

# The Joint Newsletter

of the Association of Therapeutic Communities, the  
Charterhouse Group of Therapeutic Communities, and the  
Planned Environment Therapy Trust

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## **MAX GLATT THREAT**

Dear Colleague,

### **Re: Closure of the Max Glatt therapeutic community in Wormwood Scrubs Prison**

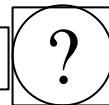
The Prison Service, in consultation with the Home Secretary, has made a decision that the Max Glatt therapeutic community will close by the end of March. The reasons cited are: firstly, that Wormwood Scrubs needs the staff and resources tied up in Max Glatt to open newly refurbished accommodation; and, secondly, that with the opening of HMP Dovegate's new therapeutic community, there is adequate provision of TC places.

The Max Glatt Unit is a well-established, recognised service providing psychotherapeutic treatment for personality disorder and addiction. The group work programme offers an integrated, multi-disciplinary approach combining an underlying psychodynamic understanding of behaviour with specific cognitive-behavioural, educative and creative arts therapy interventions. Specific groups together with the broader milieu target drug and alcohol addiction, victim awareness, the development of self-esteem, learning to think before acting and developing alternatives to criminal behaviour, and coping with release. Community living and whole community groups promote the development of cultural awareness and mutual respect, concern for others, tolerance of difference and development of personal responsibility.

There was no proper consultation process for this decision. Neither the relevant Prison Service policy-making strategy boards/committees, nor Unit management were consulted. As such, our ability to deal properly with inmates who had chosen to come to the Max Glatt for treatment has been compromised.

The Max Glatt Unit has provided a high standard of therapeutic community treatment in Wormwood Scrubs for the past 30 years, "in stark contrast to other wings", to quote the Chief Inspector of Prisons (March 1999). In his next visit, he commented that "in our view the Unit represented a truly 'healthy' prison environment which we commend to other prisons" (February 2000). It is worrying that the Prison Service should close this service in Wormwood Scrubs, given the serious concern raised about other aspects of

continued on page 2

**MAX GLATT THREAT (continued from Front Page)**

the prison's regime and treatment of prisoners.

It is also a matter of concern that in the middle of a national debate about the treatment of dangerous and severe personality disorder, the Prison Service is choosing to dismantle a significant treatment resource. Especially given that the only evidence for effective treatment of this client group is from prison therapeutic community research (e.g., Jones, 1988, Marshall, 1997, Taylor, 2000), and that the unit cost per person is a third to a quarter of the equivalent place in an NHS secure treatment setting. Clearly, the opening of Dovegate's 200 bed TC represents a recognition of the need for, and the effectiveness of, this approach to offending.

The number of adult male TC places in the Prison System now comprises 230 at Grendon, 200 at Dovegate, 31 at the Max Glatt and 23 at Gartree. But this must be put in context of the enormous rise in the prison population, now standing at 68,000. With the closure of the Max Glatt Unit, there will be *no* TC places at all in the London area. This militates against the repair of family relationships for prisoners whose families live in London, and will now be forced to move to receive appropriate treatment. All of the existing, established prison TCs currently have waiting lists. Treatment takes at last 18 months, so these lists represent many months of delay in provision, and the

Max Glatt waiting list is currently a year long. As recently as 1998, the ONS study exposed the vast unmet mental health needs existing in prisons, needs that for the past 30 years, the Max Glatt has been meeting.

**If you cannot understand the reasoning behind this decision, you might join us in asking for clarification.** People to whom you could write include:

Beverley Hughes, Prisons Minister, The Home Office, 7th Floor, 50 Queen Anne's Gate, LONDON SW1; and Martin Narey, Director General, HM Prison Service Headquarters, Room 539 Cleland House, Page Street, LONDON SW1P 4LN.

**Larry McEvoy, Probation Officer**

**Mark Williams, Forensic Psychologist**

**Peter Wilson, Group Analyst**

**Alison Hunt, Clinical Social Worker**

**Dr. Max Glatt**

**Dr. Ronald Doctor, Consultant Psychiatrist in Psychotherapy**

**Maureen Sullivan, Drama Therapist**

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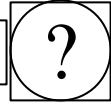
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**Material for publication and general editorial enquiries should be addressed to Dr. Craig Fees, "Newsletter", at the address above. Deadline for the next issue is June 7, 2002.**



**To: "ATC" <*atc@psyctc.org*>  
Sat, 2 Mar 2002**

Dear All

Harry got the news yesterday that the psychosocial post has been ratified and that, as such, our Community in Aberdeen survives.

We didn't get money this year to develop The Community, but there's always next year. The main thing is 'we're still here!'

It's going to take a while to 'sink in' but we still managed to have a wee bit of a celebration at lunchtime yesterday.

On behalf of The Community, and myself, thanks for all your support. It's been great to know that we've had friends out there.

Collectivity out of adversity comes to mind. Take on the system and 'move forward!'

I'm looking forward to future discussions on 'The List' and to updating you all with any developments in Aberdeen.

Thanks again for all your support.

Aye  
Lorraine

**In this article **Lorraine McLaren Barr** reflects on the role and significance of the ATC's email discussion list - "The List" - during the campaign by the Therapeutic Community at the Royal Cornhill Hospital in Aberdeen to secure funding for a full-time Psychosocial Nursing position.**

## **FIT LIKE?**

*'Fit Like?' 'Nae bad hopefully!'*

'Fit like?' is the Doric for 'How are you?'

Aberdeen. Well, the last 6 months or so have allowed me to recognize and acknowledge the very real importance of 'The Community' in my life. Without it I might not have been able to write this to you. I reached quite a milestone back in December. 30/12/01 marked a year since my last admission to A&E. I'm sure the feeling 'not' to have seen each other will have been mutual!

Scepticism, not always of a particularly healthy variety, is something I have always excelled in. The TC concept was something that I was going to prove wrong. What happened? Well, I found people for whom I now feel a very real reciprocation and affection.

Remembering back to my initial contact with 'The List' back in the Summer of last year, I have to

admit, my reasoning then was quite different to what it has become. My 'passion' for 'the cause' to help secure proper funding for 'The Community' wasn't initially about 'The Community' per se. I've used 'causes' in the past to ignore my own difficulties. This was highlighted with my 'eyes lighting up' when I first heard about the situation in Aberdeen. A situation that I could use as an opportunity to deflect my attention about what I needed to look at. Here was an opportunity 'not to feel'. However, with the help and the support of 'The Community' and 'The List', my perception of 'A Community' has totally changed.

I have to admit I was surprised by the depth and feeling of the response from 'The List'. I think I am right in saying that 'The Community' has drawn a real sense of support from that. We've had messages from near and far, but the warmth of them has always felt very 'near'.

I had a few days off back in December because of a bad reaction to tablets prescribed by my GP. I remember speaking to

one of the staff. This particular person and I haven't had the easiest of relationships. However, I seemed to be able to really 'feel' and accept the care and compassion that was in the voice. There was undoubtedly 'more to things' than just a bad reaction to tablets. I remember saying how 'sore' I felt. I also remember 'hearing' that I was being missed. I felt 'bosied' (cuddled). It made me feel a very real part of 'The Community'.

The messages of support and offers of help from 'The List' have made me feel very much a part of a wider 'Community'. A 'Community' I've been glad to be part of.

As many of you will know 'The Community' here in Aberdeen is still waiting to hear about substantive funding. [*But see above - ed.*] You might have guessed from our postings, 'we dinnae gie up quietly!' It is good to know, however, there is support outwith Aberdeen that we can call on. My thoughts go back to 'Those who come after us...' Hopefully in Aberdeen there will be many.



fit like? continued from page 3

Aberdeen is incredibly lucky. Not only do we have an excellent Therapeutic Community with good friends on 'The List', but we also have a very strong and proactive Service User Network. A Network we've been readily able to call on for support. Not only have 'we' had correspondence in *The Network News* but our views through *The Network* have been made known to the Authority Social Work Department and many of the Statutory Bodies at NHS Grampian level.

Thinking about 'The List', my thought is that, through Aberdeen, collectivity has emerged from adversity. It feels as though 'The Community of Communities' is already alive and kicking!

'The List', like Aberdeen, has great potential. The very real humanity has shone through.

The analogy rings true: 'We're a Jock Tampons Bairs!' We're all in this together!

I certainly feel enriched by my experience of 'The Community of Communities.' I hope I've been able to relay that to 'my family' in Aberdeen.

Hopefully the next epistle will be able to tell you that Aberdeen is the first fully-fledged Therapeutic Community in Scotland.

Yours Aye,

**Lorraine McL. Barr**

**The ATC's email discussion list is hosted and maintained for the ATC by the remarkable Chris Evans. It is open to anyone who wishes to join. Simply send an email with "subscribe" in the Subject field to *atc-request@psyctc.org*.**

*Here are some edited snippets taken more or less at random from the ATC email discussion group over the past 6 months. It's lively. It's personal. It's informative. It can get pretty heated at times, or bogged down, but then there's always fresh stuff, often from the most surprising places. Most of the queries get answered.*

[ATC] **Re: user involvement at ATC**  
Can I just say that I think it is absolutely essential that ex service users should have been included in the conference. What is there to be afraid of? It could be perceived that some professionals look down on TC patients and see them as unfit to contribute because 'they don't know what they're talking about' or 'don't fully understand TC principles'.

[ATC] **Research activity groups and user-led Research in TC's**

I am a research assistant at Webb House DTC in Crewe and was very interested by your mail. We have run research activity groups with residents here which, despite often being poorly attended, have been very successful. One of our nurses has been working on an action research project, in which there has been a high level of user involvement, with a view to forming our own research ethics committee made up of Webb House residents and staff.

[ATC] **Re: TCs in Australia**

The ATCA has twenty-something members most are concept/hierarchical TCs treating addictions - the world federation of TCs is holding its conference in Australia (Melbourne) for the first time in February 2002. I'm the assistant director of the Gold Coast drug council which operates the "Mirikai" TC (also a member of the ATCA) - I have some published stuff on TCs in Australia - I can give you the reference if you like.

### Selections by **DAVID KENNARD**

[ATC] **Aye, Aye!**

'The Community' here in Aberdeen: We're still, at the moment, the only NHS-funded Community in Scotland. 'Our Community' currently operates 2-full days and 3-half days a week. We are still under threat however because substantive funding for the psychosocial role is still being sought. The campaign to establish ourselves as a 'fully-fledged Community' is, however, a 'vey live one' MSPs and MPs are involved. To date, 'we're here' until March. Hopefully March...!

[ATC] **Ghosts**

Does anyone have experience of Ghosts in therapeutic communities?

We recently had an experience of someone seeing a ghost at Webb House. I've a feeling that Webb House is quite fertile ground for ghosts, particularly child ghosts, as it was an orphanage from about 1910-1960. I remember there was a story of a ghost at the Henderson, which used to sit on one of the chairs in the art room. I don't think it did anything else. I have a suspicion that these apparitions are rarely aired publicly and that there might be a bit of a secret history. I wonder whether the "keeping on of lights" through the night is part of the equation as well. I'd be interested in how people think we should work with "Ghosts". Answers on a Postcard please!!.

[ATC] **How to create a therapeutic milieu in a residential setting for emotionally disturbed male adolescents**

I am a residential social worker working in a residential therapeutic program for emotionally disturbed male adolescents between the age of 13 to 18 years of age. We are going to cater for about 18 residents. Presently we are trying to employ new staff and a coordinator and we would like to re-shuffle the schedule of the staff. Could anyone please suggest/recommend how many staff should be employed as residential workers and how much supervision should they receive.



**“Thanks”**

This is the first issue of the Newsletter in which founding editor Jane Pooley has not had a hand, so it is probably an appropriate time to say thank you. When the idea of a joint newsletter arose she was Strategic Director for the Charterhouse Group, and her enthusi-

asm, coupled with humour and patience, innumerable skills and considerable tenacity, made it a reality. She continues to weave her magic for the field, in a freelance capacity; and the field is better for it.

**“An exciting time?”**

It is tremendous fun putting together the Joint Newsletter, and with luck this shows. The field has such depth, with so many remarkable people, and there is so much difficult, creative and inspiring work going on, that it would be difficult not to be excited by it. And yet, as the front cover story on the Max Glatt community shows, and as the long-running saga of The Therapeutic Community in Aberdeen shows, there is an undercurrent of anxiety, a lack of foundation. We haven't reported on it in this issue - if you or your

community is affected by this, please write something for the next issue - but we know of at least one long-standing therapeutic environment which will probably respond to the procrustean requirements of the new Care Standards Act by de-registering and therefore choosing, in effect, to wind itself up. Almost sixty years on, why should therapeutic communities be in this position? After 30 years, does it make sense for the Max Glatt simply to be written out of the picture, and by whom? Is it right for therapeutic

communities to have to register as something else - as care homes, for example - and therefore come under changing regulations and regulatory bodies designed around radically different sorts of provision? Is it not possible for 'therapeutic community' to be its own recognised, therapeutic category? And then we have the Quality Network and the Value Added Standards of the Charterhouse Group, which seem to be driving towards this very thing. It is an interesting time.

**“What more do you want?”**

Part of the fun of the Joint Newsletter has been the speed with which it seems to have taken off, with what appears to have become an array of regular contributors, an international distribution, and a growing function as a networking tool for many engaged in research or other initiatives in therapeutic communities. Meeting together, the editors asked “What more?” What more do they - you - want? For example, would you

like to see more book reviews, feature articles, a 'questions and answers' page? Having experienced it now, what do you see as the role of the Newsletter? Who do you think it is for? Is there something else we should be including? Is it working? It would be very welcome if you would write or email and talk to us, tell us - submit material you feel ought to be in here.

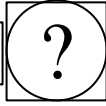
**“Do you want to talk about it?”**

It is obviously pleasing to see the growing significance of the Newsletter as another communication tool for the field - helping to create a sense of community for a variety of individuals who, though unable to meet frequently (or at all!) in person, can come together within the pages of the Newsletter to share ideas and experiences and their commitment to the community model within which most of us work. But is the scope of the Newsletter broad enough? We are getting material from and about Managers and Directors of communities, by those involved in research, and running

training courses, and also, it is pleasing to say, services users. But is there a voice which is missing, or at least weaker? Do the majority of people working in therapeutic communities fall into the above categories? Is the Newsletter currently appealing sufficiently to and representing those community members whose focus is the daily and practical provision of therapeutic, educative and social care within their communities? Can we encourage community staff to write about - to share - any issues, practical or theoretical, that they are concerned with? Can they - can you - tell us about the things you would

find it useful for the Newsletter to cover?

There are many staff who rarely if ever have the chance to visit or meet with staff from other communities, but who may equally wish to share ideas, problems daily faced, solutions and developments from their extensive experience within the wide range of community settings. The Newsletter is here, and would positively welcome the chance to be of greater practical use to those who keep the communities running day in, day out, year after year.



*In the last issue of the Newsletter (Number 3, pp. 33-34 - see <http://www.therapeuticcommunities.org/jointnewsletter3.pdf>), we published appreciations of the life and career of Julian Goodburn (1936-2001) by Helen Spandler and R.D. Hinshelwood, with a quote from Claire Baron's book, *Asylum to Anarchy* (Free Association Books, 1987), based on her research at the Paddington Day Hospital, where Julian Goodburn was Medical Director during the 1970s. Here Julian Goodburn's former colleague, Trish Thomas, responds:*

## About Julian Goodburn

Julian Goodburn died on 7 August 2001. I had worked with him for nearly thirty years. His individual career as a psychoanalyst and psychotherapist, since the 1960s, had continued until sudden illness forced him to cancel sessions only a fortnight before his death. The image of Julian constructed in R.D. Hinshelwood's "Appreciation" in the last *Newsletter*, would be unrecognizable to those who worked with 'Goodburn', and had experienced his commitment to empowerment and inclusion in all forms of human interaction – especially in his practice in psychotherapy.

Julian's work at Paddington Day Hospital (PDH) represented a fraction of his career, both in terms of its duration and its place in the development of his ideas. He believed that "We can only justify further exploration of the events at the Paddington Day Hospital (PDH), which closed in 1979, if this contributes to present understanding" (Goodburn, 1986<sup>1</sup>). I take the same view, and I am grateful to the *Newsletter* for giving me this opportunity for reflection.

My purpose here will be to refer to Julian's account of events at PDH (*ibid.*), and my own professional experience there, to correct a number of factual errors, and to challenge the ethical and historical perspective of the *Newsletter* and Bob Hinshelwood in particular. It was Bob, who personally facilitated Julian's last publication in the *International Journal of Therapeutic Communities* (Goodburn, 1986) and has now chosen the occasion of Julian's death to dismiss it, on grounds that he "was disappointed that he did not seem to engage adequately with his detractors" (Hinshelwood 2001). Yet the *IJTC* publication (Goodburn, 1986) now stands as the only opportunity Julian had to engage in open, critical discourse with one of his detractors - Claire Baron, while she was referring *directly* to events at the PDH. Julian responded with a critique, including an informative summary of its history, inviting further "exchange". No exchange followed, and Baron's debate on PDH

in the *Journal*<sup>2</sup> seems to have ceased as soon as Julian joined in.

Baron published *Asylum to Anarchy* the following year (1987). The thesis on which it was based was written without discussion with Julian, as was the book. Whether or not this is consistent with "good research" (Hinshelwood, 2001), in sociological or therapeutic terms is open to debate. In strategically placing an advertisement for *Asylum to Anarchy* alongside Hinshelwood's 'Appreciation of Julian Goodburn', the *Newsletter* effectively authorizes Baron's account of "Paddington Day [unnamed in the book itself]" as factual, and paves the way for those who want to learn more about Julian Goodburn to go to an openly hostile, secondary source.

