

# The Joint Newsletter

November/Fall 2004

Number 12

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

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## *Hello, I must be going*

**Craig Fees**

When I was a folklorist<sup>(1)</sup> it always took me by surprise: As a field we never applied the lessons of our own research to the securing and developing of the work, and continually paid the price: If you're British, what is the first thing you think of when you hear the word "folklorist"? Probably *not* student of group and community processes, nor "ethnographer". And what do people 'out there' think when they hear the term "therapeutic community" or, god forbid, "residential worker"? Or what do you think of your self, if you are somehow involved in an intentional therapeutic environment? Do you wear the latter because you have to, and then get down to the real work of making each day the best possible for the containers of endless need and possibility which nature and our way of living continuously throw up for us? Are you content with that?

I certainly was. During my time within a therapeutic community for children all I needed was time to sleep, food, my own room, and the privilege of taking part in the most amazingly beautiful and difficult world I had ever come across, secure in the knowledge that 'out there' it was being taken care of – valued, secured, protected, made possible. It was a surprise when it was all stripped away, and I found out not only that the work I was doing as a short-term loan from academia had not been secured 'out there', but in fact had been suffering similar disasters and annihilations for the whole of the 20<sup>th</sup> century. What had our forbears in the field been *doing* all that time?

As it turns out, pretty much what *we* had been doing: getting on with the work, and trusting in tomorrow; influencing as best they could the legislation, policy and practice of the day, putting the past out of mind, healing the wounds or getting out of the work if the wounds were too deep, and if not blown away, drawing on the bottomless optimism that is available to people who have engaged with the deepest human disaster and seen it transfigured through the tenacity and wealth of human being: *Children - consigned to a lifetime of failure, incarceration, medication, and the replication of their emptiness and pain in the world around them - held in their pain and emptiness long enough and well enough for the immense re-creative power of being human to begin to replace the emptiness with a foundation in which the pain, and the experience behind it, become incorporated into its strength: who bloom; who become healers; who become parents of happy children, or simply strong and devoted partners in marriages, or businesses, or professions, or communities. Or simply more than the loss they would have otherwise become.* But not, by and large, drawing on the lessons of the work and providing comparable holding and healing mechanisms for the field itself.

**“But the roof doesn't leak when it stops raining”.**

For the past four years I have edited the *Joint Newsletter* -- twelve issues. A good Jungian time to stop. While I would like to say that I am giving it up now primarily through strength of character, or because I feel I have achieved what I can, or because

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of a rare wisdom to give up something you love to allow it to flourish in new ways in other hands, the prosaic reality is that the production of the *Newsletter* is getting in the way of the fundraising which has now become necessary as part of my job as Archivist and Director of the Archive and Study Centre; which, indeed, now depends on it. Editing – which has meant everything from OCRing and re-typing, to tickling material from the roaring river of the field (the way we used to do to fish in the quieter mountain streams of Colorado), to laboriously laying out and Desk Top Publishing, and then picking them up from the printer and stuffing and posting – takes too much time. Sigh.

It was never intended to have an Editor. The original plan was to rotate the *Newsletter* from organisation to organisation, a bit like the Presidency of the European Union – this issue the Planned Environment Therapy Trust, the next issue the Charterhouse Group, the issue after that the Association of Therapeutic Communities (hence the three issues a year); and in many ways that would have been better. But against the background of challenges continually facing both the ATC and Charterhouse Group over the past four years, the relative continuity and availability of resources within the Archive and Study Centre during much of that period, and PETT's chosen role as a support organisation for the field as a whole, the *de facto* role of executive Editor (to use the term adopted by Kevin Healy) has simply happened. Add to that the tremendous fun and the privilege involved in making purposeful contact with so many good and exciting people, and the privilege of learning, and *Voilà*: a willing Editor. I hope – there's no guarantee – but I hope that someone else is given this privilege; or that the three editors are given the support required to enable them to do their day jobs while also committing the necessary time to the *Newsletters*.

### The Special Section

Among the perks of leaving the role is a last wish, and my fellow editors have generously granted me the wish to try to put together a special section devoted to the children and adults of the Charterhouse Group. Freud memorably referred to the kind of work which goes on within Charterhouse Group communities, in his introduction to August Aichhorn's classic *Wayward Youth*, as an 'impossible profession'. It is internally 'impossible' for many reasons, which anyone who has done it knows, but which is hard to convey if you haven't. It has been made more impossible by the external pressures of a State and a society which do not want children to be damaged in the first place, but are unwilling to take the consequences of actually understanding what it is all about themselves or trusting others, preferring instead a steel gloved distance and the hand of common sense. There are currently thirteen UK members of

the Charterhouse Group. Each one I rang in follow-up to the letter I sent asking for material was in the midst of inspections or impending inspections, having recently been inspected and looking ahead to an inspection beyond that, from this or that body. My wish to put together a Special Section sprang from the difficulty Charterhouse Communities have had in contributing to the *Newsletter* over the past four years, and their radical under-representation generally; and the knowledge, which we all derive from our work with and experience of people overworked or under stress (including ourselves), that while communication is essential to mobilising the potential which exists within the external environment for support and understanding, communication itself becomes correspondingly more difficult as the work and stress increase. We have all been with children or adults whose ability to communicate has been reduced to destruction of themselves or something around them (or *being* destroyed), and know from experience what it takes to revive their ability to steam ahead. Apart from anything else, it requires contact. It requires belief. It requires experience ('time', *pace* Richard Crocket). It requires imagination. If a child can get a joke, then you are on your way to the integration of self and environment which allows the person eventually to flourish. In other words, we all know what building community is about.

Which is not quite the *non-sequitor* it may seem. Earlier this year we were sitting around the wood stove discussing the future of the *Joint Newsletter*, and the observation was made that "I can't see who the target audience of the *Newsletter* is;" to which I heard myself reply that that was because it didn't have a target audience, but a target *task*; which was building community. A key moment for me was the question several years ago in the ATC Steering Group, "Has anyone heard of Jane Pooley?" when Jane was Director of the Charterhouse Group; and later, "Who is Rich Rollinson?", who was then the Director of the Mulberry Bush, one of the oldest and best-known therapeutic communities for children and young people. No wonder the field has suffered recurrent tragedies over the past century. Those of us coming into the field, certainly at the lower levels but also higher up, have had little or no idea of who or what else was out there, how rich and deep the field was - seen historically, geographically, culturally, or simply in accumulated wisdom and experience; and, in the demands of the day-to-day work, there have not been many readily accessible ways of finding out, or even discovering that there was something *to be* found out: Living in the sufficiency of the bottomless present, like a disturbed child, without the supporting and guiding structures that we call "heritage" and community. All of that is what the Archive and Study Centre is about; and under its

Presidency, and for better or worse, what the *Joint Newsletter* has been about. The field will be strongest when it knows itself best; and it will serve the people who come into the field best – both as staff and clients – when it is strongest.

### ***Belief, heritage, creativity***

A part of that strength will always reside in the belief that what many people - in government, media, or society generally - regard as impossible is, in fact, possible. Really impossible things are not made possible through belief; but disbelief (often through lack of experience and training), or the active and positive belief that something is *not* possible (often through contrary training or personal experience, or sometimes through personal or organisational need), can scupper even the best project or programme, much less squeeze the small light of possibility out of a difficult or pioneering enterprise - ensuring its failure, and then using that failure as proof of its impossibility. In the bottomless present there is no answer. The answer, insofar as there is an answer, lies in people who know from their own experience what is or may be possible, or who recognise the limits of their own training and experience and are therefore (critically and reflectively!) open to the experience and knowledge of others. It lies in communication and shared experience.

Where that experience resides in the past, it is called our *heritage*. Where it exists in the present, it is one of the tasks of the *Joint Newsletter* to tickle it into print, and to foster some degree of mutual recognition even across boundaries of language or profession. One of the greatest pools of support for workers in therapeutic communities, which remains largely untapped (and vice versa), consists of people who are or have been involved in ‘democratic’/alternative/progressive education, whose belief is grounded in personal experience, if different language. But the potential is very wide indeed; and if I were to start listing my regrets in standing down, they would begin in never having done enough, here or in the Archive. It is the curse of the oral historian and archivist to see horizons of connection for which there is neither the time nor the resources to bring to the surface; and one prays for curious practitioners and enthusiastic researchers to come along.

Having said which, we have done pretty well, and by ‘we’ I mean all of those who have been involved so far with the *Newsletter*: The three Trusts which set it up and keep it going; and of course the editors – Nadia Al-Khudhairy at the inception and Jane Pooley, for ATC and CHG; and currently Kevin Healy and Chris Nicholson, along with myself. There is a lot of “I” and me in this particular editorial; but the *Newsletter* itself exists because of the belief that

people - trustees, authors, readers, editors, secretaries - have put into it; and because of what I think all three of the current editors would regard as a close and almost indefinitely mingled and productive working relationship. One of my reluctances in standing down has to do with losing that (and the fear that I may find out I wasn’t as important to it as I’d like to think). But where else will you find a magazine in which service users, workers, administrators, family members, retired people, exes (ex-clients, ex-staff members...), friends, children, young people, adults, poetry, prose, articulate, less articulate, academic, high culture, low culture, comedy, tragedy, polemic, evocative, dry, passionate, reflective, progressive, democratic, drug-free -- What haven’t we had, that it is possible to have -- are joined together as if they belonged together, with no big deal being made about it? As if we were all part of the same community? ‘An awfully big adventure’ to use Jane Pooley’s words.

### **Back to the Special Section:**

*In all my growing up, I never came across real unkindness to children; except the structural unkindness introduced into a family by war.* It was a very deep shock to come to Britain and stumble into a therapeutic community for children: To discover in one moment how deeply children could be damaged, and how possible it was to do something about it. It was a gift to me, which I have struggled to repay in the work of the Archive and Study Centre; and hope in delving into the children, adults and places of the Charterhouse Group as we do here, and sharing it, and perhaps giving an indication of how much more is there, something of the debt is paid. So much more *could* be done and *should* be done. Perhaps the communities featured here, and those which found it impossible to contribute in the time available, will come together at next year’s Windsor Conference, which will be devoted to work with children and young people; and then take over an issue of the journal with their papers. Some gifts grow through sharing. The poetry published in this issue (and, of course, earlier) would be a good place to start. In the context of the Special Section it seemed very appropriate that David Lane should provide a Guest Editorial. Thanks to everybody. (Slips ring on finger )

### **Footnotes**

(1) See, for example, Fees, C “Tourism and the Politics of Authenticity in a North Cotswold Town”, in Tom Selwyn, ed., *The Tourist Image: Myths and Myth Making in Tourism* (John Wiley and Sons, Chichester), pp. 121-146.

Fees, C (1990) “Reflections of a Folklorist in a Residential Therapeutic Community for Emotionally Deprived and Disturbed Children”, *Maladjustment and Therapeutic Education* 8 (2), pp. 68-73. Reprinted in *Folklore in Use* 1 (1993), pp. 149-155.

## Guest Editorial:

# THE SPECIAL AND THE ORDINARY

by David Lane

*David Lane started his career with eight years in residential child care. After three years as a Social Work Education Adviser at CCETSW, he spent ten years as an Assistant Director of Social Services and eight as Director. Since 1993 he has been an independent Consultant, among other things being an expert witness on child care cases, Chairman of the Langley House Trust which provides accommodation and support for ex-offenders, editor of the Children Webmag, Trustee of the National Children's Bureau, and Vice President of Leonard Cheshire, the National Child Minding Association and FICE-International.*

A continuing problem for people who work with children and young people in social care and social education settings is that their work is not generally regarded as professional. Its complexity is not recognised, the significance of good childcare for a fulfilled adulthood is not understood, and the need for staff to train and be registered is not appreciated.

The battle for recognition, to my personal knowledge, has been fought for forty years. Further back, I have met people who were on the first nationally recognised qualifying course for houseparents in 1948 and set up the Houseparents' Association, which has since evolved into the Social Care Association. They set up the Association and nurtured it because they felt that the work was important and needed to be seen as professional. Going back even further, I have no doubt that workers struggled for recognition in the nineteenth century when the National Children's Homes and Orphanages and Dr Barnardo's started the first training courses. Perhaps the staff at the Royal Philanthropic School and at Thomas Coram's Foundlings Hospital argued the case in the eighteenth century as well.

So why is the profession not recognised? I offer five reasons.

### PROFESSIONS AND PARA-PROFESSIONS

The major professions have been established in fields where specialist knowledge and skills, entailing specialist training and education, are required on the part of the professionals in their role of assisting the clients requiring help, who are vulnerable and dependent upon them.

Whether a field is deemed professional may relate to the significance of the task and the implications for failure on the part of the professional, for example in surgery, where a slip of the knife may kill the patient. It may reflect the complexity of the task, for example in the detailed legal knowledge required by a barrister who is well-versed in the obfuscating legal jargon and the niceties of argument that will win the day. It may relate to statutory roles, where job titles are protected.

In short a true profession is seen by some people to entail:

- a specialist body of knowledge, owned only by that profession
- specialist skills, deemed to have been acquired only by that profession
- accredited training and qualifications
- registration so that non-professionals are barred from practising.

Childcare falls on virtually every count. There is some specialist knowledge, but it overlaps so extensively with the knowledge required by other professionals, such as social workers, educational psychologists and teachers, that it is hard to see what is not shared. There are some specialist skills, but they are also in the main the skills of counsellors, psychologists, group workers, teachers, social workers, youth and community workers, repackaged to meet social care and social education needs. Staff training is improving, but not yet mandatory or universal, and registration is not required yet except for childminders.

There is plenty of evidence that childcare workers are generally seen as para-professionals, assisting or working under people from established professions.

When housemasters were first introduced in approved schools in the early 1940s, they were an adjunct to teachers. Until the last decade or so, foster parents were often seen as a sort of volunteer, supporting field social workers. The Government has declined to register childcare workers, other than childminders, while putting the registration of social workers as the top priority for the General Social Care Council.

Training opportunities to improve standards, such as the Certificate in Social Services, have been built up, only to be re-organised and run down again. It is not simply a battle that has to be fought and won, but an ongoing war, which has to be refought at intervals.

Yet people working with children and young people need to work in accordance with professional values,

putting their clients' needs first and protecting them. They need to train to a professional level if they are to pick up the range of skills and knowledge required to be effective. In short, however people have viewed them, they need to be seen, trained and registered as professionals.

### FRAGMENTATION

Secondly, the childcare profession is splintered. We speak of the teaching profession and medical profession as global entities. Ask a teacher or doctor what they actually do, and they will go on to say that they teach German or infants, or are general practitioners or coronary specialists, or whatever, but they start with their simple professional identity. Ask a childcare worker, and they will start by saying that they are nannies, residential social workers, play group leaders, youth and community workers, childminders, or whatever. Their primary identities are specialist.

Yet all these workers work with children and young people who share many characteristics in common. The workers all need a common understanding of broad areas of knowledge, such as child development. Those working with little children need to be aware of the later childhood and adulthood for which they are preparing them. Those working with young people need to understand the earlier phases of development and milestones if they are to understand the problems they are facing.

The specialisms are important and necessary, but they need to be based on a shared foundation of skills and knowledge. In continental Europe people working with children and young people often share common foundation training as social educators or social paedagogues. In Britain there are moves towards common training in the children's sector, but there is still a long way to go, and there is still no common professional identity shared across the workforce.

In short we need to overcome the fragmentation by introducing a social education / pedagogy model shared by all workers with children and young people.

### SELF IMAGE

Closely linked with the fragmentation is the question of the way that childcare workers view themselves. If their primary self-image is that of nanny, youth worker or whatever, they do not see themselves as part of something bigger, and they risk failing to see the ground shared with other child care workers.

This risk is translated into membership of professional organisations. There is no successful over-arching professional association for child care workers. There

are a few hundred in membership of the Social Care Association, which recruits across all client groups. All other professional organisations are specialist, and with one exception fairly small. The single exception is the National Child Minding association, with over 40,000 members, a high proportion of the total workforce in that field.

There are also sizeable numbers of childcare workers who are members of Unison or the GMB, but as trades unions, they have interests other than the professional identity of their members.

For some reason, other than the NCMA, no professional body is successful in attracting childcare workers into membership in large numbers. Perhaps employers meet their needs and they consider it unnecessary to organise themselves to bid for better training, support or professional status. Perhaps they do not see themselves as professional. Perhaps informal networking meets their needs. Perhaps they are not so committed to their work as their forebears and want to enjoy a more balanced lifestyle, giving family life and leisure pursuits greater priority than the pursuit of high professional standards.

The outcome is that, in terms of social and political influence, the profession is weak. Even though some hundreds of thousands of people work with children, there is nothing comparable to the influence of a General Medical Council or British Medical Association, or their opposite numbers in other established professions.

When a spokesperson is required or an eminent personage to undertake an inquiry, it is rare for that person to be a childcare professional. Childcare professionals simply do not have the clout.

### FAMILIARITY BREEDS CONTEMPT

Perhaps the most fundamental reason for the low status of childcare workers is that their work concerns people's behaviour and ways of dealing with it. This is an area of activity where every human considers his or her experience of life makes him or her an expert. Our minds boggle at the complexity of neurosurgery or nuclear physics, but we all know what should be done about bad behaviour. Only two weeks ago an intelligent mature person from another profession told me that as a child he was "clipped round the ear by the village bobby", adding, "and it never did me any harm".

The implication is that bringing up children is simple, and there are simple remedies for disturbed or offending behaviour. This attitude is deeply entrenched, because it is based on people's own

childhood experiences reinforced by their roles as parents. It is not usually susceptible to straightforward rational argument, and is only overcome by closer involvement.

The logic of the argument is that child rearing is simple. Anyone can be a parent. The role therefore requires little skill. So, professional people who work with children also need little skill and little training. The status of the work remains low, and sadly, the fact that a high proportion of the workforce is made up of women compounds the problem even today.

This attitude on the part of the populace as a whole has been demonstrated recently in the views of parliamentarians in discussing smacking. Having received overwhelming advice from childcare professionals that big people should not hit little people, they have rejected the advice, preferring to rely upon their own judgement. Would they reject the universal advice of lawyers or doctors? It is most unlikely, and the reason is that they think that they know about the care of children.

### THE SPECIAL AND THE ORDINARY

Childcare entails dealing with extremely complex problems, which require sensitivity and insight, knowledge and understanding, firmness at times and commitment and concern at others. Yet the medium through which childcare workers achieve their aims is everyday life. On the surface it may be at its most successful when it looks most ordinary. The daily round, leisure activities, chatting – none of these may look at all professional, yet they may be the vehicles for major change in the lives of the children and young people involved.

## WINTER

**By G (at Glebe House)**

Winter is drawing in; the night is very dark.

Christmas is very close.

The weather is becoming colder.

Dreams are becoming true.

Horses grazing in the field.

The sea becoming rougher and rougher.

As heaven opens up its doors.

The trees hustle together to try and keep warm.

The garden becoming white under the snow.

Birds in the trees saying what's happened to the leaves, and singing gracefully to the world.

Again, if childcare is effective, it will be the child or young person who overcomes his or her problems, who matures and develops into a young adult who can play a significant role in the community as a partner, parent, friend and worker, and lead a fulfilled life. The successful childcare worker melts into the background, pleased at the child's success, - quite a contrast with the top-flight barrister making great speeches or the leading surgeon making a mark through widely-reported ground-breaking operations.

Perhaps, therefore, childcare and social education / paedagogy are fated to enjoy low status because of the very professionalism of the workers involved. Of course, there are a very small handful of charismatic leaders who make speeches and become well known, but for most childcare workers it is the ordinary that is special.

### CONCLUSION

This article may seem to have a cynical and rather weary flavour, based on the failure of the childcare profession to organise itself over recent decades, and the failure of the powers that be to recognise the profession, train the workforce properly and register its members.

This is not intended. In part, it is a matter of recognising the nature of the childcare task, because any future campaign for recognition has to take account of the special in the ordinary.

Nor should the situation be viewed pessimistically. The article has laid out the case to make its points, but action has been taken in some respects. However, there is still much to be done. Training is improving, but there is scope for improvement. The General Social Care Council has been set up, but it will be decades before a significant proportion of childcare workers are registered. Social education / paedagogy is discussed more widely, but Britain remains out of step with the rest of Europe.

It is my view that there is still a major role for childcare professionals to mould their own future, not least by coming together to form common ground concerning the ways in which the wider profession should develop, and it will actually strengthen the influence of the specialist groups which make up the child care profession if they are able to unite under a common banner where they have shared interests.

**David Lane**

## Significant link

### *between Phoenix Bulgaria and the Ley Community*

Over the lunch break at the Community of Communities December meeting in 2002, I met Teodora – a young Bulgarian psychologist – who was combining attendance at the Community of Communities meeting with an opportunity to touch base with her tutor for her MA at the University of London. I learnt that Teodora was working in a newly established Drug Rehabilitation facility that had been set up in an abandoned school in a village an hours' drive out of Sofia. We discussed the Ley Community, and Teodora said that she would really like to visit. I remember taking her straight from the conference and putting her on a coach to Oxford in the pouring rain. Two hours later, Teodora arrived at the Ley Community and spent the night 'as a resident' in the programme.

From this chance encounter, a strong relationship has developed between the Ley Community and Phoenix Bulgaria. A number of Phoenix Bulgaria staff and ex-residents have come to the Ley Community on training placements during which time they live in the programme 'as residents' for up to two weeks. Dr Peter Vassilev, the Director of Phoenix Bulgaria, came

for a week – and reluctantly handed in his mobile phone when I insisted that he could not have the real Ley Community experience and remain 'on call' for Phoenix Bulgaria at the same time!

In October 2003, I visited Phoenix Bulgaria and undertook the Community of Communities Peer Review. It was a rich and humbling experience. In comparison to the Ley Community - which has developed excellent facilities over the years – Phoenix Bulgaria has very little. And yet, the resident group had such clear similarities to the residents at the Ley Community. Both sets of residents were grateful for a safe haven where they could work through their issues at the root of their addiction problem, and appreciated the importance of self-help as central in the recovery process.

I was made to work hard on my visit with staff and residents constantly pumping me for information and advice. In May 2004, Jane Brogan, one of the Ley Community's Assistant Programme Directors, went for a week to Phoenix Bulgaria and undertook a series of seminars and training sessions with staff and

residents. We have also shared with Phoenix Bulgaria the Ley Community Programme Handbook and Staff Handbook with many policies being directly adopted for the Bulgarian programme.

The link between the two communities has been further strengthened by a grant from the British Council that allowed for a Bulgarian Television Crew to visit the Ley Community in October 2004 to make a 17-minute film for primetime Bulgarian television. The film will also feature Phoenix Bulgaria, and we hope will provide an impetus to assist Phoenix Bulgaria in obtaining State funding. At present, fees for residents at Phoenix Bulgaria are paid by parents that inevitably means excluding a number of people from receiving treatment owing to lack of available funds. State funding would make a huge difference in the ongoing survival of what is a remarkably imaginative and exciting new project.

**Paul Goodman**  
**Chief Executive**  
**Ley Community**  
**11 October 2004**

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## THE ACTIVITY CENTRE, BRIGHTON:

### Client's Report 2004

*The Activity Centre in Brighton, a part of the occupational therapy service (community day care) provision for WAMHS (Western locality), West Sussex Health & Social Care NHS Trust, has featured in Joint Newsletters 8 (2003), page 6, and 9 (2003), page 75. This report is reprinted here with the permission of its author, Chris Street, and of The Activity Centre.*

The Activity Centre in Bognor Regis is regarded by many of its clients as an oasis where they can genuinely relax, without feeling the anxieties of "living in the community." The ethos of the Centre is without doubt remarkable, having none of the clinical environment and overt discipline so often associated with day care centres for those suffering with mental health problems.

While society in general has made considerable strides forward with understanding and accepting such taboos as aids, drug abuse and alcoholism, mental health

issues remain the pariah, a point that is by no means missed by patients, and can go a long way in justifying their perceived ignorance and hostility from the community in general. To emphasise the point, consider the media coverage extolling the virtues of drug and alcohol rehabilitation initiatives, and the virtual non-existence of publicity given to mental health problems and treatment. Is it any wonder that both patients and the dedicated staff working within the system could easily feel second-rate, compared to the more 'accepted and glamorous' areas of treatment.

**The Activity Centre continued**

Why was The Activity Centre initially set up? A rather stupid question one might think, but the answers given by many, some even senior clinical staff within the Trust, will miss the obvious, purely because it is ground-breaking in both foresight and wisdom. To care for patients living in the community is the obvious and traditional response; but ask for “care” to be explained and the adjective ‘vague’ would seem polite. This surely is due to a lack of understanding of what clients, not patients, both require and desire; to have a reasonable quality of life, encompassing personal choice and dignity, while at the same time being as little a burden to society (and the Trust) as possible. Miraculously this has been achieved, the only blemish being that it is not more commonly recognised.

Quite naturally, the Trust must take financial considerations into account, but compared to other local mental health facilities the Centre must be extraordinary value. The Centre averages well in excess of one hundred client visits every week, and provides around fifteen cooked lunches for clients on a daily basis. In essence, the Centre is an **irreplaceable safety - net**, providing comfort and a “feeling of belonging” to all who are fortunate enough to attend, while at the same time ensuring that personal, mental and practical problems are usually sorted out before hospitalisation is necessary.

What do the clients do all day? Another question asked usually by those who have never even visited the Centre, and quite rightly treated with derision by most clients, as the inference of condescension is made purely out of ignorance.

There are of course the ‘normal’ activities one would expect, but that is only scratching the surface. The diversity of interests is astounding, and too many to mention, first hand knowledge being the only way to appreciate it. However, there is one area in which all clients take an active role. The Centre is lucky enough to have an occupational therapy student on placement during term time, and making life hell for them is of prime importance! The student’s presence is greatly appreciated, and is of benefit to all. This has been taken further, and clients from the Centre now do a

workshop every year at Southampton University, which requires a great deal of planning and work, yet is done with considerable enthusiasm. This interaction will hopefully be extended to Portsmouth and Worthing in the near future, as well as workshops at the Sainsbury Centre in Chichester. Invitations to staff within the Trust, and outside, have also been extended, and in most cases accepted, although one must say that some employees seem ‘disinterested’?

The Activity Centre also operates a unique scheme of “credits for work.” A client at the Centre may ask to do certain jobs and receive a credit in exchange. This credit may then be exchanged for a free lunch, which is provided every day for only one pound. Credits may be earned for washing-up, cleaning, shopping, gardening and numerous other tasks, and is a very popular scheme as many clients rely on it for their only cooked meal, a point which is undeniably important but generally unknown.

