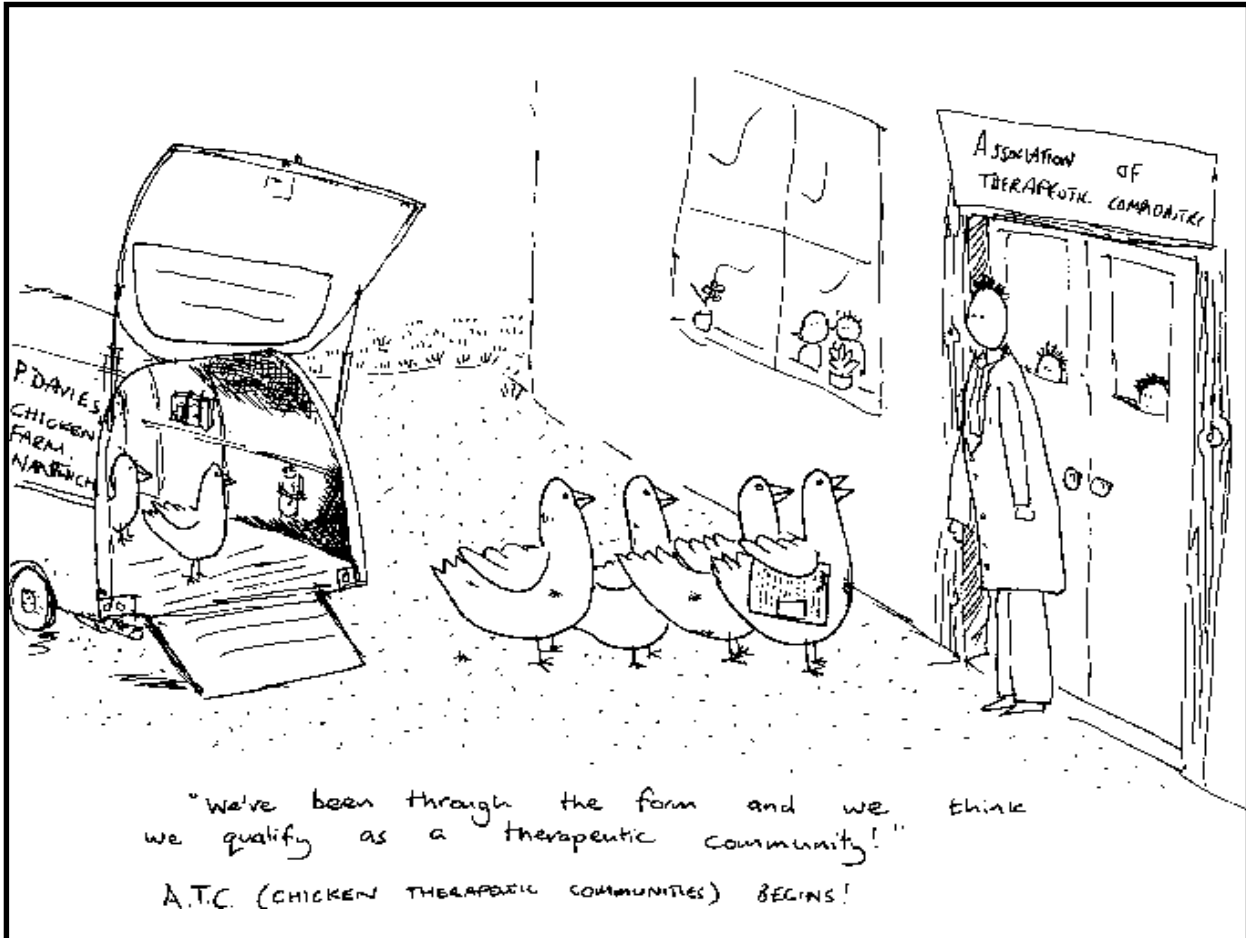


The Joint Newsletter

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

Number 5

July 2002



"We've been through the form..." A Steve Paddock Cartoon

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Milestone: As we went to press, we learned of the sad and untimely death of Robin Cooper, of the Philadelphia Association, in a climbing accident in the Alps. We will hope to have an Appreciation in our next issue.

Steal This Newsletter!
Pass it on to a Friend Pass it on to a Friend Pass it on to a Friend Pass it on to a Friend



Connections

It's working. A reader in a busy social services department who receives the *Joint Newsletter* through the Planned Environment Therapy Trust writes: "I enclose a cheque for £10, which I hope will ensure we remain on the circulation list for the newsletter. Sorry I haven't written sooner to say how useful it has been, not only to keep in touch with the Archive and Centre, but also to keep alive in me the possibility of my clients getting a different service to that provided by the local Health Authority. We have had clients funded for the Francis Dixon Lodge, which seems to have been very helpful, also several have been through the extensive interviewing process at the Birmingham Henderson Unit. I'm in the process of contacting Webb House about one person and The Retreat for another..." He goes on to say "It's the battle for funding which is so time consuming, and bruising at times..." and winds up "Long live the alternatives!"

"to keep alive in me the possibility"

If someone's going to fight the battles and take the bruises, they need the tools. They need the knowledge, the inspiration, the sense of discovery and participation that only you can give. Who knows what your small or great piece of news will mean to someone out there? Who knows what connections will come from your sharing an event, an experience, a thought, a description of your community or programme? The only certainty is that your silence is potentially someone's opportunity lost. A child who doesn't get the referral. A student who misses a line of enquiry. A worker who - a manager who - a service user who - a policy maker who - a colleague who...Keep others in touch and give them the tools through the Newsletter.

Steal This Newsletter!

But there's no point in stealing the Newsletter! If you or your community or organisation is a member of the Association of Therapeutic Communities, or the Charterhouse Group of Therapeutic Communities, you get the Newsletter with your membership. If that avenue is closed to you for some reason, then if you're a friend of the Planned Environment Therapy Trust - if you've given a book to the library, or sent a newspaper cutting for its Survey, or deposited archives, or recorded an interview, or made a donation to the Trust, or made yourself a part of the work in some other way - you should get the Newsletter as a matter of course. Your £10 if you wish to subscribe will be valued - but it is not a prerequisite for receiving the Newsletter. Each member community of ATC and CHG receives multiple copies. Do they get out to staff? To clients? To friends? It is made to be read. It only works if it is. The more widely, the better. It's a unique resource -

Pass it on Pass it on Pass it on Pass it on Pass it on Pass it on Pass it on Pass it on

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Material for publication and general editorial enquiries should be addressed to Dr. Craig Fees, "Newsletter", at the address above. Deadline for the next issue is October 17, 2002.



Big Brother is Auditing You

Chris Nicholson

**Admissions & Assessment Officer,
Jacques Hall Community**

The Jacques Hall community just underwent its first full three days inspection against the National Minimum Standards. There was a certain pleasure in watching the inspectors buckling under the strain of a new, complex, and, as yet, little understood system. At least during this first time around the inspectors felt a little disempowered and were, to some extent, inspected by us for their effectiveness under pressure. It was tempting to be *very TC* and point out what a great opportunity they had, during this semi-role reversal, to gain empathy with the inspected. Perhaps that would have been to push the pervasive milieu just too far!

In general we found this to be a useful inspection and we found the inspectors very

supportive and engaging. We have been stimulated into considering some aspects of our service for young people that we had heretofore overlooked. However complex an organisation you are – and perhaps because of this – there will be oversights of what in hindsight seem perfectly obvious. It is like looking at one's right hand in mid-life and finding the little finger has not developed since childhood. Prior to the inspection, while we were confident of a number of advantages over some smaller residential establishments, and particularly those not overtly therapeutic in orientation, we had still engaged in a good deal of work.

I have returned recently from a week with my daughter on a quiet Spanish island. The day before our flight Spain held a national strike to place pressure on Government. Thousands of people would be delayed at the airport – we would be lost in Dante's second circle of hell! In fact the opposite was true. At the airport we heard stories of flights that morning leaving forty-five minutes to a half an hour early. Our flight that evening went five minutes early. Clearly, during the crisis the airport deployed its staff more effectively,

routines were thrown out as useless for meeting a changed workplace, staff were enlivened by the unexpected. But as the crisis faded so did the effort until finally normality set in – threatening to kill us all!

Although we really can't always work as well and as hard as this, inspections do prompt us to try, and remind us what we are capable of, and show us that the world cares, is paying attention, and sees things differently.

A few editions ago I tried to make the case that ever-increasing legislation, guidance, and resultant inspection were not to be thought of as burning wormwood falling from a malign adversary but rather manna from heaven to nourish us and our young people. Finally, it seems, the Government – and therefore the general populace, as evidenced by a spate

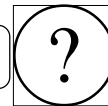
of TV documentaries and even children's programmes about looked-after children – are paying attention, if a slightly paranoid attention, to

the desperate needs of some young people. There is, then, an atmospheric change taking place in the harsh weather that is adolescent services. Anyone anxious about effecting some change for the better will find themselves right now, and perhaps only for a brief period, standing on the path of least resistance. The only real resistance that I envisage is that which comes from within ourselves, whether through apathy, confusion, or over-worry. We should remember that the future belongs to those who can see it coming, and come it will, whether we like it or not. And change is more easily modified by being an insider as it happens, than being an outsider after it *has* happened.

This inspection gave us focus and provided a potential threat from outside against which we might become unified in defence of a common cause and for which we were all prepared to work with increased verve. Everyone in adolescent services works hard, but the quantity of work covered in the months and weeks leading up to the inspection impressed me deeply. Big Brother, for both young people and adults, can also be a good friend.

***“Did You Used to be R.D. Laing?”* Music from the show is now available on CD, and includes a booklet containing the whole script. £11.00 from Mike Maran Productions, 35, Byron Square, Cambridge CB2 2JL**

STOP PRESS: There will be a short run of the play at The Citizens in Glasgow in September, just round the corner from Laing's birthplace in the Gorbals



“AT LEAST I’VE GOT A PERSONALITY TO BE DISORDERED!”

Lorraine Barr (Aberdeen Therapeutic Community) reads

Anita Bracey: “Finding the Patient Within: Managing the Transitions from Student Nurse, to Patient, to Nurse Therapist”, *GROUP ANALYSIS* 35:1 (2002), 135-151.

<http://www.groupintervisual.net/hosting/ga-special-issue/papers/anita.htm>

(A paper which “addresses elements in her stay at a therapeutic community that enabled the author, then a mental health nursing student, to overcome resistance to acknowledging her own vulnerabilities”; “identifies the qualities that mental health professionals who experience ‘life on the other side’ may emerge with, and explores how they and their work might benefit from acknowledging their own vulnerable side”; and “focuses on her internal struggle to integrate the experience of having been labelled with severe psychopathology into her sense of personal and professional self-esteem, as she moves along a career path through the role of Nurse Therapist and onto a group analytic training.”)

“The process may be influenced by factors such as the changing political climate...”

This was a really interesting paper. Given my own degree in Politics, I’m still trying out where I stand: Politics and Group Analysis. Is there a difference?! I’m always of the mind that any act is Political!

I very much liked the reference at the beginning of the article, validating personal experiences within a more inclusive approach and incorporating that within clinical practice. Bracey’s quote from Barker et al (1966) holds so true: ‘Within any healer lies a vulnerability which equates with the status of patient; and within any patient lies an equivalent capacity of healer.’

Discovering the ‘Patient Side’, as the author says, is a painful experience. I’ve had formal contact with Mental Health services since I was 13. Indeed, I was working with people with mental health problems at my last onset. The denial is easy, the acceptance isn’t!

The author’s reference to senior residents and their role seems to be quite apt at the moment. In our ‘State of the Nation Day’ in Aberdeen earlier this year we were looking at how and who these roles should be attributed to – ‘seniority’ not necessarily being reflected in time span.

The concept of a ‘flattened hierarchy’ also rung true. I think the threat to our psychosocial nursing post highlighted the fact, as I’ve said elsewhere, ‘We’re a’Jock Tampson Bairsn! ‘Real Democracy’ is the phrase that comes to mind. It highlights the fight for the expansion of our Community here in Aberdeen. I still self-harm, but it is challenged as opposed to being negated or dismissed. That level of humanity just can’t be found in other psychiatric services.

The author speaks about discovering and nurturing her ‘Therapist Side’. I must admit I objected to that terminology; but reading further, it does indeed encapsulate the Therapeutic Community model. It certainly is the way it works here!

It was interesting to read about how the ‘Top Three’ worked in the author’s Community and how our Chair / Vice-Chair and Liz, our psychosocial nurse, work together. The ‘professional balance’ is quite amazing. Shows how well ‘our Community’ works together.

The author goes on to speak about her ‘Personality Disorder’ label. I’ve often been perturbed by my own ‘Personality Disorder’ label. However, I’ve come to the conclusion that at least I’ve got a personality to be disordered!

Seriously, however, the ‘Dustbin Diagnosis’ does need closer attention. General Psychiatry labels ‘us’ as untreatable. Thankfully the TC model doesn’t. I still have difficulties, but my coping mechanisms without the ‘psychotropic junk’ have been enhanced through the people I’ve met within the Community. Mental illness is indeed a challenge. How it is handled is the paradox.

Overall, I found the openness of the author both interesting and refreshing. I got a real feel for both sides, ‘patient’ and ‘therapist’, and perhaps within that, a better feel for how it is to be a member of staff in a TC. Folk are nae that different after all!

It is so true that working in a TC is far from Utopia. It is indeed messy; but in accepting that, maybe the fact that we can tidy things up a wee bit helps.



LIFE AFTER THERAPY

Teresa Moore

*[This article is reprinted from **Dialogue** No. 11 (Summer 2002) with the kind permission of the author, Teresa Moore, and **Dialogue**'s editor, Rosalind Geraghty. **Dialogue**, published by Henderson Hospital, is part of the Virtual Institute of Severe Personality Disorder.]*

Before I went into Main House (a democratic therapeutic community in Birmingham) I had been in the psychiatric system for eight years. Over that time I had worn out the pharmaceutical side of conventional treatments. The word 'untreatable' bounced around my head to the point where I did become untreatable – conventionally at least.

By the time I was referred to Main House I had been in trouble with the police, so I felt it was my last chance. I was scared, confused, haunted and alone. The thought of being untreatable was plaguing my mind. My self-harm was like playing Russian roulette.

I didn't know or like myself so I was damned if anybody else was going to, but I desperately wanted to belong. I wanted the hurting, emptiness and anger to stop, but I didn't know how to do it. I blamed the world.

When I was first accepted into Main House I didn't have time to think just how much it would change my life. It was such a culture shock. Nothing could have prepared me for the roller coaster of emotions I was about to experience. I was determined to complete the therapy (one year's duration), although it was very difficult to stay most of the time.

While I was in there I saw 'acting out' in different forms and it made me wonder if that was how I really appeared. I slowly learned just what an impact my behaviour had on people over the years, to which I had been totally oblivious before. There were reasons why I had behaved in that way at the time, but I began to realize that these were inappropriate responses.

I began to learn to understand my emotions and why I felt like I did, in a supportive environment (although it didn't always feel supportive). I learned to trust people. Even with the fear of rejection always present I was able to discard all my masks and begin to find out who I am.

I learned to cry, and there were lots of tears. I learned to genuinely care for others without thinking what was in it for me. I learned to laugh, which was an amazing experience. I learned to verbalise my anger rather than smashing myself up or becoming verbally aggressive.

It wasn't easy. It was slowly becoming acceptable to show my emotions, after years of having them covered up with injections and tranquilisers. It was amazing when I started to lose the dichotomy and find the middle ground.

The last two weeks of therapy were actually the hardest two weeks of my life, as I began to realise what Main House had been all about. I always thought it was to deal with and come to accept your problems, but in the last two weeks of therapy I learned the most important thing that I had never faced before. Saying goodbye. Goodbye to people who you have been to hell and back with. Goodbye to the past – past experiences and past behaviours. And the months prior to that had prepared me to do something I had never done before. Grieve for all the years I had lost, but knowing that I no longer needed to live in the past. I have a present and a future.

The day I left was a day that I will always remember, because it was the first day of the rest of my life. I have a life and it is so precious.

I never thought Main House would help me to achieve what it has. Life is about taking risks in order to move forward. It's not always easy, but I know that if I hadn't taken a risk and stuck out the therapy I would be dead now. Life isn't always easy but I enjoy it with all its ups and downs, of which there are plenty.

I wrote this article five months after I left Main House, and I have had time to reflect. I would never ever want to go through the therapy again. Twenty people with emotional problems all living under the same roof, 24 hours a day, seven days a week. A recipe for disaster? I don't think so. It worked for me. I am happy for the first time in 18 years. There is a life without self-harm, manipulation, explosiveness, and impulsivity without getting paranoid and unstable. It's great!

But it isn't all plain sailing. I'm just as aware of my weaknesses as my strengths, but I am happy in my heart and not just in my head. I never thought it was possible.



Temenos - A Place 'Set Aside'

Temenos is a training organisation offering graduate and postgraduate training in the person-centred approach (PCA). Founded in 1993 by Louise Embleton Tudor and Keith Tudor it promotes the integrity of the PCA and, in 1997, developed the first postgraduate training course within the approach which provides students in the UK with the relevant requirements to seek UKCP registration as person-centred psychotherapists.

Over the past nine years we have remained a small, independent organisation and, whilst staying outside organisations such as the BAC and the UKCP (principally for political reasons), have developed links to other local and national organisations, particularly those advancing person-centred philosophy and practice. We have enjoyed a mutual consultative relationship with the Institute of Person-Centred Learning and, internationally, Temenos is a member of the international Association for the Development of the Person Centered Approach and of the World Association for Person-Centered and Experiential Psychotherapy and Counselling.

The philosophy and conceptual ground of Temenos springs from three principal sources: the archetypal symbol of *temenos* itself, the principles of the person-centred approach, and a political view of therapy and education/training which locates these as socio-therapeutic activities. Further details about the

history and philosophy of Temenos may be found in an article published in *Self & Society* (1999) Vol.27 No.2.

Our courses are primarily designed to educate and train people in practice as professional and ethical practitioners and we do so by promoting a high standard of knowledge and comprehension of that practice. All the facilitators at Temenos are published authors and/or currently engaged in research and writing - and, indeed, as a group we are writing a new introduction to the person-centred approach.

The word *temenos* comes from the Greek *temno* meaning to cut or draw a line. Before a temple was built, a single furrow was drawn at the edge of the precinct of the future temple precinct to separate and define the sacred ground. Thus *temenos* means a piece of land cut or marked off from common uses and dedicated to a god or sacred purpose. Whilst the origins of the word and usage date back to the early Epic period of Greece, the concept of 'a place set aside' appears in both Jung's writings as a symbol of the self and in Adler's writings as the *vas* or crucible inside which transmutation takes place.

One source of our philosophy combines our interest in politics and the political context of counselling and psychotherapy with the sociotherapeutic tradition of the therapeutic communities movement - and the four elements of the history of Temenos (outlined in the *Self & Society* article) reflects the four sociological processes or principles of a sociotherapeutic community as originally identified by Rapaport in *Community as Doctor*. For the past three years

(until its recent and untimely closure), Keith has been the staff consultant at Acacia Hall Therapeutic Community in Lincolnshire and some of us are involved in a project to develop a therapeutic community in Sheffield.

TEMENOS COURSES 2002/03

INTRODUCTION TO THE PERSON-CENTRED APPROACH PERSON-CENTRED PSYCHOTHERAPY & COUNSELLING DIPLOMA PROFESSIONAL DEVELOPMENT WORKSHOPS POSTGRADUATE TRAINING

For further details of all courses, prospectus, dates, fees etc. contact
Tracey Taylor, Administrator
Temenos, 289 Abbeydale Road, Sheffield, S7 1FJ
Tel: 0114 258 0058 Fax: 0114 255 3355
E-mail: admin@temenos.ac.uk



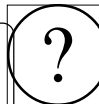
Mike Maran's award-winning performance piece with music, 'Did You Used to be R.D.Laing?' is back at the Edinburgh Festival Fringe, at Valvona & Crolla. 19, Elm Row (top of Leith Walk)

August 15 at 1pm August 5, 9, 19 & 24 at 6pm August 6, 7, 10, 13, & 22 at 8pm

Tickets £9.00 (£7.00 concessions) from Valvona & Crolla 0131 556 7800
Fringe Box Office 0131 226 0000

It then goes to The Byre Theatre in St. Andrews on **Nov 27th** and The Birnam Institute near Dunkeld on **Nov 28th**.

Production website : www.mikemaran.com



INTRODUCTION TO BRONX REAL CONTINUING DAY TREATMENT PROGRAM

Julie Kipp, CSW

I am a social worker, and a supervisor at a continuing day treatment program - a CDT - in the Bronx, New York. Our program is located on a triangular "square", a business district in a lower-middle class section of the southeastern Bronx, not far north of Manhattan. We are part of a network of services including an apartment program with 2 levels of care and an IPRT. IPRT stands for Intensive Psychiatric Rehabilitation Treatment program, and is one of a number of such programs started by the state of New York several years ago, based on William Anthony's work on psychiatric rehabilitation in Boston. Our network is part of a large social service agency, Jewish Board of Family and Children's Services, which has a range of different programs all over the New York metro area.

The CDT where I work serves almost 90 seriously mentally ill adults, 55-60 or so in attendance on any given day. Diagnoses range from Axis I disorders of schizophrenia, schizoaffective disorder, bipolar disorder, and major depression, to more Axis II related problems. Some clients have co-existing mild mental retardation or substance abuse, supposedly only if it is in remission.

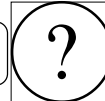
There are three kinds of treatment in constant interplay: individual treatment, group treatment, and the milieu. Every client has an individual worker who serves as case

manager and therapist. Clients are scheduled to meet with their worker once a week generally, though workers may check in with some regressed clients every day for a few minutes, rather than ever having a regular session. Sessions are usually scheduled for a half hour to 45 minutes, but in actual practice are sometimes canceled or truncated due to crises with other clients, special milieu activities (such as holiday celebrations or occasional special community meetings to process crises in the milieu), or preparation for sporadic audits of our charts. Clients often develop quite intense relationships with their workers in spite of the irregularity of individual work, perhaps partly because workers make extra time for clients when they are in crisis. In a usually comfortable interplay with this emphasis on individual therapeutic relationships is our guideline, "the team is the therapist". All staff can be expected to be involved with any client, and we often make use of interventions involving several staff members to confront problematic behaviors or lack of participation.

