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# The Joint Newsletter

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

Number 7

March 2003

Literature AND Therapeutic Community AND Literature AND

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Steering Group/ Research Group

New Journal Editor Needed

Community of Communities

SURGE!

Windsor 2003

Directory (Update your entry!)

The Association of Therapeutic Communities welcomes new Group Members: The Open Psychotherapeutic Centre (Athens), A.S.V. (Bangalore), Complex Needs Service (Oxford), The Red House (Manchester), West Hill (Winchester Prison)

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Literature and Community

Novels, Stories, Poetry

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Haiku

**AND ANNOUNCING**

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Literature AND Therapeutic Community AND Literature AND

The special guest publication for this issue, from which one or more selections have been taken (with their kind permission), is FEEDBACK (Number 1: Winter 2002/2003) published by inmates at HMP Grendon, General Editor Ian Ross. To obtain a copy, contact: HMP Grendon, Grendon Underwood, Aylesbury, Bucks. HP18 OT1 (UK).

(A special thankyou to Jan Lees for bringing this trenchant magazine to our attention)

Novels, Stories, Poetry, Storytelling, Music, Theatre, Film, Television-

Novels, Stories, Poetry, Storytelling, Music, Theatre, Film, Television-



## ANSWERS ON A POSTCARD, PLEASE

Broadly speaking, the theme for this year's Windsor Conference (see page 36) is: How do we make things grow? To answer which, a good starting point is always the question: "Well, why are we trying to grow them?" For example, are we trying to produce a thing of beauty? Are we trying to obviate some kind of suffering? Are we – and this is not necessarily a separate thing – dancing in front of a fire?

**THERAPEUTIC COMMUNITY AND LITERATURE: SCRATCHING THE SURFACE**

One of the questions the editors asked themselves as this issue began to come together was, "What books are being read in therapeutic communities?" and then "What is the role of reading in therapeutic communities?" A special issue is at best a kind of transparent overlay on the core work of the *Newsletter*, which is the news and views of the various organisations and their members, and the rolling commentary of thought and talk of people, like you, with a stake in the field. With this issue, however, it's been a bit like opening an inverted Pandora's Box: An innocent question about Literature and Therapeutic Community has opened up far too much, and we have been hard-pressed to force most of it back; and as for finding that little squeak of Despair which should (if we're going to invert the story properly) be in the bottom of the box....so far, no hope.

We're just scratching the surface in this issue. We haven't even taken a glimpse at music and 'art', or the kind of orally/personally-transmitted folk culture which David Glenister at Hull is interested in. Nor have we strayed far into the nether territory between fiction and documentary – perhaps for the next issue readers will share their information and insights about

Turning that question on the *Joint Newsletter*, it really comes down, doesn't it, to the three charities which combine to bring it together. So: What is the Association of Therapeutic Communities for? What is the Charterhouse Group of Therapeutic Communities for? What is the Planned Environment Therapy Trust for?

"documentaries" and we can begin, at least, to create a comprehensive list of same (that's a request!).

We haven't even been able to adequately cover the different ways you can look at "Literature" in relation to the field: Stories produced by therapeutic community people; Stories about therapeutic communities and people; the place, role and impact of Literature in therapeutic communities; the way that Literature/Storytelling is used in therapeutic communities. We've scratched the surface, in the hope that you will be excited enough to add to it in later issues.

One thing we have been struck powerfully by is the way that writers' and magazine/newsletter publication groups have been recognised agents of change and community-building in therapeutic communities from Northfield on. The community magazine - an untapped but clearly rich source of literature and information - has almost become a special sub-theme of this issue. From it comes the exclusive publication of a recently discovered short story by a significant author. From it comes our Julian Maclaren-Ross Short Story Competition (see p. 63). If your community produces some kind of newsletter or magazine, why not share it? After all, what are we trying to grow here?

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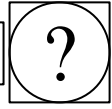
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Any typographical errors in this issue are the fault of Sue Matoff, who hasn't seen the proofs and therefore hasn't been able to do any proofreading

**The Joint Newsletter comes out three times a year and is sent free to members of the Association of Therapeutic Communities and the Charterhouse Group, and to Friends and Associates of the Planned Environment Therapy Trust. Paid subscriptions are £10/year. To subscribe, contact "Joint Newsletter", Charterhouse Group, Station House, 150 Waterloo Road, London SE1 8SB, UK. Email: chg@btclick.com.**

**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 Friday, May 30, 2003.**



## THERAPEUTIC COMMUNITY: Or, “Wherever You Go There You (Might Be).”

**J.Tyler Carpenter,  
Ph.D., ABCP**

And what a special un-SPECIAL issue Number 6 is! Trying too hard to respond to the Editors’ invitation to write something for this next issue, I found that reading the entirety of *The Joint Newsletter* No.6 was akin to me actively listening to a long and complex musical composition comprised of tone poems, chord changes, different movements, and intermittent solo and choral activity. By turns I was engaged, lulled, soothed, and surprised. At the end of the experience, when I had metabolized the individual contributions and a sense of the whole emerged in my mind, I realized with some subtle shock, that the effect of the *Newsletter* was to expand my sense of the multifarious milieu into cyberspace, and in doing so extend the shared sense of community.

Since there is too much marvelous stuff in the entire *Newsletter* for me to regurgitate and respond to in a coherent and comprehensively organized way, I would like to share some of those things that resonated for me personally:

Wendy Ifill’s thoughtful and sensitive piece on the implications of the deliberately constructed aspects of community for some of those involved, was an articulate reminder of the importance for all of us, especially those who design and run these experiments in therapeutic transformation, of the many and crucial facets that contribute to our group and individual experiences. While I’m of the opinion that there are no right ways or ultimate right to do some of the things we conductors may end up doing, what is done takes us to places in our collective and individual selves where we are

both alone and together with our personal and collective Greek chorus; and, where safety, productivity and a shared sense of emotionality are the ultimate arbiters and authority for what is good. In such experiments in living, if we are too apart from the experience provided, or the experience is too apart from other experiences we subsequently have, then the result of all our efforts may not be as therapeutic as we would all hope for it to be. In this, I draw a distinction between clinical dissociation, estrangement, constructive breakdown, and iatrogenesis, along a conceptually fuzzy continuum.

The allusion to Rex Haigh’s chapter on the five ingredients of a therapeutic culture, not only got me wanting to read it, but stimulated in me an associative meditation on what parsing the idea of community, in those five ways that he does, tells me about how communities become therapeutic or non-therapeutic, regardless at what level of community we are thinking ourselves involved in. This way of thinking is especially relevant for me, as I work in the comprehensive community that is a prison, which contains within it therapeutic communities; and, which is in the process of creating yet another such community within a community. *Attachment* – all kinds - both defines the qualities of the community we find ourselves members of, as well as the boundaries we draw about the concentric levels of relatedness we choose to call by the name ‘community’. *Containment* – from the concrete physical, to the more emotional and metaphorical, is both a definition of the places from which we start, and a descriptor for one of the tools we use on our individual and collective internalized journeys. *Involvement* – voluntary vs.

involuntary, and conscious vs. unconscious. This term refers to both a description of status and a measure of outcome. *Communication* – especially when working with those in a prison setting, alludes to the movement from concrete instrumentality and bodily expression, to more deliberative verbal expression and consciously empathic intention. Finally, *Agency* – from self-other destructiveness to a more philosophical and benign, but coherent chaos or non-linearity is my association. But in these times of fiscal duress, perhaps I’m just avoiding the associations to those institutions that fund our efforts.

Although the distinction of user and ex-user was initially in the foreground, it rapidly became background and then seamless context (? assimilation and accommodation). Throughout, especially when reflecting on the special case of dealing with offenders and ex-offenders – those adjudicated by the criminal justice system - I found myself thinking on the ways in which we depart from leveling of structure and demarcate combativeness from acting out from expressing oneself in acceptable ways, and then parsing what’s parsed into what is acceptable behavior, unacceptable behavior to be processed, and what is grounds for extrusion from the therapeutic community. At times it seemed the *Newsletter*’s literary evidence of passion and newly wrought self-esteem, so freshly and painfully forged (? shared) could be used to legitimately address the shortcomings of the leaders and milieus, or acting out residual conflicts. The feedback is too valuable to neglect and it is all grist for the therapeutic mill. My continuing impression, both from this and other reports of such milieu experiences, is that of all



those who left their TCs, many left due to mismatch of milieu and patient, as left because they were genuinely inappropriate for treatment. In the fortunate patient, the crucial learning occurs either by embracing the artificial society of the milieu; or, by accepting one's extrusion and the need to move on. The candid description of the process of picking the staff candidate for the Brechley Unit left me with the positive emotional glow and enjoyable faith that accompanies much of what we strive to do.

In closing, I refer recursively back to the title of this piece with a tip of the hat to the Zen-like author Jon Kabat-Zinn, and in the spirit of the iconoclastic Strategic Therapist Jay Haley, a name usually associated with counter-

intuitive and creative approaches to changing people, but not therapeutic communities. I'd like to offer a demystifying meditation on what makes a community health producing:

Accepting that words and the groups and theories from which they dangle and surprise are both constructed and transitional in their nature, we have a choice to regard them as one would a Faberge Egg, to marvel at and admire, or as a hen's egg that is the constituent element of an omelet to nourish and sustain. When then is a community therapeutic? As someone who works in prisons, the OZ (in more ways than one) of the mental health kingdom, I have more than once said to my imaginary companion Toto, "We're not in Kansas anymore".

Perhaps a community becomes therapeutic when in the words of the Buddha's *Diamond Sutra*, "... if you are caught up in ideas, then you will be caught up in the self. And if you are caught up in ideas about nothingness, you will still be caught up in the self. That's why we should not get attached to the belief that things either exist or do not exist. This is the hidden meaning when I say that my teachings are a raft to be abandoned when you see true being." P.86 - 'Chapter on Truth' (563-483) from *The Buddha Speaks* edited by Anne Bancroft, (2000). Boston, MA: Shambhala. Or to paraphrase T.S.Elliot, when we return to where we started and know it for the first time, then all communities can become "therapeutic".

#### The Community Meeting

Waiting in silence  
The staff, arranging chairs  
Arrive without warning

The haiku featured in this issue have been written by staff and residents at Webb House, Crewe

#### The gathering

Round the table  
Community Tea  
Smile and Fun  
Not me.

### Leavings and Beginnings...

#### **A VERY PERSONAL BUT SHARED EXPERIENCE FROM ABERDEEN TO THE COSMOS!**

Friday 7 February was indeed 'MY' day. It was 'the' day to laugh, 'the' day to cry and 'the' day to celebrate. That day I left The Community here in Aberdeen, but I managed to fit 'everyone' into my rucksack. What a special feeling, and one I'll always keep close to me. I've been on a few journeys in my life. None, however, so painful yet **so fruitful** as that that I've just traveled in the last two and a bit years in The Therapeutic Community.

It was, and is, a very vibrant Community that I've left. One that has both given me great heart and one I've taken great heart from. The messages in my leaving book pay testament to that. I'm so proud of them all: patients and staff alike.

The fight, as ever, goes on for more funding. The Community, now established, needs funding to develop and expand. The old argument around efficacy and efficiency never goes away. I've always

said 'I don't fight for what I don't believe in!' The Community has indeed reinvigorated 'my own' fight for 'me.' A fight I will carry into other arenas both local and national. 'We'll **all** get there.' I've no doubt in that!

Since leaving The Community 'The List' [*the ATC email discussion list - eds.*] has been a saving grace. I've had a really bad cold, which hasn't helped, but I've felt really touched by the messages I've received. It's been a **really** 'shared' experience. All power to the elbow of 'The List!' Liz, in my discharge letter, spoke about me being in a very different place than I was before. Think I maybe understand a bit better than before!

When I started at 'The Community' I feared being turned into 'a societal clone.' Having finished I find, instead, I have a better realization and understanding of my own individuality.

I recently wrote a piece for 'The Network News' up here. It was entitled 'A Truly, Madly and a Very Deeply Felt Experience'. My experience of The Community here in Aberdeen was exactly that.

**Lorraine McL Barr**



# WAS IT ALL WORTH IT? ...Selections from the ATC Email Discussion List

Subject: [ATC] TC was it all worth it?

Date: Wed, 19 Feb 2003 18:48:50

Reply-To: atc@psyctc.org

Hi I have been receiving ATC messages for about 18 months, most of which i have not read. I was a TC member for about sixteen months in 97 and 98, to which I gave my all. I have recently returned to therapy (one 1.5 hour group per week)

I have just been filling out a follow up questionnaire. All of my answers were populating the two most postitive tick boxes and the following occurred to me, which I have added to the bottom of the 'tick form' even though no space was provided for comments:

“Although I enjoyed my small group experiences and I feel that I acheived a great amount in the group therapy environment; generally, I am still finding things very difficult in my day to day living and working, feeling very low and harbouring thoughts of suicide almost daily. I feel on the whole unable to cope with relationships at work and unable to address work related problems with with my peers, colleagues and especially my superiors. If anything I am finding these situations much more anxious than before TC. As much as I cherish my time in TC and would not change it, my relationships with close friends and family has flourished beyond expectation. I would have to say my ability to cope with day to day life and my mental health is worse than ever”

I will stop there and I would be interested to hear any thoughts on my realisation.

Thanks

Scott

Hello Scott,

The first thought that came to my mind is the contrast between the way the form was getting filled in and the way you are feeling.

I wonder, do you have the facility to scan a blank version of the form and post it to the list?

Not sure if this list accepts attachments though so after scanning you might have to 'copy and paste' it into a message.

Jon.

[Another recent ex-member of a therapeutic community wrote that the feelings of wanting to cut herself were right there back in her face. “I don't think they'll ever go away” she wrote. Jon responded:]

Hi,

First the good bit,

*I don't think they'll ever go away.*

YES THEY CAN

(sorry for shouting)

But then the bad bit, which so few around seem to appreciate. It takes time....lots of time, years.

But then when I think about it that seems very reasonable. We spend 10's of years using/doing all sorts of things, they become instinctive, then we learn how to do other things but we still have all those 'instincts' built up over years. We have learned new things certainly but have we 'unlearned' anything at all? Gaining the tools is the first step, learning how and when to use them is the next, then learning to trust them, then we have choices, real choices, and it seems to me that it's only constant repetitive appropriate using of them that very slowly builds new instincts.

It's a long journey filled with hope and wonder, but also some darker feelings too. You have set out on that journey, and that takes courage - I admire you.

Jon.

Hi Guys

Thanks for the feedback, all of which has been most welcome.

L- - I realise that you have recently left a TC and I admit that I was a little fearsome that to hear an 'old timer' was still in the doldrums may have rattled your faith.

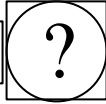
Jon - I have already despatched the questionnaire but am due another in a week so i will scan, copy and paste if it is relavant.

G- - I did not realise that there were different types of TC. ...

My main conscious aim of writing my initial mail was to share thoughts of being described as a 'model member' with the irony of having left TC some 3 1/2 years and not doing very well at all. It seems to me that TC was about acquiring the tools not supplied in early life and using them to aid a more fulfilling life, though this does not seem to be the case, as yet, for me.

I left TC full of optimism and belief that my shiny gems of wisdom would hold me in good stead and maybe more.

It just seems that after all the hard work and personal



investment the constant struggle of life is somewhat a disappointment to say the least.

I find it hard to take total responsibility for my state of mind and feel let down by the TC system.

Scott

Hi Scott,

What struck me was that a questionnaire which you completed honestly and which gets all the 'best' answer boxes marked, when you are feeling as you are, seems like a rather odd questionnaire. I wonder if it is able to elicit what ever it is that it's trying to find out. Maybe it needs re-writing.

C.- has written you a wonderful reply, having met him I am sure it is entirely genuine, from the 'person' C.-, rather than the 'professional' C.-. I stayed away from the personal side of things as I was fairly sure we had met and if you want to contact me you will know who can put you in touch.

I am bound to say in general that I too had a quite hard time for some years after leaving as did everyone else I know, that doesn't mean we cannot 'arrive' (whatever that means) what it does mean is that we have the 'tools' to enable us to be ongoing, still searching, still moving, expanding our horizons and expectations and the abilities we need to move towards them and, inevitably, expanded horizons which, while being a wonderful thing of themselves, must also lead to equally expanded disappointments but they are not the same disappointments as those we had before we started a process of growth.

Jon

Dear Scott:

I am writing to you as an encouragement. It is my belief that people who go through a TC 'know thyself' better than others in our world. If knowledge is power then the ultimate empowerment is knowledge of self. It would be my guess that the world outside of your TC does not have the same level of understanding, and as you now view things through your insight of treatment eyes, you see things that you do not like very much on many levels. People outside your TC also do not speak the sort of language you speak as they do not share your reference points.

Perhaps a good way to deal with this transition you are in is to practice the serenity prayer and see what opportunities there are to remain connected with your TC family. Remember the best way to keep it is to give it back.

This is an important time to be good to yourself and to nurture Scott. Somewhere inside of you is the TC strength as people who go through a TC are prepared to deal with everything life throws at them. As you learn to access that strength and get comfortable with knowing it is there you will stabilize into emotional health.

Support is the Foundation in the TC. It is now essential that you find the support that works for you in your new life. Maybe 1 hour weekly is not enough. How can you add to or expand your support resources?

Best of wishes for strength and prosperity and yes, Scott, it was more than worth it. You will know this soon.

Debra from Mi Casa in Pueblo Colorado

## **STARTING A NEW JOB IS ONE THING.**

**Starting a new job in the mental health field for the same Trust, on the same premises where you were currently a service user receiving psychiatric care is something entirely different!**

In March 1996 I'd been given a medical retirement from the nursing profession that I'd followed for 24 years, 17 years of which I'd been a 'G' grade or equivalent. My diagnosis included depression and borderline personality disorder; my stays on psychiatric wards ranged from a couple of weeks to six months. When I retired, I wrote myself off as useless, a total failure, now and always. Most other people, I presumed, had done the same.

The Director of Nursing to the Black Country Mental Health Trust (BCMHT) had suggested the possibility of my being employed within the Trust. This scenario was something I had not even contemplated. I could see the logic of taking it on: a little extra income, some stability, a future to work for. This rationale I could

manage. But emotionally it was overwhelming. The possibility of having a working life was not something I thought of as feasible. So for someone else to value and believe in me, to this degree, was the biggest boost I'd had in years.

### **SUE SNOW**

I was dumbfounded. Had he taken leave of his senses? This was one of the rare occasions I was brave enough to ask for someone else's opinion of me to try to fathom out why he was making this suggestion. I questioned him as to why he thought I should take on this work, why would he want me to work for BCMHT?

His reply was that he had seen, and could still see, through my issues and mental health problems to the real person underneath. The skills and abilities I



possessed and life experiences I'd had so far could be of use to the Trust and its service users, as well as being beneficial to myself. He knew I had the ability to put these attributes to good and proper use.

There was a large degree of fear because to take on this task would mean accepting a degree of control, as all employees must do; but furthermore, it meant others having expectations for me to reach, and my showing responsibility to others and myself.

The fear turned to terror when I later learned what the job was to be and what it entailed. Job Title: Assistant Care Programme Approach (CPA) Co-ordinator. Remit: to assist the setting up of a system to continually monitor the CPA process throughout the whole of the Black Country Mental Health Trust (BCMHT). I was to audit the very people who had given me the psychiatric care that I had received during the past years.

My head was so full of questions. Why was I doing this? The answer: I had to; it was the next natural step forward. What was I doing to myself? What I was doing was letting myself back into life, a life that I had allowed to pass me by for years.

Who was I doing this for? Hmm...this was a little more difficult to give an honest answer to. It would be very easy to say "I'm doing this for the person who offered me the job, who put his trust in me." It was some time before I was courageous enough to admit to the truth. I was doing this for me.

The day I started my new job, September 2<sup>nd</sup> 2002, I felt proud, exhilarated, adventurous, but also confused, sad and terrified. How on earth could I face the people who two days earlier were my carers? Would they accept me as a colleague?

Many of these fears and misconceptions were shattered before I got out of the car that first morning. A nurse whose care I had been in, in the past, stopped by my vehicle as I parked. She asked why I was there? Quite timorously, I told her. "You'll do a great job," she said. When she saw my doubt she reminded me that I had already proven I could do almost anything I had put my mind to.

Well, this was not easy to dismiss. I still saw myself as a failure in life as I recalled all those hospital admissions. What the nurse said was accurate and she had re-iterated a valuable lesson I'd learnt but still frequently failed to recollect: to listen to other people's perceptions and observations of me, especially when recalling my achievements.

Yes. I had accomplished these transformations, no one else

So. This brief meeting instantly enabled me to say 'OK, I was wrong, I have made fantastic changes and achievements during the past 18 months so why

should I fail now?' After this encounter I lifted my head from the fear that cowed it, and walked into the building proud - though a little sad, because as I walked through those doors as an employee I said a final goodbye to the life I had known for the past six years.

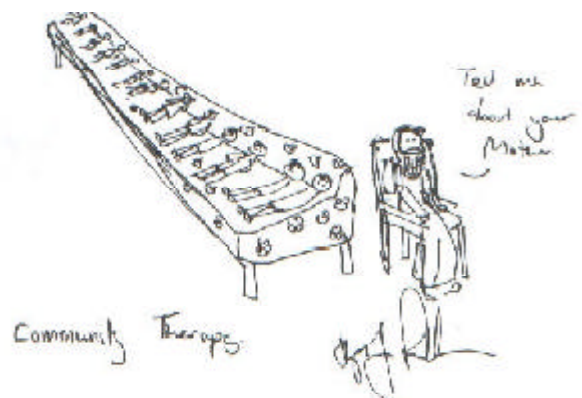
Remember, that if you ignore the mental health problems, we are all just ordinary people who are just as capable as those around us. This is sometimes forgotten, especially about those of us who have had the revolving door syndrome and been in and out of psychiatric hospitals for numerous stays over the years.

It is some months since I commenced this new venture. Occasionally my private life has affected my work life. This instantly brings all my fears about others' perceptions of me to the forefront. But at these times I have been dealt with as any other staff member would have been dealt with. This is slowly dissolving my ingrained belief that I would always be seen as a perennial service user. My belief in myself grows slowly with each success at work.

Most people who have been unemployed or retired for any length of time, I would envisage, would be more than a little pleased on finding new employment; but even I could not have imagined the encyclopaedic consequences of working for the health trust that has given me psychiatric care for so long. I feel alive physically and mentally for the first time in years. There is now hope, a new purpose, a new beginning, belief in myself which has all been absent in my life for what seems like eons. But most unbelievable to me is the amount of self-respect I have: not for the fact that I am now employed, but for the main reason I eventually took this posting and continue to go through the daily doubts and fears, achievements and emotions -

The main reason I took on this job?

*I'm doing this for me!*



"Tell me about your parents..."

a Steve Paddock cartoon

**Dear Editor,**

I am writing to highlight my surprise - and concern - about how little the therapeutic community approach has been applied to the treatment of people with learning difficulties who also have a mental health or personality difficulty. I recently considered applying for a post in a secure unit for clients with particularly complex difficulties - a combination of mild to moderate learning difficulties, mental health problems and/or personality disorder, and challenging or forensic behaviour. As a clinical psychologist who has mainly worked in adult mental health, and with an interest in therapeutic community approaches, I looked to the literature for applications of the therapeutic community approach with this kind of client. Although in the end I applied for a different job, I thought it might be interesting to highlight the results of my search.

There is now, of course, plenty of literature on day and residential T.C.'s for adults with personality disorder. These are for adults of normal intelligence who attend for treatment on a voluntary basis. There is also literature on T.C. approaches in secure settings: for example, HMP Grendon Underwood provides a T.C. approach in a secure setting for offenders with mental health and personality difficulties. This literature has recently been very thoroughly reviewed (Lees, Manning and Rawlings, 1999).

However, add learning difficulties into the equation, and there was very little to be found indeed. I made telephone contact with a number of the Camphill Communities. Only one, the Delrow Community in Watford, said they included people who had a mental health difficulty as well as a learning difficulty. However, they only accepted a very small number compared to other clients, so did not view themselves as providing a therapeutic community treatment. I really only found one relevant paper, and this was 30 years old. Miles (1969) described a controlled study of a T.C. within a "hospital for the mentally subnormal" for "court-convicted patients with behaviour disorder". The participants were young men with mean IQ = 83.7, range 66-112. The study

looked at changes in attitudes to authority and obtained positive results, particularly for those who stayed between 6 months and a year. Of particular interest, the results showed no interaction with IQ, suggesting that intelligence did not seem to determine who benefitted from the treatment approach. I was left with many questions. Have I missed a significant chunk of literature somewhere? Has the dominance of the behavioural approach precluded development of other approaches with this client group? Has there been a view, or prejudice, that normal intelligence is necessary to benefit from a more relational therapy and work in psychotherapeutic groups? The above study suggests this view, if prevalent, may be unfounded; as also does the literature in the last 15 years describing the value of individual psychotherapy with people with learning difficulties and challenging behaviour (e.g. Sinason, 1989). What other reasons can people think of, either for or against trying a T.C. service organisation for these complex clients in a secure setting, and what modifications to the approach might be necessary?

As I will not now be moving into this field to work, I do not anticipate discovering the answers myself. But I would be interested in answers anyone else may have. And maybe this is an area which could do with further debate.

**Helena Crockford**  
**Consultant Clinical Psychologist**  
**West Norfolk Primary Care Trust**

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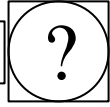
**Re: Funding for the Community of communities**

CHT would like to express its concern about the proposed method of charging member communities. The reason for this is that our community projects all have less than 20 clients and CHT would not, according to the proposal, have our subscription capped at £1000. CHT is a small charity and it seems to us unreasonable that larger organisations that have only one site would end up paying considerably less than small organisations like us.

In addition to this, CHT's understanding is that Community of Communities was funded by the Community Fund and received a grant for 3 years of £150,915 for the period 2002-2005. If this is the case, what is the nature of this search for funding now and why are we not waiting until the end of this period?

**Alfredo Felices, Project Manager**  
**Community Housing and Therapy**





## ***The Quest for Self (through the eyes of two trainee counsellors)***

When first encountering the *Newsletter* on the Web, I hunt continuously looking for new information relating to the profession that we will be entering. When reading the last issue, I wondered if we would be able to make a credible contribution to the *Newsletter* - maybe a taster, for others, of what it's like from a trainee's point of view. When looking at the news and ideas from therapeutic communities, I also wondered how others thought about their experiences during training.

My colleague Emma and myself are both mums with primary school age children who feel that we have been called to the profession - rather than deciding on looking for a career. We have both completed the Certificate in Counselling Skills and Theory at our local college, and we are now six months into our Advanced Diploma in Humanistic Counselling. For us this is a tough time and an interesting one.

Seems like a good time to take a breather and have a look at our journey so far. Phew: what a roller coaster ride it has been! with its highs (one high being understanding our insecurities, where they come from and the acceptance of them, so in turn letting them go) and lows (again coming face to face with those fears and the anxiety it can create when you are staring your 'self' in the face.) - the acknowledgment of them, of course, an all important aspect of

self-awareness.

How did we look at things at the start? The same as most people - from a subjective point of view; from a standpoint of fear, anger, control, nervousness...but with a smidgen of self-awareness thrown in. But nothing on the scale of what we have now, and with an awareness of what we will gain through our training and our experiencing over the next two years (and beyond)!

For our training we spend a lot of time reading and exploring different theories and styles - Carl Rogers, the American theorist and psychotherapist, is our personal favourite, as we believe our goal in life is to 'be' instead of to 'become'; we feel if you get the first one right then the second one will come - but to date we have not come across anything that describes what a trainee's experience is like, in their quest for Self.

We both feel that it is different for everyone, and yet somehow the same; which is one of many paradoxes we have come across in our first two years. Within our relationship we have discovered and nurtured a place where we can discuss all the pluses and minuses we have so far experienced, and consider ourselves very lucky to have someone close who can understand the pleasure/pain that we experience. As you feel the changes that begin to happen within you, family and friends cannot always relate, and the understanding and acknowledgment of this can be quite painful.

What is it like for other trainees? For us this journey is not without laughter, tears and pain, light bulb

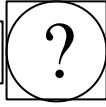
moments and enlightenment. And yet this journey - of uncertainty, at times full of contradictions - has been for us and still is one of excitement. With pain comes growth and understanding - we know that, now: feeling is believing!! We are what we feel, without even knowing it. That helps to create what we think.

At this moment in time our feeling is one of standing on a precipice, with the rest of our lives spread out below and ahead: Looking at them in all their glory, breathing deeply and inhaling the fresh aromatic experience of learning to 'be', whatever that will mean for us.

We hope this gives a small insight into our quest for Self, as this quest is strong inside us and moves us along the self-actualising path towards the inner riches that we have not recognised before in our lives. The paradox is that what is true strength in this world is the connection with the feelings and the emotions, not - as a society we are taught to believe - the burying of those feelings and emotions. We've all heard the saying about 'Keeping a stiff upper lip', when deep down in the pit of our being we are hiding all that is us - so that, in turn, causes damage, illness and pain to the organism that we are. Even writing this down, and sharing it, is another way for us to encounter who we are and to see what we believe. We absorb it, and then - for us - comes consolidation, from viewing the process from the inside and out.

What is it like for you?