The perfect time to visit the Centre is on a Tuesday afternoon, for the weekly client / staff meeting. This is usually lively and interesting, not only with regard to the topics discussed, but also in the manner in which it is achieved. Everyone is equal, and it is not unusual for the staff, and visitors, to be asked awkward questions while at the same time expressing views in a completely candid manner. Victorian principles of patients “tugging the forelock” in the presence of senior guests do not apply, rather truthful, vigorous and friendly dialogue between clients and staff - a rare experience to be savoured by those of wisdom and courage.

Is it possible to improve the Activity Centre? Of course - open seven days a week.

**The Activity Centre - the place where “care in the community” ceases to be a cliché, and becomes reality.**

In closing, the clients would like to extend a warm invitation to anyone with courage enough to visit, and assure you your visit will be memorable.

**Chris Street**  
(*Secretary of the Planning Group*)

## **A Dorset Utopia: The Little Commonwealth and Homer Lane by Judith Stinton**

**Black Dog Books (Norwich) - Publication 2005 - Softback - Price £10.**

Few people other than child care workers now remember Homer Lane. Those who do, remember his inglorious end. Lane’s life was full of incident, and central to it were his years at the Little Commonwealth in remotest Dorset where he led a unique experiment in self-government with children from the city slums, many with criminal records. It was an experiment that would seem radical even today. The book attempts to recreate the Little Commonwealth years - as far as possible from the children’s viewpoint - and to return Lane’s work to the centre of the debate on the treatment of young offenders.

<http://www.blackdogbooks.co.uk>

# THE NORWEGIAN NETWORK FOR THERAPEUTIC DAY HOSPITALS

by Geir Pedersen

In 1992 the leaders of a number of units came together and decided to establish a formal, contract-based cooperation. The nucleus of the cooperation should be a system with schemata, tests and procedures woven together by a software program which had to be developed for this purpose. They employed Geir Pedersen as a system engineer and project assistant. Initially Ullevål Hospital paid his salary, but rather soon it was granted a three year fund (1993-1996) from the Quality Assurance Committee of the Norwegian Medical Association. The quality assurance system which was developed was the result of a long journey with many and changing partners and many and changing opinions about procedures and priorities. Most constructive for this cooperation was an annual one day conference for all staff at all day units. At this conference data from the different units were compared and all units presented case material or other relevant clinical problems. Between the conferences the project assistant was in tight connection with the units by phone and mail and performed multiple site visits. Membership in the Network is based on signed contracts that oblige the participants to use the same quality assurance system, administer the same questionnaires, tests and clinical routines, as well as to send their data in anonymous forms at regular intervals to a common database.

Today, the Network consists of twelve day units, all located in the southern part of Norway. Collecting information from over 300 patients a year the Network has now systematic data from over 2600 patients from day treatment programmes and over 900 datasets from patients treated in outpatient group psychotherapy.



Geir Pedersen (left), and Sigmund Karterud

The Network is organized by a management board, with one board member from each day unit and one chairman, which is Professor Sigmund Karterud. The board meets twice a year, and once a year there is a clinical conference for all units. By 2004, the annual fee for membership in the Network is 3270 GBP. This goes mainly to the daily running carried out by Geir Pedersen who is employed in a full-time position as daily leader and researcher.

*Geir Pedersen has a BA from the University of Oslo, based on studies in psychology, statistics, and informatics, graduated as a Candidate in Administrative Data Processing at the Norwegian College of Information Technology, and has an MA in psychology from Warnborough University in London. He is now in the second year of the Ph.D programme at the Department of Psychology, University of Oslo. The theme of his thesis concerns the assessment of clinically significant personality factors.*

## New therapeutic community film:

### “Lifers: Reaching for Life Beyond the Walls”

Director: Kaori Sakagami

Genre: Documentary 90 min

*“Over 130,000 felons are serving life sentences in the U.S., at present — a number that has doubled in the last decade. Behind the hardened facades of convicts, whose heinous crimes seem to merit no clemency, lie a myriad of personal stories. This documentary explores the stories of “Lifers” currently serving time in the California penal system and sheds light on the counsellors, who facilitate the rehabilitation of these convicts, as they reveal their own criminal past. Their story is a profound one with much to say about the human condition.”*

Award-winning documentary made by Japanese independent film producer Kaori Sakagami at the Amity Foundation’s therapeutic community in the Richard J. Donovan Correctional Facility near San Diego, in California, showing as part of the New York International Independent Film and Video Festival in California, New York, and Florida.

More information: <http://www.japantimes.co.jp/cgi-bin/getarticle.pl5?nn20040920f1.htm>),  
<http://www.nyfilmvideo.com/cgi/schedule.cgi>

## REFLECTIONS ON 15

### MINUTES WELL SPENT?...

*The Cassel is a complex therapeutic community, comprising three clinical services for families, adults and young persons respectively, and supporting Education and Training Services, and Research and Development Services. There are more than 50 whole time equivalent (WTE) staff to assess and treat up to 50 inpatients, to support their families and carers, and to support, consult to, and train their professional networks, so as to enable an optimal fit between the needs of an individual, and the capacities of their local services to meet these needs.*

How can so many staff work towards the same general goal, and share what needs to be shared with each other as an organisation to achieve this? I suggest the daily coffee time (from 10.45am to 11am at which all staff are expected to be present) is a very important element in this sharing.

Last Monday morning I went to the coffee break with a view to discussing a particular clinical problem with the Clinical Nurse Specialist and Psychosocial Outreach Nurse from the Young Persons' Service. I poured myself a strong black coffee, and checked who was present in the smoking room adjacent to the room in which we have our morning coffee. I first met with the Clinical Nurse Specialist from the Adult Service, and liaised with her about my clinical problem, and how best to deal with it. I then had a brief conversation with the Consultant Psychiatrist in Psychotherapy for

the Adult Service about a letter I had received from the mother of a patient on his service. I was next approached by a nurse who is seeking support towards a training she is undertaking, and needed to talk to me in my role as Chair of the Cassel Hospital Charitable Trust. I then had a brief conversation with the Clinical Nurse Specialist from the Adult Service to say that her colleague in the Outreach Psychosocial Nursing Department would be happy to be involved with the first clinical situation that preoccupied me.

I turned round and talked with a consultant colleague from the Families Service about making a bid for \$1 million from a North American organisation. We also discussed his work placement this term within West London Mental Health Trust Child and Adolescent Mental Health Services. Finally, I checked with the Adult Psychosocial Outreach Nurse about her availability for a meeting that afternoon. It was time to disperse. All went off to various meetings and activities. I was left with a number of things to follow up, but overall had a feeling that it was a good use of my time on that particular Monday morning.

Is a regular coffee time part of the life of other institutions? I hope readers can feel stimulated to respond to this question. Oh, by the way, I did also get to drink my coffee !!

**Kevin Healy**  
**Cassel Hospital**  
**September, 2004**

### Addendum: one Week Later

I am reflecting once more on the busy fifteen minutes described above: Was it well spent? The clinical situation I was bothered about has resolved itself; however, I do believe the Cassel Hospital Adult Outreach Service are now better positioned to meet the ongoing needs of this patient, and of the professional network dealing with him within our large Mental Health Trust. Difficulties in engaging in treatment the patient whose mother wrote to me continue within the Adult Service. I am taking forward the request for support in training to my fellow trustees in the Cassel Hospital Charitable Trust. I am very shortly scheduled to do the annual work appraisal for my colleague on the Families Service. That conversation we had in the coffee room partially set the context for this appraisal.

In hindsight, although some of the issues have dissipated, and are clearly less pressing, I believe the conversations I had, on balance, remain useful. Hence, I ask once more with increased conviction: How do you communicate with each other within your community? I look forward to receiving some interesting responses.

**Kevin Healy, Clinical Director, Cassel Hospital / Joint Editor, Newsletter /**  
**[Kevin.Healy@wlmht.nhs.uk](mailto:Kevin.Healy@wlmht.nhs.uk)**

***Builders of Camphill: Lives and Destinies of the Founders, edited by Friedwart Bock, published by Floris Books (2004) £14.99 paperback, ISBN 0863154425***

“In 1939, a small group of young Austrian refugees, together with Dr Karl Konig, formed a community to help children with special needs. From this small beginning developed the Camphill Movement. This is the story of Camphill's eleven intrepid founders. Alix Roth had worked as a photographer in Vienna; Anke Weihs was a dancer; Thomas Weihs had studied medicine in Vienna and Basel; Carlo Pietzner was an artist in Vienna; and Peter Roth began medical studies and later became a priest. This book documents how these and other diverse talents came together to form a network which now numbers over 100 homes, schools and villages.”

## ***Introducing:***

# ***INISHFREE COMMUNITY***

*A Holistic Approach to Heal and Overcome Addiction  
Rediscovering one's own potential through living,  
training and working together in a therapeutic  
community*

### **Who we are**

Inishfree was founded four years ago by a group of people who have worked with addiction, self harm, homelessness, education, counselling, artistic therapies, residential care, special needs and building new communities.

We have set up our first house in Stroud accommodating 6 trainees in our 1-year programme.

We are looking for a farm to expand the programme as soon as possible.

We address recovery on 3 levels:

- The physical level by offering nutritious healthy food and active manual work which re-establishes the rhythms of sleeping and waking, eating and breathing
- The emotional level by providing opportunities for experiencing a sense of home and belonging by living in a small family-like community and benefiting from artistic and craft work
- The spiritual level by helping the individual to find his/her unique journey through life by being accompanied through the *cycle* of the year

### **Key Elements of Our 1 -Year Programme**

- Community Life and group work to develop trusting relationships and social skills
- Artistic and Craft Activities to discover one's potential
- Vocational and Life Skills Training which lead to employment
- Educational, Cultural Programme: from basic literacy skills to parenting skills and "the History of Art"
- One to One Counselling, Artistic therapy, massage, movement therapy and regular individual reviews

### **Who we can help?**

#### **We can help you:**

- If you are committed to your own personal development without the use of drugs or alcohol and have shown some commitment to your own recovery having undergone a first stage of rehabilitation and detoxification in another setting

- If you have an interest in physical work and enjoy the outdoors
- If you have an interest in farm life and working with animals
- If you want to learn new skills and crafts and be part of a pioneering venture
- If you want to prepare to return to work and employment and need some accompanying on the way
- If you are willing to give it a try in a small/intimate setting where you can develop initiative/enterprise

### **What we will offer you?**

We will offer 6 people accommodation in shared rooms in a quiet location.

You will take part in a number of structured activities during the day and in the evening.

The main focus will be on gardening work along with DIY and building work according to the weather and the needs of the house.

You will learn to cook, bake and cater for the community.

In the evening you will take part in craft activities, story telling, study and open discussions on current events and topics of your choice.

The weekends will provide time for individual projects, reflection, reviewing and previewing of the week, cultural activities and walks.

### **How you can contact us?**

Ring us if you are interested in this programme.

We will invite you to come for half a day and take part in our life, which will give you and us a chance to see if this is the right place for you

No need for Funding or Community Care Assessment

### **Contact**

**Lyn Townsend,  
Inishfree  
Stroud  
Glos.  
GL5 IRE**

**Tel: 0845-458 9904**

**Email: [Inishfree@btinternet.com](mailto:Inishfree@btinternet.com)**

In partnership with the Drug and Alcohol Action Team (DAAT) Gloucestershire

Reg. Company no 4112002 Reg. Charity no 1094160

## **AMICUS: A New Therapeutic Community**

We are writing as the directors of a new therapeutic community based in Arundel, West Sussex. Our project, The Amicus Community, is a member of the Association of Therapeutic Communities and will also shortly undergo the requirements necessary to become a member of The Charterhouse Group.

We have spent the last three and a half years thinking about our particular model of care and finally achieved registration with CSCI for our first home, a couple of weeks ago. During that time Jane Pooley, in the role of Organisational Consultant, has played a major part in helping us fulfil our dream. However we are not there yet! The purpose of this letter is to introduce ourselves and to offer the opportunity to share thinking and support in all aspects of therapeutic work with children and young people. In view of this I hope you can spare the time in allowing us to tell you a little bit about us.

The specific purpose of Amicus is to provide fifty two week-a-year residential therapeutic care and full time education for emotionally troubled children between the ages of seven and twelve. Its structures and practices are designed to meet the needs of boys and girls who are unable to manage or be managed within ordinary families, whether birth, adoptive or foster.

Amicus will ultimately consist of two affiliated family sized homes based in the community, each accommodating up to three children. The homes will bridge the gap between the children's need for a specialist, well planned, professionally staffed and supervised environment with the need for a small, nurturing, family sized living experience.

Another aspect of our work is to establish a working

partnership with our children's parents/carers. Where a new family placement is required, we will work collaboratively with a local fostering and adoption agency in order to find a suitable alternative.

Amicus provide an education programme that is integrated with the child's placement plan and therapeutic care plan. An important part of this is to provide support and education that is appropriate to the child's developmental stage. We have a full time Primary Teacher offering a complete in-house education programme, identifying external provision where appropriate or supporting existing educational providers. On-site education is guided by the National Curriculum and carried out in a separate, fully equipped schoolroom.

As you may be aware, the time before the first child arriving in a new project is particularly anxiety provoking for all those involved. We very much welcome any support you may be able to give including thinking around information sharing such as training, site visits and passing on potential child referrals where appropriate.

Thank you for taking the time to read this. We look forward to hearing from you.

If you would like further information, please do not hesitate to phone on 01903 885135 or visit our website: [www.theamicuscommunity.com](http://www.theamicuscommunity.com)

Kind regards,

**Adrian Adams and Stewart Thomson**

### **The Amicus Community**

Therapeutic Care Workers £20,000 p.a. incl. sleep-ins

Trainee Therapeutic Care Workers £15,000 p.a.

Full time 39 hours per week plus sleep-ins.

West Sussex, Littlehampton outskirts (Brighton 15 miles)

The Amicus Community is a new and innovative therapeutic residential project for severely emotionally troubled children between the ages of five to ten. Through two affiliated family sized homes, based in the community, it aims to care and work with children who are unable to manage or be managed within normal families whether birth, adoptive or foster. At the same time their young age and emotional vulnerability will make large traditional children's homes unsuitable and inappropriate.

We are dedicated to staff development through an extensive programme of supervision and training both in-house and externally, as well as taking seriously the work-life balance, which is seen as vital if we are to maximise both staff efficiency and longevity.

We are looking for experienced workers who would be excited by the challenge of joining the project.

For further information and application forms please contact Adrian Adams or Stewart Thomson at:  
PO Box 79, Arundel, West Sussex BN18 9XA Tel: 01903 885135

Email: [theamicuscommunity@hotmail.com](mailto:theamicuscommunity@hotmail.com)

## David Kennard: NEW CHAIR OF ISPS UK

We are very pleased to be able to announce to you that DAVID KENNARD has been elected by the committee as the new chair of ISPS UK.

He will be taking over from Brian Martindale who announced at the Manchester AGM that he was standing down. There will now be a short transition period with David taking over during the meeting of the committee on November 16<sup>th</sup>.

Annabel Thomas as ISPS UK Organiser coordinated the process according to the ISPS UK constitution, and David's appointment carries the full support of the elected committee in an uncontested election.

Brian Martindale writes that he is 'delighted that David has been elected'. Brian had been feeling for some time that the organization was very ripe to move into a new phase of development and consolidation, and that this would be best achieved with a fresh face at the helm.

He is sure that the committee have made a very wise choice and that the wider membership will soon feel aware of the benefits of David's wide experience. His

involvement in therapeutic communities, where there is voice for all, will be very important in taking into account the many different voices within ISPS UK, but all needing to harmonise at times under the single flag of developing psychological therapies for psychosis.

Following the election of the chair, there are other key roles to be agreed within the committee. As soon as this process is complete David will be in touch with the full membership either through the ISPS UK Newsletter or a separate circular letter.

For those of you who do not know David here is a little about his background:

David is a clinical psychologist and group analyst based in York. He trained as a psychologist in the sixties - his formative experiences included visiting a friend who was staying at Kingsley Hall, spending two weeks at the Henderson therapeutic community, and being challenged by a patient he was trying to desensitize with aversion therapy that he 'didn't like her', which alerted him to the importance of the relationship in therapy.

David quickly caught the therapeutic community bug and was involved in developing the Association of Therapeutic Communities in the 70's and 80's, at different times acting as secretary, training group co-ordinator, conference-co-ordinator, and becoming editor of the journal *Therapeutic Communities* from 1992-8.

David worked as a psychologist in the NHS for 25 years, in roles that took in an acute admission ward, drug rehabilitation community, psychotherapy and counseling centre, high security hospital, and regional tutor. In 1992 he joined The Retreat, an independent charity, where he developed a new psychotherapy and counseling service, and then took on the psychology role in its Psychosis Rehabilitation Service. It was this move that led him to his first ISPS conference in 1999 and to join the committee two years later. David has been joint editor of the ISPS UK Newsletter for the past year.

Warmest congratulations to David and best wishes.

**Annabel Thomas**  
**Brian Martindale**

International Society for the Psychological Treatments of the Schizophrenias and Other Psychoses <http://www.isps.org/>

### QUERY:

*"in our development, it is as if each of us were hypnotized twice: firstly into accepting pseudo reality as reality, and secondly, into believing that we were not hypnotized"*

I'm trying to track down the quote above from R.D.Laing. I thought I had seen it in *The Politics of the Family*, but cannot find it again. I wondered if any of you had a correct source and page number.

**Many thanks, Stuart**

**Professor Stuart B. Hill, Foundation Chair of Social Ecology**  
**Head of Program, Social Ecology**  
**School of Social Ecology and Lifelong Learning**  
**University of Western Sydney (Hawkesbury Campus), Locked Bag 1797**  
**PENRITH SOUTH DC NSW 1797, AUSTRALIA**  
**email: s.hill@uws.edu.au**

*School of Social Ecology and Lifelong Learning website: <http://www.uws.edu.au/about/acadorg/caess/ssell>*  
*Social Ecology Research Group website: <http://sites.uws.edu.au/research/SERG/>*

**Publication News:** *Working with Dangerous People: The Psychotherapy of Violence*, edited by David Jones, published by Ratcliffe Medical Press ISBN 1 85775 824 2 £24.95. "Most of the authors work, or have worked at HMP Grendon which has operated as a therapeutic community for over 40 years. Jones puts forward the case for a prison regime based upon openness and decency where prisoners can be treated humanely..."

## KLAC EVOLVES INTO CoC SERVICE STANDARDS

by Jan Lees

In 1999, the Prison Service commissioned the Association of Therapeutic Communities to develop an instrument to audit the prison-based democratic therapeutic communities, which was to be part of the process of accreditation of their treatment programmes. David Kennard and I were asked to take on this task, with help from others in the Prison Service, such as Mark Morris and Roland Woodward. As a result of this process, we developed the KLAC – the Kennard-Lees Audit Checklist. The KLAC was piloted initially on A Wing at HMP Grendon, and then A Wing undertook the whole accreditation process, including using the KLAC, and gained accreditation. This year, a team from ATC undertook a full audit of all the wings at HMP Grendon, again using the Prison Service accreditation process and including the KLAC, and all the wings were accredited.

Alongside this, the Association of Therapeutic Communities, and led by its Chair, Rex Haigh, approached the Royal College of Psychiatrists Research Unit, to bid for funding from the then Community Fund, to develop a peer review-based quality network of therapeutic communities. This was successful, and Community of Communities was born in 2002. The Community of Communities Project Team, together with its Advisory Group, and Standards Working Group, devised a new set of Service Standards, for which KLAC, along with other relevant documents, formed a baseline. The Community of Communities Service Standards are revised every year, and many of the KLAC items included have been changed, although around 15 of the original 60 items remain in their original form.

Meanwhile, this year, the Prison Service, through Gina Pearce, decided to work towards

amalgamating the Prison Service and Community of Communities quality review process as much as possible. To this end, Gina, Adrian Worrall from the College Research Unit, Rex Haigh and I have worked on rationalising both processes. This rationalisation is now virtually complete, and at our last meeting in May 2004, we finally declared KLAC defunct, and now superseded, for the Prison Service, by the Community of Communities Service Standards. This seems in keeping with therapeutic community principles – KLAC evolved in response to a need, was useful for a while, but has been developed and now superseded, in line with changes in thinking and as a result of testing the standards out in practice. I guess it would be more worrying if we had continued to use KLAC unchanged for years to come, as this would have confirmed people's fears of an ossified audit system!! So, KLAC is dead, long live CoC!

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## Therapeutic Community and Democratic Education: letter from Aero: the Education Revolution email discussion list

**From:** "Derry Hannam"  
<derry@demo51.freeserve.co.uk>  
**To:** <aerolist@edrev.org>  
**Subject:** Re: <aerolist> Research & Support  
**Date:** Thu, 7 Oct 2004 11:53:24 +0100

Looking back 40 years I realise that I got into democratic practices in mainstream schools after a year spent working in a Therapeutic Community at Littlemore Hospital, Oxford. This was a traditional UK lunatic asylum in the late 60's three quarters of which practiced lock 'em up, medicate 'em, shock 'em and manipulate 'em as 'objects with diagnoses' 'therapy.' The other quarter of the hospital was run as a therapeutic community called the 'Phoenix Unit' where the same kinds of people were treated as equal partners in a democratic community built around twice daily meetings with no staff uniforms and everyone on first name terms from chief psychiatrist to janitor's assistant - with minimal or nil medication and no electric shocks.

I was involved in some research that compared readmission rates of people from both environments. They were exactly the same - only difference being that those from the therapeutic community had not had their memories blown away by ECT and were not dependant on high rates of medication or subject to the side effects. They were people who had learned to make their own decisions that they needed to come back to the community for a bit of support - rarely were they 'sectioned' and brought back against their will - unlike readmissions to the traditional part of the hospital..

**Derry**

**Derry Hannam,**  
**University of Sussex Student Voice Team,**  
**7 Newtown Road,**  
**Warsash,**  
**Southampton,**  
**SO31 9FY, UK**

## **THE EUROPEAN FEDERATION OF THERAPEUTIC COMMUNITIES**

Founded in 1978 and formalised in 1981, the European Federation of Therapeutic Communities (E.F.T.C) promotes "European cooperation in the field of drug treatment, prevention, training and research". The E.F.T.C membership exists in 26 different countries and enjoys close links in additional countries.

In general terms the member programmes can be described as providing or supporting the *psycho-pedagogical approach* to helping addicts and problem drug takers to return to a drug free lifestyle and become contributing members of the wider community.

The mission of the E.F.T.C. members is to maximise the involvement and participation of each person in their recovery from substance abuse. This self-help "*Community as Method*" approach enhances the self-respect and dignity of all member clients.

All E.F.T.C members provide equal opportunity treatment services that are Non-Violent, Non-Racist, Non-Exploitive and Non-Political. The integrity of each programme and its community members is valued within this extended European community. Each member must agree to abide by the E.F.T.C Constitution, Standards and Goals for Therapeutic Communities, the Staff Code of Ethics, and the Bill of Residents' Rights for members and clients. Additional information regarding these standards can be found and viewed in detail via our web site at [http:// www.eftc-europe.com](http://www.eftc-europe.com). The web site also contains details regarding membership within Europe and links to other non-European Countries. Since the formalisation of the federation, the E.F.T.C. is a registered not-for-profit, non-  
<http:// www.eftc-europe.com>

**by Anthony Slater**  
**Director, Phoenix Haga, Norway**  
**President: European Federation of Therapeutic Communities**



**Anthony Slater**  
**(taken during an acupuncture training session at Phoenix Haga)**

governmental organisation. The registered office and that of the Secretariat is located at the therapeutic community De Kiem in Belgium. Mr. Dirk Vandeveld has held the elected post of Secretary / Treasurer since 1995 in addition to his responsibilities as Director of De Kiem. Dirk's contribution and clear guidance has been and remains invaluable to the members and of course the board of the E.F.T.C.

Additional responsibilities as Vice Presidents are held throughout the continent by Peter Martin in England, Katriina Pajupuro in Finland, Rowdy Yates in Scotland, Georges Van der Straaten in Belgium and Charalampos Pouloupoulos in Greece. As for myself, I was elected as President of the federation during 1995. The E.F.T.C is a European regional federation of the World Federation of Therapeutic Communities.

The name European Federation of Therapeutic Communities may at times be a little misleading to some A.T.C members, as the broad scope of the E.F.T.C membership  
<http:// www.eftc-europe.com>

and the special nature and needs of the various client groups are no longer simply confined to the *traditional drug user image*. In general terms the E.F.T.C membership provides treatment and/or is involved in the whole spectrum of treatment approaches and special target groups. We have strong links with research bodies and an ongoing strategy to enhance professional training, thereby improving quality of treatment and enhancing results.

Members often organise local regional events for cooperation and sharing of ideas; however, the E.F.T.C has two important forums

which provide members and participants from the European field and beyond opportunities to join together and share experience and knowledge. These are the bi-annual international conferences and symposiums. The E.F.T.C is currently cooperating with the University of Aarhus in Denmark to hold the 7<sup>th</sup> International Symposium on Substance Abuse Treatment during November 2004, the theme being "*Drug Free Treatment in the 21<sup>st</sup> Century – between evidence and belief*," which will provide a valuable forum for the interchange of recent research evidence and the experiences of practitioners. The symposiums are usually limited to 100 participants. In May 2005 we will, in cooperation with Kethea in Greece, be holding the 10<sup>th</sup> E.F.T.C European Conference on Rehabilitation and Drug Policy – "*Drug Addiction, Treatment and Prevention in a United Europe: Diversity and Equality*". The conference will be located at Heraklion in Crete, and information regarding registration, presentation of papers, travel and hotels can be  
<http:// www.eftc-europe.com>

obtained either directly from Kethea at [www.kethea.gr](http://www.kethea.gr) or through the E.F.T.C's web site. The conference already has speakers of note from the global fields of addiction services, and promises to reach high standards, in addition to being an exciting and nourishing gathering.

As for myself, I have worked within the field of substance abuse treatment since 1975, although my original involvement began in 1970. My work has been closely connected with therapeutic communities in the U.K and throughout Europe. Formally the Director of Phoenix House – Featherstone Lodge in London, I have also been involved with opening 3 residential therapeutic communities and 1 modified therapeutic community day programme here in Norway, where I have lived and worked since 1988. My main work during the last 15 years has been as the Director of Phoenix Haga, a residential therapeutic community located some 68 kilometres south east from Oslo. Within our field I am interested in the application of research conclusions to improve

treatment outcome and staff training in therapeutic community methodology. These remain central to me.

Phoenix Haga is a relatively small 30+ bed community for men and women who may stay for up to 12 months. The re-entry or aftercare phase of recovery may last as long as 5 years. Our experience shows that many persons value and profit from the extended support which is provided. We consider this period to be crucial with regard to each person's eventual successful re-integration into the wider community and recovery; therefore we encourage people to stay in contact for as long as is desirable. The dynamic being more similar to that of an extended and supporting family, rather than dependency.