Group work is important in the daily schedule of the program, and includes twice weekly psychotherapy groups, as well as activity groups and educational groups. For a while we had quite a number of client-led groups, under the influence of a group-trained staff member who supervised the client group leaders in a weekly Group Leaders Workshop. The client-led group initiative developed during a period when the current

buzzword from "on high", i.e., the Office of Mental Health, was "self help". Currently the buzzword is "rehabilitation". It is one of our challenges to keep good work developed under one set of influences going even when other imperatives are ascendant, and we hope to continue to support the client-led groups. Psychotherapy groups remain staff-led. All clients are assigned to one of six psychotherapy groups, which meet at least twice weekly, and are divided according to clients' levels of regression and ability to participate. For example, "Daily Focus", which meets five times a week, is for the most regressed clients who are mostly withdrawn and uncommunicative. Some clients at this level may not even come to group, but have at least the gentle but persistent expectation that they belong to a group and will eventually be able to attend. Another group, "Coming Together", meets three times a week for more verbal but still quite disorganized clients. "Becoming a Person" serves clients with more ability to communicate but who tend to be uninvolved in the community. The other groups address other clusters of clients up to a rather sophisticated group, in which clients are able to confront and support each other.

As our program has been in existence about 15 years, and as there is no length of stay limitation, our milieu has been quite strong with a large percentage of clients who have been in the program a good long time. However, we have grown from a 30 per day level of service to the current 55 plus level of service over the past few years, and staff feel increasingly pressured, wanting to provide the individual attention which we used to give, but with larger caseloads and more paper-



work imperatives. In addition, the growth of our sister IPRT program increasingly provides an opportunity for clients who have stabilized sufficiently to move ahead with a personal goal (which could be vocational, educational, residential, or social.) This opportunity for clients presents a challenge for the CDT, since stable clients leaving the CDT means that new and more ill clients are coming in. The milieu needs to accommodate the new people, and train them in the culture of the program and the responsibilities of community life.

Our director is a creative administrator, and as each new imperative, cutback, or amplification of paperwork comes down the pike, we try to accommodate to it in a way which will not sacrifice our treatment principles. For example, the current rehabilitation focus has obvious value, if it helps us develop more opportunities for clients to get out into the "real world" and continue their recovery from mental illness. But if taken too literally, it might result in less appropriate attention to the most regressed clients. What would an approach to rehabilitation for the regressed look like? Even more stable and capable clients have fears and resistances to moving ahead in their lives. How do we provide rehabilitative opportunities while giving resistance its due?

It is not always so easy to find a clinically acceptable solution to each new imperative, and the staff often feel unable to do a good job and stressed out. It feels sometimes as if we are always under siege from outside influences and that as time goes on we provide less and less of what we think of as good treatment. Parenthetically, I think that this feeling of being out of control and under siege is also an inevitable artifact of the countertransference in working with mentally ill people in a milieu.

We have a number of meetings to support ourselves: a weekly staff meeting to discuss individual clinical, program, and administrative issues; a mid-week "rounds" to identify any clients in crisis; and a weekly group supervision, led by the assistant director (formerly a CDT supervisor), to discuss any issues which have come up between staff members. We have been impressed with ourselves for dealing with some thorny problems which arose between supervisor-line staff pairs, asking the help of the whole team - in a parallel process to our exhortation that clients having problems with each other use the milieu in this way. We wish we had time for more attention to supervision of our groups, and for more in-depth case conferences of clients.

This brief description has hopefully provided an introduction to a therapeutic community in the Bronx, USA. It seems that at any given time I might have focused on different aspects, presented other information, since the life of a program like this is so varied and involving. I find, myself, that in reading about other programs, I want to hear about the nuts and bolts, since that is really where the treatment is worked out. As Rapaport pointed out at Belmont forty years ago (*Community as Doctor*, 1960), even when there are a number of clearly stated ideals of treatment, they are prioritized differently at different times in different situations. For example, "client empowerment" is very important, and so is the "holding environment" - but the two ideals are probably in conflict at least some of the time. Even in a "culture of enquiry" we may not notice how certain ways of doing things affect treatment for better and for worse, when we are involved in our own settings, taking for granted our own milieu cultures. I have recently discovered this newsletter, and look forward to comparing notes about how treatment works itself out in many other settings.

Julie Kipp
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DialogueDialogueDialogueDialogueDialogueDialogueDialogueDialogueDialogueDialogue

The Dialogue Guide to Personality Disorder

Created as a result of requests to the Editor to provide basic information on what personality disorder is, how it can be treated, and further resources, this booklet is for anyone who wants to know about personality disorder - whether they have the diagnosis, know someone with the diagnosis, or work with people who have the diagnosis. It is designed to be as understandable as possible, and technical terms are explained.

It has been written by Rosalind Geraghty, Editor of *Dialogue*, and contains reprints of some past *Dialogue*

articles with the permission of the authors. *Dialogue*, part of the Virtual Institute of Severe Personality Disorder, is published by the Henderson Hospital.

If you are interested in receiving this booklet, please contact the Editor asking to be placed on a waiting list. Professionals will be asked to pay a small sum toward printing costs; the unwaged will receive it free.

Request for help!

Dialogue is attempting to compile a national directory of personality disorder services. Please let the Editor know



Correspondence:
International Congress of Group Psychotherapy



May I draw the following announcement to the attention of readers?

The International Congress of Group Psychotherapy will be held in Istanbul, Turkey, Aug. 25-29, 2003. See www.iagpcongress.org. At many IAGP Congresses in the past a productive feature has been an ongoing, through the week, Workshop on Therapeutic Communities with an international input, multi-professional, with varied input of papers, workshops, groups, etc.

It has been suggested by Paul Janssen/Dankwart Matke, who were co-presenters last time (along with Howard Kibel, Mike Parker, Rex Haigh, Jean Rees, Chris Scanlon, Diana Menzies, Marlene Spero and myself) that this is repeated in the 15th Congress. I was asked to sound out potential contributors. If anyone is interested please contact me with ideas, suggestions, queries on stuart.whiteley@virgin.net or tel: 01737 843446.

I think we should aim for a more specific theme such as Basic Concepts of TC, Differing Models of TC, Social Issues and the TC, etc., but bearing in mind the Congress theme of Crossroads of Culture: Where Groups Converge.

The socio-cultural aspect of the TC can be compared and contrasted in different nationalities, client pathology, age groups, etc.

Note that no fees are paid, all Congress participants have to pay the Congress fees and own expenses and only IAGP members have a reduced fee.

(But it is a good fun Congress!)

Dr. J. Stuart Whiteley

Correspondence:
RCN/MU TC Certificate Class of 1990 / Email from Oz

Now then,

This is a request for some sort of reunion, over the net!

My name is Boyd McCamon.

I did the Certificate of Therapeutic Communities through the Royal College of Nursing and Manchester University in 1990. Is any of that class of '90 (one of the last for that Cert., I was led to believe) around? I can't believe that it is over 11 years ago - no, nearly twelve!!

Please drop me a line.

Any other people in the UK who did this particular course have as many fond memories of it as I have?

I'm in Oz now, been here for 6 years. In Perth WA. Therapeutic communities, milieu therapy to be precise, is not well thought of here in Perth. It is like a bad word. They had a scandal here about 9 years ago in connection with a particular TC, and certain staff members (the ones in the most powerful positions

funny enough) were found to be sexually abusing the teenage clients. Consequently the place was closed. Now the only TC's are in the private sector.

Power corrupts and absolute power.....

Enough said.....

Boyd McCamon

email:

**Boyd.McCamon-
NS@health.wa.gov.au**

Boyd McCamon's email originally appeared on the ATC's email discussion list, hosted and maintained on behalf of the ATC by Chris Evans. To join this wide-ranging international discussion on therapeutic community, simply send a blank email with the word "subscribe" in the Subject field to: atc-request@psycctc.org.

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the details of any personality disorder treatment service that you know of by letter, phone or email. Don't assume we already know about them!

Do you want Dialogue to continue?

We need to know how many people – on the mailing list or not – wish to receive future issues of *Dialogue*. Please get in touch with the Editor, Rosalind Geraghty, to let her know that you wish to receive future issues.

This will help *Dialogue* in its bid for more funding!

**Write, phone or email: Rosalind Geraghty
Henderson Hospital**

2 Homeland Drive

Sutton

Surrey

SM2 5LT

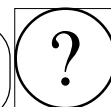
020 8652 2820

rgeraghty@swlstg-tr.nhs.uk



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Correspondence: Art Therapy and Therapeutic Communities



I would like to propose a new B.A.A.T. (British Association of Art Therapists) Special Interest Group. The group will provide a forum for sharing, support and development for Art Therapists

who are working in or who have an interest in Therapeutic Communities.

If you are interested please contact Liz Adie, Creative (Art) Therapist,

Main House, 201 Hollymoor Way, Northfield, Birmingham B31 5HE
Tel: 0121 678 3630

Liz Adie

Correspondence

UPDATE: The Therapeutic Community, Royal Cornhill Hospital, Aberdeen

The beginning of March this year saw the culmination of many months of hard work and campaigning to formally and financially establish the service offered in Aberdeen as a Therapeutic Community. That Friday in March marked a significant landmark in the life, the development and the very existence of the Community here in Aberdeen.

When I think about what has happened in the time I've been part of the Community it reminds me of a football team put together on a shoestring, surviving from hand to mouth. However, through a true belief in the cause it rises way beyond threatened relegation to begin to realise its potential as top-flight title contender.

So where is the Community in Aberdeen now? Well, from a personal perspective I would say that despite no extra financial resources being provided for us this year, we as a Community have moved forward. I think we've moved forward in a way that best utilises the resources we do have, whilst also planning for the future.

We're really quite a resilient bunch here in Aberdeen - the staff aren't that bad either! Seriously, however, we are 'all' sum parts of that title winning team I mentioned earlier. The Community is moving forward as are the people within it. All in a very positive frame of mind.

The campaign that the Community itself mounted, and the support that was given to us by various sources (I would argue) proved to 'NHS Grampian' that here was a service that was both needed and required. The letters, e-mails, lobbying, meetings, etc. proved the real passion and belief in this way of working. My own personal milestone - of reaching a year without being admitted to A&E through overdosing - has been just one small part in the testament to the efficacy of the model.

Coincidence, perhaps, but at the same time as funding for the psychosocial post became an issue, 'NHS Grampian' were in the midst of a consultation process regarding the 'Redesign of Adult Acute Mental Health

Services'. Essentially, looking at ways of avoiding acute in-patient admissions to Cornhill Hospital. My personal thoughts on the 'Redesign' process were that in a lot of cases perhaps it wasn't the pressing need for 'new' services, but the pressing need to develop 'existing' services. The service offered by a TC isn't for everyone, but in my experience the need for acute in-patient admission drops drastically both during and after treatment. Notably also, my experience of a Therapeutic Community has been far more positive and efficacious than my experience of admissions to an acute ward.

NHS Grampian, to their credit, as part of this 'Redesign' appointed a Service User Project Coordinator to gather service user views on service provision. As part of our own campaign, members of the Community met with the Project Coordinator, and as a result the TC model has been incorporated and positively advocated within the final report.

A real positive out of the campaign is that many more people in Grampian now know about the Therapeutic Community and are interested in finding out more.

So, the Community in Aberdeen is here to stay, and I have to say something I couldn't have said 18 months ago. I feel quite privileged by the opportunity that I've been offered. The Community has allowed 'me' to be 'me' - warts and all! and accepted that whilst still being prepared and willing to work with me. People are never written off, never labelled as untreatable - in fact, never labelled. I think the uniqueness lies in the idea of 'doing things for yourself' rather than 'having things done to you'.

The Community here in Aberdeen, I have no doubt, is destined for great and greater things. The work isn't easy, I include both staff and patients in that. However, if it was easy none of us would find it such a fulfilling and enriching experience.

- Lorraine McL. Barr



In February, across the street from Acadia University in Wolfville, Nova Scotia, Fairfield School opened, calling itself “the first democratic school in Canada” and explaining that it was “based on the model of educational freedom successfully pioneered by the Sudbury Valley School located in Framingham, Massachusetts, since 1968.” Over the past fifteen years, like an educational Henderson, Sudbury Valley School has inspired a score or more replications, from Sudbury Maui in Hawaii, to The Booroobin Sudbury School in Australia, to the Brazos Valley Sudbury School in Texas, to schools in Israel and Denmark, and from Maine to Oregon, Florida to California. Dan Greenberg, co-founder of the original Sudbury, has taken the model to Wolfville, where Maxwell Jones spent the last years of his life, and sited it across from Acadia, where Max did some of his last, exciting group work with students. What would Max, whose attention had turned so enthusiastically to social ecology in education, have made of it? Would it have been democratic enough for him? What about Otto Shaw, who featured in our last issue? Or Homer Lane...

The following is taken with permission from the welcome message of an email discussion list dedicated to the Sudbury Valley Model. www.sudval.org/mailman/listinfo.cgi/discuss-sudbury-model. Sudbury Valley's web-site is at www.sudval.org.

SUDBURY VALLEY SCHOOL

Scott Gray

The Sudbury Valley School has been in operation for more than 30 years now, and several other schools around and outside our country (the United States) see our school's success and are modeling their schools on ours. The school accepts students from ages four and up, and awards a high school diploma. It is a private school, which relies upon tuition and does not engage in fundraising. Studies of our alumni show them to be “successful” by any criteria; most have gone on to their first choice career or college, most have a comfortable income, and (the best definition of success, in my mind) most are happy people.

The physical plant is a beautiful Victorian mansion on a ten-acre campus. It is furnished like a home, with couches, easy chairs, books everywhere (rather than hidden in a library), etc. The grounds are excellent for sport and games, and the school has several facilities; music rooms, an art room, a high speed Internet connection, a darkroom, a piano, a stereo, a pond great for fishing, several computers, etc. Students (from age four on up) are free to do as they wish during the day, as long as they follow the school rules (more on school rules later). The campus is

“open” and most students come and go as they please, without having to check with an office. No one is required to attend classes and, indeed, classes are rare and bear little resemblance to the usual notion of a “class”. There are no tests or grades of any kind. Students and staff (teachers) are equal in every regard. The students and staff refer to each other by first name, and the relationships between students and staff can't easily be distinguished from the relations between students.

The school is governed democratically, by the School Meeting. The School Meeting meets weekly, and is made up of students and staff (one vote to a person, following Robert's Rules of Order). It decides all matters of consequence; electing administrative officers from among its own members (yes, no distinction is made between students and staff as far as eligibility for an office), deciding school rules (enforced by the Judicial committee, see later), making expenditures, submitting the annual budget to the Assembly (see later) for approval, hiring, firing and re-hiring staff (there is no tenure, all staff are up for re-election each year), etc. The school Assembly meets annually, and is made up of students, staff, and parents of students (as most parents pay tuition, it is considered only reasonable to give them some voice in the use of their money). It

must approve the budget (submitted by the School Meeting) which includes tuition rates, staff salaries, etc. It also votes on whether or not to award a diploma to any students that have requested one. The Assembly is the broad policy-making body of the school.

Within the school, the rules are enforced by a judicial system which has been re-defined by the School Meeting several times over the last 30 years. Its most current incarnation revolves around a Judicial Committee (JC) made up of two officers elected every two months (always students, ever since the positions first opened), five students selected randomly every month, and a staff member chosen daily. The JC investigates complaints of school rules being broken, and sometimes presses charges. If the JC presses charges against someone, and (s)he pleads innocent, there will be a trial. If a person pleads guilty or is found guilty by the trial, that person will be sentenced by the Judicial Committee. Verdicts and sentences deemed unfair by the accused (or others, for that matter) may be brought before the School Meeting. All School Meeting members are equal before the law. In fact, the first guilty verdict ever was against staff members. Typical sentences are things like “can't go outside for two days”, “can't enter the upstairs for a week”, etc....

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A DAY TO REMEMBER**Kevin Healy**

Before her death, the Queen Mother had been Patron of the Cassel Hospital for more than fifty years. I didn't see much of her as our Patron during my time at the Cassel for the last sixteen years. I did, however, send birthday wishes to her, and received thoughtful letters from her/her staff in return. I was very pleased to receive from Buckingham Palace an invitation for myself and one other to attend the Queen Mother's funeral at Westminster Abbey on 9th April 2002.

The name of the other person to attend was drawn from a hat that included the names of all those patients and members of staff who might wish to accompany me. The lucky winner was Sarah, a member of the admin staff at the Cassel.

The day was memorable. It was a solemn, historic occasion, full also of excitement, pomp and ceremony. From my position inside the Great West Door of Westminster Abbey I saw churchmen, heads of state,

kings and queens and other royalty from all over the world pass before me at their exact allotted time on the programme.

The service itself was very moving. A number of older people around me were in tears as they listened to the service and listened to their own memories of great times past.

I was particularly moved by the sound of the choir and organ from inside the Abbey battling with the sounds of the Scottish pipes that accompanied the Queen Mother's coffin to and from the Abbey. For me, it came to represent the tensions many around me had in balancing experiences from their inner world with outer, external world happenings.

The death of the Queen Mother probably represents the end of a hugely important era for Great Britain and the Commonwealth. Perhaps it signifies the end of much that belonged to the twentieth century, the beginning of a new century, a new millennium, and a new world order. I recall feeling all of that quite strongly on the day of the funeral. Now, nearly three months on, I'm not so sure. Life goes on.

**THE CHARTERHOUSE GROUP FOR WORKING WITH FAMILIES AND NETWORKS
PRESENTS A STUDY DAY ON:**

WEDNESDAY 2ND OCTOBER 2002

**Charterhouse Group, 150 Waterloo Road, London SE1 8SB
(Easy Access from Waterloo main line and tube stations)**

Following a number of useful discussions at our quarterly meetings in London, we felt it was time to share our passion and commitment for working with the families and networks of children and young people within the various communities in the Charterhouse Group. It has been difficult for a wide range of workers to attend these short quarterly meetings regularly so we have arranged a pilot study day. We are proposing the following...

10.30 a.m. – 11 a.m.: Coffee and registration

11 a.m. – 1 p.m. : Session one

“Preparing Children for leaving and living in a Family”
discussion looking at best practice, networking and sharing knowledge

1 p.m. – 1.30 p.m. : Session two

Proposed sessions, depending on interest would be
“Working with Non-abusive Parents in Sexual Abuse Cases”,
“Working and Engaging with Difficult Parents and Families Systems”
or
“Working with Substitute Families”

All enquiries to: Helen Jones
Throughcare Team
The Caldecott Community,
Mersham-le-Hatch,
Ashford,
Kent TN25 5NH

Tel. 01233 503954 Mobile 07736 126035

Responses would be appreciated as soon as possible. Thank you.

ATC is planning several different events for its 30th birthday. The first was a garden party at the Cassel Hospital on Saturday 22 June.

PARTY AT THE CASSEL

“But perhaps most significantly, it was the first event to which ATC had invited both TC members and staff.”

Charabancs converged from various points of the compass, and a jolly time was had by members and staff from communities as far flung as Manchester (Red House), Eastbourne (CHT), Birmingham (Bridger House), Reading (Winterbourne) and several in London. It was good to see that the event was archived by the Archivist (Craig from PETT), researched by the Researcher (Jan from Nottingham) and we had very welcome guest appearances from Stuart Whiteley and David Kennard. The ceilidh band were great, the dancing a bit less so - the less fit of us being close to expiring, and grateful for the appearance of the lunch and a chance to sit down quietly.

Communities and other ATC activities had various posters and pamphlets on display. This was a good chance for sharing information that is often a bit murky except to those directly



involved - so people could see what the community of communities was up to, for example. In fact, there was quite a lot of “Which TC have you been to see?” and “Oh I’ve just been over to Belfast to see Threshold” and “Who’s going to the ones in Athens then?”



But perhaps most significantly, it was the first event to which ATC had invited both TC members and staff. We collected a list of members and ex-members who might be interested in setting up a group - possibly linked to or part of ATC - to hold their own events and be part of ATC’s overall activities and network. One possibility is that we set up a new category of membership, with much reduced subscription, but which allowed use of ATC’s administrative facilities to set up meetings, conferences and

whatever else was wanted. The exact constitutional relationship with ATC will have to be worked out, as there would need to be agreement about which parts of the Association were for professional members, which for communities as a whole, and which for people who are or have been members. As chair of ATC, I said that user-involvement will probably cause more change in mental health services than anything else for the next few years, and as we have been doing it properly for years - we need to find creative new ways to put it on ATC’s agenda. Yolande Hadden called for a new ex-members’ community of communities - for all TCs in the UK. So if you want to be on the “interested” list, or know other people who are, please send names to marybeth.primmer@berkshire.nhs.uk.

The next party for our birthday year is at Windsor - which will include a birthday reception - and there are other possibilities in the pipeline. So watch out for announcements here in the Newsletter!

Rex Haigh



STEERING GROUP NEWS

Fourteen members of the Steering Group and two observers met on Friday 26th April 2002.

All of you who may be interested in writing a piece for this Newsletter will be pleased to hear that it was agreed that all contributors should receive their own copy of the relevant Newsletter, with a special thanks from the editors.

There was discussion of the closure of the Max Glatt Unit at Wormwood Scrubs, where it became clear there had been a lack of communication within the Prison Service about therapeutic communities.

Steve Paddock has had to stand down from the Steering Group, due

to pressures of travel and of work. Jan Birtle resigned as Conference Convenor of the ATC (see below) as it had proved impossible for her to convene a working group to take on the task with her. She noted the forthcoming conference in the autumn which Chris Newrith and Marco Chiesa are organising on behalf of the ATC. The ATC Administrator since 1993, Sue Matoff, formally announced her resignation with effect from September 2002 or earlier if a replacement could be found. The Chair warmly thanked Sue for nine years of administrating ATC (see Neil Palmer's reflections under "Milestones")..

The forthcoming closure of Acacia Hall (see "Milestones", below)

was discussed with concern. Rex Haigh announced that he is taking an 18-month sabbatical to develop a research project for day TCs working with the Royal College of Psychiatrists Research Unit.