**Janice Stringer**

**Note from the Field:****Integrating the Literature into Practice****Julie Kipp**

Most readers of this newsletter are well aware of Robert Rapaport's study of Maxwell Jones' Belmont Hospital Social Rehabilitation Unit in the 50s, written up in his book, *Community as Doctor: New Perspectives on a Therapeutic Community* (Tavistock Publications, 1960). But I have to admit that I was not aware of his work, even as a social worker in a milieu program for the past twelve years. In the United States there has been little teaching of therapeutic community traditions, and those of us fortunate enough to have stumbled on the modality may have the illusion that we are creating something from scratch.

So I was surprised to read about Rapaport's assessment of the treatment-rehabilitation dilemma at Belmont, since where I work this has been a major topic of debate, antagonism, and - ultimately - growth for several years. I work in what is officially known as a Continuing Day Treatment (CDT) program in the Bronx, New York [see Julie's "Letter from the Bronx," *Joint Newsletter* 5, pp. 7-8 - eds.]. The CDT evolved from what used to be called Community Support Systems (CSS) programs, which were set up as part of the federal Community Mental Health Act of 1963, to provide daily support and structure to patients being discharged from the state hospitals in the massive deinstitutionalization push of that time.

Eventually, in the state of New York, CSS programs became CDTs and were required to provide treatment, in addition to support and structure. (It appears, according to my informal knowledge of the scene, that while many of the CDTs operating in the New York City area do emphasize group work, there may be few which incorporate anything like therapeutic milieu principles. Periodic audits by state agencies look into treatment and clients' satisfaction, as well as the all important billing and charting, but there are not guidelines specifically addressed to milieu therapy.)

A few years back, the state of New York began funding Intensive Psychiatric Rehabilitation Programs (IPRTs), based on the work of William Anthony of the Center for Psychiatric Rehabilitation at Boston University. (See, for example: Anthony, W. A. and Liberman, R. P. (1986) "The Practice of Psychiatric Rehabilitation: Historical, Conceptual, and Research Base," *Schizophrenia Bulletin*, Vol. 12, No. 4, pp. 542-559; and Anthony, W. A., Cohen, M. R., and

Farkas, M. D. (1990) *Psychiatric Rehabilitation*, Boston, MA: Boston University, Center for Psychiatric Rehabilitation.) At our site we applied for, and were awarded permission to add an IPRT to our CDT and Apartment Program.

There has been an enormous amount of conflict between the two programs, although over the past year we are finally more able to work together effectively. Conflicts centered around hierarchies: IPRT dealt with higher functioning clients, and was therefore superior; CDT staff had a more psychodynamic approach, and so CDT was superior. IPRT brought in lots of young people, who unlike the more "chronic" population of the CDT, were not so fully institutionalized although many of them had come out of several years of adolescent residential programs. CDT was afraid of the young clients with their energy, substance abuse, cursing, and loud voices. IPRT thought CDT babied clients, or held them back. CDT thought IPRT had little respect for the severity of mental illness, and pushed or allowed clients to go so fast that they decompensated, and ended up hospitalized. Conflicts also centered around resources: as CDT clients got better, they were often transferred to the IPRT. What had previously been a stable CDT milieu with many "old" clients well acculturated to the community now lost the most high functioning clients to the IPRT. CDT staff had to do more work on intake, on incorporating the greater numbers of new clients into the CDT milieu, and just getting daily community work such as cooking done, as the higher functioning clients moved to the IPRT. On the other hand the IPRT had less attractive space to work in, as it was expected that IPRT clients would be spending more time out in the larger community.

As Rapaport noted, the goals and practices of treatment and rehabilitation are not the same, and can at times undermine each other, challenging Maxwell Jones' statement that all psychiatric treatment is rehabilitation. The missions of our CDT and our IPRT are different, but treatment and rehabilitation do exist in both programs. Having by now survived the antagonisms, I can say that the introduction of a rehab-focussed program to our center has been invigorating for us, and certainly provided more opportunities and hope for our clients. I wonder if a knowledge of Rapaport's work fifty years ago would have eased our struggle.

Now things are changing again. The State powers-that-be are requiring CDTs to include rehabilitation as part of good treatment, and new funding scenarios may eliminate specialized IPRTs altogether. Treatment and rehabilitation were not so neatly divided, even in two discrete programs, but it may be more important to take note of Rapaport's behest to keep the



conceptual distinction between the two in the future.

*“In studying the social organization of the Belmont Social Rehabilitation Unit (which considers itself to be giving treatment to patients which is simultaneously rehabilitation) we felt that ... the lack of conceptual distinction between the two terms led to recurrent problematic situations. We feel, on the basis of this observation, that certain advantages accrue to the treatment-rehabilitation enterprise if the conceptual distinction is retained between all measures aimed at changing the patient’s psycho-biological state (treatment) and all measures aimed at changing his performance in social roles (rehabilitation). The same kinds of activities may serve both purposes, individuals in the same social roles may*

*be engaged in both kinds of enterprise, and the same kinds of processes may occur within the individual and within the social structure to bring about treatment goals or rehabilitation goals. We would suggest, however, that keeping rather than eliminating the conceptual distinction increases rationality in the selection and application of techniques that will be most effective in each individual case” (Community as Doctor, p. 14).*

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**RESEARCHER  
PROFILE: MADDY  
LOAT**

I am currently in the 2<sup>nd</sup> year of my doctorate in Clinical Psychology at University College London. At present, I am preparing the groundwork for my thesis in which I am hoping to explore individuals’ experiences of being part of a residential TC.

My interest in undertaking such a study originates from my past experience of working in TCs. I came to value this approach as I started to see how the community could provide a ‘safe’ space in which members could begin to explore and understand their experiences. At the time I remember being struck by the contrast between the TC approach and that of the standard mental healthcare system. From my experience, I feel that the latter can often compound feelings of social isolation and stigmatisation as it has a tendency to view mental health difficulties as (i) pathological and (ii) residing within the individual, as

well as often not taking into account the importance of social support networks.

In contrast, the TC approach, grounded in systems theory, locates mental health difficulties, not primarily within the individual, but in the network of relationships of which the person is part. I understand the TC approach as operating within an interpersonal framework which involves supporting people to share responsibility for understanding the situation they find themselves in and to engage with others in looking for solutions to their difficulties.

Within the research literature, there is a growing body of evidence to suggest that social support results in benefits to both physical and psychological well-being. Specific benefits include shared experience and understanding, the helper-therapy principle (the idea that helping others instils a feeling of self-efficacy/ competence) and opportunities for social comparison. However, as far as I am aware, social support processes within TC settings have not been explored.

At this early stage of planning it is envisaged that qualitative, semi-structured interviews will be employed to explore individuals’ experiences within a residential TC. The research is concerned with gathering information which relates to the individual participant’s personal perceptions of the issues being explored rather than producing an objective account of this.

I would appreciate hearing from any residential TCs who would be interested in discussing the possibility of such a project taking place within their community. I am interested in setting up a study that promotes a collaborative working relationship between the TC and myself, and envisage a situation where ideas for the study will be discussed and decided upon within this collaborative framework. Also, I would be pleased to hear from anyone who is interested in these issues or has come across any research that has involved exploring individuals’ experiences of being a member of a TC, as well as research exploring social support within TCs.

Maddy can be contacted at [maddyloat@hotmail.com](mailto:maddyloat@hotmail.com) or by writing to: Sub-Department of Clinical Health Psychology, University College London, Gower Street, London WC1E 6BT.

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**REFLECTIONS ON LIFE IN AN ‘OPULENT SURREY MANSION’****Bill Smith**

I recently wound up eighteen months cognitive analytic therapy, the first positive experience with ‘the services’ I’d had since my spell at the Cassel in 1996-7. As the final part of the treatment, the therapist and I exchanged letters, each offering the other a consideration of the merits and demerits of the treatment period. I found myself thinking in broader, general terms than those within my remit, and found that much of what I wanted to say was deeply informed by my time at the Cassel. Seeing as my time in and around Ham Common still presents itself to me in such powerful terms, I felt that it would be helpful to me, and perhaps to others, for me to try and hammer these ideas together into some kind of form. Since I have been living in Manchester for the past four years, I have been unable to attend Cassel alumni meetings, and feel that perhaps this essay may be one contribution I can make to the association. In what follows, I draw upon some parts of my recent letter to my therapist, to whom I apologise.

The Cassel taught me a basic truth, one that I have only learnt to appreciate fully in the last year or so. It strikes me that the tragedy of the mainstream psychiatric world is its focus, to the exclusion of all else, on *the condition*. One thinks of the vet who, when people tell him he must really like animals, replies “On the contrary, I care little for animals: I am fascinated by diseases.” In the rarefied air of the clinic, the interest of the psychiatric practitioner is focused almost exclusively on the complex presented by the patient; the latter, once diagnosed, becomes less than human in the eyes of the psychiatrist and, by extension, the rest of the world. I remember the shock of seeing my medical notes pop up on my GP’s computer, ‘**BORDERLINE PERSONALITY DISORDER**’ at the top in huge letters. When *that* appears on any documentation, you realise there’s absolutely no need to include any further information, because the professional knows exactly who you are and what to do with you. In fact, I never thought I had a personality disorder, mainly because no one had ever told me I had one. But the truth must have been circulating on headed notepaper for years. No wonder these people had always been so wary of me.

What does it mean to be diagnosed as such? Is there some basic malfunction in my brain? Basically, I found out, there’s a checklist of ten or so behavioural

patterns, and if you exhibit three or more, you’re in the club. Such generous entry requirements! But, because it’s such a catch-all category, the term ‘borderline personality disorder’ is (a) all but useless, and (b) potentially harmful. The latter point follows from the former, particularly in a society where ignorance and prejudice are so pervasive. What sense does it make to categorise a group of people with such a *final* label on the basis of some shared behavioural characteristics? One can infer from a man’s behaviour that he may not have wiped his bottom properly: he’s walking funny, keeps scratching, and looks highly embarrassed. Let’s call him an *Andrex-Dodger*. Fair enough, but we might be wrong: perhaps he’s just had a painful operation on his piles. We can test our hypothesis by an examination of further facts, by asking him questions, or, with his permission... well, you get my drift. I only offer this example to illustrate the fact that with BPD, there is not, and cannot be, a reference to anything *but* the behaviour that is exhibited. One may wax existential about labels (“I’m *not* gay, I just sleep with men”), but this is not my point. All I want to show is that the idea of BPD can, at best, be a shorthand for certain behaviour, but is usually employed in such a way as to imply a real (medical? Psychological?) condition lying behind that behaviour.

Let’s put it another way. It is not wrong to infer from a person’s self-harm that they are somebody who self-harms. If they have difficulty forming relationships, we do little damage to the English language to say that this is somebody who has difficulty forming relationships. A person with low self-esteem in some sense exhibits something we might call low self-esteem. These are truisms. But to claim that someone who self-harms, has difficulty forming relationships, and exhibits low self-esteem suffers from a *personality disorder* is to introduce a new term that has little meaning and, in a climate of ignorance, can only do harm.

Which brings me around to my experience at the Cassel. I have no doubt that terms like BPD are used by the staff out of earshot of the patients, perhaps in efforts to secure funding from a health service that fetishises such medical terms. But it is to the credit of the service that it attempts to refuse such reductionism in its contact with patients. The Casselian query “what’s behind it?” carries shades



of cliché, yet it is a vital analytical tool, one we must reclaim. The mainstream psychiatric profession tells us that ‘what’s behind X’s behaviour’ is her BPD. We must reject this, and explain that behind our behaviour lies a complex of reasons which defy reductivist explanation. As Szasz might say, if I have a borderline personality disorder, *show it to me*. Is there some lesion, some failing neurotransmitter you can point to? Can you demonstrate that my ‘personality’ is broken? BPD is a metaphysical fiction that allows the establishment to maintain the focus of the patient’s distress *in the patient*, without looking at the bigger picture.

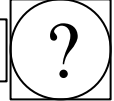
I cannot speak for everyone, but for me the most important aspect of my treatment at the Cassel was undoubtedly the work done in the community, looking at my *social* inadequacies. By contrast the formal, orthodox psychotherapy left me a little cold, and didn’t really do much, save cause me a lot of distress and teach me to play mind games with the country’s finest ideologists. (Ok, I know that psychic disturbances and defence mechanisms are classic signs that the therapist is nearing the truth of the complex, but maybe, *just maybe* the truth is that you’re irritated because you want to be helped, but the patriarchal analyst just wants to indulge his own private flights of fancy. That and the way the fundamentalist sees everywhere the proof of his own ideological delusions).

Of course, history “weighs like a nightmare on the brain of the living”, but classical psychotherapy seems to root everything in childhood, to the extent that the present and future are almost negated. The only task is to understand the past, it says, implying an epiphany by which the complex, once recognised, will disappear. It sometimes seems as if Freud teaches that the problems of this world can be overcome through therapy alone. That is not my experience. I prefer an interpretation that dialectically links past, present and future, self and other, inside and outside. I can see now that this is what the psychosocial *praxis* of the Cassel represented for me. My difficulties were not just the result of past experience, not just personal and private, and certainly not the result of an underlying *personality disorder*. They were overwhelmingly present in my concrete relations to other people, tarnishing everything I did. They were rooted not just in the past, but were sustained in my every action, and were projected way into the future, illuminating my imagined death.

The downside of this realisation was, of course, the fact that my moment of revelation was necessarily separated from my moment of salvation. The latter was permanently delayed precisely because my problems were *here* as well as *there* – everywhere in fact. If it were solely a matter of excavation of forgotten events from my past, the intellectual and emotional appreciation might coincide, and a cure be effected. But I suffered because of my present situation *in the world*. Thanks to my experience at the Cassel, I now fully grasp the fact that all the torturous dualisms of thought must likewise be resolved *in the world*, not on the therapist’s couch. After a year, I was spewed back out into that world with nothing but a newly forged experimental Healean Super-Ego. How could I put this tool to work? I wanted to cry when I first came across the eleventh of Marx’s *Theses on Feuerbach*: “The philosophers have only *interpreted* the world in various ways; the point, however, is to *change* it.”

It is far too easy to view this statement as a mere rhetorical flourish, grown stale through overexposure. But for me, here was a refutation of sterile Freudianism, of mere genealogy as therapy, and also a recipe for change, a vindication of my searching, desiring self. It was also what the Cassel, at its best, had represented for me. Yet here also was my sentence: Marx told me that I could never be happy as an atom within a reified, separated world. When change occurred, it was hard won and required the co-operation of others. That involved *trust*. An excruciating thought. Marx often compares societal change to the process of childbirth. This presses the question: if the revolution is stillborn, would the agonies of labour be worthwhile? I still face that question. Is the risk one runs in trusting others likely to pay off?

Perhaps. Today, we are encouraged to embrace the post-modern nightmare of private irony, but I just can’t get over the fact that it isn’t enough for me to carry on my everyday life of – what did Freud call it? – ordinary human unhappiness. If it’s my relationships with other people that lie behind my distress, then there needs to be a change in the way I relate to people. But, while I fully accept that I can make some headway in this task, I reject the idea that it’s all down to me. This is the classic case of the psychoanalytic establishment performing its social role of blaming the patient. Society is ill, I can vouch for that, and I hope you appreciate it too. I simply can’t do *all* the work needed to sustain myself in the world.



There's the rub again, of course: my happiness involves other people.

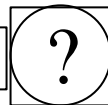
Prior to my treatment at the Cassel, I'd experienced a radical separation from other people; what I wanted more than anything, to be able to *relate*, seemed like an impossible dream. For the most part, I felt invisible. Sartre recounts his experience of school: "I had met my true judges, my contemporaries, my peers, and their indifference condemned me. I was shocked at the discovery of myself through them: neither a marvel nor a medusa, just a little shrimp of interest to nobody." Faced with such a response from others, one develops a bizarre dialectic of hatred, constantly vacillating between hatred of self and hatred of other. At the Cassel, I became aware that I felt more comfortable when other people were furious with me than when (as I wrongly perceived it) they were ignoring me (of course, I did my best to get ignored, so as to confirm my feelings about myself). It gets called attention seeking, and I suppose it was, but it felt like the only way I could exist for other people. But, during treatment, I was able to see a different way of living, one in which *communication* was a tantalising possibility.

Yet the difficulty I still have with the whole experience is the fact that, while the point of treatment was purportedly to prepare individuals for their return to the real world, treatment in fact pointed towards *a different world*. Believing that I had been to blame for my social inadequacies up to then, I trusted on some level that the Cassel had prepared me for taking up a place in society. To my horror, I discovered that the world I had left a year ago was much the same as I remembered it (albeit with a Labour Government, whatever that was worth). My new techniques of communication for the most part foundered on discovering a world that didn't want to communicate. My hopes of finding somewhere I belonged only met the same old loneliness and isolation. The experience of living in an (imperfect) democracy contrasted with that of living under a faceless bureaucracy; the Casselian idea of community and co-operation jarred with the Hobbesian competition I encountered outside. It clicked: No, the Cassel, as it operated, couldn't prepare patients for life in what is usually misdescribed as 'the community'. That community did not yet exist. In creating a programme that went beyond standard psychiatric practice, and hinting at the preconditions of real change, it was 'utopian' in the most generous sense. I later wondered if that's why they wanted to close it down.

I could easily be accused of romantic nostalgia, and it would therefore be prudent to insist not only that my time at the Cassel was excruciatingly painful, but that there are myriad criticisms one can make of the institution, some of which have been well made by other alumni, and others which I hope people will be able to bring forward in time. But the 'rational kernel' of my experience at the Cassel amounts to this: Firstly, most 'mental illness' is a result of, or is sustained by, stunted interpersonal interaction, rather than some medical or metaphysical flaw inherent in the individual. Secondly, a 'cure' cannot be effected unless, in addition to looking for historical causes, it addresses the difficulties that arise *here and now* in concrete human relationships. Thirdly, and most depressingly, that the insights such treatment can give are largely frustrated by the fact that the world outside denies them.

So what changes may we suggest to the Cassel staff? Perhaps to tell patients that there will be times outside where your new coping strategies will come to nought? That you may as well harm yourself, because there will be no-one who will talk to you; that people will shy away because they haven't been to the Cassel and therefore find this communication lark slightly frightening? That most psychiatric practitioners read the words 'BORDERLINE PERSONALITY DISORDER' and thereafter see no need to discuss your individual needs?

Yes, perhaps we should. But such an injection of realism should not preclude the positive values the Cassel, sometimes in spite of itself, suggests to its residents. If a problem is a social problem, it requires a social solution. As Marcuse demonstrates, in modern society "private disorder reflects more directly than before the disorder of the whole, and the cure of personal disorder depends more directly than before on the cure of the general disorder." On such a view, we all need to change: it is not enough to aim at changing ourselves, if all that means is to build up a tolerance to the *status quo*. We are damaged because we live in a society that is damaging. So, as psychiatric patients, we must examine ourselves, not *in here*, but in our interactions with our contemporaries. We must also at least gently suggest to those contemporaries that they need to change, for the sake of our mental health. The role of mainstream psychiatry is to kill dreams, to enforce *reality*. The reek of Positivism: fetishisation of the illness's moment, forgetting that the prognosis is a battlefield on which the outcome is far from certain.



Of course the Cassel is still a psychiatric hospital, wedded to the state, and cannot fully escape its role as such, but the *hope* that things could be different is the most profound feeling I took away from the place after a year. That hope has yet to be realised, but to abandon it would amount to death for me.

The Cassel cannot comprehensively solve the mental health problem, not because it has too few beds or too little funding (although addressing these issues is crucial), but because it can only look at the difficulties of individuals that society has chosen to label as sick.

It is not within its remit to look at the sickness of that society in any depth. But its practice can point the way towards a reordering of the wider world that will allow for the kind of genuine communication that the Cassel suggests is possible. It is up to us, as alumni, to understand this, and give thought to attempts to change not only the Cassel itself, but also the wider world. To coin a phrase, "All Power to the Work Groups!"

*July 2002  
(updated February 2003)*

**Research: Can you help?**

**A BOOK ABOUT RADICAL PSYCHIATRY IN THE 50S AND 60S IN THE UK**

**Liz Spencer**

I have been on this latest project for 3 months and I find the job a fascinating one. I am looking into a world that is far removed from my own in many ways, and yet so incredibly relevant. My book has brought me very close to a lot of difficult issues. I have spoken to users of the system and heard time and again of its failure to provide real asylum. I have also heard of success and enlightenment, of psychiatric hospitals that *did* help, and of doctors who broke through. One has to look deep inside oneself and ask some important questions about 'madness' in order to know how to 'treat' it. The middle decades of the last century saw a rise and fall of a new thinking in psychiatry, they also witnessed a brave new world which put men on the moon and gave women the right to choose. A picture of great optimism was emerging. What happened?

I am trying to gather enough information to formulate the true picture of Psychiatry in the 50s and 60s, incorporating LSD Therapy. At the moment I am concentrating on the Marlborough Day Hospital (Ling and Buckman), Shenley Hospital (Cooper and Gelfer) and Powick (Sandison and Spencer). My efforts are not directed towards creating a sensational story of recklessness and irresponsibility, although some will see it that way. I hope to find that there is a more honest and rational history of doctors working within the confines of the NHS, battling against a swelling tide of 60s rebellion. Ultimately I want to answer the question: Was it worth it?

As you can see there is a whole lot of information that I am after, most of which I am gathering from case studies, journals, mental health testimonies and talking to

people who were there. I want to learn about the psychiatrists as people, in some cases their vastly opposing views and their individual struggles to be taken seriously, the institutions and their patients – attitudes, hopes and fears. I am not looking to write a book about R.D. Laing or even a book that refers to him very much at all; I do not feel that Laing is central to every story of progress. There are people who pushed forward with LSD Therapy, with new ideas of treatment, within the NHS who we just don't hear about.

If you feel able to contribute in any way at all I would appreciate a call. You can get hold of me on my mobile 07977 417 309 or by e-mail at [liz@theredclub.com](mailto:liz@theredclub.com). I sincerely hope that people will feel compelled to set a few records straight or simply to add an opinion.

My background is in Film and TV research and I came to this subject in search of answers to questions I have about current psychiatric practice in the NHS. I have not as yet approached a publisher.

**Dr. Geoffrey Black calls Olivia Stokes into his office:**

He paused a moment, looked at her with friendly, reassuring eyes, then said, "You've heard about hallucinogens – drugs which induce hallucinations and a temporary psychotic state?"

"I've heard of mescaline. Is that one of them?"

"Yes. But there's a new one, similar to mescaline, called LSD-25 which supposedly allows the subject

to observe himself while he's hallucinating. Some psychiatrists have been using it as a shock drug; they claim it cuts right through to the unconscious and saves the patient hours of psychotherapy."

"Aha! And you want me to try this?"

"No. I want to try it on myself."

She smiled, apparently relieved....

*Love in a Dark House*, p. 120 (see below, p)

## Wellcome Witness Seminar: February 18, 2003

## 'Beyond the asylum: anti-psychiatry and care in the community'

The Wellcome Trust's History of Twentieth Century Medicine Group "was set up in 1990 to develop and strengthen links between members of the biomedical research community and medical historians, and to promote and facilitate the study of the history of twentieth-century medicine and medical science by encouraging the creation and deposit of material sources for use by present and future historians." The recorded and transcribed Witness Seminars – "meetings to which individuals associated with a particular set of circumstances or events in recent medical history are invited to discuss, debate, agree or disagree amongst themselves about their reminiscences in a chairman-led meeting" – are one of its much-imitated information-gathering tools.

According to Programme Committee member Dr. Mark Jackson, the February 18<sup>th</sup> meeting resulted from the intersection of the ATC's proposal for a Seminar on therapeutic community, in celebration of the ATC's 30<sup>th</sup> anniversary, and a proposal he was formulating including asylums and care in the community. Chaired by Prof. Hugh Freeman, the room at the Wellcome was filled with giants in the history of psychiatry and therapeutic community, including, among the latter, David Anderson, Joseph Berke, Robert Hinshelwood, David Kennard, David Millard, Malcolm Pines, Morton Schatzman, Leon Redler, and Stuart Whiteley, with apologies, among others, from Harold Bridger, David Clark and John Wilder. With two microphones at the chairman's table, and two roving mikes, the recording side of the meeting was well catered for. The four hour event was broken into eight separate topic sessions – *Drug development, Scandals in mental hospitals, Civil liberties, Institutionalisation/Erving Goffman, Anti-psychiatry, Therapeutic communities, Care in the community, The closure of the asylums* – preceded by the overall welcome, and by a brief historical introduction by Prof. Freeman. Each topic was opened with a pre-prepared five to ten minute introduction by someone from the audience, moving to the chair's table; after which comments were invited from the floor, with microphones being taken to speakers identified by the chair, who identified themselves before speaking. To find ones' self talking one-on-one about his Yorkshire childhood with Dr. Henry Rollin during the tea interval, or bucking up courage to try to follow on from comments by Prof. Dr. Michael Rutter during the main event, is remarkable.

The Twentieth Century Medicine Group has successfully completed almost thirty Witness Seminars, on topics as diverse as *Intestinal Absorption, Maternal Care, and British*

*Contributions to Medical Research and Education in Africa after the Second World War.* This is a tremendous amount of experience, which one has to respect, and represents a huge investment in developing communication among the people who have been involved in each focal area, as well as with other contemporary professionals, current researchers and students (who form part of each audience), and future generations. In terms of generating new insights and knowledge, and certainly in regard to therapeutic community, however, it doesn't seem to me that this particular meeting worked, for three basic reasons. The first is that it was simply too ambitious; with something under thirty minutes for each area, each of which could no doubt have filled an entire session. The second is that the determination of the categories for discussion presupposed a structure to their history and relationships, which – in my view – inhibited the introduction of wider, deeper or, certainly, *other* histories and relationships; where generation of new knowledge and insight is the object, such pre-determination, unless balanced by time and freedom of movement, seems to me a contra-indication. And the third has to do with how memory and the flow of memory and shared experience are best elicited – and, perhaps more importantly, sustained. Speaking as an oral historian, it seems to me that the proscenium-based, chairman-led, equipment-tied procedure on this occasion was, almost necessarily, inhibiting.

But what if one had a chance to do it again, say for therapeutic community, what would one do differently? Simply dreaming, one might bring together in a circle in the middle of a room, or behind a curved table at the bottom of an auditorium Question Time-style, a small group of key people. One could support them with a participating audience of colleagues, students and researchers. One would have multiple fixed microphones. And one would capture speakers on video cameras – at least two, perhaps more – leaving people free to think, fall back into themselves, and connect. Really dreaming, one could make an entire day conference of it, based in a combination of small groups and larger plenaries. And one could then sit back and watch the field change.

## Craig Fees

## Dog food for old dogs

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Buy this  
Buy  
Spend.  
Advertising  
Does not prevent death.

haiku



## THE DEVELOPMENT OF THE CONCEPT-BASED TC FOR SUBSTANCE ABUSERS IN EUROPE

**Eric Broekaert, Rowdy Yates and  
Stijn Vandavelde**

Although some research has been conducted on therapeutic communities (TCs) for substance abusers in general (for an extensive account, see De Leon, 2000), until now, the development of the TC for substance abusers has only been described partially. This is especially true for the origins and further development of the TC for substance abusers in Europe (Broekaert & Slater, 2001; Kooyman, 1976 & 2001; Rawlings & Yates, 2001; Vandavelde & Broekaert, forthcoming; Yates, s.d). An exhaustive and detailed study with a focus on the TC evolution has not been undertaken so far.

Therefore, we would like to investigate how the originally American drug-free concept-based TC has been imported into Europe from the 1970s on and what adaptations have been made in order to meet European norms and values. How the existing traditions of *care for maladjusted children*, primarily in the UK (Homer Lane, David Wills, ... see Kennard, 1998; Rawlings & Yates, 2001); *democratic therapeutic communities* (Jones, Main, Bridger, ... see Broekaert et al., 2000; Clark, 1977; Harrison & Clark, 1992; Jones, 1968) and other *evolutions within post-war psychiatry* (Laing, Cooper, ... see Yates, s.d.) influenced the development of the TC for substance abusers in Europe? How different are these TCs in comparison to their American predecessors?

Since there are not many written sources on the European drug-free TC development, a series of interviews will be scheduled with (1) pioneers who introduced the therapeutic community for substance abusers within Europe and (2) facilitators who acted as consultants for these 'new' TCs, scattered over different European countries. Some interviews have already been executed, the others will be conducted during the following months (from February 2003 onwards). The persons who will be solicited for an interview have all played an important role within the development of the TC (for substance abusers) in Europe (and/or the U.S.). Amongst these pioneers are:



*Prof. Eric Broekaert and Stijn Vandavelde of Ghent University pushing back the frontiers of knowledge in the PETT Archive and Study Centre library*

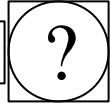
Harold Bridger was involved in the Northfield Experiments (U.K.) during and shortly after the Second World War (1942-1948) and has played an important role within the development of the first concept-based TC in Italy, Centro Italiano di Solidarietà (Rome).

Ian Christie was the founder of one of the first TCs for substance abusers in Europe: Alpha House in Portsmouth, U.K. (1970-71).

Griffith Edwards established the Featherstone Lodge Project (FLP) in London (later, Phoenix House), a TC for substance abusers (1970s).

Martien Kooyman was the founder of drug-free TC 'Emiliehoeve' in The Netherlands (1972), which was originally modelled on the democratic TC, but evolved gradually into a concept-based TC.

Bertram Mandelbrote developed a concept-based TC in Littlemore Hospital, Oxford (U.K.) in the beginning of the 1970s.