Phoenix Haga itself has close links to many therapeutic communities and affiliated treatment centres in Scandinavia and world-wide. We provide training in therapeutic community theory, model and practice. Most recently, with professionals from the former Central and Eastern European countries - our commitment to

these regions remains vibrant. Through this type of interchange of ideas and the close relationship with the European Federation of Therapeutic Communities, our small treatment programme maintains the essence of being part of something which is greater than itself.

I look forward to the development of this new and refreshing contact between the European Federation of Therapeutic Communities & the Association of Therapeutic Communities. I'm optimistic we may continue to find many areas where we can cooperate. It was valuable for me to meet some of you during the conference in September in Windsor; I look forward to seeing you again.

**Anthony Slater**

**Contact address:**

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1850 Mysen, Norway.**

**Telephone: + 47 69 89 82 50.**

**[www.phoenixhouse.no](http://www.phoenixhouse.no)**

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**[www.eftc-europe.com](http://www.eftc-europe.com)**

## Googling the Net: email groups -

### AMERICAN PRISON THERAPEUTIC COMMUNITY, 1974

**On Thursday, August 28, 2003 David Dix wrote (to a restorative justice-based email group):**

From Spring through the summer of 1974, I worked as an intern with the therapeutic community at Marion Federal Penitentiary at Marion, Illinois and did some volunteer work with Ananda Marga Yoga Society at Menard Illinois State Correctional Facility in Menard, IL.

Dr. Martin Groder developed a program for training peer counselors who would work throughout the Federal system. The program consisted of a very rigid schedule of group and individual therapy work utilizing several different techniques from group work based on the theories of Bion and Rioch to "Primal Therapy", Transactional analysis and Cognitive therapy techniques of various kinds. Also, central to

Groder's approach was the Synanon "attack" game.

When we walked in the door of the Community section, all badges came off, all titles were dropped and everyone became equals within that setting.

The results of Dr. Groder's work were astonishing. He chose only those people who were in prison for life - almost exclusively in prison for murder. He gave them a comprehensive set of tools and gave them to freedom to define, with the confines of prison culture, their roles.

Hopelessness turned into hope and despair into contentment as these men (and a few women prison personnel) rebuilt their lives and learned how to give deep meaning to their experiences. In their own minds, they became free and their work within the walls became their life projects.

*[This is adapted, with his permission and corrections, from an original email by David Dix, who was doing a double graduate major at Southern Illinois University in Community Development and Sociology at the time he worked as an intern at Marion. In our subsequent correspondence he has drawn attention to the contemporary Aeskelepton therapeutic community in Carbondale, Illinois, with which Dr. Groder was also involved, and suggested further lines of enquiry - illustrating the value of the Internet in researching the history and development of the field, and of seeking permission before publishing! . CF]*

## ***THE JUNCTION - Therapeutic and Communal but not TC***

**Chris Nicholson**

**Senior Project Worker, The Junction**

The Junction (implicitly meaningful) is a relatively new service for young people in North East Essex. It is the first such project run by Colchester Mind. We provide assessment, therapy and support to those who may not be able to access statutory service. Some are not acute enough to be seen by mental health services - partly due to waiting lists. But others cannot use those services because they feel so alien to them. PC gurus strike me down, but perhaps we see those who are usually 'older children' rather than 'young adults'.

The young people can refer themselves. Others are referred by parents, school nurses, CAMHS, CFCS, Social Services, Connexions, local Leaving and After Care and a local Outreach Team of an Adolescent Psychiatric Unit. Thus they are a diverse group. Many have experienced very disruptive family histories and adverse life-events. This can mean that these young people have had to struggle with emotional difficulties brought on by a range of pressures without support. They generally feel unheard and unlistened-to by adults. Often they don't have the normal sense of belonging to their family, and they may have been ostracized and bullied within their peer-group or school.

One way to approach this is by providing a 'corrective emotional experience' to set against that past. We do this at The Junction by first, giving the young person the respect they deserve. They do not have to join The Junction - even though some adults will pressure them to do so. Given the choice, most young people do join, but it matters a great deal to them that we allow them to take control of their own life.

Another way to provide a 'corrective emotional experience' is to provide an open, warm and containing environment so that troubled young people can feel safe and cared for enough to begin opening up and telling us about their worries and distress. They can't talk through a closed door.

We have opened the door by allowing young people to decide how The Junction looks. They have chosen all the furnishing, the décor, and even the names of the rooms (the social room, the activity room, and the 'chill-out room & art room'). Thus the room we assess young people in, the social room, is a light, homely room with sofas and games and a music centre. The feel of the place is so safe, relaxing, but alive that we have increasing numbers of local agencies beginning to use the building to hold meetings or see their own young people. A sense of community is building.

We also have (thanks to a kind volunteer) a wonderfully painted tree just inside the entrance. When young people join The Junction, after their assessment, they place a hand print on the tree in a colour of their choosing - thus The Junction tree is slowly coming into leaf. Young people *feel* they belong - they have left an imprint.

They then engage either individual work or a range of out-of-hours groups. The 'Monday Nites' group, for example, involves coming together as a whole group first and then attending a boys or girls support group where the opportunity arises to talk about their week and offer or gain support to each other. The girls group calls itself 'a girls night in', the boys 'a boys night out'. This helps attendance. After this there is the chance to play games, use computers or the art room, and come together to eat and drink - but all this, importantly, is done *with* adults who join in and talk with young people about their problems throughout. They can also use aromatherapy, which I see as a very helpful and potentially corrective experience for both those who may have suffered physical abuse, and for adolescents whose relations with touch and their own bodies can be unstable.

There is a Life-skills group for older young people that is geared towards leaning about communication skills. Many of these young people are very fragile and struggle with social interaction. These are the young adults (even older children) whose experiences of peer groups has debarred their capacity for equal, mutual engagement. Some have suffered from bullying or being ostracized and have become so isolated that they do not venture out, or only talk to others through the Internet. In a group, together, they are able, just, to be together and perhaps talk about these issues while slowly developing a greater sense of self-worth as they experience affirmation from the other group members and the group leaders.

We also run two art therapy groups, on a Friday after school and on a Saturday morning. The first is an open group so that young people can join and leave as they wish - this works well for young people whose punctuality is not so good and has led to fear about arrival because of the social response lateness can incur - in this group they can't be late. The second is a closed group to which young people commit to an eight week group with clear time boundaries.

Both groups enable young people to explore their problems and experiences through image making using art material they chose. These groups are particularly useful for young people who struggle to work verbally,

through talking. Often they can become more aware of their feelings and difficulties as they see these reflected in the images they produce. This can eventually help them to begin to verbalize their issues, get a hold of them more consciously and so begin to resolve or accept them. Issues like bullying, low esteem and self-harm have been very evident within these groups.

Whether young people join groups or request to see their key-worker one-to-one (good to remember the symbolic relevance of the term 'key worker') we hope they can experience a sense of growth within The Junction that will slowly enable them to make better life choices and become more fully involved in opportunities of day to day life.

We ask the young people to think about their progress

and our service to them. Apart from reviewing and talking together they also fill out evaluation forms, which are designed to be young person-friendly, after each eight weeks. This feedback is always surprising and in itself enables young people, through a formal structure, to find a voice and say things they may have wished to say but were unable to in more intimate circumstances. The young people's feedback to us is that they see The Junction as a safe haven, a place to come, feel relaxed, talk about their problems, think about them and learn more about themselves. They also say they enjoy coming, which, when I consider the challenge we pose for them, is all the more surprising.

**Chris Nicholson**

**Email: [chris.junction@btconnect.com](mailto:chris.junction@btconnect.com)**

**Tel no. 01206 541841**

## Milieu therapy in pre-war America

The Association House Girls' Camp was started in western Lake County soon after the House was founded and it, too, held fond memories for the girls who went there. Later it had included periods for boys and slowly developed into a neighbourhood-based service, including some weekend use. In 1928 the camp was separately incorporated with its own board, and I became the director.

Early in the Great Depression the camp adapted to include services for children with emotional and behavioral problems - most of them referred by social agencies. A psychiatric

social worker, Dr. Irene Josselyn, joined the staff about 1932. She gave a day a week to staff training, consultation, and seeing children when necessary. This enabled us to attract mature staff, with professional interest in group work application. For a period we offered field-work opportunity for graduate students from several professional schools but discontinued that plan when it threatened to place too

much attention on the student, rather than on the children. A psychiatric consultant was also added in 1934. The consultant advised on intake, recording and reporting, and was in charge of staff training, and gave help on individual problems. This was again a fascinating and difficult

from:

**Eleanor Eells**

*History of Organized  
Camping: The First 100 Years*

**American Camping Association  
Martinsville, Indiana (1986)**

**ISBN 0-87603-085-1**

experience with mutual learnings; it has been written up in some detail. A major effort was directed toward grouping and a study of how the proportion of children with more than the usual number of difficulties could be helped by inclusion in carefully planned groups, with staff help, without disturbance to the rest of the campers. Fritz Redl was then working on the "rotten apple"

theory and was a tremendous help and incentive. Jacob Kepecs and Julius Richman of the Jewish Children's Bureau, and Virginia Frank of the Jewish Family Service, and Dorothy Spiker of the I.J.R. were superb cooperators and teachers.

We believed in "milieu therapy" as being an environment. (Too often agencies depend on theory and talk, in my opinion, and fail to cultivate the skills and recreational repertoire they need). Supervision was an essential ingredient if not obtrusive. There was an excitement, a challenge and an 'esprit de corps' that I have never been able to equal elsewhere. The staff had varied backgrounds and goals-but seemed able to use it all in working with their groups and with the children with special needs. We cared!

**Eleanor Eells was the author of "From the Sunset Camp Service League: camp as a therapeutic community" published in the American journal *Nervous Child* 6 (pages 225-231) in 1947: The earliest appearance, as far as I am aware, of the term "therapeutic community" in the title of an article. - CF**

## **Congratulations to Dr. Maddy Loat, who has been awarded her Doctorate in Clinical Psychology from University College, London for her Cassel-based research thesis, "Therapeutic Community Members' Experiences of Mutual Support Processes: A Phenomenological Analysis"**

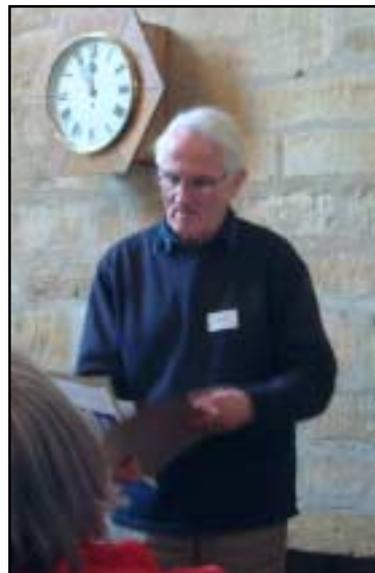
**ABSTRACT:** This descriptive, qualitative study explored individuals' experiences of mutual support whilst being resident in a therapeutic community for people experiencing severe emotional and social difficulties. Mutual support - the joining together of similar individuals to assist one another emotionally, socially or materially - plays a major role within therapeutic communities, where individuals are given the opportunity to share responsibility for understanding the situation they are in and to engage with peers in processing and working through difficulties..... Overall, participants' experiences of mutual support were positive and the findings are discussed in relation to general psychological frameworks. The research has theoretical and clinical implications with regard to informing an understanding of how mutual support processes operate within therapeutic communities and the potential therapeutic impact of mutual support in mental health settings.

## THE APPEAL

**“MISS BRITTON, I PRESUME...”*****Understanding and Communicating Clare and Donald Winnicott in a new generation”***

On Tuesday, October 19, the Trustees of the Planned Environment Therapy Trust and the Patrons of its 2004 Appeal cordially invited friends and colleagues to a very special occasion exploring and celebrating the life and work of Clare Britton Winnicott, and of her husband, the celebrated psychoanalyst Donald Winnicott.

Joel Kanter, a patron of the Appeal and editor of the major new book by and about Clare Winnicott, *Face to Face with Children*, flew over from the United States to take part. He had never met Clare Winnicott, but Olive Stevenson CBE, Emeritus Professor of Social Work at the University of Nottingham, was a student of Clare Winnicott's at the London School of Economics, and she was able to break travel in a busy schedule to share her deep knowledge and experience of developments and practice in childcare. The presentations and discussions were chaired by retired Child Psychotherapist Dr. Christopher Reeves, a PETT Trustee and former Principal of the Mulberry Bush School who had known and been influenced by the Winnicotts. Together with some thirty friends and colleagues - a number of whom had known and worked with the Winnicotts - the presentations and discussion explored the practical and effective ways in which the insights and understandings that the Winnicotts represent can be brought into policy and practice with children and young people, and adults, today. The Barns Centre team had prepared their traditionally excellent food and hand-made puddings for lunch, and the Archive and Study Centre team had prepared a display which included a number of letters and other items by and about the Winnicotts held in the archive collections, including a Christmas card prepared just before his death by Donald Winnicott, and sent by Clare after Christmas; selections from the oral history collections related to Clare and Donald Winnicott and their influence; and books, periodicals and unpublished papers by and about the Winnicotts drawn from the Research Library collections.



**John Cross, Executive Chairman of PETT and Director of the Appeal, welcoming friends**

*“This is beginning to feel like home...”  
(from the Visitor's Book)*



**Prof. Olive Stevenson, who took her social work qualification in 1954: “For those to whom this will mean something, I spent three Long Vacations as a student at the Mulberry Bush whilst I was an undergraduate...”**



**Dr. Christopher Reeves, biographer of Barbara Dockar-Drysdale currently collaborating with Judith Issroff (participating in the day, but not pictured) on a book about Winnicott and Bowlby. “Judith was closely associated with Winnicott when we were both trainees at the Tavi, she as a child psychiatrist, I as a child psychotherapist, in the late 60s,” explains Dr. Reeves.**

**Below: Joel Kanter, author/editor of *Face to Face with Children: The Life and Work of Clare Winnicott*, Karnac Books 2004**



### **Can you help either with the Endowment Fund or the Appeal?**

**Covenants**, for donations made over a number of years, are increased in value by the government, which adds a little over 28% to the gift you make.

Tax refunds on **single donations**, with your agreement, can also be collected by the Trust through the Gift Aid scheme, which also adds a little over 28%

to the value of your gift. Ten pounds is therefore worth almost thirteen; a thousand almost thirteen hundred.

For information on **Legacies** or other benefactions, please contact John Cross at the address below. Help in any form will be very welcome.

**Forms and further information are available from John Cross, PETT, Barns Centre, Church Lane, Toddington near Cheltenham, Glos. GL54 5DQ, United Kingdom. Email: JohnCross@pettrust.org.uk. Tel: +44 (0)1242 621200.**

## RECENT ADDITIONS TO THE ARCHIVE AND STUDY CENTRE RESEARCH LIBRARY

Academic Therapy 15:2 (1979)

Gift of Paul and Nancy Fees

Avrich, Paul (1995) Anarchist Voices: An oral history of anarchism in America (abridged edition), Princeton University Press (Princeton, New Jersey)

Bock, Friedwart (ed.) (2004) The Builders of Camphill: Lives and Destinies of the Founders Floris Books, Edinburgh

The Counseling Psychologist 1:4 (1969)

Gift of Paul and Nancy Fees

Diggers and Dreamers Intentional Communities: How to do it: The Beginner's Guide to Joining and Setting up a Commune, Edge of Time, London

Durand-Dassier, Jacques (1969) Structure et Psychologie de la Relation, Editions de l'Epi (Paris)

Durand-Dassier, Jacques (1970) Psychotherapies san psychotherapeute: communautes de drogues et de psychotiques, Editions do l'Epi (Paris)

Durand-Dassier, Jacques (1973) Groupes de rencontre - marathon, Editions de l'Epi (Paris)

Eells, Eleanor (1986) History of Organized Camping: The First 100 Years, American Camping Association (Martinsville, Indiana)

Field, Martin (2004) Thinking about CoHousing: The creation of intentional neighbourhoods, Diggers and Dreamers, London

Gribble, David (2004) Lifelines, Libertarian Education (London)

Joyce, C.A. (ed.) (1968) My Call to the Ministry, Marshal, Morgan & Scott (London)

Joyce, C.A. (1971) Thoughts of a Lifetime, Lakeland, London.

Joyce, C.A. (1974) A Thought for the Week: Omnibus Edition. The broadcast talks of C.A. Joyce Lakeland Publishing (London)

Katzenbach, Nicholas (Chair) (1967) Task Force Report: Juvenile Delinquency and Youth Crime, Task Force on Juvenile Delinquency, The President's Commission on Law Enforcement and Administration of Justice (USGPO, Washington, D.C.)

*Gift of Paul and Nancy Fees*

Marino, Vincent C. (1983) Victory Over Drugs, Death and Degradation, ed. Jay Stewart, VVM, Inc. (Kaneohe, Hawaii)

Marino, Vinny (1996) Journey from Hell, Habilitat (Kaneohe, Hawaii)

*"Motivated by a desire to salvage other damaged lives, Vinny founded a therapeutic community in Hawaii in 1971 - called Habilitat - developing rehabilitation techniques that have been described as the most creative and effective in the world. A Federal survey has established Habilitat's success rate at three times the national average...This is a tough, candid story full of outrage and outrageous stunts...the extraordinary chronicle of a journey to the very depths of hell and back. It is a fascinating pilgrimage and an inspirational one, which tells how one man turned his life around and rejoined the human race."*

*"Habilitat, Inc. is a private, non-profit "survival school" that is home to over 250 individuals. There are now thousands of graduates leading productive lives, using skills learned in Habilitat's many business-like vocational training programs and fund-raising activities."*

Powell, Robert (2001) The Danish Free School Tradition - a lesson in democracy, Curlew Productions, Kelso, ISBN 1 900259 98 2. A gift of the author.

Tomlinson, Patrick (2004), Therapeutic Approaches in Work with Traumatized Children and Young People, Jessica Kingsley (London)

*"This book is based upon the work of a staff group at the Cotswold Community from 1994-2000."*

### Theses and dissertations

Amtzis, Alan David (2003) "Smart, Angry and Out of Control: A Study of How Teens with Drug and Alcohol Problems Re-learn School", PhD., Department of Teacher Education, Special Education and Curriculum & Instruction, Lynch Graduate School of Education, Boston College

*"...few studies within educational or therapeutic community research have addressed the role of education within drug and alcohol treatment programs for teens. Consequently, little*

*information is known about how therapeutic schools meet the task of educating drug-involved students or what sense and meaning the students find in such schools, which are designed to "cure" them."*

Balduzzi, Elena (2002) "A Transition Program for Post-Release Sex Offenders: A Design Proposal", PhD, Department of Clinical Psychology, Antioch New England Graduate School

*"This dissertation offers a model for a residential transition program for post-release sexual offenders...It combines clinical approaches shown to be effective with sexual offenders (e.g., relapse prevention, behavioral treatment) in the context of a therapeutic community and work program."*

Bush, Bernard J., S.J. (1985) "A Systems Inquiry for Self-Renewal of a Therapeutic Community: The House of Affirmation", PhD, Saybrook Institute

Cardone, Tera E. (2002) "The Effectiveness of a Modified Therapeutic Community Model in Treating Dual-Diagnosed Patients in an Outpatient Day Treatment Setting: A Clinical Dissertation", DPsych, The California School of Professional Psychology, San Francisco Bay Campus, Alliant International University

Chu, Jacqueline (1998) "Social and Environmental Restoration Through Therapeutic Community Gardens", M.Sc., Department of Environmental Studies, San Jose State University

Clark, Judith Hazlett (1988) "State mental hospitals' therapeutic processes and how they correlate with a therapeutic community: A case study of one ward", Ed.D., School of Education, Boston University

Loat, Maddy (2004) "An exploration of TC members' experience of mutual support in the Cassel Hospital", PhD., Clinical Psychology, University College London

Maas-DeSpain, J. (2004) "Utopianism, Resilience &

Democratic Education in the Netherlands: Emerging trends in education after over a century of constructivist thought and some ramifications for children and society" Opleiding Pedagogische Wetenschappen, ISHSS/ De Amsterdamse School voor Pedagogiek en Onderwijskunde, Universiteit van Amsterdam

McGovern, John J. (2003) "The Relationship Between Spirituality, Perception of God and Self-Esteem in Substance Abusing Individuals with AIDS", PhD, New York University School of Social Work

*"This study followed 64 residents (36 males and 28 females) admitted into a modified therapeutic community (TC) nursing home for substance abusing clients with AIDS..."*

Morgen, Keith J. (2003) "Comparison of a Specially Trained Therapeutic Community Drug Abuse Counseling Staff with Treatment as Usual: Evaluating Longitudinal Treatment Process in Residential and Outpatient Facilities", PhD., Counseling Psychology, Lehigh University

Reda, Sawsan M. (1985) "Patients' Perception of Their Roles in Therapeutic Communities", MPhil., Manchester Polytechnic/CNAA

*Gift of Dr. David Millard.*

*"In order to test the hypothesis that Therapeutic Communities have no standard organisation or principle of practice, three research methods were used: non-participant observation, semi-structured interview and examination of the units' records. A total sample size of thirty-one subjects were interviewed and eight units were observed....It would seem that TC may achieve its objectives regardless of what programme is designed, as the basic principles underlying these programmes are similar."*

Schmidt, D.R. (2002) "An Ethnographic Process Evaluation of a Faith Based Therapeutic Community for Chemically Addicted Men", PhD., Trinity International University

## Recent Visitors' Remarks in the Visitors Book

*"Many thanks, once again, we have all had a wonderful time."*

*"Lovely service and food - very friendly atmosphere - thankyou! Thankyou also for being so efficient regarding my gluten-free diet!"*

*"Many thanks for the good food and facilities"*

**For enquiries or to book accommodation and/or meeting facilities, contact Joanna Jansen, Conference Administrator, PETT, Barns House, Church Lane, Toddington, near Cheltenham, Glos GL54 5DQ 01242 621200 email: joanna@pettrust.org.uk**

## PETT PREPARES FOR CHANGE

PETT Executive Chairman John Cross has announced, with regret, the decision to stand down the role of Director of the Archive and Study Centre from April 2005 unless outside funding can be found, explaining: "The Trust supports and is permanently committed to supporting the storage, maintenance and accessibility of the Archive and Library collections and will continue to fund a part-time archivist or potentially a full-time archive position on the salary scale of a newly qualified archivist. This will keep the collections safe and open for use. Unfortunately, having reviewed very carefully indeed the finances and options, Trustees have reluctantly come to the conclusion that unless a substantial sum of money can be found from outside the Trust - we put the figure at £25,000 per annum - the additional role of Director developed and currently held by Dr. Craig Fees will be lost to a large extent from March 31st. Because of the enormous contribution the Director's role has made and could continue to make both to

the Trust and to the field, we have been urgently seeking help, and would welcome support in whatever form it may come. An Archive Endowment has been created which, if it were to reach £500,000, could safely generate the required income and enable other developments as well, and we are immensely cheered by the generous contributions to the Endowment for example from Dr. Malcolm Pines and Harry Karnac, and to the Arbours for its generous pledge. We would also welcome direct contributions to the sum needed. The Director, Craig Fees, is of course seeking to develop and secure the work of the Archive and Study Centre through project-funding applications, but our experience to date is that grant-making bodies prefer to support direct work with clients and training, rather than the background networking, support-for-the-workers, foundation-laying and information services provided by an Archive and Study Centre in this complex and difficult field."

### ENDOWMENT FUND UPDATE:

◆ Target **£500,000** ◆ In place: **£64, 574.90** ◆ Still to go: **£435, 425.10**

The Archive and Study Centre Endowment Fund is a permanently ring-fenced fund, the capital of which can not be touched, and the income from which can only be used to increase the Endowment or further the work of the Archive and Study Centre.

**It is now possible to make donations to the Endowment Fund online, by credit card, either by going to the Archive and Study Centre web-site at <http://www.pettarchiv.org.uk>, or directly, to <https://www.workwithus.org/give/donate/donate.aspx?SCVOID=142803>**

### BRIEF FACTS

During the 2003-2004 financial year, the Archive and Study Centre took in 71 archival accessions (we have taken in over 70 since April 1st of *this* year!), made 60 oral/video history recordings and took in a further 20 oral history recordings made by others, and had four sets of recording equipment out on

continuous loan (now fewer, with the return of Maddy Loat's - see elsewhere in this issue). During 2003-2004 we hosted in excess of 150 visitors and researchers, mounted two sets of exhibitions with attendant CDs as part of events at the Conference Centre which we helped to organise, responded to over 150 queries by

post, email and phone, and, of course, edited and produced three issues of the *Joint Newsletter*. We managed three specialised email discussion groups on behalf of the Charterhouse Group, and another three for the Association of Therapeutic Communities, and there were 48,470 visits to the web-site, for 130,078 discrete hits.

### An Apology from the Director/ Archivist :

Anyone who has ever built up anything more or less from scratch knows how much work is involved; and where the need and the possibilities are as great as they are in this field, it will be no surprise that there has always been more to do in the Archive and Study Centre than can be done. Past issues of the Newsletter contain innumerable apologies from me, and the over-workload has formed a regular part of my reports to the Trust for some time. But with the reduction in resources which have been discussed in recent issues, and the need to attempt to turn to active fundraising in order to be able to continue to do the work at current levels, I think even I have been

surprised by the impact; and I am more acutely aware than before of things not done or not being done (for which I can't blame a secretary!) and people not being seen and recorded, in particular; leaving aside all the opportunities not being taken, and the possibilities not being explored. This is a situation in which volunteers have traditionally been very useful, and there is much that can be done, from sorting out our Survey files to making back-up copies of audio and video material, to simply taking a tape-recorder out there and meeting someone who will, I guarantee, make a difference to your life. There's also the hoovering, which I would be happy to hand over. But the main aim of this is the apology.

CF

## Association of Therapeutic Communities

**Minutes (to be confirmed at AGM 2005)****ASSOCIATION OF THERAPEUTIC COMMUNITIES****ANNUAL GENERAL MEETING****8 September 2004****at Cumberland Lodge, Windsor Great Park, 2.00 p.m.****Sarah Tucker, Hon. Secretary****1. Record of attendance and apologies for absence****Present**

Rex Haigh (Out-going Chair, items 1 to 3), Kevin Healy (In-coming Chair, items 4 to 9) Sarah Tucker (Secretary/minutes), Sheila Gatiss (Steering Group), Sarah Paget (Steering Group) Chris Newrith (Steering Group), Sandra Kelly (Steering Group), Rachel Jukes (Steering Group), Neil Palmer (Steering Group), Janine Lees (Steering Group), Anthony Slater, Britt Ott-Nillson, Ruth Schneider, Chris Holmes, Keith Hyde, John Diamond, Anita Bracey, Bill Wylie, Darren Black, Ioulia Diakoupoulou, Inma Vidana, Beatriz Sanchez, Stephanie du Fresue, John Gale, Vicky Gavin, Barbara Rawlings, Maria-Daphne Chryssicopoulous, Christine Terlidou, Tony Hornby, Linda Fenwick, Maddie Podichetty, Daniela Messerani.