Preparations for the Windsor Conference are well in hand. There was some discussion as to whether users could attend Windsor this year. There was general agreement that the time was not yet right, and that users were becoming involved gradually by one-day conferences and user-led research.

Finally the Steering Group co-opted Sandra Kelly from Francis Dixon Lodge, as she is particularly interested in issues of race and may help us in our thinking around this.

The Steering Group met again on July 5th. Report in next issue.

Jan Birtle writes:

I have, after some thought, decided to stand down as conference convener of the ATC.

Some of my thoughts about this follow, as they may usefully be considered by the Steering Group.

I volunteered for this role as I felt there was a potential for one day conferences giving space for particular themes and issues to be explored between TCs. The format was extended as we increasingly began to plan joint conferences, e.g. with APP and BIGSPD, conferences which I think went well. However, it has proved impossible to convene a working group to take on this task, and I have been unable to determine whether this has been lack of interest on the part of members or perhaps my limited capacity to engage

others in this venture - not helped by major preoccupations in Birmingham: baby TCs are demanding!!! The sum result is that I don't think we have managed to be very TC in the conference planning, although individuals have taken forward some very interesting conferences in this time.

So, there you have it. I'm happy to elaborate if anyone wishes to speak to me further but I think there is for me at least a question over whether this format should be repeated, or whether a modified version might be useful.

Meanwhile there are plans for a conference probably in the Autumn which Chris Newrith and Marco Chiesa are working on and I'm sure they'd welcome input.

Jan

Welcome New ATC Group Members !!!

Bradwell House

Eaglestone
Milton Keynes

Aquarius
Northampton

Mulberry Bush School

Standlake

Witney
Oxfordshire

Therapeutic
Community "Phoenix"
1407 Sofia, Lozenetz
5 Rilski Ezera Strett. App. 1
Bulgaria

Progress Continues...

Sarah Tucker
Project Manager

I am very pleased to be in post now as Project Manager (part-time) for the Community of Communities alongside **Joanne Moffat** who is also now in post as Project Administrator.

The *Foreword* to the "Service Standards for Therapeutic Communities" (written by Rex Haigh, David Kennard, Jan Lees and Mark Morris) featured in the last issue of the *Joint Newsletter*. Since then, The Project has made quite some progress!

First, the *Service Standards* have now been published and distributed to all participating communities. The *Standards* build on previous work including the Charterhouse Group's *Value Added Standards*, the *Kennard and Lees Audit Checklists* (KLAC and KLAC II), and *Clinical Governance Standards for Mental Health and Learning Disability* developed at the Royal College of Psychiatrists' Research Unit.

The final version of the *Standards* was produced after consultation with all participating therapeutic communities and other advisors in the ATC. The standards will continue to be developed and refined on an annual basis via a process of consultation and feedback from the Quality Network review process. In this way they will continue to represent a consensus of view from therapeutic communities in the field participating in the Quality

Network (and beyond). Thus the standards aim to represent the practice aspired to in existing therapeutic communities. That they are reflected upon openly and revised accordingly is a key aspect of the way in which the Community of Communities/Quality Network mirrors the therapeutic community reflective and participatory ethos. The Project wishes to develop this currently generic set of standards, and to develop specific standards applying to specialty areas - i.e.,

Copies of *The Service Standards for Therapeutic Communities* are available from the College Research Unit for £10 each.

To order a copy please contact Joanne Moffat (Project Administrator)
Community of
Communities, The Royal
College of Psychiatrists'
Research Unit, 6th Floor, 83
Victoria Street, London
SW1H 0HW Tel: 020 7227
0847 Email
joanne.moffat@virgin.net

NHS, Prisons, Voluntary Sector, Children and Young People.

The *Standards* have already been used to strengthen the profile of therapeutic community work to external agencies. For example, Jan Lees and Penny Campling have discussed the *Standards* at a meeting with Sue Reeves (Senior Commissioner for Mental Health, DoH) regarding broad therapeutic community provision for personality disorders.

Following the publication of the *Service Standards*, the information collection process has started. The first stage of this is the 'Self-Review' for which the 'Self-Review Workbook' has been produced. This workbook is based

on the Service Standards and has been designed to allow communities to discuss and reflect upon their current achievements in relation to the service standards. In addition it has been designed to allow communities to reflect on and identify any areas for improvement. The Self Reviews were set to take place in late April. Currently, over 30 communities are participating and most of these have completed their self reviews, returning the workbook to the College Research Unit.

The second stage of information collection, the Peer-Review, is well underway. A Peer Review Discussion Schedule has been produced, and dates for Peer Reviews are being set for June and early July. The Peer-Review Discussion Schedule is also adapted from the Service Standards although it is somewhat shorter focusing on key areas for discussion between the peer communities in meetings with the whole community, meetings with staff, meeting with clients and a tour of the community. The Discussion Schedule in particular is designed to provide space during the peer review for shared discussion of good practice and reflection on practice between the peer communities. Thus, the Peer-Reviews are designed to provide a fertile forum of exchange between communities. This is in some ways reminiscent of the visits between communities which originally formed the basis of the ATC. The visiting of each others' communities has perhaps got lost over the years given the ever growing pressures involved in keeping the services going. The Community of Communities Peer-Reviews will thus revitalize the

SURPRISED VISITOR

I have played a part in a number of Community of Communities visits this year and I hope to do so next year.

In all honesty I have yet to process most of my experiences. I remain a little confused by the many experiences I have soaked up. Maybe that is a good thing, if the idea of the visits is to exchange and perhaps stretch or challenge.

On one visit my colleague and I sat waiting in a room to see if any of the residents wanted to talk to us. We waited for almost 30 minutes, alone and chatting about the day so far. Then one person joined us. They had very little speech, and seemed to come and go in their ability or desire to use what speech they had. It was a great challenge to us to be able to seek - any - of the views the Peer Review discussion schedule seeks. I know I was in a situation, experiencing something completely new to me, that challenged me to find ways to connect with and involve this resident. It challenged me at very fundamental levels: To what extent, if any, was I either putting words in their mouth or interpreting what was said? To what extent, if any, was what was said being influenced by the presence of two strangers? My ethics were being challenged, I was forced to question myself, what I was saying or doing, why I was saying or doing it. It was a tiring day, that remains with me and has left me questioning bits of myself I have not questioned very much for a long time.

On another visit to one of the five prisons I have now visited, my colleague and I sat in a room with around 40 residents all of whom had been convicted of very violent crimes, mainly murder or manslaughter. The guys were friendly and polite to start with. We were looked after really well. I felt completely safe as we chatted openly with each other. I still feel confused by the contrast between what I know - these people have the proven capacity to be very dangerous - and what I felt: These are OK guys, just like the rest of us.

I was delighted that we were questioned about what we do and how we do it just as much as we were seeking information. I felt a real exchange was taking place, that we were 'giving' as much as we were 'taking'. I would love

to have been at the next big group meeting in this community to hear what they felt about the day, except that our presence would have fundamentally changed the nature of the group meeting. Maybe we could find space for another section in the peer reviews visits so that a community's 'day after' experiences could be included.

I know that I have met many people I would not have met had it not been for this process. I know that my horizons have been widened as a result. Provided that those people we met have some of the same sort of outcomes that I have experienced, then the process is working.

Jonathan Broad



"...but is it therapeutic?" - a Steve Paddock Cartoon

(continued from page 15)

impulse to visit each other and forge new relationships between communities. Importantly, users will be involved in the peer-review team and it is hoped that each peer community will have at least two (or more) users involved in visiting peer communities. The programme for the review days will include pre-and post groups for de-briefing.

Over the summer the process of writing the reports based on the information gathered from the Self-Reviews and Peer-Reviews will start, and Selected Key Findings will be presented at the Windsor Conference in September. A date for the Community of Communities Annual Forum is now being planned for early 2003 and will be advertised over the coming weeks.

Sarah Tucker
Project Manager
Community of
Communities

For further information about Community of Communities please contact Sarah Tucker, Community of Communities, The Royal College of Psychiatrists' Research Unit, 6th Floor, 83 Victoria Street, London SW1H 0HW Tel: 020 7227 0849 Email sarah1.tucker@virgin.net

ATC/NLCB Therapeutic Communities Research Project

A comparative evaluation of therapeutic community effectiveness for people with personality disorder

Janine Lees
Research Consultant

We thought it might be interesting for everyone to have a reminder of what this project is about, and an update on its progress.

Background

In 1999, the ATC received a grant for three years funding for this project from what was then the National Lottery Charities Board, and is now the Community Fund, and the project started in September 1999. The project is implemented via the University of Nottingham, and the three researchers employed on it are - Nick Manning, Professor of Social Policy and Sociology, the University of Nottingham; Jan Lees, Research Consultant; and Barbara Rawlings, Honorary Research Fellow, University of Manchester.

Initial Sample

We initially recruited 25 therapeutic communities treating personality disorders - this was considerably more than the 10 we had initially anticipated recruiting. This number will make the study a much more extensive and inclusive mapping of the therapeutic community field treating people with personality disorders. This sample includes therapeutic communities in secure and non-secure settings (prisons, Special Hospitals, NHS units, and charitable sector communities); and residential and day therapeutic communities. Although most of these are democratic therapeutic communities, we have also been able to recruit two concept-based therapeutic communities, one secure, one non-secure, for comparative purposes, and one community also using dialectical behaviour therapy, which is often counter-

Nick Manning
Principal Investigator

posed as more effective than therapeutic community treatment for this client group, and will again provide useful additional data.

(Sample - 6 NHS residential democratic therapeutic communities, including the one Special Hospital ward; 5 NHS day democratic therapeutic communities; 8 prison (residential) democratic therapeutic communities; 1 charitable sector residential democratic therapeutic community; 1 prison (residential) concept-based therapeutic community; 1 charitable sector residential concept-based therapeutic community; 1 charitable sector residential dialectical behaviour therapy unit. 2 therapeutic communities are in Scotland; the others are located throughout England.)

All these units were visited, and the research project explained to both staff and therapeutic community members, who then decided whether or not to join the project - which they all opted to do.

Methodology.

We finalised the package of measures, in consultation with the various types of therapeutic communities, and in consultation with the Quality Assurance Panel. This package of measures includes measures that will give us data comparable with psychiatric populations in Europe and North America. In addition, we consulted with the University of London Institute of Education Multilevel Models Project about the statistical modelling to be used in this study. The study started with a package of measures that included a Social History Questionnaire; the Personality

Disorder Questionnaire; and EuroQol - a quality of life index. It also included the Brief Symptom Inventory; the Borderline Syndrome Index; C.O.R.E. (Clinical Outcome in Routine Evaluation); and a Rank Ordering of Activities form. The last four questionnaires form the repeat test pack, administered every three months, with EuroQol being added for the discharge pack, and for everyone at the final test date. There are two samples for testing - a batch sample of everyone who was in each community on Day 1 of the data collection, and a sequential sample of everyone who has been admitted to each community after the first week of the data collection. These people are all tested at three monthly intervals. In addition, all staff and client community members complete a COPES (Community-Oriented Programmes Environment Scale) every 6 months. It is hoped to have sufficient data to undertake multi-level modelling, to try and identify the contribution of elements of the treatment environment to treatment outcome.

Qualitative studies.

Three qualitative studies, involving participant observation, and some semi-structured interviews - one of a democratic prison-based therapeutic community, one of a ward in a Special Hospital, and one in an NHS residential therapeutic community, have been completed. These qualitative studies are intended to complement some of the quantitative work, and explore further some of the project's hypotheses and questions.

Ethical approval for the study.

We applied for, and received, ethical approval from the Prison Health Research Ethics Committee, and from the NHS Multi-Centre Research Ethics Committee (MREC). We also applied for NHS Local Research Ethics Committee (LREC) approval for the 13 units taking NHS patients, and finally received the last of these in March 2001 - this process took considerably longer than anticipated!

Research training workshop.

At the beginning of the project, we held a one-day research training workshop for one staff member from each therapeutic community, who was to be involved in administering the package of measures to their therapeutic community members.

Data collection

We began the data collection for all of the therapeutic communities involved, in April, 2001. Our first batch

data collection took place during this month - this included everyone in each therapeutic community on day 1, who was willing to participate in the research study. There have now been four more batch data collection (being done at three month intervals), with a sixth due to take place in July this year. This is the penultimate batch data collection - the last data collection for the Lottery project is due during the week of 30 September, 2002. In addition, sequential data is being collected on all those admitted to each of the therapeutic communities since the data collection period began (again, if they are willing to participate in the project, and at three monthly intervals), and will also continue until 30 September, 2002. We will be encouraging those people who feel able to do so, to continue collecting data for their own outcome research purpose, as those therapeutic communities will then have longer follow-up periods than we can provide, given the limit of three years for Lottery funded projects.

Sample size

In year two, our sample size decreased a little. One NHS hospital, which had three units on site, and initially agreed to them being treated as separate units, decided to re-present themselves as one combined therapeutic community, for tactical reasons, so although all three units are still in the project, nominally our sample was reduced to 23 (from 25). Subsequently, one of the democratic prison-based therapeutic communities was faced with potential closure, and decided it had to withdraw from the research project, and concentrate its efforts elsewhere; this reduced our sample to 22. (It has now been closed.)

Information and Dissemination

We have continued to present both the project methodology, and preliminary findings, to a range of conferences - the Society for Psychotherapy Research; the Association of Therapeutic Communities Annual International Conference; the International Association of Group Psychotherapy; the Royal College of Psychiatry; and the British and Irish Group for the Study of Personality Disorder. In addition, two conference papers were prepared for the Windsor conference in September, 2001, and one of these, on the first qualitative study, has already been published in the Therapeutic Communities journal. Several further conference papers are planned, and we expect publications from many of these.

Current situation

The project is now nearing the end of its third year. There have been several issues which mean that the project has taken longer than anticipated - the sample size is much greater than first anticipated; the ethical approval process took much longer than anticipated; and Jan Lees, who is responsible for organising the quantitative data collection, was off sick for nearly a year. We have managed to keep the data collection going, and she is now back at work full-time. However, this has meant that the last data collection is due after the original end-date of the project. As a result, we have applied to the Lottery for an extension of the project for one year, until 30th August, 2003, and this has been granted. In addition, because of problems with staffing resources, another democratic prison-based therapeutic community has dropped out of the project - this means there are now 21 in the sample.

In November this year, after the final data collection, we are hoping to hold a feedback workshop at the University of Nottingham for everyone who has been involved in the project, to discuss how the research has gone, what the positives and negatives have been for those involved, and some suggestions for improving the management of future research projects in therapeutic communities.

Data entry and analysis

Our research assistant has begun on-going data entry, and begun to do some preliminary analyses. We hope all outstanding client data will be coded by the end of September this year, and the remaining batch and sequential data (30th September collection) by December, and the RESPPPI (Residential Substance Abuse and Psychiatric Programmes Inventory) data which Jan will collect from all 21 therapeutic communities in the project between now and Easter 2003, should be entered by May, 2003.

Final report

We hope to have a final report available by December 2003. All our work has been overseen by our Quality Assurance Panel, and we hope to present a draft final report to them in September, 2003, and subject to their comments, to then submit it to the Community Fund, for their approval. On acceptance, we would hope to hold a workshop at the University of Nottingham, to present the findings, to which all the communities involved in the project will be invited. We have also agreed that Jan Lees will also visit each therapeutic community involved, to present the findings to each community.

JL NM

Admission is FREE ADVANCE BOOKING ADVISED

HENDERSON HOSPITAL

6th Annual

MAXWELL JONES LECTURE

RIBA, 66 PORTLAND PLACE, LONDON W1

"Creating Sanctuary: The Challenges of Changing Systems"

Lecturer

Sandra L Bloom M.D.

Community Works

Philadelphia, U.S.A.

Respondent: **Valerie Sinason**

Director, Clinic for Dissociative Studies
and

Consultant Research Psychotherapist, St George's Hospital Medical School, Psychiatry of Disability Department

7.45 p.m. on FRIDAY, 13 SEPTEMBER 2002

Wine and buffet reception 7.00 p.m.

Sue Garner Tel : 020 8652 2810, Fax : 020 8770 3676 or sgarner@swlstg-tr.nhs.uk, Henderson Hospital, 2 Homeland Drive, Sutton, Surrey SM2 5LT

South West London and St George's Mental Health NHS Trust

MINUTES OF THE ATC USER INVOLVEMENT WORKING PARTY MEETING HELD FRIDAY 21 JUNE, 2002

**3.30PM - 4.30 PM
WINTERBOURNE THERAPEUTIC COMMUNITY.**

Present: Mary-Beth Primmer, Kevin Healy (Minutes),
note: no user representation !

1. Minutes of the previous meeting: There were no Minutes from previous meetings of this working party.

2. Matters Arising from the Minutes: In the absence of Minutes, we revisited our position statement of 3 July, 2001 where we aim to focus on.

- (i) Involvement of users / ex users and the working group itself.
- (ii) Involvement of users / ex users in research and development activity.
- (iii) Involvement of users / ex users in putting research into practice.
- (iv) Involvement of users / ex users in furthering the aims of the ATC.
- (v) Specific involvement with users / ex users in furthering the political agenda.
- (vi) Via e mail discussion, we had also agreed to consider the involvement of users / ex users / ex patients in :

- The appointment of staff.
- The complaints procedure.
- Serious incident enquiries.
- Education and training of nurses, doctors, psychotherapists, visitors to our community and other local professionals.
- Audit.

(vii) Likewise, we recognised the need to consider how current and ex patients may be involved in the ATC through :

- The Windsor Conference.
- Specific trainings.
- Membership of the Steering Group and of the organisation.
- A Journal editorial board.
- Direct involvement in the user involvement working group.

3. The meeting focused on four main areas.

(i) User involvement in the ATC.

Currently working parties of the steering committee focus on workshops, conferences, the Windsor conference, the Journal, training, quality network, ATC prisons, research, acute psychiatric environments, career structure, consultancy, media / campaigning, administration, newsletter, TC development, European links, user involvement, ATC north, drugs and alcohol TC's. **None** of these working parties currently **have users represented** on the working party itself. On considering this situation the consensus in our meeting was that there was little justification for the lack of user involvement in all these areas of work.

We considered that the functions of the various working parties could be categorised under **five headings:**

- **Training and consultancy**, to include workshops, conferences, Windsor conference, training, career structure, consultancy.
- **Research and development** to include research, TC development.
- **Quality network** to include quality network and perhaps user involvement.
- **Media and publications** to include, the Journal, media / campaigning, newsletter.
- **? other.** ATC prisons, acute psychiatric environment, administration, European links, ATC North, drug and alcohol TC's

(ii). Current user projects:

1. Winterbourne

- Ex TC.
- User led research.

2. Cassel Alumni Association.

3. ATC user involvement network.

4. User focus group Department of Health on development of strategy for services for people with personality disorder.

5. Royal College of Psychiatrists user and carer group.

6. Other.

(iii) User involvement workshop at the Windsor Conference: Mary Beth felt it would be useful to have a short presentation from each functional group within the user involvement network to enable us to get an overview of current and future user activity across the ATC.

We agreed it would be a good idea to encourage the AGM to support a **strategy for user involvement in the ATC**. User involvement needs to be owned by the ATC throughout the ATC and not split off into a user involvement working group. The challenge to the ATC ought to be to take on board the experiences and expertise of users and ex users and to **visibly demonstrate the voice of users / ex users** within the ATC.

We recognised that there may well be a distinction between current user involvement and ex user involvement. This will need to be clarified further.

(iv) TC book on service user perspective.

Thinking about this book can best develop in line with the development of user involvement within the ATC.

4. Action from this meeting: We agreed that the Minutes of this meeting should be sent to all Steering Group members and that we should talk to these Minutes and the ideas represented here when considering the service user membership scheme item at the next **ATC steering group**, Friday 5 July, 2002.

Mary Beth Primmer / Kevin Healy

24 June, 2002.

OUTCOME OF THE CASSEL HOSPITAL REVIEW

Kevin Healy

Director, Cassel Hospital

As reported in the July 2001 number of the *Joint Newsletter*, services at the Cassel Hospital have been under intense review by the Board of West London Mental Health Trust. The Trust instituted a process that involved Cassel staff and patients and other relevant stakeholders, such as users and ex-users, referrers and commissioners. A multi-disciplinary expert panel set these views in context. A report of the Review was prepared for the April meeting of the West London Mental Health Trust Board.

We can now report that the Board discussed and fully accepted the

“What seemed to be a major threat to the future of the Cassel Hospital one year ago, has evolved into a significant opportunity for further development.”

contents of that Report. They accepted that the Cassel Hospital has a valuable contribution to make to the assessment, treatment and management of individuals with personality disorder, to the support and education of their families and carers, and to the training and service development needs of local services attempting to work with individuals with personality disorder. The report also reflected the challenges to the Cassel service, and the changes that need to be made to further increase the voice of users, to build collaborative relationships with commissioners and referrers, and to be involved in the development of a centre of excellence which will meet the clinical needs of patients and the training and development needs of staff and local services.

A five year action plan was agreed by the Trust Board. In the first

two years the emphasis will be on establishing collaborative relationships with commissioners with a view to planning services that best meet the needs of local populations. Service developments in line with the needs of patients and of commissioners will then be undertaken in a flexible and evaluated way.

The Cassel Hospital is also challenged to play a central role in the development and evolution of specialist services for personality disordered individuals in primary and secondary as well as in tertiary settings.

What seemed to be a major threat to the future of the Cassel Hospital one year ago, has evolved into a significant opportunity for further development. Opportunities and threats clearly go hand in hand!

Congratulations TC Phoenix Graduates!

The first two residents of “Phoenix” - a young girl of 19 and a young man of 22 - graduated from the Bulgarian therapeutic

community’s rehabilitation programme in May, having completed the full eleven-month programme. Peter Vassilev,

Director of Therapeutic Community “Phoenix”, writes to say that “Now we are starting a one-year period of follow-up, which we look forward to sharing with you.”