If Hinshelwood had consulted Goodburn (*IJTC*, 1986), he could not in conscience have written an "Appreciation" that refers to "the Goodburn experiment", since Julian had not only disputed the notion of "an experiment" at PDH, but also reported that the NHS enquiries in the late 70s had found no evidence to support the allegation that any 'experiment' had taken place there at all: A letter of complaint from a number of patients "contained the first reference to an "experiment". Of course, as the enquiries established, there was no actual "experiment" (Goodburn, 1986). In his interview with Helen Spandler in 2000, Julian said again, "It was never an experiment", and added, "There was never a pre-determined plan, but rather a reaction to events as they unfolded."<sup>4</sup>

It is simply not true that this approach "was panned by all Julian's colleagues at the Paddington" (Hinshelwood, 2001): I was one of three PDH staff members who supported Julian's case for constructive dismissal at Industrial Tribunal, and represented him at subsequent hearings, up to his final Appeal in 1979. We had experienced working with someone more like a consultant than a 'Medical Director'. As far as Julian was concerned, "everybody's a consultant ...



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everybody's worth consulting. I would only be one among many" (Goodburn, 2000)<sup>4</sup>. Our actions were driven by a collective commitment to the ideas we developed *with* Julian, and our duty of care to NHS patients, including those who were neither party to the original letter of complaint, nor represented at the consequent enquiries.

To respond in detail to the mixture of ambivalent, personal judgments, disclosures, and conflicting adjectives that represent Prof. Hinshelwood's "own quiet academic approach" to Julian Goodburn, cannot be the best way to contribute to "present understanding" (Goodburn, 1986). However, I must object to Hinshelwood's "hopeful" prescription that "Helen's reworking of the record will set Julian in a different light – roguish but with a serious intent", and to his allusion to a "sad fate". There is surely more depreciation than illumination, Bob, in describing Julian as "roguish", and assuming knowledge of his "intent" during the years of work you never shared. Fatalism was anathema to him.

What has been both sad and wasteful is that Julian's direct experience of PDH was left for dead in 1986.

**P.B. Thomas**

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FOOTNOTES

1. 'Paddington Day Hospital or The Psyche Misunderstood: Implications for Therapeutic Communities, Psychotherapy and Psychoanalysis' – Julian Goodburn – 'Comment' for the *International Journal of Therapeutic Communities*, Vol. 7(1), 1986, pp. 57-66.
2. 'The Paddington Day Hospital: Crisis and Control in a Therapeutic Institution' (*IJTC*, Vol. 5(3), 1984, pp. 157-170), and subsequent exchanges with Richard Crocket (*IJTC*, Vol. 6(2), 1985, pp. 109-118)
3. From Helen Spandler's transcribed discussion – tapes now held at the PETT Archive and Study Centre.

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## INTRODUCING ISPS

Despite its rather formal sounding title, the *International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses* (ISPS) is very close to the goals of the ATC. It strives to break down formal barriers between professionals and users, to undermine biological reductionism and emphasise the importance of relationships and respect for individuals (though ISPS is not against medication), to humanise relationships in the psychiatric system. In a way ISPS takes up the cause that the TC movement began with: giving patients in psychiatric hospitals a real voice in their own treatment and in the daily running of their environment. Nowadays, since most of the large old mental hospitals have closed, the whole enterprise of what was called the TC Approach to Psychiatry has more or less disappeared and therapeutic communities have

become specialised units mostly for people with problems other than psychosis. But in-patient psychiatry continues, and people with psychosis continue to be admitted to acute and long stay wards. ISPS is an exciting and relatively new organization in this country, and I am sure there will be fruitful links between our two organizations in coming years.

Steffan Davies, who is developing a service on TC lines for mentally ill patients at Rampton Hospital, and I have both just joined the committee of the UK branch of ISPS. One of the things I want to do is to find out how many other TC professionals are working with people with psychosis, and in particular if they are using group methods of some kind. At The Retreat in York, where I work, I am trying to facilitate more use of group and TC methods in our long term rehabilitation unit (Jepson

Unit) for people from late 20s to 60s+ who have suffered for many years quite severe psychotic illness. Group work is not easy as these are people who find it difficult to engage with others and are often distracted by internal threats and preoccupations.

I would be interested to hear from anyone else who is working with this client group, either in a TC or using a group approach, either with clients or with their families. At some future point I would hope to help build some kind of network of people with similar interests in this area.

**David Kennard**

You can write to me at The Retreat, 107 Heslington Road, York, YO10 5BN or email me at [dkennard@retreat-hospital.org](mailto:dkennard@retreat-hospital.org). You can find out more about ISPS by contacting their part time organizer Antonia Svensson at [A.Svensson@btinternet.com](mailto:A.Svensson@btinternet.com)

## NOTES FROM THE ATC'S STEERING GROUP MEETING of 25 January, 2002

The Steering Group of the ATC consists mostly of lively, opinionated individuals who usually contribute to a dynamic meeting. The last meeting, of January 25th, was no exception. We considered the National Health Service Strategy for Personality Disorder and our links to the Department of Health and Home Office concerning this. We discussed the evolution of quality networks, the Care Standards Act 2000, and plans to celebrate the ATC's 30<sup>th</sup> birthday this year.

On the latter, three options were considered. Firstly, a celebration at the annual Windsor Conference in September. Secondly, a "witness seminar", bringing people involved

in the early days of the ATC together to discuss the origins and development of the Association, with a subsequent session involving

**by Kevin Healy**

current practitioners to discuss the present and future of the Association and the field. Thirdly, a day event to be hosted at the Cassel Hospital on a day in June 2002 which would aim to bring practitioners, residents and users together from as many therapeutic communities as possible from within the Association.

This discussion was followed by another lively and impassioned one

on the future of the Association's journal, *Therapeutic Communities*. It was recognised that the important discussion we were having about the Journal also applied to the future direction for the ATC, as a whole organisation. This recognition appears to allow greater freedom in thinking about the Journal and in thinking about further developments within the ATC (see the contribution from Gary Winship and Sarah Tucker, elsewhere in this issue).

The next ATC Steering Group Meeting will be 26 April, 2002, from 3.30pm at Pine Street Day Centre. 'Future conferences' will feature as a special item for discussion.

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## REPORT FROM THE ATC USER INVOLVEMENT WORKING GROUP

Last year at the Windsor Conference the Annual General Meeting of the ATC authorised Mary-Beth Primmer and Kevin Healy on behalf of the ATC User Involvement Working Group to work on developing a system of user involvement within the ATC.

As a working group we see ourselves as facilitators of the debate that can incorporate varying perspectives about the involvement of users. We see ourselves as wishing to facilitate a process of user involvement that needs both to be generated and held within the ATC as a whole. There are currently mechanisms in place to involve users in considering quality standards. Many of the TC's have active user input into Clinical Governance within their own organisations. The Henderson and its replica TC's in Birmingham and Crewe have active user involvement in training of new staff and patients on therapeutic community principles and practice.

However, for the ATC to do this as a whole organisation you need to be involved and you need to involve your local current and ex-users in this process. We hope that the 30<sup>th</sup> birthday of the ATC celebration day, to be held at the Cassel Hospital in

June of this year, will primarily be about promoting our ongoing engagement with our users and their engagement with us as an organisation. We would like to hear any ideas you have about this day and about the broader topic of user involvement and about particular individuals who might usefully be involved in developing the work of this working group.

We look forward to hearing from you by post or email.

### **Kevin Healy**

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## RESEARCH GROUP

At the meeting of the ATC Research Group on the 25<sup>th</sup> of January, 2002, Brigid Morris from the Mental Health Foundation came to talk to us about the role of Users in Research. She told us briefly about the role of the Mental Health Foundation in promoting research, support and evaluation of projects in the area of Mental Health, Child, Old Age, and Learning Disability Services, with the aim of disseminating information to professionals and the public. They have been engaged in a three year programme of work called "Strategies for Living" in which, through a survey of 400 people and 3 conferences attended by users, facilitated by 5 researchers who are users of service, they have produced a report which explores people's coping strategies.

We had a wide-ranging discussion about some of the following issues. We considered the range of user involvement within research, what contribution a user might make, whether they were contributing an individual view or could they be considered to be representative of other users of services, and the use of focus groups as a way of trying to get a representative view of mental health users' experiences. Often users present very different aspects of their own problems or services, which are not apparent to mental health professionals. We discussed the broad spectrum of the way that research is thought about in this country. At one end there is a view of research in which it is carried out by experts on passive patients, often with a very medicalised view of psychological distress, and at the other end of the spectrum is a social constructivism view in

which users are the researchers and have far higher levels of participation throughout the entire project. In this view the power hierarchy between the researcher and the subjects is considerably reduced.

We acknowledged the importance of the opportunity that research provides to therapeutic community members to enhance and broaden the quality of the therapeutic experience of being in a therapeutic community by offering another strand of reflective thinking and understanding in a culture of enquiry. Furthermore, if they take up the role of researcher, they may gain skills and confidence in the process of undertaking the task. Clearly, this might lead to conflicts in what users wish to research about their own experience or an organisation, and they might need access to independent support to achieve this.

Finally, we thought this opportunity might be made available to TC members and started to think about what support or structures could be offered to users in order to maximise the possibilities that they could feel able to initiate and/or participate in research within their own communities.

We hope to continue the discussion within the research group in the near future. Anyone who is interested would be very welcome to join us.

**The next meeting is 26<sup>th</sup> April 2002.**

Contact **Rachel Jukes** for further information:  
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### Update:

## ATC Future, Present and Past - A triptych birthday year

A provisional date for the Cassel Hospital leg of the ATC's 30th birthday celebrations has been pencilled in for Saturday, June 22nd. As the first of three events, and the most public of all three, we might envision that the Cassel's would be an opportunity to think about the future of ATC. Provisionally, the event will be open to therapeutic community patients and staff, past and present, as well as other stakeholders: friends of Now and of the Future (housing

associations, local government?). There will be food and music and a few formal speeches. The event may serve as a launch for the ATC user-involvement network and other TC projects might be represented; perhaps organisations can set up stalls, the journal, the Quality Network, European TC network etc.

The second event will take place at the Windsor Conference in September, which, given the

residential setting of the conference, the celebration will be a work-in-progress and concerned with the current challenges that face TCs.

It is proposed that the birthday year will then climax with a retrospective in the Autumn at the PETT Centre, where pioneers of the modern Therapeutic Community and an invited audience can reflect on the beginnings of the ATC.

**Gary Winship**

## UPDATE ON THE CASSEL ALUMNI ASSOCIATION

The Cassel Alumni Association (all those who have worked and learnt at the Cassel Hospital, whether as staff or as patients) has met four times since its inaugural meeting in July 2001. Becky Neeld, Lead Nurse at the Cassel Hospital and I, as Director of the Cassel Hospital, believe that such an association could make valuable contributions to the future of the Cassel whether in the form of support at times of threat or input into the ongoing evaluation and development of our assessment, treatment and consultation programmes.

The views expressed by ex-patients and ex-staff in the first three meetings were used to inform the review of Cassel Hospital services being undertaken on behalf of West London Mental Health NHS Trust Board. The Board has given a high priority to the views of users in considering the services provided at the Cassel. The West London Mental Health NHS Trust Board will be considering the reports from this review and the action plan over the next five years agreed between the Cassel Hospital and the Executive Officers of the Trust at the next Board meeting on 26 March, 2002. Support for the continuing existence and further development of Cassel services is likely to be forthcoming from the Board. A full report on the outcome of the review will be available in the next *Joint Newsletter*.

The second initial aim of the Association concerned continuing improvement to our services at the Cassel, particularly in relation to continuity of care and in helping us at the Cassel to develop more effective lines of communication with our patients, referrers and with commissioners of our services. To this end, participants in the Alumni meetings have helped us focus on the functioning of the hospital as one community, the most appropriate length of stay at the Cassel, "the package of care inside" with which people leave the hospital, being male within the Cassel

therapeutic community, the image that the Cassel is quite precious in its view of itself, recognition that however intense and massive the inpatient experience, it is still but a small part of the ongoing process involved in building a life for oneself. We have also discussed the importance of finding a way to acknowledge one's Cassel background and recognise the importance of consulting children about their wishes and needs throughout any treatment.

Having an opportunity to express views and feelings about being at the Cassel, and about what it has been like since leaving treatment, has become an important part of the regular meetings. It had been difficult for some people, at least initially, to return to the hospital in a different capacity. Some wondered about developing befriending schemes and felt that ex-patients who become befrienders would need some kind of training and payment. The inadequacy of local services was a constant theme, as was the temptation to return to old patterns of behaviour in order to get access to any services.

So what will the Alumni Association do with all these thoughts? We have agreed to meet regularly to continue to give the Alumni Association official status and to structure its administration into the running of the Cassel Hospital. Clearly we will need to evolve a Constitution and elect officers in time. We also propose to develop our links with similar groups and other therapeutic communities and within the Association of Therapeutic Communities. We hope to be actively involved in the 30<sup>th</sup> celebration party of the ATC to be held at the Cassel this summer. We will consider ways to take the views of Cassel Alumni and their experiences into Clinical Governance arrangements within the hospital. All in all the Alumni Association feels like a positive, collaborative, exciting development. We hope we can keep it this way.

**Kevin Healy**

**On behalf of Cassel Alumni Association**

*The Cassel Hospital recently appealed for its alumni to share and reflect on their experiences of the Cassel, and of life after. We are very grateful to "Jane" for permission to print her story here.*

### *Life After the Cassel...*

Upon leaving the safe secure environment of the Cassel, I was anxious about whether I would actually be able to have a more positive and rewarding future. Also whether the difficult feelings and emotions I had dealt with I was able to move on from. Making use of what I had learnt.

## HMP DOVEGATE THERAPEUTIC COMMUNITY: Report on a Work in Progress

On Friday February first the last two units to open at Dovegate took in their first residents, and so we are now a fully operational unit. It has taken us four months to get all the communities to this point, and I expect it will take us another four or five months to get up to our working capacity. At present we seem to be in the stage of the 'clash of expectations', especially in the new communities, with both new residents and new staff bringing their own hopes and agendas to the unit. Needless to say, these don't dovetail neatly together!

As the manager of one of the latest units to open I have been in the somewhat advantaged position of being able to watch the start-up process from an inside position which was still insulated from the realities of early community life. I have watched with fascination the enthusiasm that we have all brought to the opening, and observed that this enthusiasm necessarily comes with an unconscious (or at least semi-conscious) agenda. It seems that friction often occurs at the interface between these agendas, and that the projection from the unconscious into the conscious provides a neat hook onto which all sorts of free-floating anxiety can attach. There is plenty of evidence of unrealistic hope being dashed on the somewhat jagged rocks of reality. Still, that provides plenty of material to work on!!

**David Lynes**  
**HMP Dovegate**

### life after the Cassel, cont'd from page 10

Four years on I am a fulltime senior staff member of a wildlife centre dealing with both wildlife and staff emergencies. I joined the centre two days after leaving the Cassel and worked my way up to be in the position I am now in. There have been times of difficulties where I have felt like running away, but in contrast to my past coping methods of running away I am now able to face and work through difficulties.

I also work part time within a youth offending team, helping young people through reparation orders. Which can at times be very challenging, but equally as rewarding. It would not be possible for me to keep either of these positions if I was still heavily drinking and self-harming to cope with the distress I was feeling due to my abusive past.

I have learnt to live with my past experiences, managing them in a safer way. Allowing myself to identify emotions yet managing them differently and also being

aware of my physical and emotional limits.

I use supportive relationships I have made with friends and work colleagues to discuss any problems I'm having. I still have relationships with people I was in treatment with, which are of tremendous support during difficult times and also brilliant social friendships. This being a major change to my past coping methods.

At the Cassel emphasis and encouragement were put on sharing past experiences within both peer and staff relationships. Where I was able to talk and deal with difficult times I have had with family relationships. I still have difficult family relationships but they are much more manageable and I know now I am in control of them. This has also given me a sense of understanding my feelings, which has allowed me to move on.

The Cassel has given me confidence in my self to do things, five years ago I thought never

possible. I have declined any further therapy or treatment since leaving as I feel I have not needed any. An increased level of self-esteem has enabled me to drive and become a qualified welder. At present I am pursuing a career as a medical technician.

The most important tool I left with was the awareness that the world has a place for me and it's not a dangerous or abusive place. I have been helped to realise that this is my life, to feel, to live and to move on from my past knowing that the rest of it is filled with my decisions, my ambitions and above all my prosperity.

### "JANE"

**The Cassel Alumni Association has a web-site. You can find it either by clicking through from the Cassel Hospital home page - [www.thecasselhospital.org](http://www.thecasselhospital.org) - or by going directly to [www.pettarchiv.org.uk/cassel/alumni.htm](http://www.pettarchiv.org.uk/cassel/alumni.htm). The site includes minutes for the meetings of September 15 and December 8 of last year.**

*The Community of Communities - A quality network of therapeutic communities...***FROM LAUNCH TO TAKE-OFF***by Anne Wise*

Following the launch of the *Community of Communities* in October 2001, a ground swell of opportunity has opened up enabling the quality network to really take-off. Let me fill you in on what's been happening over the last few months.

In late December 2001, we (that is, the Royal College of Psychiatrists' Research Unit and the ATC) heard the very good news that the Community Fund had awarded the project a grant over three years to develop the quality network of therapeutic communities. By this time, and following the launch, 17 therapeutic communities had already signed up to the self and peer-review process. What had been unfolding over these two months (and the many months and years before that), as reported in the last issue of the Newsletter, was indeed unprecedented. The quality network was no longer merely an idea that was discussed at meetings or presented in grant applications. It was now a hearty reality.

