

The Peckham Experiment: A Pioneering Exploration of Wellness

by David F. Duncan, DrPH

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The Peckham Experiment, under the direction of Williamson and Pearse, was an attempt to study health rather than disease. This study was conducted through the mechanism of the Pioneer Health Centre which provided recreational opportunities and annual physical examinations to a large membership of apparently

healthy individuals. In many ways, both the wellness movement and the family practice movement were foreshadowed by their family-centered approach and their finding that most of the apparently well individuals actually suffered from some detectable disorder.

Half a century ago, the distinguished pathologist, G. Scott Williamson, initiated the research project which came to be known as the Peckman Experiment. As a pathologist he had already made a name for himself in the study of diseases and the mechanisms of the body's defenses against disease. But the study of disease held less attraction for him than the study of health. Through the study of what is natural in human beings in the total environment in which they live their lives—a study which he called ethology—he hoped to provide a scientific basis for enhancing the health of mankind. The results of this project were to fill six books.¹⁻⁶ This study was to become one of the largely unrecognized but basic roots of both the wellness movement and of the family practice movement.

Williamson's plan was to establish a setting "to be furnished with people and their actions."⁶ This was a setting to which people would bring their backgrounds, since whole

families or households would be enrolled as members. By limiting membership to families living within a one-mile radius of the center (which he considered "walking distance"), Williamson hoped to encourage the formation of a community of members. At its peak that community contained about 1,400 family members.

Beginning in 1926, Williamson, with his collaborator and future wife, Dr. Innes H. Pearse, began their studies on a small scale. Operating out of an old house in the Southeast London borough of Camberwell, in a neighborhood known as Peckham, they established a "family club." In return for a small weekly subscription, this club offered families of this predominantly lower-middle and middle class community annual "health overhauls" (extensive physical examinations), use of the house as a social center, and use of the yard as a children's playground. More than 150 families participated in this club. After three years, this preliminary study was brought to an end and the groundwork was laid for a larger scale project.

A Glass House

In 1935, the Pioneer Health Centre was opened in a three story, 58,000 square foot



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structure built specifically for this purpose. The building was centered on a large swimming pool and included a theatre, library, music room, games room, and nurseries. The roof over the pool was made of glass and the pool could be observed from above from the cafeteria and social hall. On the third floor—the only part of the building where members were not free to come and go as they pleased—were the offices, examination rooms, and records rooms of the medical and research staff.

Both the exterior and interior walls of the building were made almost entirely of glass in order to facilitate the Centre's research function.

This was necessary for the scientist in this first health observatory. It gave them a special "sight" of their field of observation—the family in action. This transparency was their new "lens."⁶

The members (except for the youngest members) were quite aware that they were the subjects of study. They apparently were happy to be observed in return for the opportunities that the Centre provided.

The members themselves may have benefited more than the researchers from the visibility afforded by the glass walls. Seeing others using the buildings many facilities encouraged them to try out new experiences. People who might have been intimidated by seeing some facility demonstrated by an expert, were encouraged to try it themselves when they saw it tried by someone no more skilled than themselves. At the same time, seeing others engaged in common activities facilitated making social contacts with those others and promoted the social integration of the membership.

Pioneer Health Centre's Program

Medically, the Pioneer Health Centre's most important service was the "family health overhaul," which combined physical examinations and laboratory tests—similar to today's multiphasic screening. It was a condition of membership that every member of each family would undergo an annual "overhaul" followed by a "family consultation," at which the physician would discuss the results and their implications with the family as a group. No treatment was prescribed or available at the Centre itself; only information and

referrals were offered. Their policy was "information without advice" although both the content and form of the information provided must inevitably have implied a course of action that the physician would have recommended.

A variety of health education services were sponsored by the Centre, including premarital and prenatal counseling for couples and exercise classes for pregnant women. The Centre had also entered into an arrangement with a nearby teaching hospital for an alternative birth arrangement whereby mothers who were members of the Centre would only be hospitalized for 48 hours instead of the two-week period then customary.

The varied recreational facilities of the center were available for the use of all members without direction, organization, or any but the most minimal supervision. Such complete freedom was necessary for the research function of the Centre, but later came to be valued for the effect it had on the quality of the recreation activity. Their experience led them to see responsibility as a biological characteristic of the human organism. Order seemed to emerge naturally when people were given freedom of action in the midst of plentiful resources.

It had soon become apparent to us, that well-equipped though the gym was, and presided over by instructors who were personally most acceptable when NOT in the gym, the children in their leisure were not disposed to use either gym, swimming pool or other facilities under instruction, nor according to any set programme.⁴

But once the children were free to use the facilities when and as they pleased, extensive use and a functional order developed. "The unusual ease and order of the scene being such as to impress all who witnessed it."⁴

Furthermore, they came to conclude that such freedom was the ideal condition for learning new skills. Only when the child acts freely among others who are acting with equal freedom, they argued, can the child learn to use fully all his/her senses and abilities. As an illustration, they pointed out that although no swimming classes were offered at the Centre and few of their children were ever "taught" how to swim, their informal learning was so successful that the Centre's children excelled above almost all the other children in a swim-

The Peckham Experiment

ming contest for the borough's school children held in 1950.

