Victorian asylum, placing too little emphasis on rehabilitation and therapy, and too much on locking people up and sedating them.

Such a damning condemnation of a large mental care facility is disturbing—especially for the large, local, black community. This is chiefly because of what the HAS report terms the "excessive use of section 136 of the Mental Health Act, perpetuating custodial attitudes in the hospital and intolerance in the community." Well over half of Tooting Bec admissions are young black males, yet black people represent only 14 per cent of the local population. It appears that section 136 is being used as a means of social control.

In empowering the police to remove any person whom they judge to be suffering from a mental disorder into a "place of safety" for a minimum observation period of 72 hours, section 136 of the Mental Health Act is unique in that it permits the detention of an individual by officials with no psychiatric expertise. Indeed, an internal report conducted at Tooting Bec last year states that of those patients admitted under 136, "very few patients were assessed by an approved social worker or by a doctor prior to their referral to hospital."

One of the most alarming individual cases—currently under formal investigation—is that of a young man remanded and assessed under 136 several years ago, after a family argument which prompted neighbours to

How typical is Tooting Bec?

call the police. Despite having no record of violent or criminal behaviour, when brought to trial he followed his lawyer's advice and pleaded insanity in order to avoid the possibility of prison.

After spending time in four different hospitals, he arrived at Tooting Bec, where it was first suspected that, far from improving his condition, the nature of his treatment was making him angry, frustrated and physically ill. This man is now in Broadmoor, where the quantity of medication he has been receiving is seriously threatening his health. Currently the subject's family are strenuously contesting his treatment and a public inquiry is pending.

Of particular concern is the

given to black patients."

In the absence of any hard evidence that Afro-Caribbean people are more prone to insanity than other racial groups, there is considerable weight behind Rowden's arguments that the system is fundamentally at fault. For instance, one is bound to be sceptical of the police role for, after all, what training do police officers have which qualifies them to identify insanity?

This is not a problem affecting only the police. There are only two black consultant psychiatrists in Britain—the vast majority are white and middle class in their social orientation. This is a complex problem, and one which people within the psychiatric profession have difficulty accepting. A major symp-

more adequately and acquaint them with the realities of racism have been undertaken and formal disciplinary procedures have been taken against members of staff proven to have expressed racist attitudes. Regular contact with the Commission for Racial Equality has also been established.

However, although a preparedness to reassess practices is being displayed there is a long way to go as Rowden admits. "If you look at the upper echelons of the police or British psychiatry I don't see this issue very high on the agenda. When you look at the general situation and strip it down it's actually a very frightening picture."

One organisation which aims to fight that fear is the Afro-Caribbean Mental Health Association based in south London. Errol Francis, a spokesman for the association, concurs with Rowden's sentiments. "What we're talking about here," he says, "is the different bodies involved in committing people—police, courts and social services—united by the view that black people are more violent and more criminal."

He mentions the tendency of social services to take adolescents away from families and into mental care, and of prison authorities to administer sedatives to black inmates without real justification. "Levels of illness in black people are just not tolerated to the extent that they are in the rest of society."

The existence of organisations such as the ACMHA is one of the few ways in which the black community can influence these practices. As well as offering support to the victims and its own psychotherapy and group counselling facilities, the association also vocally opposes the mistreatment of black mental patients. The psychiatric authorities must realise that they can't keep committing black people with impunity. "Clinical decisions," Errol says firmly, "are no longer free from challenge."

At Tooting Bec one of the most vigorous policies has been the launch of a credible equal opportunities programme aimed at recruiting more black staff into mental health care, and ensuring that community health centres are appropriately staffed. Programmes to train staff

I believe it comes to the crunch question of racism. If you're a young black male there will be an almost subconscious perception that you are madder and more violent.

prescription of the drug chlorpromazine which is a powerful sedative, but whose known side effects include neutropenia, a condition in which white blood cells are destroyed. Other harmful effects he is suffering include the growth of mammary glands and a deteriorating kidney function.

Ray Rowden was appointed general manager at Tooting Bec at the time of the HAS report. A nurse for 16 years before moving into administration, he says "The general perception among the black community of Tooting Bec is one of fear."

He is in no doubt as to the cause of that fear. "I believe it comes back to the crunch question of racism. If you're a young black male there will be an almost subconscious perception that you are madder and more violent. Hence the higher levels of medication and the higher diagnoses of schizophrenia

ton of this refusal to accept the problem is that despite there being no clinical evidence that Afro-Caribbeans are more schizophrenic than anyone else, there remains a high level of adherence to this myth within the profession.

Rowden's arrival at Tooting Bec has coincided with a concerted effort by West Lambeth Health Authority to reform its practices. And this means acknowledging the gravity of the situation. "What I won't have," Rowden says, "is anyone saying that there's nothing wrong. If there is no problem why do we admit so many blacks?"

At Tooting Bec one of the most vigorous policies has been the launch of a credible equal opportunities programme aimed at recruiting more black staff into mental health care, and ensuring that community health centres are appropriately staffed. Programmes to train staff

PERSONAL VIEW

Condemned to internal exile

ENOCH POWELL

One of the occupations of advancing years is self-observation, and in particular observation of what it is that does or does not surprise one. I dare say my own discoveries are similar to those which have always been made by the senescent.

Let me begin with the things which do not surprise. I find that it is the real changes in the world around that are not so difficult to accept as might have been expected. When I was born, the Royal Navy was undisputed mistress of the oceans in all quarters of the globe. That a wireless signal transmitted from the Admiralty in London could concentrate in the south Atlantic a naval force sufficient to overwhelm the German squadron off the Falkland Islands was one of the earliest events of which I became conscious in the outside world. Nevertheless, I find it not hard to accept and understand that in my lifetime the naval supremacy of Britain has ceased to exist. I hope that British forces could still defend the air and seas around these islands; but I acknowledge that a big piece of the scenery into which I was born in 1912 is there no longer.

