

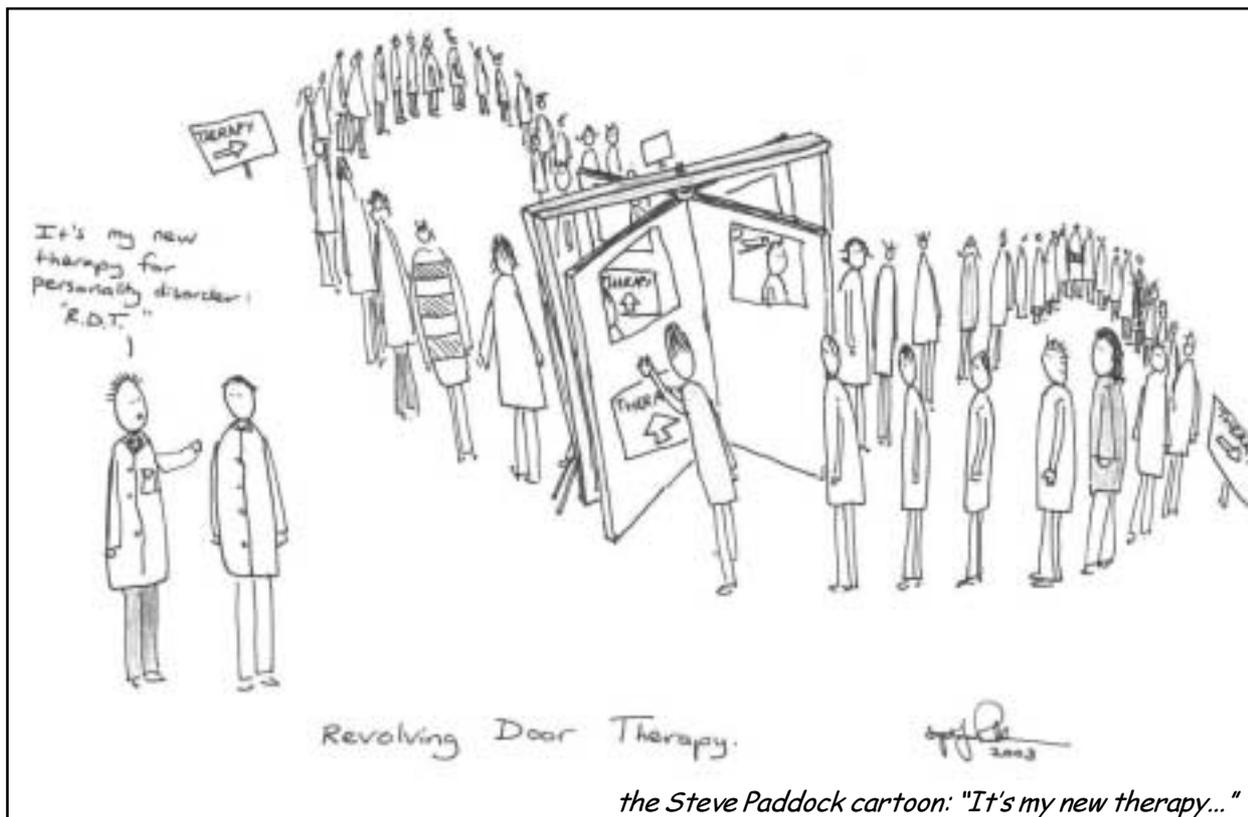
HAPPY
NEW
YEAR

The Joint Newsletter

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

Number 9

December 2003



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ANNOUNCING THE WINNERS OF THE JULIAN MACLAREN-ROSS SHORT STORY PRIZE, 2003

Sponsored by the Joint Newsletter

With thanks to:

Penguin Books, for five copies of Julian Maclaren-Ross's novel *OF LOVE AND HUNGER*, published in the Penguin Classics Series, one for each of the winners and runners-up;

Mark Spragg, Wyoming-based writer and film maker, author of the award-winning *WHERE RIVERS CHANGE DIRECTION*, and **Dr. Paul Fees** of Fees, Spade and Archer (Cody, Wyoming), for a copy of *WHERE RIVERS CHANGE DIRECTION*, co-winner's prize

The Planned Environment Therapy Trust Archive and Study Centre, for a copy of Paul Willett's *FEAR AND LOATHING IN FITZROVIA*: The bizarre life of writer, actor, Soho dandy Julian Maclaren-Ross, co-winner's prize

Alex Maclaren-Ross, the **Julian Maclaren-Ross estate**, and the **Andrew Lownie Agency**

And special thanks to the judge:

PAUL WILLETTS,
author of *FEAR AND LOATHING IN FITZROVIA*

THE WINNERS:

Category: Former Client
Helen Brook,
Cassel Hospital,
for "THE CASSEL REVISITED"

Category: Current Client
Séan Tomás Beag,
HMP Dovegate,
for "OKAY, TC!"

"The two stories could hardly be more different. While Helen Brook's description of a return visit to the Cassel Hospital was admirably straightforward and sensitive, Séan Tomás Beag's piece possessed a lively conversational, irreverent tone which isn't, funny enough, all that far removed from that of Maclaren-Ross's own short stories about the army."
- Paul Willetts

"COMMENDED":

Dermot Moore, HMP Dovegate, for "HERE I SIT"

Andrew Pearson, HMP Dovegate, for "FOLLOW THE PATH!"

Paul Priami, Cassel Hospital, for "THE SHORT PRECARIOUS LIFE OF THE WHITE BALLOON"

The 'Winning' and 'Commended' short stories are each available for reading in the Planned Environment Therapy Trust Archive and Study Centre.
See "Back Page" for Paul Priami's short story, "The Short Precarious Life of the White Balloon".



Apologies

This issue is already over a month late as we put it to bed, and Christmas closure at the printer means that it will be later still arriving, for which we apologise. It makes it difficult to use the Newsletter for time-limited news - job adverts, up-coming events, and such. The ATC email discussion list is fortunately there as a back-up for these, but of course the majority of our readers are not members. We know why there is a problem publishing on the deadline: But what is the solution?

Special Section

Although they were part of the founding vision of the Newsletter, we have only managed to assemble two pre-meditated specially-themed issues - "Research, Development and Training" in Number 2, and "Literature and Therapeutic Community" in Number 8. The rest have been "un-Special Issues", like Number 6 - 'Service Users and ex-Service Users' - which assemble themselves from the material sent in. This issue is more of a hybrid and springs from a remark overheard early in the gathering-in process: That workers in communities for children and young people didn't really read the Newsletter because there was so little specifically for them in it, apart from Charterhouse Group news. Despite a reluctance to ghetto-ize, we decided to test this by bringing all the Children and Young People stuff together into one section. Hmm.

But do people who work with children and young people really think in this way? One of the breakthroughs of recent years has been the re-opening of communication and co-operation among those in

different areas of this field, for the benefit of all. After all, at some point that child you have lovingly devoted your best insight and capacity for transformation to will move on, and find themselves in a world of institutions, many designed for any purpose but the therapeutic - be it a business, or a college, or a prison. Recognising, understanding, and strengthening adult institutions which operate along therapeutic community lines (be it business, college, or...) is surely part of your professional long-term commitment to the future well-being of that child? And if you work in therapeutic community for adults, surely it is in your best interests to know, understand, and support the work going on with children and young people? Unless, like the fireman who sets fires, you are in it for different reasons?

Bad Language Warning

In this issue there is language which some readers may find offensive. We struggled with this, because the readership of the Newsletter is so diverse, and has contained material even from our own children. But in context, apart from one change, we didn't feel it right to bowdlerize, and therefore agreed two things: To flag up those pieces which contain potentially offending language (and putting them at the beginning of the Newsletter, where they won't take readers by surprise); and by excising the words in question for the Internet version, which is available indiscriminately to anyone with access to an Internet-linked computer and Adobe Reader. The problem will certainly come up again, as one of the winning short-stories in the Julian Maclaren-Ross Prize (which is to be published in one of the next two issues) is freely sprinkled with *words*. But they are appropriate in context. Views are very welcome.

Forward into the Past: The Future of the Newsletter (again)

Historically, the Joint Newsletter is the result of the confluence of three streams: It was made possible because of the increased communication, awareness and involvement among the three main charities devoted to Therapeutic Community in Britain, and by an atmosphere of 'Yes' at the core of each. When it was first suggested, Rex Haigh, Chair of the ATC, gave the idea of a joint newsletter an enthusiastic embrace; Jane Pooley, Executive Director of the Charterhouse Group, gave an enthusiastic Yes and pitched in to get it going; and John Cross, Chairman of the PETT, said Yes, came to the initiating meeting, and placed the particular resources of the PETT at the disposal of the project, to see it off the ground and get it going. That was over three years ago, and emerged from an ATC newsletter which was entering extinction through lack of submissions, an annual PETT newsletter which came out every 18 months, and a proposed CHG newsletter, which was flagged up on

the web-site but after some time had not yet been realised.

The aim was to create a showcase of therapeutic community of, by, and for the people who make therapeutic community, and for those whose decisions impinge upon or who are concerned in some way with it. It has succeeded, to the extent it has, because of the inherent richness and generosity of the field; but also because of an awareness of the history of newsletters within the Association of Therapeutic Communities in particular: specifically, knowing enough of that history to dispense with unrealistic expectations and to recognise the real nature of the editorial and production task.

The ATC and its Newsletter came into being at the same time - the creation of an ATC was announced in the first Bulletin/Newsletter in 1972; and a recurrent theme quickly emerged:



1974: "The Editor mentioned that material for the Newsletter was disappointingly scarce"

1977: (Issue 22, in which the cover depicts a gravestone marked "Bulletin" and "RIP"): "The docility of the last AGM seemed a cause of grave disappointment to very many people who attended...As Editor of the Bulletin, it came as no surprise to experience the inactivity of the ATC membership, for it is also represented in the Bulletin by the lack of spontaneously offered contributions. The present number of the Bulletin is a greatly slimmed down one....Production difficulties are such that I have no eagerness to inflate the size of the next number beyond the minimal amount that has been sent in voluntarily...The ATC is no longer a support to the Marlborough [the ATC member organisation which produced the Bulletin at the time], but a burden."