How did we respond? Well, several steps needed to be taken. We needed to recruit staff. We needed to form an Advisory Group. And we needed to attend to the terms and conditions of the grant (a process that involved dotting 'i's and crossing of 't's, i.e., mapping out the payment plan, obtaining authorised signatures, noting bank details) in order to begin receiving the money. This could only take place once staff had been appointed.

We are now very pleased to say that we have found two excellent candidates to join the project. Sarah Tucker has joined us from Community Housing and Therapy and has been appointed Project Manager, and Jo Moffatt joins us from the National Collaborating Centre for Mental Health and has been appointed as Project Administrator. Rex Haigh (current Chair of ATC) will take on the role of Project Lead and Adrian Worrall, from the College Research

Unit, will continue to advise on methods. An Advisory Group has been set-up to support the ongoing development of the network.

In order to ensure that all therapeutic community members and sectors will be represented on the Advisory Group, an interim membership needed to be appointed. As a start, invitations were sent to the people who had been involved in discussions over that last twelve months and more with the College Research Unit on developing the quality network. In future, however, Advisory Group members will be elected on an annual basis from the ATC membership so that the interests from all therapeutic community members and sectors can be represented at the quarterly meetings of the Advisory Group. (Sectors here refer to NHS, prisons, independent, and voluntary sectors, and representing the interests of adults, children, and young people in settings that include day services, residential services).

The membership of the interim Advisory Group includes: Rex Haigh (Chair), Mike Allen (ex-service user), Jon Broad (ex-service user), Sheila Gatiss (children and young people), Michael Gopfert (NHS), Yolande Hadden (ex-service user), Keith Hyde (NHS), Jan Lees (research), Mark Morris (prisons), Mary Beth Primmer (research), Richard Shuker (prisons), Sarah Tucker (voluntary – housing), Kati Turner (ex-service user), Anne Wise (College Research Unit), Adrian Worrall (College Research Unit).

The Advisory Group held its first meeting at the College Research Unit on 26th January 2002.

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*Anne Wise is Senior Project Officer with the CGSS part-time, and has been working on the development of the Quality Network for Therapeutic Communities over the last 12 months with Rex Haigh, Adrian Worrall and others. She's also a qualified group analyst and works as an Adult Psychotherapist/Group Analyst with West London Mental Health NHS Trust five sessions per week. As if this weren't enough, she's also currently doing a Doctorate in Management with the University of Hertfordshire, considering the notion of complex responsive processes of relating in organisations.*

## THE FOREWORD TO THE FINAL REVISED VERSION OF THE THERAPEUTIC COMMUNITY STANDARDS, WHICH FORM THE BASIS FOR THE QUALITY NETWORK MUTUAL AUDIT EXERCISE.

### Foreword

An important part of the work in therapeutic communities has always been to examine and reflect upon what happens within them. In a world that increasingly expects openness and accountability, these communities now need to let others participate in this scrutiny, and look outwards as well as inwards. Lone communities need to join a community of communities, so that they can share their experiences and demonstrate the worth of what they do.

This process is familiar to those of us who work in the field. In healthy communities, we value each individual and their contribution; in this project, we will value each community and what they will bring to us all. As in a community, we will expect change from our members –

change that makes us healthier and more creative, and that comes about from getting to know each other and working closely together.

The publication of these standards is the first stage of the process. They cover generic aspects of the services provided by therapeutic communities in England, Wales, Scotland and Northern Ireland – in the NHS, prison, education and independent sectors. Specific standards that apply to the various speciality areas will be developed in the next revision. This version builds on previous work including the Charterhouse Group Standards, the Kennard and Lees Audit Checklists (KLAC and KLAC II), Clinical Governance Standards for Mental Health and Learning Disability Services, developed at the College Research Unit, and other policy documents and guidelines

Above all, this project aims to support staff and members of the communities, and help them to become more confident and effective in their work. We hope it will also help communities to be increasingly reflective in their practice, to share their ideas, and develop new and better ways of functioning. It will also show others outside the field what happens in therapeutic communities, and the compassionate, humane and intense participation demanded of the members and staff.

Rex Haigh, Chair, Association of Therapeutic Communities  
David Kennard, Consultant Clinical Psychologist, The Retreat, York  
Jan Lees, Research Associate, Francis Dixon Lodge, Leicester and Nottingham University  
Mark Morris, Director of Therapy, HMP Grendon

TC principles and therapeutic rationale	
<i>Principles from all descriptions/ definitions</i>	<i>Therapeutic value or rationale</i>
1. Democratic, participative	Allows healthy parts of the personality to emerge and be used (eg self-management and altruism)
2. Permissive, tolerant	Allows difficult behaviour to occur. Encourages catharsis, self-disclosure and the assumption of individual and collective responsibility.
3. Safe, boundaries	Psychological containment can be experienced and internalised.
4. Communicative, open and frank discussion	Facilitates expression of distress and understanding of its causes
5. Facilitate reality confrontation	The consequences of actions made clear to individuals and the group.
6. Intimate, informal	Allows trust to develop, and encourages therapeutic playfulness.
7. Equitable, non-hierarchical	Demonstrates that all members are valued equally.
8. Varied environment	Allows interaction in different settings, and mutual examination of various facets of the personality
9. Communalism, group living	Helps client members explore all their interactions and provide opportunities for experimentation with new behaviours in real situations.

#### *Derived definition:*

*A therapeutic community is a planned environment which exploits the therapeutic value of social and group processes. It promotes equitable (7) and democratic (1) group-living (9) in a varied (8), permissive (2) but safe (3) environment. Interpersonal and emotional issues are openly discussed (4) and members can form intimate relationships (6). Mutual feedback helps members confront their problems and develop an awareness of interpersonal actions (5).*

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Following a welcome by the Chair and introductions all round, there was work to be done. The draft consultation on service standards for therapeutic communities had been sent to all known therapeutic communities in October 2001, as well as to those who attended the Induction Day, and all comments, ratings and feedback had been recorded, tabulated and incorporated into an updated version. The Advisory Group was asked to ratify the methodology used so that the standards for this year's cycle of reviews could be agreed.

The result of the consultation process saw 28 statements deleted from the set. These were statements that were rated less than "2 - important" or had been repetitious or otherwise condemned by therapeutic community members' comments. This now leaves a set of 259 Statements arranged as 50 Standards. Overall, we think they look good, are carefully phrased and well thought-out. The finalised version of the standards will be available over the next few weeks.

**"Community Fund"** is the operating name of the National Lottery Charities Board, the independent organisation set up by Parliament in 1994 to distribute money raised by the National Lottery to support charities and voluntary and community groups throughout the UK and to UK agencies working abroad.

What are the next steps? Well, in order to allow Sarah and Jo time to 'find their feet', the timetable for the self- and external peer reviews has had to be adjusted slightly. The self-reviews will now take place during 15<sup>th</sup> – 30<sup>th</sup> April 2002 (inclusive) and the peer-reviews will take place in June.

To help facilitate the self- and peer-review process, we will be adapting this year's set of standards

into self- and peer-review *workbooks* for communities to complete. Each workbook will include 'Notes for Guidance' which will take you through the process step-by-step to help you complete it. A point to bear in mind is that only about half of the standards will be used in the workbooks. They will be included only if they are measurable, locally adaptable, acceptable, rated as important, achievable, or essential descriptors of therapeutic communities (even though some of the latter may be hard to measure).

Forms have been re-distributed asking communities to list dates in June for their peer review. We will be co-ordinating the peer-review timetable and giving participating communities plenty of opportunity to choose which community they would like to visit based on the dates available.

If your community has not yet signed up to this year's review process, there's still time! Please contact either Anne Wise or Adrian Worrall, in the first instance, for further information – at least until Sarah Tucker and Jo Moffatt have joined.

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## CORRECTION

In the last issue of the *Joint Newsletter* the editors made a small but significant change to Gary Winship's article "From Movement to Method to Maxim", which distorted its meaning. In the article, concerning the launch of the ATC's Quality Network, the sentence on page 10 reading "The Blair and Hague democratic agendas have run so close to our TC agenda at times that you might be forgiven for wondering who thought of what first" should, instead, have read, "The Blair and Haigh democratic agendas have run so close to our TC agenda at times that you might be forgiven for wondering who thought of what first." We apologise unreservedly for any embarrassment or offence which may have been caused to William Hague, former leader of the Conservative Party, to Rex Haigh, current Chair of the ATC, to Tony Blair or to the author.

**For updates, and for further information about the Quality Network and its background, including debate and early draft standards, see: <http://www.therapeuticcommunities.org/quality-network.htm>.**

**For full coverage of the launch of the Network, see the last issue of the Newsletter: <http://www.therapeuticcommunities.org/joint-newsletter3.pdf>**

## HOLY ROOD HOUSE with THORPE HOUSE

### Centre for Health and Pastoral Care

### Centre for the Study of Theology and Health

Overlooking the Hambleton Hills in North Yorkshire's Herriot country stand Holy Rood House, formerly the Convent for The Sisters of The Holy Rood, and Thorpe House, previously the home of Miss Warner and her peke, Tricky-woo (of Mrs. Punphrey fame in the book and television series 'All Creatures Great and Small')!

While the charity which supports Holy Rood House was started in 1983 and originally had a house in Spennythorne, near Bedale in Yorkshire, it is only since 1993, when the charity moved its base to Thirsk, that the work here has developed as a Therapeutic Community. We recognise that as we are all wounded in some way, staff and guests are themselves a wounded community. We are not defined by our illness or the definition of others.

The house offers a warm and relaxed welcome by the residential community, who live, work, pray and laugh together. In this gentle ethos, counsellors and therapist are available to offer support, psychotherapy, creative arts, body care and stress management.

The house and gardens offer a safe and inclusive environment, within which people of all ages and backgrounds are able to travel their particular therapeutic and spiritual journey, whatever their financial circumstances. Here is a unique place to turn to for whatever reason, a place of rest and retreat, discovery and adventure, exploration and empowerment, working towards justice, peace and integrity of creation, all to be found within a place of belonging and laughter, together with animals which bring us delight.

Nestling in the Secret Garden is the Chapel of Sophia, or a short walk along the path to Thorpe House next door is the creative arts studio, where pottery, weaving, drama therapy, circle-dancing, yoga, painting or art therapy are available.

While working within a gentle Christian ethos the house is open to all faiths or none. We are able to offer professional care on a short term basis, our guests (we do

not call them patients) do not stay longer than three weeks at a time, but they are free to return. Our referrals from local doctors and the health support groups often come to the house for counselling and psychotherapy on a non-residential basis. Because we have a holistic view of health and healing we are also able to offer body therapies such as physiotherapy, massage, aromatherapy, shiatsu, yoga, etc.

We are also the base for the Centre for the Study of Theology and Health and we are involved in CPD training etc. for Counsellors, Clergy and Health Professionals. We have recently entered a partnership with the University of Leeds in supporting a Post Graduate Certificate Course for those professionals working with Adult Survivors of Sexual Abuse.

We work with a team of Counsellors/Psychotherapists, Body Therapists, Creative Art and Drama Therapists. We are in organisational membership of the British Association of Counselling and Psychotherapy (BACP) as well as other professional bodies.

Thorpe House offers conference, training space and a Therapist's and Theological library, supporting the Theological Centre.

As a residential, therapeutic community, we reflect on the day to day therapeutic process and explore spiritual frameworks within which to work more effectively among our guests, and in our own lives. As a community of mutuality, we are enriched by the guests we welcome, and whose company we enjoy and learn from.

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**Charity No. 511151**

*The editorial group of the ATC's journal, **Therapeutic Communities**, has signalled its intention to explore terrain beyond the current known applications of therapeutic community principles (see Adrian Ward in a forthcoming edition of the journal. See also Kevin Healy's report in this issue of discussion at the last meeting of the Steering Group).*

Opinion here expressed by **Gary Winship** and **Sarah Tucker** anticipates a possible debate on the new horizons for the journal.

## Gary Winship: CELEBRATING OUR FAREWELLS

We may long for the heroic cures arising from genetic and genome mapping but as Steve Jones (2000), a world leading geneticist at UCL, recently said: "we can still predict more about someone's future from their post code than we can from their genetic code". Jones' sobering thought presses home the continued need for the nature-environmental debate.

It should concern us that the last great studies of the family and community (Michael Young, Peter Wilmott, Elisabeth Bott, Josephine Klein and so on) are all more than forty years past. And in the vicinity of neighbourhood study very little has been said about town planning and its impact on mental health. An exception is David Halpern's (1995) *Mental Health & the Built Environment* which considers the psychological stressors in economic and ecological terms, for example: pollution, noise, population density, crime and so forth. While Halpern considers strategies for 'curing' ailing communities he suggests environmental planning as means to 'preventing' mental illness.

The therapeutic community *in the community* is a fine aspiration indeed and might hone our attention in new directions:

- A new ethical tone applied to the task of developing and building (or re-building) local communities and estates based on the principles of a 'therapeutic community' including local democracy, conflict resolution and co-operative resourcing.

- Aesthetic architecture balanced, not supplanted, by ethical utility. Communitarian use of space.

- Community-planning to meet the requirements of diverse racial and cultural membership calling for a level of therapeutic re-conciliation between members. The question of how to adjust the need for social-homogeneity with the task of social-integration. Inter-group relations as a basis for understanding.

- The social world of the members and the broad network of systems including work welfare (agencies of employment attachment), safe dwelling (secure neighbourhoods) as well as mental health and social service intervention.

The infiltration of a therapeutic ideology in a community discourse is not new. Philip Reiff has couched this interest in terms of a 'therapeutic culture'. But it is potentially problematic to try and *treat* culture. A new political noetic is required. Simply pathologising what is otherwise a matter of oppression, social inequality and education disenfranchisement is limiting. As Marcuse said; "we should not psychoanalyse away the righteous outrage of the revolutionary". TC practitioners might be challenged to develop a

new dimension to applied TC practice. Organisations like the Joseph Rowntree Foundation or the Institute for Public Policy might represent collaborative research partners offering direction and funding. A cross-fertilisation of political theory and psychotherapy in order to counter social exclusion (in relation to mental welfare).

The caution must be that metaphysics still harbours the privileged access to empirical truth in the eyes of sponsors. The allure of medical exactitude is a stoical pre-occupation of those who wish to assign research power to places where the pay-back (outcome) is plain. Post-modern philosophy and human social science may be more fluent but its complexity may leave it assigned to the margins for time yet to come. The fate of the socially unattached intelligentsia (as Mannheim called them) may not be much of an attraction to potential authors for *Therapeutic Communities*. But we can rest assured that flimsy paradigms shift as easily as sand and the course of truth eventually outs; those who plant delicate empirical flags are destined to see them only disappear as the natural overgrowth of truth takes over. Social science as it evolves always has a compound nature and it continues to be the challenge for *Therapeutic Communities* to harness a diffuse, some might say anarchistic discourse, in order to coalesce new orders.

The challenge of establishing and applying TCs ideas in environs



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beyond the asylum and other secure settings has been so far mounted with fair gusto. Day TCs have proved that psychiatry can exist with transitional walls and assertive outreach or follow up services developed by residential centres have demonstrated that TC practice can permeate well into the wider community. Deepening the relationship between TCs and society might be talked about in terms of a Public TC, a model that carries TC principles and practice into the sphere of public health (Winship & Haigh, 2001).

The NHS plan and national service framework for mental health may already look hollow to those who see illness in relation to the encompassing social matrix of the patient's life world. Family and carers of course have a pivotal role to play but the centre of the family cannot hold on its own, it must be supported from without: a therapeutic community (in the broadest sense) attuned to the well-being of its members. The

crucial contingencies of work and neighbourhood have largely been overlooked in recent years and it may be time for a new era of community study. Herein, new sociology might have a clinical rejoinder: let's call it 'clinical sociology'. The insular notion of civility needs to be superseded by a shift from the private psychic individual to a new construction of social public people (cf: Sennet, 1977). From a psychological perspective we might conceive of a shift from ego-psychology to eco-psychology (or 'social ecology' as Sarah Tucker suggests). Here the influence of the environment is considered co-terminal with the development of the social psyche. The politics of urban regeneration and town planning should be of as much interest to the therapeutic communitarian as psychoanalysis and psychiatry where the scope of Public TC interest stretches from co-operative citizenry (in its multifarious forms) to the machinations of local and national government.

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**Sarah Tucker**

## DWELLING AND THERAPEUTIC COMMUNITY APPROACH TO CARE IN THE COMMUNITY: TOWARDS A THERAPEUTIC SOCIAL ECOLOGY?

Laing, who set up Kingsley Hall, a therapeutic community for people experiencing psychosis, was influenced by the ideas of existential and phenomenological philosophers and in particular by Heidegger. A central feature of Heidegger's philosophy is his concept of dwelling and the idea that one's particular way of dwelling in relation to one's physical and social environment determines our very Being and thus our psychological and social well-being<sup>1</sup>. Community Housing and Therapy's (CHT) therapeutic community approach to care in the community places an emphasis on working with clients on dwelling in their physical environments as well as their social environments<sup>2</sup>.

dwelling in their physical environment involves ordinary everyday practical things such as cooking, shopping, cleaning, budgeting, maintaining the house and garden as well as engaging with the local community and environment. Central to an explanation of how this can be therapeutic is an explanation of the way in which work on physical dwelling can form the basis for staff to form a relationship with clients and those with psychotic illnesses in particular (much of whose communication can be understood to be non-verbal) where this relationship makes provision for the clients' unconscious thoughts and feelings.

#### Dwelling and the Unconscious

The emphasis we place on working therapeutically with our clients on

The work with clients on their physical dwelling, on finding their

place in the physical environment by doing things in it takes place alongside the work we do with clients on finding their social dwelling place amongst others through dialogue. However, for many of our clients and in particular those diagnosed with some form of psychotic illness, it is the work on physical dwelling that provides the foundations for the understanding that comes through dialogue about their social dwelling place amongst others. For both the delusions and the inert passivity that characterises the response of these clients when they come to us can be understood broadly as a rejection of any form of real contact with themselves, with others and their physical environment. A real relationship with anything, we might say, is too much to bear. Working on forming a relationship with the physical

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environment, on things and objects around them is a stepping stone to building a relationship with themselves and ultimately others.