Another highly important feature of the Centre was the intergenerational nature of activities. Children at the Centre were constantly brought into contact with others who were a little older and more mature. The natural desire for acceptance by these older children served as a spur to growth. As Pearse has said:

These are NATURAL ecological stimuli to growth and development not understood and much neglected. But they can only have effect where all ages and types are moving freely in the body of a society integrated through its many and different interests and actions. Any segregation into age and sex groupings tends to confirm immaturity in the young . . .⁶

Likewise, the intermingling of the generations helped to preserve roles for the elderly. They looked after infants and toddlers while the children's parents made use of the recreational facilities. They taught knitting and other crafts to the young. They taught the youngsters how to play checkers, bridge, and other games. In other words, they were active participants in their community.

The Pioneer Health Centre operated for four-and-one-half years, from 1935 through 1939, and attracted 875 families as members before World War II forced its closure. During the war the building was used by the government and suffered much from both German bombing raids and neglect. As the war came near to an end, a group of the old members rented a hall and called a meeting that was attended by 700 persons who wanted to see the Centre reopened. After a number of delays, control of the building was at last returned to its owners and a massive job of repair and restoration was begun.

When the Centre reopened in April of 1946 it was still largely in a state of disrepair. Of the 875 families who had belonged before the war, 550 families rejoined and soon took part in the restoration effort. The facility was not fully functional until 1947. Again it was to function for only four-and-one-half years, closing in 1951 due to a lack of funds.

What Was Learned

Williamson and his associates had sought a healthy population to study, but they soon

found that a population that sees itself as free from disease is not necessarily healthy. Their "health overhauls" revealed that 25% to 30% of the population was aware of some disease or infirmity. Not more than 10% of the persons of all ages were free of any discoverable pathological condition. The remainder, nearly two-thirds of the population, had one or more disorders of which they were unaware and which was using up bodily resources in compensation for the defect and/or was limiting their autonomous action in the environment. The clear lesson was that the "normal" state of most of the population was not one of health,⁵ which Williamson and Pearse had defined as being "when the organism is not turned in upon itself to effect a compensation but is exercising its adaptive function on the total situation, ie, on the environment rather than on itself."²

In the late 50s, a relatively comparable study of a random sample of apparently healthy persons in the U.S. revealed disease in 92% of the sample.⁷ After 20 years of National Health Service, with the best that medicine can provide available free to all, a 1970 study in the London borough of Southwark reported by Pearse, revealed that 15% of the population were without disorder.⁶ The increase from the usual 10% to 15% appears to show quite significant impact from expanded health care, while also showing how little relative impact medical care can have on the health of society.

Along with this finding, the Peckham Experiment gave rise to a number of theoretical principles of value to an understanding of wellness. One of the most important of these was the concept of "emergent quality." Emergent quality is one more name for the idea that "the whole is greater than the sum of the parts." It is the concept that certain qualities emerge out of the whole of social units such as the family—that the family, acting together, can exhibit a new and different quality that cannot be understood or reduced to the individual family members acting separately.

A second important principle was the concept of a "life cycle" or "life course" composed of a predictable set of stages. This was not a new concept to emerge from the

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Peckham Experiment—in part, the Peckham Experiment was designed in order to observe these life stages. The Peckham Experiment did provide direct evidence to support the life cycle hypothesis.

A third principle was that the health of individuals is determined through an integrated hierarchy of levels of organization that maintain themselves through relationships with each other and the environment. Health can only be attained when the environmental conditions are right for the individuals. The general state of the environment, however, does not determine in a direct way the health of the individuals within it. The effects of the general environment are mediated, for good or for ill, by the organized activity of the microenvironments in which the individual lives—the family, and beyond that the neighborhood, and beyond that the local community, etc.

Furthermore, the Pioneer Health Centre itself might well provide a model for the provision of wellness services to a community. It showed that the public can be actively involved in a program of health promotion. And it showed that given resources, information, and freedom, the participants will for the most part behave responsibly and in ways that promote their wellness.

Finally, it showed the possibilities and value of age integration. Today, the trend in health care seems to be all too often toward fragmentation. We compartmentalize patients by age and pathology. Whatever value

there may well be to adolescent health centers, women's clinics, or geriatric centers ought to be weighed against the inherent divisiveness of such concepts. It has, in fact, been argued that such age segregation is a threat to child development and a barrier to achieving wellness in our culture.⁷⁻¹⁰

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