1978: "Does the small size of this Bulletin, the paucity of contributions sent in, give a real picture of the state of our ATC?"

1980: "Issue is a little slim – I'm not getting much information."

1982: "A somewhat slimmer issue of the newsletter this time which is a pity as I feel sure there's lots of ideas, information etc. that could be shared via this."

1998: "We have had few submissions for this edition of the newsletter."

1999: "no one, no one has sent anything to be published."

Different editors and editorial teams have tried different tactics over the years to tap into the excitement and richness of the field and to winkle contributions out of people – cajoling, embarrassing, reasoning – but the fact is that just as newspapers are filled by journalists because that is their task, which goes on more or less all the time, and not by people writing spontaneously in when they are struck by something which could be shared and so enrich others' work and understanding, so the role for a therapeutic community newsletter editor combines active soliciting of material and its creation. Anything not signed in a Joint Newsletter has been put together/written by an editor.

So, the accrual of material is one job. Selecting and modifying is another. The getting it into a state where it can go for layout is another – and as that includes sometimes substantial editorial work, typing or retyping, OCRing or translating formats – the time taken shouldn't be underestimated. Nor should layout be underestimated, in which the aim is to create a meaningful overall order – a kind of narrative structure, so that people are rewarded by reading cover-to-cover or piece-by-piece - ; page-by-page design, so that the eye is attracted and led (or at least not offended) and the reader assimilates quickly

without being overwhelmed; within a limited number of pages in multiples of four (for printing reasons), fitting articles of varying lengths onto pages without obvious crowding or distortion or unintended anomalies; and deciding what to do when you have more material (or less, depending on whether you are a half-full or half-empty person) than you need to neatly complete your segments of four pages: Do you add three pages of material, say – and from where? Or do you cut and burn, shrink and wrap? And what does that late, last-minute but important submission do to the overall narrative and design structure - and where the heck is it going to go and not stick out like a sore thumb?

There is then post-layout proof-reading, taking to the printer and all those negotiations, picking up, and then stuffing, labelling, and posting. It's a lot of labour, which, if not careful, can quickly become Bob Hinshelwood's 'Marlborough burden'.

The PETT's particular contribution, which it is specially placed to do because of its facilities, resources and constitution, has been to so-far shoulder that main editorial and production burden, albeit with a view, originally, of it being shared among all three charities on a rota basis. In practical terms, each issue consumes a month of the production editor's time. Because the Archive and Study Centre is such a small office, this means that the PETT effectively seconds its archivist to the Joint Newsletter's editing and production for three months of the year. The result seems desirable, and each issue finishes by having been enormously enjoyable to produce; but as readers of the Newsletter will know, the small Archive and Study Centre team has become considerably smaller over the past two years, while the workload and future demand has grown. All things being equal - had the Appeal 2004 or its equivalent matured a year earlier, for example - the current way of doing things might have persisted indefinitely; but current reality is they can't. Hence throwing the question open:

Given the underlying realities of producing a periodical within a largely charitable and hugely voluntary setting, about which the occillations in the history of the ATC Newsletter have a great deal to say, a central problem ratchets down on the question or 'burden' of production. It is a huge lump of a task, however and by whomever it is done. That it is worth doing, the success or otherwise of the current Joint Newsletter will indicate. That it can be done, sustainably, is another thing altogether. No matter how rich the soil, no garden except the wild garden manages itself; it requires tending, energy, and resources; in the present, with an eye on next season, and planting in the present for harvest and cropping years down the line.

So, if it is to be done, and if it is felt to be valuable, how is it to be sustained?

(A version of the above was presented by editors Chris Nicholson and Kevin Healy at Windsor 2003, the theme of which was "How Does Your Garden Grow?". A lively and positive discussion followed, but no firm solution reached.)



Please note: This article contains language which some readers may find offensive

Séan Tomás Beag, Dovegate Prison:

It's not so much what he said but the way he said it.

No. That's not right. Let's see! It's not so much the way he said it as where he said it. No. No. No! That ain't right either. It was almost as if he was waiting for something to hang it on. Yeah, that's it! He was waiting for a hanger.

Yeah! That is it. It was as though he'd always had it in him but was waiting his moment. Waiting for the opportunity to hang it. Timing, my friend, is everything.

I've always marvelled at people who could wait. "Patience is a virtue, keep it if you can, found seldom in a woman, never in a man." But these therapists wait! Boy o' boy do they wait. Just when you thought it was safe to come out of your cell – wham/Bam! They are on you – they bushwhack you. Well, that's how it feels. Never mind it's a gentle ambush, it is nevertheless bushwhacking.

Yeah, you guessed it. I'm in prison, banged up — cattle trucked – that's rhyming slang for — . Oh never mind. I swore I won't swear no more. Sounds contradictory does that, swearing not to swear. Anyhow, bare with me – no! Don't do that. Stop right now – that's a spelling mistake. I meant to say bear with me. Bear! That's a hairy dangerous beast – oh, holy s***, I need to see my therapist. Typical, when you need bushwhacking, there is never a bush to whack. I tell you what! Let's have a brew. Let's you and I stop for a coffee break, see you in a mo.

Ah, that's better. Nothing like a nice cup of coffee. Now, where was I? Yes, I was gearing up to talk to you about therapists. I

“LET YOUR LIFE SPEAK”

could talk into the small hours so I figure the best thing to do is tell you what happened this summer in Dovegate Prison.

Remember, I was saying, before coffee, how some clever b*****s wait for something to hang their philosophy on? Well, our therapist done just that, and you have to hand it to him. It was beautifully done.

There ain't half been some clever b*****s. Take the guy who thought up – spectacles. He knew he was dealing with the eyes, but he had the vision to see that perching the specs on the nose just wouldn't do, so he hung 'em on the ears, clever b*****. Those with ears listen. I wonder if that's why my ol' grandmother used to put on her specs so she could hear me. Some folk do that. They pop on their eye glasses to hear better. I know I do, do you?

Where was I? Oh yeah, last summer, we at Dovegate T.C. had a special treat. We broke up for a fortnight. We had what we called a Rezart Festival. The word speaks for itself, but more so. We had civilians come into our gaol and mix with us. We had outside theatre groups, dance troupes — that sort of thing, and let me tell you this, we had a marvellous fortnight. I've never seen, in prison, such happy smiley faces. Mind you, the dance troupe comprised of some lovely fit young women, and this is a man's prison — say no more.

During Rezart we were on our best behaviour. Actually we were each convinced we could pull and a man is on his best behaviour when he thinks he can pull. Oh, I'm going

off on a tangent again. Don't let me do that – you know – shoot off on a tangent talking about a side issue.

During Rezart the sun shone, God was in his heaven, and Dovegate T.C. produced its finest work. We, the lads, made sculpture, penned poems, danced, performed on stage, threw smouldering glances at the girls, developed those funny walks – the macho gait. But there was no doubt that whomsoever planned and executed the festival had a spark of genius. A break from therapy was needed and the break was beautifully timed. Timing, my friend, is everything.

So there we were. Picture this: an open circular yard, paved and, on the day, sunkissed. In the centre circle a water feature with a fountain gushing up through huge boulders and on the yard, seats arranged in rows with us cons filling the seats — heckling, whistling, skylarking, 'cos we are awaiting the girls. In front of us there is built a scaffold stage with a P.A. system and dance area. Suddenly the speakers kick out a tune and the troupe appear. Three boys – boo hiss. Three girls – hurrah, hurrah! All dancers are twenty something — fit, young and so damn good at what they do that some of us cons shut the f*** up and gaze in awe at the show. It goes on and on and like all powerful visual performances, it has the power to visually hypnotise us. For a while we are men again. Oh sure, it's good looking at girls in leotards, but it is more, much more, than ogling birds – for a while we are free. This could be the West End. The performance is so good, the dancers so professional, the musical director so on the ball, that this could be the b***** West End and we could be like the rest of you. We could be free, we could be up there on



stage, dancing, romancing – oh God, thank you for the sun, the day, the music, the company – oh God, thank you for giving the genius the genius to free me and my fellow man for the afternoon.

I look all around me at a sea of happy faces. Patients, staff, outside visitors. We are overawed by the performance. So much so that when the music stops just as suddenly as it started and the dancers freeze on cue — we are stunned to silence till one man whistled and we break into a deafening applause. We want to run up and hug. Something in us wants to give thanks – and the day gets better – trays of cake arrive, passed from row to row, trays of delicious cake, you know the cakes I’m talking about – party cake. Sickly sweet, yummy yummy party cake with icing and stuff, and I now see happy smiley cake-smearing faces. Hundreds of faces stuffing their cakeholes. One day in June, dear Lord, one day in June.

And then he appeared. God the Father. Not up on stage, as you

might expect. No. Our therapist is too cute for that. He appeared at the side of the scaffold. I blinked in the sun. Was this Moses like? He certainly had the white hair, but no beard, and, besides, this man was not cross, he was not going to lay down the law – smash his tablets of stone and rant. This man was cool, gentle, kind. He chose his moment perfectly. Good for him.

It is not so much what he said but it was all in the timing. He told us why we were here. What we were doing, and like a great captain, he told us about the peril of the voyage, and yet he gentled us to be good shipmates and to look out for each other. Man ‘o’ man you had to be there. You had to be there at the festival in the park. Our therapist – God the Father, stood before us and done what no other had done before – he spoke lovingly to us. He made us feel good about ourselves, real good.