**Apologies**

Adrian Ward (Journal Editor), Nick Manning, Gary Winship (Treasurer)

**2. Minutes of 2003 AGM:**

Sarah Paget noted that she had been present at the 2003 AGM and requested for the minutes to be amended to reflect this. No further corrections or amendments were received. It was agreed that the amended version of the minutes would be signed as a correct record.

**3. Matters arising from the minutes****Item 5 'Special Item Journal'**

With regards to this item Rex Haigh proposed and Kevin Healy seconded a formal vote of thanks to Adrian Ward who had continued as journal editor, carefully looking after the journal for a further year following the 2003 AGM. This proposal was warmly and fully supported.

Anthony Slater (European Federation of Therapeutic Communities (EFTC)) noted that important and co-operative work between ATC and EFTC with respect to the journal had started during 2004 Windsor Conference. He added that he looked forward to further co-operative work between EFTC and the Community of Communities.

**4. Reports**

**Chair:** This report had been circulated to the members.

**Secretary:** Sarah Tucker spoke to this report which had been circulated to members. Kevin Healy proposed, and Jan Lees seconded, a formal vote of thanks to Sarah Tucker, who was standing down as Secretary at this meeting after six years in this post. This proposal was warmly and fully supported.

**Treasurer:** Kevin Healy spoke to Gary Winship's report in his absence. (This report is attached as Appendix 1). The ATC's income and expenditure account summary and balance sheet for 2003 were circulated, together with an independent examiner's report to the Trustees of the ATC concerning the Association's financial accounts for 2003 by Barry Elliott. These too are attached as Appendices 2 and 3.

**Journal Editor:** This report had not been received in time for this meeting. It is attached as Appendix 4.

**Research Group:** Kevin Healy spoke to this report which had been circulated to the members.

**Newsletter Editors:** Kevin Healy spoke to this report, which had been circulated to the members. He noted how much energy Craig Fees has continued to put in to the production of the newsletter. Craig Fees had noted that he wished to stand down from the role of editor. Kevin Healy proposed and Chris Newrith seconded a formal vote of thanks to Craig Fees. This was warmly and fully supported. Kevin Healy thanked Chris Nicholson for his continued interest in the newsletter despite moving on from CHG.

**Training Group:** No report had been prepared. Sarah Paget noted that Alan Worthington had stood down as convenor of this working group and that the group had since not met. She noted the importance for the Steering Group to find a new convenor for this group. The possibility of joint projects between ATC and EFTC as well as the Community of Communities were discussed.

**User's Group:** Kevin Healy spoke to this report which had been circulated. It was noted that Yolande Hadden and John Broad (ex-service users) were sadly standing down from the Steering Group and a discussion followed concerning ways in which to

### From the New Director – “ONE YEAR ON”

**Jane Barnard**

It has been an interesting year, and a particularly enjoyable one, and time has flown by. The Charterhouse Group has experienced difficulties over recent years with changes in personnel, including the retirement of the Chair of Trustees. 2003 therefore saw both a new Director and a new Chair of Trustees, D'Arcy Myers. It has certainly allowed the organisation to take a long hard look at itself, and together we have now drawn up a new business plan, with activity to take Charterhouse, and its members, forward over the next three years.

The year has provided me with the opportunity to meet and visit the membership and see for myself the tremendous work that goes on in each of the communities with children whose early life experiences are full of neglect and emotional pain. The energy and warmth within these communities is tangible.

The focus groups - Care & Treatment, Education and Training - continue providing a forum for discussion and peer support. The Standards Group continues, and Charterhouse has now almost completed its trial appraisal process using workbooks to our own Value Added Standards, with support from the Community of Communities. This piece of work will continue into 2005 with all members having the opportunity to take part in the appraisal process, and I look forward to the continuing relationship with the Community of Communities team, as we take this very valuable aspect of the work forward.

The Research Project has, thanks to sterling work on the part of Keith Coulston, been drawn together, and a proposal put to the Community Fund. With great anticipation we await their decision, due in early 2005. This is an immensely important piece of work, the potential beneficiaries of which are many, not least the children and young people, staff, the Charterhouse Group member organisations, commissioners and policy makers. The PROM III database has been completed and is now available to all members via a CD ROM. This will not only provide the information to support the research but also provides a useful marketing tool for members.

Joint working with ATC and PETT within the Task Force to look at commissioning protocols and highlighting the work of TCs has begun. The three organisations each have pressures of their own, not least the production of this newsletter, but

opportunities for joint working and mutual support will be explored at a meeting to be held in November.

As part of a wider piece of work within the Department of Health on the mental health needs of Looked After Children, Charterhouse has been asked to undertake a piece of work for quality assurance and guidelines for CAMHS (Child and Adolescent Mental Health Service) commissioners of children's residential care, another important piece of work which sits well with the Task Force initiative. We hope to be able to work in partnership with the Royal College of Psychiatrists Research Unit and will be seeking funding streams to support this work.

Charterhouse continues to work in partnership and liaise with several organisations - NCVCCO, NCB, Young Minds, APSA - both to the benefit of our members and also the residential sector. Given the pressure on the residential sector as a whole, these relationships and opportunities for joint working are essential.

The year has also seen what has been described by government as 'the biggest shake up of children's services'. We have seen 'Every Child Matters', 'Every Child Matters: Next Steps', The Children Bill, 'Removing Barriers to Achievement', 'A better education for children in Care' etc., etc., together with new frameworks for inspection by Ofsted and the continuing pressures of other regulatory bodies, most notably CSCI and Health & Safety Executive. Therapeutic communities operate within an ever-increasing regulatory framework, with policies that seem to marginalise residential care as a placement of choice. The Charterhouse Group continues to lobby on behalf of our members in support of quality residential care and education. All too often, in the midst of all of these pressures, it can seem that the children, and their own very special needs, are forgotten by those same policy makers who profess to want to 'make things better'. It is all of our responsibilities to continually highlight the needs of these, so often forgotten and poorly understood, group of children and young people.

A busy year, and an even busier time ahead as Charterhouse seeks to finance this level of activity and fulfil its aims as set out in the new business plan. I look forward to the challenge that this presents; and also reading this newsletter, which has a habit of focusing the mind when bureaucratic processes impinge on your workload. I am particularly reminded of the article from the Mulberry Bush School, 'Take three boys, lots of puddles and a plentiful supply of hot chocolate and hob-nobs' (Joint Newsletter 6, 2002). I wonder if policy makers can puddle jump!

## KITEZH CHILDREN'S COMMUNITY, RUSSIA

*The Kitezh Children's Community was founded ten years ago by Dr Dmitry Morozov. It is a village community of supported foster families providing education to university entry or vocational training courses. Plans are now advanced for the construction of a second community closer to Moscow and much of the pioneering spirit for this development comes from*

*the older students of Kitezh who are now involved with Dmitry Morozov in the project.*  
**kitezh@kaluga.ru**

*Much support for Kitezh is now coming from both Russians and ex patriots in Moscow and from the Ecologia Trust in Scotland which over several years has sought funding for professional training and development costs.*  
**info@ecologia.org.uk**

*The consultant assisting Kitezh in its move towards becoming a therapeutic community is David Dean OBE, founder of Raddery School in Scotland and its Principal from 1978 to 1995. David served for a period as vice chairman of Charterhouse and now works to promote effective therapeutic environments in Russia, Romania and Africa.*  
**dean.davidj@virgin.net**

**W**hy is it that the communal way of life is in a very strong position to offer the best conditions for the creation of a developing, holistic, educative and healing environment? Why has it been impossible successfully to create such an environment in the vast majority of our childrens' homes?

As our civilisation develops, popular perceptions shift, and there is a change in the generally accepted view about how best to bring up children. The new era, mercifully, does not require us to churn out bland, law-abiding citizens, who are simply component parts of a society based on the once necessary disciplines required for a mass production society and a stifling ideological construct. When we, in our community, Kitezh, are engaged in providing a child with an education, a family upbringing and therapeutic treatment, our ultimate aim is to allow them to discover their true calling, to facilitate the process of self-realisation within a rapidly developing civilisation. A micro social system such as we have here based on a communal way of life requires a young person consciously to make decisions about what is *right* and what is wrong.

Notwithstanding our status as a residential community we have a duty to our children to relate realistically with the wider community for even in the Russia of today our children still have to learn to survive!

Having outlived their traditional function, children's homes have now fallen out of favour in many countries. It is only in our country, Russia, that, with a misdirected persistence, we continue to place all children who have been left without parental care in state institutions. Moreover, it is illegal to separate siblings, and therefore everyone is treated in exactly the same way: no distinction is made between those who have talent and those who are simply incapable of development or between those who have already turned to crime and substance abuse and those who love to read. The system does not treat people as individuals!

But if the care system for homeless children in Russia were to be based entirely on fostering and adoption, could the foster or adoptive family take the place of the children's home, and would it be equipped to cope with all the challenges involved? Our experience of working with foster families in the Kaluzhskaya Region shows that this form of care has its own shortcomings. Functioning in isolation, without the support of a developed social structure, the foster family cannot cope with all the problems that arise. Too much depends on 'external factors', such as the environment in which the family live, the school which the children attend, the friends which the children make locally, and indeed the extent to which the foster parents understand basic psychology.

If a child is to start to come to terms with having been abandoned, there is a need not only for an appropriately skilled psychologist (of which there are not nearly enough in Russia) but also for foster parents who can demonstrate a capacity for the task and have themselves received special training in aspects of psychology. It is already well known that the development of a well-rounded individual is a complex, multifaceted process. Whether we like it or not, the child will in a free and largely unpredictable manner draw information and indeed his whole life experience from his environment. When a child is growing up he is influenced by a million unpredictable environmental factors that often defy rational analysis.

For there to be a happy outcome an abandoned child or 'orphan' in our terminology, must be provided with a positive *holistic* world that can stimulate his unimpeded development in accordance with his instincts, provide for his effective rehabilitation and adaptation, and ultimately accelerate the pace of development so that the child can 'catch up'. It is this holistic world that can provide the starting point for therapeutic treatment and the foundation on which the more positive and constructive components of personality can form allowing the development of a

child's ability to reason, to question, to appreciate, to work and to love.

It goes without saying that the work required goes beyond that which can be accomplished by a family alone. As children draw the information that either confirms or refutes their new experience from all possible sources, it is imperative to coordinate professionally the efforts of the family, teachers, medics and in fact everyone who has contact with the orphan child. This is why we believe that a therapeutic community offers by far the best solution to the problem of housing, educating and nurturing orphan children.

As International Associate members of the Charterhouse Group of Therapeutic Communities we at Kitezh appreciate the value of this community of communities by which we have been embraced. We will, of course, develop our programmes within the context of our own culture and, at the same time, welcome constructive thinking from other practitioners and forums.

*The main objective of Kitezh is to help children establish a new view of the world that is based on goodness and reason.*

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**Extract from *Guide for Foster Families* by Kitezh founder Dmitry Morozov, published in Russia in October 2004:**

**Selection process for children who join foster families in Kitezh:**

The orphanages provide children with the basics of food, clothing and shelter but they do nothing to motivate them to study or develop themselves. The most disadvantaged children in an ordinary orphanage are those who are bright and intelligent but who have no opportunity to realise their potential through this system. They are not encouraged in their schoolwork and are often stigmatised at school because they come from an orphanage. Once a child turns 18, the orphanage is no longer responsible for nor interested in the children, and they are cast out into the world with no real possibility for further education or skills training.

Kitezh aims to select children who can most benefit from living in Kitezh. The criteria for selecting children for Kitezh are: 1) do they want to come and b) are they eager to study.

Kitezh staff liaise with local social workers about which orphanages to visit and find out from the staff which children would benefit most from coming to Kitezh. Over the years Kitezh has developed good relationships with the administrators of local orphanages although some are reluctant to release children from their institutions into foster family care for financial reasons.

A member of staff trained in Art and Play Therapy goes to the orphanages to meet the children in a preliminary assessment. She asks them to draw pictures that reveal information about their inner world, their ability to relate and the level of attachment they had to their parents when they were very young.

Then arrangements are made for selected children to visit Kitezh for a few weeks to give them the opportunity to find out what it means to live in the community. When a child asks to stay in Kitezh, the

choice of family depends on which adults the child forms an attachment to, which families have space and the ages of the other children in the family. It is not a good idea to have children of the same age with the same needs in one family. If their legal documentation allows them to be released into foster care, they may do so. To acquire permission from living relatives and even a birth certificate can take a long time. Kitezh also runs annual summer camps for groups of children from local orphanages and some of these children ask to stay.

**Integration and Therapeutic Development process:**

The daily schedule is structured and very full which helps the children integrate into community life. They have no time to be bored or to revert to their previous bad habits. The children have lessons in school until lunchtime, at two o'clock. Then there is an hour of work in the community (chopping wood, helping in the kitchen etc), followed by homework, play rehearsals, children's meetings and other activities. Half an hour before bedtime there is family time for tea and sharing. Some evenings the children watch films or cartoons that demonstrate positive values. Every Saturday night there is a disco that goes on long after most adults can stay awake!

Much time is spent in rehearsals for plays. There are many celebrations that provide great opportunities to put on theatrical performances. But these are not just entertainments as they have a therapeutic purpose. The children learn to express themselves creatively in a cooperative situation and the applause and approval they receive builds confidence and self-esteem. We have observed significant changes in children as a result of playing major roles in productions such as Jesus Christ Superstar, My Fair Lady, and Romeo and Juliet.

## CHILD AT THE LAKESIDE

David Dean May 2001

Mama, Papa, stay awhile at the lakeside,  
Look together in the still water,  
Overhung with the trees of Spring,  
And answer me.

See, here, at this spot by the landing stage.  
There is none of the angry green weed,  
To cloud our understanding.

First me: I have to be first,  
If not, in my impatience and fragility,  
My broken ego and constant worry,  
I will not last the day.

Hold my hand tight,  
Are you really there for me,  
To help me distinguish fact from fiction,  
In my sad, tortured baggage of a life,  
Before finding you ?

Can I trust even you ?  
What if you drowned ?  
What if I died ?  
Do you love Natasha's children more than  
me,  
Or perhaps the cat ?

Will you go away again,  
And not take me,  
To far off Volga, Caucasus or Tomsk,  
Not to return when I need you ?

Would you know even of my fears ?  
Irrational you say ?  
You could be in the Kitezh fields,  
And never know, of course.  
Across the table from me,  
And yet so far away.

It happened only last week,  
When I wept and howled by the pond,  
In the wood where I prayed no-one,  
Would hear or see.

Irina heard and comforted me then,  
But it was not you,  
It was not you,  
It has to be you.

I am safe from the wild women  
Of Kaluga who whipped my feet,  
For daring to speak in the Quiet Hour.  
That terror and humiliation is gone.

Though I dream still and sweat,  
And think what might have been.

Our neighbour's garden is beautiful Papa,  
Lilac and pretty flowers guard his door,  
And his mind.  
Is there no way in Mama ?

Or should I pass him by,  
And look for greeting, warmth,  
Laughter and neighbourliness  
From the next house ?

Tell me Mama,  
You all confuse me with your quarrels  
You are distanced from each other,  
As if on different planets,

You cling to your space ships,  
Of what you call, 'your experience',  
Fondly imagining it answers,  
What I fear, feel, need or hope for.

Sometimes I despair for you,  
As well as me.  
Yet in that despair, remember  
'Mother is the School' the Prophet said,  
And, 'Heaven lies at the Mother's feet.'

Blessings be upon his name,  
And may my God go with me.  
You and 'Mama Kitezh' are my school,  
My life, my hope,

I challenge you to the core of your being,  
I know it,  
Though your love is as a human echo,  
Of God's presence in me.

Nothing else matters, Mama, Papa,  
When the cool breeze of pure love,  
Overcomes all your burdens,  
And you reach out to me.

Can I ask these of you,  
Mama, Papa, Kitezh ?

" Come child, let us return,  
We will answer you not in written papers,  
Or in words, but in our deeds.

*A poem by consultant David Dean, written for  
Kitezh while he was in residence there in 2001.*

## Community Structures that support the therapeutic process:

**The Pedagogic Council:** made up of teachers, psychologists and mentors who meet daily to discuss education issues. It may have the same function as one part of the weekly Community Meeting or the Awareness Meetings by bringing in a child who has misbehaved in some way to discuss the problem with him or her and to devise a form of compensation for the misdemeanour. Punishment is a concept that we try to avoid. A foster parent may also attend to discuss a problem with a particular child and together solutions are devised.

**The Small Council:** Three older children are elected by the other children to form the 'Small Council'. They are responsible for organising practical activities for all the children including managing homework time, community work and social activities.

**The Community Meeting:** every Sunday night all children and adults meet for one hour. The pattern of the meeting is based on the original work of the family therapist, Virginia Satir which was developed at Raddery School in Scotland over 17 years and under the direction of David Dean to provide an appropriate format for their weekly Community Meetings. Here, as at Raddery, following ordinary community notices, the children and adults together set the agenda and raise issues that concern them. Everyone is free to comment and a resolution is reached with common agreement. This is followed by a round of hopes and expectations and closes with a round of appreciations.

### The Game: "I create my own world"

An interesting and demanding therapeutic 'Game' has been developed at Kitezsh that involves all children. The Game provides a structure for the integration of new children and at the same time a motivating force for all children for self-evaluation to improve their behaviour and levels of achievement. Although no child is compelled to join the Game, they all want to because it is important for them to be a part of everything and to belong.

The Game is guided by the older teenagers and young adult teachers who are known as Custodians. The children divide into different levels according to their level of responsibility within the group. They wear different coloured badges to indicate their level. Each level has specific themes to work on and the children set their own goals within each level. All newcomers start out as 'babies' or 'Pupsiky'. Once they have achieved some simple aims such as being well behaved in their family or studying well, they are promoted to 'Pupil'. Here the aims are more stringent: truthfulness and sincerity, to create beauty and harmony, be willing to listen to criticism and change

their behaviour for the better, to develop gratitude and patience. The next stage is 'Mentor' where they take this role to a younger child. The final stage is 'Custodian' where they become caretakers of the spirit and values of Kitezsh. If a child seriously errs he or she may revert to 'Pupsik' and start all over again.

Small groups of foster parents and their children meet with their Custodian weekly. There each child makes specific goals for him or herself that can be achieved in 1-2 weeks, and discusses their progress with their current goal. The parents may comment and together they decide whether the child is ready to progress to a new goal and a new level. On the wall in each family home are charts where the children mark up their own progress every day. Some parents also set goals and mark up their progress. Goals may range from a commitment to listen to mother, to interact more with others or not to smoke cigarettes.

When the Small Group agrees that a child has achieved his or her goals for the first level, the Pedagogical Council is consulted. If all teachers agree, then it is announced at the weekly Community Meeting and the child receives a round of applause from everyone and a new badge. It is a special achievement.

**The Awareness Meeting:** The children also meet together for an Awareness Meeting twice a week. These meetings complement the weekly Community Meeting. One of the three elected members of the Small Council leads the meeting and Mentors and Custodians attend. Each child is invited to share what has happened that day or that week, what was interesting and successful. It is also a time to discuss difficulties in the open. Then they give appreciations to those who have done well. This group is beneficial for the children because it gives them a structure and a place where they can support each other.

What happens when someone behaves badly? The children manage it themselves in the group. A problem for one member becomes a problem for the group. For example, one day the blackboard had been slashed. Masha Pichugina, 17 yrs and the head of the Small Council, announced this at the next Awareness Meeting. She said, "Somebody destroyed the blackboard. This is a pity because it cost a lot of money. It is also a pity because it is our blackboard and we use it all the time. If someone is responsible will they say?"

Two boys admitted to it.

"Why did you do that?" asked Masha

"I was so angry." One of them explained. "I wanted to go to town and I wasn't allowed. I wanted to destroy something."

“How do you feel about it now?”

“I understand it was stupid.”

“Next time you are angry, what will you do? They might need help with this everyone. Make some suggestions.”

Instead of shaming and blaming, the children try to think of constructive ways to channel this kind of energy. Nevertheless, it is understood that the boys did destroy something valuable and they must make compensation. For example, instead of the usual one hour of work on the farm which we all do, they should work four hours for a couple of days. Better still, the child in question may offer to undertake an appropriate compensation for his misdemeanour. In this way they are encouraged to take responsibility for their actions.

**Mentors’ meetings** each week discuss with Mentors, Custodians and teachers how best to respond to the behaviour of the children: who needs appreciation, and who needs more effective management. Appreciation is most important: recognition for all successes, however small, must be acknowledged. This encourages the children to continue to succeed.

This complex, time-consuming yet valuable structure provides support for the children to learn how to strengthen their will and develop positive behaviour patterns; it provides support for the foster parents in that they are not alone in their work to rehabilitate their children; and it reinforces the day by day concentration on therapeutic education for all children. It also demands of the adults that they, too, are engaged in the process of inner development as they

support their children to grow and change. Without a community structure for the foster families it is difficult to imagine how this could be achieved.



**David Dean and Valya Kanukhina**

*Valya visited Scotland this year to engage in first stage community leadership training at the Findhorn Foundation, but took time off to visit David and Valery Dean at their home in the Cairngorms.*

Valya came to live in Kitezh when she was 11 years old. She had lived in an orphanage in Kaluga, and used all her determination to persuade the authorities and her grandmother to allow her to join the Lukyanov’s family in Kitezh. Valya is a bright shining light, and by far the best English student in Kitezh. In spite of this, she struggles with self confidence. Her poem (Backpage - eds.) expresses something of her yearning to regain the self that she lost as a small abandoned child, with the help of her peers and the loving care of the adults around her.

### **Following his visit to Britain last year Sergey Khlopenov, now the leader at Kitezh, writes :-**

“Many of the changes in our therapeutic work with children came about as a result of our contact with The Charterhouse Group of therapeutic communities and especially the Mulberry Bush School and Cotswold Community. While, given the differences in our

cultural and historical backgrounds, it is not possible to transfer directly the experience of those schools to Kitezh, the model we saw practiced in each served as an example and inspiration for the setting up of the various programmes of

therapeutic care in our community.

We are grateful to The Charterhouse Group and in particular to John Diamond of The Bush and David Dean, our consultant, for their support and inspiration.”

### **From: “Buying a dog for a school isn’t a barking mad idea” Mary Braid, *Sunday Times*, February 1, 2004 [ with photo: “Children enjoy reading to Muskoka the golden retriever at Mulberry Bush school.”]**

“Rosie Johnston, a Mulberry staff member, first brought her golden retriever, Muskoka, into school when he was just nine weeks old. That was three years ago. Muskoka is both a reward for good behaviour and fine work - children are selected to walk him - and a calming influence.

Muskoka even plays his part in literacy lessons. Children at the Mulberry Bush can be too shy to read to adults. So they read to Muskoka. “They are less

worried about making mistakes when they read to him,” says Johnston.

Psychologist Dr Deborah Wells from Queen’s University, Belfast specialises in animal-human interaction and is not at all surprised about the claims made for Muskoka. She believes the key is that dogs offer humans unconditional love. And that cheers up adults and children...”

## “I have been wanting to say that for a long time...”

email from an ex-pupil to the Mulberry Bush School, 17 February 2003

I attended the Mulberry Bush. I am sure none of the staff I knew are still in attendance (after 20 something years) and the School has undoubtedly changed dramatically. When John Armstrong was headmaster there he had the practice of reading letters to the children from people who had left. Here's my contribution.

I will never forget the life there and the profound impact it had on my life. The love of one teacher in particular who would read me the Lord of the Rings in our “special time”. I was one of the more problematic of 36 children as I remember it, who out of a possible seven big nights (being allowed to stay up later) managed to garner one.

That was an achievement unto itself.

At three and a half I witnessed my mother beat my sister to death. I was sexually abused by my aunt, though I never told anyone. Later I would endure some of the worst physical abuse describable.

I think about the other children of the school and the lives that bring them there. Kids whose only crime

was to be born to parents or situations that were at the very least toxic. But life has a way of turning to roses.

Today I am happily married, living in the USA with two beautiful children. I am a published author and a successful programmer. As you can imagine, this is a dream come true that I am sure people at the Bush would appreciate.

Those of us who survived the brutality of the past will never forget it, but we can rise above it. If I could give the children of my old school a piece of advice it would simply be to have a little hope. Life has so many surprises and no matter how bad it seems things have a way of making things work out for the better.

Sitting under the big tree in front of the School with people whose names are lost to time, they could never have realized the difference they made.

Anyway, I have been wanting to say that for a long time.

## LITTLE ACORNS, Kent Kevin Polley and Chris Hayman

*Little Acorns is set in spacious surroundings in Tenterden in the heart of rural Kent. Interestingly, from a historical point of view, Tenterden is the market town where George Lyward set up one of the first children's therapeutic communities, Finchden Manor, now sadly closed. As is well known, Lyward was committed to the ethos and philosophy of nurturing care and what he called 'firm love'. In many ways Little Acorns continues in this tradition. We attempt to provide a safe, nurturing, playful, boundaried and stimulating environment for children who reside here. Many of the children have suffered severe neglect, deprivation and trauma in their lives. We are not so utopian as to believe we can put all these children's inner wrongs right, yet by the adults providing the ego strength to support the fragile*

*and often damaged inner core self of the child, we feel it may be possible to revitalise the healthy strivings and functioning parts of the child that have been waylaid or lost sight of. In time, this can allow the forward movement necessary to help the child become more resilient and robust and cope a little better with previous failed attachment difficulties.*

*At Little Acorns the whole organisation works as one to emotionally hold together the attachment disorganisation of the child. In this work we share together the lonely and unbearable feelings that the children prior to coming to Little Acorns have often had to endure on their own, and it is by careful preoccupation and an holistic approach to all aspects of the child's quality of life and well being, and by encouraging full*

*and appropriate positive participation in our residential household and school, that we believe that the children are offered a strong sense of attachment and belonging, in many cases for the first time in their lives.*

*Support in this work is essential. We have many forums to support the individual worker, and the staff team as a whole, in the therapeutic task. Our own support and sense of belonging and purpose is widened by our participation in the Charterhouse Group of Therapeutic Communities. Each community is of course distinct and unique in itself, but all have the core beliefs, value system and standards which we feel are vital and necessary if a child is to gain a playful existence and authentic attachment in the world.*

*Jacques Hall student's  
meditation on...*

*My favourite place*

I open my eyes, its 9:30 am I feel like I am in a heavenly dream, I turn to my left and I've got a mini bar laden with alcoholic beverages, all the little bottles are in their own neat and tidy little slots.

Turning to my right I can see for miles along the beach, the dazzling water is a peculiar mix between blue and turquoise, it's making a nice relaxing gushing sound against the sparkling white sand.

Close by I hear the dulcet tones of mumbling people and singing birds.

