

Friern Barnet & District Local History Society

INTERVIEW BETWEEN DAVID BERGUER AND VERNON MULLER AT 8 RUSKIN ROAD, CHELMSFORD, CM2 6HN THURSDAY 7 JULY 2011

DB Can you tell me when and where you were born?

VM I was born in South Africa in 1940 and the reason I came to Friern was I studied at Durham University and while I was here I met Frances who became my wife. We went back to South Africa and I worked in South Africa until 1976 when we came here.

DB What were you working at?

VM I was working as a priest in a parish in Durban.

DB So you qualified in Durham and then went back to South Africa?

VM That's right. I was ordained in South Africa. My wife was English and we went back to South Africa. In 1976, because of the political situation and apartheid which I was deadly opposed to, and the fact that our sons were growing up and would have had to have gone into the army, which was a white army intent on keeping the blacks in their place. So we came here on the strength of my wife's passport which was madness really, as we had three young children and I didn't have a job or anything. So I made contact with the Bishop who covered the North London area and he put me in a parish in Hendon for a short while just to tide us over and while I was there I applied for the job at Friern Hospital.

DB How did you hear about that?

VM I was looking at the *Church Times* every week.

DB Who had been the chaplain before you?

VM A man by the name of Chester. I can't remember very much about him. He was quite an odd bloke – very, very High Church – and he would have private Masses in the hospital chapel, and I don't know if patients were included, but he had all his High Church buddies come in to the celebration of a High Mass. He died in post and they cleared out a lot of his stuff and what they didn't take, I inherited relics like a relic of the true cross and the bone of St Benedict and all these kind of things, plus some very fancy vestments, some of which I've still got. This man was a bachelor and he went in for quality and I've still got some of his clerical shirts.

DB So you started in 1976. Just fill me in the role of a chaplain. Were you based solely at Friern?

VM Yes I was a full time chaplain.

DB So, where did you live?

VM On site In Consort Close, which was next to Halliwick. It's all been rebuilt now, of course.

DB Did you have a house?

VM Yes. Seven terraced houses and we were number three. They were all staff houses.

DB When were they built?

VM They were relatively new, built at the time of Halliwick.

DB So, just tell me the role of a chaplain. How did your day go?

VM Some people who have written about chaplaincy have said that chaplains are free to be amongst their people and that's true, and that's very much the way I operated. A typical day would be that I would go down and unlock the chapel. When I arrived the chapel was always kept locked, except at service time. I said to the hospital authorities that I wasn't going to tolerate that. The chapel had to be open at least during the day so that patients could go in there. I was told that the place would get smashed up. Well, in the twelve or thirteen years that I was there the statue of the Blessed Virgin Mary that the Catholics had in the chapel was once smashed up. Once somebody was lighting a candle and the drapery over the altar caught light but, other than that, it was a safer place than St John's next door. They wouldn't keep St John's unlocked, but the chapel was unlocked and open. So I would go down and unlock the chapel at the start of the day. I would then say Morning Prayer, then I would check my diary, because every day was different. I might have a meeting with the Rehabilitation Committee; I might have had appointments with staff or patients. I worked in a sort of supportive psychotherapy role with a number of patients and some staff. In all the geriatric wards I would have ward services because most geriatric patients couldn't go to the chapel, so I took the chapel to them.

DB Was that a new idea?

VM Yes. I had a music centre on a trolley which the WRVS provided and I would play taped music – hymns – and we would sing along. On ward 9 there was a very demented old gentleman who used to say "BBC, BBC" and I just knew him as BBC. One day, it was coming up to Easter, and I was playing *There is a Green Hill Far Away* and I noticed that he was singing along with the music and the staff were absolutely astounded that this man who was so demented that he could never string any words together, apart from BBC, was singing to *There Was a Green Hill Far Away* so there was obviously something. So I would conduct these services on these geriatric wards. On the rehab wards most of the patients would be out in the Occupational Therapy or the Industrial Therapy workshops and I