And for a while, a short while, I too was up in the wide blue wonder. Looking up, the June sky was a washed out blue, but I too was up there. Out of prison, out

of my mind – free as a drifting cloud. If prison be a cage, dear Lord, then you do, sweet Jesus, occasionally send men with keys. This man that afternoon in June had the key to the cage and he unlocked us.

He stood there, brazen and bold, and he told us what we could achieve in therapy. Lord I forget all he said. All I remember is the feeling and that feeling was/is great. ’Tis said that the really great man is the man that can make other men feel great. Well! I say, let’s hear it for the therapists. Let’s give a hand to the caretakers who are always busy taking care. Let’s hear it for the boys and girls who come into our cage and encourage us to come out. To finally come out of our cage and live like free men. Free men who go up west to catch a show. Free men who wine and dine beautiful women. Free men who tap along to the music without feeling foolish. Free men who eat cake and grin through cake filled happy teeth – free men who say – no more cages for me Lord, no more cages for me.

Please note: The article above contains language which some readers may find offensive

NEW DIRECTIONS, MONITOR COMMUNITY: HOUSING WORK THERAPY

Suzanne Bautista

New Directions Monitor facility was founded in 1972, and although it has mainly functioned as a TC facility, this did not come to light until a couple of years ago.

The Monitor facility is located in Lafayette, Indiana, just across the bridge and a few miles away from Purdue University. The treatment facility is a Substance Abuse Treatment Facility with a Housing Component, and a Work Therapy Program. The work therapy program is a unique part of these individuals’ treatment continuum: It not only allows them to be able to pay consistently on their bill, it helps each client

be more responsible and gain some skills while being in treatment.

The treatment continuum ranges from a minimum of ninety days up to eighteen months. Currently, the facility houses 16-24 Intensive Outpatient Clients and 6-12 Long-Term Transitioning Relapse Prevention Clients. The aim of New Directions, Inc., is to afford the client any and all opportunity to gain skills so they can transition into a sober pro-social lifestyle. New Directions hopes to incorporate similar attributes in developing a women’s program within the next 12-24 months.

The Monitor Facility is currently in the process of seeking funding to finalize plans and begin construction of forty more beds at the Monitor Facility, with the goal for completion of construction being June 2004.

If you have any questions please contact Suzanne Bautista, Clinical Director, at 001 (from outside the USA) 765-491-1518; or email her at [cgsuzanne@aol.com](mailto:cdsuzanne@aol.com)

We welcome visitors anytime.



Jan Lees brought our attention to HMP Grendon's trenchant new inmate-published magazine, *Feedback*, in time to include several selections from its first issue in Newsletter 7, earlier this year. The following selection appeared in the recent second issue, and is re-printed here through the Editor, Ian Ross. Copies of *Feedback* are available from: Feedback, HMP Grendon, Grendon Underwood, Aylesbury, Bucks. HP18 0TI (UK):



FEEDBACK FEATURE INTERVIEW: JOE MARR

Since an escape 2½ years ago, security has become more obtrusive and is changing the nature of Grendon's 'therapeutic community'. Alpha therapist Joe Marr is packing his bags after 8 ½ years of service. In this farewell interview with Ian Ross, Joe cuts to the chase and imparts some uncomfortable home truths on conditions and therapy at Grendon, the cancerous nature and present state of the Prison Service, the roots of crime, and the way forward for prisoners who want to turn their lives around.

FEEDBACK: What's happened to Grendon?

Joe Marr: In my resignation to the Governor a couple of weeks ago, I suggested that the lunatics had taken over the asylum and that would mean that Grendon were unable to offer asylum to people who were damaged and in need of it. I fear that Grendon's future is in quite a precarious position at the moment. Giving a voice to prisoners, and flying in the face of traditional prison ways have always made us vulnerable. The thing about therapeutic communities is that staff have to be accountable as well as prisoners or clients, and that's a very different, difficult proposition for the Prison Service. The 'zeitgeist' of current days seems to be whether there is accountability - I'm thinking in terms of the opposition to the war in Iraq and the dissent within the Labour Party - and whether certain people think that they know best and carry on regardless. That's quite ironic as well, because a lot of people think that I prance around the place knowing best, but actually I've spent most of my time trying to facilitate people with disadvantaged backgrounds having a voice. Although mine is loud, I always maintain that my ears are quite big as well. There is a sense of, where does one take injustice? and I guess Grendon used to be a place where people could air that. I'm increasingly concerned that we're actually infringing on the human rights of several guys at the moment. After spending weeks phoning Lifer Management Unit, as a qualified doctor and senior grade manager in the Prison Service, and being unable to get answers from them - or being blatantly lied to on several occasions - I share that sense of powerlessness that prisoners must feel. Several of my guys have had 'open conditions' set by parole boards and 7-8 months on they're still sat waiting to hear what's happening. The amount of money it's cost to keep a couple of them here would have paid for another staff member at LMU to speed it up and get them out. There's the overall, overwhelming sense in all of this of whether

there's anyone, anywhere that you can appeal to that would have the common sense to put some of these things right.

Another thing I said in my resignation to the Governor was that some of the people I think that are messing with Grendon will no doubt have left, probably on promotion before the extent of the damage they've inflicted here will be realised.

FB: How do outside pressures and consequent changes to the regime at Grendon affect therapy?

JM: One of the things we've always tried to get people at Grendon to do is reason and think. Some of the changes that are occurring might be people wanting to do things for the best reason, but may be unconsidered. Also, I might add, ill advised and sometimes I wonder whether the Governor is actually sheltered from common sense by those around him. One of the examples I always think about where people desperate to do the right thing end up doing the wrong thing was where they flew helicopters into the Orkneys and snatched children from their homes because they believed there was abuse taking place. I'm sure for most of those children, that felt like an extremely abusive act - in the middle of the night to be snatched from their homes. We have to consider the impact of our actions and one of the dilemmas at Grendon currently is that the client group seems to do this better than the management group, along with the principle of accountability is the sense in a therapeutic community that everyone can learn from everyone else. The valuable resource of the client group as co-therapists is being lost here, and increasingly we're developing into an 'us and them' state of mind. That the residential staff are torn and put in an almost collusive position, where they may see more sense in the client groups than in the management group, is a dangerous position to have to be in. Which I guess further worries senior managers because they then fear that the staff group is being conditioned rather than for good, sensible, thought-out reasons they actually share the concerns of the client.

A lot is said about change and whether people are resisting it. I always take offence to that - Grendon has changed a lot since I've been here, there have been a lot of changes that I've driven. They've always been reasoned, discussed and argued out with as wide a group as possible. It's not that we're adverse to change at Grendon - we are adverse to changes that don't seem to be pro the therapeutic



regime. What's currently in the air may be driven by good reason: about trying to enrich what's available to you guys in terms of facilitating your development; but the therapy part of the regime is so poverty-stricken at the moment that it seems misplaced to develop other areas when we're still waiting some 2 years on for carpeting in our group room. There was a proposal to take our dormitory dividers down with no apparent considerations to where those 2 groups would then meet. So that sets up again an atmosphere in the client group where trust is very difficult. A lot of this I'm sure feels like 'more of the same' - earlier experiences where people in authority put their own needs ahead of the needs of the guys, and some of these changes I'm sure feel quite abusive, which sets up fear, shuts people down, and has a big impact on therapy. Therapy is about building relationships. With a short reference to 'dynamic security', which in other prisons I'm sure means getting close to some inmates so they'll inform on others. That's not how we view it - if we're in a relationship and there's an investment on both sides and people believe that, then there's a commitment to the process. People that would escape from other places choose not to from here because there's a reason for them to stay - not because it's too hard to get away. The closeness that we have being in relationship with prisoners is quite threatening to the Prison Service. It is threatening to society to believe that we're all a bit like each other, rather than the nasty ones live behind the wall, which makes everyone else feel a bit better about themselves.

FB: These security measures that are being implemented, the exercise field being taken away and so on - some people say it's because of our own actions.

I think some people have been desperate to get into Grendon and f*** it up, and I'm not talking about the client group. I think it threatens the Prison Service and needs to be kept in line. I think the escape wasn't stoppable by people at Grendon. My suspicion is that one of the guys had come here specifically to escape. I've had guys here who escaped from Belmarsh - there's always a potential for it. You can stop that by chaining everyone's feet together and leaving them banged up every day.... Obviously, the Governor would be asked to tighten up on certain things, but some of the things that may get tightened up are going to piss people off. But I don't think you guys can be held accountable for the escape. Weeks before it I refused to take anybody onto D-Wing because conditions were dangerous. We were seriously short of staff and dynamic security was compromised. Although odd comments were heard about wanting to escape, I think that everybody wants to escape Grendon - it's a painful place to be.

Does Grendon do better on recidivism [re-offending] rates, and if so, how are the changes justified?

There was some research done by Eric Cullen which showed that after 18 months there was a reduction of recidivism, and for each month after that, the effect was better and better. There has been odd bits produced - and quite a lot suppressed - showing that Grendon is still one of the few establishments with a reductive effect on recidivism. I think the figures on D-Wing won't be matched by any other unit anywhere in the world in terms of the level of disorder that we contain and the changes we help people achieve. It's always intrigued me that with those facts known by this establishment, we've never attracted any additional resource. For one protracted period, we ran with just 2 senior officers and 5 officers. And we're in some dispute over a couple of clients who are being set against by so-called experts from the Sex Offender Treatment Programme, which if they published the figures on that, it will be shown that they have very little effect on recidivism. There are increasing appeals and litigation about it. But these are people without group training and yet, for political reasons, they're held in quite high esteem. I have got an inmate on D-Wing who is still waiting for late reports from SOTP for a course he hasn't even been on, when his parole board has recommended a move to open conditions.