Eventually I manage to drag my self-free from the evil clutches of my king size luxury fluffy bed.

I step out of bed on to my floor, its warm because the sun has been shining through my patio windows and door.

I slip on my robe it feels lovely and soft like a new towel and smells of a tropical washing powder.

I walk over to my patio, slide open my doors and the breeze hits me. It is really refreshing I step out on to my balcony I can see the palm trees swishing and waving in the breeze. I go and have a bath, when I have finished I feel recharged and ready for my adventures to begin. So off I go to take in some of the scenery. The hotel I'm staying at has brilliant service, the staff that work here are so friendly smiling at you, asking if you are enjoying your stay, it's so lovely here.

I'm outside now it's really hot. I still can't believe I'm actually here there is so many shops here I don't know where to start.

I'll just go to the beach. I've got my sun cream, towel, sunglasses what else could I ask for? I know a gorgeous hunk and a pina colada!

I'm sitting at the beach and a hammock catches my eye. I slowly climb into my hammock swaying in the breeze. I'm laying here whilst the swaying movement rocks me to sleep I feel like a baby in a cradle again.

Deep in my sleep I was having a really present dream when I was disgusted by

being rudely awoken by the annoying sound of chop, chop, chopping of coconuts loudly seaming close by every time a coconut drops on the ground the sound goes straight through me I've gone from being so relaxed to so tense perhaps paradise isn't perfect after all!!!

To calm myself down I go for a walk along the beach, the sand slowly seeps through my toes it feels like an exfoliating wash on my feet. My feet feel all tingly it's lovely.

I'm feeling a bit peckish. I decide to go for something to eat, I can see a little restaurant in the distance I'll stop for a bit to eat.

As I sit down I look around,

Jacques Hall:

**Student's responses after  
studying Silas Marner to the  
question what makes a good  
father?**

In my opinion a good father is someone who spends time with you doing things that you enjoy. He might help you when you're in trouble, talking and giving advice. I also think a good father is someone who punishes you when you do something wrong, but not physically beat you. A good father treats you with respect....

**By Daniel**

I think a good father loves you; a good father should show how he feels about you and not just pretend that he cares. A good father should provide things like clothes, food and somewhere to live but not spoil you....

**By Becky**

My dream dad would be respectful to me, kind to me, give me discipline when I needed it and care for me!

**By Craig**

My opinion of a good father is someone who should care about their child all the time and not just when it suited them.... He should try his best to make you feel special all the time... Anyone can be a biological sperm donor but it takes someone special to be called a father.

**By Steph**

## Friendship

You are being a friend if you...

- :) Compliment someone or say something kind
- :) Include someone in your game or conversation
- :) Think about someone's feelings
- :) Give someone a hug
- :) Tell others nice things about someone
- :) Apologise when you upset or hurt someone
- :) Make someone smile
- :) Help someone
- :) Share
- :) Make someone feel good
- :) Encourage someone who is struggling

Everyone deserves friends. Treat others like you would like to be treated yourself. If you see someone being a friend, encourage them and tell others.

From *The [Mulberry] Bush Telegraph* 13:  
Autumn 2004

I can see people swimming and scuba diving I might give it a go myself tomorrow! There's not much noise and it smells of really strong spices and fruit all mixed together.

The menu is really peculiar the names of the meals are all in foreign writing I try to pretend I'm smart but just as I was getting the hang of it a really good looking waiter comes over to me and says "Are you ready to order?" My mind went blank, he said "I couldn't read the menu when I first got here either I'll help you if you want?" My heart is thudding I'm so embarrassed. Big deep breath I was thinking to myself and said, "What would you recommend?" He replied, "Actually, I finish in five minutes, I know a really good pizza place if you would like?" I answered rudely and quite shocked, "I'm ever so sorry, but I'm not hungry anymore."

I decided to go for a wander around the shops to see what souvenirs I can get my friends. The tourist shops are different compared to the local shops that people who live on the island use. I don't buy anything in the shops.

Because I feel so restless I start to wander back to my hotel, I see an ice-cream man selling really huge ice-creams covered in whatever toppings you want. For example nuts, strawberry syrup and lots more. My mouth was watering I was spoilt for choice. Eventually I bought one covered with nuts, sticky chocolate syrup and a flake, yum yum! I carry on my walk to my hotel it's so hot, the sun is really beaming. I applied some more sun cream it smells of mint and it feels like a blanket of protective bliss shading my delicate fair skin.

As I walk back into the hotel the cold air blasts into my face, it sends a shiver down my spine I see a notice board saying what there is to do. There's so many things to do like scuba diving, water ski-ing, canoeing, white water rafting.

Well that's the active thing to do!

I think I will settle for something a bit more relaxing like a facial massage or maybe push the boat out, and have a facial and a manicure and a pedicure! I'll feel like a ravishing transformed sophisticated young lady and then maybe I will even go to the ball in the main hall. Lose my shoe and my prince charming might return it. That's never going to happen but we can all hope can't we? Any way never mind my fantasies! I've got to book my appointment, the polite receptionist said. "I've had a cancellation, so I can fit you in now, if you would like?" Of course I would like to, wouldn't you?

As I walk through to the massage parlour the lady asks me to put on a robe, as I lay down on the bed when the lady starts applying oils on to my face they smell really strong and tasty (best not eat it I'll have a sore stomach) she then starts rubbing the oil in to my face with small circular movements, it makes me feel really sleepy. They're playing some relaxing music. I'm really tired now, the lady starts pampering my nails she soaks them in some bubbly warm water whilst soaking my feet in a foot spa. As she patted my finger tips dry she then asked me, "What colour nail

*Jacques hall -*

*WITCHES' STEW - THE NIGHT I FELL IN LOVE WITH YOU.*

Eye of newt

You're so cute

Lizards leg

For your loving I would beg

Tooth of wolf

Come fly north

Poisonous sweat

I will remember this night we met, we ate.....

Tongue of dog

Walking through patches of fog

Adders fork

I wrote your name in chalk on my walls,

And also blind worms sting

I wrote you had dat ding a ling ling.

Toe of frog

I liked the snog

Root of hemlock

I heard the clock go tick tock

Witches mummy

My mouths gone runny

Fillet of a fenny snake

We walked down a lake

Young owls wing

I love the way you do dat ting

Scale of dragon

Lets go cruising in my wagon

Poisoned entrails

I hear our wedding bells

Wool of bat

DIS IS MY RAP

Grace

We get lots of opportunities to play chess. Sometimes we get to play against the staff and we also play against each other. It is very close between the lads. We have this paved area marked on the patio, which the lads and the staff play on.

For some weekend activities we go out to Cambridge to go shopping for clothes and food and to go to the cinema. We also go to Haverhill. Some evenings we go to the theatre, snooker, bowling or banger racing.

Some of the other games we play are darts, backgammon, cricket, boules, rugby and lots of different board games.

- Glebe House

varnish would you like Maam?" I opted for the clear one and then have little silver gems put on like a flower. She started coating my nails it's a really weird sensation, it feels cold and wet but silky and soft. She then does more or less the same to my feet but she files my toe nails, this is probably the worst bit it feels like walking on sandpaper. am all done now! I somehow manage to find the strength climb off the bed, to walk to my room. It seems absolutely miles away, but it's only five minutes in reality.

I'm now in my room and I notice that the sun has just started to set. I pour myself out a glass of orange juice and sit out on my patio, watching the sunset take place as the sky lights up like a big ball of fire, at last the day is drawing to a close. I feel relaxed! The sky is beautiful, it looks like somebody has gone mad with a paint brush and blended the brightest shades of orange pink and yellow that you will ever see! I love the way that it reflects onto the water, the way that the colours all submerge into one to make a whole sun. As the sun set starts to fade away I can slowly feel my eyes drooping as I mooch off to bed I wonder where I will go in my dream?

Nowhere as special as here!!!

### **Glebe lads:**

We have got two bird feeders and one bird table. We have lots of fin the pond. Sometimes there are frogs and toads. We clear weeds and sometimes we have to fill the pond. We enjoy working with wildlife in their habitats.

Once a year we have an adventure week. I went pot-holing through three caves, built a dam in a river and abseiled down a cliff.

Car driving is to help lads know how to drive a car and what it is like learning to drive on the road. We have our own car track to drive on and if it gets too wet we learn to drive sitting in a parked car. Sometimes staff give us their old cars.

The workshop is a place where the lads can build things like shelves and computer desks and we can also learn plumbing. We use tools like mitre saws, drills, hammers and electric screwdrivers. Safety when using tools is important.

Adult education happens once a week on a Friday. Residents get help with English, Maths and I.C.T. We find the help really beneficial and the workload is not too heavy as you can work for half the day. There are test to get qualifications which help with getting a job and higher pay.

We have Disco equipment that sits in the theatre nearly all the time. The only time it comes out of the theatre is when we have a pantomime, and the Disco equipment will go over to the main lounge and after the pantomime we have a Disco.

### **Glebe House**

Every year the Film Group works to make a film to show during the Christmas celebrations. During the making of the film we go out to different places such as the seaside and London. Sometimes we need to wear make-up and costumes. We all think that the Film Group is brilliant and everyone loves watching the finished film.

It's fun working with our gardener because he makes us laugh. We call him 'Shorts' because he always wears shorts. We do digging, planting bulbs and seeds, watering flowers and cutting the grass. Sometimes I drive the tractor.

On a Wednesday we have a trainer who comes in and teaches us all the different skills in football. And at the end of most sessions we play a match, apart from that we play a game of football most evenings with the members of staff working that night. We also sometimes play against a youth team and we all really enjoy it.

On 7<sup>th</sup> of December the staff and lads at Glebe House performed the story of Aladdin. It was my job to do the lights and sound for the show. At 7.00 pm the lights went down (except on the stage) for Dave Fox to tell everyone about the show. When Dave had finished I continued to do the lights for the whole panto. It went very well and some was funny and some was sad but I really enjoyed myself.

## **Drinking the Future By Jade of Jacques**

Scale of dragon  
Adders fork  
Put them together and you'll make someone talk  
Toe of frog  
Wool of bat  
Help the witches they're making a rap  
Root of hemlock  
Fillet of fenny snake  
Don't put them together you'll make a cake  
Poisoned entrails  
Poisonous sweat  
I hope you won't start to fret!!  
Eye of newt  
Newt of eye  
Don't kiss the girls you'll make them cry  
Witches mummy  
Young owls wing  
Make the poisoned potion and give it a spin  
Tongue of dog  
Tooth of wolf  
Boil them together you'll make a dwarf  
Lizard's leg  
Blindworms sting  
Happy endings will soon begin.

## BEING AN ADULT...

**Stuart Harragan**

**Head of Group Living  
Cotswold Community**

Being an adult in a children's therapeutic community can sometimes be a lonely existence, and it perhaps becomes more lonely as you become more senior in the organisation. This has certainly been my experience of working at the Cotswold Community over the last nine years, which has resulted in my becoming Head of Group Living. When Craig asked for contributions from Charterhouse Group members I thought long and hard about what we might offer. There have been numerous significant changes here over the last 12 months and more; there have been significant positive events involving the boys; there is the farm to talk about. However, I felt it would be a good space to talk briefly about the Charterhouse Group and the support it offers.

I have been attending meetings at the Charterhouse Group for a couple of years now and have always enjoyed my visits to London. Recently, the Care & Treatment group decided to hold the meetings at the various Communities, rather than Station House. This was designed to give attendees the opportunity to visit different Communities, develop an understanding of them and to allow those who don't live so close to London an even chance of being able to attend. The first two objectives have been met in my opinion. Interestingly, though, the same people seem to turn-up. The first meeting away from Station House was at Cumberlow Community so it was perhaps no surprise as it's in South London. The next, however, was held at Thornbrae in Northumberland. Those of us who travelled all flew from Stansted and so had a full day. The opportunity to spend 13-14 hours in the company of others in a similar job to yourself may sound daunting but I found it a thoroughly stimulating and something that provided me with so many ideas for work at the Cotswold Community. The formal discussions we had were hugely beneficial, as were the informal ones in the cars and on the plane. I have also recently spent the day at The Mulberry Bush School as part of the Peer Audit and similarly found the experience invaluable.

Why then, don't more Communities join in? We are all busy people and can barely afford the time to attend but the benefits outweigh this. Also, we don't have to wait for this sort of occasion, we should visit each other more regularly and share good practice and new ideas. I plan to attend as many as possible and look forward to hosting at the Cotswold Community in the near future.

**life book  
story  
made in uk  
in mulberry bush  
school jigsaw  
2004**

To Jigsaw and School

Welcome to my life book. I am 12 years old and I am in a school for kids with problems, it's called the Mulberry Bush School. I am in Jigsaw and it has lovely kids and adults.

I have been in Jigsaw 3 years and the school has helped me and I'm sorry for what I did in school. But I wish I would behave and get a good job. I've been in trouble from the police before.

I want to be a pop star. About the school: I like the school a lot but when I'm sad I hate it and I bet that all of the kids say that but they don't mean it because the school is trying its hardest to help kids with problems, but kids think they work here to hurt us but it's not right, but I know of my heart they are not here to be liked, they are doing what's right for us.

We have good food, and the whole school does not like bullying so if you are scared or getting hurt, tell an adult in the school. We have some rules from the adults.

Bullying is when you call someone names and someone is racist about your religion or gender or size. When you feel left out or are feeling bullied you feel safe.

School is a happy place for kids and adults too, so make the best of it so you can see mum or dad or carers and go to a main stream school and you will feel much better for yourself and the adults.

They have 5 classes, when you are going to Thames you will go to Dunmore.

Thank you  
Reader

### **Glebe House Lads:**

*By about 5 o'clock we have the rest of the evening to do what we want, and most of us play computer games at some time.*

*On 7<sup>th</sup> of December the staff and lads at Glebe House performed the story of Aladdin. It was my job to do the lights and sound for the show. At 7.00 pm the lights went down (except on the stage) for Dave Fox to tell everyone about the show. When Dave had finished I continued to do the lights for the whole panto. It went very well and some was funny and some was sad but I really enjoyed myself.*

## TAMMY AT THE MULBERRY BUSH SCHOOL

'Tammy' was 7 years old when she was referred to The Mulberry Bush School because of her disruptive behaviour at school, and her unbearable impact on foster families. She was in a private children's home when she arrived at the School, with a label of "unfosterable".

Tammy, at the age of four, had been rejected by her mother, and emotionally abused by her father and stepmother. She was taken into care by social services.

Tammy was a very loud, defiant girl who demanded a lot of affection. Her last foster carer, 'Suzie', felt suffocated by her because she followed her everywhere, including waiting outside the toilet for Suzie to come out.

The Mulberry Bush is a residential therapeutic *school for children* with severe social, emotional and behavioural difficulties. We are a forty-week provision, so children need to go home for holidays and one weekend per half term. If they cannot live with their natural parent, the children need to go to a foster family. Children are placed with us for about three years.

Tammy's social worker, using private fostering agencies, found a potential single parent foster carer who seemed very keen to have Tammy, but when they met at the School for the first time it seemed clear it wasn't a good match. Tammy's needs were too great, and the carer didn't feel ready for the challenge.

However, a year or so into her placement at The Mulberry Bush, another couple, 'Pete' and 'Mary', were put forward and this time it was a good match. Tammy started to go home to Pete and Mary and their other foster child. They were well supported by the foster agency's link worker, and by the Mulberry Bush's family team worker. They were also in weekly contact with Tammy's keyworker.

It wasn't plain sailing all the time. Tammy started to grieve for the relationship she had never had with her mother. The fact that her mother was able to care satisfactorily for Tammy's siblings rubbed salt into the wound. The grieving process for her involved tears, tantrums, defiance and more loudness.

However, with a family of her own (her foster family), gradually Tammy became warmer, and more appropriately affectionate.

Tammy was in Sunset House at The Mulberry Bush with 8 other children of primary age. She lived alongside these other children with the help of the 9 care staff in Sunset. The day-to-day routines of meals, playtimes, and bedtimes, punctuated by the inevitable behaviour breakdowns around rivalries, jealousies, slights, and defiant moments, gave care staff opportunities to help Tammy to think about her feelings and responses, to find alternative ways of interacting and to start to come to terms with the injustices in her life.

When Tammy joined the School she was in the Foundation class for a year. The main aim of this class is to help children (whose educational experience has been one of failure and distress) to enjoy learning again. Alongside the national curriculum the children are encouraged to play, often with pre-school equipment, listen to stories, sing, dress-up, and so on. The emphasis is on 'learning can be enjoyable'.

After a year Tammy moved to the second tier class where expectations of behaviour, application and learning are higher. She was still a noisy child, readily distracted and easily led into other children's misbehaviour. Nevertheless, she made good progress and was able to move into the top class a year before she left the School.

Pete and Mary noticed that Tammy's behaviour in the family was improving and began to look forward to the time that she could come and live with them full time. They were determined if at all possible that Tammy would be able to attend a local primary school (with teaching assistance).

Three months after she returned full time to her foster family and her local primary school, Tammy is doing well. She is still bouncy and noisy, and can still be quite demanding, but is no longer unfosterable or unacceptably disruptive in class.

**LINDSEY STEVENSON**  
Principal Social Worker  
The Mulberry Bush School

### **Glebe:**

In art we do things like painting, cutting, colouring, drawing and craft stuff. We also learn about different artists like Picasso, Van Gogh and Michelangelo. We also sort out the scenery for the Christmas play. This year we were doing spiders, bats and spiders' webs.

### **Jacques Hall meditation: My Favourite place**

I wake up with the sun's dazzling rays shining through my window and my ears were filled with the heavenly chirruping of the bird's dawn chorus. I find it hard to open my eyes but I manage it and at once I remember, today is a very special day, today I am going to the Maldives. I am going with Claire, my girlfriend, Harry, my friend and Jenny, his girlfriend and my friend. The excitement bubbles up inside me like a well-shaken champagne bottle and I, the cork, am fired out of bed propelled by my anticipation of the wonders that await me in the tropical islands of the Maldives

continue to involve users in the business of the Association.

**Community of Communities:** No report had been prepared. Sarah Paget reported that the project now had an increased membership of 57. Further, she noted that while the Community Fund grant runs out in January 2005 other sources of funding are being identified including collaborative work with the Prison Service and CHG. Daniela Messanari noted the importance for the project, as it expands its international membership, to build into the budget fees for interpreters.

**Conferences and Workshops:** Neil Palmer spoke to this report which had been circulated to the members. He noted his intention to stand down as Windsor Conference Organiser and agreed to work with the new organisers as part of a hand-over for next year's conference.

## 5. ATC Constitution

Sarah Tucker circulated the draft amendments to the ATC constitution, recently received back from the Charity Commission as part of the process of amending the constitution. She noted that the document referred to the 1992 constitution as amended in 1998, and that current amendments concerned payment of trustees under certain conditions, and the appointment of sub-committees.

She explained that the next step in the process of amending the constitution is to make the draft revisions publicly available for comment. She agreed to oversee this process after she had stood down as Secretary, with the administrative support of the ATC administration team. She explained that if no objections were received the Charity Commission would then amend the constitution accordingly. She noted that once the new constitution was in place, the Steering Group had agreed to put in place a Governance Guidance Group with the function of overseeing the implementation of the constitution. No objections were raised to these issues.

## 6. Incoming Journal Editor

Kevin Healy noted that following the discussions during the 2003 AGM concerning the Journal Editorship, the Steering Group had had time to review the direction of the journal and the ATC. He noted that there had been agreed and implemented a clear process of appointment of a new journal editor which consisted in advertising the post and the formation of an appointment committee. Two excellent applications had been received and both were interviewed. The appointment committee had recommended one application to the Steering Group, namely the editorial collective consisting of Nick

Manning, George DeLeon, Steffan Davies, Eric Broekaert, Jan Lees and Rex Haigh. The Steering Group had since asked the collective to produce a business plan. Kevin Healy proposed and John Diamond seconded, that the AGM formally ratify the selection of this editorial collective to oversee the work of the journal. The proposal met no objections and was fully supported.

## 7. Elections to the Steering Group

Sarah Tucker noted that this year elections had taken place via a postal ballot prior to the meeting. Members had been invited to nominate a Secretary, Treasurer and Officers of the Steering Group. For those nominated, brief details of reasons for standing and interest in the role had been circulated with the postal voting forms. The votes had been counted by an independent person under the instruction of the Administration Team.

The following people were elected:

Beatriz Sanchez – Secretary

Gary Winship – Treasurer

John Gale – Officer

Rachel Jukes – Officer

Sandra Kelly – Officer

Simon McArdle – Officer

Sarah Paget – Officer

Sarah Tucker – Officer

It was noted that Alan Worthington, Yolande Hadden and Jon Broad were standing down from the Steering Group. Sarah Tucker proposed and Kevin Healy seconded a formal vote of thanks to all of them for their committed work to the Steering Group. This was fully supported.

Sarah Tucker further noted that while the postal voting system was more open and democratic than the previously used system of voting during the AGM, the drawback this year had been that only 26 voting forms had been received back from the membership. It was recommended that the Governance Guidance Group put thought into how to further improve the voting system for the 2005 AGM.

## 8. Members' proposals and motions

None were submitted.

## 9. A.O.B

No other business was raised.

## PROFILES:

**Kingsley Norton, New Chair of ATC Research Group**

*Kingsley Norton takes over from Kevin Healy as Chair of Research Group as the latter assumes overall Chair of the ATC.*

Kingsley is a psychiatrist and individual analyst (Jungian) and has been Director of Henderson Hospital since 1989. He is also Reader in Psychotherapy at St George's Hospital Medical School in Tooting in South London.

Kingsley's research interests include evaluating the outcome of treatments, and he has contributed to this area *via* participation in randomised controlled trials in the fields of depression and *anorexia nervosa* prior to moving to Henderson. His Doctorate was in psychosomatics. Subsequently his work has included treatment outcome studies of Henderson and the clinical and health economic evaluation of two new TCs (set up on this model) based in West Midlands

and Crewe (Main House and Webb House respectively). These innovations were led by Henderson in the first instance, and Kingsley chaired the Steering Group overseeing the replication project from 1997-2002. The success of the bid to obtain funding for these new enterprises was partly recognition of the evidence-base for the Henderson treatment model.

Kingsley has published widely on the topic of personality disorder as well as TC, and is co-author of three books that relate to the needs of staff in responding to challenging clients.

As well as bringing his experience of research deriving from the above activities, Kingsley is committed to increasing the service user contribution to the planning and execution of research. His first task therefore will be to persuade the research group that this is the direction of travel that they would also wish to follow!

**John Diamond: Co-Organizer, Windsor 2005**

I started working in this field in 1982 at the Cotswold Community, a residential Therapeutic Community for severely emotionally troubled adolescent boys. Richard Balbernie (who had led the conversion from the approved school regime to the Therapeutic Community model) was still the Principal, until his death when John Whitwell took over in 1983-4?. We had Barbara Dockar-Drysdale and Eric Miller respectively as our clinical and organisational consultants. I became a care and treatment Team Leader, responsible for the management of a staff team and up to 10 young people. The work was very difficult ! but I managed to stay until 1991, when I became Deputy Director/ Head of Residential Therapy, alongside Richard Rollinson as ( newly appointed) Director of the Mulberry Bush School. The 'Bush' is a residential therapeutic school for unintegrated children aged 5-12 years. I was on the first cohort of students for Adrian Ward's M.A. in residential childcare from 1990 -93.

In 2001, following Richard's resignation after 10 very successful years, I was appointed as Director. I have been teaching a Year 2 module 'management in therapeutic childcare' under Linnet McMahon on the Reading MA course. Since 2002 until its recent closure, I have been visiting a secure unit in Oxfordshire as a VCC advocate. I am currently studying for an MA in organisational consultancy at the Tavistock/Portman NHS Trust. I am interested in the process by which Charterhouse members and the ATC can come together providing a 'lifecycle' of therapeutic environments and underpinning theory, from child and adolescent to adulthood.

**Publication News*****Psychiatric Quarterly* 75:3 (Fall 2004): Special Section**

edited by Sandra Bloom and Kingsley Norton

*The Therapeutic Community in the 21st Century*  
pp. 229-231

**Sandra L. Bloom, Kingsley Norton**

*The Evolution of the Therapeutic Community*  
pp. 233-248

**Stuart Whiteley**

*The Art and Challenges of Long-Term and Short-Term Democratic Therapeutic Communities*  
pp. 249-261

**Kingsley Norton, Sandra L. Bloom**

*Democratic Development of Standards: The Community*

*of Communities-A Quality Network of Therapeutic Communities*

pp. 263-277

**Rex Haigh, Sarah Tucker**

*A Culture of Enquiry: Research Evidence and the Therapeutic Community*

pp. 279-294

**Jan Lees, Nick Manning, Barbara Rawlings**

*The Therapeutic Community as an Adaptable Treatment Modality Across Different Settings*  
pp. 295-307

**David Kennard**

## ARBOURS CRISIS CENTRE (overheard by a friend)

.. Six weeks in hospital for a secondary infection in the leg, picked up in hospital, and lucky to be alive: That's the bad and good news around Arbours Crisis Centre founder and Director Dr. Joseph Berke. Other good news: having recovered, his co-authored paper with Kannan Navaratnem and Tamara Schonfield on "The Creative Use of the Countertransference in Working with a Silent Guest at the Arbours Crisis Centre" is going into *the British Journal of Psychotherapy*.

.. Evonne Cameron-Phillips, who helped organise the Crisis Centre's very successful 30<sup>th</sup> anniversary celebrations at the Node in Hertfordshire last February has retired as a Resident Therapist, but it is hoped that her considerable skills, energy, creativity and insight will continue to be available to the Arbours community. Cate Potter has joined Daniel Regan and Raquel Tome Lopez on the Resident Therapists team.

.. BBC 1's "One Life" series production team began working with the Crisis Centre in May, and filming has begun for a programme to be broadcast in the Spring of 2005. Producer Katie Sexton, described by Dr. Berke as "magnificent", explains that the "One Life" series is "essentially about relationships - about people on a journey, executing a change in their lives - hopeful stories" and described something of the detailed and careful process involved in learning about Arbours, and working closely with the psychotherapists and residents "to help us do our job well". The first programme in the One Life series - "Lager, Mum and Me", re-shown in October - traced the relationship of a daughter and her alcoholic mother, and gave the daughter her own video camera in a sensitive, but determined and trenchant exploration of love and consequences. Filming at Arbours will continue into the Spring.

### POSITIONS VACANT:

## The Ashburn Clinic Dunedin, New Zealand PSYCHIATRIST

It's not easy finding the right job in psychiatry. One where the environment supports good medical practice with time to assess and treat patients in depth. Where there is an opportunity to exercise the full range of psychiatric skills including psychotherapy. Where the comfortable physical facilities are complemented by beautiful, peaceful grounds and the expert staff group are excellent to work with.