However, the fact that we see this work on finding physical dwelling as foundational, as a starting point, does not mean that it has less therapeutic value or impact than working with psychotic clients on finding their social dwelling place through dialogue.

### **Dwelling, Intimacy and Boundaries**

There is a particular and important form of intimacy created in a formal psychotherapeutic group or individual setting. It is an intimacy created by clients learning to speak openly and honestly with others about themselves, their lives and feelings. One might think that working alongside clients on the tasks of everyday dwelling lacks intimacy in so far as the tasks do not require this form of verbal disclosure. However, our work is based on the view that this kind of practical work carries with it the potential for a development of intimate relationships of a different quality. As Kennedy says,

‘...one could say that true intimacy between people often consists of being with each other in ordinary everyday situations without feeling awkward.’<sup>3</sup>

The quality of intimacy created through doing things in physical dwelling outside the formal structures of talking therapy

sessions might be thought of as the intimacy of the everyday: in general we do not cook, shop, eat and clean with strangers but with friends and family. So just in this sense there is something very personal about doing everyday things with our clients. Doing these everyday things is part of what binds people’s relationships together. Moreover, saying to someone that you did, or did not enjoy what they cooked, or not turning up for a meal they have cooked has a personal quality about it. It is about responding to what someone has done for you.

These are common sense thoughts about the fact that doing things together creates intimacy. However, the intimacy created is distinguished by the fact that it is non-verbal, the medium through which it is created being the doing of things rather than speaking. This non-verbal feature points to a comparison with the intimacy between a mother and pre-verbal baby. As Griffiths and Hinshelwood put it

‘It is as if people at first, as babies need to master the language of action before moving on to a language of words. . .yet in the development that is therapy the priority of actions may also apply’<sup>4</sup>

It is notable that Hedges, Searles, Bion and others have compared the communication of psychotic clients to that of pre-verbal babies<sup>5</sup>. Our commitment to working on physical dwelling with psychotic clients is at least in part motivated by the

belief that much of the emotional communication of these people happens at a non-verbal level.

Staff translate the often unconscious non-verbal communication through actions of the clients into conscious verbal language. In this way staff keep alive to the intimacy of the non-verbal contact without falling inescapably in to the chaotic disarray and confusion that this non-verbal contact with psychotic clients carries the potential for. By scrutinising the non-verbal conscious and unconscious interactions that occur during these practical work sessions with clients staff both maintain these boundaries and in addition begin to build for themselves a conscious verbal understanding of the client which they can subsequently bring back to the client, non-verbally through actions in the on-going work. Central to this work with clients is making sense of the meaning of the actions and interactions that occur non-verbally between staff and clients. Rather than focusing primarily on the practicalities of what was cooked and so forth, staff attempt to understand the meaning of what was going on when say, a client stood rigid for five minutes when chopping a pepper, or what was going on when the staff member suggested more salt and the client refused to put it in, or at what was going on when only two clients turned up to eat the prepared meal...

### FOOTNOTES

<sup>1</sup> See for example *Poetry, Language, Thought* **M.Heidegger** New York: Harper and Row 1971

<sup>2</sup> For more on the philosophy and practice of CHTs work see *A Therapeutic Community Approach to Care in the Community: Dialogue and Dwelling* ed. **Sarah Tucker** London: Jessica Kingsley 2000

<sup>3</sup> ‘Working with the work of the day: the use of everyday activities as agents for treatment, change and transformation’ **Roger Kennedy** in *Psychosocial Practice within a Residential Setting* ed. **P. Griffiths and P. Pringle** London: Karnac 1997 p.20.

<sup>4</sup> ‘Actions Speak Louder Than Words’ **P.Griffiths & R.Hinshelwood** in *Psychosocial Practice within a Residential Setting* ed. **P. Griffiths and P. Pringle** London: Karnac 1997 p.13.

<sup>5</sup> See ‘Emotional Involvement in Psychoses’ **L. Hedges** in *Strategic Emotional Involvement* L.Hedges Northvale, New Jersey, London: Jason Aronson 1996 pp.57-78, *Countertransference and Related Subjects: Selected Papers* **H.F. Searles** New York: International Universities Press 1979, *Learning From Experience* **W.R. Bion** New York: Basic Books 1962.

**SANDS AND OTHER DEMOCRATIC SCHOOLS****by David Gribble**

*Just as few people outside the field know anything much about therapeutic communities, so few people have heard of any democratic school except Summerhill.*

Democratic schools are growing up in many different countries and many different cultures. Not only are they unknown to the world in general, but many of them are unknown to each other. Over the last ten years I have been visiting such schools and helping to bring some of them together, either physically at conferences, through their web-sites, or through what I have written about them.

Before my retirement I worked for four years at Sands School, in Ashburton, Devon, a day school for children aged between 11 and 16. While I was working full-time I had little leisure to learn about other places, and it is only since my retirement that I have been building up my knowledge. Sands School is democratic in the sense that the school meeting, at which all the students and all the staff are entitled to be present, takes all the decisions which are normally taken by a head-teacher, unless these have been specifically delegated; any decisions that have been delegated can be called in question by the meeting. Instead of a head-teacher there is an administrator, whose duty it is to make sure that all the necessary decisions are taken, and that when they are taken they are properly followed through. The term "democratic school" is not precise. Other democratic schools have other systems. The essential common ingredients are respect and trust for young people.

Such schools have their problems and their delights.

**First a few of the problems specific to Sands:-**

1. There is always a good proportion of students who have only come because they have been bullied or miserable at their previous schools, or expelled from them. Sometimes their underlying problems persist.

2. The school only goes up to sixteen, so most students want to take GCSEs in order to continue their education. They demand to be pushed to do the necessary work. If there were no exams the school could work more freely and rely on more authentic motivation.

3. Young people tolerate much more mess than adults. (In October last year the meeting decided that so many people were not helping with the clearing up at the end of the day that the whole system would be abandoned for a fortnight to see what happened. It was re-established after only ten days; for a while at least the work was done with more commitment.)

4. As there is no particular Sands theory, as there are no specified methods, when something goes wrong you cannot fall back on the words of some authority, or even on precedent. Everything must be argued out from first principles. For people of any age who have already argued an issue twenty times this can seem tiresome, but sometimes a new group will find a new solution.

5. In spite of a generous bursary system, there are many children who need Sands whose parents cannot afford the fees.

**And now the delights, which are common to almost all democratic schools:-**

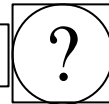
1. The atmosphere, which is usually friendly and reassuring.

2. The relationship between the young people and the adults: that is to say, affection and mutual respect instead of authority, submission and one-way respect.

3. The opportunity to act naturally, without having to play the part of an obedient pupil or an all-powerful teacher.

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**David Gribble is the author of *Real Education: Varieties of Freedom*, ISBN 0 9513997 5 6, published by Libertarian Education. His next book, *Lifelines*, also to be published by Libertarian Education, is due out this summer.**



democratic schools, continued from page 19

4. The search for truth, rather than accepted wisdom.
5. The discovery of one's own personal values - and that is just as true of the adults who work in the school as it is of the students.
6. The frequent repair of damaged personalities.
7. The way the young people look after each other.
8. Serious discussions of serious issues.
9. The perpetual possibility of change.

Sands does not set out to be a therapeutic community, but to demonstrate a rational and honest way of education.

I have seen similar demonstrations with children whose parents can afford to pay fees in the USA, Ecuador, New Zealand, India and Japan.

I have seen the same success in the same kind of atmosphere with teenagers abandoned even by special schools in Switzerland, young people from the violent gang culture of Chicago, street and working children in Delhi, and orphans and abused children in Thailand. For these young people the respect implicit in democratic education is even more important.

A DATABASE OF RELEVANT DEMOCRATIC SCHOOLS AND RELATED ORGANISATIONS AND THEIR WEBSITES CAN BE FOUND AT [www.worldwidereaeducation.net](http://www.worldwidereaeducation.net)

**TYLEHURST SCHOOL - *unconditional love and the continuity of relationships***  
with contributions by **Anthony Rodway, Barry Davies, Betty Cosentino, Gerry Rea, Jeremy Parry, Adrian O'Dwyer, Terry Belton, Gary Purkiss, Andrew Reese and Dave Hutchinson**

Published by The Byre, Little Achfrish, Terryside, Lairg, Scotland IV27 4DL

2001 £10.00. ISBN 0 9531724 3 0

Tylehurst School is one of those therapeutic environments with its roots firmly in the democratic school movement. It was opened in September 1946 by Dorothy Mumford, whose original aim, according to this book, was to found "a small progressive-coeducational school for the children of middle-class intellectuals, based on the concepts of Summerhill School and A.S. Neill, with whom Dorothy had had considerable contact." It segued into a therapeutic environment for maladjusted children and then, as happened elsewhere, was squeezed by referring authorities into single-sex provision, in this case for boys. Neill, of course, had himself been inspired by Homer Lane and the Little Commonwealth, so the roots of Tylehurst pass deeper, into one of the recognised pioneers of

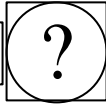
the therapeutic community movement. John Glaister, a teacher at Tylehurst who died in 1998, was the son of Norman Glaister, who was one of the members of the Q Camps Committee which ran Hawkspur Camp before the Second World War; John himself had been chairman of Grith Pioneers, the charity born during the Depression as a self-help, self-governing organisation for long-term unemployed men from which the Q Camps Committee sprang. And.

These are some of the things that are lost when a therapeutic environment closes. Tylehurst closed in July 1985: "It appeared that economic factors had become paramount in deciding who should be placed residentially. The consequence was that help was not given to children who needed it but

was kept for those who behaved overtly in a very difficult way". The pressure and motive force for this book has come, interestingly enough, from a group of former children for whom Tylehurst was not something which could be 'closed' in that way and, indeed, many years later speak of "the joy of being involved in all that was Tylehurst" and of the hope that the book "may help the reader to understand why after many years of closure we still enjoy the fellowship of an annual reunion". Anthony Rodway, the Principal from 1958 to closure in 1985, provides an opening background and a kind of epilogue; the body of the book has been written by seven of the 'boys'.

**Craig Fees**

*'I believe that if one can help children continually to understand themselves, their desires and their fears, their hates and their loves; if one can help them to realise that these are shared by all; then one can lay the basis for a real identification with others and a sympathy for human suffering which is the best possible basis for a truly just and happy society.'* - Anthony Rodway



**RED HILL SCHOOL - THE OFFICIAL SITE:**

[http://us.geocities.com/redhill\\_school/index.html](http://us.geocities.com/redhill_school/index.html)

Red Hill School in Kent was another therapeutic community with roots in the democratic school movement, its founder, Otto Shaw, having been inspired by A.S. Neill and Summerhill School to found a psychodynamically informed community for highly intelligent but maladjusted boys in 1935; he was also a member of the Q Camps Committee, which ran the pre-war Hawkspur Camp.

Set up by former student Terry Wilson in January, the **Official Red Hill School Web-site** has grown rapidly, a product of the love and energy of men

for whom Red Hill was a profound base; which formally closed in 1992, but clearly continues to live. The site is filled with memories, photographs and reflections, and includes a wonderful 1950 colour-crayon drawing by Ralph Gee - a retired 'librarian' who was pioneering complex IT and search and retrieval systems for complex organisations before most of us had heard of computers - of his Dormitory Room at the top of the stairs. Neill Edwards, whose poems appear elsewhere in this issue, and whose piece on Red Hill on the PETT Archive and Study

Centre web-site triggered a number of the connections running towards the new Official web-site, speaks on the phone of "a school where there was no fear, and that was the single biggest step..."

The site reflects the magic potential of the Internet, especially where it intersects with existing personal networks. It will be interesting to watch this new dimension in community grow.

**Craig Fees**

**STANDING IN A T.C.**

**Two members of the staff team at Jacques Hall reflect on their experience of joining a therapeutic community**

*Richard Rogers*

What does a job in a T.C. involve?" That was the question foremost in my mind before taking a position in a T.C. It had received, at best, vague answers, and two weeks into the job I was still wondering what I was supposed to be doing. What am I here for? What is my role? Perhaps the nature of T.C.s is such that the personal questions you carry with you will be present at work too. The above questions are those I've been asking myself for years!

The best answer to what to do at work was 'to be' and 'be' with the residents. To use more specific language: this has entailed being entertainer, referee, bouncer, team-mate, target of abuse, shoulder to cry on, negotiator and comedian.

The most difficult aspect for me was dealing with the feelings produced in me at work: to keep going back when your stress levels are sky high as you approach work and resist the temptation to walk away. And it requires faith that perseverance will succeed.

But how can I help? Am I hindering? How can a middle-class man, brought up in a leafy suburb, relate to kids each with a catalogue of traumatic experiences? Well, it seems that the human capacity for adaptation enables people of utterly different backgrounds to

continued on page 22

*Debbie Stone*

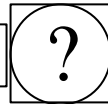
Childhood is one of the joys of life. From birth we begin to build a relationship with our world. Childhood shapes our being, our view of ourselves and of others. For many we look back on childhood memories with fondness, but for some, life has been a struggle since birth.

Such children come to Jacques Hall. Family relationships have broken-down, foster care hasn't worked and many have made a tedious journey through the system, often before their teens. We ask ourselves is it any wonder these children feel as lost, angry and isolated as they do? With this comes an almost inconsolable feeling of guilt; a heavy cross to bear. Such children are often 'streetwise' beyond their years, and emotionally battle scarred.

What Jacques Hall can offer is a secure environment, where children can be nurtured and guided. Through careful planning of dedicated staff, these young people are given an opportunity to work through and make some sense of their pasts, allowing them to have some of their childhoods back and begin preparation for the future.

I began work at Jacques with no pre-conceived idea. Just a basic but fundamental belief that everyone of

continued on page 22



standing in a tc, continued from page 21

discover a common ground where similar feelings can have been evoked by quite different circumstances.

It changes you. Children, especially troubled adolescents, seem extraordinarily sensitive to vulnerability, discomfort and fear. And as part of testing you, they will produce situations which are, in a sense, your worst nightmare. Dealing with your worst nightmare changes you: you cannot deny your weaknesses, but you can learn to deal with them. If you don't, then you will be given the opportunity over and over again (*speaking emphatically*) to put that right.

Trying to learn practice from seeing others at work left me confused, as everyone has their own approach. Only after 6 months has the coin finally dropped that 'everyone' includes me, and there is no *best way* of dealing with a given situation.

## RICHARD ROGERS

### The Brick

A child holds a tourniquet for a mother injecting heroin,  
This is the reality  
of our lives –  
I rub it like a brick into your face  
That you too may know such lack of grace  
As almost none survives.

In infinite despair  
Even dead men may summon up  
One inch cube of care.  
So yes, I rub it in, this lack of grace,  
And eye with interest  
What kind of lines it scores  
Upon your face.

### Her Room

This is your room; when laying on your bed  
Its contents also slept within your head,  
Each item and what it re-presents laid bare.  
You did not tidy away your life, you had the strength to share (with us)  
And brokenly, together ask what all this means  
The clutter of our merest junk and our profoundest dreams.

standing in a tc, continued from page 21

us is special in our own way and all deserve a chance to fulfil our own potential. So what is it to join a Therapeutic Community and how is it for those who maybe have not had an opportunity to experience a stable, reliable environment. My first impression of Jacques Hall was the sense of equality. Everybody, staff and students alike, share an understanding of this. The young people are constantly 'testing' the adults, for reliability and consistency, for why should they believe on face value that staff are here to help and protect them when they have so often been let down, or, in some cases, never experienced this kind of care at all. It takes a special person to withstand the test and there are many in this team, those who on a daily basis say sub-consciously "yes I'm here, yes you're safe and yes I see your distress. I'll be here and you'll get through this." Then there are moments, brief flashes of childhood when the mask comes off, the bravado has gone and they are children. A vital glimpse of what should be (and a memory for them of happier childhood moments?).

So, Jacques Hall, a Therapeutic Community, in the complete sense of those words, an environment in beautiful surroundings, an educational facility, sensibly geared to individuals, a community charter with appropriate but not rigid boundaries, and a team of staff, who arrived here through many different professional paths. Fundamentally they have one common agenda: the provision of good quality care, united in the belief that these young people are owed a greater investment into their future.

## DEBBIE STONE

TWO POEMS BY CHRIS NICHOLSON,  
ADMISSIONS AND ASSESSMENT OFFICER, JACQUES HALL  
THESE POEMS WERE WRITTEN IN RESPONSE TO REFERRAL PAPERS.



## WORKING LIFE IN POLICE CUSTODY

I hesitated when asked for a few lines comparing working in a police custody suite and a TC, as at first sight the two specialisms seem so far removed; but on reflection, 'seem' may be the operative word. For those not familiar with the concept, *Arrest Referral* involves making confidential contact with independent drugs workers available to people held in police custody, with the aim of facilitating more rapid access to effective treatment.

The first challenge to effective work with drug users in this setting is, obviously, to overcome any potential barriers in working with the police. The potential for misunderstanding exists on both sides; if you've worked with drug users for a while in any environment you may not have heard the most encouraging stories about the police, and I think it's fair to say that before the Arrest Referral concept was introduced across this county in 2000 (as part of the national roll-out of this approach) front-line police officers might not have leapt at the idea of a social worker (or similar) getting under their feet in the custody suite.