There's an extremely crucial debate that Grendon isn't having. Whitemoor is getting all sorts of money; Broadmoor has just opened a unit for 10 paedophiles and the cost is over £250,000 per place per year. It's an astounding amount of money, while Grendon is still being starved to death. I'm sure this is one of the things the Governor is aware of and keen to redress - whether Grendon is held in the right esteem for the work it does. I think it was about 47% at last count of the Grendon population who score high on the HARE checklist for psychopathy, which measures 'static risk factors' - such as the age at which you started committing crimes, early family situations, etc. If people are going to be measured by the HARE checklist and judged by it, there's no point in those people coming to Grendon. An example of this is an inmate who worked very hard here and got a recommendation to go to open conditions by all the residential staff who worked with him, and he had a high HARE checklist score. The SOTP people wanted to send him to Whitemoor, a complete contradiction of the recommendation from the therapy staff. They've gone for some Mickey Mouse compromise and sent him to Albany, allegedly for observation, although last we heard, about a week ago, no-one's seen him - and he's been there 6 months. This is another severe violation of someone's human rights and I feel that in the past that would have been challenged at Grendon, and we've got another 80 people potentially in that position in the short term future - and it's not on the agenda as far as I'm aware. Also, if I blow my own trumpet, after I've left maybe people will get on to how good the results were on D-Wing, and how some of the very difficult client group are out having successful lives - but it will be too late.

**People are getting disillusioned. What would you say to the men regarding the changes?**

One of the dilemmas of being a therapist is that one of your tasks is to help people process whatever situation they find themselves in, and that's often confused with whether you should have to put up with things. If you're beaten up on the way home from work and I help you process and make an understanding of that to help you with your life, it doesn't mean that in any way I justify the thing that happened to you, in the same way as in trying to find an understanding within you guys as to why you perpetrated crimes doesn't mean that we in any way justify it. The dilemma for the therapist is at which point do you say "actually we shouldn't be making sense of this," and that's an issue I've been wrestling with for some time. Many of the guys on my wing think when I leave Grendon's doomed and they'll leave too. What I've said to them is that if they believe in my version of Grendon they're actually a central resource: if they do it right, if they practise being good and honest with each other, supporting each other, trying to do the right thing by each other - then to some extent it doesn't matter what's happening around. Obviously it's better if it can be facilitated by trained personnel because, as we've suggested for the management group, people make the wrong decisions for the best of reasons. It's important to have some informed facilitation of the process. Actually I think - and I'm not saying this against guys on other wings, but just from my knowledge of D-Wing - that they're quite a sophisticated, thoughtful, resourceful population. What I've said to them is, if the place goes to rat shit, they'll have to work harder rather than throw in the towel. They feel that I've thrown in the towel, but I've given 8 1/2 years of my life to Grendon, and it's quite an exhausting place to be. Emotionally very draining. I've served longer here than any of the clients, and so maybe it's time for me to get my parole.

Are they trying to get rid of the one place that works to some degree?

Every group of visitors that I've ever met at Grendon are always impressed by it, and are always asking "why aren't there more Grendons?" And that's an important question. The bottom line is that at some level, people don't want more Grendons. People will reply: "that's not true, we want more!" Obviously not badly enough, or we'd have more! People want to make changes in their lives, but unless you get on and do it, everything else is an excuse. So if we have something that works, and an overcrowded prison system that doesn't, there must be active reasons why there are no more Grendons. Grendon flies in the face of the Prison Service. We justify our behaviour - all of us, staff and inmates - by our relation to others. So, the only way to justify - and it is justified to beat prisoners up in other jails - is "it's the only thing they understand; it's the only way you can get

that through to them." And if at Grendon we're behaving well and being responsible, it kind of flies in the face of that sort of argument. So people don't want more Grendons. I think the public would, properly explained, even though they want their pound of flesh. One of the key things people who have been offended against want is for it never to happen to anybody else. Revenge and more aggressive motives are whipped up by the gutter press, but generally people are saddened by crime. But it's a big industry - and a bigger one in the private sector and for some of the groups that control the prisons, security, arms... people don't want harmony and understanding - wars make money.

And to justify the prison industry as a growth industry you will need more prisoners.

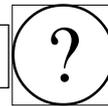
I naively said as one of my oaths when joining the Prison Service that my aim would be to put myself out of a job. When people visit and ask what they can do for Grendon, I've often advised them to forget us and do something locally. Get involved at the level of schools, or youth clubs or prevention of kids getting anywhere near Grendon.

Community work...

And being in community. Actually helping to inculcate a sense of community. One of the central failures of capitalism - Marx would argue - is that it runs out when everybody has their car, microwave and TV. What else are you going to sell them? Capitalism is all about competition: "I've got a bigger TV than you, a faster car, smarter shoes, better top... I've got to drive on at the expense of you". Bollocks to that - let's sit around and play some drums together.

At Grendon we learn to live in community, but what happens when we go back out to a dog-eat-dog world where there is relatively little sense of community left? Where it's 'look out for No.1'?

Yeah, I'm not sure about how much of that is true, and how much we're led to believe that so we'll buy a bigger security alarm, and spend more and more to protect the more and more that we've got because we've already spent. I find most places you go, if you stop and talk to the person next to you, you can strike up a conversation. People lament the loss of buses in London because people chat on them. Certainly when I grew up in Liverpool - if you stopped to ask for directions a crowd would gather and soon there'd be an argument about the best way to get there. There's still people giving food or change to the homeless and not treating people like scabby beggars, not trying to judge. I've just recently went to John Dexter's wedding, and he's had a great deal of support from neighbours, to whom he's been completely honest about his 23+ years in jail. A whole group of people chipped together to make that wedding happen because they didn't have the money.



It can maybe start with just one or two people trying to connect with each other.

Any advice for people finishing therapy?

One of the big changes that I would hope to be remembered by during my time at Grendon is the importance I've placed on ending properly. On D-Wing we expect people to work till their very last day here, say 'goodbye' properly and actually connect with how important we've been to them and they to us, and mark that occasion, usually with a meal before they go. People used to say to me, 'we need to finish therapy early and spend time getting ready to go back in the system' and I'd say, "if you have a fear of how hostile the system is, maybe we could take you in the showers and beat the c*** out of you, as practice for going back there." Or maybe the system, like we're suggesting about society, is quite a big thing with lots of different things going on. Maybe you've come out of one part of the system where you ran with the players and you can go back and spend the rest of the time in the system being more and more constructive - maybe there were constructive bods around you all the time that you didn't notice. I'm sure I could give you each 50 names of guys who have been in jails with you that you've never known were there.

The reports I get from guys who have successfully moved through here is that they're keeping themselves naturally a million miles away from those risky places because much earlier they're on to situations and people that need to be avoided. It's easy to fill ourselves with anxiety about the future, or depression or grief about the past, rather than contend with our present. The real vulnerability about therapy is the doing it here, and if people manage to do that properly, I don't think they'll be disadvantaged in any future situation. Exposing yourself and taking the risk to be in relationship and developing deep and meaningful friendship means that on occasion, like when you're leaving here, you have to say goodbye. And it's painful to lose things that are important to you. I've always felt it's better to have those things and miss them than to kid ourselves that we're better without them. I'd much rather long for a loved one than be a hermit.

What do you make of proposals to give the authorities powers to intern people with Personality Disorders whether they had committed a crime or not?

I don't think that would ever happen. Otherwise I probably would have been put away a long time ago! I think it's a crude attempt by government to take on powerful groups like the psychiatric profession, who over the years turned their back on people who clearly have psychological disturbance and disquiet but don't fall under a mental illness label, and so are deprived help. My concern is more the measures that

are used. A big percentage of people I've met have been desperate for help prior to their crimes being committed, and they may have asked for it in not very helpful ways, but there's been attempts to try and change things. A loophole to allow you to get help might actually be a good thing. It's whether there are tests sophisticated enough to even monitor whether you are in that position, and whether the changes and efforts you make can be measured so you can earn a way out.

And who decides on the measurements?

Well again, that's political, and the bottom line is that there aren't good measurements at the moment. There's also a mistrust of natural human methods and an obsession with so-called scientific methods, so if your mother, your father, your sister, your brother, your granny, your neighbours all say, "My gosh, you're so different" for some reason that doesn't count, which seems to me kind of absurd. But if a machine beeps or a box is ticked, does that suggest that it can be accurately measured in that way? I think for guys here, what's real is all the time people around them noticing that they're different, that their lives need to go on strengthening further, and to work harder. We use those subjective things all the while - I don't choose my doctor, my dentist, my garage on some sort of government audit, I ask people "what do you think of this person?" and I'll judge whether I'll get on with them. We live in a subjective world and that's being decried really. So the choice of tests is really a scramble to have any test that seems to work, and Yalom, a famous psychotherapist in America, quips that the ease with which we can measure something is usually inversely proportional to how useful it is.

I am concerned because the current tests aren't very useful. The HARE checklist is a multi-million dollar industry, and you have to use their test. HARE talks about the world being full of psychopaths. Most super-successful people are likely to have high 'psychopathic' traits. There's every chance that a High Court judge will score high on a psychopathic test to have got that far in his profession because most of us aren't picked out and rewarded for the good works we do - it's those that push themselves forward - that selfish push is one of the characteristics of the psychopath.

In therapy we address how events in our lives have influenced us. What about the responsibility of the state with regards to social problems, poverty, disparity between the 'haves' and the 'have-nots' and the state's own violence?

If the state ever had a test that proved that lack of proper educational facilities in inner cities, or absence of jobs, or chronic family depression, hopelessness of the lives they live, was matched to crime, that would be a much less attractive argument than, "there



are w*****s out there who need to be locked up.” Then the blame’s on ‘the w*****’ - if we build a wall, we can all be safe from people who have got something wrong with them, whereas the problem in the first place may be the absence of care and relationships. I did sign language for the deaf at school because it’s much more useful than some of the c**** we were learning, and then we could have deaf kids in school, and everybody could communicate with each other. I went to a lecture by a South American shaman who said that when there’s someone sick in the village the medicine man first looks to the family, and if he can’t cure the person by treating the family, then he treats the small settlement - and if that doesn’t work, then he has to treat the village. Actually, that person carried the illness for the village. That’s kind of a group dynamic way of looking at things. And those people wandering around a bit mad in that village - they’re taken in, as they pass places, they’re washed, they’re dressed, they’re fed because people are grateful that they’re the ones who are carrying the illness for everybody else - they’re not shunned and driven out. They’re seen as being important members of the community...