Perhaps you feel that you are not involved in decision making in your current position or you don't have the say to treat patients in the way you think best. Maybe you feel that the in-patient milieu you work in is too pressured and without a coherent therapeutic programme. You might like to have a variety of clinical practice from residential, through day-patient to out-

patient settings with interesting and challenging clinical problems.

Our work is hard but enjoyable. We are an expert team functioning in a unique and enabling atmosphere, with wide teaching, supervising and consulting opportunities. The Ashburn Clinic has been providing something special for patients for well over a century and has a deserved national reputation for excellent treatment.

Dunedin is arguably New Zealand's most *liveable* city. It is an ideal location for outdoor pursuits and also has excellent cultural and educational facilities for those who choose to stay either short or long term. Dunedin is also the gateway to the limitless recreational opportunities of Central Otago. A house can be provided with this position.

All enquiries welcome:

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[www.ashburn.co.nz](http://www.ashburn.co.nz)

## ATC Windsor Conference, September 6-9, 2004

### *AN OUTSIDER'S VIEW*

Mark Freestone

I felt very privileged to be invited to the Association's annual conference in the gorgeous environs of Cumberland Lodge. Nick Manning and Jan Lees had asked me to help them present the more statistical aspects of our paper on the National Lotteries-funded TC data and had talked up the conference as "an experience", quickly glossing over some of the more, shall we say, *challenging* aspects of the whole Windsor experience. To be honest, I arrived in the Lodge with very little idea of what to expect, especially as an outsider unused to TC environments of any kind.

I'm sure I don't need to preach to the already converted about how perfect Cumberland Lodge is as a venue for any conference; but in particular one which seeks to foster a certain emotional intimacy between its participants. However, shortly after settling into my wonderfully cosy room looking out into the grounds of the Lodge, it took me until the Welcoming Group to discover that this intimacy isn't always a comfortable experience, as Neil Palmer warmly welcomed us all to the conference before handing things over 'to the floor'. There ensued ten minutes of literally suffocating silence, which no amount of briefing by my colleagues could have prepared me for. I could only speculate sociologically that the old hands in the group didn't want to hog the limelight or appear over-ebullient with their contributions, whereas the newcomers dreaded breaching some kind of hidden rule about what kind of discourse was or wasn't allowed in these groups. Falling decisively into the latter group, I couldn't quite manage the bravado to trump the forces of social normativity and instead made a few last-minute tweaks to my presentation. Does this make me a bad group member?

The first formal presentation following the group was ours, "21 Recipes: Guaranteed Indigestion?", which sketched the change data from our NLRB-funded research project. The talk went pretty well, considering the thoroughly esoteric nature of some of the descriptive statistics we had to use to get our results across in a manageable way. I noticed a few rather dazed faces in the audience as I launched into a discussion of the import of confidence intervals straying outside inter-quartile ranges. Maybe it will

comfort some people to know that I myself had been totally unfamiliar with most of the descriptive diagrams mere days before!

Following our presentation, George De Leon gave an engrossing retrospective and prospective talk about his work in the United States. His delivery style is highly emotionally charged – something very much belied by his generally mild manner in discussion – and towards the end of the talk you could almost feel the force of his impatience with certain tendencies within the psychiatric community, and his enthusiasm for a brighter future. Intense stuff indeed, some of which may have gone right over my head (a certain karmic irony?) but George's skill as a public speaker meant that he could probably have carried off a talk about preparing potatoes in an equally absorbing fashion.

I'd rather hoped that my public contribution to the day's proceedings had ended with my presentation, but Roland Woodward and Marya Hemming's ambitious participatory session involved me rather more directly in assuming the dramatic role of a 'director of therapy'. I wasn't aware that directors of therapy generally wore old Star Trek outfits and stood on ladders for the better part of an hour, while being encircled by progressively more complex layers of therapists tied together with a web of string, but clearly this was my TC ignorance showing again. Still, this was a terrific – if gruelling – demonstration, to me, at least, that therapy and learning are not always based around discussion, and sometimes the most effective sessions are those that involve members physically as well as intellectually.

Following a sumptuous dinner and a superb historical tour of the Lodge given by one of the housekeepers I was ready to drop, and slept very well despite my anxieties that there were a further three large group sessions of potentially more oppressive silence to cope with. I must admit that at this stage I was struggling to see the value of the sessions, and although future groups allayed my fears somewhat, I found that the scheduling of some of the parallel sessions was a tad frustrating.

#### **"Peanut" writes to the ATC email discussion list:**

*"I Windsored in 2002, and as a newcomer to the field (though not so much to the principles); and the echoes, tho' sometimes faint, are still with me. I felt pricked by the papers (not all, but enough), amused and invigorated by the table talk, warmed by the bar talk, felt by turns inspired and frustrated... And I won't forget dancing in the car park :)in the moonlight :))*

*It was a wonderful introduction to the extraordinary, frustrating, inspiring, badly-paid, over-worked TC world, which I find increasingly is a necessary counter-balance to the real one. So there."*

On Tuesday morning, I caught Goran Karlstrom's presentation on the development of a Day TC in Karlskrona, Sweden. I particularly liked this session as, despite language difficulties Goran was able to convey a great sense of the mistakes and re-assessments made during the course of the development of the Karlskrona TC. Sociology has recently taken a great interest in what is lost "in the margins" of history: what social processes, errors and bad judgments, that are glossed over by most accounts, go towards making an institution evolve into what it is, and this paper was a terrific demonstration of the value of such information. It is a truism, but one apparently oft forgotten, that if we don't learn from the mistakes of others, we risk repeating those very same errors ourselves.

Sadly, attending Goran's paper had meant that I had to miss presentations by both Alfredo Felices and Bill Wylie that I had very much wanted to catch, despite the weighty psychoanalytical content of Alfredo's work on Lacan. Still, I came away armed with a copy of that paper and maybe after a few years' psychoanalytical training I'll be able to turn around the considered response to it I may rather rashly have promised...

After lunch came Tony Slater's talk to the group at large about the European Federation of TCs of which, paradoxically if symptomatically, the UK is not a member. Still, it was in keeping with the spirit of the conference that Tony's presence was there to build bridges between the EFTC and the ATC and he gave a dryly-humorous talk which hopefully encouraged more optimism for future co-operations. This optimism apparently rubbed off on the subsequent large group that was considerably more upbeat, constructive and devoid of lengthy silences than the first day's. However, I still found myself severely disadvantaged as an attendee with no experience of TCs and such groups and took my chance to surreptitiously glance through Alfredo's paper; at least, up to the point where little 'o' and big 'O' began to rather baffle me. Towards the end of the group there was also some interesting discussion on the ethical and political implications of bringing clients along to

the conference, with no clear consensus arising, but clearly an emotive issue for the future.

I'd thoroughly recommend the walk around the Cow Pond to future Windsor attendees during their afternoon off: the walk is almost unfeasibly tranquil for anyone used to city living and a great, relaxing way to pass a couple of hours. Apparently there's also a croquet set in existence, so that guests can while time away on the front lawn bashing each other's balls around: maybe at a future conference this will see the light of day!

Sadly, Wednesday was the final day for me at the conference due to the pressures of an impending final deadline for my PhD thesis, but I did catch Liz Tovey, Amanda MacKenzie and Paula Jones' moving discussion, aided by contributions from some of their clients, on working with individuals with eating disorders, as well as the Greek Kypseli TC's amended presentation. I also stuck around just long enough to be overwhelmed with jealousy at Geir Pederson of Ulleval University Hospital's presentation about his data collection project on Norwegian TCs: it seems that the Norwegians are not only more advanced in terms of data collection techniques, but that TCs are also far more accommodating in supplying them with data. Geir has built up an impressive network for ongoing analysis of treatment and demographic data and his model is an inspiration for those of us who would seek to measure statistically the effectiveness of the TC model.

I would like to thank sincerely the ATC, and in particular Rex Haigh, for offering me a bursary and enabling me to attend this conference despite abject final-year research student penury. I would also like to thank Jan Lees and Nick Manning for allowing me to present some of the data findings, and Chris Evans for making the data look so good, and all those involved with the organisation and running of the conference for an immensely enjoyable, friendly and stimulating event, even for a complete stranger to the TC environment. Hopefully I'll be able to meet some of you again next year.

## ***First Call: WINDSOR 2005***

Neil Palmer, John Diamond and Penny Campling are organising the Windsor 2005 conference next year. If anyone has an idea for the overall theme, we would be very pleased to hear from you.

***We are particularly keen to include people working with children and adolescents.***

**Our contact details are:**

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## SPOTLIGHT: The new journal editorial team, Part 1:

**HOW TO START A THERAPEUTIC COMMUNITY AND TO SURVIVE A UNIVERSITY?****By Eric Broekaert****Professor in Orthopedagogy (Special Education) at the University of Ghent, Belgium****BEGINNINGS**

It was Maria Wens, Professor in Orthopedagogy at the University of Ghent – and long time assistant of the psychoanalyst and psychiatrist Professor Jaques De Busschere (and of whom I was a Masters student in Orthopedagogy) - who told me about the work of Jaques Durand-Dassier: *Psychotherapie sans Psychotherapeutes* (Editions de l'Epi, Paris, 1970). Durand-Dassier had successfully defended his doctorate at the Sorbonne on 'Communautés de Drogues et de Psychotiques'. Dr Durand-Dassier had a practice in the United States, and was a privileged witness of the development and working of Daytop, one of the first drug-free, hierarchic TCs. In his work I found a basic description of TC principles, concepts and functioning. He referred to the direct confrontation in so called "encounter groups". In *Sensitivity Training* by Dan Sorkin a chapter was also dedicated to "aggressive forms" of therapy (Lemniscaat, Rotterdam, 1971).

On the other hand, we were aware at the Department of the work of Maxwell Jones. Maxwell Jones was considered to be the pioneer of milieu therapy, the democratic therapeutic community, and the principles of 'social learning' (*The Therapeutic Community*, New York, Basic Books, 1952). We had some knowledge of Bion, but less knowledge of Winnicott, Bridger, and the 'transitional space of experience'. It was also the time when the anti-psychiatrists - David Cooper (*Psychiatry and Anti-Psychiatry*, Tavistock Publications, London, 1967), Ronald Laing (*The Politics of Experience*, Penguin, London, 1967), Thomas Szasz (*The Myth of Mental Illness*, Harper and Row, New York 1961), Jan Foudraine (*Wie is van Hout?*, Ambo Boeken, Bilthoven, 1971) - created a furore at European Universities. Their phenomenological/existential attitude, together with the bloom of critical Marxist thinking, laid the foundations of the Release and Youth Advisory Centre in Flanders.

Like all Masters students in Orthopedagogy, the author of this text needed to do a practical placement. Professor Wens decided that his choice was the Jellinek Clinic in Amsterdam. Dr. Henry Boulogne, who led the clinical department for drug addicts, accepted the work placement on 23rd June 1972. During this practice at the Linneus Parkweg – a department of the Jellinek – the nurses and trainees were introduced by Henri Boulogne to the 'Screaming Therapy' of Dan Casriel, who was familiar with

Daytop, and the 'Synanon Games' or 'Reality Attack' or 'Confrontation Groups', as they were called in the Therapeutic Communities (*A Scream Away from Happiness*, Grosset and Dunlap, New York, 1972). Psychologist Boulogne, who attended a workshop by Casriel on these types of groups (together with psychiatrist Martien Kooyman, the founder of Emiliehoeve in the Netherlands), was so impressed and enthusiastic that without any delay he introduced his students and nurses to this method. This led to frequently turbulent scenes, which nowadays no doubt would be sacrificed on the altar of professional knowledge. Students and nurses were asked to sit in a circle and scream as hard as rock, to express feelings, to talk about them, and to receive release from the group. Assistant Professor Laurent Burssens, who supervised my work placement, was so surprised that he preferred not to evaluate my training in the Centre, but in a local pub. The placement led, for me, to a Masters dissertation under the supervision of psychiatrist Prof. Alexander Evrard: *Study of the circumstances which lead young drug users to their addiction* [my translation – E.B.] (Ghent University, FPPW, 1973). Although this work wasn't involved very much with therapy and treatment, my interest was born.

Meanwhile, on February 25<sup>th</sup>, 1972, the non-profit organisation 'Institutes for the Care of Alcoholics and Other Drug Addicts' had been established in the East of Flanders (Belgium), and the clinic 'De Pelgrim' recognized as a neuro-psychiatric service, with 60 beds, specializing in addiction treatment. The clinic functioned under the therapeutic responsibility of Dr. Filip Delmeire (who was also the director of the walk-in "Centre for Alcoholism and Addiction" located in Ghent, also in the East of Flanders), and was led by director Freddy Declerck.

On 1st September 1973, the 'Jellinek student' - now with a Masters degree in Psychology and Education (specialisation Orthopedagogy) - was recruited part-time by 'De Pelgrim', and became responsible for the treatment and education of the group of young drug users. Space was set free in the former chapel of the clinic building, and during 1973 the team approached the group through "Client Centred Therapy", and in 1974 through behaviour modification on the basis of a 'Token Economy System'. Unfortunately, the young substance abusers continued their bad habits in the clinic, and left the staff desperate. However, these sad experiences did hark back to the earlier experiences at "The Jellinek".

At the clinic the Synanon treatment model was discussed on the basis of the bestseller *The Tunnel Back* by Lewis Yablonsky (Macmillan, New York, 1963), and a new interest in the Therapeutic Community grew. This is certainly the reason why I was sent, from May till October 1975, on a study tour to the United States, where I stayed two months as a resident of the therapeutic community 'Last Renaissance' in Washington, D.C. (Dr. E. Ordonnez), two months in the 'Odyssey houses' (Dr. J.D. Gerber - *We Mainline Dreams*, Doubleday and Company, New York, 1973) and two months in the 'Delancey Street Family' (J. Maher). I visited 'Synanon' – the cradle of the drug free TC (C. Dederich – *The Circle and the Triangle*, Synanon Press, Marshal, California) - and met George De Leon in Phoenix House New York, who woke my interest in research (*Phoenix House - Studies in a Therapeutic Community, 1968-1973*).



This experience, and the fact that I was given a half-time appointment as assistant to Professor Wens, led directly to the foundation of TC "The Kiem", and the starting of my PhD. dissertation.

Immediately after my return to Belgium in November 1975 a new staff member was recruited. The new staff member had some experience with social work at the Mutuality [*"a sophisticated expression for our highly appreciated (socialist) system of 'health assurance': Fully paid by everyone (the 'mutual group') who has a job, and paid in solidarity for all the 'other' people, who don't have a job. For 'mutuality' you could perhaps substitute a word such as 'health insurance'"* - EB], a lot of enthusiasm and perseverance, but had no experience in the care and treatment of drug addicts. Rudy Bracke became the first staff member of 'De Kiem', and its long-lasting Therapeutic Director. At the end of 1975, by means of workshops and therapy weekends, we taught the staff and personnel of 'De Pelgrim' about the functioning of a drug free therapeutic community; and carried on with this approach until February 1976, at which point an application for the foundation of a therapeutic community was submitted to the board. From February 1976 the young drug and alcohol addicts were told about the developments and invited to participate in the encounter groups, and the hierarchical structure was set up. Six of the eight youngsters decided to stop cooperating. The pressure of the court influenced one "resident" to stay. The six who refused to cooperate adduced that the treatment was too severe. A cooperation with 'De

Emiliehoeve' got extended. Therapy groups, seminars and workshops were organised for the staff and the residents. 'De Kiem' became a member of the Dutch Federation of Drug Free Therapeutic Programs (F.D.P.), and Rudy Bracke was joined by two other professionals - nurses - willing to do their practice in the Netherlands. Residents who were still in the initial phase of treatment became prepared to fill in some of the staff functions. At the beginning of 1978 the therapeutic community was officially recognized and subsidised with government funding. In 1980 I defended my PhD. Dissertation on "The Drug-Free

Therapeutic Community based on the Synanon Model: a new educational approach of youngsters with substance abuse problems [my translation – E.B.]". I was given a full-time appointment as senior assistant in the Department of Orthopedagogy at Ghent University.

### The Department of Orthopedagogy at Ghent University <sup>(1)</sup>

By entering the Department I became part of a long tradition: In 1936, Nijssen, (a psychiatrist) was appointed at The Higher Institute of Education at the University of Ghent and charged with the "medical and educational treatment of abnormal children". He had been the adjunct physician of the well-known State Colony for "mentally disturbed" at Geel – one of the oldest psychiatric institutions in Europe. From the time of the Middle Ages, this hospital had offered foster family treatment. In 1942 Nijssen, together with his assistant M. Wens, started the Consultation Unit for children and adolescents at the University. In the same year, at the height of the war, he published a textbook on child psychiatry and special education called *Textbook for special education and child psychiatry* [my translation – E.B.], (De Sikkel, Antwerpen). Nijssen, who was influenced by sensorialism, drew attention to the psychiatric treatment of children at a time when psychiatric patients and disabled people generally were being persecuted by the Nazis. Nijssen's successor, J. De Busschere, took over the chair in 1946. He expanded the Consultation Unit (1964-1973) with a "medical-educational" day observation centre and school for approximately 50 children between 3 and 14 years with emotional and behavioural problems. In contrast to his predecessor, he had a psychoanalytic background and was interested in clinical neurology. He was the leading neuro-psychiatrist of the university, and it was the "pedagogue" Wens who had the daily responsibility for the care service and the development of student courses concerned with

children. In 1970, Wens was appointed to the Faculty of Psychological and Educational Sciences. As a former schoolteacher, she had received her training from the Dutchman K. Boeke, a Quaker. Both of them were active promoters of the “New School Movement” and both strived for a functional, active and global education for children. Under her leadership, “Orthopedagogy” became an independent department within the University’s Faculty of Psychology, catering mainly for 60 students at masters level (‘licentiate’), spread over a 3-year programme of study. “*Orthopedagogy*” derives from Greek and means: “the correct way of acting with children (in difficult educational situations)”. The “Observation Unit” changed into an “Orthopedagogic Observation and Treatment Centre” which functioned as a training centre for the students. At the same time Wens was director of one of the largest institutions in Belgium for children with behavior disorders and, as a consequence of the wave of democratization and student revolts during the seventies, this large institute stood in the middle of major institutional conflicts. After periods of staff strikes Wens, who could only follow the democratic student revolts in the sixties in theory, had to leave the institution. She remained embittered towards the University for a while. In 1985 I became Director of the Department, and have been Director since. However, there is now a second colleague, Professor Geert Van Hove.

It was and is clear to me that the functioning of the Department has always been based on an alternatively coming together of different paradigms of care. There was a shift from traditional child psychiatry towards psychoanalysis, and from the “new school movement” towards education-in-difficult-situations. Since the eighties the education of children with intellectual and character problems has formed the central focus point. The “partial” learning disorders (indicating that there exists a discrepancy between the global intellectual possibilities and some partial defects) became part of the program. Psychology became a fully integrated part of the educational sciences. Later (and ongoing) the educational sciences developed more distinctly from psychology and teaching, and social sciences came more into the picture. Diagnosis of problems became directly linked with action and evaluation, and attention is now more focused on the *action* than on the *disorder*. Specializations, such as the treatment of substance use and misuse, have developed. Neoliberal tendencies in society have changed the organizational content of the courses towards new management, continuity, co-ordination and quality of

care, effectiveness and efficiency, and integrated treatment systems.

As a counterpart, postmodernism is expressed through the courses on disability studies, where emancipation, inclusion, empowerment, self-advocacy and the subjective position of the client play a prominent role. No doubt this is also reflected in our research. However, while the Department is fully aware of the phenomenological and critical paradigms of education, the empiric positivist approaches gain more importance. This evolution takes place as a consequence of the dominance of Anglo-Saxon and American culture. “Publish or perish” is not only true in itself, but means ‘publish in a peer-reviewed journal indexed on the Web of Knowledge’. The Bologna Declaration changes the traditional programs at the University of Ghent into Bachelor and Master structures. The accreditation of courses, curricula and Universities brings in major changes. During the eighties our Department only took care of Masters students. There were seventy to ninety. At this moment there are some four hundred “Bachelor” students and two hundred and twenty “Master” students. During the last years the “Orthopedagogic Observation and Treatment Center” became an independent unit, with privileged links to the University. It takes care of some 70 children with major behavior disorder problems. The care remains special, but with much more outdoor treatment, crisis and family interventions. The children that still remain in day care are not easy to handle, and suffer from complex diagnoses and sometimes come from very bad social backgrounds. The director, Franky D’Oosterlinck, makes use of a Crisis Management methodology called “Life Space Crisis Intervention” (LSCI). The roots of LSCI go back to the *Wayward Youth* of psychoanalyst and pioneer August Aichhorn (1935). Later, in the fifties, his pupil Fritz Redl, together with David Wineman, further extended the Life Space Interview, which is nowadays being further developed by Nicholas Long (*Conflict in the Classroom*, Austin, Texas) and Mary Wood. It is a verbal strategy that intervenes directly into the world and life-space of the children and aims at enhancing self-esteem and reducing fears. It is interesting to see that a school that was so close to the “new school system” relies on an actual method that is, in its turn, embedded in the same philosophy.

I hope that this short introduction to my work can give you a better insight into who you’ve chosen as one of the new editors for “*Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*”. May our further collaboration be enjoyable and interesting.

#### FOOTNOTE:

(1) For this part of the text I refer to Broekaert, E., D’Oosterlinck, F., Van Hove, G., & Bayliss, P. (2004). “The Search for an Integrated Paradigm of Care Models for People with Handicaps, Disabilities and Behavioural Disorders at the Department of Orthopedagogy of Ghent University”. *Education and Training in Developmental Disabilities* 39(3), 206-216.

## THE CASSEL GARDEN PARTY

Hard to organise, loads of things to do, nag, nag, sort, sort. Things start to come together on the day, worry, worry.

Meet the Princess. Sharing, lovely, kind. It's over, relief, congratulations and the come down.

The voting was one of the hardest bits. Everyone's hands waving in the air. Not looking, convinced you're not going to be picked. Then beginning to meet with the staff, trying to organise stalls and groups on the day, trying to bring enthusiasm into the community. Feeling like giving up, but knowing you can't, this was the reason you were voted - to help you stick with something.

### Jane & Ness

#### Managing the Cassel Garden Party

Sitting in community stating my reasons for wanting to manage the event and how it would help me, wondering what I'm letting myself in for. Scared stiff of the voting. The names are announced, I'm in for it now. A new challenge. I'll give it my best shot.

The first meeting the staff knew what they were doing, that is a great relief. Brainstorming ideas, writing lists, arranging leaflets and the security for Princess Alexandra. What, I'm going to be meeting the Princess! More second thoughts, more excitement.

Then came the nagging, leafleting, trying to put more enthusiasm into a community that was struggling. Feeling not good enough, feeling like giving up, but knowing I can't because this was the reason I was voted in, to stick with something, to

ask for help. The community gradually came together. Stalls being organised, community activities like strawberry picking for the smoothies stall. Having fun!

The day comes, families coming, tension pressure, excitement. Meeting the Princess, coming out and seeing my family, smiling proudly. Then comes my speech on the microphone. I'm shaking like a leaf, have practiced all



day. So many patients' faces smiling, supporting me. Jane stands next to me, lending me braveness and confidence. Lots of people here, scared, waiting to run. Slowly relaxing, starting to enjoy it.

Our names are called, I walk up and one beautiful sunflower is placed in my arms. I hold back the tears, realising what I've helped to accomplish. A warm feeling in my heart, satisfaction and a moment of happiness.

Cleaning up, a come down after such a good day. Counting the money - £1400 profit! Deciding to spend some of the money on a trip to Thorpe Park. A relief to know someone else will be organising that! I made new friendships, I got a sense of confidence and self worth. I felt proud and people felt proud of me. It was hard but it was worth it.

**Ness**

#### The Cassel Garden Party

It felt terrifying to be voted in as Garden Party Manager. Would I be able to cope with the responsibility or would I make a mess of it, as usual; but it also felt good to be chosen, for people to have faith in me. Trying to organise the day with the help of staff was difficult and overwhelming at times.

Motivating people, making sure everything was going to be ready on time. But it also give me a sense of purpose - that I could do things and wasn't totally incapable.

The day itself was terrifying. It felt chaotic to begin with - would everything be ready? Was it going to rain? How would I cope meeting the Princess?

Then the Princess arrived. It made me very anxious talking to her, but it also gave me a sense of pride. The people all arrived - it felt very scary - what were they thinking of me. I hid for a while. It felt too overwhelming, I couldn't cope, but then with the support of staff and other patients, I carried on.

The atmosphere was great, patients all pulling together and supporting each other to make it a success. I even managed to enjoy the day. I was surprised to hear our names called - we were given flowers. Everybody applauded. I felt proud that I had achieved something, that the day had been a success. I was exhausted at the end of it and upset and overwhelmed. It had been a lot to deal with but my lasting memory of being garden party manager is that it had made me feel good about myself for a change. I didn't feel such a failure, I even felt a bit proud of myself.

**Jane**

## UPDATE

**Olivia Hirst Research Worker Community of Communities**

It has been another busy quarter for Community of Communities. I joined in September as a research worker after temping for Community of Communities since the middle of June, and have been thrust into the fray, in the middle of the annual cycle. The team is working hard and managing a variety of different projects at the moment.

**Peer Reviews**

We are currently in the midst of the peer-review part of the annual cycle and we are still setting dates for the peer-reviews. Seven peer-review visits have already taken place with more confirmed visits occurring over the next few weeks. The peer-review process is an important part of the annual cycle as it gives communities a chance to reflect on their practices and discuss this with other communities. Most communities find this very helpful and the feedback we have had so far this year has been very positive.

As the local reports will be different this year, we are still in the process of redesigning the layout and content. The new report should make it easier to see the comments made by the review team as well as those made by the community. Once the initial design is agreed upon, we should be able to send out the draft reports faster than in previous years.

**Joint Working**

This year Community of Communities has been working in close collaboration with the Prison Service to incorporate Community of Communities standards and the Democratic Therapeutic Community Core Model Prison Service Audit Guidance Document. This year 13 prisons will be involved in piloting a model led by the Community of Communities that incorporates the prison service audit of TCs in prison with the Community of Communities review process. The inaugural peer-review took place 14<sup>th</sup> –15<sup>th</sup> October and despite being somewhat stressful at first seemed to be beneficial for all involved. This is a landmark for the Community of Communities, it is hoped that this collaboration and the acceptance of the process by the Correctional Services Accreditation Panel could be an important benchmark against which further collaborative work with the Commission of Social Care Inspectorate or the Healthcare Commission may take place.

Further partnership with the Charterhouse Group has led to the implementation of the Community of Communities review process using the distinct standards developed with the specific needs of children and young people and their carers in mind. We are about to embark on working with six communities

and look forward to working with more communities for children and young people in the future.

Joint working is also being sought with the European Federation of Therapeutic Communities as described by Bruno Davey elsewhere in the newsletter.