Here's where the TC grounding comes in: the understanding of the long-term. In fairness to police officers many are genuinely concerned with the welfare of drug users they regularly come into contact with as offenders, and it is not unusual for them to go to some lengths to enquire into what help is available for them and want to encourage them to use it. Arrest Referral does involve some limited liaison with investigating officers (limited because of the paramount importance of client confidentiality), in which one of the most often voiced frustrations is the frequency with which help is arranged but drug users initially relapse or re-offend. It is not always an easy message to convey that relapse is normal in the early stages of change, and that it can be a learning opportunity rather than an indicator of failure, but doing so can pay dividends in maintaining goodwill both towards drugs workers and drug users.

So what about the clients? The idea of Arrest Referral is to engage with drug users who may be starting to accept that they need assistance (less easy to deny

when you're in a police cell) but are not yet accessing services. By definition this is aimed at clients who are likely to have fairly chaotic lifestyles and may be pessimistic about the chances of recovery – "I want to get my life back but I don't know if I can". Whilst glib spray-on sympathy is of little use, hearing someone talk about seeing people with long histories of drug use and offending turn their lives around does seem quite persuasive at this point, and TC experience may be an ideal way to equip workers to do that.

Many clients starting out on the path of recovery and unaware of the full range of services available ask for whatever treatment approach has been successful for friends or acquaintances, so "I just want a detox" is far from uncommon, but it is not unusual for clients who have never had any treatment to demand "rehab". I have found the benefits of having had some (brief) TC experience are two-fold; the knowledge of what really works long-term for those who want to avoid relapse, and an understanding of the preparatory work necessary before a residential treatment (TC or otherwise) will have a reasonable chance of success. Although the knowledge is useful, however, different skills are needed – the confrontational approach of a concept-house community group would probably alienate the majority of Arrest Referral clients very quickly.

Engaging drug users in police custody and keeping them engaged is not easy, especially given the inevitable off-putting paperwork and communication difficulties. Speaking from personal knowledge of the possibility of recovery, whether from experience or observation, certainly seems valuable. The more widespread application of the Arrest Referral format in the last two or three years in the UK (any news from elsewhere?) has provided opportunities for work that is undoubtedly interesting and challenging but does not, at present, necessarily require a professional qualification.

So, here's a thought: How about a few more ex-users as Arrest Referral Workers?

**KEITH BURNETT,**

***Arrest Referral Team Leader, CAN,  
41 Oxford Street, Wellingborough, NN8 4JG***

## **The *Dialogue* newsletter: origins & future directions**

In 1997 eleven expert centres (made up of Universities and Henderson Hospital Therapeutic Community) formed the Virtual Institute of Severe Personality Disorder (VISPED). VISPED was given three years' funding by the High Security Psychiatric Services Commissioning Board (HSPSCB) Research and Development Committee, which is part of the Department of Health. Most of the organisations involved decided to use the funding to conduct research into personality disorder.

At Henderson Hospital, the VISPED funding was used to form the Personality Disorder Network.

The aims of this network were to:

- Create a means of communication between service users and service providers in the personality disorder field
- Compile a network of interested people who could communicate via this link
- Make accurate news and information on personality disorder readily available
- Decrease the stigma which surrounds the personality disorder diagnosis

The first stage of this project was to create a free, quarterly newsletter, *Dialogue*, which would carry articles written by personality disorder service users and service providers and be sent to everyone in the network. The newsletter was free in order to allow equity of access. The network has continued to grow

since its inception, and in the last year has added 218 new members, making a total of 2358 people. Many people hear about *Dialogue* from colleagues or friends, and it is being circulated within organisations. The Personality Disorder Network is now included as a resource by helplines such as MIND, Saneline, and First Steps to Freedom.

The first issue of *Dialogue* was published in Summer 1999. Nine issues have been published to date. Articles have covered topics such as: debate on the validity of the personality disorder label; the proposed law on Dangerous and Severe Personality Disorder; opinions from service users on mental health services; readers' responses to articles in previous issues (the intended dialogue!); and descriptions and reviews of treatment methods.

*Dialogue* has tried to evaluate the service it is providing in a structured way, and use the results to reflect on ways to improve the newsletter. A survey of reader satisfaction was conducted in 2000. Ten per cent of people (n=206) who were sent the survey responded. The majority (85%) who responded said that they found *Dialogue* to be useful for their work or their lives. One aim of *Dialogue* is to enhance communication between professionals and service users. Thirteen per cent of professionals who did not already circulate *Dialogue* among their clients indicated that they now would. Readers have requested more articles on research into treatment outcome, and more articles from service users. In response to the survey (see issue 5), *Dialogue* has published more articles on these topics.

The second stage of the project was to expand the services offered by the Personality Disorder Network. Based on the requests of calls to the network, we decided to create a booklet giving basic information on personality disorder and how it is treated. *Dialogue* discusses issues surrounding PD, but rarely gives basic diagnostic information. This booklet is currently in the drafting process. The purpose of the booklet is to be a point of access to the concept of personality disorder for people who may not have any experience of mental health literature. Suggestions for further reading, and resources for PD treatment and information will be included. The target audience includes people who have attracted the personality disorder diagnosis, relatives and friends of these people, and professionals who wish to know more about PD.

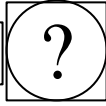
We have also decided to attempt to compile a national directory of PD treatment services. Preliminary work on this has begun.

The VISPED funding was only for three years, and this will fund up to Issue 12 (Autumn 2002). VISPED was intended to be a short-term project, and so has now ceased operating. The results of their work can be seen on the website: [www.doh.gov.uk/hspscb.visped.htm](http://www.doh.gov.uk/hspscb.visped.htm)

We are currently examining options for alternative funding sources, and are hopeful that this will be successful.

If we obtain funding, we envision that after Issue 12 *Dialogue* will take a slightly more academic slant, including summaries of recent journal articles. We are also



*dialogue*, cont'd from page 24

considering creating an interactive website, containing a discussion forum and electronic versions of all of the documents we offer. This will give *Dialogue* an international availability, and also allow for up-to-the-minute information on conferences and other news which the quarterly timing of the newsletter precludes.

The editor will be giving a presentation at the *Innovations in World Psychiatry 2002* conference on May 28<sup>th</sup> 2002 in Westminster (see issue 10 for advertisement).

This will be as part of the programme on personality disorder, and the talk will be about how the Personality Disorder Network was developed, how it is intending to develop in the future, with hopefully a discussion with the audience.

Issue 10 of *Dialogue* (Spring 2002) will be available from the beginning of April. If you would like to receive a copy please contact the editor (address below). We are always looking for articles, so if you would like to write something on a personality

disorder related issue (maximum 800 words please), then send it in.

**Rosalind Geraghty**  
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**Network,**  
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## **ASYLUM MAGAZINE RELAUNCHED 2002**

**by Helen Spandler**

*Asylum* is billed as 'the magazine for democratic psychiatry'. It has been in circulation for over 15 years, maintaining an honourable tradition of publishing controversial and marginalised views in the field of psychiatry and mental health. It grew out of a British interest in the democratic psychiatry movement in Italy and this tradition has had a strong influence on its development. Likewise, it has always sustained an ongoing interest in the British so-called anti-psychiatrists such as R.D. Laing and David Cooper.

Although *Asylum* doesn't advocate any specific mental health interventions, but comments on actions and ideas around them, its emphasis on democracy, empowerment and social context places it firmly within the therapeutic community and planned environment therapy traditions – particularly those still inspired by their more radical and liberating potential.

As an independent, not-for profit collective, made up of enthusiastic volunteers from a variety of positions within the field, it has always struggled to survive. The commitment of its supporters and the vision and

opportunities that it could seize, keeps it alive. The fascinating, inspiring and off-beat articles and ideas that we have published over the years, are a living testament to the ongoing struggle for the legitimacy of various competing and unrepresented voices.

More recently the magazine has incorporated the regular newsletter of the group 'Psychology Politics Resistance' (PPR). To mark this collaboration, *Asylum* and PPR held a lively one-day event in Manchester in July 2001 - 'Asylum in the 21<sup>st</sup> Century'. The latest edition includes a review of this event, an obituary of Mary Barnes by Alec Jenner and accounts of the recent demonstrations against the new Mental Health Act reforms, community treatment orders (CTOS) and the powers of the pharmaceutical industry. Throughout its history, *Asylum* has always called into question the extension of psychiatric powers such as CTO's. In this spirit, *Asylum* holds out against any funding opportunities that would compromise its ability to comment critically on developments in psychiatry.

The new-look *Asylum* is up-beat, informative, readable and inspiring.

*Asylum* has established a development fund, and is making an appeal for support, great or small, from organisations, groups or individuals. Ultimately its success will depend on circulation.

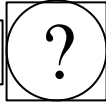
*Asylum* is published quarterly @ £12 per year

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**A CELEBRATION OF THE LIFE OF MARY BARNES****Kingsley Hall, Sunday 25th November, 2001**

The story of Mary Barnes has inspired a generation of radical mental health workers and survivors. Her journey was co-recorded by herself and Joe Berke in *Two Accounts of a Journey through Madness*. Karnac Books has just republished this popular anti-psychiatry tome, which should help ensure that her story will not be forgotten following her recent death. As most readers will know, Mary died on June 29<sup>th</sup> 2001, at the age of 78.

I was delighted when Craig Fees, the PETT archivist, offered to fund my trip to Mary's Memorial at Kingsley Hall on Sunday 25th November to record my impressions of the event.

This was the first time I had been inside Kingsley Hall itself and was surprised that it was larger and a more 'spiritual' environment than I had imagined. The Hall gradually filled up and by the time the celebration began, some had to stand outside. Whilst trying to take in the history and significance of the place, a woman who was one of a number of Arbours trainees who were arriving, said to me 'isn't this amazing, this is where it all started'. I was struck by the presence and reconnection of a number of notable figures like Joseph Berke; Leon Redler; Morton Sczhatzman; Syd Briskin (the first Kingsley Hall resident); Ann Scott (who wrote *Something Sacred* with Mary); Adrian Laing, etc. These took their place alongside Mary's friends and a new generation who are keeping alive the spirit of Mary's struggle in and through madness. The celebration was video recorded and

it is envisaged that this will develop into a new documentary about Mary's life and work.

Joe Berke, Mary's guide and helper during her famous stay at Kingsley Hall, introduced and guided us through the evening

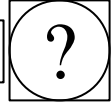
**Helen Spandler  
Manchester Metropolitan  
University**

(with the help of Joe's daughter, Deborah Berke). People talked of Mary's persistent demand to find an environment where she could 'go down', regress and breakdown in order to break through and come alive. This process, whilst difficult for those around her, facilitated her creative and spiritual growth, which in turn affected and inspired those around her. Many people reflected that her spiritual side had often been undervalued. It was clear that her life would never be conventional, and that a 'such an extraordinary person needed to live an extraordinary life'.

Adrian Laing talked about Mary being the real 'star' of Kingsley Hall, and how Michel Foucault had introduced him, not as R.D Laing's son, but as 'the son of someone who worked with Mary Barnes'! At the same time, the evening began with clips of Ronnie Laing at a piano, from the documentary film, 'Did You Used to Be R.D. Laing?' This made Laing's presence, importance, and legacy very visible. Various footage of Mary Barnes re-visiting Kingsley Hall was also projected

onto the back of the Hall, and we listened to recordings of her voice and readings of her poetry. Some of her drawings and paintings decorated the stage, which were also on sale in aid of the Mary Barnes Memorial Fund. Her predilection and notorious finger paintings were described as being not an end in themselves, but as a means to a greater end.

David Edgar, the author of the original play about Mary's life, gave an interesting reflection of the wider culture and politics in which Kingsley Hall emerged. Kingsley Hall was very much part of what was happening *before* the exciting explosion of 1968. It was places like Kingsley Hall, and the people involved in them, which helped to *enable* such a proliferation of exciting politics to take off. He also drew our attention to the ongoing importance of the idea that madness may be intelligible as a sane response to an insane world, with reference to the ongoing war waged in the aftermath of September 11<sup>th</sup>. We can remind ourselves how important our opposition to the Vietnam War was in the civil rights movements and indeed to the inspirational Dialectics of Liberation conference, where political activists and radical psychiatrists joined together to explore the political context of contemporary experience. Posters of such events were displayed around the dining room, which, alongside its colourful decoration and the people who inhabited it on this evening, was a powerful reminder and glimpse of an exciting period.



continued from page 26

The continuing importance of Mary's journey in forging alternative communities came across strongly in everyone's contributions, particularly that of Julia Saltiel - an Art Therapist at the Arbours. This journey and its tensions came alive when small excerpts from the play 'Mary Barnes' were re-enacted. Simon Callow (as Joe) and Patti Love (as Mary), alongside others, re-enacted an important debate about what to do when Mary refused to eat, with Joe eventually agreeing that he would feed her.

The notable absence of contentious medicalised and psychiatric terminology was a breath of fresh air. The presence of members of the Arbours and Philadelphia Associations, nestled amongst a packed audience, demonstrated the continuing need for the tradition through which Mary emerged. Mary had also helped set up the Shealin Trust in Scotland, where she hoped to develop a retreat where people could experience their own journeys through madness. This

was unfortunately not possible in her lifetime.

The evening ended in the dining room, where people settled down: catching up, eating, drinking, and talking eagerly. Here, I imagined (and hoped) that the kind of vigorous, lively debates and events which took place at Kingsley Hall back then, might just re-ignite something new.

**Helen Spandler**

There is a website dedicated to the life and work of Mary Barnes at [www.mary-barnes.net](http://www.mary-barnes.net)

## Charterhouse Group

### MINIMUM STANDARDS: VALUE ADDED STANDARDS

#### UPDATE:

Well, at last, during the second week in March the Department of Health's Minimum Standards for Residential Care in Children's Homes appeared, so we have just over two weeks to read, digest and implement before D-Day, 1st April 2002!

Oh, well, I believe those within the Charterhouse Group are, first, used to a set of standards and inspections; secondly, the core requirements are known and being practised; and, thirdly, the new regime is only beginning to bed down and has 'its own' large workload to address.

I have begun to work with a colleague on integrating the Value Added and Minimum Standards (discussed in the last Newsletter) and a document will be ready before too long on which we shall be able to offer training.

At the same time the Quality Network develops its programme. As reported elsewhere in this

issue, they have received £150,000 to develop the work, and a small advisory group has been set up to oversee it.

So, the Royal College of Psychiatrists' College Research Unit and the Association of Therapeutic Communities and Charterhouse are all working to improve standards in therapeutic care.

In discussions among the three organisations it has been recognised that those working with children and adolescents work to a different legislative framework from that which applies to work with adults, and that the Value Added Standards are the ones Charterhouse members will be working to.

So, we have quite an agenda:

- training for all staff, and
- the follow-on with the audit tool!

**Sheila J. Gatiss**

#### *THE WARMTH OF A COMMUNITY*

January was cold. So was the barn at the Cotswold Community in Wiltshire on the first day back after the Christmas break; oh so cold!

Nevertheless, a whole staff group of nearly seventy worked with Jane Pooley and Sheila Gatiss for an all-day training on the Value Added Standards.

The programme was divided between plenary input and small group activities which allowed everyone to go and find warmer corners of the building.

The objectives for the day were:

- for all participants to have a clear understanding of the core elements of therapeutic community principles;
- for all participants to have an understanding and knowledge of

continued on page 28

**SHERIDAN HOUSE IS THE MOST RECENT ADDITION TO THE CHARTERHOUSE GROUP OF THERAPEUTIC COMMUNITIES. FROM THE DESCRIPTION BELOW IT IS CLEAR THAT SHERIDAN BRINGS TO THE GROUP BOTH THE QUALITY OF A STABLE TRADITION ALONG WITH A DRIVE FOR INNOVATION AND DEVELOPMENT.**

Set in the heart of rural Norfolk, Sheridan House was founded by Bob Tyler in 1979 as a community providing care, education and psychotherapy for 12 boys and girls aged 10 to 16 years with severe emotional and behavioural difficulties. As the years progressed and the community became more established, the school received approval (1986) from the DfEE, now the DfES, and to this day remains one of the smallest schools with such approval.

From the establishment of the community, Jon Little M.A. (Psy) UKCP, has been the resident psychotherapist providing individual psychotherapy for the young people and also providing support for families and carers, often travelling to their homes for this.

In recent years Sheridan House has developed a boys only client group, providing a small-scale community for those who find it particularly difficult to cope with larger establishments.

When Bob Tyler retired in February 2000, Sheridan House was acquired by Priory Services for Young People and as a result was able to benefit from major capital investment, substantially improving both the residential

by  
**STEVE SAYER**  
Principal

and education facilities and buildings. We survived a major building programme through what was the wettest winter for years, a testament to the resilience of both the boys and the staff. The school received a very positive Ofsted report in October 2000 and the education facilities are now particularly impressive.

At Sheridan House we aim to provide the skilled support that will enable the 12 boys in our care to confront and deal with the painful experiences they

have had and to develop the personal, social and educational skills necessary to make positive changes in their lives. In a recent article in the local press about our work, Sheridan House was described as an 'oasis of calm', a description that brought a wry smile to the faces of many staff! The staff team takes a multi-disciplinary approach with the aim of creating a community that encourages each of the boys to develop a sense of personal worth within a nurturing environment. Our work is long term and we provide care for 52 weeks a year.

We very much look forward to participating in all aspects of the work of the Charterhouse Group and being part of a well-established and respected group. We particularly value the opportunity to share experience with others who aim to provide a high quality professional service to their clients and who strive to continually improve standards.

**Sheridan House, Southburgh, Thetford, Norfolk IP25 7TJ**

**Tel: 01953 850494 Fax: 01953 851498 Email:**

**sheridanhouse@prioryhealthcare.co.uk**

the warmth of a community, cont'd from page 27

how therapeutic community principles are part of practice;

- for each participant to have three elements, from the theory and practice, to test out in their practice in the coming year;

- for the whole Community to have a working knowledge and

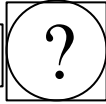
understanding of the Value Added Standards;

- for the Community to be introduced to the concept of self-audit.