There’s a chap called Gilligan who writes about violence and says that people committing violence, and the state’s violent response to those people, are both driven by a sense of injustice. Most guys when they’re first here at Grendon, believe the whole world is out of step bar them, are angry with the whole world, which often drives their aggression to the world. In response we say ‘chop his nuts off, lock him up and throw away the key’, which is a pretty negative way to be.

Anti-Social Personality Disorder, which many people here would be seen as suffering from, seems to be quite simple: that people aren’t good at being social and in relationships; at Grendon we try to help develop people’s skills, to be around other people, to value other people and work constructively with them.

Most of those I’ve met at Grendon and probably in prison generally, have had pretty traumatic upbringings. It seems to me that ‘criminals’ generally come from disadvantaged backgrounds.

Disadvantage, lack of education ... all those things cycle to keep people in poverty, so it becomes a determinant. Some people who are poor have a better internal world, to survive that way; others have less developed ways of coping. People might be poor fiscally, but rich in terms of their relationships, their family, their interests; they might have all sorts of other things going on for them. So ‘poverty’ in a meaning other than money, I think is a determinant of crime. Many people here have had horrendous lives. Old Rose Granville-Smith (who used to visit) - sort of everybody’s grandmother - used to wonder how her life would have been if she had had the background of some of the guys she met. At the same time she wondered how successful some of them

would have been given the advantages she had as a child. Back to humanity and relationship - I always think of a Robert Palmer song, *Every Kind of People* where he says, “there’s no profit in deceit, but honest men know that revenge does not taste sweet”. It isn’t satisfying when you’ve suffered violence, to inflict it on other people. So enabling people to say ‘yes that’s happened’, have that recognised and acknowledged, then people move away from that, and become determined that it doesn’t happen to someone else. The cycle breaks.

I worked in paediatrics when sexual abuse was first coming to the fore, and people didn’t want to believe it was happening, it was all too weird. Certainly when a posh family came in, or a consultant surgeon’s kid came in no-one wanted to believe that actually that fractured arm was questionable. In the mind set of the people I worked with, it was much, much easier to believe that of a family from a council estate. There were all sorts of prejudices running through.

How do you feel about privatisation?

I’ve never agreed with privatisation of anything. If the public sector isn’t working, you should sack the public sector managers. In the NHS I was surrounded by good quality people who were treated like s***, when actually they’re more than capable of running the organisation. If you privatise, usually it’s the same group of people that end up managing it. So why privatise? To profit from health or custody is obscene.

Is it discouraging for you to see not just the changes at Grendon, but in society as well? What do you see as the future?

I think the future is in the past, and that’s about the importance of relationship and the importance of community. It’s interesting, isn’t it, that in California everyone’s going for a ‘simple life’ but in some ways that’s funded by selling TV’s to Africa and telling them they need a more complex life. I was taught to treat others as you’d hope that they might treat you. I don’t think you need a god to think, ‘well actually, there’s a certain amount of common sense in that and maybe if I give good things out, good things will come back to me.’ What I am depressed about, and which makes me weary, is that I find it harder and harder to be at work. The only thing that keeps me at work is the thing that brought me here in the first place: to feel like I could make a useful contribution, and people deserved some recompense for what had happened to them. I also believe - and it might sound a bit homeopathic - that you guys are the seeds of change in other situations. People can preach at a criminal underclass all they like, but guys that come from there being different and being different in their relationships and respecting people around them, maybe helps those people respect people around them, and maybe that can spread itself around.

On a super-political level, one of the things that pisses me, is some of the so-called Christians that I’ve met



in my time in the Prison Service, including those that wouldn't want Muslims to practise, who see Buddhism as idolatry and shouldn't be classed as a religion, and who are completely other than what I view Christianity is supposed to be about - amusing this because I'm going to preach about it - but what pisses me off is the way they preach it. In the length of this interview, probably hundreds of kids have died of malnutrition or for want of clean water. There's a trans-Siberian pipeline for oil, and Africa, India and a lot of the poor countries in the world are surrounded by water, and desalination is simple. We can't feed and clothe a planet, and people are upset because they can't get an Armani. Its an absurdity. Maybe when people are putting on their thousand dollar suits to go to church, they should think about spending the money somewhere else.

Do you find yourself getting caught up in the jockeying for power, and does that affect relationships in your life and work?

The power that I want as a therapist is to control the space in which I work, and control the influences coming into that space. In terms of 'power', I don't know that I'm vying for any here.

Some of us see you as fighting our corner.

I think I'm quite a powerful personality. I guess I can justify fighting for what's right - it satisfies me as a person; but I don't feel like I have a personal gain in that. I think that one of the dilemmas that the Governor currently has is that maybe, whilst he's keen to stay here and be part of Grendon's future, he is surrounded by people whose careers are more important to them than Grendon is. I get enough buzz out of being good at what I do. I feel saddened that

the talent I have doesn't seem to carry much value with the people I work for.

What about your future plans?

My future plans are to grow lavender and raise bees on it. Bees have fascinating, constructive, supportive, organised societies, where the community is more important than any individual, including the queen... we could learn a lot from them!

But will you be making honey from them and therefore exploiting them?

We will be making honey - it's one of the less exploitative ways we could have the land for use. We're both vegetarians, so keeping cattle doesn't seem like an option. What you do exploit in bee keeping - because you have to feed them to keep them going - is you exploit their desire to be busy. The idea of 'busy bees' is you try and provide them with as much resource that they can make a surplus and it's the surplus that you take. We do artificially generate conditions so that there can be a surplus. You have to feed them and keep them all alive, tend to them.

Sounds a sticky business... Do they have rights as individuals though?

I think they see individual rights as a post-Calvinist capitalist false concept.

On behalf of all of us, thank you Joe for the great effort over the years. You have helped turn many lives around, and you will not be forgotten. We wish you and Merran the very best in South Africa - it's what you deserve. May your spirit live on at Grendon.

Please note: The article above contains language which some readers may find offensive

ART THERAPY AND THERAPEUTIC COMMUNITIES

We have reached the end of the third 'Art Therapy and Therapeutic Communities Special Interest Sub-Group'. My experience was that it was satisfying and inspiring. Time was spent networking, disagreeing, thinking, eating, sharing and creating, both ideas and most importantly imagery.

Creativity and art are central to a TC, yet little of it is written or talked about. The Art Therapy and TC Sub-Group was recently created as a B.A.A.T (British Association of Art Therapists) special interest group. It is an opportunity to support each other and to develop and promote art therapy within TCs. Membership is made up of

registered art therapists, working in a variety of settings including day, residential, voluntary, public sector, child and adult TCs. A rich palette of experiences.

This meeting we spent some time imaging and discussing the role of art therapy within TCs. The images, many multi-layered, revealed the complexity of working as a specialist working in isolation within a predominantly verbal community. The images seemed to convey both the robustness and the impermanence of both TCs and the role of the art therapist.

The capacity to play and to create is fundamental to mental health.

Art is central to the art therapist's identity, yet for most of us both internal and external excuses block this potential; the mundane suddenly becomes urgent. This deep ambivalence about creating is endemic in TCs, affecting individual community members and the organization as a whole.

Therapy is about risk taking as is making one's mark.

If you are a member of B.A.AT and have an interest in TCs, please contact me: **Tel: 0121 678 3630**

**Liz Adie
Coordinator**



HUMAN RELATIONS ON THE INSIDE: Putting California's Correctional Community in its time and place.

Readers of this newsletter may be familiar with the work of Dennie Briggs in California's correctional institutions during the late 1950s and 60s. Applying the work of Maxwell Jones and Harry Wilmer, Briggs' Pine Hall project in Chino prison pushed the principles of democratic group responsibility to its limits, defying rules and etiquette of mental health professionals, the prison guards, and the inmates. The community even broke with the prison labor system and established its own 'industrial democracy.' Responsible for work and living arrangements as well as supervision and the disciplining of group members, Pine Hall residents eventually became their own keepers. (See Briggs' full account at: <http://www.pettarchiv.org.uk/pubs-dbriggs-inprison3.pdf>.)

California's correctional therapeutic community project from 1958 to 1965 is a great story by itself. But it also marks the high point in the larger history of the rise and fall of postwar therapeutic penology. By the late 1960s, advocates of rehabilitative programming found themselves beleaguered by guards, conservative politicians, as well as prisoners. In the 1980s, after a good decade of struggle, the new paradigm of law and order had superseded the correctional ethos of rehabilitation. Whereas in the early 1960s the California Department of Corrections diverted funds for a new prison for an expansion of the therapeutic community project, the state has on average opened a new prison every year for the last twenty years. California's key investments in corrections today are maximum security dungeons in isolated locations like Pelican Bay or Calipatria, not experiments in prisoner group autonomy.

Many sociologists and historians have remarked that therapeutic penology in postwar America shares a trajectory with the history of the welfare state that emerged out of the Great Depression and World War II. In my research on the California prison system since 1941 I try to lay out explicitly the ways in which the postwar prison put the political culture of a liberal welfare state into practice. The postwar welfare state had significantly expanded the benefits of American citizenship and increased its inclusionary efforts along the lines of race, class, and eventually even gender. Drawing on David Garland's conception of the prison in the welfare state I understand the prison as the state's key institution for moving its subjects out and back into the full meaning of citizenship, by which I mean legally sanctioned membership in society.