- would wander around these workshops and visit. The amount of goodwill for the chaplain amongst the staff was incredible.
- DB Well, you were part of the staff, weren't you?
- VM Yes, but I don't think today chaplains have quite the same welcome of access to different areas of hospitals as I had then. So I would wander into the Occupational Therapy area and talk to patients and staff. Sometimes they would seek me out, I would just be passing and they would say "Oh, Chaplain" and they would ask me something. And then I would also visit the Admission wards, a little bit more problematic because patients admitted were usually under medication and it was a bit more difficult to talk to them. Some of them were very manic and wouldn't be able to sit still. So, that sort of covers what I would be doing during the day. Responding to whatever came my way.
- DB If a patient said something to you that you thought was interesting, you would pass this on to the medical staff, or was it confidential between you and the patient?
- VM Now that was always a big issue amongst the staff, as far I was concerned, because the number of times anything of concern was passed on to me was probably once or twice the whole time I was there.
- DB But your *Green Hill Far Away Man* was participating...
- VM Yes, but the staff were there at the service.
- DB So, did you always have a member of staff with you, or did you just wander?
- VM No. In fact, when I arrived at Friern Hospital they still had a padded cell.
- DB Just one?
- VM One that I was aware of when I arrived. There was one on ward 19 which was actually a geriatric ward but they used this padded cell sometimes for admission patients and a man— he must have been in his early twenties – was admitted to Friern. And he was a big chap, he was like an English rugby forward, he had been quite violent and he had been put in this padded cell and his parents asked me to visit him. So, I went there and there were two nurses sitting outside the locked door and I said that I had come to visit this chap and they were very reluctant to let me in and I said "I'll be quite OK, you let me in and lock the door again if you like, but keep out." I went in and, I don't know if you know what a padded cell looks like.....
- DB Describe it to me.
- VM The walls and door were all padded with this sort of beige material.
- DB Sort of leather?

VM I don't know what it was and it also bulged out and the door had a peephole like you see in prisons and you could see the padding turn in at the peephole

DB Was there a door within the door?

VM No.

DB Because in the early days they had a door with a door so that they could feed them with food, or tobacco or snuff.

VM There wasn't that.

DB A toilet?

VM There was nothing in the room except a mattress – a bare mattress on the floor.

DB And was the floor padded as well?

VM I cannot recall that. This lad was lying on the floor and as I went in he wanted me to pray with him. And the staff were getting quite agitated...

DB Because it had all gone quiet....

VM Yes. They were terrified that I would be attacked.

DB Were you terrified that you would be attacked?

VM I think there was sort of naivety about me, because I went into a couple of situations...I went into one situation in the hospital where I was quite foolish. There was probably a kind of idealistic feeling that I'd be OK, which isn't true of course.

DB How long was he in for?

VM I don't know.

DB So you just made the one visit?

VM I believe he was transferred to the Maudslay Hospital. He went out of my jurisdiction quite soon.

DB What about the interdenominational aspect of it? There was quite a high percentage of Jews in there from the beginning; was there in your time, and what about Muslims and Catholics?

VM I have always been very ecumenically minded. I worked very closely with the Free Church chaplain.

DB Was he permanent?

VM No, he was a part timer and I worked very closely with him throughout my time there. And with the Roman Catholic chaplains, although the Roman Catholic chaplain that was there when I arrived would just come in and do Mass. I knew the Rabbi and had regular contact with him. I was invited every year to their Chanukah meal and that was fantastic. A particular occasion when they were playing their Jewish music and one of their lay people who had come in to the hospital to organise their Chanukah meal in the Chazen Room....

DB What was that?

VM That was their room. They had a synagogue in the hospital.

DB Whereabouts was that?

VM In the main building. It was named after one of their Rabbis who had been chaplain there years before. He was also a part time chaplain. Every week they had social gatherings in the Chazen Room for patients, and there were a lot of Jewish patients. On this particular occasion one of their laymen got up and grabbed me and danced with me. For me it was a fantastic experience. I thought to myself "This is shalom in operation."

DB The chapel was still there when you left?

VM No. Before I came the chapel had been huge. Before I arrived there they had portioned off the front part of the chapel, reduced it by about a third, and in this new bit they made into administrative offices. And there was a reception area underneath.

DB So, it was two storeys?

VM Yes. While I was chaplain, the beams in the chapel became unsafe; they had woodworm in or something. For a while they put up scaffolding to ensure the beams stayed up and it wasn't very pleasant so we moved out and held our services in the main hall.

DB Can you describe the main hall to me?

VM It was huge, about a half bigger again than the original chapel. It was behind the chapel.

DB What was that used for on a day-to-day basis?

VM It used to be used for dances and they still had parties in there. I put on a couple of Nativity plays there. There was a beautiful stage, with all the curtains and the flats, and the lighting was all there. It was a professional stage. So that's where we had the services, in the back of the Hall. And then I came up with the idea of having a religious centre, as we didn't enjoy worshipping in the hall then. We had a little room that was set up as a chapel but it was too small that was open during the week, but that was too small for services. I approached the Rabbi and asked them if we could come in with them and turn the synagogue....