As a trainer, I found the warmth of the staff team and their commitment to getting on with the

task encouraging and rewarding. Jane and I learnt from the experience, and feel we have a package that could help communities to come to grips with what the Standards are about.

**Sheila J. Gatiss**  
**Cambridge**

**“DID YOU USED TO BE R.D. LAING?”****Reviewed by Helen Frye**

An ornate buttoned chair. An abbreviated bar with whisky bottle and optic. A dark, almost bare, stage, with a vivid backdrop of a soaring Icarus against a glowing sun. A grand piano being softly played... And in the mind of at least one member of the audience, the thought, “How on earth is he going to do this?”

The man in question was Mike Maran, who was about to tell us (with the help of David Milligan’s atmospheric piano playing) the story of R.D. Laing, “pop-shrink, rebel, yogi, philosopher king and healer.” How was he possibly going to convey the essence of this brilliant, charismatic and ultimately self-destructive man? How would he conjure up the political idealism and outrageous excesses of the 60s,

*A storytelling and musical exploration of the life and work of R.D. Laing by Mike Maran, music by David Milligan, painting by Ruth Barrie, designed by John Brown, and produced and directed by Mike Maran.*

the climate in which Laing’s ideas flourished?

How would he show us the backward state of public psychiatry at that time, the dehumanizing, sometimes brutal treatment of people suffering from schizophrenia and other kinds of madness? Or the compassion and the anger that were at the heart of Laing’s bold experiments in living with madness, his own and other people’s, at Kingsley Hall?

Enter Mike Maran, a bearded figure in a red suit and blue shirt. Helping himself copiously to “whisky” from the bar, he turned to us and began to talk. It was as if we were fellow drinkers in the company of a personal friend of Ronnie’s telling us funny, serious, moving and tragic anecdotes about him. As if we were listening to someone who had admired him and fought with him, laughed at his excesses and wept over his downfall.

Whether Mike Maran ever knew R.D. Laing personally, I do not know. But this was a tour de force of passionate commitment, superb timing, and eloquent language and gesture. He kept the audience spellbound from start to finish, wanting more. It was a marvelous evening. Do see it if you can.

THUR 21ST MARCH, Lakeside Arts Centre, NOTTINGHAM  
FRI 3RD MAY, Neptune Theatre, LIVERPOOL

MON 25TH MARCH, City Varieties Music Hall, LEEDS  
TUE 7TH MAY, Jersey Arts Centre, JERSEY

FRI 10TH MAY, Palace Theatre, KILMARNOCK

**ANALYSING ADOLESCENCE BY PAUL VAN HEESWYK****Sheldon Press, London (1997)**

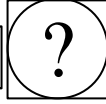
**Reviewed by Joanne Bint**  
**BA (Hons.), Dip A Th, SR As Th (A) -**  
**State Registered Art Therapist**  
**Jacques Hall Foundation**  
**& North Essex Mental Health**  
**Partnership Trust**

Paul van Heeswyk is Head of Child Psychotherapy at the Lewisham and Guy’s Mental Health Trust and Consultant Psychotherapist to the Cotswold Community, a residential unit for deprived and abused young people.

The title of the book summarises its area of study in a more subtle way than I at first realised. Heeswyk is a Psychotherapist who analyses adolescents, the individuals presenting in his consulting room. But the

book title indicates the broader subject of analysing a process - adolescence. Adolescence within culture, within institutions and within parents, therapists, co-workers and all adults.

Heeswyk sets the tone of his book by affirming young people as a minority and adding ‘The reason any minority is always right, therefore, is that it is asking for what we want, while being saddled, often, with what we do not. Clearly it is moral and psychological wisdom for the majority to own up and take back.’ In other words, he challenges the adult reader to acknowledge and accept their projections onto adolescents as parts of themselves. With self-knowledge (a process modelled in the book) one can not only improve ones ability to engage with adolescents but learn much about oneself. With this statement Heeswyk introduces the overall flavour of the book as highly respectful of adolescents and yet



analysing adolescence, cont'd from page 29

also indicating that we can learn much through working with them.

The Contents Page clearly indicates the areas the book covers, *Young People and Their Families*, *Adolescents in Their Own Minds*, *Identity*, *Compulsive Activity in Adolescence*, *Groups*, *Idealism*, and *The Mood* but the book offers much more. This is an academically sound book but the tone is warm, humorous and very engaging. Beginning with an outline of the developmental tasks of adolescence, Heeswyk, a little tongue in cheek, suggests the *early*, *middle* and *late* stages would have been better named after Phillip Larkin's tripartite distinction of 'a beginning, a muddle and an end.'

Having explored the origin of adolescence as a developmental stage of life Heeswyk states, 'What is clearly beyond doubt is that adults have been complaining about young people since the beginning of recorded history'. From this recognition he spends the rest of the book, outlining through clear articulation, case study and a sometimes acutely honest self-reflection the way he works with adolescents with a respect for their quest, challenge, energy and the way they touch us.

Heeswyk uses the following quote from a case study both in the introduction and in the final chapter, 'If someone hands you something,' said the fourteen-year-old girl, 'you can say you don't want it ... if they just leave it on you or on something of yours, there is nothing you can do. You have to keep it. But if someone forces you to have what you don't want, you don't have to keep it. You can do what you want with it. Can't you?'

In doing so he allows the young person to voice the fundamental tenet of the book that, 'The second duty

of life is to acknowledge and accept the identities we have assumed from interaction with those on whom we have depended, and then subject these poses, the faces we have made, to critical but compassionate, scrutiny'

The 'critical but compassionate scrutiny' I would suggest applies to both the adolescents we work with and ourselves. 'Analysing Adolescence' also presents a very clear exposition of a psychotherapist at work. What Heeswyk manages to do is give the reader a back seat, so to speak, into his thought processes during his interactions with the adolescents in his care. I was consistently struck by how honest he was with himself and how this resulted in a clearer possibility of understanding the young people he works with, which leads to a further understanding of himself, Heeswyk and humanity.

One of the main attributes of this book is its accessibility. Heeswyk demonstrates his experience and theoretical grounding by being able to clearly introduce complicated psychoanalytic, sociological and anthropological insights to an audience who may well not so readily pick up an academic text.

Within this Newsletter are requests from the editors for the readership to include the people working in Therapeutic Communities, providing the 24-hour care (not just management and therapists). The Newsletter also includes articles from two Community Workers expressing their experiences working in a Therapeutic Community. I would strongly recommend 'Analysing Adolescence' to these people/workers in particular. The space it gives to self-reflection in the quest to understand the interaction carers have everyday with adolescents is of necessity to work with and survive this extremely challenging work.

## REVIEWED BY CORMAC HEALY

### Aged 10

The Lord of the Rings, first a book and now a film. "The Fellowship of the Ring" is a must see. It starts in the quiet, peaceful Shire where an unsuspecting Hobbit, Frodo, is given a ring. But this is no ordinary ring, this ring is the ruler of them all taken from the evil Sauron in a mighty battle of the past. The ring has now found its way to Frodo who has been chosen by fate to be the one to destroy the ring. Unluckily for him the only way to get rid of it and stop Sauron coming to power is to go into the heart of enemy territory and cast it into the fires of Mordor. This is a film which twists and turns till the last moment. Believe me, you will be on the edge of your

seat. If you're still worrying about a lack of action once the journey has started you won't go five minutes without some sort of action. Battles, humour, effects and setting, this film has got it all. Oh, the name again: "**The Lord of the Rings: The Fellowship of the Ring**"

## REVIEWED BY SORACHA HEALY

### Aged 8

I thought that the Lord of the Rings film was really cool and exciting. All the characters were really wicked. The setting in Middle Earth was really good and I loved the film and enjoyed every bit of it. It was better than Harry Potter!



Book Review – Guide For The Perplexed

**Loving, Hating and Survival:**

**A Handbook for all who work with troubled children and young people**

**Edited by Andrew Hardwick and Judith Woodhead**

**Ashgate Publishing, Aldershot (1999) ISBN 185742427**

I had the privilege of attending a training session led by Christine Bradley as part of a course I was on in 1998. She spoke about the significance of symbolic communication when working with children who have experienced severe emotional trauma. I found her lecture *absorbing* and eagerly awaited this book, then in preparation, to be published. I was not disappointed!

programme, as it is written in such a way that keeps the reader interested in developing their theoretical knowledge.

It is also invaluable to use as a reference in staff training and development, and suggests practical methods to assist and enhance individuals' working practice.

As the title states, this is a 'handbook for all who work with troubled children and young people'. A good policy would be that all new employees are given this book as part of their induction

**Sarah Attridge**  
**Head of Therapeutic Care**  
**Jacques Hall**

*"A book about the training which is delivered by the Caldecott College to professionals who work in residential settings with such children" - Community Care*

**PREVIEW:**

**Dave Cooper's forthcoming article in the journal *Therapeutic Communities* on the Cotswold Community's farm**

I should like to hi-light an article soon to be published in the ATC's journal, *Therapeutic Communities*. The article is a report by Dave Cooper on the benefit for boys of working on the Cotswold Community farm, and should not be missed by anyone interested in the curious manner by which small ideas in communities tend to extend into grand ones. Dave Cooper describes how an entire system of containing enterprise, of working practice, developed out of the eager suggestions of several children to 'help out' on the farm. Slowly, more young people wished to help. Finally, a relationship, with a whole set of expectations, developed into system living at the heart of the community.

There are dozens of issues springing from the article for anyone with an enthusiasm for unusual practice methods that clearly work towards the integration of troubled young people and the process of social inclusion. For me, however, I was struck by the fact that the boys themselves initiated the process, while the adults accommodated it and watched it grow. I don't want to say much more than this about Dave Cooper's report, except to emphasise that it is a useful piece of history, well worth reading about in the journal.

**Chris Nicholson**  
**Jacques Hall Community**

**POEM FROM  
WINTERBOURNE  
THERAPEUTIC COM-  
MUNITY**

**TC's a training**

TC's a training  
Its members all individual  
Some actively participating  
Others openly withhold.

Everyone taking care.  
To open themselves and  
share  
Various areas of everyday  
life,  
Coming close to pains, energies  
and strife.

The members all ensuring  
To role-play the parts they  
want.  
To express and communicate  
what TC's about  
TC's a training, aims to do just  
that.



## A LOVELY PLACE

We (Chris Nicholson and Kevin Healy) recently visited Craig Fees at the Planned Environment Therapy Trust Archive and Study Centre in Church Lane, Toddington, near Cheltenham, to work on putting this newsletter together for your information and enjoyment. We felt very welcomed by Craig and everyone else at the Planned Environment Therapy Trust. The facilities were ideal for our editorial conference. The main building is warm, comfortable and interesting. Barns House, the new purpose-built accommodation building, also felt warm and welcoming, whether staying as a single visitor (as one of us did) or visiting with family (as the other of us did; it's child-friendly, with plenty of space to play and run around on-site and

plenty for families to do in the vicinity).

The archives themselves are mind-boggling and are a very real anchor in a rather anarchic field. Knowledge has often been equated with power. To be in the centre of such knowledge did generate many powerful feelings in us.

The team at the Planned Environment Therapy Trust were at pains to point out that this resource has been created for and in a real sense belongs to everybody in the field. It can be used as a training centre during the week or at weekends by related organisations at very reasonable cost. Both of us longed at times to be working as a researcher, perhaps spending weeks in such a lovely setting while investigating particular topics that are archived

there (we noted the book called "Oliver, untwisted" and felt the urge to delve into this clear title!).

The people at the Planned Environment Therapy Trust seem to us a bit slow or perhaps too modest to sing their own praises; hence Chris and I would like to do so loudly in this Newsletter. Why not think of this lovely environment for your next away day, training event or small conference? Or simply as a place for you, your family, or your group to stay? The web-site address is [www.pettrust.org.uk](http://www.pettrust.org.uk). Or contact Joanna Jansen at [info@pettrust.org.uk](mailto:info@pettrust.org.uk).

**Chris Nicholson  
Jacques Hall  
Foundation  
Kevin Healy  
Cassel Hospital**

## Pages - the Camphill Newsletter

[info@camphill.org.uk](mailto:info@camphill.org.uk)

I have never visited a Camphill community, nor until recently, did I know a great deal about the work of the organisation, and then I was passed Issue 10 of *Pages*, the newsletter of *The Association of Camphill Communities, The Camphill Foundation and Families & Friends of Camphill*. I found *Pages* deeply impressive as it represented a snap-shot of an organisation with unusual energies and innovation. Not only do they manage to provide, or rather along with those who use their service, *help to provide*, an interesting and high quality of life to a minority of individuals who, historically, have received poor care, but they do this in a socially integrative way. They seem adept at drawing in local support, which, once you are over the trick of procuring – because most people are basically good – tends to be long-lived. There are lessons to be learned here by other communities and useful "how do you do it?" type conversations to be had.

The other impressive feature of the organisation, particularly hi-lighted in this edition of *Pages*, is how central the role of arts and crafts are within the service. The quality of the arts and crafts seems to

be very high and the amount of exhibition work tends to back this. The inherent therapeutic value of art is well known and understood at an intuitive level by most and a practical level by anyone brave enough, despite a presumed lack of ability, to have a go. Through arts and crafts we can raise our self-esteem and explore our place within the world. We can improve our internal world by, quite literally, modifying the external world. But art has also been used as a medium of communication for those, no matter how brilliant and intelligent, who find it difficult to communicate through other, more ordinary means. Art then, transcends the limitations of orthodox communication. For people who tend to be marginalized within a society it is a liberating force of some magnitude. It is this sense of a 'liberating force' that seems to characterise the Camphill ethos that I find attractive. If the central function of art is integration then it is a perfect tool within therapeutic communities who similarly aim to integrate, on a number of levels, divergent emotions, attitudes, and ultimately people.

**Chris Nicholson**



## Archivist's Report

If you were standing on a bridge watching Experience flow underneath, and you could reach in and save some of it, what would you save and why?

I recently spent the better part of a day behind a big Hilti hammer-drill. I'd picked it up just after nine, and with breaks for meeting and lunch and to put the kids to bed, knocked the final six inch diameter hole through a nine inch floor just after nine that night. I was covered in dust, the rows and rows of metal shelving I put up last year at something over 30 minutes a bay were covered in dust, and my back hurt. It still does.

Archivists don't like dust. Our archive stores are the last place you will usually find dust, and that standard old cliché on "dusty archives" is about the closest thing you'll find in an archivist to fighting talk. We don't have a sense of humour about it.

Why the holes? *Air conditioning.* Our new archive stores - one small room for tapes and film and one big room for general archives (both with mobile shelving), plus two more medium-sized rooms with static shelving - haven't been able to be used since they were completed, waiting for the air conditioning to go in. Or, more accurately, waiting for the drilling of the holes for the air conditioning ducting. Or, more accurately still, because of the dust that the drilling would have created. The architects designed a building which, by and large, would maintain a stable internal environment, and that has been acceptable for a while. Were it not for the fear of dust we could have begun moving archives in a long time ago. Hence taking the bull by the horns, and cutting out the middle man. Having driven the necessary six-inch holes through walls and floors, and then hoovered, wiped, hoovered, wiped, mopped and hoovered every inch of rooms and shelving to get out the dust, we are now just about ready to move some archives in.

That's the good news. The bad news is that, after two and a half years (and fresh from her archivist's course) our assistant archivist, Teresa Wilmshurst, is on the move. She applied for a (considerably better-paid) cataloguing job involving British Waterways Board archives in Gloucester, and was picked off by them to do the (even better paid) next-step-up job. Which is our consolation, because it means that whatever has happened here over the past two and a half years, it has outfitted her with skills and experience which others feel merit an unexpected leap upwards. She won't be replaced anytime soon, because the Trust is still re-building its finances from all the recent construction, and more particularly the delays and over-runs. That back and extra pair of hands would have been useful over the next few months, as we concentrate on moving archives in; but it's the talent for creating order which will be especially missed.

**Craig Fees**

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## ACCESSIONS TO THE ARCHIVES 2001-2002

In recent Newsletters I have promised to try to give an idea of material which is coming into the archives. I have managed to report on the oral history programme and accessions to the library - and perhaps in the next issue I will report on the Information Services side of the Archive and Study Centre. But archives have tended to get squeezed out, in part because there are so many - there were some sixty three archive accessions in 2001, and there have been a dozen so far in 2002 - and in part because each accession comes with a rich story. How much do you try to tell?

Readers who receive the News-

letter through the Planned Environment Therapy Trust will have had an insert with Issue 2 in which a sense of accessions up to June 2001 will have been given, and I apologise to them for the repetition.

Having been designated the official repository for ATC archives, for example, I noted the steady flow of current documents from the Research Group, as well as older records, dating from the 1970s to the late 1990s, relating, for example, to the journal, to the Research Group, and to the general administration of the ATC.

Among other things mentioned were the substantial archives of Dr. Elizabeth Tylden, co-founder of the Step-

ping Stones Club and consultant in relation to addictions and cults, and material relating mainly to his father given by John Lyward. Robin Balbernie gave World Play toys which had belonged to Margaret Lowenfeld herself, and Jan Lees gave a correspondence file concerning therapeutic communities (1972-1984) from Nick Manning.

I didn't mention an artist's easel belonging to Richard Crocket, nor a wooden-necked desk-lamp which had belonged to David Wills, and the running repairs on which tell a story of the way that some of the pioneers, at least, had to live.