CHT ANNUAL CONFERENCE

John Gale

Director, Community Housing and Therapy

CHT held its annual conference on Friday 8th February 2002 in the grand surroundings of the Royal College of Psychiatrists in Belgrave Square. The theme of the conference was *Ecology and Mental Health*. This is the occasion when all our staff from the different communities get together and we were delighted to have around twenty guests. In all about seventy attended.

After a stimulating introduction to the conference from CHT's chairman, Mrs. Liliias Gillies, two presentations were made. The first by David Foster, chief executive of Thrive entitled "Growing opportunities - the use of horticulture in the care of people with mental health problems", and the second by Jenny Grut, a psychotherapist from The Medical Foundation for Victims of Torture, entitled "The Healing Fields". This was followed by a splendid buffet lunch where we were able to meet each other.

In the afternoon there were another two presentations. The first, made jointly by Sarah Tucker, CHT's former training manager, and Nicholas Wolff, a therapist from Lytton House, was entitled "Beyond city dwelling - CHT's first therapeutic camp". The second was by Bill McGowan, a lecturer in mental health at the University of Brighton, entitled "Private spaces, open spaces and the 'asylum' function".

All the speakers gave presentations which were original, informative and thought provoking. They were also all very different. What I remember most about David Foster's talk was the energy and enormous enthusiasm he had for cultivating the soil, growing fruit and flowers, and being out in the open air. Jenny Grut's paper was inspirational and she included a most moving video of her work. The video showed her digging an allotment alongside one of her patients. Through the work he was drawn back into recollections of the country from which he was exiled, the vegetables he used to grow there, and the family, now disappeared, with whom he would cook and share his meals. I think I was not alone in being brought to the verge of tears by the short film.

Sarah Tucker and Nicholas Wolff talked about CHT's pilot therapeutic camp. This is a project which was inspired by the publication of an article in Therapeutic Communities in 1999 (Vol.20, No.2) about the work of a group of Polish psychiatrists over the last twenty years, taking schizophrenic patients on annual camps as a form of treatment in the overall complex treatment programme of their unit. We got in touch with Andrzej Cechnicki, the Director of the Day Treatment Centre in the Psychiatry Department of Krakow University, and he put us in touch with one of his co-authors, Anna Bielanska. We formed a group of interested staff, sent one member on an Outward Bound camp with mentally ill people, and had a number of planning meetings. Sarah Tucker, herself a serious walker, established the group on a firm foundation and they plan a pilot camp next year.

At CHT we have been interested in Lacanian ideas and the way his focus on language links with the notion of community. The early Lacan was greatly influenced by Heidegger, and a key to Heidegger's ontology is the idea of *dwelling*. Heidegger spoke of three distinct types of dwelling - dwelling in our own world, in a shared world, and in the surrounding world. It is this final sense - that the world which surrounds us is part of our very being - which has led us to re-examine our understanding of the relationship between the environment and our clients and the part this relationship can play in a therapeutic community treatment programme.

The final paper was given by Bill McGowan. Bill is an old friend of CHT and we were especially pleased to have his support yet again, and be able to have him share the day with us. And what a marvelous talk he gave! It was a most comprehensive and informed review of social ecology and mental illness. Examining public spaces and private spaces, the need for asylum and reclaiming an interior world, he went on to policy issues and architecture. In this latter section Bill detailed a number of community projects before discussing health and social ecology.

I hope that some of these papers will, at a later date, be published in Therapeutic Communities. This was our sixth annual conference and each year I think it is becoming more successful and more enjoyable.

I do hope that next year it will attract more colleagues from other therapeutic communities, and that it will play a small part in building up our 'community of communities'.

ARCHIVIST/DIRECTOR'S REPORT

You can tell, by the gentle burr of the air conditioners as you walk up to the Centre, that something has changed. It's not all complete – there are still two more air conditioning units to be installed, and the consequent clean-up, and the erection of the final sets of shelves, and then moving of archives in. But a corner finally has been turned. For the first time in almost three years, it is possible to go into the main archive store, look for a box of materials, walk directly to it without climbing on the shelves, and examine the contents in situ. After three years on hold, in the midst of construction and its delays, we have space in the Archive again. The machine – this tool for memory – is nearing some kind of completion.

We have not, of course, been on hold in other ways. Already this year there have been over fifty new archive accessions, small and large; growth in the library; growth in the oral history programme; growth in the various web-sites; and growth in the Centre's information and support work. Against the background of the opening of the new accommodation and conference Centre, it is another very exciting time.

It has also been a busy time. Our Assistant Archivist, having joined us fresh from the archives course at Bangor University two and a half years ago, set out in March on the next stage in her career – a major computing and cataloguing project to bring the dispersed British Waterways' archives together into one virtual space. After nearly three years of two full-time archivists and no prospect (financial constraints – crazy stock market; opening of conference centre in lee of construction delays and cost overruns) of a replacement in sight, it is interesting to re-discover certain archival muscles, some of which had almost been forgotten. With the pull of the new conference and accommodation facilities, we have also lost the better part of the services of Maureen Ward, our part-time archive assistant, to cooking and cleaning and hosting. And there were the computer problems, the attending to which wiped out in aggregate about two weeks of working time, throwing up the inevitable voids and confusions, some of which are still being discovered.

But trustee Helen Frye continues each Friday to bring her psychotherapeutic touch to the Research Library, helped by friends such as Derek Mapstone; and Specialist Curator (for Progressive/Alternative/Democratic Education) Albert Lamb – when he can tear himself from celebrating the successes of his home-schooled/alternative schooled children – brings his Summerhill touched, New England bred, depth and inspiration. And then there are the people in this field – retired and practicing, practitioners and practiced-upon; whose experience, past and future, gives the work of the archivist its particular thrill. Like the visit from Fay Crofts (author of the book on Hollymoor) bringing materials saved and gathered by Mary Harding relating to Hollymoor, including photographs and the Hollymoor bell, which used to call patients in from working in the

fields, and lived for many years under Mrs. Harding's chair.

Among the photographs and other Hollymoor-related items was a copy of "Everybody's" magazine from October 9, 1948, inside which was an article on Paul Field, founder of the Children's Families Trust, and on Lynwode Manor, in Lincolnshire, where he and his wife first started their family-for-life fostering after the war. As it turns out, Lynwode Manor is about five minutes from Acacia Hall therapeutic community, in Friesthorpe. It was also the home of a pacifist-run war-time farm/hostel for refugee children, where therapeutic community pioneer Arthur Barron and his wife Margaret met, before setting out on the long and arduous career of pioneers, which included snow drifting through a broken window at Hawkspur Camp for Boys onto their baby in its cot, and the Home Office blacklisting, which blocked his obvious work and diverted Arthur Barron into the Anna Freud training which transformed the trajectory of his career.

It was to see Lynwode Manor that I left particularly early in the van – getting up at 5 – for an archival visit to Acacia Hall just before the latter closed in June. When I finally arrived home that night around 1, AA truck lights flashing and the crash of the ramp to the road echoing around the village (where we don't even have street lights), I thought of the intrepid researcher who will never come, who will correlate the reliability of personal vehicles with the Archive's fieldwork and oral history activity. The drop-off of visits and recordings after the old VW blew up in a spray of water outside Cambridge, returning from a visit with David Clark; the dear old Micra, which was hale enough at first to haul the whole family up to find the Grith Fyrd camping land at Shining Cliff in Derbyshire; the Renault, big and comfortable enough to chauffeur Josephine Lomax-Simpson on visits through her London, whose inability to clear frost from the windscreen in the end was symptomatic of a much deeper electrical problem. All of which will read like a kind of literary self-indulgence, but is actually by way of explanation and apology. I begin each report knowing that we have done a great deal, but far more intensely aware that there is a great deal more which needs to be done, and which ought to

have been done. I am intensely aware of the apologies due.

Archives

For reasons indicated above, there are about a dozen recent accessions which have not been fully processed, and will be discussed in a future Newsletter. These include, for example, a heavily used and marked address book of David Wills, dating from the early 1970s, given by his niece and executor Margaret Barling; and material generated by the recent Cassel Hospital review, given by Kevin Healy.

Of the other fifty or so accessions, one of the most extensive was brought by Eleanor Barnes in a suitcase and several boxes, and related to her late husband Kenneth Barnes and to Wennington School, which he and first wife Francis founded in 1940. Much of the material consists of photographs – a 1930s album from Bedales, where Kenneth Barnes taught before Wennington; several hundred photographs relating to Wennington; over a hundred colour photographs, at post-card size and mounted for sale-exhibition, of paintings by Kenneth Barnes. But there are also “A Proposal for a New School” by Kenneth and Frances Barnes (1936), accounts and ledgers from the 1940s, Wennington Bulletins 1940-1959, school magazines (an under-used resource) from the 1940s through the late 1960s, records of the School Senate meetings from 1958 – 1975, and many other things. A very rich collection, underpinning a very interesting and important school.

But rich material also comes in small packages.

At his last Management Committee meeting here, about two weeks before the stroke from which he never recovered, trustee Robert Laslett brought in a little book which had belonged to David Wills. Indeed, is signed and dated “W.David Wills, 11.xii.35” with the additional note “H.M.B.I. Rochester, Kent” – that brief period as a Borstal housemaster (which led to his immortalisation in a subsequent novel by one of the lads) before going to Hawkspur as Camp Chief in the Spring of 1936. Wills was one of Britain's first psychiatric social workers. The book, entitled “Migraine and Other Common Neuroses”, by F.G. Crookshank, would have sat comfortably on his professional bookshelf. Would we like it for the Archive? Certainly. It gives us a date, it gives us a signature, it gives us a place, and it shows us an aspect of his concern at that particular time. Idly opened, there is a piece of paper folded in the back: A typed note. Signed A.M. MacLachlaine, House Physician, The Royal Infirmary, Edinburgh, 17.iv.44. Addressed to “Mr: W.D. Wills, Barns House; Manor:

Peebles” – the famous Barns Experiment. “I still think that you would be the better of a holiday” Dr. MacLachlaine writes, “but, after reading about your work I can appreciate some of the difficulties involved....As regards ergotamine tartrate (the specific for migraine), there is no reason why you should not keep a supply and take it as early as possible when you have reason to suspect that an attack is likely to come on...”

Robert, who had known David Wills from the early 1950s, was astounded. Neither he nor John Cross, who had known David even longer, had any inkling that he had ever suffered from something so debilitating as migraine. Nor, as far as I am aware, does a reference to it appear anywhere in his writing, nor in his archives nor in those of Barns or Hawkspur. Dr. MacLachlaine goes on to say, “I am sorry that we could not keep you a little longer and investigate your case more fully: I am not at all sure that it may not contain psychological elements. But you know how we are situated here for beds”.

That David Wills owned the book – and presumably kept it with him, folding the note in – over a nine year period from the end of 1935 (taking in the whole of the Hawkspur Experiment, as well as Barns!), suggests a long-standing problem. Which he then overcame? And then the book, and its note, passed quietly to Robert, and could so easily have disappeared, taking this otherwise unknown and irrecoverable biographical fact with it.

Having been designated the formal place of deposit for its archives, the newly-constituted Friends of PETT and Barns House placed the groups's founding documents in our care. Photographs of a former Hawkspur Camp for Boys boy were given by the man into which he grew, as well as some correspondence. In two separate accessions, Bryn Purdy gave material relating to Homer Lane and the Little Commonwealth, to the late Rowen House School (which he founded) as well as the book – “Girls will be Grils” - which came out of it – and materials related to Utopia and (and vs.) Eutopia. John Cross gave a series of photographs on CD relating largely to the new Barns House accommodation. Dorothy Hamilton popped in and gave us some material related to George Lyward. Pauline Weinstein gave copies of the reviews of the pre-war novel written by her late husband, Judah Weinstein – “Borstal Lives” – in which David Wills features. Ralph Gee – the former Red Hill boy who set standards as a librarian which, translated into archives, we might hope to glimpse with a telescope – gave a further wealth of material relating to Red Hill, and his life and career after Red Hill.

Research Library

The Research Library grows, of course, through the purchase of materials both secondhand and new. But its real depth is a consequence of friends and colleagues who send copies of their work, or give materials. Anthony Rodway, for example, has recently given 20 books and monographs from his personal/professional library, along with journals and articles. Joe Berke has sent a copy of the new edition of "Mary Barnes – Two Accounts of a Journey Through Madness" just published in New York by Other Press. Gudrun Bjorck sent a copy of the "Journal of the [Arbours] Crisis Centre" (No. 12 "Beginnings and Endings"). And Anita Bracey sent an offprint of her "Group Analysis" paper (see Lorraine Barr's commentary elsewhere in this issue) "Finding the Patient Within".

There is published material which it would otherwise be difficult for us to find – such as the offprint of his article "Summerhill School and the Inspectors", published by John Potter in the Kogakkan University Journal of the Faculty of Social Welfare earlier this year; the issue of the German-based magazine "finger" (no. 10. May 2002) co-edited by Luke Fowler, with a substantial section on the Laing/Arbours/Philadelphia Association complex; and Swedish-language material related to Varpen Therapeutic Community sent by Varpen-founder Gudrun Bjorck.

There is also unpublished material: How else could it be made available, so readily, to other researchers? Riccardo Piscopo's thesis "Le Percezione della Comunita Terapeutica Da Parte di Operatori e Residenti", sent by the author. A series of manuscript chapters on the history of Toddington (site of the Centre), given by author Chris Ennis. The typescript of his conference paper "Utopia is as Eutopy Does: Robert Owen and New Lanark", given by Bryn Purdy. An unpublished paper in Swedish – "Terapeutisk Kultur" – by Gudrun Bjorck, who currently works for Arbours.

"Terapeutisk Kultur" – "Therapeutic Culture" – is a very interesting paper. I only know this – apart from the feel of Gudrun Bjorck in person – because of Axel Kuhn, one of our earliest researchers, who is in the process of submitting his thesis in Germany on A.S. Neill. Axel speaks both German and Swedish, and very kindly agreed to translate Gudrun's paper, doing so – especially given his family and academic commitments – astonishingly quickly. One can't repay this kind of generosity, which seems characteristic of people in this field. I reworked his English-language thesis-summary, but given his command of English, that was mere tokenism.

Oral History

Recordings

Perhaps the personally most demanding set of recordings carried out during this period was with members of the staff of Acacia Hall therapeutic community, recorded during two visits – one just before the community closed, with three residents still on campus, and one just after. The pain of closing was palpable; and yet the over-riding revelation among all the difficulties and complexities was the very real creative, innovative, and inspiring work that had been realised. I kept having to remind myself that Acacia Hall had only had three years. The recordings themselves must be confidential; I hope the members of the staff team will find ways to crystallise and share their individual and group achievements with the wider field. It will compound the loss to lose the knowledge of all of that as well.

And then there is that wonderfully unique experience of talking with someone who was a boy in one of these places – Hawkspur Camp for Boys – towards the end of the war, and of tracing the weave of the ethos and lessons learned there through an adventurous and productive, family-filled life and career. We have permission to publish this interview (with anonymising amendments), and hope to get it up on the web-site before the next Newsletter. We were also contacted – through a search leading to our web-site – by a man who had been a young boy at Ledston Hall under Dr. Fitch just after the war. His experiences, set down in two letters rather than on tape, were more mixed. The memories are rich, and include details of the war-disturbed childhood prior to the referral, and the experience of travelling from London to the North by train, to go to this unknown place, at the age of six.

And then there is that generally over-looked group, the researchers. It is one of the Archive and Study Centre traditions - where it does not hamper the work they have come to do – to record interviews with visiting researchers about themselves and their research: proper life history stuff. Sometimes – if (to try to accommodate researchers who have limited free time, much less research time) we have been able to keep the Archive open late into a night, or on a weekend, there will come a moment when it is good simply to stop, and talk, and record the talk. Artist Luke Fowler, and practitioner Kevin Polley, have been through this recently, hopefully with no ill effects. There are a number of consequences. One is certainly a deepening of my respect. Another is a deeper understanding of their research and its underlying grammar, and this, with luck, conduces ultimately to their getting the best possible from the resources here.

continued on page 27



WE NEED YOUR SUPPORT

The Planned Environment Therapy Trust Archive and Study Centre was established in 1989 to gather, look after, make available (appropriately – that is, with due reference to confidentiality and the fragility of the materials themselves), and generally stimulate the gathering, use and understanding of the field’s memory; what trustee Rich Rollinson has called its heritage. Over the past twelve years, with the kindness and insight of many friends, we have built up a very special place:

A building, with dedicated (secure, environmentally-controlled) archive storage, users’ room, library stacks and work rooms; this is something most archivists outside the publicly-funded archive sector would die for.

Contents: a unique and ever-growing resource of archive collections, including a range of museum objects; a research library with over five thousand volumes; an extensive (and growing) oral history collection.

And *The Work* proper:

- The labour-intensive and materials-expensive gathering, listing, cataloguing, rehousing (in archivally-safe materials), conservation, preservation and general management of archive accessions;
- The general information service, based around the extensive web-site, handling several hundred therapeutic community queries a year;

- Our own active oral history programme;
- Our active support (with equipment, tapes, transcription and subsidising of travel) of others doing research;
- Pump-priming of information and communication services: Helping to launch and produce this Newsletter, for example; setting up web-sites for the Association of Therapeutic Communities, the Charterhouse Group of Therapeutic Communities, and the Cassel Hospital, including the web-site of the Cassel Hospital Alumni Association;
- Generating, organising and hosting conferences and seminars;
- And, of course, meeting the needs of visitors and researchers – without charge, and, indeed, with subsidised travel and accommodation where appropriate and possible.

To date all of this and more, with some kind exceptions, has been funded entirely from the Trust’s own resources. In the context of the opening of the new accommodation and conference centre, with all of the attendant building and furnishing costs, it is clear that to maintain and, more importantly, to extend the Archive and Study Centre’s level of service we must gather as much support as we can from those who value what the Centre stands for and what it does. Which is considerable.

To say that we would be grateful for donations - £10, £20, £50 or whatever - would be an understatement. And if it comes with a Gift Aid Declaration it becomes even more valuable. £50 becomes £64; £20 becomes £25.60; £10 becomes £12.80. Which translates directly into a unique form of support for the field as a whole. Very many thanks for considering it! **- Craig Fees**

GIFT AID DECLARATION

Gift Aid provisions are now far less restrictive than former Deeds of Covenant, in that the payer merely needs to be paying income tax or capital gains tax, and there is no minimum time limit. If the donor pays income tax they can sign a Gift Aid Declaration. There is no cost or form filling involved, and immediately the value of any donation to the Trust is increased by 28%. If you are willing and able to do this, simply return this section, duly signed, and we will be able to reclaim the appropriate amount of tax from the Inland Revenue.

GIFT AID DECLARATION

Please treat this and all future donations until I notify you otherwise as Gift Aid Donations.

Signature.....Date.....

**Planned Environment Therapy Trust, Church Lane, Toddington, Cheltenham, Glos. GL54 5DQ
Registered Charity Number 248633**

continued from page 25

And to top it all off, Alan Fox has deposited further recordings relating to the Peredur Trust, and the work of Siegfried and Joan Rudel. We need to get more people doing this kind of recording. We are fortunate in having a number of high-quality tape recorders which we can loan, and we are fortunate to be able to offer help and support in other ways. The field is too rich and under-researched for one or even two or three or half a dozen people to adequately record. It really needs more people.

Equipment out on loan:

A grant from the Oxford-based archival supplies company Conservation Resources to the Society of Archivists' oral history project ("Celebrating Memory – an oral history of the Society of Archivists and its members"), has made it possible to buy two sets of mini-disk recorders and microphones, and to trade those for the Sony Walkman Professional tape recorder and Sony microphone which have been on loan to the project from the Centre over the past few years. The Sony is a beautiful machine, and though we have moved reluctantly into mini-disk ourselves, and still take the mini-disk with us as a matter of course, it is a pleasure to have the Sony back again. Of the other two Sonys, one is with Christopher Reeves, who is gathering material on Barbara Dockar-Drysdale and the Mulberry Bush School, and the other is with Lesley Caldwell of the Squiggle Foundation, to record Squiggle Foundation Lectures. Helen Spandler returned one of our Marantz (another beautiful machine) as she concentrates on polishing off her PhD. The other Marantz is with Alan Fox, who is carrying out the recordings relating to Joan and Siegfried Rudel and the Peredur Trust mentioned above.

Information Services

Survey

Our 'Survey' lives in a hanging-file cabinet, and consists of files of published, Internet and other materials on people, places, organizations and issues related to the fields covered by the Centre. We use it in particular in

responding to queries - from someone's date of birth, to information on a particular therapeutic community - and its depth and consequently our ability to help others depends on friends and colleagues who channel material our way. This includes brochures and prospectuses - Sheila Gatiss sent "Friends Therapeutic Community Trust: Glebe House. An Account of work over the years"; Sarah Tucker sent Community Housing and Therapy's Annual Report for 2001; Linda Frost sent the Cotswold Community's newly launched brochure "The Cotswold Community: Education NCH"; Robert Laslett gave us a Swalcliffe Park brochure for 1991. And it also includes newspaper cuttings, such as an obituary of Prof. Israel Kolvin sent by Alan Fox; and a series of cuttings relating to C-FAR (a Young Offenders project) sent by Mary Jannaway, along with material relating to the Small School in Hartland.

EMANCIPATE Europe

Through the relationship with Axel Kuhn the Archive and Study Centre has associated itself with a European Union fund-seeking initiative originating from the Centre of Interdisciplinary Research on the Lives and Living-Circumstances of Disabled People of the University of Tübingen, in Germany. An Expression of has been submitted to the European Union in response to Call EOI.FP6. 2002, the aim being to create a co-operative network:

"The EMANCIPATE-Network will describe paths to a Europe without barriers for people with disabilities and by this means explore preconditions and chances of a changing society especially for those fringe groups. It is therefore necessary to facilitate access to sources of information and knowledge for these groups and to ensure that they can use them in order to participate fully in the life of society."

With this focused research and developmental work of this network consisting of many different faculties, European knowledge, expertise and competence will be concentrated and promote a breakthrough for a structurally disadvantaged group. Furthermore this will be a contribution to a necessary European discussion about justice, solidarity and manifolds."