David Tomlinson was the early director of Phoenix House London and he was one of the founders of the European Federation of Therapeutic Communities (EFTC).

Dennie Briggs was a colleague and close friend of Maxwell Jones, a 'father' of the democratic TC. He established some TCs in correctional settings (e.g. Chino, California initiated in the 1950s)

David Deitch, a former Synanon resident was hired in by Daytop in order to start up DAYTOP, one of the first American concept-based TCs

George De Leon is a well-known TC-expert. He is a leading researcher and is the author of several articles and books on the TC for substance abusers

Msgr. O'Brien is the founder of Daytop Village in New York. He also established the World Foundation of Therapeutic Communities.

Donald J. Ottenberg was the executive director of Eagleville Hospital (Pennsylvania, U.S.A.), a hospital which shifted into a concept-based TC.

Lewis Yablonski was a UCLA sociologist who did research in Synanon and was involved in the organisation. He wrote a book entitled 'Synanon. The tunnel back.'

Dennie Yuson was an ex-graduate from Phoenix House (New York) who acted as a consultant in several European concept-based TCs (e.g. in Emiliehoeve).

By using a semi-structured interview schedule, the different interviews will be conducted in a comparable way. The proceedings of the interviews will be audio-taped and transcribed. The interviews will serve as the basis for a number of articles, clarified by an introduction and an exhaustive conclusion, focusing on the development of the TC for substance abusers in Europe.

The Planned Environment Therapy Trust Archive and Study Centre has kindly offered help in transcribing the audiotaped interviews and storing copies of each interview afterwards.

### **Saturday Morning**

Weekend runaways  
Life on the outside beckons  
Back to safety soon

*haiku*

### **Self**

Autonomy?.....No  
Objectivity no good?  
What works anymore

For more information concerning this ongoing research, please contact:

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Yates, R. (s.d.) Untitled manuscript. Can be obtained through the author.

### **Connections**

Psychiatrist Alfred Torrie, of Northfield Experiment fame, was a Governor of Wennington School.



**Pioneers:**

**FRANK MATHEWS 1871-1948**

**A. I. Rees**

The other day I was travelling on a coach to catch a train at Birmingham. The route to New Street Station took us down the ancient market of Digbeth and there, just past the former headquarters of Bird's Custard, was the Digbeth Institute. I don't know what it is used for now, but its name remains in *terra cotta* lettering above the central door just as it was when I went there when I was a little boy before the war.

I used to go there - once a month, I think - with my mother, to meetings of what I knew as The Guild. The meetings were chaired by a very grand lady called Mrs Mathews. My mother was the secretary and the others were the mothers, and sometimes the grandmothers, of children who were boarded out in the countryside under the supervision of Mrs Mathews' husband, Frank, who was, at that time, Honorary Secretary of a charity called the Birmingham Society for the Care of Invalid and Nervous Children.

The Women's Guild raised money for the charity through a variety of activities. More importantly, in Frank Mathews' view, it acted as a support group for women separated from their children because of the children's need to be away from their families. While they were away, his policy was to involve the families in as many ways as he could. All were

assessed for a financial contribution - usually tiny, because most were poor. He visited them all regularly during the therapy and for months or years afterwards, and he encouraged them to take as much part as they could in supporting the charity. By doing this he formed bonds with families, some to a second or third generation, that still exist today.

Frank Mathews was born in 1871, at a time when little boys were still being sent up chimneys. When he left school at eighteen he was thought to be delicate and in need of a healthy outdoor occupation, and was very soon apprenticed to a Birmingham nurseryman. Four years later, in 1893, he took up his life's work: his time in horticulture left him with a lifelong passion for gardening.

He had many passions: for books, for music, for socialism, for religion and philosophy, for mountain walking. He was very fond of my mother, who became his personal secretary in 1925, was still with him when he died twenty five years later, and continued his work for a further thirty years. She quickly became the daughter he never had, and outside working hours he bombarded her with advice about her reading and about philosophy and politics - though it took him a long time to penetrate her working class reserve.

But his principal and abiding passion was for welfare of poor children. In 1893 he became secretary of the Birmingham Labour Church Cinderella Club, an organisation whose early objective was to brighten

continued on page 20

**BIRMINGHAM SOCIETY FOR THE CARE OF INVALID AND NERVOUS CHILDREN**

The Birmingham Society for the Care of Invalid and Nervous Children was formed from the merger in 1940/41 of the Birmingham Society in Aid of Nervous Children (founded 1937) and the Birmingham Society for the Care of Invalid Children (founded 1923). The founder of each had been Frank Mathews, who was the driving force within the combined Society until his death in 1948, when responsibility for its working fell upon the Society's Secretary, Hilda Rees.

The Society's main work, until 1950, was the boarding-out on selected smallholdings and farms of delicate, disturbed and difficult

children, a work which continued until the end of March 1958, and which was accompanied by visits and social work with the children and their families. A major new work began in 1950 when the Society opened Bodenham Manor School, a therapeutic community for maladjusted boys and girls, with therapeutic community pioneer David Wills as its first warden. A transition hostel, the Dell, was opened in 1961, closed in 1965, and replaced in 1967 by the Laurels.

By the 1970s the Society's main function had become the management of Bodenham Manor and the Laurels. With Hilda

Rees's impending retirement in 1975 it was felt both that the Society had fulfilled its original aims, and that the management of the school could best be taken up and continued by a local authority. Negotiations began with the City of Birmingham Education Committee, which took over the management of the school and hostel in 1977. The formal hand-over to the new Governors took place on 28.3.1977.

A resolution to wind up the Society was adopted at its AGM on 16.9.1975. The last meeting of the Committee took place on 14.9.1977. The accounts of the Society were closed on 28.11.1978.

*The archives of the Birmingham Society were recently deposited in the Planned Environment Therapy Trust Archive and Study Centre by Mrs. Mary Birks.*



the lives of children in poverty with outings in summer and parties in winter. He soon improved on this with the help of his future father-in-law Arthur Holden, who lent a country cottage which was furnished by the club and used to provide holidays for small groups of children with crippling diseases, under the supervision of an adult.

In 1897 he was appointed as assistant missionary at the Hurst Street Unitarian Mission in central Birmingham. There was already a group of men and women in the church caring for the poor of the district and concentrating on people who were crippled or were suffering from crippling diseases. This group evolved into a charity known as the Birmingham Cripples Union: Frank Mathews was appointed its Superintendent in 1899 and its full time Secretary in 1900.

Conditions for the disabled poor were appalling. The early work of the Union was mainly palliative, getting sick children away for respite in more healthy surroundings, home visiting, teaching skills and finding employment for the handicapped. Medical assistance was found for and mobility aids lent to those in urgent need, all this being supported by charitable fund raising. In 1902, the first special school in Birmingham was opened by the School Board, following the Union's initiative.

Eventually this work came to the attention of George Cadbury, who gave his former home - "The Woodlands", in Northfield, a Birmingham suburb - as a home for crippled children. A matron and staff were appointed, and in 1909 about 20 patients were admitted. The home gradually evolved into a hospital specialising in tubercular bone disease and, by amalgamation, became the Birmingham Royal Orthopaedic Hospital with an outpatients department in central Birmingham. A further £20,000 was raised by public appeal to add an extension at "The Forelands" in Bromsgrove, described as a "Convalescent School for Crippled Children", which was opened, with eighty places, in 1921.

All this necessarily resulted in the growth of a bureaucracy which meant, to Frank Mathews, that it was time to move on. He left the Cripples Union in 1922 and a year later started the Birmingham Society for the Care of Invalid Children

While he was working for the Cripples Union he had realised that there were many children who needed help in overcoming conditions such as rheumatism and chorea, or were simply too delicate to thrive under harsh inner city conditions. He believed, correctly, as it turned out, that many would benefit from long periods of rest and care in healthy country conditions.

This was accomplished by boarding out with foster parents, often smallholders, in remote country areas in the West Midlands. Carers were recruited by word of mouth recommendation and by contacts with local professionals, and were carefully matched to the needs of the children they were to foster. Frank Mathews visited them monthly, enjoying country motoring, another of his passions, and taking one of the doctors supporting the Society with him on every third visit or so. While they were away he visited their families regularly. In 1930 the Society was able to supplement this work by opening a convalescent school for forty girls at Haseley Hall, near Warwick.

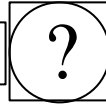
The therapy was very successful, but the work of the Society was interrupted by World War II. The boarding out work was given up for lack of funds in 1941, and Haseley Hall was handed over to the City of Birmingham Education Committee.

Meanwhile, Frank Mathews, having established a successful method and understanding that the conditions that produced the need were succumbing to social changes and public health measures, had already moved on again.

He had recognised that he was coming across children whose problems were primarily due to mental, rather than physical, ill health; and in 1937, after discussions with Dr C.L.C. Burns of the Birmingham Child Guidance Clinic, had started a new Birmingham Society in Aid of Nervous Children. The work concentrated on children with problems such as bedwetting, sleepwalking, night terrors and the types of antisocial behaviour then ascribed to maladjustment.

The method - long periods of foster care overseen by a social worker and followed up, sometimes for years, after return home - was like that used for invalid children. It was found to be very successful with problems expressed by physical symptoms, but less so with antisocial behaviour; though, even there, the problems tended to be less acute while the child was actually away, and could sometimes be held at bay by intensive and prolonged after-care.

By about 1940 Frank Mathews, who had been influenced by the works of Homer Lane and A S Neill, was thinking in terms of and putting money aside for a residential school for children with the more difficult problems. He had met David Wills in about 1942 and had visited Barns School in Scotland, where, under the aegis of the Edinburgh Society of Friends, Wills was pioneering therapeutic community methods with unbilletable and disturbed children. Mathews interested Wills in the possibility of leading a new school, and in 1946 the Society bought



Bodenham Manor in Herefordshire with £5,000 that had been accumulated.

The Manor required a great deal of refurbishment and additional building work before recognition by the Ministry of Education - necessary if pupils were to be supported by local authorities - could be sought. A great deal more money had to be found - the first estimate was for a total of £30,000 - and much negotiation had to be gone through; but Bodenham Manor School finally opened, with David Wills as Warden, in March 1950.

Frank Mathews did not live to see the opening. He died in 1948 after a few months' illness, and the preparations for the opening were carried through by my mother, Hilda Rees, who became Secretary of the Society and a governor of the school, and correspondent with the Ministry.

She had left her job with the earlier Society when she married in 1930, but had continued with voluntary work. From about 1942 she increased her involvement, and in 1946 was appointed Secretary to assist Frank Mathews. Her work included the administration of the Society - as well as the home visiting, which she carried out until a qualified social worker was employed in 1951, and supervision of the boarding out work, which continued until 1958. The Society continued to run Bodenham Manor School, under successive regimes, until it was handed over to the Birmingham Education Committee in 1977 and the Society was wound up.

Frank Mathews spent fifty years pioneering ways of helping children. At first he, and Evelyn, who he married in 1902, lived frugally on the small salaries paid by charities. Later, when family money had come down to them, they lived simply on that. They shared interests in the arts. She was an accomplished illustrator, as was her now better-known sister Edith, and she furnished their home in a simple Arts and Crafts style. Evelyn supported him in his work throughout their marriage and continued it, with my mother, until she died in 1969.

Although they devoted their lives to good works, it would be a mistake to think of those lives as cheerless. Evelyn Mathews was restrained and tasteful, as befitted an Edwardian Lady; but she liked to laugh, and enjoyed being teased. Frank Mathews seemed to me - and to others, I think - to be simply larger than life. He had great physical energy, which he had to burn off - at intervals of no more than six weeks was his rule - by long solitary walks over the tops of his beloved mountains. His mental energy was so great that he couldn't bear even to slow down. He couldn't stand committees, though he had to work

with them, and was greatly relieved when my mother was able to take over that side of his work.

He swore loudly about, and possibly at, anyone or anything that irritated him. Their numbers were not reduced by the fact that he was deaf and prone to misunderstanding, especially over the telephone. He was a vegetarian and therefore had a tendency to be windy - he thought silently; I remember being warned not to notice when he came to visit us when I was five, and I think everyone else must have done the same.

When he came to visit he would let the children in the street ride to the corner on the running board of his car - cars were a rare sight in those days - and he would usually attract several applicants. He must have been disappointed to have no children of his own, but through his work he helped many, probably thousands. Many of them knew and loved him, helped him in his work where they could, and remembered him.

*Dr. Rees is currently writing a book about Frank Mathews, and about his mother Hilda Rees.*

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## ILLUSIONS AND REALITY

### Dennie Briggs

*“When Bede Griffiths spoke of ego as being the modern equivalent of sin, it somehow brought my soul into my range of vision.”*

We were sitting on the tiny terrace of Maxwell Jones’ room at the Hotel Maximus Dominus on Rome’s Palatine Hill overlooking the tiled courtyard of an ancient church that had at one time belonged to Martin Luther’s order. The air was fragrant from the scent of orange blossoms among the grape arbors. Swallows darted back and forth from their nests in the walls of the church and the surrounding enclosure. The bells had rung for Sunday vespers and from the open doors we could hear the strains of guitars played by youthful musicians sitting on the floor at the base of the altar.

Max had arrived a week earlier to give a five-day workshop (October, 1986) for Centro Italiano di Solidarietà (CeIS) at Casa del Sole, their training center at Castle Gandolfo within sight of the Pope’s summer residence. Max, I believe, had first become acquainted with this drug rehabilitation program following his appearance as the opening speaker for the week-long First World Institute of Therapeutic Communities hosted by CeIS in early September, 1984. He’d rather stunned the audience of 60 invited participants—experts either through practice or academically in therapeutic communities—by refusing to give a paper (as speakers did on the following days) but rather tried to demonstrate his concept of social learning by attempting to make this august group into a “living-learning” situation.

CeIS had originated as a concept-based program importing a resident from Daytop to get it off the ground. Apparently the administrators of CeIS had been impressed with Max and his “rebelliousness,” enough so to invite him back as one of their few health care consultants in an atmosphere at that time that was not known to be too amicable to such professionals. For the past two years, he had given workshops, training sessions, and spent time in their two main residential communities. On Max’s recommendation I had also given a one-week workshop for CeIS on prisons. Max had asked me to come along for this workshop both to participate in what would likely be his last intensive workshop and to accompany him due to his declining health.

The workshop contained a mixture of Italian health care professionals and administrators and former CeIS residents who were currently running some of their rehabilitation programs. We found out early in the

workshop that some of the CeIS staff had not volunteered but, on Friday proceeding the workshop, had been directed to attend. Still chewing over the week’s workshop which neither of us had been satisfied with, Max had intended to demonstrate the value of having a facilitator in groups and the significance of a review after each meeting. And on the side, he had been hoping that the group might reach the epiphany—the closing silence—that his previous workshop had touched, a chord which he would write about as having arrived at a “state of grace.” He began our discussion by talking about how important it was for a group to find a common theme or “peak experience” in its post group process review which our workshop group had had difficulty in doing. He had commented to me on how our needs to be “rational” and think linearly (our “illusion of reality”) greatly reduce energy available for creativity and to have spiritual experiences. Max went on to say how the notion of a paradigm now was more useful to him than scientific reductionism in that it was not fixed and allowed for growth and change. Earlier that day we had listened to an interview with the Benedictine monk, Fr. Bede Griffiths, who had inspired Max by the creation of his ashram in southern India, a center—a community—where about 60 people could live a life going beyond one’s senses, beyond one’s mind, to experience what the monk called “transcendent reality.” Max dearly wanted to visit Bede’s ashram to have that kind of experience, but at this point his declining health intervened. And so he had created his own ashram in his study, which he mentioned in his last book: “peopled by images of those whom I admire most for their humanity and opening myself to the power of the Holy Spirit.” In our conversation, Max had just referred to an incident which he was to write about in that book, where he saw an image of the Virgin Mary while staring at the dove in the Bernini stained glass behind the altar at St Peter’s and had seen similar images while looking at the woods from the window of his study—cum—ashram.

*Max: I have absolutely no doubt that anything I see in the trees and so on is an illusion—but I want illusions—they help to give me a feeling that there is something far beyond my comprehension and sometimes it seems to take form but I know it’s an illusion. I once got beyond what I call illusion—that state of grace was so overpowering that I don’t think any of us had the faintest clue as to what it was about. It was intensely moving in a way that was frightening and awesome and yet inspirational. We felt terrific—that we’d been privileged. Now that’s only happened once in my life and I don’t suppose I’ll ever see it again. I have no idea why it happened but I’m always*



*hoping that I'll get nearer to the presence of something beyond comprehension because one assumes that was a visitation from something higher than we can comprehend—for me. And I think the same holds for you because you have begun to try to connect up with Shelldrake's morphic resonance and archetypes and the mystic: you're trying to get a cohesive mosaic of all these factors which add up to the New Age thinking where proof is no longer essential. What words should we use? If that's **not** mystical, then what is?*

I had expressed some skepticism about Max's reference to his "illusions" and the form they had taken. He spoke almost apologetically of his tendency to "dramatize" but then added that he couldn't curtail the sheer enjoyment he felt of trying to bring out the element of drama; however he *could* rationalize and say it was his attempt to induce the spiritual quality. He was drawn to the Greek tragedies in his youth which he believed had a quality of communication at a deeper level than you could possibly put into words—long before he'd ever heard of concepts such as archetypes—and that fascination had appealed to his dramatic self. He reiterated that in discussing the meaning of such communication, you missed the whole point—much as the Buddhist saying that if you can explain the Tao you haven't understood it.

Max talked about how we've lost the child in ourselves and then unexpectedly directed the conversation to me: "You, more than anyone I've met, have brought out the latent potential in children" and alleged how he'd tried to do much the same thing in his work with therapeutic communities (bring out latent potentials) especially in the post group review where participants tried to re-live and examine points missed in the meeting—which then could be used for teaching. I thought back to previous discussions we'd had on the origins of the community meeting growing out of his "teaching sessions" with the soldiers at Mill Hill—to inform them about their physiology and anatomy as it pertained to their present condition—which were supplemented with psychodramas. And how in time at Henderson the community meetings themselves had become such dramatic events that psychodrama was redundant.

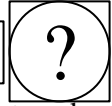
We returned to the phenomenon of silence in Max's previous workshop and he asked if I had ever experienced this remarkable occurrence. As a matter of fact I had, on three occasions. Initially it had happened in a group meeting conducted by Harry Wilmer of emotionally disturbed sailors and Marine Corps personnel. Harry later wrote: "I learned early in the experiment that silence had significance as

nonverbal communication and that it should not be interrupted merely for the purpose of filling in the void with words and doing away with the silence." His community was composed of about 30 patients and five to ten staff. My second experience was in a similar setting in Japan with 50 patients, where, seated on the floor, no one spoke for the hour. Finally, in a prison community, there was a meeting where 50 prisoners and five or six staff sat in silence for one hour—phenomenal when one considers these were mainly young men whose action-oriented lifestyles were dominated by disruption which had led many to commit violence. We continued our discussion about silence with the quotation attributed to Meister Eckhart, "There is nothing so much in all the universe like God as silence." The nothingness in silence stands out where words can deceive, flatter, distort and otherwise attempt to sway our thoughts and relationships.

Max returned to "egotism" which - two years later (when he was 81) he wrote - "has caused me endless trouble. I seem to have no capacity to identify with Buddhist philosophy, particularly the goal of selflessness." He confessed, "In my search for the spiritual over the last decade . . . I myself have had relatively little success." Then added, "In contemplation, there may come a feeling of exaltation with or without a definitive alteration of consciousness." Yet it was only two years previously he had written to me that in searching for a spiritual meaning in his life he'd suddenly "hit energy like an oil gusher." This state of mind was just seven months prior to his "state of grace" workshop. I believe it is not too great a stretch of the imagination to conclude that Max was in a total state of readiness to transmit some of his own activated spiritual transcendence to that group which might have set the stage for the momentous event. Shortly after that experience he wrote me from his ashram that his search for the Holy Grail had continued. My partner John felt some of Max's rapture when he wrote a piece for a newsletter: "I had to ask myself, 'How does an 80-year old go about looking for the Grail?'" and he concluded, "My friend's quest for the Holy Grail is nothing less than a search for his own authentic self. The Grail is but a metaphor that points beyond the image to the mystery."

It was difficult for Max, as it is to many of us, to realize it was the searching that was the essence of the spiritual quest he sought. As he said, those peak experiences so many of us long for probably only come once—at best—in anyone's lifetime. They often go unrecognized, unminded, unexplainable, but nonetheless are part of our illusion of reality.

**Note: I appreciate the helpful suggestions of Stijn van Vandeveldte to this contribution.**

**Patient-driven periodicals and therapeutic community 1**

“What they [Dr. P.K. McCowan and Dr. William Mayer-Gross] had in common was the desire to have the Crichton recognized as a first-class, modern teaching hospital

which was open to progressive ideas. On this basis, one of my early initiatives was to resume the publication of a patient-driven periodical named *The Crichtonian*. Its parent, the *New Moon*, had been published by patients at the Crichton from 1844 to 1937. This modest venture was the first in a series of infant steps

designed to empower patients and, if possible, to transform parts of the Crichton into a therapeutic community.”

**Cyril Greenland, “Personalia: At the Crichton Royal with William Mayer-Gross (b. 15 Jan. 1889, d. 15 Feb. 1961)”**, *History of Psychiatry* 13 (2002), 467-474.

**Jan Lees and Rex Haigh are the Editors for Jessica Kingsley’s “Therapeutic Community” Series. Here, Jan Lees shares...**

**A DAY IN THE LIFE... OF A SERIES EDITOR**

We meet outside the shabby W. H. Smith’s bookshop at the entrance to King’s Cross Station - late as usual, mostly due to the vagaries of Midland Mainline. Rex comes on Great Western with his fold-up bike and his lap-top, and cycles from Paddington to King’s Cross - a sight for sore eyes, but we are also late in meeting because Rex goes looking for Jan when she is late, thinking he’s got the arrangements wrong, and French-farce style, we somehow manage to miss each other between St. Pancras and King’s Cross. Standing in the entrance to King’s Cross gives us a cross-sectional view of London life - the grubby King’s Cross area, London buses, smart business men and women waiting for taxis, people who ask us and others for money. For Jan, however, it is all a nostalgic wrench - she longs to be back in her home town!

We cross the road and go to a nearby Italian café (run by real Italians!) and drink coffee and designer water - after we have stowed Rex’s fold-up bike away ...safely in a carefully chosen place where everybody coming into the shop can fall over it! After catching up on the news, social and work, we both get out our files marked TC Book Series, and set to work. We always start these sessions by comforting ourselves - we go through all the books that are already out in the series, go over them, think about who might have book launch parties, ways to promote them, and generally make ourselves feel a little more secure in our roles.

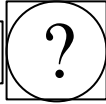
We then look at what is in the pipeline - either actually gone off to the printers (it takes about seven months from a final manuscript to a nice shiny new book in the series), or in to the publishers - which takes a very variable amount of time, depending on how long authors take to persuade either us or the publishers what a good member of the series it would make, and how long it takes to actually write or put together. It is certainly our experience that books which are authored do not take as long to produce as those which are edited - where so much of the work is hassling people about deadlines and chasing them up. The stage before this, of commissioning books, is mostly

the responsibility of Jessica Kingsley Publishers, and Jessica herself in fact - as she is currently overseeing our series. Our role in it, at our meetings, is to start to look at proposals we have had in and make decisions about whether they are acceptable as they are, and can be passed directly on to Jessica for action and the issuing of contracts, or whether they need returning to the authors for revamping, or for more detail.

Finally, we begin to look at suggestions for books we have received from prospective authors, ideas we have had and who we might approach to take them forward, and others which we feel are not appropriate for the series - sometimes we might pass these to another series editor - for example if they seem more appropriate for the Group Therapy series (edited by Malcolm Pines) or the Forensic Psychotherapy series (edited by Gwen Adshead). Sometimes we need to reject them outright. One of the criteria for the series is that it should be innovative and forward-looking, so we have tried to avoid reworkings of old material, or editions of already published articles. However, this is not fixed in stone - and it all depends on the quality and relevance of the work. We try to imagine how the series might look over the next three years, and agonise if we feel there are gaps in the field (to cover all types of TC) or the regularity with which the series is publishing (we aim for at least two books per year), or over our anxieties about ideas drying up. This is probably quite neurotic as it has never happened yet, and there are already about twelve more at various stages in the pipeline.

After a couple of hours Rex and I have a large pile of his yellow and pink stickits each, with notes to make phone calls, and write emails or letters. We then retrieve the obstructive bicycle, and head off up the Pentonville Road (literally - it is a long walk uphill), to Jessica Kingsley Publishers - a small, tightly packed building, on several floors, with narrow staircases, and a tiny back yard with garden tables and chairs. We go upstairs to Jessica’s office which is stacked from floor to ceiling with papers, in what appear to be complete disarray - but Jessica assures us her filing system is excellent, and she can lay her hands





on anything, immediately, wherever it is in the apparent chaos.

Then all three of us troop off to the restaurant for our annual publisher's lunch. We talk about the work of Jessica Kingsley Publishers generally - Jessica is particularly fond of her Asperger's syndrome and autism section and those with Aspergers whom she has thoroughly involved in it all, and she has usually just been to a major conference about it. We also talk about the book series, how it is doing, how the books are selling, what stages various proposals have

reached. We are always amazed at how up to date with our progress Jessica is, and how pertinent her questions and comments are - no slacking for us, or trying to pull the wool over her eyes (who said publisher's lunches were an excuse for avoiding work!).

After a couple of hours, Rex and I stagger, full of elegant lunch, but contented, back to St. Pancras, and head home to face the pile of stickits, and look forward to our next day out together, the next book to appear, and the next idea to come our way.

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*Next episode: publishers' parties, talking toilets and the spooky pub.*

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## **A Life Well lived: Maxwell Jones-A Memoir.**

**by Dennie Briggs.**  
**Jessica Kingsley Publishers (London),**  
**Therapeutic Communities Series Number 11.**  
**ISBN 1 84310 740 6**

This is an out-of-the-ordinary biography in that it covers the intellectual life, aspirations and viewpoints of the subject rather than the mundane stuff of everyday professional posts and lifetime achievements.

It also reflects the same aspects of the author's development, as Dennie Briggs tells us about the discussions, differences and agreements that he had with Max over 35 years, in which a unique friendship developed between the older man and his enquiring and sometimes critical confidant. Max at one time told Dennie that he regarded the latter as the son he never had.

Anyone who knew Max will recognise immediately the peaks of enthusiasm, the need to be the path-finder or the *provacteur* in many contacts with professional others and the troughs he experienced when his ideas were rejected, or worse, ignored.

Anyone who has not encountered Max personally will be fascinated to read how such a man of ideas seemed driven to pursue a restless search for an understanding of the individual's behaviour within society - including his own.

He was at his best when inspiring others to take up the basic concepts of the therapeutic community approach, whether it be in psychiatric hospitals, prisons, schools, drug addiction projects or just human beings living in close communities.

Often, it was left with those inspired others to manage the enterprises he had founded or outlined as projects,

which they have done, but without the *charisma* that Max carried.

He was an inspired teacher and never lost his enthusiasm for learning through personal experience. The final interview that Dennie conducted with Max in 1982, by the pool at Phoenix, Arizona, is reproduced in full and reiterates some basic principles of therapeutic community philosophy and its application in many areas of society.

This fascinating and educational book is well-written and entertaining in its study of how a great mind works with all its genius, doubts and occasional misjudgements.

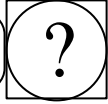
Read it and keep it on your bookshelf for further inspiration.

**Stuart Whiteley**

### **Patient-driven periodicals and therapeutic community 2**

"I thought about Max's endeavors with the former POWs who had relentlessly complained about the food at Dartford. They placed a cartoon on the cover of their newspaper, *The Grapevine*, that showed some of them as very lean, pleading with a German prison guard to let them back in so that they could get a decent meal. Whereupon, officials in London's City Hall sent them a dietitian and the food improved. Max said to me once that he saw for the first time the importance of social action in rehabilitation - for that matter, in mental health generally."

Dennie Briggs, *A Life Well Lived: Maxwell Jones - A Memoir*, Jessica Kingsley (London and New York), 2002, pp. 88-89.



Think Harold Bridger and the Northfield club; think Joshua Bierer; think...

## THE OTHERWISE CLUB IS TEN YEARS OLD...

*The Otherwise Club* is a community centre for home based educating families in NW London. Its roots go back thirteen years to the home of one family with a long-term vision of providing workshops and activities as well as a meeting place for home educators.

This original group was formed to enable children who were educated out of school to socialise and learn together. It centred around history projects. This group was to enable home educated children to socialise regularly with other home educated children. Home educated children had plenty of opportunity to play together and some did workshops and regular after school classes with schooled children but there was nothing that provided a regular 'working' environment purely for home educated children. Attendance at the group itself was not compulsory nor was doing anything that happened there.

With the rapidly growing number of families choosing to educate their children out of school, the group quickly expanded beyond the capacity of a family home, and in February 1993, new premises were found in Kilburn, London. It was here that *The Otherwise Club* was established in its present form. We currently have in the region of forty families who are members of *The Otherwise Club*, with each family paying membership fees towards the cost of renting premises. With so many families now involved, *The Otherwise Club* has evolved into a centre for families educating their children out of school, with the aims of: -

- providing regular social interaction for families to exchange views and ideas
- providing workshops and group activities in which all members are able to participate

We also offer regular workshops in pottery and drama. We have workshops on other subjects as varied as rock climbing, museum exhibitions, and historical re-enactments, as well as regular visits from

specialists in areas as diverse as African drumming, police dog handling, and country dancing. We organise group holidays and excursions, including an annual trip to an organic farm, and more recently we have been camping together several times a year.