DB Where was the synagogue?

VM You come in the front door and you turn right or left and there are two corridors going either side of the chapel and the hall, you go down past the first long corridor, past the second cross corridor, turn right and a little way along there was where the synagogue was, right next to a staff coffee lounge. I spoke to the Rabbi and asked if could come in with them and we could have this room designed so that on Saturday it would be a synagogue and on Sundays it would be a chapel, during the week it would be a multi-faith place where anyone could worship. The Rabbi at first said: “No way” and he talked to his committee and they said: “No way”. We left it for a while and then I discovered that their tabernacle where the scrolls with the ten commandments are kept, that it was in the wrong place – it was facing north instead of east. So, I went back to the Rabbi and said to him “By the way, your holy of holies is in the wrong place, did you know that?” And he said “Of course it is!” So I said, in this new design it could be in the right place and I showed him the drawings and in due course we had a big service with Basil Hulme the Cardinal was invited, plus the Anglican Bishop, plus the Free Churches and the Rabbi and we dedicated this new religious centre. That was in 1985.

DB So you had stained glass windows in there?

VM Yes, this was all put in. when the religious centre was created. One of the staff who worked in the Print shop of the hospital - her first name was Julie – she had worked in a stained glass workshop and she designed the windows and put them in. I’d love to know where they are. The curtain covered off the Jewish tabernacle and on Friday I used to go in and remove all the Christian symbols and then the Jews would come in on Saturday and remove the curtain and uncover their part. There was a mosaic in a frame that was done by one of the patients. On an Open Day, when the local community could come in, they could go in the chapel. In the hall we had Christmas plays and one that I wrote was based on *Amal and the Night Visitors* which I set in Friern Hospital and the patients and staff took part. Another Nativity play was a traditional one but the wise men from the East were Pearly Kings from the East End! The patients took part and made the scenery. There was a Chanukah meal in the hall. I also used to take the patients on outings.

DB How many people went with you?

VM We had a minibus so we took about fourteen and I would drive and we would have usually one member of staff and usually one of our team of helpers from the local churches. On one occasion we went to Primrose Hill and on one occasion an ex-patient in the area invited us in for tea. Every Christmas I had a special carol service in the hall and the whole hospital came and I would always make a point of getting some notable person to attend. One year we had George Thomas, the Speaker of the House of Commons, Lord Tonypandy, and we were going to get Terry Waite but he was kidnapped!

DB How long were you there?

- VM I left in 1990.
- DB And what did you do then?
- VM I went to Reading. The hospital was running down and the Personnel Officer had already spoken to me about what I was going to do, so I started looking for other jobs.
- DB When you first saw the job advertised in the *Church Times*, did you have any qualms about working in a mental hospital?
- VM No. I was quite idealistic, and I had rose tinted specs. I had done a study fellowship in the Menninger Foundation in America for a year and that was the leading psychiatric educational place in the US. I applied for it and I had come across quite a number of people in South Africa who had psychiatric difficulties and problems and I just felt totally inadequate in dealing with them so I started exploring where to find out more and discovered the Pastoral Care and Counselling Course being run by the Menninger Foundation. I applied for it and I was very fortunate to be offered a fellowship, which didn't cost me very much. I then came back to South Africa and when I came to this country I was looking at psychiatric hospitals.
- DB Talking about running it down, when did it become apparent? Geoff Smith, when I interviewed him, told me they were working on a plan called *Friern 2000* which was supposedly going to be operating on a much smaller scale.
- VM Plans were drawn up to retain part of the main building.
- DB But while this was going on, wards were being refurbished....
- VM Yes. Let me come at this from a different angle. I must put my cards on the table. I was against the closure of Friern. You mentioned that it was very expensive to run, but per patient as compared to the Royal Free, it was only a fraction of the cost.
- DB You mean normal patients at the Royal Free?
- VM Yes. But I think my main opposition to the closure of Friern was twofold. One, there were a number of patients in Friern who needed asylum and turfing these patients out into the community without almost 24 hour support, was madness so when patients started to be moved out I went to visit them and I saw flats with brand new furniture and within weeks it was an absolute tip, because the patients weren't able to care for themselves. The other side, in Friern there was excellent work going on which a lot of people never saw. There were abuses, I wouldn't deny that, and some of the things that went on were really awful. Not active abuse, but passive abuse, they were treated as a nuisance, as stupid and one of the patients on the Admission Wards was a woman who had published books and the way she was treated was just undignified.
- DB Could you have had an input there?