**Therapeutic Communities Commissioning Project**

Last quarter Sarah Paget wrote about how the Department of Health, under the auspices of the National Specialist Commissioning Advisory Group (NSCAG) has funded the College Research Unit (CRU) to develop and implement standards to support the commissioning of care from TCs. We held five workshops to develop a set of top-level standards in July and August and consulted with commissioners, TC staff and clients via email and postal consultation as well as dedicating time at the Windsor Conference for discussion and feedback. A lively debate was also held on the ATC list. The draft standards have been completed and will be piloted in a small number of communities later in the autumn. Further discussion will take place about their inclusion into the 4<sup>th</sup> edition of the Community of Communities standards.

**Important Dates**

Coming events include the Standards Working Group, Lead Reviewer training, and the Annual Forum.

**The Standards Working Group**

The Standards Working Group is an opportunity to play a key role in the critical part of the annual review process. In this group, standards are discussed, changed, removed or added depending on the views and comments of participants. This is an opportunity to influence the nature and content of the standards and to be a central part of the Community of Communities democratic process.

*If you are interested in joining with others active in the therapeutic community field to explore, discuss and set the agenda for what should count as contemporary good practice in therapeutic communities, please contact us.*

**The Standards Working Group will be held on Friday 10<sup>th</sup> December 2004 10:30am to 4:30pm** at the Royal College of Psychiatrists' Research Unit, 6<sup>th</sup> Floor, 83 Victoria St, London SW1H 0HW.

**Lead Reviewer Training and Certification**

The project team has developed a new lead-reviewers training leading to certification by the Royal College of Psychiatrists' Research Unit. This will include an introductory day workshop covering all aspects of

## Community of Communities

leading peer-review visits between therapeutic communities. Members are warmly invited to become lead-reviewers by participating in this workshop.

*If you are interested in visiting a wide range of therapeutic communities, meeting staff and client members on site to explore contemporary clinical issues, please contact us.*

The Lead-Reviewer Training Workshop will be held on Friday 3<sup>rd</sup> December 2004 10:30am-4:30pm at the Royal College of Psychiatrists' Research Unit, 6<sup>th</sup> Floor, 83 Victoria St, London SW1H 0HW.

The Annual Forum will be held on the 25<sup>th</sup> February 2005 at the Royal College of Pathologists, 2 Carlton House Terrace, London, SW1Y 5AS

For more information about Community of Communities please feel free to contact

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**Olivia Hirst, Research Worker, 020 7227 0891, [ohirst@cru.rcpsych.ac.uk](mailto:ohirst@cru.rcpsych.ac.uk)**

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## Community of Communities: FIRST IMPRESSIONS

### Laura Jones Research Worker Community of Communities

Having graduated in Psychology and Criminology last year, I had an insight into the world of therapeutic communities. Through researching HMP Grendon, I learnt the principles of therapeutic communities and that they can be successfully applied to the prison setting. Like most graduates I didn't really know what I wanted to do after university, and after taking some time off to travel, I thought it's time to join the 'real world' and get a job. I wanted to do something that was related to my degree and I knew that I liked the research aspects of studying so I decided to look for research posts. My interests in therapeutic prisons led me to apply for the role of Research Worker for the Community of Communities project, which I started in June; I was very excited about this opportunity, as it is my first 'proper' job.

My first experience of a therapeutic community was when I visited the Cassel Hospital on their visitor's day. As I had an understanding of the theory of therapeutic communities it was great to be able to visit a community to see how they work 'in real life'. To be honest I didn't really know what to expect: Although I knew that hierarchies are broken down and patients are encouraged to take on responsibilities, I still thought that the community would be similar to a hospital, as it is called the Cassel 'Hospital'. One of my first thoughts was that I couldn't tell who the staff were and who the patients were; in fact, during breakfast I had a conversation with a lady who I thought was a staff member, but was in fact a patient. With the staff, patients and children eating together in the dining room it created a 'homely' atmosphere, and with a lounge with comfortable sofas, a big garden with a barbeque, it was a completely different picture to what I had envisaged.

One of my favourite parts of the visit was when I attended a community meeting. I had mixed emotions

about this. I was excited, as I knew that community meetings are central to the therapeutic programme, and I'd watched a BBC documentary about Grendon which showed a community meeting and now I was going to see one 'in real life'. I also felt anxious, as I felt that I didn't belong there, mainly because I don't know a lot about the difficulties the patients are going through. It hit me that these are 'real people' with 'real problems'. Although I knew I wasn't there to help the clients but to simply observe the meeting, if I knew more about their problems I would have felt like I had more of a 'right' to be there. I know that I wouldn't want a complete stranger hearing my problems, especially if they had no idea of what I was going through.

The meeting made me realise how difficult life can be, living in a therapeutic community. From having to always express your feelings, when there are times when I am sure patients would just want to sit there and hide in the background, to having your behaviour challenged in front of other people. I was impressed that patients talked openly about their feelings, which were obviously very painful, and they were able to do this with the visitors in the room. I was also very surprised when the meeting finished exactly on time, despite being in the middle of a discussion which had created a lot of emotions amongst the group. My initial reaction was: Shouldn't we finish the discussion, it seemed quite important!

I also enjoyed talking to the patients, who were very welcoming and talked openly about their personal backgrounds and difficulties, and being involved in their daily activities enabled me to see how well the staff and patients work together. The visit helped me see the effectiveness of therapeutic communities, and to me it seemed like they work: Patients mentioned that the therapy is helping them; it seemed that they were able to live together, take responsibility for their actions and environment, and most importantly some patients were getting ready to leave and start life in the 'outside world'.

## Community of Communities

Over the months I have visited different communities as part of the Community of Communities peer-review visits. Up to now I have used the term 'patient' as this is used at the Cassel, but having visited other TCs, I have learnt that other members prefer to be called 'clients' or 'residents'. My most prominent thoughts are that both staff and clients can be defensive and protective about their community. It almost feels like communities are in their own 'TC bubble', which they try to protect from being burst by outsiders. In relation to Community of Communities (CoC) reviews, I think this is due to communities having very different approaches to therapy and therefore they are scared of someone telling them 'this way is better' - which in my experience doesn't happen; instead, the feeling is that 'both communities are very different, but work just as well as each other'. However, it is evident that the pressure from external sources, who can be critical of the model and want communities to work in a 'different way', can affect communities, and the paranoia that this elicits can be transferred to the CoC reviews.

Clients have also mentioned that they feel like they are in their 'own little world' when they are in their community, which makes it difficult when they have to leave and join the 'outside world'. However,

members have also commented that having a different community visit their community helps them question their own practice, and initiate change. As someone who had never visited a TC, it did feel like I was entering another world, as although I really enjoy talking to the staff and clients, sometimes it feels like they use a 'foreign language' with words and abbreviations which I do not understand, such as 'top 3', 'doors', 'CPN', etc.; but I am learning as I go along. I do believe that the language is necessary and is something that I should learn and get used to, but this may be another way of preventing entry to the 'bubble'.

Before I started to work on Community of Communities I had no idea of the size of the therapeutic community world. I have learnt a lot over the past couple of months and feel lucky to be part of a network which helps communities to improve their service. Most importantly I feel lucky that I am able to visit different communities and learn about the types of treatment that communities are able to give to clients, and how effective it can be. I feel it is important for 'outsiders' to learn about the effectiveness of therapeutic communities and see the challenges that both staff and clients face.

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### *Community of Communities: My first impressions of TCs*

**Olivia Hirst**  
**Research Worker**  
**Community of Communities**

When I first started this job I had never heard of a Therapeutic Community. I graduated last year from Edinburgh University in Sociology, and went straight in to the typical travelling and temping work of recent graduates. I was fortunate to land a temporary position at the Royal College of Psychiatrists' College Research Unit working in Community of Communities, and this was where my interest in TCs began to grow. Being part of the office at Community of Communities meant I could not escape learning about TCs; from general chatting to Sarah Paget about them, to reading the Standards, I quickly learnt that there was a side to mental health I had not previously thought about. It was hard to imagine what they could look like, or how they worked, but if I tried it was probably something along the lines of a hospital ward in a Victorian asylum combined with some sort of hippy commune. Whatever it was, it was unlike anything I'd come across before.

Not knowing anything about them meant I had a steep learning curve, and I soon learned that they were very different from how I imagined them! I had never really thought what a place would be like if hierarchies were flattened or what it would be like to live or work together with the same people from whom you got therapy, or to have to vote on all sorts of different

aspects of life in a community. It also amazed me that there are so many of them worldwide and in all the sectors, and yet I had never come across one, and nor had many other people who are not within the 'TC world'; most people's reaction when I tell them what I do is to look at me blankly and say "a what community?" It also became apparent to me from all the reading that TCs are an effective way of helping people with mental health difficulties, but that there are conflicting views on their effectiveness within the 'professional' world. Some people think that they are excellent (for PD) whilst others argue that there is no 'hard evidence' 'proving' their effectiveness. However despite all the learning I was doing, it was still very hard to picture what a TC looked like or how it worked, and this knowledge would only come from seeing actual TCs.

I have now visited three TCs, all based within the NHS, but all very different in clients, atmosphere, buildings, and style. If this is just three out of the thousands, I think the reason it is so hard to picture a TC is because there is no such thing as the typical Therapeutic Community. However the overriding impression I got from the TCs were that they were far more homely than I had expected and that the communities had done as much as they could to make it feel less like part of a hospital and more like somewhere you want to spend time. The supportive, safe environments these TCs provide are nothing like the places I had imagined (sterile hospital wards full

## Community of Communities

of clients and staff who did not want to me to be there) and were far less daunting to enter than I had feared. Although TCs have been perceived as not being integrated enough with the rest of society, the sense of community these units create was not hostile 'them versus us', but the results of the hard work and challenges that go on within them which creates a strong group bond. I would imagine that dealing with very personal and difficult emotions everyday would make a community less willing to have 'outsiders' intruding and this could make them appear defensive. Overall I came away from the TCs feeling very positive about their role and potential for helping the people within them.

As I have never experienced a regular day at a Therapeutic Community, I'm still not entirely sure how it feels to live in a TC, particularly for clients. More than once I have come across patients describing life away from the TC as the 'outside world'; and for me it does still feel like I am on the outside trying to look in, but I am slowly getting a clearer picture of what goes on within them. I think personally I would find it very difficult to experience group therapy, and frustrating to have to vote on every decision made

within the community, but it seems to me that for clients within TCs, these have become normal and are expected, and that they find the support they need through this. As I have limited knowledge, I could only suggest that perhaps this is because it allows some control and involvement and a positive impact which effects their own and other's lives.

The fact that there seems to be so little known about TCs by people who are not involved with them, is not perhaps because TCs choose to be that way, but may be more to do with the stigma surrounding mental health, and the fact that in order to preserve a community feel, TCs need to maintain a sense of division; a community can only feel like a group if there are some boundaries to separate it from the rest of society. However, by not being more accessible there will remain a lack of understanding surrounding TCs and what they do. As an 'outsider' I think TCs need to blow their own trumpet a bit more, particularly through advertising the work they do, and this would make people more aware that there are different and effective approaches to treating people with mental health problems other than just giving them medication and forgetting about them.

ADVERTISEMENT

### **CoC ANNUAL FORUM**

*Community of Communities at the Royal College of Psychiatrists' Research Unit is organising a one-day annual members' forum on Friday 25<sup>th</sup> February 2005 at the Royal College of Pathologists, London.*

#### **THE DAY WILL CONSIST OF:**

- Presentation of key findings from the third year of reviews
- Review of the achievements of individual therapeutic communities
- Discussion of future development of the Community of Communities
- Parallel workshops to explore findings from the review process, exchange with peers and make action plans
- Plenary session for all communities to exchange and reflect

#### **THE FORUM IS AIMED AT:**

- All therapeutic community staff and client members involved or interested in the Community of Communities review process
- All commissioners, managers, staff members, client members and ex-client members interested in the Community of Communities Quality Network of Therapeutic Communities

#### **COST:**

£90.00 per person for members and £130.00 per person for non-members. Client members are encouraged to attend at a discounted rate of £50.00 per person.

**Enquiries to Sarah Paget, Project Manager, Community of Communities on 020 7227 0849 or [spaget@cru.rcpsych.ac.uk](mailto:spaget@cru.rcpsych.ac.uk)**

**Please contact Emma George, Royal College of Psychiatrists' Research Unit, 6th Floor, 83 Victoria Street, London, SW1H 0HW Tel: 020 7227 0825 or email: [egeorge@cru.rcpsych.ac.uk](mailto:egeorge@cru.rcpsych.ac.uk)**

**25 February 2005**

# Community of Communities

## RESEARCH INTO EU FUNDING FOR EUROPEAN EXPANSION OF THE COMMUNITY OF COMMUNITIES

**Bruno Davey**  
**College Research Unit,**  
**The Royal College of Psychiatrists**

Recent events such as UKIP pushing the Tories into fourth place at the Hartlepool by-election, or the continuing differences on policy over the Iraq war might make you think that Europe is rife with divisions and splits. The picture painted by these events though ignores convergence in many areas of policy and research.

You are all doubtless aware of the work done by the Community of Communities, but you might not know about expressions of interest in standards, review methods and research from therapeutic communities in other European states. This has prompted the Association of Therapeutic Communities, the University of Nottingham and the Royal College of Psychiatrists to study the feasibility of creating a European Community of Communities. This will complement the work of other organisations like the EFTC and WFTC, who have been instrumental in forging links between therapeutic communities. With this in mind the team is currently investigating funding options including those within the EU's Sixth Framework Programme.

Expanding this network would create a set of European standards, and encourage collaborative research and the collection of routine data on costs, clinical outcomes and community activities. Other products include an annual report and a book on therapeutic communities with chapters contributed by eminent figures from each country. The final goal of

such a network is the improvement of therapeutic communities across Europe.

As with all funding applications there is a lot of legwork, form filling and red tape to get through. Two important aspects of this have been compiling a database including all therapeutic communities in Europe and finding out about current or planned research concerning therapeutic communities. As I'm sure you can imagine both of these have been quite arduous and are still ongoing.

My research has also involved hours on the Internet reading reports like "Communication from the Commission to the Council, the European Parliament, the Economic and Social Committee and the Committee of the Regions on Health Strategy of the European Community". Or earnestly leafing through books such as "How to Write a Competitive Proposal for Framework 6". But there have been some more fun things, one of which was attending the ATC conference in Windsor at the beginning of September. Here I got the chance to meet representatives of therapeutic communities from across Europe such as Anthony Slater, President of the European Federation of Therapeutic Communities. Meetings like this has afforded valuable insights into attitudes toward a European Community of Communities, and how the network would have to function to work properly in places as culturally diverse as Rome, Athens and Oslo.

### THE APPEAL

*Community of Communities is a review network that includes nearly all therapeutic communities in the UK. Each year members agree standards that are applied in self- and peer-review. Many members also participate in multi-centre research studies. Recently there have been expressions of interest about the development of standards, review methods and research from therapeutic communities in other EU states. This has prompted the Association of Therapeutic Communities, the University of Nottingham and the Royal College of Psychiatrists to study the feasibility of creating a European Community of Communities. This will complement the work of other organisations like the EFTC and WFTC, who have been instrumental in forging links between therapeutic communities. With this in mind the team is currently investigating*

*funding options including those within the EU's Sixth Framework Programme for research.*

*Expanding this network would create a set of EU-wide standards, and encourage collaborative research and the collection of routine data on costs, clinical outcomes and community activities. Other products include an annual report describing TCs in Europe and a book on therapeutic communities with chapters contributed by eminent figures from each EU member state. The final goal of such a network is the improvement of therapeutic communities across Europe.*

#### **How You Can Help**

*For each member state we need to know details of services and key individuals prominent in the field, from both democratic and hierarchical therapeutic communities. Those we are aware of are listed overleaf but we would be*

*very grateful to receive details of communities, or of individuals, whom we have yet to identify. It would also be great to hear advice about the process of applying for EU funding, and to know of any current or planned research concerning therapeutic communities. Again we would appreciate it if you could pass on any information to us.*

*If you know of a therapeutic community or an individual with expertise in this area not listed overleaf, or if you feel you have something to contribute to this research please contact:*

**Bruno Davey, College Research Unit, The Royal College of Psychiatrists**  
 83 Victoria Street, London SW1H 0HW, UK

**Tel: 0207 227 0830**

**Fax: 0207 227 0850**

**[bdavey@cru.repsych.ac.uk](mailto:bdavey@cru.repsych.ac.uk)**

Country	Clinics	Experts
AUSTRIA		
BELGIUM	a) Katarsis b) De Sleutel c) Trempline d) De Kiem e) De Spiegel f) De Klimop g) Therapeutic Community Les Hautes Fagnes	a) Prof. Eric Broekaert b) Arne Schanche Andresen
BULGARIA	a) Institute for Ecology of Cognition b) Phoenix Therapeutic Community c) Society Against Drugs	a) Eleonora Nesheva b) Reni Simova
CROATIA		
CYPRUS		
CZECH REPUBLIC		a) Josef Radimecky b) Martina Teminova c) Pavel Bem
DENMARK	a) Opbyningsgården T.S. Phoenix House b) Phoenix House Fyn c) Egevang	
ESTONIA		a) Kariis Tarmo
FINLAND	a) Hietalinna Community b) Pellas Community c) 3 + 3 Community: Kankaanpaa A-home d) Kisko e) A-Klinikkasaaotio	
FRANCE		
GERMANY	a) STEP – Hanover b) DOH - Grafrath	a) Martin Lutterjohann b) Josef Lösel c) Heiner Petersburs
GREECE	a) Daily Psychotherapeutic Community – Athens b) Hellenic Association of Group Analysis c) Open Psychotherapy Centre – Athens d) Therapeutic Community Enterprise of Salamina Naval Hospital e) Kethea - Athens	Babis Pouloupoulos
HOLLAND	a) Emiliehoeve – Den Haag	a) Dr M.J. Zomer b) Dr Kuno van Dijk Stichting c) Dr. Martien Kooyman
HUNGARY	a) Terezia Farkasinszky b) INDIT - Pecs	a) Csaba Timar
IRELAND	a) Aisling Group b) Coolmine House c) St Bernard's Group Homes d) Smiley Trust Homes	a) Seamus O'Dowd b) Jim Cumberston
ITALY	a) Urbania – Roma b) Il Porto – Torino c) CeIs Verona d) Casina Verde Spes – Milano e) CeIs Roma f) CeIs Modena g) CeIs Don Lorenzo Milani h) CeIs Belluno i) CeIs Treviso j) CeIs Vincenza k) IlSymposio Onlus – Milano l) Communita Cearpes Il Mandorlo Itaca m) Communita Cearpes Koine n) Communita Cearpes Nostos o) Communita Therapeutica Crest di Vinago p) Communita Il Mandorlo Cearpes q) Communita Maieusis r) Communita Terapeutica Sabrata	a) Bianca Costa Bozzo b) Enrico Pedriali c) Daniela Massarani
LATVIA	Riga Drug Abuse Prevention Centre	a) Ivars Fenuks
LITHUANIA		a) Elena Bykova
LUXEMBOURG		
MALTA		
NORWAY	a) Phoenix House Haga, b) Stiftelsen Renavangen c) Veksthuset d) Færingen Terapeutiske Samfunn e) Stiftelsen Sauherad Samtun	a) Anthony Slater b) Sigmund Karterud c) Berit Salvesen d) Hans Stapnes
POLAND	a) Gornoslaskie Stowazyszenie Familia b) Centre of Psychiatric Health and Addictions c) Biura d/s Narkomani – Warsaw d) Department for Treatment of Personality Disorders e) Szpital Specjalistyczny im. dr Józefa Babinskiego	a) Andrzej Maj-Majewski b) Krzysztof Krysta c) Janusz Zimak d) Towarzystwo Rodzin e) Bronislaw Pawel Rosik f) Stowarzyszenie Katolickiego g) Janusz Gabrysiak h) Aneta Marcinowska i) Józef Walusiak j) Katolicki Ośrodek Wychowania k) Jolanta Koczurowska l) Krystyna Grzywinska m) Edward Bozek
PORTUGAL	a) Caritas Di Desana de Evora b) Casa da Praia	a) A. Seita Duarte b) Pedro Strecht
ROMANIA		
RUSSIA	a) Kitez	a) David Dean b) Leonid Mikhailov c) Galina Korchangi d) Grigory Latyshev
SLOVAKIA		a) Lubomir Okruhlica b) Hroznata Zivny
SLOVENIA	a) Projekt Clovek	
SPAIN	a) Centro Orientacion Psicosocial y Familiar b) Asociation Proyecto Hombre	
SWEDEN	a) Alba Treatment Clinic b) Skede Klockargård c) Psykiatriska kliniken Karlskrona öst	a) Anita Albins b) Goran Karlström
TURKEY		
UK	We already have a list of UK contacts as detailed on the ATC website. If however you think this overlooks a therapeutic community please get in touch.	

## Jeremy Harvey: “FROM DEADLINES TO LIFELINES”

Review of *LIFELINES*, a new book by David Gribble  
published 2004 by Libertarian Education (London) ISBN 0 9513997 9 9

David Gribble has written an important and very readable book on ‘non-authoritarian’ education, his preferred term for liberal or progressive education. For me *Lifelines* now joins other inspiring educational reads, such as *Mr. Lyward’s Answer* by Michael Burn (1956), *Pioneer Work with Maladjusted Children* by Maurice Bridgeland (1971), *The Learning Game* by Jonathan Smith (2000) and *Ahead of the Class* by Marie Stubbs (2003). These are books to re-read and mull over.

It was Lyward who insisted that *deadlines* are no use unless they act as *lifelines*. Gribble is describing several kinds of lifelines, including four stories or case studies of pupil-centred, non-judgemental, non-authoritarian education. In each the tenacity, goodness and courage of the staff and children shine through. There is at work an unstoppable force for good which David Wills, one of the pioneers featured in this book, called love. ‘First and foremost and all the time the children must feel themselves to be loved.’

As for those of us who grumble, or have our doubts, about mainstream schooling today; well, here is a message of great hope – real lifelines for us and others to reach for. Among the deadlines that Lyward warned against are unfair pressures, constant nagging and the running down of a person; teaching to the book and clock rather than responding to the emotional readiness of the child; and a failure to include an element of fun.

None of those deadlines feature in the four stories featured in *Lifelines*, which was seeded by a question that had niggled Gribble for some time. He taught at Dartington for 30 years and was a founder member of Sands School, and he had long known about A.S.Neill and Summerhill. But weren’t Summerhill and Dartington privileged to draw from middle class and liberal families? They were schools founded to fit a particular philosophy. What would a school be like which was founded to answer particular children’s needs? Were there such places?

Yes, there were; and he decided to concentrate on four, two of which he visited with his wife. The first was Barns Hostel, a large and dignified house, set in the Manor Valley near Edinburgh. There wartime emergency schooling and care were provided for young unmanageable evacuees from Edinburgh. David and Ruth Wills ran it for five and a quarter years (1940 –1945). This was Gribble’s one foray into the past, and for it local people and Craig Fees (and the PETT archive) were helpful.

Then he visited a Puerto Rican High School in Chicago that tries to rescue Puerto Rican children from the gangs, racism, violence and even rapes of

their local community, and so create a safe educational haven for them. Next they went to Moo Baan Dek or Children’s Village in Thailand, the creation of Rajani and Pibhop Dhongchai, where some 150 orphaned or homeless children are housed and looked after in the countryside away from all the perils, distractions and temptations of city life. The fourth and last place was Butterflies, a Delhi street children project run by Rita Panicker, a very enterprising and dedicated Indian. Here it was accepted that the street children may have to continue to sleep on the streets and earn money but that schooling and help could be brought to them.

During his visits he talked to adults and children, observed what went on, joining in at times, and he tape-recorded interviews. The book is mostly the stories and findings of the people involved – presented, crucially, in their words. He tops and tails these with some definitions and conclusions. For the rest we are invited to go with him and meet the people.

Among the lifelines, the fundamental principles that he found in operation were firstly the staff’s determination to maintain an unshakeable belief in and affection for the children in their care. This was especially so of David Wills at Barns Hostel and of the Dhongchais at Moo Baan Dek in Thailand where the children came to know that they were loved.

The second was the staff’s determination to listen to the children and to understand their needs and so to establish ways of providing for them. The exemplar of this was Mrs. Panicker who would daily ask herself, ‘am I really listening to the children and taking note of what they are saying?’ As a result, in Delhi the street educators, who go daily to find the street children, start each contact by giving the children the choice of whether they want to study (from the box provided) or talk about their problems.

The third lifeline was a willingness to establish some form of self-government or shared form of responsibility in the maintenance and improvement of the way of life that was on offer. David Wills set up a Citizens’ Association which ran for eight months, at times virtually without any staff input, and was then replaced by a Cabinet, a group of six who ran much of the daily life of the evacuees. In Moo Baan Dek the children took it in turns to chair the weekly meeting and nearly all proved very trustworthy. In Delhi a street children’s newspaper was produced every few weeks which two or three of the children gathered stories for and then had it distributed across the city. It was a paper by the children and for them.

For many of my readers David Wills’ life and work may be a familiar topic. I spent a happy day with

staff and pupils at New Barns School (which was named for his 'Barns experiment' in wartime Scotland, and of which he was the first Chair of Governors) in May 1990, and I have read two of Wills's later books. But *Lifelines* has introduced me to the earlier Wills - how, as a 'brother' at Wallingford Farm Training Colony for boys in the 1920s, he felt he had to adopt violent forms of punishment, which he later rejected because they did not work, and hitting people sickened him. Barns Hostel was part of the story of his breakthrough and salvation.

I urge you to get a copy of *Lifelines*. Having read it, send it to your MP or give it to someone who can

influence the course of local or national education. I now want to read David Gribble's previous book, *Real Education: Varieties of Freedom*, and I may even have the chance to visit Moo Baan Dek.

**Jeremy Harvey**

*Jeremy is a trustee of PETT and a former headmaster of a Somerset comprehensive, a neighbourhood community school. He studied George Lyward's life and ideas for his doctorate and is currently writing a book about Lyward and teaching today (for Jessica Kingsley Publishers).*

## David Gribble Reviews....

### ***The Freinet Movements of France, Italy, and Germany, 1920-2000,* by Nicholas Beattie, published by Edwin Mellen Press ISBN 077470204 £80**

To my great disappointment I found that this book was not about Freinet education. I had not read the title carefully enough. It is about the Freinet movements, that is to say the way the educational ideas of Célestin Freinet spread and failed to spread around the world. Nicholas Beattie is primarily interested in demonstrating how this process fitted in with the ideas of Francesco Alberoni; Alberoni wrote a book called *Movement and Institution*, putting forward a theory about the development and implementation of social theories – abstract discussion of an abstraction.