*The Otherwise Club* has been described as:

"... a prototype of the kind of school that educationalists predict will educate our children in the future." (*Evening Standard*, Jan 1996)

The Club provides an invaluable opportunity for families with children out of school to meet regularly, exchange views and offer mutual support. Many friendships are formed, with families often meeting up outside the club. We particularly welcome new families and visitors on the first Thursday of each month.

With our huge growth of home education in Britain and the number rising steadily, *The Otherwise Club* is expanding. We are looking into buying our own premises. We can then run more workshops, a playgroup for families looking toward home education when their children reach school age, and more activities particularly for older children and young adults including apprenticeship schemes.

With moving in mind we have become a Company Limited by Guarantee and a registered charity in October 1998. *The Otherwise Club* succeeds on a small budget. Family contributions, fundraising and voluntary effort provide for a significant proportion of the club's needs. In *The Otherwise Club's* values, its approach and its care and respect for the individual, it shows a way forward for education, a new choice, and a valuable alternative.

For more information or if you would like to visit, contact: Leslie Safran 0208-969-0893 [www.otherwiseclub.org](http://www.otherwiseclub.org) .

### Dodging feedback

I'm fine

I'm not **Angry**

I'll talk in my groups

haiku

### FOUR BRIEF NOTES ("Literature" foreshadowed)

Thomas Wenzel of Vienna mentioned on the ATC list last year that he had done a play based on his clinical supervisor, R.D. Laing's work.

Judah Weinstein, writing under the name Louis Edwards, wrote a pre-war book entitled *Borstal Lives* in which his real-life Rochester Borstal housemaster David Wills featured as Mr. Masters.

Julian Goodburn appears as Adrian Goodlove in Erica Jong's novel *Fear of Flying*.

Poems by patients are part of *A Hospital Looks at Itself: Essays from Claybury*, (Cassirer 1972), edited by Elisabeth Shoenberg (noted by Dennie Briggs)

### Every day

Don't run

Don't run off

I don't understand

But

Will stay with the feelings

## UPDATE FROM THE ATC STEERING GROUP MEETINGS

We have had two ATC Steering Group meetings since our last *Newsletter*. This short piece is my brief resume of what is currently being discussed within the Steering Group.

We have had some discussion about individual membership of the ATC. It was agreed to keep the subscription rates at their current levels and to raise the ceiling for concessionary membership from £18K to £25K per year. We are looking forward to a two-day residential event for Steering Group members at PETT on 20 - 21<sup>st</sup> June, 2003. The first day will be devoted to a reflective look at the origins and development of the ATC. The second day will focus on the present and future directions for the ATC.

The Steering Group meetings are full and business-like and reflect the activities of many community members and individual members. We heard about an audit of therapeutic community functioning at Grendon Prison, of the demand for extra workshops and of the National Health Service Personality Disorder Policy Implementation Guidelines which have busied many NHS members of the ATC.

We explored the title for this year's Windsor Conference and agreed that it is 'From first thoughts to final fruition; How does your garden grow?'. We had an interesting discussion on user involvement within the Steering Group of the ATC and the various working groups. It was agreed to encourage each working group to consider 'why they would want user involvement and how they would want this to happen?' It was also agreed to reserve a slot over the course of the next few Steering Group meetings to give Steering Group members and working groups space to consider together the questions and issues involved.

A new editor for the journal needs to be found, selected and appointed to take over from January, 2004 as Adrian Ward's five year term as editor of the journal is coming to a close. Adrian was formally thanked by the Steering Group for his work as editor on the journal (*see next pages! - eds.*).

I hope this brief resume gives a sense of the creativity and activity presently felt within the ATC. The Community of Communities has had its first birthday and its first annual Conference, about which you can read on pages 31-34 of this *Newsletter*. All this activity is being steered, if not driven, by Rex Haigh through his democratic and inclusive style of leadership within the organisation.

**Kevin Healy**

The Association of Therapeutic Communities, of course, is a charitable trust whose Trustees - the Steering Group - are elected by the membership of the ATC. The ATC has two kinds of members - individual members, who pay £45 a year/£22 a year for concessions; and group members, which pay on a sliding scale from £70 to £260 per year depending on the number of clients they have, and where they are in the world. The Trustees meet four times a year, and if you are a paid-up member of the ATC and would like to see any particular issues raised or discussed, you can email [atc-steering-group@yahoogroups.com](mailto:atc-steering-group@yahoogroups.com), or, of course, write to ATC, Barns Centre, Church Lane, Toddington near Cheltenham, Glos. GL54 5DQ. The next meetings of the Steering Group are on **May 16** and **July 11**.

## ATC RESEARCH GROUP UPDATE

Rachel Jukes has passed on the Chair of the Research Working Group to Kevin Healy from 7 February, 2003. The group warmly thanked Rachel for her input over the past three years. The group is considering how it might feel renewed, and how interested individuals might be encouraged to join. The idea of building a portfolio of research from within therapeutic communities, and applicable to the work of therapeutic communities is being considered. An e-mail Research Group discussion list is now evolving and the nature of group membership will change as a consequence. We recognised that we needed to take a more proactive stance if we wanted users to be involved more directly in the work of the Research

Group.

The group is considering its aims, and the development of a database of research evidence that will influence practice within therapeutic communities. We are also asking the questions why the ATC supports research and what should happen next. We had a useful brainstorming session at our most recent research group meeting and will make our deliberations available in the next *Newsletter*.

**Kevin Healy**  
**Chair, ATC Research Group**

The Research Group meets before the Steering Group, from 1:30-3:15. The next meetings will take place on **May 16** and **July 11**. If you are interested in taking part, contact Kevin Healy at the Cassel Hospital (contact details under Editor, elsewhere). There is also a Virtual Research Group, at [atc-research-group@yahoogroups.com](mailto:atc-research-group@yahoogroups.com). Email the group, or contact Kevin Healy if you would be interested in joining.

## To the next Editor of the Journal.....

When the ATC AGM of 18 March 1978 agreed to upgrade the ATC Bulletin into “a properly printed and published journal” (*ATC Bulletin* 25 June 1978), it was not obvious that it would succeed, despite a formidable working party consisting of Bob Hinshelwood, Nick Manning, Barry Wright, Ruby Mungovan and Stuart Whiteley. Indeed, the Trustees of the Planned Environment Therapy Trust had already recorded “that this seemed hardly a practicable proposition at the present time...” (*PETT Minutes* 11.2.1978). Adrian Ward stands down as Editor at the end of 2003, and as the baton is about to pass - to you? - nearly 25 successful publishing years later, the first four Editors reflect on the role.

### Bob Hinshelwood

#### Editor 1980-1983, Joint Editor 1984-1988

When I became Editor of the journal it was on the basis of no knowledge, and no experience. It was *ignorance is bliss*; and I can recommend that state to all would-be authors. Having become the Editor, there was then a fraught relationship with a publisher – who wanted everything and gave nothing. I found out the golden rule of publishing – publishers do nearly no publicity; and the thing sells on word of mouth and professional networking: that means the Editor and his contacts. Consequently, the publishers quickly lost interest, and I found myself publishing the *Journal*, as well as editing it. Well, with regard to publishing, further ignorance was further bliss.

Likewise the submission of papers – it depends on your networking. And – you have got to LIKE reading papers: you’ll do a lot of it. You must get to like telling authors’ fragile egos what is wrong with their papers.

Recommendations to enjoyable editing: find a devoted Editorial group (their qualification = ignorance), and

work their socks off until they realise what you’re doing to them. Myself, I was immensely fortunate to have Nick Manning, Dave Kennard, Jeff Roberts and the late Barry Shenker as my Editorial group, and they steered me through the first harrowing years. And that companionship has made them amongst my most important professional colleagues ever since.

Remember, after a couple of years it becomes possible to look back and sense the process of creation that you have led. It is also nice to have pleased so many writers of articles. It is rewarding to know you have made a major contribution to the growth of your whole field of work. And finally, it is an enormous pleasure to resign and pass the job on.

### David Kennard

#### Editor 1992-1999

The primary task of the journal is to serve the interests of its readers, not its contributors. Any other approach is doomed to a shrinking audience. I also think authors benefit from the goal of keeping the reader in mind. This means the basis for editorial discussions with authors can include questions like: ‘What do you want the reader to take away from your paper?’, ‘How can you make this as clear and understandable as possible?’ and ‘How can you do justice to your ideas by presenting them in the best possible way?’ In this way the necessary narcissism of the author can be hitched to the interests of the readership. A win-win situation - but I’m not denying it’s hard work.

### David Millard

#### Joint Editor 1984-91

I would agree with virtually everything Bob and David have said. My own additional note would be that I think it is the duty of an editor to edit. Certainly during my stint a fair proportion of the manuscripts were submitted by people with relatively little experience of writing for an academic journal, but with something valuable to say. I took quite a lot of time to improve the spelling, grammar, syntax and sometimes the layout of some among the submissions, in overseeing ‘house style’, and in checking back with the authors, occasionally several times, that they were happy with the outcome. We didn’t reject papers on the grounds of presentation, but only on content. Obviously, editors will differ in the extent to which they think it necessary to do this - but it’s quite a demanding task, and the editor is in this respect the guardian of the standards of the journal. Like the others, I gained a great deal from the support of the editorial group, but for most of my time there was no admin. assistance, which I would now insist upon to make the job reasonably manageable. [*in place now!* - eds.]

### Keith Beach

#### Joint Editor 1989-1991

I was Joint Editor of the journal with David (Millard) for a few years. My remit, though, was very much as a Business Editor - a lot of dealing with monies-in and monies-out and the like. Rather less of my time was spent on reviewing submitted manuscripts. It was not the most creative job on the editorial group. But I found

that knowledge and skills I’d honed on the ATC Steering Group were of use and I enjoyed the work. In part the enjoyment came from a useful but rather obsessional pleasure in balancing the books. It also came from contributing to a job well done, with a good journal issue reaching readers. But the greater satisfaction came from belonging to a group of people whose company I enjoyed, and I look back with fondness and with no regrets at my time with the journal.

*Adrian Ward, current Editor of the ATC's international journal, Therapeutic Communities, stands down at the end of this year. He will remain on the Editorial Group for at least another year to support the Editor coming in. The Editor is an Officer of the ATC, and the new Editor - who will be stepping into the footsteps of Bob Hinshelwood, David Millard, Keith Beach, David Kennard and, of course, Adrian Ward - will be elected by the membership at the ATC's AGM on September 10 at Windsor, for a renewable five year term.*

*If you would like to stand for Editor - or, just as importantly, know someone whom you feel could and should - get in touch with ATC Chair Rex Haigh - [rex.haigh@virgin.net](mailto:rex.haigh@virgin.net). If you would like to discuss the role and its possibilities first, get in touch with Adrian Ward himself, at [adrian.ward@uea.ac.uk](mailto:adrian.ward@uea.ac.uk).*

Here, Adrian shares some of the secret pleasures of the role...

## EDITING THE JOURNAL

**Adrian Ward**

'The journal needs an editor' - this line reminded me of the old playground game of 'the farmer wants a wife', which I seem to recall would begin happily enough, but would then rapidly descend into communal violence as some unfortunate person in the role of 'the dog' would cower in the middle of a group chanting 'we all pat the dog'. One pat on the back is reassuring, two or three tolerable, but a hail of them becomes oppressive. So who would like to be chosen to be the next editor of the journal *Therapeutic Communities*, and what will be expected of them? I don't mean to suggest that the editor necessarily assumes the sort of paranoid position of the dog in the game, but the role does have its demands!

The *Newsletter* has invited comments from four former editors of the journal, as a way of cajoling me into saying something about the role of journal editor. It is interesting to note that they all have some of the same bitter-sweet feelings about the experience that I do. I took on the editorship four years ago, with Peter Griffiths as Deputy Editor, and immediately found myself responsible for producing a new collection of half a dozen papers plus reviews every three months for the next five years. The supply was erratic, the process of assessment was long and sometimes tortuous, and the business of trying to cajole a finished article from an author who may be on their second or third revision was occasionally exasperating.

Nevertheless there was a genuine excitement in the process, especially when new papers would appear through the letter box out of the blue, sometimes from faraway lands, but sometimes also from colleagues just down the road. I have enjoyed having the opportunity to read all sorts of papers in all sorts of styles and 'voices' - especially the Windsor papers, which each year bring us a fresh crop of new and surprising developments. I have also enjoyed corresponding with some of the 'great and the good'

over such annual treats as the Maxwell Jones Lecture and the Peter van der Linden Lecture. I have especially enjoyed working with new authors writing their first paper and trying out new ideas or describing new projects. It is a real privilege to get to read some of this material in its 'raw' state, even if it then has to be revised and reworked many times to be ready for publication. Readers may be surprised to know that it is not always the newest or most junior authors who have to do the most revision. Some of the 'big names' have been asked to do the most substantial re-working of their papers (and have usually accepted their feedback very graciously), while some of the first-time papers have been used with very little revision. Occasionally there is a brush with delicate egos, as Bob suggests.

Our aim is always (picking up David Kennard's point) to publish papers which will be of the greatest interest and value to readers, and the feedback to the journal suggests that it is often those first-hand accounts from practitioners and occasionally from service users that have made the greatest impact on our readers. The research papers are valuable in many ways, and the theory papers are often of lasting value, but what most readers seem to turn to first are the papers from the 'shop floor' which remind us all of the true nature and demands of the work.

What an editor has to do, then, is to work with a group of colleagues to produce an interesting, vital and timely collection of papers. The editorial group has always (in my experience) been a lively and good-humoured collection of individuals who are all finding the time and commitment from within their already-busy schedules to read papers, review them, write to authors, and come to meetings. Then there is the International Advisory Panel of experienced practitioners and academics around the world, who are called upon to review papers and compose comments to authors. There is also the essential 'behind the scenes' production team of Avanti Papadopoulos and Joanna Vroom who turn the manuscripts into journal pages and Carol Long who organises the printing. Editing the journal involves not just managing the assessment of the papers, then,

but also liaising with these different groups of people to harness the whole shebang into appearing every three months.

My own experience of this whole undertaking was that the process of assessing papers and getting them ready for publication became increasingly demanding and time-consuming, even with the dedicated support of Peter as deputy editor. After some slightly sticky negotiations, we secured some funding from the ATC to pay for a small amount of time from an Editor's Assistant. Caitlin Thoday, a Ph.D student here at the the University of East Anglia, took on this role and the impact was immediate - the whole process began to whirr into operation again, and miraculously more papers began to be submitted, so that now, only nine months later, we have a healthier 'paper flow' than I can ever recall during my time on the journal. David Millard is right in saying that it is essential to have this sort of assistance - what it really means is that there is someone who is paid, if only for three hours a week, to do the business of the journal, so that the process keeps moving forward.

One other way in which things have become easier during my time has been the almost universal use of email for the submission and assessment of papers, as well as for forwarding them on into the publication process. This speeds up and simplifies the whole process enormously, and makes it far easier than before to keep track of papers throughout the process. The new editor will therefore inherit some advantages: a system for managing the flow of papers, an email network which enables papers and assessments to be dealt with far more speedily than before, and concrete support from ATC in the form of assistance for the editor - and more recently for the reviews editor too.

What I have talked about in this paper has been focused mostly on the technical side of producing the journal, whereas the other side - the inspiration,

the message, the philosophy of the journal - might be seen as far more interesting and creative, although it can only start to happen if the basic production process is operating relatively smoothly. There are many possibilities for the journal's future, especially in terms of re-thinking its 'mission' and negotiating with publishers to take it on and expand it into new international and perhaps inter-disciplinary markets. The new editor will have the opportunity to influence these developments and to lead the editorial group into the next stage in the life of the journal.

Bob Hinshelwood says that the editor has to enjoy reading papers - to which I would add that you also have to enjoy writing, since an editorial is required for each issue. This is always a challenge, but usually an engaging one, in that there are always topics arising from the papers in that issue, and sometimes other matters from the world of TCs or even from world events, which can be brought together into some form of reflection. At worst my own editorials have probably been like 'Thought for the Day', but whenever I have proposed to the editorial group that (like many other journals) we should drop the editorials, they have argued strongly that they should be kept. Perhaps in future issues, members of that group might like to take turns in writing editorials! The type of writing which I have done less of during this period is writing my own papers - only one has been included in the journal during my editorship, and that was when we were desperate for 'copy' to fill a thin issue. It would have seemed inappropriate to submit papers to the journal of which I was editor, although when I have stepped down I do hope to submit one or two more for the next editor to deal with. For that reason I shall be pleased to step down from the role, although in other ways I will be sorry to do so, and will miss that sense of being at the hub of an interesting and valuable enterprise. I wish the next editor every success and enjoyment of the role, and hereby offer her or him their first pat on the back to welcome them into the role.

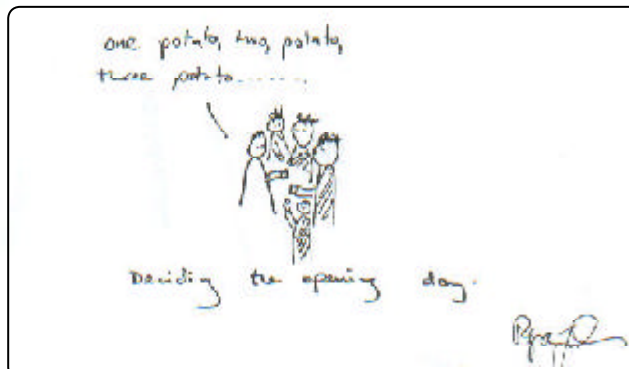
**If you would like a pat on the back, or to discuss the role, the journal, and/or the possibilities, contact: Adrian Ward. Senior Lecturer in Social Work, School of Social Work and Psychosocial Studies, University of East Anglia, Norwich, Norfolk NR4 7TL [adrian.ward@uea.ac.uk](mailto:adrian.ward@uea.ac.uk)**

### My favourite chair

This is my seat  
It has my name on it.  
You move it,  
You move me.

### Culture

One year like a hundred  
Two years  
The limits of memory  
Ancestors.



### The last community tea

Tuesdays before leaving  
Standing on the edge  
Of goodbye

### This is....

....and this too shall pass  
who shall it pass by?  
Why would it choose to?

### *Annual Members' Forum*

*The Community of Communities held its first Annual Members' Forum on 13<sup>th</sup> February 2003. We were very encouraged by the number of people who attended from across Great Britain, from Northern Ireland, and Greece. We were particularly pleased by the high level of client-members who came to the event - about a quarter of the 82 delegates were client-members or ex-client members. This was largely made possible by funding for assisted places donated to the Community of Communities for this purpose by The Cassel Hospital and West Berkshire NHS Trust. We are very grateful to both organisations for supporting the event in this way. We were also delighted that Mike Shooter (President of the Royal College of Psychiatrists) attended the Forum. It took place at the Royal College of Pathologists, which was both an elegant and comfortable setting, with large windows overlooking the tree-lined Mall.*

**by Sarah Tucker**  
**Project Manager**  
**Community of Communities**

Professor Paul Lelliott (Director, College Research Unit, Royal College of Psychiatrists)

welcomed participants and introduced the day. He emphasised the importance of the collaborative nature of the work between the Association of Therapeutic Communities and the College Research Unit on the Communities of Communities project. He went on to highlight a distinctive and exciting feature of this network by contrast to others managed by the College Research Unit, namely that it spans services across the NHS, the Prisons service and voluntary sector including therapeutic communities for adults, children and young people.

I presented Selected Key Finds from the First Annual Cycle of the project. These are to be written up in full over the next weeks and submitted to *Therapeutic Communities*. However, the main summary points noted that the findings from the self- and peer-reviews of the thirty-eight member communities are strong on 'involvement and reality confrontation' as well as 'communalism and communication'. However, perhaps surprisingly, the findings suggested that these therapeutic communities are weaker on 'democracy and agency'. Finally, it was noted that while most communities perceived the environment as physically and emotionally safe, well over half the communities said that they did not have enough staff to safely meet the needs of the community. Thus there was a question mark concerning the 'containment and permissiveness' of the therapeutic communities.

ATC Chair Rex Haigh then

opened a discussion and spoke about the progress of the project.

The remainder of the day was spent in three smaller groups chaired by members of the Community of Communities Advisory Group (Sheila Gatiss, Roland Woodward and Sarah Paget). In these groups twenty-one member communities gave brief presentations about their communities, about their experience of the Community of Communities review process, and about any action points that have arisen from their participation in the Network. Following these there were lively questions, exchanges, and discussions. It was these informal smaller discussions that, for me, formed the real heart of the day, offering members both the opportunity to feedback to the Community of Communities team suggestions for the future, and to exchange on common issues arising in the work of their communities.

The day ended with a full discussion in a plenary large group session conducted by Rex Haigh. In a sense, the event was the annual community meeting of the Community of Communities. As such, I hope it contained many of the ingredients of a community meeting. My sense was that it did so far as it involved open questioning of the process, expression of anxiety about the process, lively discussion, information sharing, supportive exchange, and informal connections made over coffee, lunch and tea. Thanks very much to everyone to came!

*[For further comments, see next two pages - eds.]*

### ***Therapeutic Community Standards Consultation***

The consultation process for the second edition of the *Service Standards for Therapeutic Communities* is well underway. The consultation draft of the second edition is now out for comment to all members. There have been some marked revisions made to this draft consultation edition (see summary below) which was edited to incorporate the work done during the first stage of the consultation process, namely the Community of Communities Standards Working Group in December.

#### ***Standards Working Group 9<sup>th</sup> December 2002***

In July 2002 all members were invited to join this group, which was convened in order to provide a forum for experts in the field to consult on the first edition of the *Service Standards for Therapeutic Communities*. Over thirty members participated in the group, representing the NHS, Prisons, and the Voluntary Sector, and crossing adults', children's and young people's services. Again, members from

*continued on page 34*

*Thoughts on the***FIRST ANNUAL FORUM**

The day started with an early morning train journey into London. As we approached London our driver informed us that only one tube line was running. Definitely not the best start to the day. I could only trust it would improve.

On arrival at the venue it felt like a school reunion or family event, where you know why people are there but not who they all are. There was a nice buzz of conversations, and the atmosphere felt relaxed, with a sense of anticipation.

The Forum started off with a summary of the Community of Communities project and the review process. The facts and figures I found interesting, but felt I had many more questions and thoughts provoked by them than were possible to discuss. Maybe next time we could have the data correlated by settings (e.g. prisons, child and adolescent units, etc.), which would help me to have more understanding and possibly assist focussed discussion around cultures and issues.

After a coffee break we chose a room for the rest of the day, to listen to informal presentations from communities about themselves, their participation in and experiences of the review process. Initially, I had reservations about choosing one room for the rest of the day, but on reflection it worked really well. We had a variety of Therapeutic Community client groups, therapy styles and sizes represented, from child and adolescent, prison, adult and a very small adult community. The diversity in the room felt refreshing.

Throughout the day many important issues were discussed. These are some that I took particular interest in: -

- Cost of involvement in the whole process was a big issue, especially for some of the smaller communities.

- Some communities had not sent user representatives to the Forum due to the costs involved, although it sounded as if they'd have liked to be involved in the whole process.
- Some communities had planned their day so that the visits could be built into their daily program. This didn't always appear to work, or be appreciated. On reflection on this point, I felt fortunate that the visit I had been on was to a secure setting. As a result we had the expectation of fitting our visit into their structure, which was very challenging with so much work to do, but I suspect a more real feel of the community we were visiting.

Many communities hadn't had their reviews back before the Forum, and it had been a long time since the reviews had been made. This didn't feel comfortable at first, but as the day progressed I began to feel this was less important. The important thing for me was not so much each review or the review process, but the continued growth and development of communities and the value from communication between them.

Having been involved with the Community of Communities from the launch, this day felt different, in a really nice way. Instead of the professionals coming together and talking about their TCs, there was a real sense of whole communities being involved, with staff, current and ex-community members sharing and discussing their experiences.

I travelled home that night tired after a long day, not sure quite where the day's events would lead. It felt right, healthy, like a therapeutic community on a very large scale, and I am looking forward to future events. If there were one thing to sum up the day for me it would be to respect and appreciate difference.

**Yolandé Hadden**  
(Ex TC member)







## **MUSTARD OR CUSTARD?: Some thoughts about the first annual forum**

**Rex Haigh**

So many conversations have happened, and there are so many thoughts around about the progress of the Community of Communities, but I want to focus on just one issue here.

It is how we achieve the right balance between the Spanish Inquisition model, and the toothless wonder. Bodies like OFSTED, CHI and the new Social Services Inspectorate are all clearly in the Spanish Inquisition camp – in the way they are experienced, and the reverential way in which their findings are processed, delivered and acted upon. On the other hand, collaborative working to improve quality has a bad name amongst managers and maybe commissioners for being too soft and sweet, like custard – and so, impotent and ineffective. All standards need to be “S.M.A.R.T”, as every management training exercise tells us.

This dichotomy has been a running theme since the whole issue of accreditation came up a few years ago. Robin Cooper, who sadly died in a mountain accident last year, passionately argued that any accreditation process was necessarily against the spirit of what we are trying to do in TCs. Bob Hinshelwood argued that any such process needs to have a hard edge of exclusion to be meaningful – and Keith Hyde made much the same point at the first Forum last week: we need to be able to say when communities are not “doing the business” or “cutting the mustard”.

The whole process has been set up with the idea that it will be a collaborative venture: one of our buzz-phrases is that the peer reviews should be matter of “engagement not inspection”. This obviously has exact parallels with the therapeutic work we all do: a culture

of enquiry is one where there is a space in which it is safe to reflect upon a community’s own functioning, without fear of persecution.

But many experiences we heard about at the Forum were how anxiety-provoking the peer review process was. To many, it felt like a TC-organised Inquisition, rather than a space to mutually reflect on what we were up to. Is this because it is the first year, or is it inevitable? If so, why? And should it be? Or is it necessary anyway?

My own view is that we are really trying to find a “third way”, that is neither and both – not custard nor mustard, but something else. So perhaps reviews are sharp without being too sweet, but both critical and supportive. So perhaps a community in a mess (hopefully a rare thing) gets to talk openly about their difficulties, collaborate about making an action plan, and only feel the teeth (perhaps of having membership suspended) if those plans come to no avail. And the majority of communities in the middle ground experience a tangy mixture of sweet and sour – some anxiety about the exposure of shortcomings, but also support and pride in things they do well – and get some good ideas for how they might do things differently. And woe betide the smug outfits who think they have got the whole thing sorted out, and welcome the review team with smug superiority – every community could do *something* better - ; but then I don’t think we have come across any of these yet! And as for teeth, I think we should aim to attach our processes constitutionally to the bodies that do have the teeth – so the collaborative and TC-friendly process of ours is a required part of larger accreditations. In prisons, for example, our Community of Communities reviews could be a major source of input into the formal Prison Service accreditation process.

That’s what I’d like to work towards, anyway. Comments and thoughts very welcome to us at CRU of course! (020 7227 0849)

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Greece attended as well as prospective members from Bulgaria. We were really encouraged by the high level of participation in this group because it ensures that the Standards are developed and owned by the Network's membership.

I opened the day emphasising the fact that the consultation on the Standards provided the foundation for the rest of the Network's annual cycle, because the self- and peer-review questionnaires used to gather information about the communities are based upon the Standards. Adrian Worrall (Programme Manager) gave a full presentation on the principles of the development of standards. He highlighted the validity of the 'stakeholder consensus method', the importance of a thorough literature review, the evidence base for developing standards, the process for editing standards, and the attributes of standards. In this way he briefed members for the work they then went on to do in small groups.

There were eight small work groups (four in the morning and four in the afternoon). Having elected a chair and a scribe, each group looked at one of the eight sections of the first edition of *Standards*. Making reference to a large selection of key literature documents, including *KLAC2* (Kennard and Lees Audit Checklist), the *Charterhouse Group Value Added Standards*, and the ATC's *Criteria for the Accreditation of Training*, the task of each group was to discuss and to revise, where appropriate, each standard. They were asked to focus on the therapeutic community ethos of the standards, the categorisation of the standards, the clarity of the language, and omissions. Extremely lively discussions took place, which inevitably focussed on the central

theme of what goes to make a therapeutic community, both on a more abstract theoretical level and on a more detailed and practical level.

### Prominent Areas of Revision So Far

*On the basis of the discussions during this Standards Working Group (of which written records were made), the following prominent areas of revision were made, to create the Consultation Draft of the Second Edition of the Service Standards for Therapeutic Communities:*

- Language changes to capture the therapeutic community ethos (e.g. 'Access, Admission and Discharge' was changed to 'Joining and Leaving'; 'Care, Treatment and the Therapeutic Environment' was changed to 'Therapeutic Milieu and Process')
- Additions and clarifications to standards on staff training
- Additions to standards on research in therapeutic communities
- Addition of standards which better capture the therapeutic value of 'working alongside' client members in both formal and informal settings.