One of the most exciting gifts of the

**continued on page 34**

continued from page 33

year, on which I hope to be able to report in greater detail in a later Newsletter, consisted of photocopied pages of the The Little Commonwealth's Visitors Book, sent by Mrs. Lyn Knight, who had bought the book in a car boot sale in Yorkshire in the 1960s - forty years after the Devon community closed. Simple things - a booklist from Rowen House School given by Bryn Purdy - can tell us a great deal; or letters to his parents given by Derek Mapstone, written when he was a child in a therapeutic community in the early 1970s. Ralph Gee has given an extraordinary range of material from his time at Red Hill School fifty years ago - the journals he kept while there, copies of school magazines, an extensive set of photographs, pamphlets, drawings and paintings, newspaper cuttings. Independently, Martin Powell-Davies has brought material relating to his father and mother and to Red Hill School, where they were influential and fondly remembered members of the staff team.

Rex Haigh has sent photographs on CD of the "Community of Communities" induction day; Lesley Caldwell has given the records of her

research on the Cassel Hospital; and in an éclat of synchronicity, on the morning that Keith Coulston arrived from Devon with Kilworthy archives, Cath Gundry was passing and popped in on the off chance with material related to her time as Director there. Robert Laslett brought in an old clipping he'd been given by Roy Dillon about the sale of Finchden Manor. Chris Jones sent a photograph of Maxwell Jones in his study. Mary Jannaway sent newspaper clippings and other material relating to the Centre for Adolescent Rehabilitation in Devon, and the local campaign against it. John Cross has given photographs taken at the Mary Barnes celebration at Kingsley Hall, and Joe Berke has sent a VHS video recording the event. He has also given a further installment of his own archives.

There have been things for our Survey - A leaflet from Lyn Richards on the work of the Ley Prison Programme, for example; or the annual report of ISP - Integrated Services Programme ("an independent childcare organisation that provides family based care, education, therapy and social work for young people") - sent by its Director, John

Whitwell, formerly the Director of the Cotswold Community. Extremely valuable and useful things, and an example which I wish communities and organisations in the field generally would follow; it would help us to help others.

Or, given by her sister, Ruth Barling, a wealth of letters written by the late Elizabeth Wills in the 1940s and 1950s, and photographs - from an exquisite baby photograph taken with her mother at the turn of the last century, through to her wedding photograph with David Wills taken at Withymead, where Elizabeth was a member of the staff team; to photographs taken during their retirement in the Cotswolds, and up to the time of David's death in 1981. Or, completely unexpectedly, photographs from the 1920s (in .jpg format, via the Internet) related to Wallingford Farm Training Colony, from which David Wills emerged with the vision of a way of working which we now call 'therapeutic community'; which were sent by Sue Purcell, who is working on her family's history and simply came across us on the Internet.

Among other things.

After writing the opening section of this report, and before disappearing into the physical business of putting this Newsletter together, I was able to move about 350 boxes into the new archive stores, and before she left Teresa and Maureen were able to move in another fifty or so more. This is just the tip of the iceberg - perhaps a fifth of the material which has built up in every available space in the existing archive stores over the past four years, during construction, and while waiting for that construction to begin. But it is tremendously exciting, nevertheless. Having had literally to climb around on shelving to reach archives to try to answer queries and to make material avail-

able, it is wonderful to at least see the prospect of being able to do our job properly. It won't happen quickly - there is an element of a military operation about moving archives - but it is coming.

#### **And Finally: Apologies.**

One of the time-bomb legacies of our year of construction, with its frequent, sudden, unplanned and sometimes inexplicable power cuts, has been damaged computers. The main archive computer crashed towards the end of last year, and we thought we had saved it. Since the beginning of the year it has crashed twice, its hard disk has been replaced in an emergency manoeuvre, and though apparently reliable and

working well on the new network, it has been relegated to a currently empty desk. Having saved the files from a second computer (our very first pc, in fact), it has had to be replaced entirely. Our third seems to be holding up. However. In amongst all this, and in the shifting emergencies, we have had to move our email reception among the various computers, and sometimes, in the process of saving them, into different files. I am not aware of having actually lost anything, yet; but as I go back through the machines, I am coming across emails which clearly slipped past us. For this, and other things, I apologise.

**Craig Fees**

For the past three or four years I have been sorting out and organizing the PETT Archive and Study Centre's Research Library. One of the joys of working in such a variously acquired collection is the discovery of the unexpected and the unusual.

Opening a small brown box some months ago, I found two very fragile and faded issues of "The Medical Critic and Psychological Journal" for January and April 1861, which offer a wonderful glimpse into the mid-nineteenth century pre-occupations with the perplexing issue of madness.

The Contents list on the tattered back covers gives a flavour of the concerns of the time, with articles such as "The Deformed and their Mental Characteristics", "On 'Non-Restraint' in the Treatment of the Insane, and the Increase of Lunatics", "The Wear and Tear of Medical Life", "The Classic Land of Suicide", and so on.

One of the most passionate debates taking place within the April issue is about the vexed question of what to do with "lunatics". Should they be locked up in large, impersonal institutions, or were there better ways of treating them? In an article entitled "Cottage Asylums", W.A.F. Browne, a Scottish 'Commissioner in Lunacy', fulminates against those who propose to replace the British hospital system with "lunatic

colonies" or "cottage asylums" on the model of Gheel, in Belgium.

"Lunatic colonies" seem to have been villages where the insane were boarded out in the cottages of the rural poor, who were supposed to look after them. Fresh air was considered to play an important part in their treatment. Browne,

"lunatics" of the time in Europe were held. It helps to illuminate the enormous fear of madness which runs like a dark seam through nineteenth century literature.

But while this virulent argument raged on, Henry McCormac M.D. (Visiting Physician to the Belfast District Hospital for the Insane Poor) was writing in a gentler vein: "The

soul is beset, or liable to be beset, by different influences, which raise or depress [it]."

His article, entitled "Metanoia: A Plea for the Insane", written when Freud was a mere five years old, contains these

### Helen Frye is the Honorary Librarian for the Planned Environment Therapy Trust Archive and Study Centre.

*A Trustee of the Planned Environment Therapy Trust, Helen has spent more than 30 years working in, or associated with, the field of therapeutic communities for children and young people. She is a fully qualified psychoanalytic psychotherapist, registered with the United Kingdom Council for Psychotherapy, with a private practice in Cheltenham.*

however, had visited Gheel in 1838, and had not been impressed:

"I visited many of the insane in their cottages. The majority of those I saw in ... were in bed; some of them bound to it by chains, and, with one exception, in the most disgusting state of filth and degradation. The smell and aspect of the dens in which they lay were intolerable..."

Browne demolishes his opponents with his steaming Victorian prose, using words as if they were bludgeons: "With great respect towards Dr. Bulckens, the free air system is medical nullifidianism....It is metonymy to designate the turning the insane adrift into the fields...a remedy."

His is an eyewitness account of the conditions in which some of the

thoughts:

"The souls of the insane, however deranged, perverted or destroyed, are governed by the same laws as the souls of the sane. If we do not understand the psychology of health, we shall never understand the psychology of disease. For there is no exact line of severment between sanity and insanity..."

With this philosophy, it is not surprising to find that later on in his piece he recommends "attractive bodily occupation" as helpful in treatment, to take place "at one time beneath the free heaven, at another in some cheerful, roomy, well-ventilated space indoors." And a little further on, he even speaks of "music's gentle solace". Somehow it is comforting to think of him visiting the "insane poor" of nineteenth century Belfast.

*The Research Library is a collection of more than 5,000 books, journals and papers with a specialist focus on the areas of social psychiatry, therapeutic community, planned environment/milieu therapy, and progressive/alternative education.*

*Alongside a unique Archive collected from past and present work in these fields, the Library is situated within a Study and Conference Centre, offering facilities for research, and a venue for seminars, workshops and small conferences.*



## ANNIE ALTSCHUL 1919-2001

### Annie Altschul died December 23rd 2001

#### Notes by Gary Winship

Annie Altschul has been described as the 'Grande dame' of psychiatric nursing in the UK (Barker, 1995) and has recently had the accolade of a special edition of The Journal of Psychiatric and Mental Health Nursing, 6:4, 261-337 dedicated to her work and influence. Her text book of 1962, *Aids to Psychology for Psychiatric Nurses* was a significant milestone for the mental nursing profession because it offered for the first time a definitive theoretical leverage for radical nurses attempting to challenge the overpowering shadow of the medical model. And two of her papers, one about group work and the other about systems theory, are said to be among the most cited papers in psychiatric nursing (Altschul, 1964; 1978).

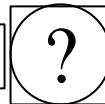
The roots of Altschul's interest in group and systemic therapy date back to her time at Mill Hill, North London, where she was involved with Maxwell Jones treating shell shocked soldiers from the Second World War (personal communication, 1996). Altschul was among the group of nurses (in training) who were evacuated to Mill Hill from the Maudsley Hospital between 1940-1942 when the site in Camberwell, London, was under threat from bombing. Maxwell Jones had a significant influence on Altschul's early interests. Jones was a young psychiatrist working under the watchful guidance of Aubrey Lewis. Jones and his colleagues found mutual learning to be beneficial in informing the soldiers about the causes of their symptoms and following Aubrey Lewis's lead they experimented with 'talking cures' which they innovatively applied to group situations. This pragmatic approach to group work at Mill Hill differed from the other simultaneous war time group experiments with shell shocked soldiers at Northfield, Birmingham where Michael Foulkes, Wilfred Bion and Tom Main, among others, were working more psychoanalytically.

Annie Altschul felt that Maxwell Jones' most productive work was the psychoeducative 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 fifty beds each. By helping the men find employment and returning them to social routines, their symptoms of paranoia, impotency and anxiety decreased (Jones, 1982). The Department of Health and Labour were impressed and asked Jones to repeat his approach with a hundred homeless men who were suffering with concurrent mental infirmity. Altschul was impressed with the development of a democratic ideology in the treatment milieu with the POWs, an idea that Jones later developed at Belmont (later called the Henderson) where Jones went after Mill Hill and at Dingleton TC in Scotland in the 1970s. Jones (1982) mentions Altschul's contact with Dingleton when he described her as a "well known nursing instructor". Altschul 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.

While Altschul remained broadly committed to psychodynamic thinking she shared Jones' preference for a more social approach to therapy repudiating the purist psychoanalytic procedure of the post-Freudians. She said that she had read Freud early on in her career in the German original (her native language). However, she had a fundamental problem with the translation of Freud's ideas and particularly the word '*angst*' which she felt had been incorrectly translated into the word 'anxiety'. She said that no such word as 'anxiety' existed in the German language and that the word 'phobic' was perhaps a closer representation to Freud's original intent. Altschul's concerns about the translation of Freud's theory of anxiety presented a significant problem to her in as much as the theory of anxiety lay at one nub of the elaborations of Freud's mature work. She felt she could not carry forward Freud's thinking with such an elemental problem.

Altschul felt a greater affinity with the work of Alfred Adler and became acquainted with his ideas during her youth in Vienna. The Adlerian group were particularly interested in child guidance and Altschul worked as an assistant counsellor in a children's summer holiday camp run by Adlerian psychologists. Adler was one of Freud's psychoanalytic contemporaries who broke away from Freud in 1911 and established his own school of Individual



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Psychology in Vienna. Adler was a friend and collaborator with Leon Trotsky and developed a more socially focused and less sexually implied version of Freudian analysis; a socialist approach which resonated with Altschul's own socialist beliefs.

Altschul felt that his work had been much overlooked in the UK. His was a socially orientated model which appears to have converged more with Altschul's group and socially focused inclinations.

In the 1950's at the Maudsley, Altschul set up discussion groups for nursing sisters to discuss 'the psychosocial aspects of nursing', encouraging peer criticism and the ventilation of feelings (Russell 1997). Her two text books; *Psychiatric Nursing* (1957) and *Aids to Psychology for Nurses* (1962), were the first dedicated texts in the UK about the clinical applicability of social psychology for nurses. Altschul became a key

philosophic hinge in shaping nurse training and teaching, not only in the UK, but world-wide where the development of psychosocial training for nurses was adopted in the core curriculum. Her abiding influence on a generation of nurses who eventually

came to work in therapeutic communities during or following their basic training was substantial.

Altschul's radical departures from the dominance of biological treatments such as psychosurgery, Electro Convulsive Therapy and Deep Insulin Therapy did not always rest easily with her medical colleagues. Russell (1997) described her as; "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" (p 169). Her anti-traditional attitude may have created unease in the medical establishment but it was a crucial factor in furthering the professionalisation and regard of psychiatric nursing.

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**Annie Therese Altschul, CBE, FRCN, BA, MsC, RGN, RMN, RNT, Emeritus Professor of Nursing Studies, University of Edinburgh. Born 18.03.1919 - died 23.12.01**

The life of Annie Altschul, who died aged 82 in Edinburgh on Christmas Eve, had all the hallmarks of a film script. As a young Jewish mathematics student she fled Austria in 1938, as the Nazi ambition became manifest, finding refuge as a nanny with an upper class family in London. When war broke out she began general nurse training, believing that she was marking time and would soon return home to her studies. Entirely fortuitously, she encountered psychiatry

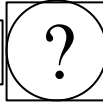
## OBITUARY by Phil Barker

through a clinical placement, and so began her passionate concern for people with mental disorders and, as she was later to discover, her affinity with them.

She consolidated her education with full-time study of psychology at Birkbeck College, London, while

working at the Maudsley Hospital, where she was to become a living legend as a Sister Tutor, in the late 50s. In 1964 she joined the recently established Department of Nursing Studies at the University of Edinburgh and began a highly influential career as a researcher and teacher and, in 1976 took over as Professor of Nursing, a position she held until her retirement in 1983.

Annie's influence on what is now called 'mental health nursing' was



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huge, although she found all references to 'mental health' linguistically problematic. Her books - *Psychiatric Nursing* and *Psychology for Nurses* - published in the early 1960s, but still in print, generated an unprecedented international readership. She pioneered the art of scholarly inquiry and, despite her native tongue, became an exemplar of academic style in both spoken and written English. She also pioneered psychiatric nursing research.

Her late 1960s study of 'nurse-patient interaction' in acute psychiatric care became one of the most cited research reports in the nursing research literature. Here she explored the complex processes involved in the development of therapeutic relationships, especially in the early stages of care and treatment. Her study confirmed the attachment hypotheses of John Bowlby whom she had known from her time in London, and offered empirical support for the complex, yet paradoxically 'ordinary', nature of the nurse-patient relationship.

Annie too was complex. Enigmatic and often confrontational, her teaching style was highly Socratic, betraying her appreciation of learning from within. In time she established herself as the supreme iconoclast in an inherently conservative discipline that often,

in her view, embraced a 'regressive' faith in training over the genuine discovery of knowledge. She also believed that people in psychiatric crisis needed more straightforward, though no less complex help than many of the theories of psychiatry and psychotherapy suggested. She recalled spending time as a student, with 'the craziest woman I ever met' (Annie had little appreciation of political correctness) whose conversation the psychiatrist dismissed as a 'word salad'. At home she was trying to read 'Finnegan's Wake' and, one night, realised that Joyce, and this 'so-called chronic schizophrenic' were talking the same language. So began her interest in understanding rather than explaining mental illness. She popularised Von Bertalanffy's General Systems Theory within her psychological teaching - an echo of her personal encounter with psychiatric 'therapeutic communities', where she had begun to appreciate the complex and changing nature of everyday experience, and how individual decision-making happened within a social milieu. Later she embraced vigorously the concept of voluntary euthanasia, maintaining her own 'advance directives' for over twenty years - giving discrete instructions for her management in the event of failing health. This Stoical outlook on the inevitability of her own

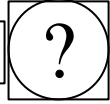
demise was reinforced in the early 1980s when she had her first bout of serious depression. She wrote candidly about this, and her suicidal feelings, in the book *Wounded Healers* in 1985, 'coming out' publicly as a psychiatrically injured professional long before this was fashionable. She often expressed bewilderment at the controversy, which her views on her 'madness' (as she called it) or euthanasia provoked. Some of this betrayed a gentle mockery of the restrained temperament of her adopted homeland.

Her long career was peppered - much to her amusement - with honours: A CBE, a Fellow of the Royal College of Nursing, and an eponymous annual prize - the Altschul Award - for scholarly writing. She appeared in public for the last time only weeks before she died, when Dr Steve Tilley, from her old Department organised a Festschrift in her honour in Edinburgh. Despite poor health, Annie offered some of her renowned Socratic challenges in the seminar. When she became aware of failing health in mid-December, she refused all further treatment and, much to the consternation of her medical team, settled down to await death. To those who knew her personally, this was a fitting end for a long time advocate of personal autonomy.

Probing the same memories for a visual image, I would find a hundred, but the strongest would be of an opulent man striding down the Back Drive, in ulster and deer-stalker, with bulging and open briefcase banging against his legs, and pungent clouds of *John Cotton No 1* fuming from a well-burning pipe. There should have been a man scuttling ahead with a red flag to warn of his approach, and for ten minutes there was no doubt he had passed. Another common memory would be an incoming forehead bumped on entry into the Study, to hear him at his desk drawling in mock Irish brogue: "*Had any dreams, at all, at all?*"

- Red Hill old boy Ralph Gee on Otto Shaw, founder of Red Hill School.

[http://us.geocities.com/redhill\\_school/ottobiog.htm](http://us.geocities.com/redhill_school/ottobiog.htm)



**NEW(-ISH) ON THE BLOCK...**

Readers of this Newsletter who are considering further training may be interested to know more about the Qualifying Course of The Institute of Group Analysis based in Manchester.

A crucial aspect of this experience is the fact that this Course is structured over ten monthly weekends annually for a minimum of four years. Students join and leave each year. The training experience combines personal group analysis, theory seminars and workshops, supervision during weekends plus telephone conferencing each week, and Large Groups. The added value from a TC point of view is the experience of being part of a visibly present Training Community (albeit for just two and a half days a month) which has some similarities to a therapeutic community.