I propose that Briggs' therapeutic community - along with other correctional programming like prison industries, vocational training, and counseling - was

a practical manifestation of this postwar liberalism. For example, its concern with authoritarianism and emphasis on democracy within the state institution had its historical roots in the larger confrontations with 'totalitarianism' during World War II and the Cold War. The importance of research under military contracts for California's therapeutic community paralleled the broader importance of the military as a social institution. The project's critical posture towards professionalism and its empowerment of the welfare state's clientele mirrored - if not preceded - similar trends in President Lyndon B. Johnson's Great Society program. What distinguished the therapeutic community in California's prisons from many other liberal political practices was Briggs' commitment to democratic rule, which ultimately rendered the Pine Hall project potentially subversive to institutional order.

So far, I have conducted most of my research in the State Archives in Sacramento where most California Department of Corrections documents are deposited, the Bancroft Library, and the UC libraries. Yet most of the sources I collect at these sites are produced by the correctional and other state bureaucracies. What is much harder to recover are stories that don't leave an official paper trail, that of the individual inmates, guards, and other staff. Dennie Briggs has opened a few new doors for me, but my search for possible interview partners continues. I am grateful for all clues, suggestions, or questions.

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CONGRATULATIONS!

First published here (Newsletter 6, November 2002), Red Hill graduate and poet Neill Edwards joined artist Oi Fortin to create "An Exhibit of Mutually Inspired Prints and Poems" at the New Haven, Connecticut, Public Library on September 5th. "Listen to this painting with samisen/ In your mind; picture this blue kimono/Swirling as he kneels for that final cut - / Bushido's last exponent takes the stage." writes Neill in the first stanza of the poem, "Enchanted Visions", from which the Event took its name. Congratulations, Neill! Congratulations Oi!



THE HISTORY OF ARGENTINE PSYCHIATRY: Research-in-progress

Jonathan D. Ablard, Ph.D.
Department of History
University of West Georgia

In contemporary Argentina, there is a great deal of interest in the relationship of psychiatry to broader social and political issues.¹ Beginning in the 1960s, activists inside and outside of the mental health professions began to articulate the connection between the rights of patients and broader human rights issues. The issue was brought into sharper focus by attacks on progressive psychiatrists during the military dictatorship of 1976-83, which witnessed the assassination or exile of many professionals.² A recent study on human rights abuses in two of Argentina's rural facilities for the mentally handicapped highlighted this current of thought and argued that such abuses were not an aberration but a logical outcome of the historical development of Argentine psychiatry.³

As a doctoral candidate in history at the University of New Mexico, I stumbled across this story while looking for a thesis topic. The library had a solid collection of primary sources that dealt with the issue of Argentina's large publicly funded psychiatric institutions. Many of these works sought to make public the abuse and neglect suffered by psychiatric patients. I also found that the existing scholarly literature on the history of these institutions was limited. Before the 1980s, the historical literature was dominated by psychiatrists who were writing histories of the profession and its progress. In 1987, four years after the fall of Argentina's brutal military dictatorship, Hugo Vezzetti's now classic *Madness in Argentina* was published. Vezzetti, who is a psychologist and professor at the University of Buenos Aires, took an interest in the development of the psychiatric profession. Influenced by Foucault and by the recent horror of state-sponsored violence, Vezzetti argued that psychiatry developed institutions and rhetoric which were used to separate those deemed normal and productive from those who were not. This was a compelling argument given both the abundance of activist literature on the hospitals and Argentina's recent past. I was nevertheless curious to see what else could be learned. I was particularly struck by the absence of archival sources in any of the scholarly works on the subject.

After a research stint at the National Library of Medicine (Bethesda, Maryland) which has all of

Argentina's major medical journals, I went to Argentina to conduct research in psychiatric hospital, judicial, and police archives. I also had the privilege of meeting many of the psychiatrists who were instrumental in efforts to reform big state institutions following the creation of the National Institute of Mental Health in 1957. In addition, I also had the pleasure of meeting with the patients, staff and doctors in three of Argentina's major psychiatric institutions.

My dissertation and subsequent publications chart the history of Argentina's network of public psychiatric hospitals from the nineteenth century through the mid 1980s. The theme that rests at the center of most of my scholarship has been the gap between psychiatric theories and their implementation in hospitals. For the period prior to World War Two, a period for which the richest documentation exists, I have been struck by several themes. First, psychiatric rhetoric about the supposed danger of the mentally ill never resulted in anything resembling a "great confinement." Indeed, rates of psychiatric hospitalization (or confinement) never approached levels existing in the Anglo-American world. Second, despite often horrible conditions in the hospitals, and the psychiatric profession's often negative depiction of the mentally ill, I was repeatedly struck by continued efforts to provide more humane treatment and housing for patients. Finally, through use of the court records of persons who were committed to institutions, I gained some sense of the lived experiences of Argentina's psychiatric patient population in the period before the Second World War.⁴ As any historian of psychiatry will tell you, it is difficult to work with these documents, for they rarely give voice to the patients. Nonetheless, I was able to discern the many ways that psychiatric patients, and sometimes their families, challenged medical authority.

What about therapeutic community work in Argentina? Its antecedents lie in the 1920s when the mental hygiene movement began to attract psychiatrists who were eager, even desperate, to figure out a way to alleviate overcrowding in state institutions. Dr. Gónzalo Bosch, who was director of the men's asylum in Buenos Aires from 1931 through 1946, began a small radio station where patients could send messages out to relatives and friends. During the regime of Juan Perón little substantive change occurred in the hospitals in part because his desire to build monumental structures probably reinforced the tendency to maintain large state-run hospitals. In 1955, following his overthrow by the military, a range of psychiatric reforms began to emerge. Their success tended to be curtailed by Argentina's increasingly volatile political situation; the military did not allow a single civilian government to complete a term in office from 1955 through 1983. By the late 1960s, progressive psychiatrists working in the public



sector had established an impressive array of alternatives to conventional institutions including day hospitals, psychiatric clinics in general hospitals, and in-hospital therapeutic communities. Reformers sought to integrate psychiatry into the mainstream of medicine, improve medical and social services to patients, improve the dynamic between doctors and patients, and eliminate patients' social isolation. These projects had a precarious existence, however, due to the mercurial political climate. Threats to reform came from the vested interests within the hospitals, but also from sectors of the military that were becoming increasingly reactionary and suspicious of social reform. In March 1976, a coup ushered in the bloodiest chapter in Argentina's modern history—up to 30,000 civilians were illegally detained and murdered by the government. The impact of this terror on psychiatric reform was devastating. Therapeutic communities, with their emphasis on democratizing the patient-doctor relationship, were abolished, and many reform minded mental health professionals were either killed or forced to flee the country.

Although my research so far ends with the return of civilian government in 1983, I would like to briefly discuss the past twenty years. Large public institutions continue to exist, although their patient population is smaller than in previous decades. Because of their often deplorable condition, hospitals are the object of periodic scrutiny and scorn by the Argentine media. The most famous critique of institutional psychiatry

was the 1987 film, *Man facing Southeast*, which is often referred to as the Argentine equivalent of *One Flew Over the Cuckoo's Nest*. Many critics of the hospitals argue that treatment and care vary from ward to ward; one ward may have a fully fledged therapeutic community functioning while the next ward may operate in an entirely different fashion. Many of the hospitals also receive regular visits from community-based organizations. *Radio Colifata* ("Loony Radio"), for example, broadcasts a radio show from within the walls of the Borda Hospital every Saturday. The program represents the collaboration of a variety of outside professional volunteers. Patients use the radio as a forum to communicate with the outside world about their opinions and feelings about everything from hospital conditions to their favorite football clubs. There are also a number of other organizations, including *Frente de Artistas del Borda*, that come to the hospitals to provide a variety of art and dance therapies.

For those who wish to learn more about the history or current state of psychiatry in Argentina, I have provided a brief bibliography. I welcome questions or requests for printed materials.

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FOOTNOTES

¹ On the cultural history of psychoanalysis' diffusion and impact, see Mariano Ben Plotkin, *Freud in the Pampas: The Emergence and Development of a Psychoanalytic Culture in Argentina* (Stanford: Stanford University Press, 2001).

² Particularly important works include, Wilbur R. Grimson, *Sociedad de locos: experiencia y violencia en un hospital psiquiátrico* (Buenos Aires: Ediciones Nueva Visión, 1972) and Alfredo Moffatt, *Psicoterapia del oprimido: ideología y técnica de la psiquiatría popular* (Buenos Aires: ECRO, 1974). For patients' perspectives on this question, see the extremely moving *Carta Abierta a la Sociedad: Un grito a través de los muros del Hospicio* (Buenos Aires: Axis, 1974). For post-Proceso, the most important single "text" is the film *Hombre mirando al sudeste*.

³ Liliana Magrini and Mario Ganora, "Informe sobre violaciones graves de los derechos humanos (Tratos y Penas Cruelles Inhumanas y Degradantes) a preso y minusválidos psíquicos en los establecimientos psiquiátricos 'Colonia Nacional de Montes de Oca'" y 'Hospital neuropsiquiátrico Domingo Cabred.'" Equipo Nizkor, <http://www.derechos.org/nizkor/arg/doc/psiquiatrico/>

⁴ The most detailed historical account of patients' daily experiences is found in Geoffrey Reaume, *Remembrances of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Oxford University Press 2000)



GOODBYE MI CASA

In September the ATC email discussion list received an email from Debra, of Mi Casa de Transiciones in Pueblo, Colorado, one of the list's longest-standing members. "Dear ATC List", she wrote:

The time has come for me to close Mi Casa. Once again lack of funding and resources closes another TC. This is a very sad and painful time for me. I want you to know that being a part of this list has taught me much and I especially have enjoyed the thought provoking controversy we sometimes had. I believe in TC with all my heart and appreciated the opportunity to be a pioneer in using the modality with victims. Mixing TC with NLP [Neuro Linguistic Programming] brought about real answers to resolving trauma. I only wish the monies for research had been there to evidence to the world the amazing accomplishments. This is a sad goodbye.