### Consultation Draft of the Second Edition of the Service Standards for Therapeutic Communities

*This is now out for consultation and there has already been an unexpectedly high level of response. For a copy of the consultation draft please contact me (details below). The final version of the Standards is scheduled to be out in April 2003.*

## ***The Second Annual Cycle – Learning From Experience***

In response to feedback from members about the review process during the first year, the Second Cycle will focus on specific areas of the therapeutic community. Members will be asked to pick three particular areas that they wish to attend to, derived from the revised forthcoming second edition of the *Service Standards*. This will build on the foundations of findings in the First Cycle, providing a much more detailed and in-depth space for reflection on the practice of communities as well as more time for mutual exchange between communities visiting each other during the peer reviews.

We are planning the mutual peer-review visits to the member communities so as to take place over a longer period this year. This will allow the Community of Communities team time back in the office to write up the review summaries of the visits much more promptly. Finally, Yolande Hadden and I are planning a preparation workshop for client members and ex-client members, scheduled to take place before the next round of visits to communities. We have had a number of expressions of interest in joining this workshop, which will aim to provide a platform for developing support structures for these members to participate in the visits.

**Sarah Tucker, Project Manager, Community of Communities**

Royal College of Psychiatrists Research Unit

0207 227 0849

sarah1.tucker@virgin.net

# SURGE!

Rex Haigh

Everybody needs a good acronym nowadays, and this is a new one for part of ATC's user involvement efforts. It stands for "Service User Reference Group for England".

You may know that the English Department of Health produced an NHS policy last year for providing better services for people with diagnosable personality disorder ("Personality Disorder: no longer a diagnosis of exclusion" – available at [www.nimhe.org.uk](http://www.nimhe.org.uk)). Part of the work was to gather service user input, which I was asked to coordinate. We asked some other TC staff on board (known to be quite capable of conducting turbulent groups!), and started a series of monthly focus groups, to which we invited 16 "service users" from various hospitals and units known to the professionals who were on the PD working party. The staff were Kevin Healy from the Cassel, Fiona McGruer from Main House Outreach, and Gary Winship from Winterbourne. The service users, most of whom came to all the groups, were from all sorts of units including TCs.

As well as the focus groups, we held several other meetings, in London, Newcastle and elsewhere, to gather other views – including relevant organisations, carers, and anybody else who wanted to have a voice. We also asked for written and email contributions.

The final task for the members of the group was to describe our input at the policy launch (in London on 20 November 2002 and Harrogate on 24 January 2003). These were so well received, and there was so much interest from the service users in being heard, that we decided to continue the work by forming "SURGE". Anthony Sheehan, the NHS head of mental health policy, referred to our group as the "service user reference group", and he is head of a unit called NIMHE ("National Institute for Mental Health for England"). So we combined the two and came up with "Service User Reference Group for England"...

The organisers are now Dale Ashman (founder of "Borderline UK", an active PD support and lobbying group, and a major contributor to the DoH policy input),

Yolande Hadden (User development worker in West Berkshire and now an ATC Steering Group and Community of Communities Advisory Panel member), Kevin Healy (Clinical Director of the Cassel and one of the ATC people taking a lead on developing suitable user-involvement), and myself. Our task – to continue to articulate the voice of service users in planning and developing personality disorder services – involves taking a number of the group (sometimes all of them) to relevant conferences, seminars and other events. In the longer run, if things work well, we might start to organise some of our own events. So far, we have six "gigs" booked for the first half of 2003, and there are 21 service user members who are willing to be asked. Sometimes we talk mostly about TCs, but usually it is more about services and therapy more generally.

Until the end of this financial year, SURGE has access to some funding support from a "Patients Teaching Doctors" grant I had from Oxford Postgraduate Medical Education Deanery, but in future it will need to be self-sufficient or raise money from its activities. Some conferences are willing to pay the necessary expenses, others are more limited. Ideally, service user participants should also be paid consultation or speaker's fees – but this has only been forthcoming occasionally, so far. But at least the voices are being heard.

So there are three ways readers of this newsletter might be able to help:

- 1 **Service users** – join the pool of people willing to participate
- 2 **Staff** - get us invited to participate in conferences and other events
- 3 **Everybody** - give us ideas on how to get continuing funding (or a big cheque, of course)

We'll get some helpful contact details put on ATC's website when we have got a secretary to help us administer it – but for the moment, contact the ATC office, and they will point you in the right direction:

**ATC, Barns Centre, Church Lane,  
Toddington, Cheltenham, Glos. GL54 5DQ  
01242 620077  
[post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)**

**Did you know** – that ATC Group Members can advertise their job vacancies free on the ATC web-site, which is indexed by all the major search engines, and has links from a variety of relevant web-sites? The Positions Vacant page is at <http://www.therapeuticcommunities.org/posts.htm>. As each new vacancy goes up it is immediately noted on the ATC email discussion list, with a link to the Positions Vacant page. You therefore get the fastest, most specialized coverage available. For more information, or to send an ad by email attachment, contact [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org).

ATC's Annual International  
**WINDSOR CONFERENCE**  
 September 8 - 11 2003  
 Cumberland Lodge, Windsor Great Park

## FROM SEEDS OF THOUGHT TO FINAL FRUITION: HOW DOES YOUR GARDEN GROW?

Developing therapeutic environments involves planting, growing and nurturing them in thin and meagre soil. They need to adapt to harsh environments and be able to provide sustenance for a range of vulnerable dispossessed and often excluded people. This includes therapeutic communities in prisons, in the target driven mental health services, the heavily regulated education sector and for those with severe and enduring mental illness. How do we look at the process of growth and adaptation in the pursuit of therapeutic environment?

*Guest Speaker: Dr Geoff Pullen,  
 Formerly Consultant Psychiatrist, Oxford*

This event will receive CPD status from the Royal College of Psychiatrists, and will count toward the ATC's training portfolio for TC practitioners

.....

The Annual General Meeting of the Association of Therapeutic Communities will be held at Windsor, at 2 p.m on Wednesday 10 September. All ATC members are invited, and we hope our overseas members attending the Windsor Conference will take this opportunity to join the AGM. Attendance is free. Tea will be served after the AGM.

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**CONFERENCE FEE:** Includes all accommodation and meals  
 ATC members: single occupancy room £430. Shared room £375  
 Non-members: single occupancy room £475. Shared room £420

For Application form or further information contact: Association of Therapeutic Communities, Barns Centre, Church Lane, Toddington, Cheltenham, GL54 5DQ, UK. Tel/  
 Fax: (+44) (0)1242 620077 email: [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org)  
 or see the web-site:  
<http://www.therapeuticcommunities.org/windsor2003>

## THE ATC DIRECTORY

<http://www.therapeuticcommunities.org/directory.htm>

### TIME TO UPDATE!

Every week hundreds of people search the ATC's On-line Directory of Member Communities. As many as nine out of ten of the queries we receive in the Office include referral to the On-line Directory, or sale of the hard-copy version (£6.00). In April we will be carrying out a Spring Clean of the Directory, trying to get all Member Communities to complete a Directory entry, and trying to ensure that all the entries are up to date and accurate. It is difficult fielding queries from potential clients, or referrers, or friends and family members who are desperately seeking help and information, and who are sometimes, understandably, distressed; but it is made

even harder by the knowledge that the Directory information to which you can refer them is incomplete, out of date, and possibly even mistaken.

In this issue of the *Newsletter*, Group Members will find an annual Directory update form. It would be a tremendous help if this could be filled out and returned to us as quickly as possible. If your community is an ATC member you might even want to check the web-site to see if it is right! If for any reason the form is missing, or if you would prefer, there is an email-friendly version available. Simply contact Admin at [post@therapeuticcommunities.org](mailto:post@therapeuticcommunities.org).

Thank you!

**The Admin Team**

## ADVANCING ON A DIFFERENT FRONT

For the past twenty years the PETT has been pursuing a quietly ambitious programme of support and development which, when it is fully realised, we hope will give the fields of planned environment therapy, therapeutic community, and that broader field of education - whether defined as “therapeutic communities for normal children”, or “the open systems approach” or “progressive/democratic/alternative education” - a foundation which many areas of work can only dream of. The Archive and Study Centre, set up almost fourteen years ago, is now well established, with thousands of books and hundreds of archive collections, supporting researchers and research, and providing information and resources to the public and the professions in a variety of traditional and creative ways. With the opening of the Barns Conference Centre last year, we now have a dedicated *place* - a physical base - for meeting and retreat, with which all those who have used it seem impressed and pleased.

With kind exceptions this has been funded entirely from the Trust’s own resources, drawing on the personal commitment of the Trust team to enable us to do things which - in many settings - would have been thought impossible. Two things are now coming together, however. One is the significant fall in the value of the Trust’s investments over the past eighteen months. The other is the new stage we have now reached, particularly in the development of the Archive and Study Centre, but with exciting implications for the Barns Conference Centre, and our future ability to support initiatives in education and training. We feel that more and more people are realising the value of having a place which holds the published and unpublished memory of the field, and which is actively engaged in encouraging and facilitating its use. There is, however, a huge potential, as well as a very deep need, which is not yet being met, whether we are speaking in human terms (about the people who have done this therapeutic work, are doing it, or are among those with whom it is done), or, more abstractly, about locating and preserving archives and publications, or making information and resources available, or simply ensuring that materials which are available for research and study today will still be useable fifty years from now.

There is a major step to take which will make something which is already unique and special even more valuable, not only to students and researchers, or to allied professionals, but to those who are at the sharp end of a field which works with some of the most vulnerable, the most damaged, in some cases the most dangerous, and certainly the most readily

excluded individuals in our society. We will be outlining some of the details of this step over the next few issues of the *Newsletter*, at least as we see them. What it will mean, however, is a major Appeal, outlining needs and possibilities, and asking support from others in helping us to meet and realise them. And this, in turn, signals a time for growth and development within the Trust. Under the chairmanship first of Robert Laslett, and for well over a decade now by John Cross, the Trust is creatively finding ways to meet the needs of the field as realised forty years ago by the founders of the Trust - Marjorie Franklin, Arthur Barron, David Wills and Ambrose Appelbe, a group of deeply experienced pioneers and practitioners, who knew the difficulties of the work, and the difficulties of doing the work. We hope that we will be able to count on your support.

**Now for something completely different:**

### Are you a member of the ATC?

The PETT has been negotiating with the ATC about making preferentially-priced b&b-type accommodation available in Barns House for ATC members. If you are a member of the ATC and would be interested in a b&b-type mid-week break for yourself, your family, or your group, get in touch with our Accommodation Manager, Joanna Jansen, on 01242 621200, or email [joanna@pettrust.org.uk](mailto:joanna@pettrust.org.uk). With comfortable rooms in a rural setting, it may prove just the break you need!

### Barns Conference Centre

After the protracted uncertainties of the delayed handover of the new meeting and accommodation facilities last year, it is good to be able to report that bookings are continuing to grow. Not surprisingly, we were completely full during Cheltenham Races Gold Cup Week – the fact that the GWR steam trains now run between Toddington and the Race Course must help -, and this was quickly followed by a three-day working retreat of prison therapeutic community therapists and managers, followed in turn by the regular residential courses run by the CranioSacral Institute, now booked for the next two years. It makes for a great deal of hard work, but it is such a pleasure to finally be able to share these facilities and our setting with others!

### EXPANDING THE TEAM

As the work of the Trust expands, and takes on new dimensions, so the team is expanding. “We would very much welcome more locally-based people who can join our Management Committee,” according to Executive Chairman John Cross, “and actively help

the Trust to achieve its potential. It isn't necessary to become a Trustee to join the Management Committee," he explains; "but it is essential to be committed to the work, and to what we are trying to achieve, and be able to meet at the Centre on a regular basis – generally once a month." Meanwhile, the Trust has been developing its Trustee profile. Over the next few issues we hope to introduce you to Trustees, old and new; starting here with two of our new Trustees: Adam Green, formerly County Archivist for Somerset; and Alan Fox, a former teacher with a deep personal experience of the field.

## NEW TRUSTEES

### Welcome: Adam Green

After school and college Adam Green spent two years with International Voluntary Service teacher training in Botswana. He qualified in Archives in 1970 and worked in local government archives in Derbyshire, Humberside, Berkshire and Somerset. Since 2000 he has worked on archival and ICT projects, including surveys of coal industry records in South Wales and across the UK. Adam has served as Chair of the Association of County Archivists, and is currently Treasurer of the Society of Archivists.

He has worked on carrying out and promoting oral history recording covering a wide variety of occupations and activities since 1974.

### Welcome: Alan Fox

Alan Fox trained as a primary school teacher and a secondary school teacher at Goldsmiths College in S.E. London. He first taught at Eliot Bank (J.M.&I.) in Forest Hill before taking a third-in-charge residential teaching post at Sayers Croft Rural Centre for London school children at Ewhurst in Surrey, where he helped to pioneer courses for children who had behavioural problems in their London comprehensive schools. On the basis of this his London inspector recommended that he undertake the Advanced Diploma in the Education of Maladjusted Children run by Dr. Edna Oakeshott at the Institute of Education, University of London, after which he went to work at Bodenham Manor School in Herefordshire, then run by the Birmingham Society for the Care of Nervous and Invalid Children. At Bodenham he served as deputy head under Ted Saunders, a member of Dr. Marjorie Franklin's original Planned Environment Therapy discussion group. In his final teaching post before taking early retirement Alan set up and managed the education team within a multi-professional unit for children and young people in Pollards Well and Ty Bryn, based in the grounds of St. Cadocs Psychiatric Hospital in Caerleon in South Wales. He was there for twenty years, during which he took an M.Ed. in Human Development and

Education at the School of Education, University of Bristol.

During the course of his career he has been Treasurer of the Association of Workers for Maladjusted Children (AWMC), Chairman of Special Educational Needs: National Advisory Council (SENNAC) and Founder Chairman of the National Standing Conference of Hospital Teachers (NSCHT). He is currently a Council Member of SEBDA (Social Emotional and Behavioural Difficulties Association, formerly the AWCEBD (Association of Workers for Children with Emotional and Behavioural Difficulties, itself a successor to the AWMC), as well as Chairman of the PETT and Barns House Friends. He is also a trustee of the Peredur Trust, founded and run by Joan and Siegfried Rudel, for adults who have autistic symptoms and who are able to contribute to the work on the organic farm and in the weaving, pottery and woodwork craft workshops. He is a trustee of his village hall in Holt, Wiltshire, and of Community First, with a brief to keep an eye on rural transport needs in Wiltshire. He was Founder Chairman of the Advice and Support Group for the Young People of Holt (ASGYPH), and is also chairman of Holt Ahead, which looks at needs and future developments as shown by a village appraisal exercise in 1998 / 99. He is a Quaker.

One of his life-long interests is cricket. He is a qualified umpire, and was Training Officer for Monmouthshire. He has umpired First Class County 2nd XI games as well as Women's Test Matches, One Day Internationals; and he officiated - and saw all the teams - in the 1993 Women's World Cup here in the U.K. He enjoys walking, especially along coastal paths, and cycling along designated cycle routes, and spending time and exploring life with his wife Susan and his eight year old son Matthew.

## THANKYOU!

*We are also having to say goodbye to two members of the team whose contribution to the work and achievement of the Trust has been incalculable, although Stephen Ogle's profession has a great deal to do with calculation, and Izaak Jackson's ability with figures is singled out for mention!*

## STEPHEN OGLE

**Jeremy Harvey, PETT Trustee and, until recently our Treasurer, writes:**

*Thank You, Stephen!*

Stephen Ogle joined us at PETT soon after he had retired in 1998. He came as a volunteer business adviser, put in touch with us by REACH (a charity founded in 1979 to give retired professionals and managers the opportunity to support worthwhile

causes, using the skills and expertise they had built up over many years). An accountant by training, he had subsequently worked with Coopers and Lybrand and then Nuclear Electric/Magnox Electric at director level. He had deep knowledge of planning, financial and management practices.

Come the hour, comes the person, in our case with thanks to REACH. For over a year we had been asking them for someone with such an industry-business background.

Modest, unassuming, open-necked, his jacket in his hand, Stephen from the start was a good listener, patient, hardworking, and motivated. He must have put in many hours at home. Within weeks he was helping us present our accounts more efficiently, and then he set about drafting a five-year business plan - but made it clear that everyone could contribute!

We liked and trusted him from the start. He managed to understand our ways and to get inside our jargon without giving us business-speak back. Before long we could not imagine running our affairs without him, and had to remind ourselves that he was a volunteer and not on the payroll.

The business plan was adopted and became a useful benchmark for gauging yearly progress or slippage. Work on the new conference centre buildings and archive extension began, and Stephen was attending most meetings and getting to know the trustees. He turned then to health and safety matters and risk assessment, determined that we should meet the Charity Commissioners' requirements. We tried - unsuccessfully - to persuade him to become a trustee; but he had other abiding interests and the pull of family and his native Essex was irresistible.

Once the major part of our Conference and Study Centre expansion and development had been achieved he slipped away as quietly as he had arrived. He had enormously strengthened our team and he had been fun to work with. He always asked for our comments on his drafts, so making us feel valued and gaining in skills! John Cross and Maureen Ward, the Trust Secretary, worked especially happily and closely with him. He was never known to have lost his sense of humour in dealing with our archivist, Craig Fees.

We miss you, Stephen, thank you warmly, send our best wishes, and reckon someone in Essex will have snapped you up by now!

#### **John Cross, Chairman of PETT, adds:**

It had not escaped our notice that Stephen was an

active member of the World Development Movement, being at one time the Chairman of the local branch. He had also been a former committee member of the United Kingdom Housing Trust. We had therefore anticipated that he would broadly share the aims and philosophy of the Planned Environment Therapy Trust.

What perhaps we could not have hoped for was to gain the services of someone who we experienced very much from the first as one of us. Realistic, practical and direct in emphasising the need for PETT to ensure our enterprise was conducted in a businesslike fashion, he was also warm and intuitive in sharing and encouraging our fundamental aims and ideals. The Trustees and team at Toddington owe him much.

## **IZAAK JACKSON**

### **Izaak Jackson honoured**

At the March 8 meeting of the Committee of PETT and Barns House Friends, John Cross, Chairman of PETT, made a presentation to Izaak Jackson, formerly a member of the New Barns staff team, and latterly housekeeper at Barns House and the PETT Conference Centre at Toddington. In making the presentation of a garden token and a piece of local pottery on behalf of friends, colleagues and PETT Trustees, John said that many people present would associate Izaak with her work at New Barns. She had played an important part in the successful establishment of the Barns Centre, and her contribution would be greatly missed.

### **Maureen Ward, Secretary to PETT, writes:**

Anybody with long-standing connections with the current PETT work in Toddington, and with New Barns which occupied the site before it, will remember Izaak Jackson, who formally retired at the end of last year. Coming from a social work background, Izaak joined the New Barns team in 1977 with her partner Roger. All the staff were appointed as co-worker members of the Residential Therapeutic Team. All members of that Team shared very equally in all aspects of the life and work of the community. Whilst of course all members had specific responsibilities in various areas which were related to their individual skills and interests and their previous training and experience, the primary function of all adults at New Barns was to be found in their membership of the Therapeutic Team and their therapeutic relationships with children. During her 15 years at New Barns, Izaak became a key member of the Therapeutic Team, but her considerable organisational skills and apparent ability to turn pennies into pounds led Izaak ultimately to assume

specific responsibility for catering and housekeeping. When the school closed in 1992, she continued this role with P.E.T.T., as it laid the ground work for what has since become the Barns Conference Centre.

With the completion of the Centre's new conference and accommodation buildings Roger and Izaak undertook the task of furnishing and equipping them. Despite her increasing ill health and not infrequent spells in hospital, they spent many hours tramping round various retail outlets in search of the "right" furniture, linen and kitchen equipment, always managing to combine good taste and quality with the least amount of expense. The result is what we have today, and we are all extremely grateful that she

deferred her retirement until the facilities were ready for use.

Joanna Jansen, the Conference Centre Administrator, and myself owe her a particular debt of gratitude, not only for a well-equipped catering kitchen, but for guiding us through the unfamiliar territory of cooking for large numbers of people, and being organised enough to ensure that there are enough clean towels to go round, as well as making the surroundings as comfortable and relaxing as possible. It is a source of great comfort to us to know that the benefit of Izaak's experience and advice is always available at the end of the telephone. We wish her well for the future.

## Archive and Study Centre

### A VOLUNTEER WRITES

**Anya Turner**

For the last few months, I have had the arduous task of writing my dissertation (I am doing my BA (Hons) in Fine Art at the University of Gloucestershire). The title is "How does play influence creative people?", and I have been making the most of my time as a volunteer at the Archive and Study Centre by researching key figures such as Friedrich Froebel, founder of the Kindergarten movement, whose work inspired the architect Frank Lloyd Wright. I have also travelled to Cambridge, to the Centre for Family Research, to investigate the Child Psychologist Dr Margaret Lowenfeld, whose official archives are kept there. Apparently they hadn't been looked at for years, and this is a sad reflection on the work of a remarkable woman (she had a tremendous influence on the House in the Sun/Hengrove School, among other things) who for one reason or another has all but slipped into obscurity. I wasn't quite sure what I'd find in amongst her personal papers, but luckily for me, (and perhaps from beyond the grave!) Dr Lowenfeld provided me with the missing piece of the jigsaw for my dissertation, in the

form of correspondence between herself and the great authority on art, Sir Herbert Read. You'd think that with all that background preparation – and the fact that at the Archive I work at the desk she used to own, with her own ink spills and stains still on it - I'd be close to finishing my dissertation; but here I am, avoiding it by typing this article instead!

I hope everyone who did enjoy receiving his or her PETT Christmas card (I understand that Craig's system broke down a bit in the rush of Christmas; if you didn't get a card, let me know and I'll send it to you!). It was a privilege to be able to design it, and I was very lucky to come across such a beautifully stage-managed image. I just hope I can do even better next year. I understand that it prompted a number of people to get in touch and share their thoughts and memories, and that was just one picture from the vast collection housed at the Archive! As I mentioned in the last *Newsletter* I do hope to be able to make some of the pictures, paintings and objects in the Archive collections available on the PETT website, and hopefully that will inspire even more remembering and discussion.

As regular readers will no doubt know, the ever-expanding oral

history collection at the Archive is a valuable resource, which provides us with a wealth of information. The importance of oral history lies not only in the reminiscences of the older generation but also in documenting the events of here and now. The recordings communicate so much more than a text: They provide us with an insight into events and lives, which may not ordinarily have been documented. They capture unique memories, in a way that allows for all the nuances of dialect and language to transport the listener into the world of the speaker.

I mentioned in the last *Newsletter* that when I arrived for my first day to be a volunteer at the Archive, I was issued with a stack of project sheets. One of the sheets referred to recording the memories of a key individual involved with Hollymoor Hospital, for the oral history collection. Needless to say I was enthusiastic about the project, and Craig sent me off with a stack of books to read up about the finer points of interviewing, recording, etc. That was eight months ago! There have been various delays, but in the coming weeks I hope to finally make the recording, and when I do I will report back to you with the details in the next issue.



## ARCHIVIST'S RAMBLE

Helen and I – Helen doubles as a Trustee and our Honorary Librarian – were putting together the list of recent acquisitions below, while off in the distance a deskjet printer knocked off pages of this *Newsletter*, to take to the printer tomorrow. One of the privileges of physically putting the *Newsletter* together is that you know exactly how much space you have available, while one of the drawbacks is having less than you need. There is a tremendous amount going on here, in all areas - a lot of exciting things to report. We are also down from 2.5 people at this time last year to just 1, exacerbating my natural inefficiency; and thanks need to mingle with apologies. My original intro alone would have filled this page.

So, with Oral History and Archives and Information Services all knocking furiously on the door, I am concentrating this time on the Library. There are several reasons. One is the reaction that Helen and I both had this morning as we worked our way up and down the books-waiting-to-be-catalogued shelves. Some of the things we have in the Library simply take your breath away, and you find yourself asking, "Why aren't we inundated with people wanting to look at them?" The answer is simple: they - you - don't know what's here.

Helen comes in once a week, and we're fortunate in Liz Avitabile, who comes in for several hours each week to enter books into the database. But to really do what is needed - to compile the full catalogue in electronically-searchable form and to get it on the Internet where the public and everyone involved with therapeutic community can have free access to it - requires resources on a scale of which we can just about dream. Making the catalogue of this Library, this remarkable and powerful tool, available across the world is therefore one of the key things for which we will be formulating an appeal. A comprehensive survey of archival sources is another. A systematic, comprehensive recording of memory throughout the fields served by the Archive, is another. Developing the web-site...But focusing today on the Library.

There is a third reason. Our Library is as magical as it is because of the people who have contributed to it. We have recently been given three professional libraries. Each requires its own extensive discussion. But briefly: Harold Bridger has given his professional library; Richard Crocket has given his; and Sidney Hill has given us the books of the late Miriam Tebbs.

**Craig Fees**

## LIBRARY: Recent Purchases (with some annotation)

### Books

Anderson, Kevin and Quinney, Richard, eds (2000), *Erich Fromm and Critical Criminology: Beyond the Punitive Society*, University of Illinois Press (Urbana and Chicago)

Ayella, Marybeth F. (1998), *Insane Therapy: Portrait of a Psychotherapy Cult*, Temple University Press (Philadelphia)

Beattie, Nicholas (2002), *The Freinet Movements of France, Italy, and Germany, 1920-2000: Versions of Educational Progressivism*, The Edwin Mellen Press (Lewiston, Queenston, Lampeter).

Boston, Mary and Szur, Rolene, eds (1990), *psychotherapy with severely deprived children*, Maresfield Library, Karnac (London)

Briggs, Dennie L., Lyon, Blanchard, Molish, Herman B., and Deen, Robert R. (1953) "Selected Socio-Cultural Factors Affecting Interpersonal Relations as Revealed by the Blacky Pictures; I. Discrimination Between 'Unsuitable' and 'Normal' Recruits", Report No. 227, Medical Research Laboratory, U.S. Naval Submarine Base, New London

Clark, Alfred W. and Yeomans, Neville T. (1969), *Fraser House*, Springer (New York) [Have a look at "Whither Goeth the World - Humanity or

*Barbarity: A Thesis About the Life Work of Dr. Neville T. Yeomans*", by Leslie James Spencer, 'A PhD Research project (as work in progress) on the Life Work of psychiatrist barrister Dr. Neville Yeomans', at <http://www.laceweb.org.au/phd.htm>.]

Diel, Paul (1987) *The Psychology of Re-Education*, Shambhala (Boston, Mass), translated by Raymond Rosenthal

Eldred, Stanley H. and Vanderpol, Maurice, eds. (1968), *Psychotherapy in the Designed Therapeutic Milieu*, Little Brown and Co. (Boston, Mass.), *International Psychiatry Clinics* 5:1

Fenton, Norman (1958), *An Introduction to Group Counseling in State Correctional Service*, The American Correctional Association (New York, New York)

Fenton, Norman (1973), *Human Relations in Adult Corrections*, Charles C. Thomas (Springfield, Ill.) [One of the chapters is by Negley Teeters, one of whose pre-war books, I think I'm right in saying, surprisingly referred to the work then going on at Q-Camps. One of the sections of this book concerns "Administration as the Servant of Treatment", and it would be interesting to have this reviewed in the light of David Clark's book on Administrative Therapy. It would also be interesting for someone currently involved with

prisons to review Fenton's final chapter, a personal reflection entitled "Prophecy: Prisons in the Year 2000: An Optimistic Vision". He opens with his discouragement "when the members of the California legislature in the early Thirties did not appropriate all the funds I had requested for a program to deal with children and their serious problems within the confines of the local community rather than subjecting them to commitment in a state training school." He goes on with "another account of disappointed hopes [when] ... in the spring of 1933, I tried to obtain resources for the treatment and prevention of drug addiction." Here's someone who later worked with Harry Wilmer (see below). It would be interesting to see how his forty-plus years of experience stood up to current scrutiny. – Craig Fees]

Fenton, Norman, Reimer, Ernest G., and Wilmer, Harry A., eds. (1967), *The Correctional Community: An Introduction and Guide* (UC Press, Berkeley and Los Angeles) ["In earlier and current efforts to evolve a satisfactory nomenclature for this new program, various terms have been used, notably 'milieu therapy' and 'therapeutic community.' ... The term 'correctional community' is used here to designate the program as defined in the book and as now used in the correctional institutions for youths and adults in California."]

Fenton, Norman, and Wiltse, Kermit T., eds. (1963), *Group Methods in the Public Welfare Program*, Pacific Books (Palo Alto, California)

Kramer, Edith (1958), *Art Therapy in A Children's Community: A Study of the Function of Art Therapy in the Treatment Program at Wiltwyck School for Boys*, Charles C. Thomas (Springfield, Ill)

Pestalozzi, Julia, Frisch, Serge, Hinshelwood, R.D., and Houzel, Didier, eds. (1998), *Psychoanalytic Psychotherapy in Institutional Settings*, Karnac Books (London)

Slavson, S.R., ed. (1966), *The Fields of Group Psychotherapy*, John Wiley and Sons (New York) [Includes a chapter on 'Mental Hospitals' by T.P. Rees and Max Glatt]

Various (nd.), *The Education of Retarded and Difficult Children in the Leicester Schools*, City of Leicester Education Committee

Veninga, James F. and Wilmer, Harry A., eds. (1985), *Vietnam in Remission*, Texas A&M University Press (College Station, Texas).