VM I would speak out on occasions because they didn't take much notice: "You don't understand; you're not on the ward for twenty-four hours." So there were abuses, but there was a lot of excellent rehabilitative work going on.

DB What form did that take? Therapy presumably?

VM There was a small unit run by a Sister Mumford with only about ten people and they got her personal attention and when they walked into the unit they were treated with respect, as ordinary human beings. She helped them, she taught them various crafts, sewing, typing and she helped a number of patients get back on their feet and get back out into the community. She would have them for the midday meal and she helped them with simple little things like being polite and showing respect which was absent on the Admission Wards for example "Would you like some sugar?" In the wards, whether you liked sugar or not, sugar was ladled into the urn and I spoke out against it, but I don't think anything happened about it.

DB Where did the patients eat?

VM The food was prepared in the kitchen and the patients ate in the wards. In the dining area of the wards.

DB Did they still have the small bedrooms there?

VM They had dormitories and a few individual rooms. When I was there they started dividing up the dormitories into bays with a solid partition.

DB A number of the doctors were opposed to the closure because they felt that a lot of patients, particularly the elderly or those who had been there a long time, couldn't possibly make the transition. That was their home. What happened to those patients, did they go into general hospitals?

VM Some of them went in to hospitals or elderly care units. When I arrived at Friern there were 1000 patients but there was one patient who never missed a service, she was always in the front row. She had been there for over thirty years and the reason she had been admitted was because she was epileptic and that was regarded as madness. She was so institutionalised it would have been wicked to have sent her out. She eventually died and I did her funeral. She had made a niche for herself; she worked in the laundry and in the afternoons she would go with a big trolley down to the greenhouse and the gardener would give her indoor plants and she would take them round to all the staff offices, including mine, and renew their plants. That was her area of responsibility and she thoroughly enjoyed it.

DB You mentioned the garden and the greenhouse, and the farm had closed by the time you got there...

VM But the orchards were still there and the patients worked there under Mr Wetherall, the chief gardener. The organisation Mind was lobbying very strongly for the closure of Friern on the grounds that these people would be far better off in

the community and they were being abused and badly treated in the hospital. I had an interesting incident one day. I was sitting chatting to a patient in the lounge area of a locked ward – an Admission ward and the laundryman came in with a bag of laundry. He came in – he had a key and he had unlocked the door – and he walked down the ward and the patient called out: “Lock the door, lock the door!” It was a limitation of freedom but was also security.

DB It was being in the army, with the regimentation.....

VM Absolutely! Incidentally the establishment of that religious centre was one of the first in the country and now most hospitals have them. When I spoke at the Chaplaincy Council I met with tremendous opposition and the head of the Council said “I speak to managers, and they don’t want that!”

DB Was the chapel closed after all the problems with the beams?

VM Yes it wasn’t used after that. It was used for storage, surplus furniture etc.

DB How many of the patients do you think were cured?

VM I think the long stay patients needed asylum, but I think the hospital could have continued to function and had more money and more effort been put into rehabilitation of new patients coming in, not just putting them on a load of drugs and putting them into the community and thinking they were going to be alright. The revolving door syndrome was very much part of the system towards the end of my stay there. They would go out and then come back in again. I worked with one patient, she was a very religious woman and her consultant told me she was going out but any time she needed to come back, there would be a bed for her at Friern. Well, it duly happened, she turned up and there was a young Registrar on duty and he talked to her and discovered that her parents lived in Hampstead and said: “You can go back to your parents.” But this girls’ problems were related to her relationship with her parents and I tried to speak to him but he said: “No, we don’t want patients to come here and get institutionalised.” This happened at the weekend, and when the consultant came back on the Monday, he had her admitted.

DB Was ECT carried out?

VM Yes. I spoke to a psychiatrist once and he said that he didn’t know how it worked. My overriding memory that I have of Friern was that it was very fulfilling and in some senses, a happy time. I was amazed at the abilities of some of the patients, sculpture and pottery. The worship in the hospital chapel was incredible; patients would be so forthright. I was droning on in a sermon one day and a voice from the back said: “When are you going to finish?”

DB Did the churches in the area, St James, St John’s, All Saints, did they have any input?