Mi Casa was one of only two units in the United States providing long-term residential, safe house treatment for women with and without children suffering Post-Traumatic Stress Disorder as a result of unresolved victimization, co-occurring with chemical dependency. In 1997 the National Resource Center against Domestic Violence selected Mi Casa as one of ten creative approaches programs. In almost ten years Mi Casa served just over 80 women with and without children, only eight of whom ever returned to their perpetrator. It boasted a sobriety rate of nearly 70%, and pioneered projects such as Saturday Alternatives, a prevention program which taught nearly 300 teens the basics of preventing family violence and higher brain cognitive skills for good problem solving, and 'Operation Merry Christmas'. In the latter, Mi Casa residents collected donations, baked cookies, and sold cookies and crafts at Mervyns, a retail shop in the local mall, in order to provide Christmas to needy at-risk families. According to Debra:

A total of 691 children in 233 families were blessed with Christmas gifts and food. The women of Mi Casa were blessed with a learning opportunity that resulted in an understanding of reciprocity and a real sense of knowing I CAN..

Hundreds of individuals, businesses, and churches collaborated to make Operation Merry Christmas possible, not least Mervyns itself.

Mi Casa had considerable support from churches, individuals, local media, Chicano community leaders,

and local democratic politicians, among others. But a grandmother, Debra wrote to the list that, following a series of recent crises and traumas, which included entrenched hostility from an influential section of the community, and consequent loss of funding:

My labor of love now seems truly impossible. For nearly ten years I have invested in Mi Casa and A Positive Connection. Most of that time I worked 24 hours daily 7 days weekly for little – or, most of the time - no pay. Much of that time I lived as homeless myself. Most of the time, when I did have a home I could not stay there because the staff shortage was so great and the funds so low I had to stay on site myself, day after day, night after night. This has been a very difficult mission indeed.

Especially given her own family – an elderly mother, grandchildren "growing up without me", and all of the physical and financial realities which, in the end, impose their own demands.

In a subsequent email, having moved from Pueblo to Denver where she was working in an outpatients department – telling the list "I am not satisfied but I am still here (quietly reading)" – she responded characteristically robustly to one of the threads on the list:

Dear Everyone-

One thing I have always taught my clients and staff is, "Why" is a useless question. Each can find good ways for him or herself to be part of the solution, rather than a contributing factor in the problem.

This list with its inclusive rather than exclusive membership and ideas was a great part in my going on for nearly ten years. Together there must be a way to gain more rather than less funding, and to get everyone to stay in the battle for the health and well being of those we provide services for.

Please everyone HANG IN THERE! Higher Brain thinking says find a way!

In the TC world I came from we practiced "redundancy": telling more than enough people all that you know. If everyone were to shout about loudly perhaps some would be heard.

Just some thoughts.

Still Debra

To join the ATC email discussion list and join an informed international discussion, send a blank email, with "Subscribe" in the subject header, to atc-request@psycctc.org.

**LIVING HISTORY: “Love in a Dark House”**

In issue 7 we featured extracts from Merla Zellerbach’s “Love in a Dark House”, the only novel of which we are aware which takes as its theme the transformation of an old-fashioned psychiatric “bin” into a therapeutic community. As if this were not enough to make it essential reading for anyone concerned with therapeutic community, its author not only mentions Maxwell Jones by name in the text, using him as the inspiration behind the psychiatrist leading the change, but mentions Max and his wife Kirsten in the acknowledgements. It feels like a text which has been touched with the actuality of its theme, an historical document in its own right, directly reflecting in a special way therapeutic community in West Coast America at a time – 1961 – on the cusp of radical change. A few years later and Acid had taken over; Ronald Reagan had become Governor; the great California experiments in prison therapeutic community were ground out; and Maxwell Jones was back in Britain, having been thrown out of neighbouring Oregon.

It is therefore a fascinating book. And it was with a particular kind of surprise when we opened an email from Dennie Briggs suggesting we send the author a copy of the Newsletter, giving us her address. And an even greater surprise when an email arrived from Merla Zellerbach herself, registering her thanks. An extremely busy person, with Thanksgiving and Christmas bearing down and a newspaper to get out, she nevertheless responded to the resulting flood of questions with generosity and good humour.

Nov. 9, 2003

I’ll do my best to answer some of the questions in your nice letter.

Yes, had I waited 5 years, I probably would never have tried LSD. At the time it was called lysergic acid, and I read about it in a medical journal which said that people who took it experienced symptoms of schizophrenia.

In my literary naivete, I believed you had to experience something to write about it. (As a friend later pointed out, “You don’t have to die to write about death.”) So when I read that you could take a “safe” pill and experience psychosis, I immediately wanted to do it – to “get into the head” of my schizophrenic character.

At the time, I was working with Dr. Maxwell Jones. To digress a moment, I first read about him in the newspaper – that he was a psychiatrist working in a hospital not far from my home, and doing exactly what I was hoping to do in my story, i.e. – turn a “snake pit” mental hospital into a modern therapeutic community. When I wrote him, saying I’d love to meet him, he invited me to the hospital and gave me a tour. We became friends, went to dinner with his wife, Kirsten, and my husband, Steve, and although Max was very busy, he always had time to take my calls and patiently answer my questions.

Unfortunately, we had no Internet then, but I did find out that a Stanford Medical Center psychologist was experimenting with lysergic acid and testing it on volunteers. I told Max I was going to volunteer, and he wisely advised against it, saying the drug was experimental and they didn’t know enough about it yet.

When I told him I was going to disregard his advice, he suggested I talk to his friend Aldous Huxley, who had done a lot of experimenting in that area. So Max called Huxley, then Huxley and I exchanged letters, and he agreed to see me if I would fly down to L.A. for the day. Since he was my idol and I’d read all his books, including “Doors of Perception” about mescaline, another hallucinogenic drug, I was thrilled – and off I flew to their home.

His wife, Laura (I believe) opened the door, was very charming, and ushered me up to his study. He was waiting, with a warm smile – tall, gray-haired, handsome, with piercing blue eyes I’ll never forget.

We talked for over an hour, and the gist of what he said was that I *should*, by all means, try lysergic acid – that I could never hope to become a real writer unless my senses were opened up and I was “enlightened” – in this case, chemically.

I came home and though Max still warned against it, I pretended I was a journalist and wheedled my way into being a guinea pig volunteer at the Stanford Medical Center. The experience was a bit unnerving, but not at all unpleasant. A doctor friend from home insisted on going with me, so we drove to Stanford, about an hour from San Francisco, and at the clinic I met the psychologist who was administering the drug. He gave me a glass of water and two blue (Sandoz) pills.

I’ll spare you the details of my experience. It was mostly pleasant until I asked the psychologist why I wasn’t having any negative hallucinations. He said, “Think of what you’re most afraid of...” and I immediately thought of spiders. There were some black fingerprints on the wall by the couch, where I lay, and as I watched the black marks, they became



bigger, blacker, and hairier, and suddenly an army of these horrible beasts came marching towards me.

The good news was that at any time I could tell myself I had taken a drug, I was hallucinating, and I could turn the images off – which I did ASAP with the spiders. Years later, I realized that I had taken a pure substance manufactured by the pharmaceutical company. The street LSD the hippies took was adulterated with all sorts of junk, and those who took it had a much less controlled reaction.

Ironically, after the experience was over, I reread the chapter I'd written about my schizophrenic character – and didn't change a word! But Max gave me so much help and inspiration along the way, that even though my plot and mental hospital were completely fictional, his reputation, his movement and his novel ideas were very real and I had no trouble incorporating him into my story.

I think that's done a lot more today than it was in 1962 – i.e. introducing real people into a fictional novel.

How the book came to be written? I was about 20 years old, married, with a new baby, a beautiful home, a loving husband and just about everything anyone could possibly want – but I was dissatisfied, bored with our social life, and pretending to enjoy sitting long hours at the opera and doing volunteer work, and I felt something was terribly lacking in my life.

We had a psychiatrist living next door, and we used to take walks together. I would confide some of my feelings to him, and he would give me what I thought were wonderful insights, so I'd rush home to my typewriter and write them down. They weren't happening to me, of course, but to a fictional woman I called Diane.

One night at dinner, I found myself seated next to the Doubleday editor, and mentioned what I was doing — he asked to see my writing, and when I said no, I wasn't a writer, he became even more persistent. I finally showed him, and he agreed that I wasn't a writer, but said, "Find a subject that really interests you, do research, and write a story around it." So I picked a mental hospital, did lots of research and rewriting, and lo & behold, Doubleday finally published it.

This is a great deal more than you want to know, but as Lord Chesterfield once wrote to his son, "Sorry, I don't have time to write a shorter letter."

Warm regards, and thanks for your interest.

Merla

**Merla Zellerbach, Editor
Nob Hill Gazette
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RESEARCH: Can you help?

I am a Psychology graduate working at Jacques Hall childrens home (therapeutic community) in Bradfield, Essex.

I am currently putting together a proposal. To carry out research, looking into how therapeutic communities for children help them to deal with their problems, and help prepare them for the future. Essentially an outcome study. I will be contacting ex-Jacques Hall students, discussing their experiences at Jacques Hall, and the impact that Jacques had on them. As it is early days, I have not yet finalised the structure/method which the research will take.

I am having extreme difficulty in finding past research into this area, carried out in England.

I would be extremely grateful if you could let me know of any research, or helpful contacts.

I look forward to hearing from you.

Dave Harvey

daveharvey@toosey1977.fsnet.co.uk

Four Generations of Mulberry Bush

Directors: John Armstrong, Robin Reeves, Rich Rollinson and John Diamond, all together at special event to celebrate the life and career of Chris Beedell (see p. 39, below).