Wiley, Juniper (1996), *Precarious Haven*, Westview Press (Boulder, Colorado)

Wilmer, Harry A. (1942), *The Lives and Loves of Huber the Tuber*, National Tuberculosis Association (New York, New York) – illustrations by the author ["Any resemblance to tubercle bacilli living or dead is purely coincidental; the events portrayed, however, are occurring every day."]

Wilmer, Harry A. (1945), *Corky the Killer: A Story of Syphilis*, American Social Hygiene Association (New York, New York) – illustrated by the author

Wilmer, Harry A. (1963), *The Mind: First S-T-E-P-S Franklin Watts* [watch for a review in the next issue of the Newsletter!] – illustrated by the author

Zetzel, Elizabeth (1987), *The Capacity for Emotional Growth*, Maresfield Library, Karnac (London)

### Theses

Ayella, Marybeth Francine (1985), *Insane Therapy: Case Study of the Social Organization of a Psychotherapy Cult*, University of California, Berkeley, PhD.

Carter, Mary Josephine (1984), *The Total Institution and the Therapeutic Community: Similarities and Differences*, University of Pittsburgh, PhD

Frankel, Barbara (1974), *Context, Power, and Ideology in a Therapeutic Community: An Approach to the Transformation of Deviant Identities*, Princeton University, PhD. (Anthropology)

Meade, Kimberley Ada (1990), *Negotiations in a Therapeutic Community*, Acadia University, MA (Sociology)

Soloway, Irving H. (1977), *Pimping the Program: The Culture of Patients in a Therapeutic Community*, Temple University, PhD. (Anthropology)

Strober, Elizabeth Anne (2001), *Canaries in a Coal Mine: Conceptualizations and Treatment of Mental Illness in a Therapeutic Community for the Mentally Ill*, University of Washington, PhD. (Anthropology)

Wiley, Juniper (1988), *Precarious Haven: An Ethnography of a Holistic Therapeutic Community for Schizophrenics*, University of California, San Diego, PhD. (Sociology)

## CHANGE OF DIRECTOR

From May 2002, as reported in *Joint Newsletter 5*, the Group functioned with two part-time Directors. Sarah Tucker was appointed Director of Strategic Development and Keith Coulston assumed the position of Director: Organisational Development. Whilst this arrangement was proceeding well it was nevertheless understandable that Sarah chose to accept an offer of full-time employment with her other employer, the Royal College of Psychiatrists.

We were all sorry to see Sarah leave, but reassured that she will remain in contact with us through her work at the Royal College in the Community of Communities project and her involvement with the

Association of Therapeutic Communities. It is most pleasing that Sarah has chosen to become an Individual Member of the Charterhouse Group.

Sarah left her post in December and after careful consideration it was agreed to recruit a full-time Executive Director in order to provide the time and space to focus on the development of the Group. An advert was placed in the *Guardian* and the interviews will be held on 31<sup>st</sup> March. Meanwhile, through an interim service agreement with the Peper Harow Foundation, Keith Coulston, with the support of others, is 'holding' key issues until such time as the successful applicant can take up post. In the next issue we hope to be able to introduce you to the new Executive Director!

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## .netWORKING

The members of the Charterhouse Group of Therapeutic Communities network among each other on a number of levels. Three of our working groups – for Heads of Education, for Finance and Administration, and for Training - now have their own dedicated email discussion groups, for example. People who are busy and committed in depth to the children and young people in

their own communities can nevertheless keep in touch with others, not only about the rapidly changing demands and challenges of the external environment, but about the issues and questions that arise in the day to day life and work of their own practice. In CHG's view, this internal debate and dialogue are a vital part of what makes the Charterhouse communities so effective and special.

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## CHG:EDUCATION REPORT

### Education Conference

This dialogue and debate is not, of course, confined to the virtual dimension. At the Charterhouse Group's Heads of Education meeting on January 31<sup>st</sup> the plans for CHG's annual Education Conference were presented. This will have taken place by the time the Newsletter goes to press, and we will hope to report on it more extensively in the next Newsletter. It will take place on March 25<sup>th</sup> at Cotswold Community, and Coral Hitchings of the Mulberry Bush School will open the conference, which is to be dedicated to the theme of "Promoting Therapeutic Work Within the School Curriculum".

According to Andy Lole of the Mulberry Bush, who chaired the meeting on January 31<sup>st</sup>, "The overriding aim of the conference is to enable teachers and teaching assistants to talk, sharing experiences and ideas with others who work with equally challenging children and young people. The morning session will focus on different approaches/ideas of how to integrate a therapeutic approach appropriately into the day to day work of curriculum delivery, while the workshops in the afternoon are an opportunity for sharing things we feel we do well."

Each participating school/therapeutic community is being asked to propose one or two areas on which they would like to lead a workshop, and the name of someone to lead them. According to Andy Lole, "The purpose of these is to enable schools and communities to share ideas and common experiences: clever curriculum ideas, running sports afternoons or concerts, supporting children at the start/end of

placement, re-integration programmes into mainstream schools/colleges, emotional literacy, positive values work, use of positive praise/self esteem raising work, cross curriculum project work..." Indeed, there would be more than enough to fill a week's residential conference, much less the day!

### In other news:

**Jacques Hall** reported that Walter Black had now been appointed as the community's Education and Training Co-ordinator, leading a major change of focus for the education of pupils as Jacques develops a range of placement options in local schools and FE colleges in order to help the young people re-integrate, with support, into the local community. A new five placement semi-independence house is also being set up in Colchester, and the HMI were to visit on March 3<sup>rd</sup> to trial the new Inspection Framework that will come into force in September – by the time of the next Newsletter we should be able to report more fully. To make life even busier, Jacques' plan for the summer is to rebuild the school buildings!

At **Goldwell**, on the other hand, the transition is complete, and children are now living and being taught in new buildings. A Full Inspection in July 2002 confirmed that Goldwell was ready to apply for Non-Maintained Special School status, and this is currently with the DfES - Watch this space. Each of the school's three classes is currently being taught on a job-share basis by the teachers, and this seems to be working well.

The **Mulberry Bush School**, meanwhile, has obtained the Basic Skills Quality Mark from the Basic Skills Agency.

If your community produces a newsletter or magazine, please send a copy as it appears to Craig Fees, Joint Newsletter, PETT Archive and Study Centre, Church Lane, Toddington, near Cheltenham, Glos. GL54 5DQ (United Kingdom). **The Bush Telegraph** - the newsletter of the Mulberry Bush School - arrived just as we were going to press, and the pieces below are taken from it. To go on the **Bush Telegraph** mailing list, contact Bush Telegraph, Mulberry Bush School, Standlake, Witney, Oxon. OX29 7RW, Tel. 01865 300202, email [sec@mulberrybush.oxon.sch.uk](mailto:sec@mulberrybush.oxon.sch.uk)

### Drinking with the PM

Headteacher Andy Lole was invited to drinks at 10 Downing Street with the Prime Minister and Mrs. Blair. The children gave him a jolly send-off from the School and Andy had a great time. The event was in celebration of the work of those in education who provide outstanding teaching and support for pupils with special needs.

### Quality Mark

The Christmas term was topped by receiving the news that we had achieved our Basic Skills Quality Mark from the Basic Skills Agency. Basic skills are reading and writing (sometimes called literacy) and using numbers (sometimes called numeracy). This award was given to us on evidence submitted that we include all areas of the School, group living and education, as well as parents and carers in our Basic Skills strategy to improve educational attainment. As only 8% of special schools have gained this award it is a great validation for all our effort.

### Adventure

At the end of this term a group will be heading off for our annual Outward Bound trip to North Wales, where they will be involved in all sorts of challenging outdoor pursuits, while the younger children stay back for our second 'Tribal week', when we live in our own native American Indian Tribes and have fun building totem poles, costumes and teepees.

### Chair of Trustees: Baton passes

At the AGM in January, and after six years in the post - which coincided more or less exactly with the building phase of the Bush's major redevelopment

project - Guy Wilson has retired as Chairman of the Mulberry Bush Trust. Remaining as a trustee, he writes: "Following completion of the final phase of the redevelopment project last autumn and with John Diamond now firmly established as director, this seemed a particularly appropriate time to hand over as chairman and I am delighted to say that Dr. Gina Alexander has agreed to take on this role".

### Chair of Friends: Baton to pass

After six amazing years of incredibly hard work, Lindsay Herford has decided to stand down as Chair of the Friends of the Bush, although she will remain on the committee.

### Marathon

We have seven runners taking part in the 2003 Flora London Marathon on 13<sup>th</sup> April and we would like to encourage all our 'friends' to really get behind them by pledging sponsorship and routing for them on the day.

For the fourth year Morgan Stanley Dean Witter is fielding a team of runners for the Marathon, each of whom has pledged a minimum of £2,000 to the Bush, which is matched pound for pound by the Morgan Stanley International Foundation.

### Mulberry Bush Oxfordshire Women of the Year Lunch 2003

Libby Purves has very kindly agreed to be the keynote speaker for this year's lunch at Magdalen College, Oxford, on October 1, 2003. Last year's lunch raised over £8,000!

ATC

## ARBOURS CRISIS CENTRE

ATC

### Website

The Arbours Crisis Centre has recently expanded and redeveloped its website: [www.arbourscentre.org.uk](http://www.arbourscentre.org.uk). In particular, we have greatly added to our photo album showing the life and activities of the Centre. We now have images from our summer party 2002, trip to Brighton, Halloween party, as well as photos of various Crisis Centre conferences - both 'in house,' and where we participated as at Windsor 2002. These can be accessed from the Photo Album on the General Information page.

Also, we now have included several video clips of

the work of the Centre on the website. [*is this the first therapeutic community with video on the .Net? - eds.*]

### 30th Anniversary

Finally, we are pleased to say that the Arbours Crisis Centre will be celebrating its 30th anniversary in February 2004 with a gala conference under the topic, *The Container and the Contained*. All present and previous therapists will be invited to attend and to contribute to a book on this theme. Further details in the next issue of the *Newsletter*.

**Dr. Joseph Berke**

**'WE DON'T READ THAT ANYMORE!'****Chris Nicholson**

I really feel I must respond to the article *Recommended Reading for Workers in the field of Residential Treatment of Disturbed Children* by Barbara Dockar-Drysdale, published in the last edition of the *Newsletter* under the heading 'Records Uncovered'. This was actually *written* in 1968, so I apologise for the lateness of my response. Unfortunately, I was unable to respond due to personal problems. I was not born until 1970. But seriously, it is exciting and intriguing that, 35 years later, I *can* reply, as I do below quite strongly, due to the efforts of first, my parents, and second, two archivally-minded colleagues (Rich Rollinson and John Diamond).

Dockar-Drysdale comments negatively on 'the advisability of reading novels or stories' for a number of reasons. She asserts that: 'a novelist does not even have an obligation to try to be as objective as possible.' In Drysdale's view, the novelist's 'primary task is usually the interest of his reader.' While he may have 'enormous intuition', this 'is not the same as insight and is more subjective, because less conscious.' She holds William Golding's *Lord of the Flies* up as an example of all this, and in so doing demonstrates about as poor a misreading as could be had of that novel.

Before looking at this, do any of the points she raises stand up to 'objective' enquiry? Novelists as different as Conrad, Jane Austin, Dickens and Proust would be appalled to hear that they weren't as objective as possible. While I have objections, Dockar-Drysdale may be right that intuition is less conscious than insight. Yet the act of writing (and of reading) is a way of turning intuition into conscious insight. In *The Dynamics of Creation* the ever lucid Anthony Storr writes: 'For putting things into words (or music or paintings) is indeed making conscious what has hitherto not been fully so.' Most writers like Golding or Robert Graves re-draft and amend their works considerably, becoming more conscious of their intuitions during this secondary creative process. Novelists also adopt mechanisms that provide a surprisingly high degree of objectivity, as we shall see. While any novelist aims to hold the 'interest' of their reader, it is obvious (or should be) that Fleming holds his readers' interest by very different means to those used by say, Thomas Hardy. Though a novelist cannot claim scientific validity for his works, neither can the authors of much of the reading Dockar-Drysdale recommends. Virginia Axline's *Dibs* is a subjective account of a subjective relationship. Winnicott's views, however respected, are speculative and theoretical as is the entire edifice of

psychoanalysis in the main. Until recently very little scientific research has tested the postulates or 'basic assumptions' within psychoanalytic concepts. Such work is still in its infancy and perhaps under deeper than speculative scrutiny we will find that some of these assumptions 'are not really valid.' As Anthony Stevens writes in his sober *Intelligent Person's Guide To Psychotherapy* 'analytic theories are speculative and deeply subjective phenomena, imbued with the psychology and professional ambitions of their originators.'

The framework of psychoanalysis does, of course, provide a kind of objectivity because it posits certain givens and provides a definite perspective that allows us to openly declare 'we see it this way'. On these terms it is no more than another paradigm, a competing form of discourse and a particular method of probing the world, the self and others. As Adam Phillips writes in *Promises, Promises*, 'psychoanalysis has gone from presenting itself as a supreme fiction - or a privileged method of interpretation - to being itself one fiction, one method among many others.' The novel is one of the 'many others', yet has a long and respected tradition. Perhaps this is one reason that some therapists of whatever idiom feel threatened by its continued relevance and influence.

A novel like *Lord of the Flies* poses a question, say: "What would happen if a group of boys found themselves abandoned alone on an island?" If we assumed (and it would be quite an assumption) that Golding thought the answer was that 'they would reach disintegration', how objective would that view be if that was the only one presented within the novel? For any novel to achieve 'completion' the author needs to test and judge a number of opposing views, as *Lord of the Flies* indeed does. Dockar-Drysdale fails to see this, concluding that it 'could make a student feel that children are entirely dependent on forces outside themselves, rather than on ego strength within - which may need support.' There is some truth in this. For instance, the conch - which becomes the symbol of democracy - is offered up by the island. It was, as it were, waiting for them in a small lagoon. Then, later, the notion of violence, of throwing rocks at one another, enters into the children's minds when a sudden breeze fells a cluster of coconuts that fall around Roger. Immediately, he picks one up and throws it 'to miss' at Henry. And 136 pages later, the full repercussions of this are made apparent when Roger throws a great rock that kills Piggy and smashes the conch to smithereens.

Yet this reading would still be wrong in general on at

least two counts. First, the island the children are marooned on is shaped like a boat, and a boat is a symbol of society at large. On this island / boat is what exists *there*, and nothing else - that's the point. Golding frames his novel on a bit of earth surrounded by ocean. Nothing can get on or off this island, and the children are stuck there with themselves. The ocean itself may represent both the limits of their existence and the deep and unfathomable unconscious at which they are on the verge, having lost all the civilised means of keeping it at bay. Remember, most of the children stay fairly near the shore. Only the more defended children, those who sublimate the fear that they may not escape the island into a practical task by becoming 'hunters', go inland. Secondly, Golding consciously raises the idea of the children projecting their fears outwards and then counters it. In a fifteen page picture in the middle of the entire novel (84 and 99) Golding provides a whole range of views about what is happening to the boys and why 'Things are breaking up.' In this passage alone about five different points of view, held by different characters or sub-groups (Ralph - *democracy*, Piggy - *intelligence*, Simon - *religious/artistic insight*, Jack - *instinct and power*, and the 'littluns' - *fear*), are laid out and made to interact with one another in a believable - indeed, a typical - way. This is one technique, employed by many authors, that provides a degree of objectivity.

Moreover, two of the children get some way to verbalising the real problem and, whether or not the group were able to hear their point, the opportunity of wrestling with the truth was clearly present. The sense that there is something frightening at work on the island starts as a rumour about the 'beastie' in the jungle that some of the 'littluns' felt they had seen. In a group discussion about whether such a creature exists and what to do about it, some of the older boys claim that there is no reason to be scared. Piggy says:

'I know there isn't no beast - not with claws and all that, I mean - but I know there isn't no fear, either.'

Piggy paused.

'Unless -'

Ralph moved restlessly.

'Unless what?'

'Unless we get frightened of people.'

Then, later Golding goes on:

'Simon felt a perilous necessity to speak; but to speak in assembly was a terrible thing to him. [Everyone in a therapeutic community has felt this 'perilous necessity']

'Maybe,' he said hesitantly, 'maybe there is a beast.'

The assembly cried out savagely and Ralph stood up in amazement.

'You, Simon? You believe this?'

'I don't know,' said Simon. His heartbeats were choking him. 'But...'

The storm broke.

Here a number of the children begin shouting out as if not wishing to hear what might be coming. But Simon has the conch and manages to say:

'What I mean is ... maybe it's only us.'

Very soon the assembly disintegrates in just the way that children's groups can and sometimes do in TCs today. Golding, of course, was a schoolteacher in Salisbury, and certainly had observed boys in groups. Nevertheless, it may be felt that Golding is pessimistic. I don't really see this. The children clearly do have enough 'ego-strength within', but the novel shows us what happens, in spite of this fact, when they do not have some external 'support', as Dockar-Drysdale accepts they need.

Golding was writing in the 1950s and looking back at the Second World War. This is, of course, the period when early Therapeutic Communities, and the idealism they explore, were beginning to take root. The Northfield Experiments had just taken place. Gilbert Champernowne had been the Occupational therapist at Mill Hill Military Hospital. He and Irene moved to Devon, to avoid the bombing raids over London, and opened the Withymead Centre as a base for refugees from Exeter - also heavily bombed. The Second World War placed particular pressures upon the people who fought in it and so, with the help of many striking individuals, it also developed its own healing response. To me this is one of the most remarkable facts of the Second World War. That group therapy develops for the same reason that the Military developed formation training or drill, because of the large numbers of soldiers who required treatment / training at the same time, is an excellent example of social equilibrium - a drive towards a corrective experience. The point I am making is that war is absolutely bound up with the development of TCs at this time. The notions it explores were 'in the air' and this is why, as a result of the Second World War, Golding produces 'a group' whose members have to face and contend with each other.

What would Dockar-Drysdale make now of the 'beastie' Osama bin Laden, or what is called 'the Iraqi crisis', which is obviously a Western crisis? Does the Western world have enough ego-strength within to manage its present confusion without 'support'? Will Europe consider integration or will it split off and disintegrate? Will assembly work, or will the Conch



be smashed to smithereens by defensive noise and media? *Lord of the Flies* will become more relevant, not less, for both ourselves and our children and any forms of Government we choose to adopt, because it demonstrates the potential frailty of human circumstance.

Yet there can be no disagreement that the range and type of works Dockar-Drysdale recommends are very important. While the Added Value Standards are being developed, perhaps some thinking as to how these works can be made uniformly available to workers in communities, either at induction or vicariously through training programs, should occur? However, I can think of a similar list of books, taken from literature that is equally important for different reasons:

Graham Green's *The Wreckers*  
Alan Sillitoe's *The Loneliness Of The Long Distance Runner*  
Dickens's *Nicholas Nicklby*, *Oliver Twist*, *Hard Times*, *David Copperfield* and *Little Dorrit*  
D.H. Lawrence's *The Rocking Horse Winner*  
William Golding's *Lord of The Flies*, *Free Fall*, *Double Tongue*  
Frances Hodgson Burnett's *The Little Princess*, *The Secret Garden & Little Lord Fauntleroy*  
Turgenev's *Fathers and Sons*  
Charlotte Bronte's *Jane Eyre*  
Enid Bagnold's *National Velvet*  
Rudyard Kipling's *Baa, Baa, Black Sheep*

I am so struck and dismayed by the casual dismissal of 'novels' that I wonder what underlying reasons there could be for it? My suspicion is that its roots lay with Freud's lack of confidence in his own ideas and his misguided dismissal of the creative artist as escapist. Just as Plato condemned art to make way for philosophy, so did Freud condemn literature (that disturbed and influenced him) to make way for psychoanalysis. Yet art and literature are a natural, growing part of humanity; they have never needed to be grafted on artificially through theory.

While not everyone is naturally given to comprehending 'theory', and while many will not necessarily have come across theory before arriving at residential work, most *will* have encountered fiction from an early age and may readily relate to it in terms of this work - as indeed do the children we aim to support. *Story* is a universal language that requires no special knowledge. Metaphor and symbol live within it inherently and these we can engage with at our own depth, going deeper as we grow and develop. 'The aim of Withymead' wrote Anthony Stevens, 'was to encourage people to live the 'symbolic life', for once the conscious personality is

open to the meaning of symbols it is forever open to a source of perpetual renewal and replenishment.' There is no better way to become 'open to the meaning of symbols' than through the reading of literature. In common parlance, we do after all, with good reason, speak of 'reading' that situation or this character.

For me, reading fiction written about and for children provides a broader understanding, enormous motivation, and engenders a strenuous empathy, which sustains me in my work. For example, Alan Sillitoe's *The Loneliness of the Long Distance Runner* has important things to say about delinquency. Something of these youngsters' distrust of their elders, of authority, is quietly augmented when they are shown at work in the Borstal, dismantling gas-masks - a symbol of the madness of the world they have inherited from their parents. This is also a book showing a young person trapped within the system - but this young man manages to buck the system without breaking any of its rules. Surely this notion is a useful one for residential staff to carry? Mary Shelly's *Frankenstein* is well ahead of its time (still?) in terms of what it can say about parenting. I have used an abridged version of this book to engage with a young person who found it too threatening to discuss his situation in other ways. He was, in society's eyes, 'a bit of a monster', and has since continued to live up to this expectation. Similarly, who could reasonably deny that the twists of fate in little Oliver's life are not still a part of many young people's experience? In the life histories I read as part of my role I have met Olivers, Bateses, and Dodgers time and time again. In the same life histories one sees that there are still vicious men like Sikes, villains like Monks, and perhaps more of that other kind of dangerous man, Fagin, who misuse children in cities like London and Birmingham still today, just as there are still Nancys who are brought up as alcoholics just weak enough to remain vulnerable to the will of such people - and nothing brings out how all this fits together within a society better than literature. Few individuals, except writers, have the intuition or the insight to tackle such difficult and off-putting subjects.

#### A LITTLE KNOWN FACT

Mrs. Dockar-Drysdale co-wrote (with Franz Prinz zu Sayn-Wittgenstein) at least one privately-printed novel, *The Pendant Mystery*, under the *nom de plume* of Gorgo N. Zola. [*PETT Archive and Study Centre PP/BDD 1.1*], in which one is tempted to think she appears in the guise of Mrs. Henrietta Locker-Dryvale (born Blake), a psychotherapist. Murder, art, European aristocracy, espionage, communist plot (foiled), treason and more murder, with Henrietta playing a key role in solving the mystery.

**THERAPEUTIC READING****Felicity Rosslyn****Reader in English, University of Leicester**

I am normally a university lecturer teaching English literature to undergraduates. But I receive more and more requests to bring literature down from its ivory tower and into medical-therapeutic settings. One of my regular commitments is to work with medics from my local medical school in their second year of training. We read poetry and drama together and they say how wonderful it is not to be absorbing facts in a lecture room. Even the fact that we sit in a circle and everyone's views are taken equally seriously is therapeutic for them. But the best thing about the course is the way literature gives words to experiences that would otherwise be overwhelming.

One of my most enjoyable experiences recently was working with the staff of a therapeutic community. Literature has so much to say about families, and for once I was able to discuss with people who had wide, deep and often extraordinary experience of family life in all its variations. (Undergraduates are often tongue-tied about families, and think only their own is 'weird'.) I thought that Greek plays might be the most provocative material we could share on the subject of the family, and discussion that followed showed I was right.

Greek drama is surprisingly outspoken and clear-thinking about issues that still concern us deeply. What makes it so hard for couples to stick together? Why do children so rapidly become their parents' weapons? For instance, in *Medea* a mother kills her two small sons to get her own back on her husband

**haiku****Therapy**

Reduced to tears  
She abandons the shopping bags  
Crying over spilt milk

**Inside Out**

Logic and feelings  
Confusion surrounding all  
That is and isn't

**Sphere on a string**

Drowning in chaos  
Self-destruction imminent  
Giving up on now

(he has left her for a younger woman). The play helps us follow her mad logic—her conviction that the children are better off dead, and her sense that she has a right to kill what she gave birth to. In the plot of *The Oresteia*, by contrast, a son kills his mother to avenge her murder of his father. He knows he is violating a deep taboo—but she has not behaved like a mother, and the play says that motherhood is more than a matter of genetics. Above all, Greek drama takes it for granted that men and women don't have a lot in common. There are fascinating statements of why men would like to do without women ('If only we could get children some other way!' dreams Medea's husband, and another hero thinks you ought to be able to purchase children in a temple). And there are equally heartfelt statements by women about men's crazy preoccupation with their public honour, and their scandalous promiscuity.

Perhaps the most obvious meeting-point between the Greek world and the world of therapeutic communities is the belief that actions have consequences. Those who live with the

**If any other communities would like to participate in similar workshops, just let me know –fmr3@le.ac.uk!**

consequences of abuse know this better than anyone. The Greeks describe how the Furies

are roused by blood-crimes and chase the wrongdoer across the world until they can drain him of the same amount of blood that he shed. These Furies cannot be turned aside from the chase—they are obsessed with the reality of blood and pain. Amazingly, though, they have another side to them. Where they feel their authority is respected and acknowledged they can equally bring fertility and harmony. Greek drama tells us that 'wisdom comes through suffering'. Those who bring their struggles to a therapeutic community similarly place their confidence in growth—the good things that can come out of acknowledged suffering.

**SNIPPED FROM THE INTERNET**

<http://www.triformcamphill.org/pages/page4b.html>

Triform Camphill Community, located in New York's rural Columbia County, is a therapeutic residential and vocational training community of 63 people, about half of whom are young adults with developmental disabilities.

Triform residents enjoy a rich and varied social life, from quiet evening conversations in the houses to joyful community celebrations of festivals. Plays, pageantry and poetry are important components of community social and cultural life. With everyone's participation, these occasions develop and nourish aesthetic sensibilities, helping the individual to awaken to significant moments in his or her life's path.





## TICK, TICK, TICK

By Noel Dalton

What's happened in my life?  
 Shadows falling in Four Corners.  
 I wonder what he's thinking.  
 Secrets and lies.  
 A MINUTE.  
 TICK, TICK, TICK,

Teeth grinding, jaws tighten,  
 Issues, Issues, Issues,  
 More Issues.  
 Looking for a way,  
 Should I...use the group?  
 TICK, TICK, TICK,

Sweaty palms  
 Heart pumping,  
 Shameful thoughts.  
 Abuse, Rape, Murder, we hear it all.  
 Different minds, different faces,  
 dangerous smiles.  
 TICK, TICK, TICK,

Thoughts from the past  
 Heads bent down...elbows on knees.  
 Guilty feelings,  
 Visions in mind, replay of our  
 crimes,  
 Tears rolling down,  
 TICK, TICK, TICK,

Slamming doors,  
 Throbbing minds,  
 Darken rooms,.  
 Arms folded, staring down,  
 Ghosts from the past.  
 TICK, TICK, TICK,

Changing ways,  
 A better future.  
 Forgive me,  
 Its 10:30  
 Time to end,  
 TICK, TICK, TICK,

FEEDBACKS, FEEDBACKS, FEEDBACKS,

TICK, TICK, TICK,  
 Feeling all alone,  
 Watching the patterns on the ground.  
 Intakes of breath,  
 What will they think?  
 Are they staring, eyes blazing?  
 TICK, TICK...TICK

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LITERATURE & COMMUNITY  
Chris Nicholson

There are all kinds of links between TCs and literature, many of which have been well represented in the TC literature itself. Others come to us late, and even more are still to arrive. Within the arts there has always been a strong tendency to form communities, though these are often more like retreats than any attempt at therapy. You could think of Coleridge's and Southey's dream of establishing a commune - the famed 'pantisocracy' -, or the Bloomsbury set, at Duncan Grant and Vanessa Bell's more successful 'Charleston', as notable among others. Perhaps it is the capacity to think outside of the social norms that links the arts to the TC movement.

In 1917, twenty-five years before the 'Northfield Experiments', Sassoon and Owen, occasionally visited by an equally war-disturbed Robert Graves, were recovering at Craiglockhart War Hospital in Edinburgh. Under the care of Dr W.H.R. Rivers, FRS (a neurologist and social anthropologist) working along Freudian lines using abreaction and particularly using hypnosis, this was a residential hospital caring for some very disturbed individuals, including, for example, Julian Dadd. Craiglockhart was not a TC, but residents were encouraged to contribute to the hospital journal *Hydra*, which reflected many aspects of life there, and enabled residents to comment on these. It contains contributions from Sassoon and Owen, but also articles and stories by many, many others. Pat Barker's novel, under the superb and diversely suggestive title *Regeneration*, paints a vivid picture of life at Craiglockhart during that period. I would like to know more about Craiglockhart, more about what Rivers' methods consisted of, and particularly, whether group therapy ever occurred there. If anyone can help I would be most grateful!

Robert Graves had conversations with the brilliant Rivers and, for a while, applied his ideas to the writing of poetry. For Graves poetry was regarded as the discovery of a solution to a conflict within the personality of the poet. Graves also went on to write *The Meaning Of Dreams* where he examines dreams in the same manner as poetry, seeing the same symbolic grammar at work in both.

Some time after Graves recovered from his 'war neurosis' he said '*Goodbye to All That*' and went to live in a Mellorcan village with a small entourage of other writers under the charismatic leadership (and subjugation) of Laura Riding. The whole period was immensely productive and successful, despite the damage Graves did to his reputation as a renegade from English Literature.

Communities, whatever form they take, tend to make orthodox society nervous and resentful.