- Craig Fees

CONNECTIONS

INTERSECTION:

Wennington School (1940-1975)

Founded by Quakers Kenneth and Francis Barnes as "an egalitarian school that would take children from a complete cross-section of society", one of what Albert Lamb has called "therapeutic communities for normal children". Frequent visitor and admirer

from early years: **Robert Laslett**, author of the highly influential Educating Maladjusted Children (1977), early colleague of Richard Balbernie/David Wills/ Barbara Dockar-Drysdale, PETF Trustee for 31 years, whose younger brother was among the original group of Wennington students, and whose sister spent her teaching career there (older brother Cambridge historian Peter Laslett). Governor: **Dr. Alfred Torrie**, of the Retreat, participant in the famous Northfield Experiment. Chairman of Governors: **John**

Macmurray (philosopher, a reputed influence on Prime Minister Tony Blair): Closely involved between the wars with Grith Fyrd, the self-governing/self-sufficiency/self-help pioneering organisation for long-term unemployed men, from which Q Camps and the Hawkspur Experiment evolved (in response to the numbers of seriously disturbed, difficult and delinquent young men thrown up by Grith Fyrd), Q Camps itself being in effect a predecessor organisation of the PETF.

INAUGURAL MEETING OF NEW 'FRIENDS'

Maureen Ward Honorary Secretary, Planned Environment Therapy Trust

Over the last few years a group of friends, former children, and former members of the adult team at New Barns School have been seeking ways both to support the ongoing work and developments at the Planned Environment Therapy Trust in Toddington, and to keep in touch with and support members of the New Barns community.

The Archive and Study Centre was originally conceived as a joint project between the PETT and the Homer Lane Trust, which ran New Barns School and made land on the school grounds available for the construction of a purpose-built Centre. Following the closure of the school in 1992, an existing building was adapted for archive and research purposes. More recently, assets from the sale of New Barns land, transferred to the PETT, have enabled the construction of the new archive extensions, and the new accommodation and conference centre facilities.

It was proposed that a 'friends' organisation be set up which could seek ways of helping the work of the

project in Toddington and draw in wider participation, while holding a concern for the wider school community. (The Trust itself hopes to develop a separate "Associates" organisation).

The 'PETT and Barnes House Friends' was duly launched at a meeting held on 11th May, 2002. John Cross, Chairman and Director of the Planned Environment Therapy Trust, addressed the meeting, and said that 'though building of the new facilities had taken far longer than we would ever have anticipated, and our long negotiations with the builders over details and costs had only just been concluded, we now have an up-and-running Archive, Study and Conference Centre.'

He went on to say that the Trust believes that the new facilities will make a unique contribution to the work of therapeutic environments in many settings. He felt that this was a great achievement, and wanted to pay tribute to all those who had played a part in this over the last few years. He further said that he felt it was right to acknowledge that for a significant group of people at the meeting an important factor in the establishment of the PETT Centre at Toddington was the determination

of many adults and children who had been members of the New Barns community that the spirit, principles and aims that were embodied in its life and work would not be lost.

Creating and maintaining therapeutic communities, particularly for children and young people, informed by the principles of planned environment therapy, was an extremely difficult task, and New Barns was just one of many communities which over the last twenty years had for various reasons been lost as a valuable resource for our work. The Trust believed that the Archive and Study Centre, and now the associated Barnes Conference Centre, would play an important part in the network, which included associations like the Charterhouse Group of Therapeutic Communities, and the Association of Therapeutic Communities, which was so essential in supporting the principles and work of the therapeutic communities throughout the country.

The meeting went on to adopt formally the Constitution for the Friends organisation, electing Alan Fox as their first Chairman, and Sybil Wheeler as Honorary Secretary. Further details about the Friends organisation can be obtained from Sybil, addressed to Barnes House, Church Lane, Toddington, Glos. GL54 5DQ.

SUMMER READING, SUMMER SLEUTHING

When you're away on holiday this summer, keep a quiet eye out for local history books and pamphlets. Ours is a field with roots and branches in all sorts of unexpected places, and you may very well come across a gem.

In Peckham and Nunhead Remembered, for example (compiled by John D. Beasley and published in 2000 by Tempus Publishing), there is an extensive

section of childhood memories about the Pioneer Health Centre – the famous "Peckham Experiment", whose ripples touched both Harold Bridger on the way to Northfield, and Arthur Barron. The archives of the Pioneer Health Centre, by the way, have recently gone to the Wellcome Library for the History and Understanding of Medicine in London. (ref. SA/PHC).

Open air schools, communes,

experimental schools, mental hospitals, evacuated children, children's homes...possibly therapeutic communities?- the recent history of Dingleton was effectively a work of local history, after all!

If you come across something, let us know or send it to the Archive and Study Centre. We welcome gifts, but we can also defray expenses.

From the Barnes Conference Centre Visitors' Book: "Lovely setting and grounds - I'll be back." "It was a treat to stay here. This was comfortable, quiet and in the midst of lots of great places to visit. It provided our group a real "retreat" time..." "An absolutely outstanding place" "An excellent venue for reflection/conversation/good food"

Helen Frye, Hon. Librarian at the P.E.T.T. Archive and Study Centre, rediscovers in the stacks...

THE “TURBULENT AND WAYWARD GENIUS” OF HOMER LANE

I have just finished re-reading, with great enjoyment, the 1964 biography of Homer Lane by David Wills*. It is a well-written, engaging account of an extraordinary man achieving extraordinary things almost one hundred years ago. Wills makes it clear that Lane’s bold experiments in what we would nowadays probably call therapeutic communities for disturbed and delinquent children, though rough and ready, were far ahead of their time.

The first few chapters of the book are full of fascinating period detail, locating Lane’s early life in the expansive, energetic and go-getting America of the late 19th and early 20th century. His origins were respectable but lowly. Though the family had wealthy connections, Lane’s father worked on the railroads, moving from place to place with his growing family. Lane himself was not particularly well educated, leaving school at 15 or so to work first as a railway clerk, and then as a delivery man.

In his early 20s he qualified as a “Sloyd” teacher. (Sloyd was an intriguing Scandinavian method of teaching through manual crafts, mainly woodwork.) Moving to Detroit in 1902, Lane met up with a group of worthy citizens who were interested in the welfare of the “wild boys of the back streets”. He started up a series of Boys’ Clubs, in which the boys themselves made decisions and took almost full responsibility for the way things were run. This surely must be one of the very first examples on record of “self-government” by young delinquents.

However, for readers of this Newsletter perhaps the most interesting sections of the book will be those that describe two unique experiments in work with young people - the Ford (or Boys’) Republic in the U.S.A., and the Little Commonwealth in Dorset, U.K.

The Ford Republic began life as the d’Arcampbell Boys’ Home in Detroit. The Superintendent, a well-meaning but apparently rather ineffectual person, could not persuade the “young ragamuffins” to wash themselves, and there were many complaints from the school authorities about their “unwashed state”. Lane was approached for his advice and took up the

challenge himself. There is a wonderful anecdote (one of the many which are sprinkled throughout the book) about how he achieved the desired results – I will not spoil the story by revealing the way in which he achieved this unlikely success! The upshot of this minor triumph was that he was invited to take over as Superintendent when the Home moved into new premises out in the countryside.

1907, therefore, found Lane, his wife and three children and about 20 boys from the Boys’ Home moving to a 70 acre site some 20 miles outside the city to set up what was to become known as the Ford (or Boys’) Republic. As its title suggests, this was conceived as a micro-democracy, based on the U.S. model, with an elaborate Constitution, a Legislative Assembly, a Citizens’ Court, a President and Vice-President, and a plethora of officers with titles befitting their (real) responsibilities.

David Wills gives a flavour of the “hands on” atmosphere of the early days: “All lived in the same house – the five Lanes, the two Barneys [a couple who came to join in the work], the ...teacher, and twenty to thirty boys. They were, of course, grossly overcrowded.... As soon as the house and farm were in something like order he added to his many duties by setting about the erection of another building. He drew the plans; he, with the boys, mixed concrete and made breeze blocks; he, and the boys, dug the foundations and began to raise the walls. His son – then only a child of nine or ten - remembers seeing Homer come in at night completely exhausted, his hands bleeding from too much handling of the coarse building material he had to use...”

Naturally enough, this was a self-governing community in which the Citizens made the rules (and abided by the consequences!) There is another lovely story describing how the “State Meeting” passed a resolution to have ice cream and fruit pie at every meal – and how the Citizens learned what happens when wishes get granted!

Lane spent about five years at the Republic before resigning his post there. In England, meanwhile, a committee had gathered under the leadership of George Montagu (later to become the ninth Earl of Sandwich) to set up a similar venture in Dorset. Lane was invited over to talk about his work and to act as a consultant, and ended up being offered the post of Superintendent.

David Wills draws on contemporary accounts and letters, some written by the young people who lived there, to describe everyday life in this early therapeutic community. It seems to have had a milder regime than the Ford Republic, with an atmosphere more like a family, or a series of families, than an institution. But I guess it was a pretty lively family! Lane seems to have had a gift for the dramatic, and the Little Commonwealth was “always full of incident and conflict”. Wills paints a colourful picture of everyday life – “There was always something under debate, something failing and being argued about, some quarrel between citizens that needed patching up; and if life threatened to become dull and undynamic Lane knew how to stimulate a little excitement, so that he lived constantly at the centre of a vortex...” As Wills points out, it was this vortex that came to be his undoing.

The Little Commonwealth came to an end in 1918. The Home office, after instigating an enquiry into its management, threatened to withdraw certification unless a new Superintendent was found. The enquiry was triggered by allegations of sexual misconduct made against Lane by some of the young women who lived in the community. The Committee of Management placed on record their belief in his innocence, but the difficulty of finding private funding in wartime forced the place to close.

David Wills presents the evidence for and against Lane, and he too comes down on the side of Lane’s probable innocence. He believes that although Lane had recognized the need for warmth and affection in the lives of deprived adolescents, he did not take sufficient account of the powerful emotions that can be aroused in such circumstances. Nor can one entirely blame him – Freud’s work was only just beginning to be known, and Lane had only his own intuitive brilliance to work with, plus perhaps a little too much confidence in the warmth and charm of his personality.

Wills has no illusions about Lane’s failings, including

the “utter lack of discretion which was always his Achilles’ heel”. However, his own belief is that the reason for the Home Office threat to withdraw certification was “not Lane’s alleged misconduct, but Lane’s methods – the whole system by which the place was run.” And readers are invited to make up their own minds about this.

Wills’ own sombre conclusion is that “the whole unsavoury affair was a device on the part of Home Office officials to rid themselves of any responsibility for an institution using unorthodox methods.” This episode will have many echoes and resonances for people working in the field today, and is a reminder of the pitfalls that can entrap those who try to offer a more humane and personal form of care to disturbed young people.

Homer Lane was undoubtedly a charismatic man, who inspired confidence and created exasperation in equal measure among his friends and colleagues. He spent the last years of his life in London practising a rather unorthodox form of psychoanalysis. Totally reckless in money matters, he moved among a devoted circle of friends, entertaining them as a generous host or with the fascination of his talk. His professional life ended in a scandal caused in part by his habit of accepting loans from his patients. He died, ill and impoverished in 1925, a few days before his fiftieth birthday.

This is an absorbing and illuminating account of a man possessed of a “turbulent and wayward genius”. His was an extraordinary life, and this is a book that is well worth reading.

Helen Frye
Hon. Librarian

*“*Homer Lane: a biography*” by W.David Wills. Published by George Allen and Unwin, 1964. 275pp. Hb.

A note from the Archives:

As David Wills’ literary executor, the late Robert Laslett has among his archives (PP/RL 4) a July 11, 1983 letter from Clyde Reed to David Wills, Wills having died in 1981. Reed was writing as Chairman of the Boys Republic Historical Committee in Farmington Hills, Michigan. “I am two years down the road,” he writes, “in the collection stage and have deposited materials in the archives of our local university; have sent out questionnaires to a mul-

titude of people; and have begun a program of oral taped interviews with those with experience with the Republic” including the President of the Board of Directors, Fred Butzel, from whom Reed gathered “personal recollections of Homer Lane”. Reed himself had joined the Republic in 1933, when it was still called the Ford Republic, and later became the Superintendent. Having tried all other avenues, he was hoping that Wills could help him find three copies of the book, “this gem about Lane and the early days of the Ford Republic.”

CHARTERHOUSE GROUP - ALL CHANGE, ALL GROW

The Board and Members of CHG recently decided to introduce new management arrangements in order to support the realisation of the Group's ambitious plans to continue developing the important internal activities that have proved so valuable and to promote the Group and the children it serves to a wider audience.

*The post of Director of Strategic Development has been redefined as a job share with the two post holders (who introduce themselves below) focussing on the areas of (a) **Public Relations** and (b) **Organisation**.*

a) Public Relations

The new Director of Strategic Development introduces herself -

Sarah Tucker

29 May 2002

I am extremely pleased to be taking up the post of Director of Strategic Development (part-time) with Charterhouse Group this month. Following Jane Pooley's departure last year Charterhouse have decided to split her post. Keith Coulston [see below - ed.] will take on many of the duties Jane carried out *within* the organisation, and I will be involved in building on the excellent work Jane did in raising the profile of Charterhouse Group with external agencies, influencing government policy bodies, and ensuring that CHG develops its role as an advocate for a therapeutic community approach to care for children and young people.

My role as (part-time) Director of Strategic Development for the Charterhouse Group will complement my other (part-time) work for the Royal College of Psychiatrists' Research Unit in relation to the Community of Communities - Quality Network of Therapeutic Communities [see Sarah's report on the Community of Communities elsewhere in this issue - ed.]. This will obviously put me closely in touch both with the ATC and with the College Research Unit, and using this contact I intend to build on the hard work Jane Pooley did in developing the relationship between Charterhouse Group and the ATC in particular. I have already met with Sheila Gatiss to discuss CHG's Value Added Standards (see Newsletter 3, November 2001) and how these might be developed

in concert and parallel with the College Research Unit/ATC Standards.

Before coming to the Charterhouse Group I worked for six and a half years at Community Housing and Therapy (CHT is a voluntary sector organisation running residential therapeutic communities for adults with 'severe and enduring' mental health problems). For four years I was Project Manager for one of the CHT communities, after which I became Training Manager for the organisation as a whole, devising and setting up a Diploma course in residential therapeutic community work accredited by Middlesex University (see Newsletter 1, March 2001). During this time I edited *A Therapeutic Community Approach to Care in the Community* (Jessica Kingsley, 2000; Number 3 in the 'Therapeutic Communities' series edited by Rex Haigh and Jan Lees) - a book of papers by CHT staff concerning the therapeutic community ethos and work of the organisation. I am, and have been, very involved with the ATC - I am currently the ATC's Secretary, convene the ATC Training Working Group, participate in running the Kent Living/Learning Experience Workshop for TC staff, and am a member of the Journal Editorial Board! I am also currently doing the IGA Qualifying Course.

I am very much looking forward to my work in Charterhouse Group and at the interface between Charterhouse and the 'external world' - both the ATC and beyond. I do hope to visit as many of the Charterhouse Group communities as I can over the coming year. I'm really keen to see the communities and to meet staff - and to learn and gather information! I shall be giving an initial outline for a Public Relations Strategy at Charterhouse Group's annual residential meeting at Old Jordans, upon which I can perhaps report in the next Newsletter.



FOCUS GROUPS		Lead	
Family Workers	Lindsey Stephenson Snr Social Worker Mulberry Bush 01865 300202		<i>Bi-annual meetings: study day 2 October 2002</i>
Heads of Education	Chris Tanner Jacques Hall 01255 870311		<i>INSET day for all education staff 30.04.02, quarterly meetings: June 28, October 18</i>
Care & Treatment Staff	John Turbeville Mulberry Bush 01865 300202 John Baker Eaton Hill		<i>INSET day for all care & treatment staff planned for early 2003, quarterly meetings: 24 July, 6 November</i>
Finance & Admin Staff	Ann O' Mahoney Mulberry Bush 01865 300202		<i>Bi-annual meetings: September 24</i>
TASK GROUPS			
Research	Keith Coulston (convenor) CHG 020 7803 0550		<i>To be confirmed following decisions at the annual Residential Conference 19.06.02</i>
Training	Peter Finn Peper Harow Foundation 0207 928 7388 Andrew Collie Caldecott Foundation 01303 815678		<i>Regular meetings at agreed intervals: 15 July, 23 September</i>
Website/newsletter Contact person	Chris Nicholson Jacques Hall 01255 870 311 Sarah Tucker CHG 07900 913157		<i>Visiting all Charterhouse Group communities over the next year</i>

b) Organisation

Introduction, News, Updates - by Keith Coulston

I have been involved with therapeutic community work over a period spanning 25 years, and have been actively involved with the Charterhouse Group since 1989, when I first attended meetings as Director of Kilworthy House Therapeutic Community.

Following my employment by the Peper Harow Foundation in 1995 as Development Officer, I was asked to undertake the work of the Charterhouse Group Secretariat, which at that time was provided by the Peper Harow Foundation. I was very pleased to accept, having experienced the value of meeting

with like-minded peers and so helping to bridge the gap between the internal and external worlds of a therapeutic community and avoiding total isolation!

In order to establish its own identity and to enable its development as an effective organisation, the membership adopted a Business Plan that included the establishment of Charterhouse as a Charitable Company. Since incorporation as a Charitable Company in 1999 I have acted as Company Secretary and supported the work of the Group through the Service Level Agreement (SLA) with the Peper Harow Foundation. The SLA provides for use of the office and meeting room at Waterloo, and administrative, financial and professional support for two days per week.

I trained as a teacher after leaving school and taught in mainstream secondary education both in the UK and Zambia in the early 1970's. In the 1980's Christine and I taught and lived with ex-refugees in Zimbabwe, many of whom had suffered from trauma experienced during the struggle for independence. Beyond therapeutic community work I have been Head of a Special School (EBD) and provided vocational guidance and counselling to young people.

I very much welcome Sarah's appointment and look forward to working closely with Sarah in what is clearly a new phase in the development of the Charterhouse Group.

CORE CHG ACTIVITIES

Following Jane Pooley's departure last year a 'holding strategy' was



adopted to ensure that the core activities of the Group continue. This has been successful with the focus and task group members taking on an increasing sense of ownership and responsibility.

Focus Groups convene to promote peer group support and to share and develop practice issues.

Task Groups convene to develop time and task focussed pieces of work.

CHARTERHOUSE RESEARCH PROJECT

The annual residential conference held at Old Jordans focussed on Research. There were two high quality presentations from Professor Phil Richardson, Head of Outcome Monitoring, Clinical Audit and Psychology, Tavistock Clinic and John Wright, Clinical Psychologist and Psychotherapist who has been

leading the Charterhouse Research Pilot. The members reaffirmed their commitment to develop the project and have allocated funds accordingly. Special thanks to John Wright for his tremendous work in supervising the pilot that has been so successful at Northgate Junior, Cotswold and Cumberlow. We hope to provide a full report on the Research Project in a future issue.

Charterhouse Group Individual Membership Scheme

Another milestone in the development of the Charterhouse Group will be reached when the Individual Membership scheme is introduced in the autumn.

Who can apply?

Applications are welcomed from individuals involved with therapeutic childcare, education and treatment who wish to be associated with professionals who hold similar core values and beliefs and who wish to benefit from the Charterhouse Group networks and

activities. Individuals are likely to have a background related to therapeutic childcare, education and treatment which may involve relevant work experience or qualifications.

Subscription Rates

There will be two subscription rates:

- (a) Staff from member organisations : £10 per annum
- (b) Other Individuals: £25 per annum

Application Process

Those wishing to apply will be required to submit the following

- (a) completed Application Form
- (b) letter explaining your interest in, and commitment to the Charterhouse Group

Any enquiries can be made through the CHG email address: chg@btclick.com

Watch this space for further details in the next edition!

The Charterhouse Group Team

Membership

Brookside
 Caldecott Community
 Cotswold Community
 Cumberlow Community
 Earthsea House
 Eaton Hill
 Glebe House
 Goldwell
 Jacques Hall
 Little Acorns
 Mulberry Bush
 Northgate Junior
 Sheridan House
 Thornbrae
 Thornby Hall

Board of Trustees

David Lambert, Chair
 Tony Archer, Vice Chair
 Lydia Beckler, Vice Chair
 Terry Lee, Trustee
 Derek Marshall, Trustee
 Nicholas Paul, Trustee
 Tim Rodwell, Trustee
 Richard Rollinson, Trustee

 Barry Elliott, Honorary Treasurer

 Sarah Tucker, Director
 (Public Relations)
 Keith Coulston, Director (Organisation)
 and Company Secretary

PERSONAL SPOT-LIGHT ON: KEITH COULSTON

Preferring the rural idyll as opposed to the hustle and bustle of urban life Keith and family live in the south west of England on the edge of Dartmoor. Hailing from Newcastle, Keith continues to ride the emotional roller coaster of supporting a certain football team in common with (it is rumoured) a certain Durham MP! He retains a keen interest in rugby and when summer arrives is occasionally seen with bat in hand. Through the experience of living in Africa Keith learned a great deal about valuing children, rights of passage, and the role of 'mother' to mention but a few. African history, politics and development issues keep him busy in his spare time not to mention listening to African and other forms of music.

THE 5TH ANNUAL JACQUES HALL COMMUNITY CONFERENCE

Chris Nicholson
**Admissions &
Assessment Officer,
Jacques Hall
Community**

Jacques Hall held its annual conference in Chelmsford on 14th May under the title *A Misplaced Childhood, Replacing Lost Experience*. The audience was drawn from a range of child and adolescent services including social services, health authorities, Education departments, residential and adolescence units, secure units and press. We were particularly pleased to see a large number of students present and other individuals not directly connected to TCs or adolescent services.