VM A limited amount. I was invited to be an *ex officio* member of staff at St John’s and I would go and meet them on a weekly basis and the curates would come and

help out in the hospital when I went on leave and the rector I think was scared and came on very few occasions. They would attend the big carol services we had, but otherwise, he sent his curates. I had a team of lay people both from St John's and St James and the URC church in Islington who would come and visit patients. This team from the parish church would come every Sunday to bring disabled patients to the chapel. I also had another member from Barnet Church who would come to the singing group of patients that we had on Friday. We would practise hymns and then would sing anything they wanted. There was lots of laughter and fun and singing; it was great. When I came to the hospital the Rev John Farmer, was the Free Church chaplain there and he was a musician and he helped me to see the value of music and how it would draw people out. He started these Friday sing-alongs and when he left I carried on.

DB They had their own band didn't they?

VM Before my time. Part of the legacy of that band was a box of percussion instruments which I used when I did my ward services and sometimes on a Sunday people would bang tambourines and triangles and discovered, as a result of that, that one of the old men on one of the long stay wards had been a drummer, so I brought him a drum, and he played and he was fantastic! Again, the staff never thought that he had any talent, they were absolutely gobsmacked. So I left the drum on the ward for him to play, as long as he didn't disturb other people.

DB The patients were let out weren't they?

VM My wife worked in Friern Barnet library and they were often in there.

DB Somebody told me that there was a man who went there, I think he was Greek.....

VM I know exactly who you mean! He took his trousers off one day. There was also a patient on the 221 bus and she took all her clothes off. She was a big woman and they had to take the bus out of service and eventually the police came, but they couldn't get her off. The police then asked the driver to drive into Friern!

There was a cashier and the patients would get their weekly allowances and there was a Pope who had died and another Pope was appointed and he died shortly afterwards. When the second Pope died, one of the patients, who was a Roman Catholic said: "Have you heard the Pope has died?" and the lady said: "Oh, yes we know the Pope died" and he said "No, the new Pope" and she said "Yes, the Pope has died" and they didn't believe him. The patients watched the television and read the newspapers. So my overwhelming memory of the place was what I learned from these people and, on many occasions, the fun that I had.

On one occasion I was walking through the grounds of the hospital and there was a big patient who was beating up a smaller, elderly patient and he had him on the ground and he was kicking him so I shouted at him and he ran off. I picked up the old man and took him back to his ward. A few minutes later I resumed my walk across the grounds and I saw this patient who had been attacking the old man and I very foolishly approached him and he then set upon me and, I can tell you, I ran!

It was very foolish of me: I could so easily have kept my distance and summoned a member of staff and we could have approached him with reinforcements

DB Tell me a bit about Halliwick.

VM That had three Admission wards and one Rehab ward. They tried to create Halliwick as a therapeutic community, but it never really worked. It is based on the hope that in a community healing can take place. You use group work and patients hear other patients talking about their difficulties and, because they are often so blunt, they will say things to other patients which nobody else might express. Whilst these can be hurtful, there are staff who are trained to support the patients who is being got at. But that never really worked, although I knew of others that did work.

DB Were there Admission wards in the main building as well?

VM Yes. Three in the main building and three in Halliwick.

DB And how many Rehabilitation wards?

VM There were only two intensive ones, that I recall and they worked only with a very small number of patients, about ten. There were the larger units like Industrial Therapy and Occupational Therapy. There was Therapy unit that specialised in office work where all my typing was done. Like a typing pool. One rehabilitation unit was set up like a house and they had about three patients looking after themselves; that was next to the Chazen room at the far right corner. I don't know why they had them so far apart. The other was on the top floor of the far left wing, the east side.

DB Were the male and female patients separated?

VM There were some that were men's or women's. All the Admission wards were mixed and quite a number of the Rehab wards were mixed. But it was quite some time before they became mixed.

DB Anything else you can remember?

VM Mrs Thatcher was the local MP and a boutique was opened and at that time I was very much opposed to a lot of her policies and I turned down the invitation to attend the opening. However I did. The lady who had given most of the money for this boutique arrived at the front door and the administrator grabbed me and said: "Would you look after Olive Dyke and take her and see that she gets into the boutique?" So I took her down and thought I would hand her over and that would be it. But I was ushered into the boutique with Olive; then Mrs Thatcher arrived and the doors were locked and so I was there despite the fact that I didn't want to be there. The windows on to the corridor were absolutely lined with patients and staff and Mrs Thatcher, give her her due, said "I want to go and meet some of the people" but the doors were locked and she said "Oh, we're locked in!" Somebody found the key and opened the door and a patient who was standing at the door said "Have you got a size 26 bra?" I can't remember what her response was.

Transcribed by David Berguer
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