Somehow, the time-structure and intensity of the work confers added depth. While there is no claim, or aim, on this course towards what David Clark has described as the 'therapeutic community proper', yet the experience is sufficiently reminiscent of this model to be useful to students who work in a TC, or may later, as they explore their own development, ideas, and new ways of working.

Of course, as with any IGA training, the ethical views and practices around boundaries remain non-negotiable. Boundary issues are honoured and respected. Students are never in a therapeutic and supervisory role with the same member of staff, for example. Throughout a weekend, there is the

**by Sheila Mackintosh Millard**

continual stimulus of changing tasks and roles from therapy groups to seminar groups, on to Large Group experiences for the whole community, taking in Administration Meetings along the way. If this sounds breathless, it manages not to be, and precious coffee and lunch breaks are scheduled into the programme. The boundaries are carefully tended even in these unstructured breaks. Students take great care to select their lunch, jogging, music or discussion companions distinct from their fellow therapy-group members – an interesting example, often unremarked, of the Foulkesian idea of Group Analysis as 'ego training in action'.

From the psychodynamic perspective, the two 'sleep-overs' during the weekend provide an opportunity for dreams to be

carried forward into the next day's therapy without a break. Some students, we know, find such opportunities particularly useful. Clearly, the course is a professional training in a particular form of psychodynamic therapy, and attention to both internal and external worlds is of its essence.

The history of the block-training model is that the IGA's Qualifying Course in Manchester started some

years ago, in co-operation with Group Analysis North, to meet the needs of students from the North of England for whom journeys to and from the London Qualifying Course (then, the only one available) were not viable in terms of time and additional traveling expense. Later, family reasons and

**...IGA (MANCHESTER)**

changing work needs, made

the possibility of weekend training an alternative choice for others in different parts of the UK and abroad. All members have had previous experience of an IGA Introductory Course, and have decided to take this next step personally and professionally.

**For further information, and details of the application process, please telephone the Administrator, Emma Craig, on 0161 728 1633.**

**THE 2002 ANNUAL INTERNATIONAL ATC WINDSOR CONFERENCE SEPTEMBER 9-12, 2002**

**"Who's in Charge Here"**

All delegates and those who present papers will be booked in for the whole Conferneec, and expected to participate in the entire event.

Windsor is a wonderful opportunity to meet old friends and make new ones, all involved in the work of Therapeutic Communities in the UK and overseas.

For further details, to book a place, or to receive an Abstract Form and details of the conference theme, please contact the ATC Office:

post@therapeuticcommunities.org  
ATC  
Pine Street Day Centre, 13-15 Pine Street, London EC1R OJG



## **THE ASSOCIATION OF ARBOURS PSYCHOTHERAPISTS (AAP) BURSARY SCHEME**

For a long time the Arbours Association of Psychotherapists has been aware that members of the Black and Asian ethnic minorities are under-represented in the psychotherapy profession. To try and do something positive to remedy this situation, the AAP has started a Bursary Scheme with the intention of encouraging people from the Black and Asian ethnic minorities to train as psychoanalytic psychotherapists with the Arbours Training Program.

The Arbours Training Program starts with an Associate year, followed by three years on the Training Program, followed in many cases by a period as a Mature Student, when the main academic part

of the training is finished, and students are seeing patients prior to qualification. The Bursary Scheme pays £1000 a year for the Associate year and the three years of the Training Program, which defrays a large part of the training fees. It does not cover the cost of the student's individual psychotherapy, which is a requirement of the training.

It is the intention of the Training Program to fund a similar bursary, the idea being that there should be at least two students from the Black and Asian ethnic minorities on the Arbours Training each year, one helped by the AAP and one by the Training Program Bursary.

**The training starts in January each year, and applicants for the training who wish to apply for one of the Bursaries should write to the Arbours Training Program at 6, Church Lane, London N8 7BU.**

## **UNIVERSITY OF READING**

### **M.A. IN THERAPEUTIC CHILD CARE**

**We invite applications now for this unique course for October 2002**

The course is for experienced staff working with children and young people in a wide range of settings, mainly group care such as residential care, schools, family centres and psychiatric units, although some have come from fieldwork settings.

The course is part-time, one day a week (Thursdays) over 2 years. It is based in psychodynamic and attachment theory, and in the therapeutic community approach and its application in other settings. It considers practice in therapeutic child care - individual and group work, management, ethical concerns, etc. There is strong emphasis on the connections between personal, professional and

academic learning, with a weekly experiential group.

The course is supported by the Peper Harow Foundation and The Charterhouse Group of Therapeutic Communities, and the Mulberry Bush School.

You need to have a first qualification (e.g. social work, nursing, teaching) and/or a degree or equivalent. Some Bursary support is available.

For those who hold a Diploma in Social Work the course is accredited for the Advanced Award in Social Work.

The course leader is Dr Linnet McMahon, author of *The*

*Handbook of Play Therapy*, and with Adrian Ward, *Helping Families in Family Centres* and *Intuition Is Not Enough: Matching Learning with Practice in Therapeutic Child Care*.

Further information from  
<http://www.rdg.ac.uk/AcaDepts/ec/>  
or

**Diane Matthews,  
Dept of Health & Social Care,  
University of Reading,  
Bulmershe Court,  
Reading RG6 1HY,**

**tel 01189-318855,**

**email:**

**[r.matthews@reading.ac.uk](mailto:r.matthews@reading.ac.uk), or  
[l.mcmahon@reading.ac.uk](mailto:l.mcmahon@reading.ac.uk)**

**Therapeutic Communities : The International Journal for Therapeutic and Supportive Organisations**

*Editor: Adrian Ward*

**A Journal for all those in mental health work who seek a deeper understanding of what happens in their groups, teams and organisations. Published by the Association of Therapeutic Communities, [www.therapeuticcommunities.org](http://www.therapeuticcommunities.org)**

Enquiries, requests for free sample copies, and subscription information to:

Sue Matoff, Journal Administrator, Association of Therapeutic Communities, 13-15 Pine Street, London EC1R 0JG, UK





WEST LONDON MENTAL HEALTH NHS TRUST  
CASSEL HOSPITAL, TRAINING AND CONSULTANCY SERVICE

## **MANAGEMENT AND LEADERSHIP IN MENTAL HEALTH SERVICES**

**A 4-day course in Group and Organisational Dynamics for Managers and Senior Clinicians  
May 16-17 and June 20-21, 2002**

This course will take place over four days in two 2-day blocks, to allow time for application and consolidation of learning. It is designed to develop participants' understanding of and ability to manage the dynamics which can foster or impede effective team and organisational functioning. Each day will include theoretical seminars based on the recommended reading for the session and application groups where each participant will have an opportunity to examine their own working context and current work dilemmas in more detail.

Topics will include:

- Introduction to open systems theory
- Elements of effective management and service design
- Irrational behaviour in groups
- 'Difficult' individuals and 'personality clashes'
- Managing boundaries
- Dynamics of multidisciplinary teams
- Inter group and interagency conflict and collaboration
- Managing mergers and organisational change
- Authority and power
- Leadership and stress

Applications are invited from people in management and/or leadership roles in statutory, independent or private sector organisations. Past participants have included service directors, team leaders, project managers, and senior clinicians from a wide range of disciplines and settings.

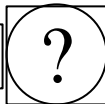
**Date:** May 16-17 and June 20-21, 2002

**Course Organiser:** Vega Zagier Roberts, Director of the Management and Leadership Programme, Cassel Hospital Training and Consultancy Service

**Venue:** The Cassel Hospital, 1 Ham Common, Richmond, Surrey TW10 7JF

**Cost:** £495 (£425 before April 1st, 2002) including all refreshments and a copy of the course core text: Obholzer and Roberts (ed) *The Unconscious at Work: Individual and Organisational Stress in the Human Services*

To apply for a place on this course, and for further information, please contact:  
Fiona Wilkins, Administrator, Training and Consultancy Service  
Tel: 0208 237 2947 Fax: 0208 237 2996  
Or E-mail Training.Cassel@btinternet.com

**The Charterhouse Group****Education Conference****Tuesday , 30<sup>th</sup> April 2002****“CAN'T LEARN, WON'T LEARN!”****Developing Motivation with  
Disaffected Learners.**

at

**The Edgware Postgraduate Centre  
Edgware Community Hospital, Burnt Oak ,  
Broadway, Edgware, London**

With increasing national concern over such matters as the education of looked after children, dealing with troublesome children in the classroom, and how to develop educational success for all children, it seems appropriate to take forward some of the excellent practice that is developing in therapeutic communities and schools.

The day will aim to identify and practise the essential links between the learners' view of themselves and the role of the teacher/ practitioner to move learners from “learned helplessness” to a position of “mastery orientation”. This view of teaching and learning places a strong emphasis on the development of independent learning skills and harnessing the power of “self identification” , through an emotional investment in learning. Models will be drawn from practice in the field, creating an essentially interactive day.

The day will be led by Luke Abbott. Luke is the Lead Senior Adviser for Teaching and Learning with Essex LEA. He has worked extensively over many years with children in challenging circumstances - including therapeutic community, residential mld, day ebd, and mainstream settings. He also has wide experience of working in the US with socially and emotionally disadvantaged groups in inner cities such as Chicago, Illinois and Columbus, Ohio . He is currently leading implementation of the KS3 strategy in foundation subjects in Essex schools, and has developed the incorporation of pupil-centred teaching and learning theories in schools across the county. Luke has three children – two boys, aged 9 and 7 , and a girl, aged 4.

**Programme**10.45- 11.15 **Arrival and Refreshments**11.15- 11.25 **Welcome** – Chris Tanner , Chair  
Deputy Principal, Jacques Hall.11.25- 12.20 **What do we really know about  
learning?** Teaching and Learning models;  
what is “interesting content” ;  
how do we cope with resistant  
learners?12.20-1.15 **Assessing what is needed.** Our  
own experiences of learning ;  
individual differences;how to  
make assessments matter.1.15-2.0 **Buffet Lunch**2.00-3.0 **The Accelerated Learning Cycle**

Trialling materials; new skills for teachers

3.00-4.00 **Into Practice.**

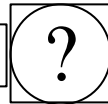
Thinking through implementation.

Feedback on the day.

4.00-4.30 **Refreshments and Goodbye****FEE PER DELEGATE: £10.00 payable to  
“The Charterhouse Group”****Please respond, as quickly as possible, to:****Chris Tanner  
Jacques Hall Foundation  
Harwich Road  
Bradfield  
Manningtree  
Essex C011 2XW .****Phone: 01255 870311****E-mail: [chris-tanner@lineone.net](mailto:chris-tanner@lineone.net)****POSITIONS VACANT****POSITIONS VACANT POSITIONS VACANT POSITIONS VACANT POSITIONS VACANT****JACQUES HALL FOUNDATION****Manningtree, Essex****A THERAPEUTIC COMMUNITY**

Jacques Hall is an independent, co-educational, residential therapeutic community for emotionally traumatised adolescents. We aim to provide a containing, nurturing environment

using a range of therapeutic interventions to effect positive change. The development of attachment to both key individuals and the community as a whole are seen to be of primary importance for young people whose past experience has been one of rejection rather than belonging. To enable such attachments we require a resilient, dedicated staff team, imbued with enthusiasm and a sense of good fun.



**Jacques Hall Community**

**5th Annual Conference**

**Tuesday 14th May 2002**

**PGEA APPROVED**

**'A Misplaced Childhood'**

**'Replacing Lost Experience'**

**at**

**The Waterfront Place**

**Wharf Road, Chelmsford, Essex, CM2 6LU**

With the New Minimum Standards in force since April 1<sup>st</sup> it seems appropriate to look behind both practice and policy dilemmas, currently experienced by providers of childcare services, to the not *minimum* but *primary* task of addressing the developmental gaps, and what has caused these, for young people who later, often through challenging and adverse behaviour, show signs of extreme emotional distress.

This conference, designed for invited guests, social workers, psychiatrists, psychotherapists and other professionals working with traumatised adolescents, aims to explore how, within our community, we strive to replace the marred and often absent emotional and social development of the young people for which we care. The theoretical framework for such a task must be explored and described in a *practical* manner if we are to successfully promulgate the view that what is needed is not a stricter youth justice system, but more containing, therapeutic environments, *adapted* to the needs of mistreated children. Thus the Jacques Hall Community are pleased to introduce a day of challenging presentations which aim to stimulate discussion into what is, after all, a central task within the provision of therapy for adolescents.....

**Cost £25.00 (more than one guest is welcome to attend) Students Free**

**For further information and registration forms email : [elainestuart@prioryhealthcare.co.uk](mailto:elainestuart@prioryhealthcare.co.uk)**

**Phone: 01255 870311**

**Programme**

10.45 - 11.10 **Arrival & Refreshments**

11.10 – 11.15 **Welcome** – Chris Nicholson BA (Hons)  
C&G Management for Care, Cert Basic Counselling (ncfE),  
Admissions & Assessment Officer

11.15 - 11.25 **Introducing Today's Speakers** – Tim  
Rodwell, Chairman, Dip SW., Dip H.Ed  
Principal Jacques Hall

11.25 – 12.15 **Putting The Child In Their Place**  
Peter Wilson Director of Young Minds

12.15 – 1.05 **Art Therapy: A Room With a View –  
Finding A Way To Revisit Childhood Experience**  
Joanne Bint BA (Hons), PG Dip A Th, SR AsTh(A)  
State Registered Art Therapist

1.05 – 1.15 **Questions**

1.15 – 2.00 **Buffet Lunch**

2.00 – 2.20 **Treating The Mistreated**  
Sarah Attridge, RNMH, Cert HSC (open)  
Head Of Therapeutic Care

2.20 – 3.05 **"From Reaction To Reflection"  
Corrective Emotional Experience In A Therapeutic  
Community**  
Dr Terry Bruce MA, MB, B Chir, FRCPsych  
Consultant Psychiatrist, Senior Lecturer

3.05 – 3.25 **Summary & Questions – Tim Rodwell,  
Chairman**

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JACQUES HALL FOUNDATION (CONTINUED)

**COMMUNITY SUPPORT  
WORKERS**

(£12,000-13,750)

You will need to be: a dynamic character, able to work in a multi-disciplinary team with high professional standards, resilient to the testing out of troubled adolescents, and desiring the opportunity of working long-term with young people in an establishment at the fore-front of residential therapeutic child care and special education.

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WORKERS & WAKING  
NIGHT STAFF**

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(office hours)**



**In order to reflect  
the ethnic mix of  
our client group,  
we would  
welcome  
applicants in  
accordance with  
Section 38(1) of  
the Race  
Relations Act  
1976**

**POSITIONS VACANT**



## Unlearning Pain - Growing Backwards To Eva de Lourdes Díaz

We were both born old: our families' lives constrained by circumstance, tradition of our cultures; that 'discipline' which thrives on war and, furious beats submission into children, so instilling secret fear of retribution, not the crime. The scars those cruel "authorities" inflict appear as shadows of the mind for most - and mar our childhoods. Joy of life cut out, too soon we grew up serious and learned that play and fun were 'bad'. Now middle-aged, what boon to find them recognized as 'good' today !

Our delight and joy, each in the other showing,  
As Play - as Love - grow, in our Backwards Growing.

## MOUNT ARARAT

In the North-west  
in the corner of the map  
that lies nearest to Mount Ararat  
there are some hidden valleys  
behind the mountain flanks  
that bank with snow and icy crusts  
midst howling winds that cut the skin  
and scar the lips with searing cold.

But then, in May, the snow is gone  
from valley floor and green returns once more  
and in a month the valley floor is carpeted in gold  
and red and crimson and deepest purple  
enormous beds of poppies and twenty mile long  
they wind, around the mountain's foot; and song  
of birds all around, nesting from the cold  
amidst the gaudy flowers

We climbed the mountain, looked around  
and saw these beds of flowers - horizon bound  
but then those piling, toppling stacks  
of clouds broke open to reveal  
far, far away in the Northwest  
Mount ARARAT - aflame, shining in the sun.

## poems by neill edwards

### Hot Town To Eva de Lourdes Díaz

Ugly towns are ugly, but in them beats rhythm, pulsing, vibrant - a force of life attracting all to humming city streets on summer nights; city heat at night breeds strife, else friendship - loves - unforeseen. To this town we come, both seeking freedom, friends, midst crowds seeking touching, fusions; for us the crown is living in each others' arms - the clouds and rain irrelevant, this town a way-station of our walking; shared life's new zest livening all - seeing seeking that new day dawning - that new beginning in the West.

Our meeting sets this ugly town alight  
Sweet vibrant music - beauty in the night.

Written prior to a meeting in Atlanta, GA

**Neill Edwards was at Red Hill School from 1954-1959. He is a member of the ATC email discussion list - carefully listening, and occasionally responding in depth.**

In his "Appreciation" of the school on the Internet, Neill Edwards says "It seemed all of a piece: there was a peculiar continuity about the place. One could be in class, and a boy would come and say to the teacher "Shaw wants him", pointing to some particular boy in the class; and off that boy would go without demur. The teacher would quietly rearrange what he was teaching to accommodate the boy's absence and catch up with him later. In an unspoken way, there was an emphasis upon the totality of living, rather than on schoolwork. Whilst we were, no doubt, carefully watched, there never seemed to be any overt supervision or control of our activities - other than bedtimes. But, if you wanted to get up in the night and go for a stroll, you could - no one would stop you..."

"Yes, there were limitations at Redhill School; facilities were rudimentary in many cases, financial problems were only partially hidden, but there was an ethos - a spirit - to the place, a sense of belonging to something that could be had nowhere else... We had all heard of Summerhill School and wondered what that might be like, but did not really believe that Redhill could be bettered, even if they had girls there."