After several years of taking topical issues that had been demanding attention such as self-harm or extreme violence, this time Jacques Hall got back to its grass roots to examine the more essential aspects of therapeutic community work. Behind this choice lies a political responsibility to address what is often a conflicting attitude to young people within Government and the general public. The justice system continues to sharpen its claws in relation to children's crime and unruliness perhaps viewing difficult children as having chosen wilfully to be difficult. On the other hand the Minimum Standards that came

into force in April pays attention to the need for a reasonable quality of care at all levels for at least those 'difficult' children who have accessed services. The introduction to the conference ran as follows:

'I want to say few words about the title of today's conference *A Misplaced Childhood – Replacing Lost Experience*. The notion for this actually came from the paper given by Dr Caviston, from Priory Hospital in Chelmsford, last year. Dr Caviston, in reference to his own psychotherapeutic practice, spoke about the importance of welcoming, about a particular kind of 'hospitality', about the importance of how we receive young people into our care. As someone responsible for the admission and reception of young people into our community I found his paper particularly relevant and appealing. Later in the year Joanne Bint, one of today's speakers, recommended a book by Heezwyk called *Analysing Adolescence*, which she's just reviewed for Charterhouse. Again, in this book it's the importance Heezwyk gives to receiving, and paying attention to the whole person that I find striking. Heezwyk, you might say, adapts himself to the needs of the young person, realizing that for anything to begin it is he, Heezwyk, and not the young person who first has to change.

So, very simply, the children we attempt to receive at Jacques Hall have found themselves misplaced in their own lives, neither welcomed into the world nor received as whole people. Often, through a catalogue of failed placements in foster care, children's homes and schools the

same misplacing is repeated and thus the gaps in normal development in these young people tend to widen. It could then be argued that the final misplacing, and the farthest retreat we grownups can make away from properly receiving these children, is to place them into secure units.

Is it any wonder that such mistreated, very often misnamed, and misplaced children struggle to join a society that has already, very effectively, shot them full of holes and then rejected them? If the young people present us difficulties then the problem, at root, is not with them, but rather with us and the provisions we create to receive them into. So, the premise for the day then is the desperate need, not for more secure units, but for more therapeutic provisions *adapted* to the needs of these young people.'

As often happens, without any previous conferring on the part of the speakers, certain themes seem to emerge again and again in uncanny fashion. Running through all the papers presented was the theme of a 'place' in the mind of the adult, in the community, in society that is 'adapted' to the child and their needs. Peter Wilson stressed that with the growing complexity of the systems and structures developing within adolescent services, with the consistent impingement of legislation and guidance, both of which do and must pre-occupy adults, it is increasingly difficult to do any important work, to be properly pre-occupied, with young people. However, and particularly after hearing Joanne Bint's art therapy case study – *A Room With A View* - Peter suggested that TCs were just such a place where 'real' and 'increasingly rare' work with young people can still be done.

continued from page 34

Sarah Attridge, the Head of Therapeutic Care, presented some examples of how far basic care and acceptance can take a young person who has not experienced these before. Her case study showed that the 'treatment' for one young person was based upon the key worker replicating the 'maternal pre-occupation' which the child had not received from her mother. It is interesting to note that many Health Authorities would not consider this a therapeutic intervention, as it is not formal therapy, despite the fact that slowly, and with trepidation, the young person does respond.

Dr Terry Bruce's paper *From Reaction To Reflection* was a lucid model describing the interpersonal and environmental causes of young people's disturbance and linking this with method of treatment. There seemed to be an interesting reversal in Dr Bruce's talk because while the grown-ups try to find ways of helping young people move from reactive to reflective modes of thinking and being, the young people, through what often at first seems chaotic and senseless behaviour, are adept at shifting grown-ups out of reflective and into authority based reactive interactions.

On the whole the conference was a vibrant affair, a good 'place' to present and generate some new ideas about our work and, importantly, to gain some support and critical thinking from colleagues we too rarely see. Conferences are excellent venues to celebrate and advocate both the acuity of the young people we work with and the special nature of the TC approach. In the future joint conferences from organisations both within Charterhouse and the ATC would be a welcome and enjoyable step in furthering our work.

COTSWOLD LAUNCHES NEW BROCHURE

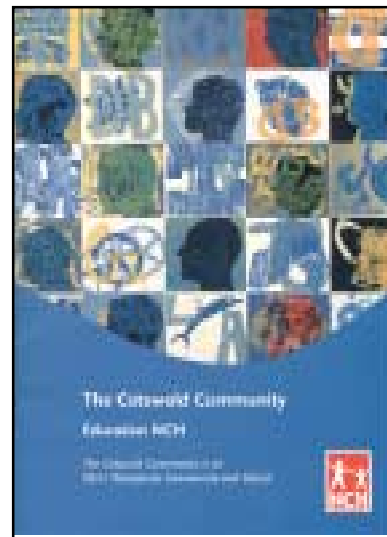
Dave Walker
Director, The Cotswold Community

The Cotswold Community has a new brochure! Almost a year in the making the brochure tries to show all that is good about the community and give information to potential referrers and parents/carers. It is, strange to say, often only in the writing of such documents that busy senior managers get a chance to reflect on the developments, achievements and constants of the work.

The last three years have been a period of major changes at the community. Staffing arrangements have changed. For example there has been a complete change of senior managers and staff are working far fewer hours than was previously the case (although the hours are still around 50 a week!!) In addition many of our staff are undertaking NVQ 3 and quite a few have already achieved this. The education offered by the community has also changed out of all recognition and is developing still. For example we are now developing links with mainstream schools and colleges for those young people who would benefit. We are piloting, for Charterhouse, a research strategy that will, in time, help inform future developments. We have developed and refined our treatment philosophy.

Our achievements have been positive reports from inspections, excellent GCSE results, a dynamic arts week, group holidays, positive feedback from reviews and a very high level of positive comments from parents and carers.

Despite these changes there has been much that has remained constant at the Cotswold Community. Our commitment to children is as absolute now as it has ever been. We still offer an holistic service linking group living, education and the farm. Staff remain willing and able to go the 'extra mile' to meet the needs of the young people we serve. We remain committed to the view that a child is more, much more, than their behaviour. The things that our children do reflect the hurt that has been



done to them. Our role is to be consistent and constant for them. We have to be champions of our children. We have to show them that their pain and anger is survivable because when they see that, small miracles can happen – the child whose reading age gains two years in six months, the child who suddenly says thank you and means it or the child who goes his first day without an upset.

Brochures can't tell us about all of these things. What we hope our brochure can do is attract more young people to the Cotswold Community to experience the transforming power of the ordinary everyday routines we offer.



MILESTONES: Robert Laslett, 1923-2002



Robert Laslett was a trustee of the Planned Environment Therapy Trust for 31 years, from 1971 until his death in May. It was at his prompting in 1988 that the Trust set out on the major project which has become the Planned Environment Therapy Trust Archive and Study Centre. A memorial meeting celebrating his life and his immense contribution to therapeutic work and education with children and young people was held at the Archive and Study Centre on July 6.

I would like to prepare a fuller personal appreciation for the next issue of the Newsletter, but in this we are fortunate in being able to share part of the funeral address by the Venerable Hayward Osborne, Archdeacon of Birmingham, given at Robert's funeral in Moseley, Birmingham, on May 20; and a tribute by his friend and colleague Anthony Rodway. People who receive the Newsletter through the PETT will find a complete version of the funeral address with their issue; and it is available from the Archive and Study Centre for anyone who might wish one.

- Craig Fees

Robert Laslett

extract from a funeral address by
Venerable Hayward Osborne,
Archdeacon of Birmingham
St Mary's Church, Moseley,
20th May 2002

Today, the day after the feast of Pentecost which celebrates the gift of the Holy Spirit, we give thanks to God for a man in whom the Spirit was undoubtedly at work. We celebrate a person who has been a bringer of Good News, both in the recognised ministry of the church, and in a career which opened up life for a colossal number of people.

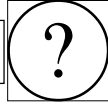
Robert was born in Watford in 1923, the sixth child of the Reverend Ruffell Laslett, a Baptist minister, and his wife Eveline. The family moved to Birmingham in 1933, when his father became minister of Hamstead Road Baptist Church in Handsworth, and Robert went to the Boys Grammar School there. Evacuated to Cheltenham with the outbreak of war, and then to Bideford, his schooling was disrupted, and Robert was seen as an unpromising pupil. There was only ever one teacher who encouraged him, and fostered in him a love of language. In general Robert saw how boys who found work difficult were punished rather than being helped, and he was stung by an extraordinary comment on him by a Headmaster: "He has no honest purpose in life." This both undermined his confidence for a long time, but also spurred him to offer an alternative style of managing the learning of young people.

He left school at 15 to work as an office boy, but urging his parents to let him return to education, progressed to Culham Teacher Training College, and after the war became a teacher at Becontree in Essex.

There, with his enthusiasm, energy, story-telling skills and sense of fun, he ensured the success of the Camp School Experiment, designed to give city children a taste of country life. It was at Becontree he met Pamela - they married in 1948, moved to Charlbury, where their first two children were born: Richard and Julia, a family later completed with the arrival of Philippa and Martin.

His career progressed: Tenple Cowley School in Oxford, invited by Richard Balbernie to be on the staff of a new special boarding school for maladjusted boys (Swalcliffe Park), a Diploma of Special Education at Birmingham University, Head Teacher at Bodenham Manor School (a Quaker foundation for sick and nervous children, the warden of which was David Wills), work with a special class at the early Mulberry Bush School at Witney. Such was his reputation by now that he was asked to apply for the Headship of Aston Special School, a new establishment in Ealing for disturbed junior children, got the job, and worked for 12 years during which the authority built a new school to Robert's own requirements.

Robert moved to Moseley on next becoming a tutor in Special Education at Birmingham University, during this time writing his book "Educating Maladjusted Children" which earned him his Masters degree, and later collaborating with Colin Smith in a further work "Effective Classroom Management" - still in print and selling steadily. Robert was onetime president of the Association of Workers for Maladjusted Children (now with a kinder name), a manager of Mulberry Bush School for Emotionally Disturbed Children, and co-founder and subsequently Chairman of New Barns - a therapeutic community for children - which he supported staunchly, especially when allegations subsequently disproved were made



against staff. He put much time and energy into developing an archive and study centre for those involved in this area of work.

Throughout all this, Robert lived simply, satisfied with little for himself. He did not seek luxuries for himself, in fact there was something of a Puritan about him. Although he was fun-loving, and had quite a

mischievous streak, he was cautious about people enjoying themselves, and definitely against the wealth of the breweries and the financial excesses of the football “industry”. It would be Pam, not Robert, who bought the new car which they both really needed - even though Robert would use his bicycle wherever possible...

Ven. Hayward Osborne

Robert Laslett

A personal appreciation

by **Anthony Rodway**

It is nearly fifty years ago now since I first met Robert. David Wills had invited me to stay at Bodenham Manor School for a few days so that I could look at his work and reflect on the ideas he had about the children we then called ‘maladjusted’. Robert had recently been appointed as the Head Teacher there. I remember then being struck by Robert’s quietness and gentleness in handling the children, and yet at the same time the great strength there was in his caring and concern for their well-being.

In all the years since, Robert and I have both been members of the Association of Workers for Maladjusted Children (AWMC), which in more recent years has become the Association of Workers for Children with Emotional and Behavioural Difficulties. It is a friendship which I have always treasured. Since the 1950s we have both fulfilled a number of roles in the Association. Robert has always been a wonderful help to me. I have had many long and thoughtful letters from him. I never had a word of anger from him about anything; only just the suggestion that, like himself, I was too sensitive to the anger of others.

For several years in the 1970s and 1980s I was the General Editor of the AWMC Monographs. I have particularly remembered the one that was published in December 1983. This was written by Robert Laslett – “Changing Perceptions of Maladjusted Children 1945-81”. Robert had many telephone communications and exchanged letters with me about it. One day he came all the way from Birmingham to Tylehurst School in Surrey to spend the day discussing the various issues with me. At that time I was very concerned about the consequences of the 1981 Education Act, when maladjusted children were not defined differently from children with “special educational needs”. Although Robert saw himself as an educationist in his work at Birmingham University

at that time, he also had much experience of disturbed and unhappy children. Robert wrote extensively about these issues in his conclusion to the monograph, which I believe is deeply valid today in spite of the years which have passed by.

This discussion reminded us both of something that had happened in 1966 when a boy was sent to Tylehurst School shortly before his eleventh birthday. Tony had been a boy at Aston School in Ealing when Robert had been the Head there. It had been decided that Tony needed to go to a residential secondary school for maladjusted boys. I always remembered how careful Robert was when he came to visit Tylehurst School and discussed it all with me: and then when Tony was placed with us, Robert came down to see how he was getting on, and would discuss various issues with me on the telephone. Tony is now a man who is nearly 47 years old. He has continued to come and see me in recent years. Tony still talks about Robert with great affection, and about how much Robert had done to help him in his life.

Only last year, Robert was so helpful to me when I needed some detailed information for the book to be published about Tylehurst School. The information was at the City Hospital in Birmingham. Robert kindly offered to walk from his home to the hospital and find it for me. He sent it to me shortly afterwards with the gentleness and academic accuracy which was always in his communications.

I shall miss Robert.

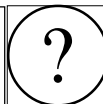
Anthony Rodway

Anthony Rodway worked at Tylehurst School first in 1949, then from 1954-85, when the school closed. From 1985-1999 the Tylehurst School Trust appointed him with the responsibility for the counseling and after-care of former Tylehurst pupils. He was the National Treasurer of the AWMC from 1964-1971.



MILESTONES:

Sue Matoff is retiring as ATC Administrator



Sue Matoff: An Appreciation by Neil Palmer

I don't think it has fully sunk in: Sue is leaving the ATC after this year's Windsor Conference.

I hold her in the highest esteem for playing a part in pulling around the ATC, and giving it both shape and substance. I say this after being present during those difficult times of transition from being based at the Peper Harow Foundation in Charterhouse Square. We had to find a new address to work from, and the ATC was recovering after a less than happy relationship with our last administrator.

My first meeting with Sue was when she came to be interviewed on 18th August 1993, and took up the job on the 8th September (see how those dates are seared into my mind!). I remember I was on the panel with Mike Parker and Jeff Roberts. Sue was asked to do some rudimentary typing and word processing tasks; the tests we

asked her to complete were totally unnecessary. At the time I remember thinking, 'This woman is surprised we are asking her to do things at this level.'

She was ideally suited to what we were looking for. This has been more than borne out over the years. I really don't know how the ATC would have fared, but for Sue's tenacity and orderliness. The job is a strange one - people ringing up, the general public and professionals alike expecting things to be answered or got done. Sue has never faltered in this; she is the very model of efficiency and courtesy.

I speak from the position of relying on Sue for advice on some matters, depending on her to keep systems in order and to get things expedited. I was the ATC's Treasurer for 6 years and I am currently the coordinator of the Windsor Conference and the twice-yearly experiential workshops. So, I have worked especially closely with Sue during all her time with the ATC. We have both been to the

others' house on ATC business - the fact that we live quite close has been reassuring for me; if all else falls away I have always felt I could 'drop by'.

There is one more link between us. All the ATC mail comes through to the Pine Street address. I then judiciously stick on a printed label with Sue's address and post them off. So most things go through, and are touched by the two of us!

I guess that is about that, when someone who has been so pivotal decides to move on to fresh pastures, one can't help wondering what will happen to both parties. The ATC is on an exciting path, our future is looking bright (thanks to Orange, for that one), energy levels are high, new initiatives are happening as I tap this out. Ending on a personal note to you Sue, I would like to take this public arena to wish you bright things for your future, and most importantly your health and happiness.

- Neil Palmer

The Newsletter will miss Sue tremendously. Quite apart from her encouragement and support for the project as such, from the beginning, she is an exquisite and exquisitely reliable proofreader. We will miss her soundness and depth of judgement, and we will miss the care and the professional and personal generosity which, we hope, has spread a bit through us and into the Newsletter.

PUBLICATION NEWS
Coming out early next year:
Therapeutic Communities for Children and Young People.

A further volume in the excellent Jessica Kingsley series on Therapeutic Communities. The chapters are now all submitted and final editorial work is being undertaken. The book promises to be a welcome addition to the rather sparse resources on therapeutic community work with children and young people. Professionals and clinicians from various settings take us through the history & origins, underlying theory and ideas, practice issues, management and team development, and finally applications and future developments.

Watch this space for news on publication date.

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13 2002



Acacia Hall Therapeutic Community

Sheila Gatiss shares personal reflections on the closure of a therapeutic community.

Beginnings and endings.....

7th June 2002.

... Very important aspects of our individual lives and of the life of each therapeutic community.

I believe I am unique in having been at the beginning of the plans to start Acacia Hall in Lincolnshire, and over the last few weeks helped the trustees and staff to close the Community facility.

At the beginning the grass was shoulder high and the house obscured from view. Rain poured in at one end of the house.

From December 1994 through to September 1999 I worked with trustees to refurbish the building and make it appropriate for use as a Residential Children's Home with Education.

I wrote protocols and liaised with the registering authority so that the service could open by September

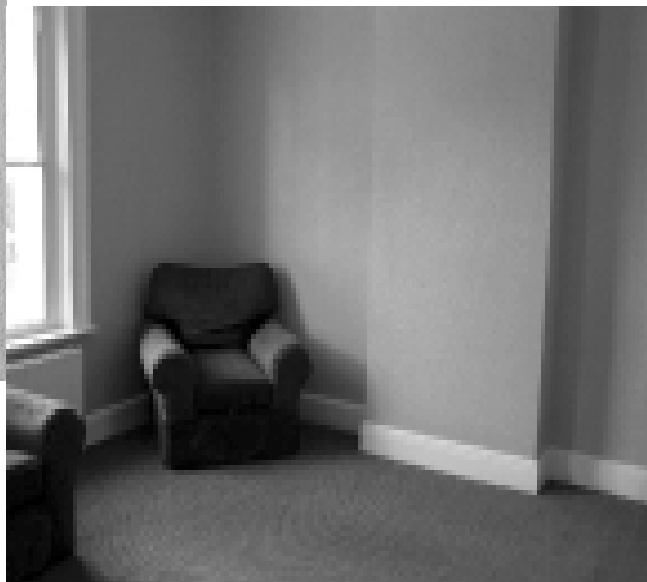
1998. For a year the Director of Glebe House and I ran the two communities – a hundred and thirty miles apart. Not ideal, but it had been impossible to appoint a Director, although many enquiries had been made.

Although a Director was appointed, and we withdrew in September 1999, things did not work out. The Director left in December 2001 and the decision to close was taken only months later.

In meeting and talking with each member of staff I have been encouraged by the progress that had been made and the amount that had been achieved. It was a T.C. in embryo, but lacked the necessary nurturing

- Sheila Gatiss

Acacia Hall Therapeutic Community in Friesthorpe, Lincolnshire, opened its doors in 1998 "for troubled and vulnerable young boys who would otherwise be destined to a lifetime of destruction." It was a Quaker project - the Responsible Body (in Quaker terms) being the Derbyshire, Lincolnshire and Nottinghamshire General Meeting of The Religious Society of Friends (Quakers) - run by the Elizabeth Fry Young Offenders Trust, and it sprang originally from the vision of a small group of Quakers which included Bill Allchin, the one-time Consultant Psychiatrist to the Cotswold Community whose Appreciation by John Whitwell we printed last year in issue No. 3. Acacia Hall could take up to 13 boys aged between 10 and 18 for anything up to two or three years. There were about 40 staff, it was a member of the ATC, and it was in the process of joining the Charterhouse Group of Therapeutic Communities when it closed on June 7.





MAX GLATT HAS DIED

by Kevin Healy

Our last *Newsletter* led on the headline "Max Glatt Threat". That was written in March 2002. On May 14th, Max Glatt, the person, died, aged 90.

Our piece in the March *Newsletter* was not about Max Glatt the person. It was about the threat of closure hanging over one of the many units in the NHS and in the prison service which he founded. The Max Glatt Unit at Wormwood Scrubs Prison is, indeed, now closed.

Max Glatt was the eternal optimist, the man who saw no evil in his fellow human beings. Silvio Benaim, in his obituary piece in the *Guardian*, dated Saturday 25th May 2002, wrote warmly of Max Glatt

as one of the pioneers in the treatment and rehabilitation of alcoholics and drug addicts, saying that he was responsible for a change among psychiatrists and health professionals in the attitude towards them - from one that regarded alcoholics as nuisances to one that saw them as patients requiring treatment.

He was born into a prosperous middle-class Jewish family, which suffered harshly under Naziism - . Max and his sister were the only two members of the family to survive. He arrived in England in 1940, where his medical career flourished over the next sixty years.

In 1952 he set up the first NHS unit for the treatment of alcoholism at Warlingham Park Hospital in Croydon. In 1962 he set up a unit for the treatment of both alcoholism and drug addiction at St. Bernard's Hospital in Ealing, West London, a

unit that is now called the Max Glatt Centre. Both units, as well as further centres private and NHS in which he was involved, were run on group lines and therapeutic community principles. He set up the first treatment unit in a prison, Wormwood Scrubs, which also bore his name, and where he continued to run groups until just before his death.

One naturally wonders whether the closure of the Max Glatt Unit and the death of Max Glatt at 90 were related. It is so difficult to tell sometimes what holds us to life. What I am sure of is that he was a man I would very much liked to have known. We're fortunate in having some memories below by two people who knew him, but perhaps others of you who knew and worked with him will share your memories for the next Newsletter. They would be extremely welcome. He was clearly a wonderful man.

Chris Evans Writes:

Funny, I remember him doing one afternoon teaching session for us when I was a new clinical medical student, autumn 1978. He seemed old then and got into a real row with a woman who was alcohol addicted/alcoholic, who had come to talk with us about her experiences, at his invitation. I found it odd and embarrassing. He was furious that she was contemplating a cold turkey approach to coming off, on her own.

He was very angry, stressing the danger. Later I learned that the mortality of DTs is said to be over

20%, and perhaps had more sympathy with him, I think that was when I saw someone get extremely ill coming in to the psychiatric hospital in advanced DTs and develop the classic killer: a "silent" chest infection. Much later, really only thinking back to him now, I realise that I respect people who can argue angrily with their clients yet still have a real bond, as I remember there was between them.

Chris Evans
Consultant Psychiatrist in Psychotherapy,
Rampton Hospital;
Associate R&D Director,
Tavistock & Portman NHS Trust

Lawrence Jones Writes:

One of my fondest memory of Max was the way when inmates used to say "the staff here are like the S.S." he would say "if you really knew what the S.S. were like you wouldn't say that". Helped keep things in proportion. They always saw him as somebody who "really knew what it was like to do bird". Grandfather transferences can be really powerful.