## “I’m too old to learn the Violin” -

### JULIAN MACLAREN-ROSS AND THE RE-DISCOVERED STORY

**Paul Willetts**

For several years now, I’ve been working on a biography of the once celebrated writer and Soho dandy Julian Maclaren-Ross (1912-64). With his apparently boundless self-confidence, unflappable demeanour, air of louche sophistication, and flamboyant dress-sense, making him resemble a cross between Oscar Wilde and a Hollywood gangster, he didn’t conform to the stereotypical image of someone suffering from mental health problems. Yet his life and literary career were blighted by just such difficulties.

These appear to have first manifested themselves when he was in his early thirties. By that stage, he had already accumulated an unusual array of experiences. Having spent his adolescence on the French Riviera, where he immersed himself in its raffish café society, he had returned to England, subsequently sampling the boozy attractions of bohemian Soho before being forced to scrape a living as a door-to-door vacuum-cleaner salesman. When the long-anticipated war broke out, he was conscripted into the army. Deemed physically unsuitable for front-line service on account of chronic knee trouble, he found himself posted to a series of dreary coastal garrisons. Meanwhile, he persevered with his writing, consolidating his position as the rising star of English fiction. Despite his literary talents, conspicuous intelligence, and fluency in French, he never rose above the rank of Lance-Corporal. The army’s perverse refusal to utilise his talents fostered a burgeoning sense of frustration and grievance. This culminated in him going absent-without-leave. After a man-hunt that involved Scotland Yard, he was slung into the Regimental Gaol, pending the inevitable court-martial. Distraught at the prospect, he suffered a breakdown that led to him being sent for psychiatric assessment at Northfield Military Hospital, just outside Birmingham. His unhappy sojourn there, which my book describes in some detail, took place shortly before the start of the so-called “Second Northfield Experiment”, a programme that anticipated today’s therapeutic communities.

Betraying the paranoia that would become ever more apparent, Maclaren-Ross regarded himself as the innocent victim of a sinister plot, instigated by Nazi

sympathisers. As a by-product of his sense of persecution, he had developed a hatred of being photographed. At the root of this lay the fear that any pictures of him might be used in some future police investigation. Photos of him are, for this reason, extremely scarce. While most biographies carry a generous selection of pictures of their subject, mine has, instead, had to concentrate on the people he knew and the places he frequented. In the course of tracking down pictures of Northfield Military Hospital, I was put in touch with Dr Craig Fees, the admirably enthusiastic and helpful Archivist at the Planned Environment Therapy Trust. Throughout the preparation of my book, I’ve made all sorts of fortuitous contacts, connections, and discoveries, the latest of which was prompted by a throwaway remark made in an e-mail to Craig. The remark concerned the possible existence of a hitherto unknown Maclaren-Ross story, featured in a magazine published by the patients at Northfield. Craig, drawing on Tom Harrison’s book *Bion, Rickman, Foulkes and the Northfield Experiments* (Jessica Kingsley, 2000), quickly confirmed the existence of such a magazine, which went under the title of *Psyche*. At Craig’s suggestion, I got in touch with the Wellcome Library in London in the hope that their Foulkes collection included the elusive short story. The tension heightened by the Christmas and New Year holiday, during which it was impossible to contact the Library, I phoned them as soon as they reopened. I was delighted to discover that they had a copy of the first issue of *Psyche*, dating from May 1943. Within its cheaply stencilled pages was the long sought-after story, entitled — with characteristically quirky humour — “I’m too old to learn the violin”. Like many of the army stories that made Maclaren-Ross’s name, it’s a brief, apparently effortless piece about his struggle with authority. It will make an interesting addition to the planned volume of his *Selected Stories*. You - and the rest of the world since 1943 - will be reading it for the first time in this issue of the *Newsletter*.

Despite Maclaren-Ross’s obvious paranoia, the psychiatrists at Northfield decided that his desertion from the army had not been mitigated by mental illness. He was, in consequence, declared fit to serve a prison sentence. Following his release from the notoriously brutal Detention Barrack in Colchester, he was discharged from the army. Though his literary career



flourished in wartime London, where he landed a job as a screenwriter on propaganda films, he continued to exhibit worrying signs of mental instability. As his financial position deteriorated during the 1950s, prompting him to move from one hotel to another, one bedsit to another, his persecution mania was nourished by the knowledge that he was usually being pursued by bailiffs, angry creditors, and the Inland Revenue. Added to which, he had to contend with periodic bouts of depression, agoraphobia, and acute anxiety.

His life reached its nadir towards the end of that decade. Not only did he find himself sleeping rough, but he also developed an overwhelming erotic obsession with George Orwell's glamorous widow, whom he stalked and planned to murder, his fixation later finding an outlet in novels and popular radio serials, in which he acted and crooned the occasional love song. As if all that wasn't bizarre enough, he became convinced that his personality had been taken over by Mr Hyde, the demonic villain in Robert Louis Stevenson's DR JEKYLL AND MR HYDE. Just when he seemed to be on the brink of being engulfed by insanity, he got into a relationship with the publisher Leonard Woolf's fast-living niece, who bore him a son, the need to support them through his writing

compelling him to regain his grip on reality.

In combination with long-term amphetamine-addiction, alcoholism, a profligate approach to life, as well as a disastrous penchant for seedy West End pubs and drinking clubs, his mental health problems prevented him from fulfilling his enormous literary potential. Even so, he had, by the time of his premature death at the age of only fifty-two, amassed an influential, sporadically brilliant back-catalogue of work. This includes his poignant Depression-era novel, *Of Love and Hunger*, now reissued as a Penguin Classic; his definitive, much-quoted *Memoirs of the Forties*, evoking friendships with Dylan Thomas and others; not to mention numerous wryly comical short stories about the sleazy world of London bohemia and the bureaucratic nightmare of his wartime army service, including another set in Northfield entitled "We've a Rat in our Ward". Unlike so much of the writing from that period, his work has aged gracefully. Reading him now, one can easily understand why the likes of Graham Greene, Evelyn Waugh, and John Betjeman expected so much of him, Betjeman going so far as to declare him a genius. While that may be overstating his case, Maclaren-Ross remains someone whose writing is as captivating as his uniquely strange life.

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Paul Willetts is the author of *FEAR AND LOATHING IN FITZROVIA: THE BIZARRE LIFE OF JULIAN MACLAREN-ROSS*, published this month by Dewi Lewis Publishers, ISBN 1-899235-59-0, in large-format paperback priced £14.99.

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**Craig Fees writes:** Paul Willetts refers to me as enthusiastic, and privileged to work in such a field and come in contact with such people as are reflected in this *Newsletter*, who wouldn't be? But Paul Willetts is one of those special people to whom you give a pound and they give you back ten. The exclusive publication in this issue of "I'm too old to play the violin" and the accompanying Julian Maclaren-Ross Short Story Prize (see Inside Back Page) arise from his enthusiasm, his capacity to say "Yes, and you should contact this person..." and then "Don't worry, I've contacted so and so, and they've said..." He is also someone who, when he first emailed, was just putting the final touches on his book for publication – and then discovered Northfield, convinced his publisher (good on Dewi Lewis!) to hold back publication and extend the book itself, and re-wrote it. I haven't read *Fear and Loathing*, yet, but I can't help but think that someone like this is going to produce a book that is special."

#### snipped from the Internet

<http://search.barnesandnoble.com/booksearch/isbninquiry.asp?isbn=0553379275>

#### **The Boy Who Went Away**

Eli Gottlieb

Bantam Books, 1998. Paperback, 209pp

ISBN: 0553379275

"For Denny Graubert, the chaotic summer of 1967, when the screams of napalm bombs on the nightly news drowned the cheers of the All-Star game, brings the painful realization that childhood has passed. While engaging in his favorite domestic spying game, Denny unwittingly discovers the desperate measures his mother will take to save his autistic older brother, Fad, who is lost in the diagnostic Dark Ages of the 1960s. At the heart of this novel is not only the story of Denny's coltish

entrance to adolescence, but also that of his relationship with Fad, which will be forever changed during the course of that summer at 44 Drainer Drive. This is the cruelly antic, heartrending story of two childhoods that would, by fall's arrival, be irretrievably lost.

"... if the panel determines that Fad requires more attention than he can be provided with at home, the Grauberts will have no choice but to send him away to a 'therapeutic community.'" (The New York Times Book Review - Tom De Haven)

"When Fad is finally taken away to an institution, the family seems to pull back together." (Libr J)

**The Seclusion Room: A novel that lifts the curtain on life in a mental hospital, showing both staff and patients as they really are**

**by Frederic Neuman**

Gollancz Detection, Victor Gollancz Ltd (London) 1979.

Reassuringly, "This book is fiction. The hospital described herein, Four Elms, does not exist, however

familiar it may seem to anyone who has worked or lived in a mental hospital. Any resemblance between characters in this book and real people is purely coincidental. The central character, Abe Redden, is not an accurate portrait of me, I think; and certainly none of his patients is modeled after anyone who has ever come to me seeking my help as a psychiatrist."

A novel of murder and redemption: "A psychiatric ward is sometimes

defined as a therapeutic community where people come together and live together in order to help each other. Theoretically, every moment of every shared activity should be therapeutic. Every moment of talking or walking or playing together, or simply being together, should contribute in some small way to the well-being of the patients. In practice, however, life on a psychiatric ward is not so rationally constructed..."

**"Back in his own office, Gregory Black took out the Barling pipe Maxwell Jones had given him the day he left England, lit it and stationed himself in front of the window."**

When we told the ATC email discussion list that a theme of "Literature and Therapeutic Community" was crystallising for this issue, Dennie Briggs wrote back immediately about Merla Zellerbach's novel, *Love in a Dark House*. Published in 1961 in a hardback edition by Doubleday (Garden City, New York), and the following year in a popular paperback edition by Macfadden-Bartell of New York, *Love in a Dark House* interlaces a story of sex, passion, love – and murder - with the story of one psychiatrist's determination to turn a complacent and conservative money-spinning private psychiatric hospital in the San Francisco Bay Area into a model therapeutic community, whatever personal sacrifice is required. Were it not for some clever detective work and timely revelations, the fatal consequences of the mix could have sent the hero, Dr. Geoffrey Black, to prison.

What makes the novel particularly interesting is Merla Zellerbach's involvement with the field. "I should first like to thank Dr. Maxwell Jones and his wife, Kirsten," she writes in the acknowledgements, "whose friendship and inspiration have been invaluable to me" going on to say "My characters (with the exception of Dr. Maxwell Jones) are fictional..." Dennie explains that "Ms. Zellerbach (a one-time columnist for the *San Francisco Chronicle*) became acquainted with Max while he was at Stanford and San Mateo Community Hospital in 1960. She subsequently visited Henderson and Max brought her to Chino where she attended community meetings and talked with inmates and staff while she was writing her novel."

The young psychiatrist, brought into Romona Hospital by owner Dean Gamble to turn it into a therapeutic community, faces stiff opposition among senior staff. "Haven't we discussed this therapeutic community idea until we're purple in the face? It's so damned impractical..." explodes one early in the novel. Even Dean Gamble bursts out "I'm sick and tired of hearing about Max Jones." But when Black issues his 13 point memorandum on changing Romona into a therapeutic community (*see facing page*), at the end of some angry and entrenched twists and turns in the staff meeting, a forest of supporting hands goes up, a young resident leaps to his feet and cries "I'm with you Dr. Black. It's about time someone did this!" and "A thin, hawk-faced nurse rose and stammered, 'G-g-good l-luck D-doctor.' Then everyone except the two sullen-faced physicians got up and began to talk excitedly."

Given the query elsewhere in this *Newsletter*, there is an historically interesting incident, when the socialite gaddabout heroine, Libby Stokes – daughter of the hospital's owner – seizes a dose of LSD which Geoffrey Black had prepared as part of a careful experiment on himself, and impulsively swallows it, arguing that it had been used therapeutically with success on a number of mentally ill people and might help her. It forms a turning point in the novel.

One question that emerges from the book, which could be seen as surprisingly closely-argued and precocious propaganda for the therapeutic community movement, is: How far does it accurately reflect the therapeutic community voice of its day?

**A Whistling Woman**  
**by A.S. Byatt**

Chatto & Windus ISBN: 0701173807

"While Frederica - the spirited heroine of *The Virgin in the Garden*, *Still Life* and *Babel Tower* - falls almost by accident into a career in television in London, tumultuous events in her home county of Yorkshire threaten to change her life, and those of the people

she loves. In the late 1960s the world begins to split. Near the university, where the scientists Luk and Jacqueline are studying snails and neurones and the working of the brain, an 'anti-university' springs up. On the high moors nearby a gentle therapeutic community is taken over by a turbulent, charismatic leader. Visions of blood and flames, of mirrors and doubles, share the refracting energy of Frederica's mosaic-like television shows."



TO THE STAFF: Effective Feb.3, 1960, Romona Sanitarium will no longer be a storage house for incompetents, but a working therapeutic community in which patients function – not as patients – but as auxiliary members of the staff in caring for and curing each other.

1. All electroshock and insulin treatments to be permanently discontinued.
2. All patients to be free to come and go as they please provided they do not leave the grounds. There will be no locked doors on any wards.
3. All seclusion rooms to be opened up and converted for inpatient use (window bars to be removed, etc.), or for use of patients who desire solitude.
4. Every patient to be required to spend mornings in group psychotherapy sessions, two or more afternoon hours in recreational or occupational therapy.
5. At no time shall there be more than sixty patients in the unit, fees to be scaled according to patient's ability to pay.
6. No patient to be forced to remain at Romona against his will.
7. Nurses to be known hereafter as "social therapists", will not wear uniforms, will be encouraged to develop a natural, equal-basis relationship with patients.
8. First names may be used by both staff and patients, physicians included. Doctors to be encouraged to avoid the "Patient-Doctor" relationship and treat patients as normal, responsible individuals. There must be a minimum of authoritarianism and a maximum of working together.
9. No chronic or custodial patients to be accepted for admission until the unit is functioning in such a manner as to assure a definite place for them.
10. There must be unrestricted communication between patients and staff at all times, on the principle of maximum utilization of the healthy part of patient's personality.
11. Patients to hold weekly meetings among themselves in order to clarify execution of their roles and privileges, voice grievances and discuss personality conflicts which may arise within the unit. Staff members may attend these meetings but are encouraged to remain in the background.
12. Each patient to be given a "role" in the unit, in an effort to bring him back into the realistic setting form he has withdrawn.
13. Staff authority to be invoked only in times of stress. At all other times patients will be encouraged, and expected, to behave properly and to become part of the group (This expectation is very therapeutic; it places the responsibility upon the patient himself, elevates his confidence and renews his determination to get well.)

The expectation of success of this project by both staff and patients – is the only factor that will make it succeed.

(signed) Gregory Black  
*Director*

Olivia Stokes  
*Assistant Director*

pp. 157-158, *Love in a Dark House*

**A book which, from the therapeutic community point of view, cries out for attention. But does it reflect Maxwell Jones's authentic voice circa 1960?**

## A gallimaufry of verse and music

David Wills, who died in 1981, was a man who loved poetry, and assumed that everyone else did as well. In a sense his career as a pioneer of therapeutic community came from poetry – from shared poetry and long walks with a fellow Brother at the Wallingford Farm Training Colony named Stuart Payne, from whom Wills learned that it was not necessary to beat up and frighten difficult, disturbed and delinquent young people to get them to listen and respond to you.

According to Kenneth Robertson, who was on the staff there, David assumed that those who worked with him at Barns House near Peebles in Scotland during the war were as much in love with poetry as he was, and in the evenings he and his wife Ruth would regularly gather the staff together in their sitting room to read favourite poems to one another [see his interview with David Gribble, (T) DG ]. He certainly carried this on into Bodenham, in Herefordshire, of which he was founding warden after the war.

In 1978, as a Christmas present for his niece Kathleen in America, he re-created from memory the poetry and music "played in my garden at Bodenham Manor, on Midsummer Eve, 1958 or 1959. The gramophone records used in the reconstruction" he wrote, "are, with two exceptions, the same as were used then, and are therefore at least twenty years old. The voice too, is the same, and is also twenty years older." [PP/KJ/WDW]. Using a reel-to-reel tape recorder, and calling it "Midsummer Eve in a Herefordshire Garden - A gallimaufry of verse and music" he recorded himself introducing and reading a number of poems, and pieces from Shakespeare, interspersed with classical music from his record collection.

His niece, Kathleen Jennett, transferred these original tape recordings onto gramophone disks, and recently had these copied again onto CD, a copy of which she has given to the Archive and Study Centre. To celebrate this specially-themed issue of the *Newsletter*, she has given permission to upload material from the recording to the Internet.

The quality of the recording, as you can imagine, is not the best. But through it you can hear the voice of one of the most influential pioneers of therapeutic community in the 20<sup>th</sup> century, whose public speaking played a major role in spreading the idea of planned environment therapy and therapeutic community both before and after the war - in talks to WIs, in talks to students and teachers; indeed, to countless meetings of all kinds, up and down the country, from the time of Hawkspur almost to the time of his death.

For the David Wills recording, see: <http://www.pettarchiv.org.uk/oralhistory>



## a pause in the day's occupation...ned nervii responds

**Dear Ned,**

I'm a parent. I spend half my life in therapeutic community, and the other half dandling the children on my knee, ceaselessly trying to find books which they'll enjoy, but which also carry a therapeutic community message. I can just about wrestle Harry Potter into shape, but after that I falter. What can I do?

**Dear Falter** (as in, the wish is falter to the deed):

Try *The Naughtiest Girl in the School*, by Enid Blyton. And then *The Naughtiest Girl Again*, and *The Naughtiest Girl's A Monitor* and *Here's the Naughtiest Girl*. Surprising as it may seem, the creator of the Famous Five, the Secret Seven, the Faraway Tree and about a million other books and stories for children also wrote a series set in what A.S. Neill's editor, Albert Lamb, has referred to as 'therapeutic communities for normal children'.

Not that Elizabeth Allen is all that normal. She is spoiled rotten, and makes life hell for a string of governesses. Indeed, "Six governesses had come and gone, but not one of them had been able to make Elizabeth obedient or good-mannered!" As the first book opens we learn that her parents are going away for a year, and had intended to leave her in the care of the latest governess, Miss Scott; but earwigs in the latter's bed ("Elizabeth giggled. 'Yes, she said. 'Miss Scott is so frightened of them! It's silly to be frightened of earwigs, isn't it?'"") put final pay to that, and Elizabeth is told she is to go to school. She is admirably ruthless in her attempts to turn the decision around, first vowing to be so naughty and stupid that the school would send her home, and then "to the surprise of everyone" becoming "thoughtful, sweet-tongued, good-mannered, and most obedient". When that backfires she behaves atrociously again, albeit with commendable creativity – "She emptied the ink-bottle over the cushions in the drawing-room. She tore a hole in one of the nicest curtains. She put three black beetles into poor Miss Scott's toothbrush mug, and she squeezed glue into the ends of both Miss Scotts' brown shoes, so that her toes would stick there!" Determined to be the worst child ever to go to Whyteleafe School and therefore be thrown out, by the end of the first book she has thoroughly changed. "Could this really be Elizabeth" her mother asks herself, "- this good-mannered, polite, happy child? Everyone seemed to like her. She had lots of friends..." and Elizabeth herself is found saying "I love Whyteleafe, and I won't leave it for years and years and years!"

The change in Elizabeth, and in a variety of other difficult

or desperately unhappy children throughout the series, is a consequence of the school community. It is run, for the most part, by the children themselves; they make the rules, and therefore, as is said throughout the books, it would be silly to break them, or to disobey the monitors whom they themselves elect each month. The focus of the community is the weekly (or more often, if necessary) Meeting, during which any money the children may have is put into the common Meeting fund, from which each then draws two pounds pocket money. If a child feels they have a good reason to ask for more – they may have broken a window, for example, and need to replace it; or wish to buy a game, gramophone record or gardening tool for the community; or they may need extra stamps because a family crisis means they are suddenly writing more letters to home – they can bring this up at the Meeting, where it will be discussed and either agreed or some alternative found: if you lost that ball in a fit of willful anger, for example, you may very well be expected to replace it out of your own pocket money! It is also the Meeting to which any complaint – any "bullying, unkindness, untruthfulness or disobedience" – may be brought, "so that everyone may hear it, and decide what is to be done with it." Adults attend and take an interest, but the Meetings are run by the children, and any decisions are taken entirely by them. Woe betide the child who innocently or cleverly tries to use the Meeting for their own selfish or dishonest ends!

But the main work goes on in the events and relationships of the day-to-day life of the school, and here everyone is involved, from the music teacher who regrets the loss of a potential talent when Elizabeth insists she is only at the school until she can get herself thrown out; to the two headmistresses who "threw back their heads and laughed and laughed!" when Elizabeth told them what they could do with their school; to the other children, new and established, who engage and batter and attract Elizabeth (and in this and other stories, other children) into discovering herself as a person who exists in relation to others. It is well told, as one would expect in an Enid Blyton story, and the transformations make sense; you can see that this must be the way it really happens. And, best of all, no one is turned into a goody-goody; the children remain complex, though not artificially so; and Elizabeth's spark throws up many opportunities for learning.

Some of us having read them, our family recently listened together to the tapes of the *Naughtiest Girl* series one after the other, engrossed and laughing together. We think Enid Blyton loved Whyteleafe School; we think a therapeutic community ought to be named after her. - ned

The *Naughtiest Girl in the School* was one of Enid Blyton's earliest real-life adventure books. It was first published in 1940 – somewhere between the opening of *Hawkspur* and the start of *Northfield* – and though not one of those Enid Blyton books everyone seems to have read, appears to have been in print more or less ever since. The edition we have, which tries to bring things like money into the decimal and post-pound note era, was published by Hodder's Childrens Books (London) in 1999, to celebrate the centennial of Enid Blyton's birth in 1897.



During the Korean War, in early 1955, the United States Navy sent American psychiatrist Commander Harry A. Wilmer to visit Tom Main at the Cassel Hospital, T.P. Rees at Warlingham Park, and Maxwell Jones at Belmont. It

was a return; he'd first visited in 1950. At the unlocked Cassel, "Pre-school children live in rooms with their mothers. It is a democratic hospital in which the roles and attitudes of the staff are under as intense scrutiny as the patients'." At Warlingham Park, a state hospital with over 1,000 beds and no locked doors, with "intensive group therapy and emphasis on the hospital as a community" Dr. Wilmer asked T.P. Rees "'No locks? What do you do if a patient gets violent?'" Dr. Rees regarded me over his crescent-shaped glasses and replied, "They don't'." At Belmont "the therapeutic community functions at its exciting zenith..."

The quotes are from a paper by Harry Wilmer entitled "People need people: A therapeutic community in a U.S. Navy psychiatric ward", published in *Mental Hygiene* 41:2 (1957), 163-169. It was written while Dr. Wilmer was assigned to the Naval Medical Research Institute at the National Naval Medical Center, in Bethesda, Maryland, consulting with people like Tom Main, Maxwell Jones and Dennie Briggs during the writing of what became his book, *Social Psychiatry in Action: A Therapeutic Community*, published by Charles C. Thomas (Springfield, Ill) in 1958.

The paper opens with "A young man...sitting in a group of 25 patients gathered around a doctor at the U.S. Naval Hospital in Oakland, Calif. In the group also sit hospital corpsmen, nurses, a social worker and a clinical psychologist. This is the community of people - patients and staff - in which the man will begin to recover from his first psychotic break... This is the admission ward of the psychiatric service,

**Harry Wilmer and  
"PEOPLE NEED PEOPLE"  
ABC Television Network  
October 11, 1961**

where patients remain for 10 days before being assigned either to locked or unlocked wards."

This was an experiment, carried out between July 1955 and

April 1956, during which 939 patients passed through the ward... "a constantly changing group with 44.4% suffering from psychoses, 26.6% from psychoneuroses, 28.3% from character and personality disorders and 0.7% from acute situational maladjustment...Not once did I find it necessary to put a patient in a seclusion room or to restrain him...In the four months preceding the operation of the therapeutic community 440 patients were admitted to this ward and were given 314 oral or parenteral doses of barbiturates. In the last four months of the study 443 patients were admitted and received 29 oral or parenteral doses of barbiturates, most of these ordered by the officer of the day."

On the eleventh of October 1961 the American Broadcasting Company broadcast a television play based on this experiment: indeed, based on Dr. Wilmer's paper and book. Called "People Need People", it was the inaugural program in Alcoa Premiere, a major new television series fronted by Fred Astaire. In it, Fred Astaire introduced Admiral Chester W. Nimitz - the profoundly respected Commander of the Pacific Fleet during World War II, who had signed the Japanese surrender document on behalf of the United States in 1945 (and has a freeway in the San Francisco Bay Area named after him) - who read an introduction he himself had written.

Though Henry Greenberg was credited as the screenwriter, in fact most of the dialogue was written by Harry Wilmer himself. The program was broadcast by the BBC in the following year.

**Mental Health Show by Alcoa Is Standout**

"The plight of the mentally ill has attracted the attention of television program makers from time to time over the years, but I cannot recall any more sympathetic treatment of the problem than that given last night on the premier show of the Alcoa series.

It was an unusual opener for an important program. Most producers hold to the show business theory that you launch a series with a happy show; something light-hearted and warming, if not frivolous. The hour long glimpse of the dark, tangled world of mental patients was none of these, but there was inspiration in its message."

George E. Condon, Cleveland, Ohio, Plain Dealer 12 October 1961

Bill Fiset, columnist for the Oakland (California) Tribune: "The new "Alcoa Premiere" anthology series started last night with a play which was by far the most compelling hour on television yet this season...Lee Marvin gave an absolutely electrifying performance as a homicidal Marine Corps sergeant, and Arthur Kennedy was superb playing Dr. Wilmer. [Marvin] went beyond a mere performance. It sounds ridiculous to say, but his irrationality seemed rational."

**Admiral Nimitz:**

Mr. Astaire, your audience may be interested in what followed from Dr. Wilmer's work at Oakland. Dr. Wilmer continued to test the therapeutic community for over a year...Naval Medical Research Institute set up a project to analyze the results of the entire operation. On these findings, the Navy subsequently authorized the program at other Naval hospitals. It has since been adopted by several veteran's hospitals and many State institutions. In short, from this experiment inaugurated by the United States Navy, a valuable new technique has been added to the resources for treating severe mental illness ...representing new horizons of hope..."

**DR. HARRY WILMER**

*interviewed by Craig Fees in London  
7th September, 1999 [(T)CF296]*

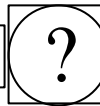
"This is a big point, and it involves psychoanalysis. I had written a huge book on the Naval therapeutic community, maybe 800 pages, half of which was narrative, and half of which was the statistical analysis, with graphs and charts and diagrams, and sociological diagrams and the like, which was unique in psychiatry. It certainly would be unique in therapeutic communities. When Tom Main was at Bethesda, he convinced me against my inner judgement - since he was a Freudian analyst, and I was - that this statistical stuff wasn't important. What was important was the story of how the schizophrenics, and how they - the psychological treatment, medical psychology was the point really. So I divided the book in two, and the Navy published the statistical analysis, which never got much circulation, and the other part, a book called Social Psychiatry in Action, was published by Charles Thomas in 1958. I've always regretted very much that I didn't keep it all in one book, because it would have been absolutely unique. That is, somebody really doing careful statistics of who comes and how long they come, and what other inter-current events that are going on in their life and in the world, and there was a very sophisticated amount of data.

"A psychologist in Hollywood read the book and got in touch with ABC Network, their Public Affairs, and wanted to convince them they should do a

documentary of this, of the book, and they bought the rights to the film. Somebody at Review Studios, which is part of Universal Studios, which is a big motion picture studio, who were about to produce Fred Astaire's "Premier Theater", wanted to open it with this. And they had a large budget, and they wanted to do this film with the title, "People Need People", from my article. And they got Lee Marvin as the star, he was the sergeant, Fred Astaire was the Narrator there, and Broadway actor Arthur Kennedy, who was a Broadway actor, to play me. And I was on the set all the time during the filming, together with Admiral Gaede from the Navy Department. And we had - the Navy agreed to help them, provided they gave us a final censorship of anything that got screwy. And so we did. We had a wonderful director, Alex Segal, a famous Broadway director, and every time he got an unacceptable wild idea I said, "You can't do that, I wouldn't do that." For example, he wanted me to take out one of the nurses to Chinatown and have dinner with her, and then a race back with a police escort to the hospital, and some guy threatening to kill himself. And I said I wouldn't take - I wouldn't do that. So they gave that up. They wanted a psychotic patient to take his fist and put it through the screen of a - television screen, and I said we didn't have television screens on a level where he could have reached it. And he said, "Oh, that doesn't matter." In the end they abided by what we were doing. Admiral Nimitz's deep interest in our work gave us leverage and prestige, and he had written the part he was going to have in the film, but he got sick and couldn't come down to Hollywood, so they said they'd have to send a camera crew to Berkeley. It was a very nice little speech, because he visited my ward, he got very interested at Oakland Naval Hospital, which was important to him from World War II. But the studios wouldn't spend the money to send a camera crew to Berkeley, so that part never got in the film. The film was a huge success. It got five EMMY nominations. The BBC London played it here to rave reviews - I don't remember one bad review. It was very decent and very intense - so difficult for me to watch it. It was just so real. Max always wanted to have a Hollywood production of his work, and was always trying to get me to get somebody in Hollywood that would do this, because naturally his work was just as exciting as mine. But we never could find anybody that wanted to do it, which bothered him."