Freinet is a particularly inappropriate subject for such treatment, because his work is based on practical experience. He was badly wounded in the First World War, and was afterwards physically unable to conduct his tiny rural school in the authoritarian manner that was usual at the time. Instead he developed ways of involving the children in practical work, in helping each other, in deciding as a group how to solve problems within the group. The book does not explore this.

Freinet's best-known innovation was the use of a printing-press in the classroom. Each day children in his class would read out what they had written during the first part of the morning, and one piece would be selected by the class for editing and printing. The editing was a public affair, with everyone helping to correct spelling and punctuation, and suggesting other improvements. The article, which might well have been only thirty or forty words, was then set up on a simplified printing form by the team of printers whose turn it was, and then printed and circulated. It was not only distributed locally but also sent to other Freinet classes in different parts of France. Contact with other classes was an important part of Freinet's practice. The fact that the printed passages were chosen by the children themselves from what the group had written about what interested them, made it possible for the younger ones to learn to read from material that really meant something to them, instead of the sterile textbooks that were used in most French schools at the time.

Freinet also introduced, among other things, worksheets which the children could correct for themselves, and more importantly a weekly class meeting, where all the affairs of the class could be discussed. These were structured to include time for criticisms, time for praise, and time for positive suggestions. Freinet made sure that these meetings should always end on a positive note, but otherwise the agenda was created by the children themselves. Beattie reveals his misunderstanding of the significance of these meetings by quoting Freinet saying of children "Il faut les faire vivre en république dès l'école", and translating this as "We must help them to live in school and after it as though the republic were a reality." The French carries no implication that the Republic is not real.

In Beattie's book we are given the social and political background of the rural school in Freinet's time, we are told a little of the official opposition to his methods, how he was driven out of the state school system and had to start his own small private school, how he interested other people in his ideas and published a magazine and eventually a number of books, how conferences were held and associations formed, but what he did in the classroom, how he interacted with his pupils and what they achieved together is passed over in a page or two.

If Beattie has ever visited a Freinet classroom, he does not mention it. Freinet teachers are still able to operate within conventional French schools because school heads have no say in the appointment of staff, who are appointed on the basis of seniority by the local authority. It would not have been difficult to visit a class and see what makes it different.

This is a book written for people who are interested in the way movements grow. It will not hold the attention of people who want to learn more about Freinet's methods. This is a shame, because Freinet, like Janusz Korczak, Jürg Jegge and Mauricio and Rebeca Wild, is hardly known in the anglophone world, and like them he deserves wide recognition.

## Milestones:

### RAYMOND BLAKE

Raymond, my father, began his full and unusual life in Surbiton. He had a sister, Mary (Billie) and two brothers, Tim and John. After his schooling he very much wanted to join the RAF (this was in the early 40s) but finally joined up with the Army like his two elder brothers. Whilst in India, when he was 21, he contracted polio and was paralyzed from the neck down and nearly died. Fortunately he didn't, and after many months of hospital care, he later convalesced with his brother Tim and Tim's wife Wynne, in Richmond.

Raymond met Peggie, my mother, when I was a few months old, in 1950 at Tim's pub in Cornwall, and they married a few years later. I remember he liked to do what fathers do with their daughters, playing with train sets, sailing boats on the Turpentine, and generally reliving his youth.

We lived in Sussex, and during this time he became interested in psychotherapy, and we moved to London so that they could both attend the Open Way, which held Lectures and Seminars. His interest in this area continued, and in the mid 60s he joined Ronnie Laing at Kingsley Hall, in the East End of London, working with and helping schizophrenics. By this time my mother and Raymond had divorced, but kept in touch on a regular basis. When he left Kingsley Hall, he had a brief brush with property development in Spain, and then later joined The Richmond Fellowship; but his long-lasting and more recent contribution was setting up the Day Centre for the Kensington and Chelsea Authority in the crypt of St Luke's Church in the early 70s, which he ran for about 16 years.

This was his flagship, and other day centres in other areas of London followed from his example. Even when he retired he continued to see clients, and was very keen to create workshops in Russia to help with the new era of Glasnost. Sadly, in 1999, he had a



stroke, and although he came through it quite well until recently, he was unable to continue with his writings.

On a more personal front, he was a complex and often entertaining character. Any project he took on, he took on whole-heartedly and would discuss at great length with anyone who would listen. The Russian project in particular. But as with many people in his area of work, having to deal with self-analysis and trying to find answers that would help him find himself and learn to understand himself often eluded him. He was loved by many people, but couldn't always see it or respond to it.

At weekends he enjoyed going for long walks on the Sussex Downs, steaming ahead and enjoying the exhilaration of it all, leaving lesser mortals to keep up with him, physically and conversationally. He also loved to travel, and spent many summers on the Greek Islands with Marianne, and would probably have preferred to spend his later years in a much warmer climate!!

He was a very rare person who we will all remember for the special things he did for us.

### Lynne Blake

6.9.2004

### *Tribute to Raymond Blake - with whom I had the privilege of working*

I was appointed to help Raymond set up the St Luke's Project in October, 1974. This was an experimental part-time day centre run on the lines of a TC.

Knowing nothing about TCs, I remember feeling in awe of this charismatic man with such a clear vision of the community he wanted to develop. We first met on an informal visit to the project which

### Mary Ward

was held in the crypt of St Luke's Church in Sydney St, Chelsea (just off the King's Rd). He was there with a few founder members, encouraging them to express their views on how this community should be run. This underground setting took some getting used to and that wasn't just me! Some people found it safe and womb

like, while others disliked the fact we were under a church, particularly when funerals were held above during our groups below!

Even though I am reflecting on a time nearly 30 years ago, some memories are still vivid. I attribute this mainly to Raymond's enthusiasm and utter determination to show how people with

psychiatric problems can be helped.

This novel approach to mental health rehabilitation in a social services setting was met with frequent opposition from our managers, but Raymond wouldn't be put off.

The theory advocating all members taking an active part in running St Luke's was all very well, but they didn't want ex-psychiatric patients being responsible for keys to the Project! Quite rightly, Raymond insisted that learning to take responsibility was an essential part of the treatment. If lunch, for anything up to 25 people, was to be ready for 1 o'clock, then those on cooking rota would have to start preparing the meal at least an hour beforehand. Luckily, the members never let us down and K and C managers came to accept this way of working. Maybe the delicious meals had something to do with it!

Raymond was skilful at using numerous situations to encourage members to care for each other. For example, suggesting the more confident members call on anyone feeling particularly fragile to accompany them to the project.

Raymond had certain memorable expressions, I believe because they make so much sense, and he wasn't one to use jargon. For

example, 'The importance of appealing to the member's adult healthy side.'

I remember a course Raymond did at the Henderson Hospital every Thursday during those early days. Initially, the prospect of "being in charge" once a week filled me with horror! Naturally, he helped me to explore these feelings during supervision, and I learned an important lesson - it's OK to share my anxieties with the members (some of whom had joined before me and were older than me). They could understand my fears, and it seemed that this knowledge freed us all up to cope adequately during Raymond's absence.

Raymond firmly believed in the importance of regular staff supervision and training. It was through him that I joined my own group at the Institute of Group Analysis.

Another expression of Raymond's was this: "The degree to which you can handle your own feelings is the degree to which you can handle other people's feelings." He called this 'the core of the discipline'. Given the people we were working with, inevitably things would be upsetting and overwhelming, but Raymond would be there to support me, taking time to explore how the upset related to my inner

world. He would finish by saying that I needed to use my group at the Institute of Group Analysis to develop myself further, in order to become more effective professionally as well as personally.

Raymond loved having fun and frequently arranged outings for the community. We also had some wonderful parties in the church crypt with a wide range of people. St Luke's reflected the great diversity of Kensington and Chelsea. There were exceptionally academic members who Raymond called the Bloomsbury Group. There were others who were barely literate. One man, who was the 'grandfather' of the community, joined us when he was nearly 65. He became very worried because his assets had dwindled to a mere £100,000. Understandably, his situation evoked a mixture of responses from the members! However, he was an excellent cook, always willing to teach his skills to others.

Many people's lives have been enriched by knowing Raymond. It was a fitting end to his funeral that we enjoyed lunch and drinks in the sun at one of his favorite pubs, 'The City Barge' at Kew, overlooking the Thames.

### **Originally on the ATC email list:**

I want to share a memory of Raymond Blake that typified his attitude and commitment.

As part of his contribution to the development of Group Analysis in Russia, he was due to go there to conduct a seminar or workshop. He was contacted the day before he set out for Russia by his hosts, who informed him of a political crisis - the attempted coup against Gorbachev, if I remember rightly. They said the British Embassy was closed, and they assumed Raymond would wish to reconsider his visit. Raymond replied emphatically that he would be there at the appointed time to conduct the event (Coup or no Coup), and he would work with whoever else showed up.

So, even when the British Embassy was closed, Group

Analysis, in the person of Raymond, was open for business.

I recently had cause to remark at a meeting to mark the passing and to honour the contribution of another of the Group Analytic pioneers, "*For the next generation to take up their ideas is relatively easy. To inherit the pioneering spirit that generated those ideas is considerably more difficult.*" So I pass on this recollection of Raymond in the hope that someone out there might find it inspiring.

### **Dick Blackwell**

**Psychotherapist and organisational consultant, group analyst and family therapist**

**Psychotherapist and supervisor at the Medical Foundation for the Care of Victims of Torture**

## David Kennard writes:

Raymond took over as Secretary of the ATC from Stuart Whiteley in 1978, founded the Steering Group, and saw the importance of charitable status and did all the hard graft of steering the ATC to it. He had enormous enthusiasm for therapeutic communities, and in the 1970s developed St Luke Project and three other TC day centres in Kensington and Chelsea, which ran for 16 years and were models of innovative practice. In 1990 he led the first visit by a Jungian analyst and members of the Institute of Group Analysis (of which I was one) to St Petersburg, from which so many training developments in Russia and the Baltic States have come. He was also a great raconteur and networker and enjoyed recounting his experience of working with RD Laing. He never quite pulled off the great funding coup he was after from the likes of George Soros, but not for want of trying. Those who had the good fortune to work with him will miss the great sense of personal engagement, vision and bonhomie he brought to everything he did.

*[Raymond Blake: ATC Secretary 1978-1982; Convenor of Steering Group 1978; ATC Chair 1986-1988; member of Steering Group 1989-1991]*

## From Bob Hinshelwood

### Raymond: recollections

Raymond was not the easiest of characters, although at the same time he inspired a great loyalty. I first met him at an ATC meeting in 1974. He had just been appointed by the Royal Borough of Kensington and Chelsea to start up a Mental Health day centre for the Borough. He was enthusiastic, with that fine sharp edge to it which assumed his listener would be just as interested as himself. He could draw you in to his enthusiasm, and one ended up knowing no other possibility than his way of thinking. I was to become familiar with that inimitable characteristic.

He had been associated with the legendary Kingsley Hall and its guru, R.D. Laing, though he was never in the inner circle. He wore that experience quietly, however it gave him authority and confidence to speak for therapeutic communities. He told me of his intentions when I met him, and shortly afterwards he got me appointed by the Borough as supervisor to St Luke's Day Centre. This was accommodated in the windowless basement of St Luke's Church in Sydney Street, Chelsea. The first members were admitted, and after about 6 months I met the staff team each week and had lunch with the whole community. Raymond had an assistant, and a social work student and around 10-12 members. He presided rather magisterially over our meetings, and quickly he set out to establish the pattern of supervision as one in which I would endorse his education of his staff. Being rather independent-minded and determined a person myself, I was more interested in a role in which we could engage together in looking at emotional currents in and out of the staff team. These tensions did not resolve, and for some considerable time they were accepted and mitigated by us all as inevitable consequences of humans in community life. Perhaps they were. And who was I to challenge the position that the leader of the community chose for himself – and for me. It came to a head perhaps when I took the opportunity to write about an aspect of the dynamics of St Lukes, the dynamics around the staff and the members, including rather perilously the leader,

Raymond himself (and also, actually, around the supervisor). This did not go down well, but in the interests of free communication, which was what the TC was about, Raymond and his team could not refuse me the right to publish my opinion.

The Day Centre became a flag-ship pioneering social services facility. It spawned three other day centres in the Borough, each with clients with specifically targeted needs. Perhaps the high point of Raymond's career was a conference for social services on the Kensington and Chelsea model, which the Borough of Wandsworth followed. We were greatly proud of Raymond's achievement – and I might say, the 'we' included not just Raymond and his team, and me as supervisor, but the whole central core of the Association of Therapeutic Communities who Raymond enthused. At this time the heyday of the therapeutic community movement was over and the long grinding process of putting it on a solid foundation, moving from charisma to conformity had begun. Fascinatingly, Raymond with his Laingian heritage, was at the forefront of this conversion from the naivety of the revolutionary spirit into the solidity of a tried and tested method, which the therapeutic community has now become.

I remember having persuaded him, as the man with the greatest charisma in the Association, to accept the Chair after Stuart Whiteley stepped down. As Chair of the ATC, he steered us into accepting a constitution and into the clutches of the Charity Commission. I was surprised and a little saddened at Raymond's sudden dedication to this formality, when Raymond and the ATC had prided ourselves on our constant born-again zeal, and our differentiation from stuffy psychiatry.

One of Raymond's greatest enthusiasms was his training as a group analyst, and his devotion to applying that technique to TCs. After the great fall of Eastern Europe Raymond found a new enthusiasm – to bring group analysis to Russia. In the process he found his Russian wife and they endured a rather brief marriage together. Raymond was never lacking in passions. He was a curious blend of dedication to those who suffered mental disorder, of grand gestures

that would match a Russian Tzar, and of the puckish nerve of Toad of Toad Hall.

He tried to write down his philosophy and intentions, but the results were execrable. His talent was elsewhere, not a thoughtful exposition of what we were about. Instead, he was personally engaging, bringing on new recruits, so that their interest in TCs would become zeal – and what more valuable function could there be?

Raymond with his contradictions, with his insufferably claustrophobic enthusiasm, and his inspiring soaring

passion, expressed for a while exactly the knife-edge dilemma which the movement passed through in the 1980s. The last of the great TC charismatics, and the first of the institutionalisers. When Craig asked me to write something for Raymond, I wanted to pass on that. Raymond was, in my mind, too controversial a character to do justice to – especially at the time of his death. But here I am writing my recollections out of a loyalty to his achievements. Perhaps, even now, his contradictions live on as my own.

**Bob Hinshelwood**  
**October 2004**



## MILESTONES:

### **DR ELISABETH KÜBLER-ROSS (1926-2004) - A REMINISCENCE**

**by Dennie Briggs**

I first met Dr Kübler-Ross in Lucerne in 1984, while working for a non-profit offering seminars and educational tours for health care professionals. Fellow Swiss, Ernst Wenk, the

director, had engaged Dr Kübler-Ross to give a two-day seminar on her well-known topic of death and dying. Ernst hoped to get the minimum of 25-30 people to cover expenses and make a small overhead contribution, but to his surprise more than 140 enrolled. The overwhelming response meant that not one but four tours had to be arranged in short order. Travel agencies could not guarantee accommodation let alone a conference center. I was dispatched to find one. As luck would have it, I came across the resort at Füringen, high on a mountain overlooking the far side of Lake Lucerne. The director treated me to an elegant lunch on the balcony looking down on the lake. Unfortunately they were booked for months in advance. But as the lunch progressed and we talked about Dr Kübler-Ross and her work, he suggested a compromise: By making some rearrangements, they might be able to accommodate the seminar for the two days, but I would have to find a hotel to house the guests. He made some phone calls and came up with a possibility at the delightful old-world Hotel Montana across the lake. There would have to be some transportation arrangements made and he suggested that we board the seminarians on a steamer that docked near the hotel, bring them across the lake and then take them in the tiny funicular that ran dockside up to the resort. This would give them a magnificent view through the mountain terrain where there were deer and other wild life grazing near the

entrance. The tiny car would only hold a dozen; the wait turned out to heighten expectations.

I returned to San Francisco where preparations were underway for four tours to begin in a month; I was to lead one. Our tour was to be assembled at JF Kennedy and begin in Amsterdam. The group, mostly nurses, had high hopes. Some had drawn on their savings for a once in a lifetime spree; most had never been to Europe, there were a few who'd never been out of California. One brought along her aging mother, another her husband, and several had experienced recent deaths of loved ones, hoping to find some solace from the renowned "death and dying lady." A few asked me if they could sit beside her on the bus, mis-assuming she'd be on the entire 14-day tour. They wanted to know more about her, her work and her personal life, but I was at a loss to contribute very much although I had read her best-seller, *On Death and Dying*. I was there to meet her also.

We had a delightful student from a Swiss university as our tour guide whom the nurses immediately fell in love with, and a German driver, who spoke no English; but we were able to communicate and so the two in reality joined our group. I wanted the two weeks to be a memorable occasion for the nurses, not just in terms of sight-seeing, taking pictures, and shopping, but to experience a somewhat different way of life, less centered on accumulating wealth and achieving individual autonomy; to gain a different cultural understanding of human existence, one more recently put forth by Jeremy Rifkin in *The European Dream*. I'd lived in Europe for a decade and had experienced the plethora of cultural diversity it had to offer. And of course I thought the tour could be enhanced if we organized it as a group, for we would be living together and experiencing events on an intimate basis for the two weeks. Breakfast was scheduled for 8 and the bus was ready to leave at 9 each morning, and so I suggested a half hour daily

coffee klatch following breakfast for those who were interested, to share experiences. To my surprise, everyone showed up most mornings including Andre and our driver. We frequently also gathered together at cocktail hour to review the day.

After a tour of Amsterdam and a visit to see the Rembrandts at the Rijksmuseum, our journey took us to visit the great cathedral at Köln, a boat excursion on the Rhine, through the Black Forest, and an evening drinking beer with lively students at Heidelberg. As we passed through Bavaria our driver, who was from the region, informed us that we would be passing a few miles from Ludwig's Castle and wondered if we would like to pay an unscheduled visit. The opportunity was an instant highlight—to see the real thing in contrast to its Disneyland replica. But it meant we would arrive in Oberamergau in the evening, which was a disappointment to one nurse, as she'd hoped to buy Christmas tree ornaments there. From Innsbruck we proceeded to Venice, and then we began the ascent to the Alps, stopping off in Lugano.

I wish I could remember more of what happened during the seminar. I'm getting old and, aware of the excess baggage I've been carrying around for so many years, have begun downsizing so as to leave a minimum for someone else to attend to. It was only recently that I got rid of my file on Elisabeth Kübler-Ross which contained extensive notes of these seminars, tape recordings, photos and copies of interviews she had given over the years. But I did find I'd scanned a few photos. And so my construct of the experience may run at variance to the reality of the event—but then restoration is reality also.

After we'd assembled at the Füringen conference center, the anticipation ran high. Someone had drawn the peace symbol on the blackboard and written "Welcome, Elisabeth." Ernst was to bring her for the opening at 9. That came and went. A coffee break was scheduled for 10:30. Still no Elisabeth. The three other tour leaders and I tried to fill in as best we could but patience was running out when the door opened and she appeared. Her flight from the Far East had been delayed. Without fanfare, Elisabeth went straight to work. She concentrated on the spiritual aspects of death and dying and how this was a badly neglected area in which nurses could contribute a great deal. When I asked her at lunch what I could do to make her stay more enjoyable she said only to supply her with lots of black coffee. So for the remainder of the seminar I saw to it that her carafe was filled with fresh brew. I was surprised to see that she was a heavy smoker.

I can't recall what I had expected of her, but Elisabeth was far more human than I had anticipated. For one thing, she was quite small, but was immediately at home with the large

group and became personal in her anecdotes, about her family, being the "runt" of the triplets, and her current interest and exploration into the paranormal. I was amused by her frequent use of "crap!" with a heavy German accent, when asked about certain popular gurus and their theories concerning death.

Elisabeth had planned to deliver an opening session, then divide the group into four working groups each with a facilitator; she was to visit each one. But plans had to be altered that first day due to her late arrival. The nurses didn't want to meet in smaller groups—they'd come to hear and see the renowned teacher and they wanted all they could get of her, even though the audience numbered 150.

Following the two-day workshop, a day was left open for the nurses to unwind, to explore on their own, and there was an excursion trip to the alpine country of the Bernese Oberland. Ernst arranged for me to accompany him and Elisabeth on an outing. He'd mentioned the work of Maxwell Jones, which she knew about, and from my work in therapeutic communities in prisons, suggested to her that we collaborate on a book focusing on the spiritual aspects of incarceration, which would be published by his International Dialogue Press. She'd done some work in a prison, I believe it was in Hawaii, and was keenly interested in the plight of prisoners. She liked the idea, and suggested that we begin by looking at the prisoner as archetype and the prison as metaphor for the incarceration of the self. We speculated what it might be like to be suspended in death for prisoners on death row. Both she and Ernst agreed the format should be primarily dialogue. Since she was traveling constantly I would have to meet her at various places as well as spend time with her at the retreat she was building in Headwaters, Virginia. As we discussed the project, I took some notes of how it might start to shape up. During our discussions, I mentioned something about the stages of dying which she'd delineated in her book. She regretted having made that categorization, adding that she had meant it more metaphorically than literally and was distressed when she heard health care



*TC dilemmas*

*...a Steve Paddock cartoon*

professionals talking about a terminally ill patient being in phase two, etc, of dying. Dying wasn't that simple and didn't run on a schedule.

And yes, she did carry a ouija board on her trips—she had it right there, but again, not to be consulted prophetically but rather yet another means of opening up new vistas, new communications; to put her in contact with the spiritual dimension; then it was up to the imagination to carry forth. Much as poet James Merrill used his to go beyond recall and reach another plane in writing “The Book of Ephraim.” It wasn't all cerebral that day in the Alps; it was also fun. There was snow on the ground and I can't remember if we made snow balls, but we had lunch outside, sandwiches of heavy brown bread, with pickles and all the trimmings, took pictures, and sang songs. Then she had to leave to visit her two sisters in Basel and be off to her next workshop. She took a last picture from the train window and blew a kiss.

A year later, I was involved in arranging a one-day seminar with Dr Kübler-Ross at San Francisco's Hyatt Regency. After my initial meeting in Switzerland, perhaps I'd been over enthusiastic: my partner was skeptical. Maybe it was the out of body experiences she related that didn't set well with him. At any rate he was curious to see what she was like, and so I arranged for him to sit at her table for lunch. Before I could introduce him to her, she put out her hand and said, “You must be John.” And when he acknowledged that she was right, she hugged him. I was as astounded as he was, for I'd never mentioned him to her. He

was an instant believer. So much so that the meeting influenced his choice of death as the topic for his master's thesis at San Francisco State University.

Maxwell Jones became more interested in the implications of her work in his later years, especially the transcendental. In fact, I believe he first called my attention to her work during his first retirement, when he was living in Phoenix; he sent me a copy of her provocative interview published in *Playboy*. In 1985 as I was arranging another tour for nurses, this time in the UK and Ireland, I asked him if he'd be willing to do a one-day workshop preceding hers. He agreed, and it was held at Chester, England. Although he wanted to meet with Elisabeth it was not possible to coordinate their schedules. She gave her workshop the following week in Killarney.

In his last book Max wrote: “It was she who drew attention to the phenomenon of the out-of-body experience often found in people who have been near to death (on the operating table, in accidents, etc.). On recovering, these people have frequently described how they appeared to themselves to have left their bodies and had watched the activity to revive them from a few feet above their bodies. . . Her work on near-death out-of-body experiences leads her to explore personally the work of spiritualism and mediums. . . one can admire the way Kübler-Ross has ignored public opinion and has talked openly about her experiences with spirit guides.”

**Dennie Briggs**

## CHRONICLES

**ATC email list (July 26, 1996 - December 16, 2004)** Over eight years and almost 5 thousand messages since giving birth, Chris Evans is calling it a day on owning and managing the ATC email discussion list. On December 16, 2004 it will close down. Chris ran the group on his own equipment, from home, rarely bothering the ATC for money, or being bothered in return. More appreciations in our next issue. For a history and description of the list, see Chris's article in *Joint Newsletter* 9 (2003), pages 64-65.

**Howard Polsky (d. 19 October 2003).** Author of *Cottage Six: The Social System of Delinquent Boys in Residential Treatment* (1962). See “The Gentle Giant of Child and Adolescent Residential Care: In Memory of Howard W. Polsky”, by Roni Berger. *Residential Treatment for Children and Youth* 21:4 (2004), 1-6.

**Donald Meltzer (d. 13 August 2004)** Psychoanalyst, Consultant

**John McCarthy (d. 13 November 2003)** “joined the Prison Service in 1957...found his true metier as deputy governor of Grendon psychiatric prison...able to exercise his positive intentions, and learnt to involve the staff within the healing regime of the therapeutic community designed by Maxwell Jones....within the unlikely punitive regime of a detention centre for young offenders at Latchmere House, Ham Common, Richmond, in 1967... he transformed the required and rigid “short, sharp shock” approach... involved his officers...even enabling them to work alongside staff at the nearby Cassel hospital... became associate director and head of residential services at the Richmond Fellowship...” see full obituary by Michael Selby, *Guardian*, Tuesday December 9, 2003.

**Marjorie Boxall (d. 1 September 2004)** Founder of nurture groups. See appreciation by Marion Bennathan, *Young Minds Magazine* 73 (2004), pages 29-30.

**Alexander Bassin (d. November 10, 2004)** “Dr. Bassin helped start Daytop Lodge, the halfway house that became Daytop Village, in 1963... Dr. Bassin was director of research and education for the probation department of the State Supreme Court in Brooklyn. Disturbed by the inability of the prison system to rehabilitate drug addicts, he conceived of a therapeutic community modeled on Synanon...With Joseph A. Shelly, the court's chief probation officer, Dr. Bassin founded Daytop (acronym for Drug Addicts Treated on Probation) Lodge in a 20-room mansion on Staten Island...” From Margalit Fox, *The New York Times*, November 10 2004

**Donald J. Ottenberg (d. 20 August 2004)** “one of the great pioneers of the early therapeutic community movement in the USA and pivotal to the development of therapeutic communities in Italy and other European countries “ (Rowdy Yates)<http://www.dass.stir.ac.uk/DRUGS/donaldtributes.php>

# Valya's poem from Kitezh

I cannot find words to express

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Oh,

for

Now

tear

However,

I do not think it will be

easy.

## Valya's poem from Kitezh

I cannot find words to express

Everything my soul cries about.

I get breathless with my tears

When I try to muse

I was so much shocked and bewildered by  
the depth of my story.

I asked you to take me with you,

to take me higher,

And I saw neither adults nor children in you.

Oh, for how long have I not looked for stars!

Now my heart is bursting with tears.

However, I do not think it will be easy.

I do not know if I can trust you.

You are somewhere and you might be nearby,  
My path will not miss you.

I am determined to overcome all difficulties  
To join the Circle as an equal.

**Valya Kanukhina, 14**

Now my heart is bursting with