It is no more difficult either to comprehend that the overseas possessions of the United Kingdom, which then comprised the Indian subcontinent, large parts of Africa and considerable chunks of the new world, have been reduced to scarcely more than half a dozen specks upon the map. I might once have harboured the illusion that more would survive; but I find no difficulty now in recognising that illusion for what it was. Indeed, I get impatient when my fellow countrymen refuse to understand that Australia and Canada are totally and completely independent—I will use a hard word, and say "foreign"—nations.

The technological transformation of life has proved equally unsurprising. I may from time to time, in order deliberately to irritate the young, feign ignorance and incompetence in matters technological, nor do I expect to be around long enough to make it worth my while now to apply my mind to the computer scene. On the other hand, I seem to notice that a younger generation is more impressed than I am by men walking on the moon or preparing to do so—or have I misunderstood?—on Mars. It seems no more than a natural progression from Nan sen and Amundsen and Shackleton.

Still talking about technology, one thing that I find has changed is my perspective of 1912. Since I had never known any other environment, I had no notion then how recent it all was. For the people among

whom I was brought up, technological furniture which to me seemed a fixed part of the universe was an innovation that had changed the manner of life within their adult memory, although I imagine that they, too, continued to remain as inwardly unsurprised by the changes as I have been myself. Time is an elastic scale of measurement. To discover that one can remember as long a period as that which separates Queen Victoria's accession from the first world war shrinks the perspectives of history wonderfully.

So far, then, no bewilderment—no bewilderment in the physical world. The bewilderment is in the impalpable world of perceptions, sentiments, emotions, assumptions. To find a stranger in one's own countryman is the cruellest encounter at the end of a lifetime.

One event turned my life upside down and inside out. No, it was not the change in the composition of Britain's population which started in the 1950s, nor the anger and dismay with which the political establishment greeted my exposition of the scale and dangers of that change. That was not what uprooted me from the political soil in which I had grown and flourished and which was home to me.

The event which was to change everything was the acceptance by the British parliament and British electorate of the terms for Britain joining the nascent political entity of the European Community. I had thought that there was one thing which could be predicted unhesitatingly about my fellow countrymen because it was something around which their long political history had revolved and which they believed themselves to have established, and asserted when necessary by force of arms. They would never pay taxes, nor observe laws, nor obey government except those chosen, imposed and sustained by themselves through their own parliament.

In 1972, before my incredulous eyes, the House of Commons forswore that right and privilege of the British people as comprehensively and as explicitly as if the terms had been those of capitulation enforced by a victorious German emperor or a fascist dictator. It was not that the House of Commons was constrained: every House of Commons is in some sense constrained. The shattering discovery was that the British public did not mind. There were no protests, no riots, no manifestations of popular indignation. The people, when they voted, voted about other things. The British, it appeared, did not care.

There is such a thing as internal exile, and

not in the sense in which that punishment has been customary in Russia. There is internal exile when one has nowhere to go in one's own country. Men before now for the sake of a cause have quit their companions and thrown in their lot with their former opponents. Men before now have proceeded to extremities to uphold the rights or protect the interests of a class, a calling or a province. When a whole nation, with every appearance of indifference and complacency, abandons the liberties with which it has hitherto identified itself, there is simply no longer anywhere to go for those unable to share that indifference and complacency.

This is not an experience which any previous generation appears to have undergone. We celebrate in 1988 the third centenary not of a revolution (although it goes by the name of the Glorious Revolution) but of a reaction. The rights which the English in 1688 thought so important that, in order to re-establish and entrench them, the majority were prepared to change the basis of the monarchy and invoke the assistance of a foreign invader were their immemorial rights, which they believed they were recovering. The dispute which in 1642 ranged Englishman against Englishman on the battlefield concerned equally immemorial rights embedded in the history of England.

Perhaps at both these crises there were men who found themselves unable to comprehend the minds of their fellow citizens and cut off from them by that incomprehension. Certainly, many who lived in the 19th century through the Reform agitation and the extension of the restricted basis of parliamentary franchise could not imagine what sort of a country there would be afterwards, or how it would be governable.

None of those crises, however, affords any parallel to the present acquiescence of the people of Britain in the deliberate surrender of political rights hitherto held fundamental. Those who view the scene, as I view it, with incomprehension and estrangement, have a choice. They can try to reassure themselves with the reflection that the British are notoriously and deceptively patient of insult and humiliation and that a reaction, all the stronger for being so long delayed, will inevitably take place. Alternatively, they can conclude that a change in the character and nature of the British people itself has actually taken place.

Such changes are not without precedent in history: peoples have lost their sense of identity before now. If this alternative view is adopted, it could be conjectured that a kind of breakdown was caused by the profound and sudden reversal of Britain's position in the world, equivalent to a major defeat such as that undergone by Germany in 1945. If so, however, it would be curious if an older generation which has found that physical reversal intelligible and assimilable, were unable to come to terms with the psychological consequences.

Between those two alternatives I am content to refrain from choosing. Perhaps I am encouraged by a certain irrational faith that not only in nature but in the life of nations there is such a thing as "reversion to type."

Next issue of RACE AND SOCIETY will be on the 27 May.
RACE AND SOCIETY is edited and produced by NEW SOCIETY and sponsored by the Commission for Racial Equality.