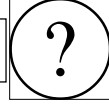
Other fond memories:

Ticking Max off for bringing bottles of whisky in for staff at Xmas....didn't go down well with the

community.....the way he was bewildered.....used to leave a bottle at the gate too....

The uncanny gentleness in the way the Friday 'addicts group' would tolerate the whistle of Max's hearing aid.....and listen intently to his contributions.....and then queue up to see him after the group when he drank his coffee.

The way he spoke to people that could only hear him.....The rigour of his logic. His capacity for even-handedness. His dislike of Fuhrers (including some gruppenfuhrers) and clinical ideologies.....



His analysis of group processes in terms of his profound insight into political/crowd psychology.

he began to see people say it and mean it with their hearts.

His story of how, as a young trainee doctor he watched as, slowly, all his teachers, one by one, would begin to start their lectures by coming to the front of the audience of students and doing a Nazi salute and saying Heil Hitler. This included the teachers who had reputations for being liberal. He said that he didn't begrudge this because the consequences of not doing it were horrible. However, he could not forgive it when

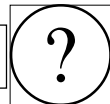
The way he would nobble ex-patients in high places in order to keep the unit open

His strong humility.

Lawrence Jones
Consultant Forensic Psychologist, Rampton Hospital, ex-colleague of Max's.



MILESTONES: ERIC MILLER 1924-2002



Eric Miller died on April 5. He was part of the support structure that helped the Cotswold Community survive difficult economic circumstances, during the Thatcher years, the threat of gravel extraction, the transfer of leadership from the founding Director Richard Balbernie to John Whitwell, and the transfer from Wiltshire County Council to NCH Action for Children , among other potentially life-threatening problems. John Whitwell, now Director of ISP (Integrated Services Programme), reflects:

A TRIBUTE TO ERIC MILLER

I first got to know Eric personally in about 1980 when he became a consultant at the Cotswold Community, taking over the role of organisational consultant from Isabel Menzies-Lyth, both from the Tavistock Institute. The Cotswold Community had originally been an Approved School (a junior borstal) from 1942-67, whereupon it embarked on the journey of transformation to become a therapeutic community, under the leadership of Richard Balbernie, with Barbara Dockar-Drysdale as the Consultant Psychotherapist.

This transformation was not simply a matter of replacing one philosophy with another. The management structure of an Approved School was very hierarchical and leadership was autocratic with all the power vested in the headmaster, at least officially. There was an unofficial, hierarchical leadership amongst the inmates, mirroring the staff structure and even more vicious and punitive. The whole ethos of an Approved School was about

John Whitwell

control and discipline. As we know, a therapeutic community is a very different animal.

There had to be a revolution in the structure and systems of the Community as well as the philosophy. This was assisted by an ongoing consultancy from the Tavistock Institute, starting with Ken Rice in 1967, then Isabel Menzies-Lyth for many years, followed by Eric Miller. This was a tremendous learning opportunity for generations of staff - i.e., having direct access to these management/organisation gurus *in situ*. I think this is so much more productive for an organisation than individuals going off to be trained and trying to bring back the acquired knowledge. We were all in the same boat trying to make sense of seemingly impossible problems and being guided to think about them in fresh ways.

I have previously written about Isabel Menzies-Lyth's consultancy at the Cotswold Community.

[Whitwell J (1998) "Reflections on a Consultation at the Cotswold Community" in Therapeutic Communities Vol 19, No 3.] Eric's style was quite different. He spent a day a month at the Community, meeting the whole management team together, followed by individual managers, usually ending with the senior management team. Occasionally other staff groups would meet him if there was a specific issue to discuss.

Isabel's style was a very active one: getting into the bloodstream of problems. I have known group discussions with Eric present, when he was silent for the whole 1½ hours. It would be rare to hear more than two or three interjections/interpretations from him during the course of a group discussion. Because they were so infrequent they were all the more pounced upon for much needed wisdom. Invariably Eric was able to hear the music behind the words.



I'll try and give you a flavour of Eric Miller's consultancy from something he wrote in 1985.

"To carry out the therapeutic task the Cotswold Community (CC) has to perform two functions that are, superficially at least, contradictory: to contain; and to provide for separation. Because the young person's ego boundary is inadequate, the CC has to supply an outer boundary on his behalf. At the same time, this boundary needs to be held far enough out to enable the young person to experience being separate and to begin to acquire a discrete identity. This has led us to the notion of 'negotiating space' – the space between the young person and the community within which various degrees of containment and separation can happen. At times there is a need for close containment – being a mother to this baby-in-arms. There must also be enough space – not just physical, though that is important, but also in terms of acceptable ways of being and behaving – to enable the young person to experience separateness and choice. But the boundary must not be so far away that it is not experienced as containing. Testing the limits is necessary for development, so the limits must be perceptible enough to be tested. Therefore, the dynamic of treatment is managing the continual tension between containment and separation within that negotiating space."

For me this highlights the creativity and skill at the heart of caring, either as a parent, foster carer, residential social worker or residential therapist; i.e., the minute-by-minute ongoing assessment of how much "space" (physical and psychological) a

child needs to grow and develop. Too much space and he or she will feel unsafe, too little and he or she will feel oppressed and unable to learn from experience.

Another insight of Eric Miller's related to what he called the 'X' factor. It has particular relevance to groups and organisations. The 'X' factor is something outside the web of ordinary relationships, a project, a shared fantasy or goal, which can give the group and its members a sense of vitality. It may be a sustaining myth which everyone shares. A sustaining myth at the Cotswold Community, for several years, was the dream of being completely independent of Wiltshire County Council, who owned the land. However, this was "scuppered" by the realisation that the County Council would never let go of the rich deposits of gravel under the Community's farmland.

Each of the four group-living households, which comprised the Community, needed to have their own 'X' factor. One of the households, Larkrise, worked with adolescent boys who'd already had two years of treatment in one of the other households. Several years ago Eric had this to say:-

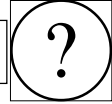
".....the staff and boys in the household require a collective X. This almost certainly needs to be a tangible project which gives them an experience of potency in relation to their environment. It will thereby be representing and reinforcing the individual boy's belief in his own ability to be effective in the world outside. Creation of the Larkrise smallholding some five to six years ago was one such project. By now, however, it has become something to be maintained – a chore – and offers boys little experience of

creativity. If a new X can be invented, it will reinforce a positive Larkrise identity and in that way help restore the boundary around the household. [Larkrise had been going through a period of heightened acting out from the boys.] It will also communicate a positive message of success to younger boys in the Community. Larkrise is then more likely to be perceived as a positive stepping-stone to the future, rather than an ordeal that has to be gone through."

I am interested in the way a project, which acts as an 'X' factor, becomes more routine, a chore, and loses the 'X' factor dimension. ISP has a farm which is potentially an 'X' factor for the whole organisation. Adding some animals, as we have recently done, has raised the level of interest and excitement. The trick is finding a way to prevent it being taken for granted, just becoming a matter of routine. In the case of Larkrise's smallholding, when the staff who started it, who enjoyed getting up at dawn to milk the Jersey house cow, moved on, the next generation of staff certainly didn't share the enthusiasm, and looking after the animals became grudging routine. However painful, we had to agree to bring the smallholding to an end - it had had its day - and find another 'X' factor.

Another piece of Eric Miller's work (unpublished), about entrepreneurship, helped me make sense of, what I experienced to be, the cut throat culture to be found in the world of fostering organisations, when I left the Cotswold Community three years ago.

"The successful entrepreneur has to have an idea or vision and the



ability to convince other people that he/she can implement it. For the time being, at least, the entrepreneur maintains a monopoly of creativity; and the authority of other members of the organisation to initiate and innovate is tightly constrained. The primary task is closely prescribed but often, paradoxically, not explicitly: it is defined by the decisions that the entrepreneur makes. Overtly, the entrepreneur may indeed invite initiative; but between acceptable and unacceptable initiative there is an implicit boundary which has to be discovered experientially. Some people leave, voluntarily or involuntarily, as a result of miscalculating that boundary. Others go feeling uncomfortable with what they experience as an arbitrary authority.

My first proposition is that, in the terminology of Bion, such an organisation is pervaded by 'basic assumption fight/flight'. The entrepreneur is essentially a fight leader. Creating a new enterprise requires thrusting out into the environment, establishing and enlarging a bridgehead, competing for finance and a

market. It is a crusading process in which there is strong identification with the new product, or new concept, and anything short of complete acceptance and support tends to be interpreted as hostile. The world outside is well-stocked with potential 'enemies' to be converted or conquered.

It is characteristic of a 'fight culture' that casualties are to be expected and accepted. They are a condition of survival. It is also characteristic in times of setback to look for enemies within. External failure is explained by internal disloyalty and treachery. Scapegoats are identified and extruded, thereby reinforcing the resolve of the remainder to sustain the fight.

The personal authority of the entrepreneur is often labelled charisma. Wilner defines charismatic leadership as 'a relationship between a leader and a group of followers that has the following properties:

1. The leader is perceived by the followers as somehow superhuman.

2. The followers blindly believe the leader's statements.
3. The followers unconditionally comply with the leader's directives for action.
4. The followers give the leader unqualified emotional support.'"

I had the eerie feeling that Eric must have been looking over my shoulder to write that. In fact he wrote it in 1987! Sadly, the only published material of Eric's longstanding consultancy at the Cotswold Community, that I'm aware of, appeared in an Italian book. [Miller, E (1989) "Towards an Organisational Model for Residential Treatment of Adolescents" in *Comunita Rezydentiali per Adolescenti Difficili*, edited by Cesare Kaneklin and Achille Orsenigo (Roma: Nuova Italia Scientifica).] I can strongly recommend Eric Miller's book "From Dependency to Autonomy – Studies in Organization and Change" (Free Association Books 1993).

John Whitwell
May 2002

Publication News

**Psychoanalysis, History and Subjectivity:
Now of the Past
by Dr. Roger Kennedy
Brunner-Routledge (London) 2002
ISBN 1-58391-261-4**

"develops new perspectives on historiography by applying psychoanalytic insight to the key issues of narrative, time and subjectivity in the construction of historical accounts...throws new light on the importance of history for and within psychoanalytic treatment... A whole chapter is devoted to a lively history of the Cassel Hospital."

**mary barnes: two accounts of a journey
through madness
by Mary Barnes and Joseph Berke
Other Press (New York) 2002
ISBN 1-59051-016-X**

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“I am ‘financing’ my biographical research with my own blood, sweat and tears and a pound of flesh here and there...”

Who are the researchers? Where do they come from? In earlier issues we have carried profiles of British and Belgian researchers, some of whom have travelled the world. Here we are introduced to an American - well, Californian - Clinical Psychologist living and practicing in revolutionary Venezuela, whose interest in the history of psychoanalysis has brought him to a fascinating moment when the histories of the Cassel Hospital and of the Freud family intersected. On the way we are introduced to a time and a place in the history of therapeutic community in the United States of which few of us, at a guess, were aware. Welcome to this special letter from the Americas.

MY LONG AND WINDING ROAD

Beginning in Residential Treatment

by **Daniel Benveniste, Ph.D.**

In the 1960s and 1970s the Human Potential Movement was a powerful cultural force all across the United States and especially so in Northern California. It was a strange mix of humanistic psychology, psychedelic drugs, eastern philosophy, self-help concepts, and Gestalt therapy, with a strong commitment to social consciousness, political awareness, the anti-war (Viet Nam) movement, environmental conservation, back to nature values, civil rights, women’s liberation and gay liberation, good nutrition, physical fitness, etc. I was in high school from 1968-71 near San Francisco and lived in San Francisco from 1972-1999.

In the 1970s the counter-culture (Hippies) was reshaping cultural values and lifestyles on a grand scale in terms of virtually every aspect of life – music, dress, politics, love relations, friendships, relationships with parents, recreation, diet, education, religion, etc. Many of the efforts were short sighted or frankly ‘goofy’ but it was out of this incredible movement that

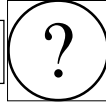
psychology and social work became extremely popular professions. And yet in the late 60s virtually all graduate programs in clinical psychology in the United States were still training psychologists to train rats and training rats how to train psychologists. (That’s not really fair but this was how many of us characterized it back then. The truth is that the clinical psychology programs offered very little in terms of clinical training and emphasized training in psychological research instead.) Meanwhile the institutes of the American Psychoanalytic Association were still closed to psychologists. In spite of Freud’s open objection to the medicalization of psychoanalysis and his advocacy for ‘lay analysis’ the psychoanalytic institutes associated with the American Psychoanalytic Association were, in fact, closed to all except medical doctors from 1938-1988.

Around 1970 Ronald Reagan (not one of my favorites) was Governor of California. He and his administration opened the doors to the mental hospitals and sent many of the patients back to their communities. This was done ostensibly for their own good, but, of course, it was really a way to cut the cost of the hospitals, which were paid for by the State. Well, all the patients came home and there were no services for them. But rather instantly half-way houses and residential treatment programs for drug addicts, schizophrenics, disturbed children and juvenile delinquents were springing up all

over the State, and probably more in San Francisco than anywhere else – or so it seemed. This continued throughout the 1970s.

Now during the same era - actually in 1969 - two new private schools were opened up in the San Francisco Bay Area that were designed to train Ph.D. psychologists to do CLINICAL work, not rat research. They were the California School of Professional Psychology in San Francisco and the Wright Institute in Berkeley. They were unaccredited for many years but have since then become fully accredited. These schools launched the movement to establish free-standing schools of professional psychology, which now dominate clinical psychology training in the United States. The traditional research programs for psychologists were training and continue to train 4 or 5 new psychologists a year but each of the professional schools of psychology (and there are at least ten of them in the San Francisco Bay Area today and scores of others around the country) graduate between 20 and 120 new psychologists every year depending upon the size of the school.

Now back in the ‘60s and ‘70s we were all casting off the American Dream of the perfect US of A and all its hypocrisy. It was then that we said ‘Don’t trust anyone over 30.’ Well, this was the time when all establishments were under suspicion, if not open attack - the government, the military, the police, the schools and universities, the church, the family and the shrinks.



'One Flew Over the Cuckoo's Nest' became a cult classic and was written by Ken Kesey, who shortly thereafter became a major leader of the Hippie movement. (He died just recently.) His book, and later the movie showcased the oppression of a psychiatric hospital, which was supposed to help the people but was obviously nothing but constricting psychiatric violence. It seemed at that time that all the establishments of the culture were receiving the same critique and evidence was abounding - The war, Kent State, Watergate, and so on.

'One Flew Over the Cuckoo's Nest' exposed oppressive hospital workers, the overuse of medications and the punitive use of electro-convulsive therapy and lobotomy. Perhaps it touched so many people in the counter-culture because they were feeling their own craziness either through voluntary drug use or by succumbing to the epidemic of identity crises, which had infected an entire generation. So while a generation was becoming interested in their own psychology, they were also mistrustful (for good reason) of the mental health establishment that existed at the time. It was then that the only things looking good were the wild and sometimes over-the-edge work of R.D. Laing and the sociopathic but refreshing work of Fritz Perls. It was one hell of a time.

Thomas Szasz's 'The Myth of Mental Illness' became required reading to help us understand the social construction of madness and Irving Goffman's 'Asylums' helped us to see that the symptomatology of mental hospital patients had a great deal to do with the structure of the hospital. By extension people decided that perhaps they weren't as crazy as they thought and that it was the structure of society that was all wrong.

Erik Erikson's 'Childhood and Society' and 'Identity Youth and

Crisis' gave a framework for understanding our identity crises. (He is the one who coined the term - Identity Crisis) And he also gave permission to take a moratorium after high school and before starting adulthood to go find ourselves. So there we were, a generation hiking into the mountains, hitchhiking down back roads, hopping freight trains and 'on the bus'. 'The Teachings of Don Juan', 'The Tibetan Book of the Dead', 'Be Here Now', 'The Bhagavad Gita', 'The Tao te Ching' and many more got mixed in there as well. And the music got into the act, as well, with "paranoia strikes deep, into your life it will creep" and "oh little girl psychotic reaction" and "I just dropped in to see what condition my condition was in".

The book 'I Never Promised You a Rose Garden' also gained extraordinary popularity with its true first person account of a journey out of madness assisted not with oppression, imposition, coercion, humiliation, medication and the psychiatric technologies of the day but with love, patience, acceptance and human warmth. Hey, we thought, what a trip, counter-cultural values are good medicine for madness!

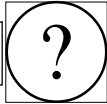
Then in the mid-70s, remember I am mostly talking about San Francisco (The City of Love), the work of Carl Jung and Wilhelm Reich suddenly became super-popular. It seemed that the psychedelic fad gave way to Eastern philosophy, which in turn gave way to Jung and Reich. There was a time when it seemed there was no telephone pole in the City that was not plastered with flyers for Jungian or Reichian lectures and workshops, psychodrama, dance therapy, dream workshops and so forth. And the Jungians sponsored lectures on Friday nights that drew in hundreds of people. At this time the half-way houses, which were all

over the place, were very experimental and many if not most were employing anti-psychiatry values (wide freedom of expression for the patients to work through their 'trip', no drugs or as little use of drugs as possible, egalitarian approaches, a distaste for diagnosis, consensus decision making in the house, etc.).

Behind many of these programs were social workers who had either found their spirit in the words of John F. Kennedy who, in the early '60s, said "Ask not what your country can do for you but what you can do for your country." or from the social commitments of the FDR era of the 1940s when 'socialist ideals' entered mainstream America through the policies of Franklin Delano Roosevelt.

In the '60s and '70s the utopian visions of mental health treatment were thriving and I was living in the basement of one such place called the Burt Children's Center where we worked with autistic children within a psychodynamic framework. It was a beautiful four-story house in an expensive part of town. There were about twelve autistic children living there with a large staff of childcare workers, teachers and two permanent live-in staff members. We viewed every silent child as a silent genius, possibly Harvard material. Our hope was as boundless as our denial. Nonetheless, we did some good work along with some bad.

With my hands in the toilet several times a day washing out soiled underwear and wet and soiled bed sheets, I considered Freud's anal stage and concluded that he had understated the point. I worked there while doing my undergraduate studies and found the classroom material on the nature of the ego a useful compass for orienting to this house-full of seemingly ego-less children. But unlike the selfless



mystics who had presumably transcended their egos and become loving and enlightened beings, these children often seemed to be in an unending nightmare of pain, fear and chaos. Living in the house with the children for three and a half years I often entered the children's rooms at night to check in on them. With all of them sleeping soundly and warm in their flannel pajamas, I would ask myself "Are they autistic now?" Of course, they were not, but, of course, they always reawakened into their autism. We felt we were on a mission, discovering something new about autism and new about ourselves. It was only 25 years ago but at that time autism was one diagnosis that described what are now considered to be several different diagnostic categories (autistic disorder, Asperger's disorder, pervasive developmental disorder not otherwise specified, etc.) Furthermore, many of us at the center subscribed to the theory of a psycho-genic origin of autism and practiced a psychodynamically oriented form of treatment for autism.

Years after I left the Center the research became overwhelming and the predominant thinking shifted to a view that emphasized multiple different diagnoses, an organic origin and a multi-pronged treatment strategy that embraced, the previously much maligned behavior modification techniques. While I tend to agree with these new advances, I have also been interested in Francis Tustin's notion of a psychogenic origin for some forms of autism. In my own experience I met and lived with well over twenty autistic children and never met one that didn't have a nightmare for an infancy (acute constipation and intestinal pain for months, bitter abandonment, psychotic parents, LSD ingestion as an infant, etc.). But then again there are millions of children who have nightmare

infancies who do not become autistic. Consequently, I feel the organic factor is not insignificant and often sufficient to explain the origin of the whole problem.

As a special project, I collected the pre-pictorial drawings of one autistic child over a period of five years. From these 1,250 drawings of circles, which changed ever so slightly over the years I was able to study the miniscule developmental changes and rigidity of his psyche. I also made a five-minute movie of these changes by taking four frames of each of his pictures which changed only slightly over time and combining them to create what appears to be an animated movie. Though the boy didn't speak much, and when he did, his speech was completely bizarre, he called each drawing a "mouth" and with no other free associations to draw on, I turned to the literature of myth and ritual to study the symbolism of the mouth throughout history. And from this I wrote my first published article.

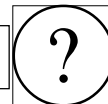
Once while entering the Center I met the mother of one of the children in the house just as she was leaving after a visit with her son. She knew that I worked especially closely with one of the children – the one with the drawings of the mouths – and so she stopped and asked me "Does that boy say "Hello" to you?" In fact, his speech was odd but he did, in a fairly mechanical and sometimes echolalic way say 'hello'. "Yes, he does." I replied. "That's what I want," she said, "I just want my boy to say 'Hello' to me, just once."

Now, at that time, another strong influence, quite separate from the counterculture, was Bruno Bettelheim with his books on autism and his work at the Orthogenic School in Chicago. It wasn't exactly a bastion of anti-psychiatry but it was deeply psychoanalytic. So there

was Laing and Bettelheim who were working – AND WRITING but there were also a lot of other experiments taking place. In the Bay Area there were homes for psychotic adults - Soteria House, Marin Lodge and Diabasis to name just a few. Their philosophies were based in Jung, Freud, Transactional Analysis, anti-psychiatry, or the social rehab model. But whatever the orientation, they all seemed to begin with a kind of utopian vision. The big problem with a lot of these places, which were run on utopian visions was that they kept having startling miracle cases that refreshed the utopian fervor again and again.

During and after my time at the Burt Center I graduated from college and did my masters work in clinical psychology interning in an elementary school and two clinics. I then returned to residential treatment spending the next four years at Marin Lodge (1979-1983) working with chronic schizophrenic adults. The staff and the patients were all about the same age, all part of the counterculture to some extent and all enjoyed the same music together. The house was a big house in the country with fifteen 'residents' (not patients, not clients, not beds!). We were situated next to a horse stable and had oak lined country roads available for relaxing walks where one could take a walk with someone else or go alone. We had a garden (completely 'organic' of course) where the residents and staff worked together, growing much of our own food.