**The Lancet, October 27, 1962, p. 893** - "The dramatised documentary, *People Need People*, shown on B.B.C. television a fortnight ago was one of the most remarkable psychiatric films seen on any screen in this country. It showed with singular effect and accuracy the group rehabilitation of psychotics pioneered in the U.S.A. by Dr. Harry Wilmers[sic]. The severity of schizophrenic disorders was certainly not shirked, and the delusions, hallucinations, posturing, and impulsive destructiveness in a group of sailors and marines were vividly shown, as were the problems of winning over medical and nursing staff to new ideas. Script, acting, and production were excellent, with the reservation that the "happy-ending" mystique cast a delayed shadow and left the group rather too normal after only ten days' treatment. But many will doubt the wisdom of showing the film from 8.0 to 8.50 P.M., when vast numbers of children are at their sets. This was hardly family viewing, and there are better ways of introducing the young to the terrible facts of clinical psychiatry on a disturbed ward. *Surely* the programme could have been switched with *Citizen James*?"



**PEOPLE NEED PEOPLE****Around the Dials****Alcoa Premiere Has Crushing Impact***By Robert J. Williams*

On rare occasions, the crushing power of a dramatic presentation leaves the viewer emotionally exhausted. Last night's "People Need People," the first offering by Alcoa Premier, provided such an experience...

In effect, the audience became an on-the-scene observer of a group of disturbed service men during a ten-day period in which they lived together in an Oakland, Calif., Naval hospital free of the restraints usually applied to such patients.

It was not a program for the squeamish. The dreadful aberrations, the frightening violence and the pathetic helplessness of the deranged were enacted with a realism that seared the heart and mind of the viewer.

The drama opened in a padded "quiet room" of a Navy hospital in Japan, as corpsmen prepared a strait jacket case for transfer to Oakland.

There he was grouped with others, some violent, others placid but suffering from weird hallucinations. The objective was to encourage the men to talk about themselves to one another and to staff doctors, to release from their clouded minds clues which might be valuable in later stages of treatment..."

**San Quentin, California. April 20, 1962...**

The houselights are dimmed for the second time while the audience of more than one thousand is absorbed. There are no curtains and few props in this makeshift theatre; much of the effect relies on the use of light. We can see what might be a ward in a military hospital where a number of patients are taking chairs roughly to form a circle center stage. They seat themselves around Commander Harry Wilmer, a Navy psychiatrist who is in charge of this psychiatric admissions unit. Suddenly a patient, barefoot and in blue pajamas, whirls in the center of the group, bends to the floor gracefully, rises swaying, as if to offer something to the others and then continues his improvised dance. "What's he doing?" a patient asks. "He's expressing himself—I think he's scared." The patient dances off to the rear of the stage. Seated alone by his bed, distancing himself from the group is a Marine Sergeant who has recently arrived from Korea in restraints and under sedation. Act one ended with the sergeant angrily charging the group as being "chicken" saying they had no guts to kill, proclaiming himself as the "Angel of Death," and while the patients clucked and stamped their feet, the Marine did handspings, walked on his hands and the group was left in pandemonium.

As we're drawn further into the drama, we become acutely aware that we are at a play within a play, for on stage all the actors are prisoners as is the audience. Furthermore the play is a prisoners' adaptation of the television docudrama "People Need People," (written by Henry Greenberg), the story of the first therapeutic community project in North America, conducted by Dr Wilmer in 1955-1956 at the Oakland Naval Hospital. The film aired on ABC in July, 1961 as part of the Alcoa Premiere series, hosted by Fred Astaire. Popular actor Lee Marvin played the part of the Marine Sergeant and Fleet Admiral Chester Nimitz, who'd attended two of the community meetings, concluded the program by saying that the project had been adopted elsewhere "representing new horizons of hope," in treating severe mental illness. Good theatre? The programme was *nominated* for five Emmy awards and carried by the BBC.

The San Quentin audience was not disappointed as the drama unfolded; at one point the Marine Sergeant goes berserk and testing the integrity of the project and its staff, gets hold of a pair of shears and holds one of the staff hostage. A situation not too unlike what many in the audience had, in real life, participated in—or worse—but not in a therapeutic milieu. There were two consecutive performances of the play to a total prisoner audience of over 3,400. The reviewer in the *San Quentin News* reported: "As the



houselights dimmed, the audience seemed to become a part of lost men in the Oakland Naval Hospital. The intensity of the show held up throughout and a ten-day period in a psychopathic ward was lived in this Bastille showhouse during the two-hour presentation." Don Nivens wrote, ". . . a study in impact; emotion under a microscope. It was based on a difficult theme, one that not too many years ago was taboo in the work of art and on the stage: violent mental disorders. Each scene was charged and vital, each line added its own individual thrust to the power of this three-act rocket." Concluding the final performance, Dr Wilmer, Lee Marvin, and Henry Greenberg, joined the cast with inmate screenwriter, Cary Johansson for a "curtain call." Dr Wilmer was no stranger at San Quentin as a year before the play he had established a therapeutic community there.

I wasn't able to attend these performances but I did meet Rick Cluchey—who'd played the part of the Marine Sergeant—not at San Quentin, but later while I was living in London, where he appeared in a very intense performance of "The Cage" at the Open Space Theatre. Following the performance, the cast invited the audience to mingle at a nearby pub to discuss the play.

**- Dennie Briggs**

Following the San Quentin production, in February 1963, "People Need People" was performed by the Menlo Players Guild in Menlo Park, California. Lee Marvin and Admiral Nimitz were among the audience. Is the play script still available? More to the point, would there be a community out there willing and able to put it on?

**Palo Alto Times March 15, 1962**

**Stanford professor wins award**

Dr. Harry A. Wilmer, Palo Alto psychiatrist and associate clinical professor at Stanford University, was cited Wednesday night in Sacramento at the second annual governor's mental health award banquet.

Dr. Wilmer, Revue Studios and writer Henry Greenberg received the Television and Public Information Award for the television program "People Need People," shown last fall on the Alcoa Hour over the ABC network. Dr. Wilmer was technical adviser.

The dramatization was based on a U.S. Navy documentary filmed in 1955 at the Oakland Naval Hospital which demonstrated success with less use of restraints, sedation and an open-door policy for mental patients.

In 1958 Dr. Wilmer's book on the experiment, "Social Psychiatry in Action," was published.

"To my knowledge," writes Dennie Briggs, "this project was the first therapeutic community established in the United States." He describes the Oakland experiment in detail in his on-line publication '*IN THE NAVY: Therapeutic Community Experiment at the U.S. Naval Hospital, Oakland, California*', <http://www.pettarchiv.org.uk/pubs-dbriggs-navy1.pdf>

***Interestingly, at the end of his trip to the United States in 1968, Richard Crocket - founding Director of the Ingrebourne Centre therapeutic community - recorded in his diary:***

"The only community I found that had any really close similarity to our own (apart from the indirect contact with Daytop through the theatrical performance in New York) was Harry Wilmer's so-called 'electronic' community."

***That theatrical performance, seen at the beginning of his trip, is described in his diary:***

19.5.68. Sunday (In my New York Hotel)

After inspecting the Reiss Pavilion, we collected tickets which I had booked for the "Concept" in Sheridan Square Theatre. The performance was at 10 p.m. and we went and had a very crowded, but large and excellent Spanish meal elsewhere in Greenwich Village meanwhile.

"Concept" was evolved as a script, recording personal historical experiences and comments of members of the organisation known as Day Top. This is a body of ex-drug addicts, who have completely established a community on an island in the Catskills (?) near New York. They display in this script the procedures and experiences of treatment in the Day Top regime. It was a skilled and moving performance, although the actors are not professionals. (I believe that the play is produced professionally). The theatre is a small one, and is in the round, or rather, in the square. The stage projects into the auditorium with the audience seated on three sides. The theatre accommodates about 300-400 people. It was packed. The content of the play was entirely characteristic of the content of any typical phase of the work of the Ingrebourne Centre. If I had wanted to exhibit what we do, on the stage, it could not have been improved upon. All the community mechanisms were there, even though the culture was very different indeed, and very rough at times.

**Dr. Richard Crocket, *Diary of a Trip to the United States, 13 May 1968 – 15 June 1968.***  
<http://www.pettarchiv.org.uk/arch-rc-usa-week1.htm>

**QUICK RESEARCH OP**

In an interview in 1990 for the Archive and Study Centre [(T) CF 5 (7 Aug 1990)] Maxwell Jones talked about the intensely creative period at Mill Hill during World War II – contemporaneous with Northfield – when a wonderful staff of recruited nurses, artists and so on began to develop new and unorthodox approaches to therapy - for example, what later became known as psychodrama. Each week the staff and clients would draw on case studies and experiences within the community to perform a story. Actors and actresses from Unity Theatre – “in my day the best repertory theatre in London, near Kings Cross” became interested and started coming to look at the work being done, finally using one of the patient’s scripts to produce a play themselves. Given Maxwell Jones’s dates at Mill Hill, this would probably have been between, say, 1943 and 1945.

According to the Archives Hub entry on the Internet, “Unity Theatre developed from workers’ drama groups in 1930s. From the beginning Unity saw itself as the people’s theatre. Many of its productions sought to dramatise the lives and struggles of ordinary working people. Its aims were to bring theatre to the masses and in doing so help in the struggles for world peace and better social and economic order.”

The Unity Theatre archives as such are held at the Labour History Archives and Study Centre, 103 Princess Street, Manchester, M1 6DD (Tel.: 0161 834 5343). Records of the London Unity Theatre, 1931-1970, on the other hand, are held at the V & A Theatre Museum, 1E Tavistock Street, Covent Garden, London WC2E 7PA (Tel.: 020 79434 700). It ought to be relatively straightforward for someone passing by the one or the other to drop in and see if any records exist about this particular play. What if we could find out who wrote it? What if the script itself were still there – what insights could we get from a new production? And what if the author is still alive?

### **Patient-driven periodicals and therapeutic community 3**

*Henderson Hospital, early 1970s*

“Although I visited all of the groups regularly, I joined the writers’ group which couldn’t formulate a work situation. They felt somewhat abandoned without a regular staff member. With the exception of the editor and her assistant, the others in the group came and went. The writers group had focused on their newsletter, the *Chicken Quill*, that they put out with some regularity. It gave them a focus and those residents who dropped out usually couldn’t meet the deadlines but preferred to spend their time on “creative writing” (which seldom produced anything tangible). They would go off to other places to write and talk about their ideas. Putting pen to paper was another matter. A few residents tried to use the writers’ group to advance their political ideas, seeing the newsletter as a means of propaganda. But rarely could they put their ideas into articles and most soon abandoned this channel. On occasion, other residents and staff would submit contributions that livened up the newsletter staff; they now could criticize others’ writing and make decisions as to acceptance and rejection. At one point, the newsletter staff decided that they would try an advice column; yet after its inauguration, there was no response. In utter frustration, the two-member staff wrote letters themselves that they proceeded to answer. Even this temporary respite from the

community’s general apathy did not work and so they abandoned the column.

The writers group began to attract a few residents whose social action interests were compatible with producing the paper. One member thought that there was too much lethargy in the community at the time and had futilely suggested that we needed to bring in some outsiders to raise interest and to broaden cultural pursuits. He noticed that Leonard Cohen was to appear in concert in London. Why not get an exclusive interview with him? What if they could obtain tickets to the concert for the whole community? Better still, why not invite him to come to them for a concert?

He was able to contact Leonard Cohen’s agent and, to the amazement of everyone (especially Stuart), they arranged a performance at the hospital. The concert provided the lead article for the next issue of the *Chicken Quill*. This achievement scored big with the community, for now the writers’ group had status - but not quite in the manner the group’s leaders had intended. Nonetheless, it did help the community to look beyond its own boundaries. And more residents wanted to transfer to the writers’ group.”

Dennie Briggs, *A Life Well Lived: Maxwell Jones - A Memoir*, Jessica Kingsley (London and New York), 2002, pp. 87-88

**Snipped from the Internet**

[http://www.cuff.org/press\\_20020523.php](http://www.cuff.org/press_20020523.php)

**FOR IMMEDIATE RELEASE:  
MAY 23, 2002**

**THE CHICAGO UNDERGROUND FILM  
FESTIVAL ANNOUNCES  
2002 FILM FUND RECIPIENTS**

The Chicago Underground Film Festival is pleased to announce the recipients of its Fourth Annual Chicago Underground Film Fund, six projects selected from over 200 submissions in an effort to foster the underground of contemporary media. Each winner selected has received a cash award of between \$500 and \$2000 to go toward completion of his or her project.

*Threads of Belonging* - A feature length fiction / documentary hybrid by Jennifer Montgomery. *Threads of Belonging* recreates a therapeutic community using actual case histories written by patients during the anti-psychiatry movement. Using immersion and improvisation, Jennifer developed the characters in a house over a two-week period

[Jennifer Montgomery is Artist in Residence at Columbia College in Chicago]

<http://www.inter-disciplinary.net/pw1s4.htm>

**Probing the Boundaries  
September 2002 Vienna, Austria**

This multifaceted conference marks the launch of a new project to promote and encourage the interdisciplinary and multi-disciplinary study of all aspects of prison writings and the literature of incarceration and confinement.

Prison Writings - Session 4...

**Mary Stephenson** - *A Distant Voice in the Darkness*  
Playwright and Writer in Residence, HMP Channings Wood, UK

Soon after starting in January 1998 as Writer in Residence at Channings Wood, a medium security prison for adult men in Devon, UK, I realised that to focus only on writings, I would be turning my back on prisoners with literacy problems. My paper looks at how prisoners may be given a voice through all the arts, not just the written word. I will provide examples of the projects we have undertaken...

**Journey Through Drugs** - residents of the Drug Therapeutic Community relating their own journeys from first experiment through crime and incarceration to new hope. Using their music, improvised drama, poetry and reminiscences, the men and their families worked with BBC drama producer Shaun MacLoughlin to create three 20minute episodes for radio.

[http://www.cyberitalian.com/html/gal\\_47.htm](http://www.cyberitalian.com/html/gal_47.htm)

**NEW ITALIAN CINEMA EVENTS (N.I.C.E.)**

**N.I.C.E. USA 1999** will feature some of the best-known and most talented contemporary Italian actors and actresses. These first or second films by some of Italy's leading young directors were among the best representing Italy in 1999 and were selected for NICE by a jury of renowned Italian and American critics and journalists. The Honorary Committee of the New Italian Cinema Events Festival includes as Honorary Chairpersons: Bernardo Bertolucci, Jennifer Beals, Isabella Rossellini and John Turturro, and as Members: Sofia Loren, Annabella Sciorra, Spike Lee, and Vanessa Redgrave, among others.

**Three Stories**

by Piergiorgio Gay & Roberto San Pietro - Drama  
- 1999 - 85 min.

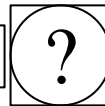
Based on true stories, this film wants to show life after drug-addiction. Paolo decides to enter a therapeutic community for drug-addicts, where he will come up against the rules within the group. Here he meets a lot of different people including Wolf, his friend who was a drug dealer and who, in order to avoid jail, decides to enter this community; Giovanni, a hard worker, but very reserved and uncommunicative; and Martina who has never had any working experience and who tries to win sympathy with typical feminine guiles. The film explores the relationship between the guests of the community and their capability of having a second opportunity in society.

None of the film's interpreters are professional actors and in some cases do no more than present their real life situation.

[http://www.wildcat.arizona.edu/papers/93/147/04\\_1\\_m.html](http://www.wildcat.arizona.edu/papers/93/147/04_1_m.html)  
**Actor Scot Robinson showcases life of recovery to Tucson**

By Melanie Winderlich  
Arizona Daily Wildcat, May 1, 2000

Scot Anthony Robinson's drug addictions and homelessness were sources of inspiration for his dramatic lecture-presentation, "Vision Warrior." The University of Arizona was the latest school for Robinson to spread his message about drug and alcohol prevention to today's youth. A nearly packed Harvill room 150 saw his presentation, which addressed life issues, including self-esteem, sex and peer pressure. "My life was essentially spared," Robinson, 38, said. "I conceived this piece in rehabilitation, in the hospital's therapeutic community." "Vision Warrior" has toured high schools and universities across the country, in addition to correctional facilities and Off-Broadway theaters...



'Anticipation' is reprinted with the kind permission of the author from **FEEDBACK** Number 1 (Winter 2002/2003), published by inmates at HMP Grendon

*Last year the Royal Court Theatre's Education programme ran an 18-week course at Grendon Prison on playwriting. In **Feedback**, Simon Stevens of the Royal Court says this 'Voices from Within' project "was a massive success. It was a success for the Royal Court Theatre. On a simple level nine new plays were produced. Nine new writers were discovered...New potential audiences were reached. New relationships were established." He quotes one of the playwrights, John James Claxton: "Who says theatre can't change the world?" Another writes of:*

## ANTICIPATION...

### MY THOUGHTS AND FEELINGS ON THE DAY OF THE SHOWCASE

**By Anthony C. Hopkin**

August 6<sup>th</sup> 2002, 7:50 am. My alarm wakes me up. I rub my sleepy eyes. I get up out of bed ready for unlock at eight. I get into the shower to help wake myself up, the thoughts going through my mind. Today is the day. Feelings of excitement, so too the feelings of nervousness. So what will become of my day ahead?

My morning continued with going to my group, at 9.00am. 'Are you looking forward to your play being performed this afternoon, Tony?' asked one of my group members. 'Yes,' I replied. For about thirty minutes I was asked about my play. 'What's it about?' I'm asked. But I wouldn't give anything away.

One o'clock. And I'm in my cell eating my dinner, well trying to, but my stomach is full of butterflies. I leave my dinner and decided to have another shower, as I'm feeling all sweaty. I'm all suited and booted waiting in the office. Nervous as hell, being wished the very best of luck, by all the staff. "What is it about?" I'm asked again, 'I will tell you later,' I reply, as there are people milling around the office waiting, like myself, to go to see the showcase.

The phone rings. 'All those who have their names down to see the showcase, make your way to the Conference Centre.' The staff are checking names on their guest list. I give my name. 'Sorry, but your name is not down on the list,' I'm informed by the officer. I'm speechless, I just don't know what to say. I managed in the end to explain that I'm one of the writers. All the same I had to return to my Wing, feeling hurt. I'm sitting in the Wing office, telling the staff what has happened. Still feeling nervous, but also upset, I felt like crying. My biggest day and I'm going to miss it. 'Why does this have to happen to me?' I ask the staff.

I'm outside the office having a smoke, when the phone rings, 'Tony, someone is going to take you over to the conference centre in a few minutes'. It is 2.30pm – I'm very late. I walk through the Conference Centre doors and I see that the room is full of people. My heart is beating like mad, and sweat is rolling down my face. Given the chance I would have turned around and ran back to the wing, but I heard a voice behind me. 'So you made it,' and I look around to see Simon. He tells me to grab a chair. It turned out that everyone was waiting for me.

I'm sitting in the front row, with the other play writers. Simon goes on stage to give an opening speech, and also to welcome everybody. Still feeling nervous, waiting for my play to be performed. Up to now, every play being performed turned out well, there is plenty of laughter and gasps from the audience, which is encouraging. The fifth play was introduced. My play, bloody hell it's my play. Now my heart was really beating fast. My nerves have kicked in again, sweat rolling down my face. Please, please, let this be good. Within seconds there is laughter from the audience – what a relief. That feeling of nervousness has gone. When my play was finished, a hand pats me on the shoulder. 'Well done mate,' I hear from behind me, I look round to see Simon. 'Cheers,' I reply.

I was sitting there and couldn't believe that I managed to do something, which for me was so big. I believed that I couldn't do anything right. But that day I proved to myself I can. If you want something in life you have to work hard for it. But the most important thing for me on that day, which was so powerful, was that I made people laugh, smile and enjoy a good day. For me that was so big.

Now I continue to write more plays for the future and I'm writing with confidence and pride. And that's a good feeling!

**Dennie Briggs writes:** "I think there was a Hollywood film around 1960 about Warlingham Park but the title escapes me just now. Kenyon Scudder's book (*Prisoners Are People*) on the founding of Chino was made into a Hollywood film with the song, "The Unchained Melody" on the hit parade. This was of course pre-therapeutic community days, but set the stage." *For the work at Chino Prison in California, see Dennie Briggs, "In Prison: Transitional Therapeutic Communities", <http://www.pettarchiv.org.uk/publications.htm>.*

*One of the themes which has emerged strongly in this issue is the role and importance of patient/community magazines in the life of therapeutic communities. This short story by Julian Maclaren-Ross, recently re-discovered and appearing here for the first time since it was cyclostyled and distributed by Northfield patients sixty years ago (for the story of its re-discovery, see p. 50), goes right into the roots of the psychiatric therapeutic community, giving us a glimpse, which is not so simple as it at first seems, into that particular "seed" of Northfield from which the modern Cassel Hospital, and much beside, has grown.*

From the Northfield Military Psychiatric Hospital patient magazine

# PSYCHE

Issue 1, May 1943

## I'M TOO OLD TO LEARN THE VIOLIN

The other day people started telling me to buy a fiddle. Others addressed me as Maestro. From those observations I deduced I should have my hair cut. I looked in the mirror and decided that the time had not really come for this extreme measure. But the RSM, encountered soon after in the hospital corridor, persuaded me in his usual kindly way to alter my decision.

"And if you don't have it cut, so help me God, I'll cut it for you," he shouted after me.

The need for a hair cut, viewed in the light of this new development, now became imperative.

I went in search of the hospital barber. But he was elusive. Not easily found. He wasn't in his den, nor in his ward. I went to the Naffy. They said, "He's just gone. Just this minute."

"Half-past ten's the time to catch him," they said.

"No good," I said. "I'm on parade half-past ten."

"Two o'clock, then," they said. "Bound to catch him at two."

But at two he still wasn't in his den. I went to his ward. He was there, asleep in a chair.

"How about it, mate?" I said, shaking him.

"How about what?" he said. He didn't even open his eyes. "Hair cut?" he said. "No hair cuts today. Clippers under repair. Come tomorrow."

"What time?" I said.

"Any time," he said, and began to snore.

So I went again in the morning. I sat for a time in the chair, and presently he came in yawning. He picked up the clippers and came towards me. But at sight of my hair he faltered. He dropped the clippers and picked them up again. A look of indecision came over his face. He wavered about, pushed moodily at the scissors; things were in the balance. Then he said, "No dammit. Don't feel like work today. Tomorrow morning," and walked out. I followed him – and ran bang into the RSM.

"Not got that hair cut, I see," he said.

"Tomorrow, sir," I said. "I have an appointment."

But next day was no good either; and the barber'd gone sick. Something wrong with his guts, someone said.

And there was – appendicitis. They're operating tomorrow.

So how did I get my hair cut? I'll tell you. I went and had one down town. It was as simple as that. Life's not nearly so complicated as we try to make it. The only snag was it cost me one and a tanner. One has to pay for these simple pleasures.

Still, it was cheaper than buying a fiddle.

Julian Maclaren-Ross

"I'm too old to learn to play the violin" is published here thanks to the kindness and generosity of Alex Maclaren-Ross and the Julian Maclaren-Ross Estate, and the Andrew Lownie Literary Agency. Considerable thanks for his help and generosity are also due to Paul Willetts. The archival source for the copy of *Psyche* in which the story was discovered is "S.H. Foulkes papers, *Clinical Practice: Northfield Military Hospital, 'Hospital newspapers: Psyche'*, PP/SHF/C. 3/25, Archives and Manuscripts, Wellcome Library for the History and Understanding of Medicine (London)"



# THE JULIAN MACLAREN-ROSS SHORT STORY PRIZE



## Who may enter?

You may enter, if you are connected with therapeutic community in any way (unfortunately, for reasons of fairness this does not include the editors of this *Newsletter*. Blast.). The only proviso is that your entry must reflect in some way the daily life and work in therapeutic community, and must either be unpublished, or have been published in your community's magazine within the last year.

## The Judge:

Paul Willetts

author of *FEAR AND LOATHING IN FITZROVIA: THE BIZARRE LIFE OF JULIAN MACLAREN-ROSS*, published by Dewi Lewis Publishers, March 2003

## The deadline for entry:

July 21, 2003

## The prizes:

*At least one or more of*

- The honour of being the recipient of the Julian Maclaren-Ross Short Story Prize
- Autographed copy of *FEAR AND LOATHING IN FITZROVIA, THE BIZARRE LIFE OF JULIAN MACLAREN-ROSS*
- Copies of the Penguin Classics Edition of Julian Maclaren-Ross's novel *OF LOVE AND HUNGER*, kindly provided by Penguin Books for this Competition

*Please note that Mr. Willetts will have considerable freedom in deciding the number and categories for the Julian Maclaren-Ross Short Story Prizes, and that his decisions will be final.*

### The Winners of the Julian Maclaren-Ross Short Story Prize will be announced during Windsor 2003

See entry form below for more details, or contact Dr. Craig Fees, PETT Archive and Study Centre, Church Lane, Toddington near Cheltenham, Glos. GL54 5DQ (United Kingdom), 01242 620125, email: [craig@pettarchiv.org.uk](mailto:craig@pettarchiv.org.uk). Or see <http://www.pettarchiv.org.uk/jointnewsletter/julianmaclarenrossprize.htm>

### Julian Maclaren-Ross Prize ENTRY FORM

Your Name (please print): \_\_\_\_\_

Your Community: \_\_\_\_\_

Where can you be contacted (bearing in mind that prizes will be awarded in September)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special category you would suggest your entry be judged in:**

for example, *child, staff, client, family, prisoner....*

#### Please circle the appropriate answer:

- The attached entry is my own work: YES / NO . If NO, whose is it? (please print) \_\_\_\_\_

- The attached entry has *not* been published before / *has* been published before

If it *has* been published before, please say where and when

(or, better still, enclose a copy!): \_\_\_\_\_

#### Please Note:

- A copy of all entries will be deposited in the PETT Archive and Study Centre, where they will be available for others to read (but you will retain copyright!)

- You will retain copyright, but in submitting your entry you agree to its publication in the *Joint Newsletter* (both hard copy and on-line versions), for distribution at Windsor 2003 for others to read, and for public reading/performance at Windsor 2003 or other events related to the Julian Maclaren-Ross Prize.

#### I have read and agree to all of the above:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_/2003

The Judge's decisions are final!

PLEASE CUT OUT OR PHOTOCOPY THIS ENTRY FORM, AND SEND IT ATTACHED TO YOUR ENTRY TO: JULIAN MACLAREN-ROSS PRIZE, BARNS HOUSE, CHURCH LANE, TODDINGTON near CHELTENHAM, GLOS. GL54 5DQ (UNITED KINGDOM). ALTERNATIVELY, GO TO <http://www.pettarchiv.org.uk/jointnewsletter/julianmaclarenrossprize.htm>, CUT AND PASTE THE ENTRY FORM, COMPLETE AND SEND IT ATTACHED TO YOUR ENTRY BY EMAIL TO [jmcprize@pettarchiv.org.uk](mailto:jmcprize@pettarchiv.org.uk).



# back page



**HAIKU**  
 Written by staff  
 and residents at  
 Webb House,  
 Crewe

*The Community Meeting*  
 Waiting in silence  
 The staff, arranging chairs  
 Arrive without warning

*Every day*  
 Don't run  
 Don't run off  
 I don't understand  
 But  
 Will stay with the feelings

*Inside Out*  
 Logic and feelings  
 Confusion surrounding all  
 That is and isn't

*The gathering*  
 Round the table  
 Community Tea  
 Smile and Fun  
 Not me.

*Saturday Morning*  
 Weekend runaways  
 Life on the outside beckons  
 Back to safety soon

*Sphere on a string*  
 Drowning in chaos  
 Self-destruction imminent  
 Giving up on now

*This is...  
 ...and this too shall pass  
 who shall it pass by?  
 Why would it choose to?*

*Dodging feedback*  
 I'm fine  
 I'm not  
 I'll talk in my groups

*Angry*  
 You move it  
 You move me.  
 It has my name on it.  
 This is my seat  
 My favourite chair

*Culture*  
 One year like a hundred  
 Two years  
 The limits of memory  
 Ancestors

*Dog food for old dogs*  
 Buy more  
 Buy this  
 Spend  
 Advertising  
 Does not prevent death.

*The last community tea*  
 Tuesdays before leaving  
 Standing on the edge  
 Of goodbye

*Therapy*  
 Reduced to tears  
 She abandons the shopping bags  
 Crying over spilt milk

*Self*  
 Autonomy?.....No  
 Objectivity no good?  
 What works anymore

## Patient-driven periodicals and therapeutic community 4

“In May 1943, the first signs of patient activity on a hospital-wide basis began. This was signaled by the production of the first edition of *Psyche*. Previously, there had been a hospital bulletin posted up in the NAAFI. The later publication, however, was a cyclostyled magazine containing pictures, poems, stories, critiques of films and descriptions of events in the hospital...Although it is not clear how the magazine started, a number of relatively well-known authors were involved, including Rayner Heppenstall, Dewi Davies and Francis Newbold...The magazine ran to at least nine issues, the last of which was in the Autumn of 1943 (*Psyche* 1943, Issue 9). This was perhaps the first evidence of the ‘hospital-as-a-whole’ approach that Bridger, Foulkes and Main were to develop in the Second Northfield Experiment.”

Tom Harrison, *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front*, Jessica Kingsley (London), 2000, pp. 197-198.