One resident was always trying to get out of work. "The spacemen are coming" she'd say. While it was true that she often hallucinated the arrival of spacemen, their timing sometimes seemed to correspond too closely with when it was that she was in charge of setting the table or doing some other sort of work around the house. One day she needed to stop setting the table as



the spacemen were arriving momentarily. "Oh, please just do your job." I pleaded. "But the spacemen are coming!" she protested. "Then set an extra place for them. I'm sure they're hungry after a long journey." "Oh may I really?" "Absolutely, just make sure you set the table NOW!" She set the table immediately and we were both quite pleased with ourselves and each other. Such an anecdote may sound flip and unprofessional to some but for those of us who work, and really live, with these kinds of patients, it is not uncommon to establish a certain kind of rapport not only with the resident but with their madness as well. This, I believe, often has a very therapeutic effect as the resident begins to have a more familiar and playful attitude toward the problems with which they struggle day after day.

Another time, I was in town with the same patient having a coffee with her and several other residents. She was explaining to me that she really shouldn't be expected to work because she was crazy. "Let me see" I said. "Let me see you crazy." She was so perfectly lucid in that moment, as she often was, that I felt I needed to take the opportunity to do battle with the way she was being socialized into her role as an incapable crazy patient. The Lodge was particularly good at confronting the institutionalization that many chronic patients had acquired. The confrontation came in the form of graduated levels of work that they were assigned to do. When they completed it, they would be met with the fact that they had just done something they had never done and never thought they could do before. While it may not have driven away the echoes of their minds, they discovered they could work, be productive and enjoy it.

One morning I was working in the garden with all the residents when the same patient, described above,

announced that she smelled something dead. Familiar with her many ploys to get out of work I said, in an admittedly flippant tone, "What's something dead smell like?" "I don't know it just smells dead." "Okay, well lets keep working." In the afternoon others said they smelled something as well. By evening, even I, with a notoriously poor sense of smell, could smell something horrible. Well, it was a hot and sweltering summer evening but we closed all the windows and I went into the large and partially wooded front yard looking for what I thought must be a dead skunk. Suddenly there I was standing in front of a dead horse. It had been in our yard for three days and no one had seen it but that day one of our "sensitive souls" had smelled it.

We operated on a social rehab model, which drew residents into ever higher levels of social, recreational and vocational performance. This seemed to be very good for residents who could progress but for those who had really reached their plateaux, the "Movin' Up" model seemed to be a set up - a recipe for failure. I dreamed of a program not only with levels through which to progress but plateaus on which to stop and live out the rest of one's days. Community mental health seems to have a real aversion to the chronicity of many patients. After spending nine years in residential treatment working with some of the most stuck patients imaginable, I encountered some of my own stuckness. It's hard to write about stuckness and even harder to sell others on the importance of dealing with it but Adlof Guggenbuhl-Craig's book 'Eros on Crutches' is a very good contribution to this important clinical dimension.

One day there was a patient who was doing so well he had graduated

from residential treatment, was participating in our day treatment program, was working in a job and living in an assisted living program. He was days away from moving out into his own apartment. What a success story! The only problem was that he had never done so well in all his life. He had never, not been a mental patient. To leave the only identity he had ever known was more than he could bear. He walked to the Golden Gate Bridge, lifted himself over the rail and fell to his tortured death. This has permanently alerted me to the danger of 'progress'.

Another patient taught me a great deal about the majesty of thought disorders. He was a rather quiet man who was calm and gentle and smoked about five packs of cigarettes a day. Owing to his demeanor, he had developed the reputation among some of the residents as a good, kind and wise man but in truth his silence was due to the fact that he was sunk in psychotic turmoil even with his medication well monitored. Though usually silent he would occasionally enter the house and shout "Sixty thousand tons of rock!" If one were to stop him and ask him about his comment, he would remark on the sign next to the nearby bridge which said "No trucks over six tons" and then he would marvel at words like Washing-TON, Hamil-TON, and other words ending in TON. It was difficult to discuss much other than this with him. One evening I met him in the hall violently stabbing the air with a pantomimed knife. He lunged at me, then turned and went into his darkened room. I followed him in and tried to speak with him. He remained mute. His room-mate suggested he might want a hot chocolate. I offered to make him some and he accepted. We went down stairs and in to the kitchen. While I was preparing our hot chocolate he began to talk like never



before. He explained to me that he smokes Winstons because the person who smokes Winstons, wins tons. He smokes Carletons for the tons of Carl Jung and he smokes Tarreytons just for the tons. Seeing his thought disorder laid out before me like that, I felt as though I were gazing upon a majestic sunset with sinister implications.

When hiring a new counselor the staff always agreed that we wanted staff members who didn't like to give meds but were willing to do so. The house policy was to keep residents on the lowest dosage of medication possible. With time I discovered the lowest dosage possible had to do not only with the resident's diagnosis, level of functioning, physiology, the nearness in time since the last crisis and the material being dealt with in therapy but also with the number of people in the house who were adjusting to lowered medications at the same time. If three out of fifteen people in the house were in the process of adapting to slightly lowered medications, the anxiety, impulsiveness and psychotic process in the community would be too high for us to consider lowering anyone else's medications. Thus, the use of medications had a lot to do with the social context. The theme of psychosis in the social context also seemed to have a good bit to do with the location of the house. One could see how a psychotic person walking in a suburban neighborhood would arouse suspicion immediately and probably be picked up by the police. But if he/she was in downtown San Francisco there was really a good bit more freedom. In the country, where our house was, the freedom was greater still and at a nearby wind swept beach situated next to an artists' community one could really be oneself.

Throughout the '70s a Jungian analyst named John Weir Perry was writing about his startling

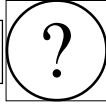
formulation of schizophrenia and founding residential treatment centers for schizophrenics (or 'visionaries', as he called them) to go through their process and come out the other side healthier than before. His formulations correlated the schizophrenic process with the myth of sacral kingship and the new years festival of cultures on the threshold between matriarchy and patriarchy, which naturally enough left some members of the psychiatric community scratching their heads and others with their minds inspired and spinning in a most extraordinary way. His treatment recommendations, however, were a good bit more concrete. Provide a home, not a hospital; help people through their process and don't try to control them; use as little medication as possible; provide opportunities for creative expression; let human relationships grow between the staff and patients; etc. Of course such decent and humane treatment received extraordinary opposition from the psychiatric establishment of the day. Ultimately the people at Diabasis, Diabasis II and Perry House gathered a long list of miracle cases and a few dismal failures as well. But between the failures and the myth and ritual stuff the place lost its funding along with a lot of other experimental residential treatment programs. In retrospect Perry came to discover that his formulation seemed to apply not to schizophrenia but rather to what is now known as a brief psychotic disorder.

As we entered the '80s, the political climate became increasingly conservative, the money for innovative programs dried up, the psychopharmacological medications became more treatment specific and proponents of "psychotherapy" and "psychotherapeutic communities" came to be seen as 'thick-headed-dinosaurs'.

Now, twenty years later, the mental health system in the United States is being consumed by the lawyers and bureaucrats in a big way such that every treatment is scrutinized for effectiveness the second after it has been executed and if it is not immediately effective, funds are discontinued. Now robotic treatment techniques, powerfully effective medications, mountains of paperwork and choking legalities are turning the system into dead wood once again. So, without getting goofy, I suspect we need a new version of 'One Flew over the Cuckoo's Nest' real soon. As far as I know, and I have been out of the loop for sometime now, the most creative clinical work is back in the hands of the private programs and being paid for by wealthy families.

Though I am no expert on the history of residential treatment programs, my guess is that they had several influences: 1) the psychiatric hospitals of old, 2) The sanatorium model of the late 1800s and early 1900s 3) the usefulness of some of the neuroleptic medications, and 4) on the psychoanalytic front, a history of experimental psychoanalytic residential treatment programs beginning with Siegfried Bernfeld's home for Jewish war orphans, the Kinderheim Baumgarten, during the First World War.

Bernfeld was a prominent leader and organizer in the Jewish Youth Movement and in behalf of Zionism. He became a full member of the Psychoanalytic Society in 1919. In the same year, he launched his Kinderheim Baumgarten for Jewish war orphans. It was a school and demonstration center for progressive education based on psychoanalytic principles. His efforts were followed by August Aichhorn's work in a home for juvenile delinquents (wayward youth) in Vienna. Aichhorn was a close associate of Bernfeld, Anna Freud and Willi



Hoffer who were working and studying in the area psychoanalytic applications in pedagogy. Rudolf von Urbantschitsch, an early member of Freud's Psychological Wednesday Society founded the Cottage Sanatorium in Vienna, which provided treatments for medical and psychiatric problems. Ernst Simmel, one of Freud's trusted associates in Berlin, founded in the 1930s the Schloss Tegel Sanatorium for treatment of psychiatric problems. At Dorothy Burlingham's suggestion Anna Freud founded the Heitzing school, in the late 1920s, at Eva Rosenfeld's home in Vienna. In Eva Rosenfeld's garden was built a small schoolhouse where the children, most of whom were in analysis with Anna Freud, were taught in accordance with progressive education principles and psychoanalytic values. In addition to the school and the children's analyses, some of the children were also living full-time in Eva Rosenfeld's home. Anna Freud and Dorothy Burlingham continued with the spirit of this work when they developed, on a much larger scale, their War Nurseries for Bombed Out Children during the second world war. I don't know for sure, but I suspect this was an influence on Dr. Thomas Main's work at the now famous Cassel Hospital in England and on countless other programs in Europe and North America. Similar projects were started at the same time at the Austen Riggs Center in Massachusetts, the Menninger Hospital in Topeka and elsewhere in the United States.

The Burt Children's Center, which I mentioned earlier was founded by Mary Burt. She was a social worker in the FDR era and always maintained a hopeful attitude. She was still maintaining it when I met with her again about three years ago when she was a youthful 90 years old. (NOTE: Under her care she had actually performed a few

psychotherapeutic miracles with profoundly disturbed children, the results of which I saw with my own eyes.)

In the mid-1980s Freud was being rediscovered on a grand scale in the San Francisco Bay Area and it is now alive and well there, like few other places on earth. The psychoanalytic work being conducted in San Francisco today is extremely scholarly and professional but there is only one place there that I know of that is doing solid psychoanalytic clinical work within a residential treatment facility for regressed adult patients. Freud, Klein, Lacan, Sullivan and Ferenczi are all being rediscovered now and who knows what the future will bring. Hopefully it will be something somewhere between the scylla of the 'goofy' and the charybdis of the 'deadwood'. Perhaps it will be something free and inspired yet clinically sound and professional.

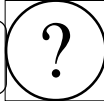
One of my complaints about people in residential treatment has always been that they tend to be hands on people, they like to get in there and do the work but they don't write very much, even though they really have a lot to say. What is the relationship between diagnosis and the structure of therapeutic communities? Who does better where? What are the pros and cons of mixed diagnosis communities? What is more preferable, staff that sleep over night and 'live' with the residents or staff that come on in shifts and 'work' with the residents? Should madness be expressed or contained? To what extent are therapeutic models a function of innovative ideas or economic demands? Should patients conform or be free to be themselves? What are the psychological effects of institutionalization? How can institutionalization serve a patient's best interests? During my nine years

in residential treatment we often debated whether it was ethical to give medication to a schizophrenic, if it was going to blunt the patient's experience of life and possibly stop a normal process which was seen as moving toward resolution and health. Wasn't I surprised a few years later, in the mid 1980s, while studying for my doctorate, to hear a new ethical position voiced by one of my peers. "It is unethical," he declared "to withhold medications from a schizophrenic." My, how times do change!

For the last three years I have lived here in Caracas Venezuela. Venezuela is a third-world country currently in the midst of social, economic and political free-fall, so of course, there is not much of anything progressive here in terms of residential treatment. I have not visited the mental hospitals here but I imagine many are like the snake pits of old.

In addition to my psychotherapy practice with children, adults, couples and families I am also currently doing some biographical research on the life and work of W. Ernest Freud, Sigmund Freud's oldest grandson. This is the grandson whom Freud observed playing the fort-da game with the thread and spool back in 1915. Freud wrote about this observation in 'Beyond the Pleasure Principle' (1920) and discussed it in terms of turning passive into active and the repetition compulsion. W. Ernest Freud is also the only grandson of Sigmund Freud to become a psychoanalyst. And wasn't I surprised when I discovered that on his way toward his profession as a psychoanalyst he worked for three years (1950-1953) as a 'psychosocial nurse' at the Cassel Hospital under the direction of the famous and much loved, Dr. Thomas Main.

Daniel Benveniste



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and silent she may as well not have been there at all. Yet there she was, being there in a way as innocently as something one has lost and then, quite by accident, discovers again. She must have been present when I arrived since she would have had to pass me in order to reach the place where she was now sitting. It was a stone seat like mine except that having her tiny figure perched upon it (I say 'perched' because her feet did not reach the floor) it looked all the colder and ill-suited a place of rest. She was intent on nibbling at some chocolate, the wrapper of which she had torn off in bits and placed in a neat pile on the seat beside her. The way she was eating it perhaps, prevented her from looking up at the towering grey stone or thinking of the cloisters whose darkness she would have to move through again upon leaving. But leaving with whom ? And why had she been left here alone, she was awfully small ?

Not older than six years, she stood, I guessed, at just under three feet in height (which is about the height of a man's stomach). Her complexion was pale in colour without being dull, her hair was blond with just a touch of ginger and long, the kind you imagine you could never pull a comb through. Her face was striking, but only in the way all children's faces are, full of individuality but empty of character. It gave off therefore, a vulnerability of which she was only slightly aware and because of this it became a kind of strength. She was the kind of child one is naturally drawn to protect, because she seemed to epitomise childhood.

I was beginning to wonder whether anyone would come and collect her. I assumed they would. But since she had been here before I had arrived there was no way of knowing how long she had already waited. If you were going to abandon a child this would be the ideal place. The authorities here would hardly be likely to turn such a creature out, whereas, abandoned on the *streets* of London, or in any modern city come to that, is to be truly abandoned. On the London streets you become at once a part of the city, a part of what people walk past and expect to walk past without being judged heartless by their fellows. The nature of a city is that it makes acceptable what is not acceptable anywhere else. It is this, as much as excitement and entertainment, that makes it an *attraction*, a place where we can see anything without the awful need to judge or moralise; we merely pass it by.

She wouldn't remain long on the streets however. Like anything abandoned, empty boxes, food, other kinds of waste, she would soon be found and utilized; finders keepers, as children say !

She finished her chocolate and began swinging her legs back and forth. Her hands were in her lap and she was mouthing the words to a song. *London's Burning* it appeared to be.

It occurred to me that she could quite easily leave the Abbey of her own accord, and without necessarily being noticed by anyone. God alone knows what makes children do things. Perhaps with some notion of finding her own way home or even of looking for her parents she would get up and walk out into central London. She would be too frightened to cross a busy road without her mother or father so she would have to follow a single path wherever it led and cross only the small roads or the zebra crossings. Probably she would feel very timid and lonely and she would only look down at the pavement, never up into the broad, busy streets. But in the sunshine, no doubt, she would not have the wit to feel frightened. Only later when the light slowly fades will she begin to see how her parents are not here or there or anywhere around and that they are not coming. And then she will be frightened. And fear will be a totally alien sensation transported from the adult world, stealing darkly across her young limbs and forcing itself upon her fragile consciousness.

This, I was aware, was an imaginative indulgence on my part. But for all that it wasn't an entirely unlikely situation and I thought I had better assure myself as to her safety. I had just gotten up and turned to go a little nearer when a young woman stepped quickly into the garden, her high heels tapping and scratching on the path. She looked at me with a quick incrimination and stopping called to the girl, evidently her daughter, with that sharp, assuming way mothers sometimes have.

'Laura, Laura, come on, we're going.' Laura jumped from her seat and ran towards her mother, but remembering the pile of torn paper she turned back to collect it.

'No no darling, leave that,' her mother cried and was already turning and walking quickly away. Laura turned back to her mother but she had already disappeared around the stone corner. Laura ran past, without turning to me as she did, and I heard her little shoes tapping away through the cloisters to the rhythm of...

London's burning
London's burning
Pour the water
Pour the water
Fire, fire,
Fire, fire.

I sat for a few moments more, glanced at the book I had brought intending to read but I kept thinking about the girl. I didn't like her mother's severity and I felt sorry for her. Putting the book in my pocket I strolled over to pick up the chocolate wrapper, leave her place tidy as she would have done, but a light breeze swept the pieces from the seat and scattered them across the path and grass. I left them where they lay and went home.

end



“The dumb, idiot digits, with which we tap our time away”

...TWO EXCERPTS FROM A WORK-IN-PROGRESS

(From *The Alarm*, an unpublished short story written by a Charterhouse Group community staff member.)

1.

I know a child who suffers needlessly. At first sight you would judge him as an energetic and bright young man, tall, good looking and eager. Like most people who meet him you would be struck by his physical presence. He seems to have command over his person. The leanness of his face, the taut, healthy young skin, the assertive mystery of his eyes. All of these things give to his character an air of direction. If you talk to this young man, for just a short time, you will be impressed with his powerful voice and his confident opinions and their way, such is youth, of coming upon you from an unforeseeable angle. But talk on a little more and you will begin to notice the slight stutter and a growing tension in his voice. You will see how he begins to tell anecdotes that consistently return to certain ideas he has. These ideas he cannot seem to get beyond, he gets stuck in them just as his speech gets stuck on certain syllables. His is a preoccupation with violence. There is a way in which he seems to be telling a story of violence and telling it to himself as much as to you. He seems to be talking himself, through you, into an indestructible conviction. And as he continues talking and you detect the stutter growing steadily more pronounced, you will observe the way, in his excitement, he lifts his upper body as if trying to separate it from his weakling, puny, fifteen year old's legs. And again you will notice his young, healthy skin that seems so susceptible now to the cuts, the bruises, to the malleable influence of another person's power. And you might also notice how it seems to become transparent, insubstantial, inconsequential and entirely at odds with this conviction. And if you are such a person who has an interest in character, in the X factor of the human predicament, you might come to ask me more about this young man. And I would tell you. I would tell you about the violence, the uncontrollable rage, the miserable confusion and the ever so rare tears that are the proof of his existence. I would explain why he cannot live as we all live, with our families in our homes, but must be surrounded by social workers and responsible adults and those whose love is professional and their living. As I tell you this you will not understand, just as I do not understand, and we will both be left with a sad sense of the limit of people and of situations and finally with a deep regret that our world has fallen once again through the fingers of hope, through the once strong fingers of hope.

And yet the fingers exist. The dumb, idiot digits, with which we tap our time away, have no memory of the

history they hold or flick through. The fingers are the work of creation creating works to amaze creation. Between the thumb and the fingers we play our lives away and all the parts of this inscrutable mystery can be touched there. For it is the fingers and not the mind which give us our humanity. The fingers are the makers of civilisation and, maybe, the holders of its fate. It is they, not the mind or the brain or our rational part, which builds and evolves our world and ourselves. The mind gives the fingers their imperatives and conceives our tomorrow we believe, but it is the fingers that play us into it. And lucky they do, because the mind is not the weightless, disembodied entity we imagine it is, but heavy with our most urgent needs. It lurches forward with its big man's stride and its belly full of ego and our history stinks of it. But the fingers play and find hope by mistake and the little movement which we didn't intend and just happened by accident is true genius indeed, and, who knows, perhaps more.

The child who saddens us longs to play but fear prevents him. Play is the freedom to grow, the key unlocking the mind's narrow proscription. His fingers must feel out the key, and then, the ever so, just so slight a movement, the unplanned accident of fumbling or fantasy could free him. So slight, so crucial, barely a touch from outside.

2.

In the centre of London the great Abbey stands in immutable presence. It has remained while many of the buildings that once surrounded it have passed away, been replaced and are forgotten. It is one of the oldest buildings in the city and, in fact, one of the oldest of any modern city. Although it certainly dates back roughly to the Eighth Century its true age, like its initial function, are lost to obscurity. Used for the coronation of Kings and Queens since Harold's in 1066, I suspect that its origin is far humbler than this.

Stepping into the garden at Westminster Abbey is seemingly to step out of London. The quiet cloisters are a transitional space through which to move towards true sanctuary. The seeming timelessness of that place is not terrible, as one might imagine, though ages past were cruel and men were closer to the mercilessness of nature. Something of the permanence hanging in the pores of the old stone makes one peaceful, confirms that despite death and despite cruelty life goes on and that that finally is the only truth.

I had been sitting on the stone seat for several minutes before my awareness was drawn to her. She was so still



Her Spark Excited Limbs

She makes a fresh avowal of her confusion
 Which surges through her spark excited limbs
 And comes at last to thunder
 And black tears
 And red sorrow pouring from her ears.

Brave you say, but now the storm is over
 As freshness intercedes and life grows
 And comes at last to spring-time
 And Summer rain
 And back to old confusions once again.

Take Courage

If within the working day
 By sweat and effort what we say
 Is that we'll try, through much work,
 To shift the pain that tends to lurk
 In places others fear to see –
 Then take courage, you and me.

Three Poems by Chris Nicholson

The Goondaddy

The Goondaddy sits on his front door step
 Coaxing kitty with a warty thumb,
 But kitty claws at the zagging ants
 And kitty just won't come.
 So the Goondaddy thrumps
 And he wiggles his lumps
 And jangles his shoulders and chest,
 Then he blows out his lips through
 His teeth as he spits and
 Yanks on his old string vest.
 But kitty just purrs
 Scratching at furs
 Where ant bites needle the skin,
 Her black coat grey
 In the sun's dust ray
 Kicked up as it claws
 In a spin.
 The Goondaddy stands,
 He croons and he rands
 With the far-blurred world
 At his feet.
 His mind is a mist
 Of a routine list
 So he flaps the dirt
 From his seat.
 He can just see kitty
 And thinks it a pity
 That kitty won't
 Come to him.
 But kitty is young,
 Her life has sprung
 From a mind elastic
 And dim.
 The Goondaddy points
 And his painful joints
 Extend to the warty thumb,
 He raises his chest
 Through the holes in his vest
 and his watering eyes say 'come'.
 But kitty is fraught
 In a wild cavort –
 A scrap with
 Dangerous twigs.
 So the Goondaddy sighs
 Closing his eyes
 While tears to his
 Chin hair zigs.



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