Robin Reeves, Claire Reeves (behind Robin), Rich Rollinson, Faith King, John Armstrong, John Diamond, Jim Douglas (kneeling), Chris Beedell (in the frame)



Those friends who have visited Toddington from time to time over the last five years will have watched the development of the Planned Environment Therapy Trust's Archive, Study and Conference Centre, what we are globally calling Barns Centre, with the new accommodation building called Barns House.

This project was outlined in 1999 in our five year Development and Business Plan, and by April of next year we will, despite difficulties and delays, have achieved much of the targets set down in this plan. We have doubled the archive and library facilities, and accommodation for

However, the aim of our five year provision of new buildings (important ourselves as uniquely placed to exciting and life-enhancing history, and Barns Centre is conceived as a meeting place for people involved in many different areas of therapeutic work. We provide a venue for conferences, seminars and study days that bring people together to share ideas and skills. We facilitate joint ventures, publications and events that work across the traditional boundaries of our professions.

John Cross
Executive Chair
Planned Environment
Therapy Trust

space, provided catering and dining twenty four (12 double rooms).

plan was far more than the though they are). We see foster a sense of belonging to an profession, rooted in a rich cultural

Whilst over the last five years we have laid firm foundations for our project, which already will secure its long term future, if we are to optimise the use and value of our new buildings and resources we need to embark on further development as speedily as possible. To achieve this at this time would be far in excess of our own current financial resources, and for this reason we are, in 2004, embarking upon a major appeal. It is our hope that everyone who shares our belief in this field, and the rich possibilities that a Centre like this represents for its future, will help us to make the Appeal a resounding success.

PATRONS

by Robin Briars
Appeal Director

The overall aim of the coming appeal is to finance the development of PETT's existing resources in such a way as to establish an internationally recognised Centre for Education, Training, and Research, thus much enhancing its capacity to help therapeutic communities and those working in the field. Appeal literature will include a brochure and a 'Questions and Answers'. In both documents will appear a list of 'Patrons of the Appeal'. At this time we seek to add to that list.

Patrons are people who believe in and sympathise with PETT's intentions, are well-placed or well-known, preferably popular, and preferably well-heeled too! It may be that it is so desirable that certain individuals appear in our literature as supporting us, that we could offer patronage on the basis of 'no duties or responsibilities'. But in general we would hope that they *would* help us. They could do so by,

for example, persuading Trustees of grant-making Trusts and Foundations that PETT should be an object of their largesse. They might also play hosts at carefully prepared appeal receptions. There are other things they could do, but the guiding light in asking individuals to take on this 'chore' is that their roles should be portrayed as being as unonerous as possible, always bearing in mind that the demands made on their time should be kept to a minimum. They need have no fear. The appeal office will help them and undertake any administrative work that crops up along the way.

There is no doubt that the names of Patrons who fit the description appearing in our literature will add greatly to the chances of success, so if any reader knows of individuals who *do* fit the description would he or she please contact John Cross or myself so that together we can plan approaches.

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'Our Lady of Ealing' (1989): A Painting by Mary Barnes

Kay Carmichael has recently given the PETT Archive and Study Centre a very striking painting by Mary Barnes. I first saw it when visiting in October. On an easel, given by Richard Crocket, stands a big and bold oil painting of a face. It was painted on a wooden panel shaped like a shield and is some three feet high and two and a half feet wide. The colours are very bright with dark green, orange, violet and brown dominating the middle - the face - and a scramble of lighter colours, mostly reds and yellows, making up the surrounds or periphery. Its subject is Mary, the mother of Jesus, and its title 'Our Lady of Ealing'.

Her face is oval shaped and we only see its façade or front covered by a veil or wimple. There is little depth to the face, no suggestion of ears, no peeping hair. Just a face, which we meet as if *tete à tete*.



We are drawn to her narrow eyes which, though not focused on us, call us. There's little forehead or brow, and her nose is very large, almost hooked, and presented slightly sideways on. With the eyes it forms the middle of two equilateral triangles, violet at the top, green the other two descending sides. There is an overall triangular feel to the composition of the face: a smaller triangle climbs from the eyes to the peak of her small forehead and a much bigger one crosses her face and runs from the eyes to the chin's tip. Her mouth is low and almost shadowy grass green, and her lips full and welcoming. There is the slightest of chins.

The effect of this oval Mary, known to us by her greeny-violet face within a blood red sunny head, is

one of strength, sorrow, and peace. This Mary has strength of character and has borne her suffering nobly. Her half-closed orange eyes speak of sorrow. They pierce our eyes. And yet the grief and loss have been accepted, incorporated into a peace that reassures and comforts. The horrors borne have made Mary into a comforter of others - by her silence as much as by any words.

The fastidious or squeamish will be puzzled or disappointed by this work, which at first acquaintance seems slapdash even sloppy. Yet we do well to let a painting speak to us, and this portrait blazes life through its apparently clashing and near-violent colours, which have been applied more abstractly than figuratively. Mary Barnes, whose paintings I had only read about until this first conversation with one, has attacked her subject rather than submitted to it, finding a powerful, dignified person and life in the process. 'Love it or reject it,' the artist seems to be saying. But don't ignore it.

I do hope there is someone who can throw more light on this work and on Mary Barnes' paintings.

Jeremy Harvey

Jeremy Harvey is a Trustee of the Planned Environment Therapy Trust. He is currently writing a book on George Lyward as a teacher, looking in particular at how his work at Finchden Manor with emotionally damaged boys has application to all kinds of teaching, whether in mainstream or special education. Among his current interests is chairing a trust which is trying to create an art gallery for Somerset which would be a venue for local artists' work as well as major touring exhibitions.

Some comments from the Barns Conference Centre Visitor's book:

"Plentiful comments from our group such as superb, fantastic, lovely catering, very enjoyable, relaxing situation. In other words Perfect!"

"An important place and wonderfully comfortable!"

"An exceptional place; a hidden treasure!"

"A great find & interesting & welcoming"

"wonderful place and the archive is so important"

"An excellent venue for reflection/conversation/ good food"

"A lovely setting, and very friendly. The Archive was wonderful! Many thanks."

"Hospitable, friendly, comfortable & in a lovely spot"

"Thank you for looking after us so well. I hope to be back!"



apologies: As we head into the Christmas holidays I still haven't done the Archive and Study Centre Christmas cards, and it's looking increasingly likely that they won't be done. The Newsletter, as usual, sweeps all before it: Three days until Christmas, and if it isn't in to the printer tomorrow morning there will be still longer delays before it appears. The original Archive and Study Centre Newsletter began as a Christmas letter, however, and for me there is always something of that spirit in it. I know it's late, but please accept the gifts and thoughts here as if they were in time for Christmas.

Craig Fees writes:

We're in reflective mood here at the Archive and Study Centre. As the Trust prepares to launch its first Appeal, it comes home to us again how difficult it is to sell the idea of archives as something of essential funding value. How many disturbed and damaged children's lives have been turned around by a timely archival intervention? How many prisoners have found themselves able to hold down jobs and support healthy families as a result of the professional storage and preservation of personal, organisational and institutional records? How many mental health service users have directly benefited from an efficient and comprehensive cataloguing system? What does an archive do anyway?

From the safety of potential redundancy, and with a degree of insight into just how demanding their Work is, I'd like to draw practitioners and others into the private world of what goes on here. Not too far, because a lot of archive work is frankly tedious and repetitive, in the sense that it has to be done meticulously, and to a set of agreed standards, not to mention changing laws. Slipping 250 photographs into protective Melinex sleeves, wearing cotton gloves, labelling and listing (and struggling with the darned computer), is not everyone's cup of tea; nor is dubbing hundreds of audiocassettes and reel to reel onto archival CD (having transformed them into .wav as well as .cda format), cataloguing and getting them transcribed, plus handling attendant copyright and release forms. Nor poring over the Data Protection Act. But it has to be done.

Today: Queries:

Brilliant and all too occasional volunteer Anya Turner and I are in the new downstairs archive store, taking a grant-application-oriented inventory: tape-measuring the linear and three-dimensional shelf-space occupied by archives, the number of boxes and other storage formats, the nature of materials, and their archival condition. A pre-condition for applying for grants. Cold in the air-conditioned room, the phone rings. A query.

We take several hundred queries a year, most, nowadays, by email. I'm on the phone for a good half hour. The caller is from America, having come across us on the Internet, and concerns the desperate posi-

tion of her sister and family over here, in Britain. The sister has gone through a gradual breakdown. A civil servant, with a family, waiting 18 months for psychotherapy she has finally and gradually lost everything: job, children, husband, house; had broken down to the point of having to be taken into a psychiatric unit; and at the moment of the phone call is extremely anxious about her imminent discharge. She needs some place just to be, to live, to build herself again; supported and protected, but not constrained. Something like a therapeutic community. A number of suggestions and contact details are offered. Later learn she had been offered a place at Arbours.

Also learn that having taken herself out of the first hospital after two and a half weeks against doctor's advice, she had also declined Arbours; and having been admitted to a private hospital, consuming her elderly and not-well mother's retirement funds, she is now saying she wants to leave there. An email comes from her sister:

"There seems to be a chronic lag in Psychiatric support in the National Health System, and intervention only seems to happen once the person is completely helpless. It took my sister 18 months to receive psychotherapy. Early intervention, regular therapy and appropriate medication, may have prevented her losing her home, the care of her children and her job."

Your help and that of other organizations was invaluable to us. I wish we had known earlier."

An email from a woman whose husband of 25 years has disappeared. There was no warning, there has been no contact, and it did not seem to be in his character. She doesn't expect him to come back, but she is searching for anything which might help her to understand what has happened. In going through the papers he left behind she has come across the fact that as a boy he had been in one of the places mentioned on our web-site. It had never entered their conversation. What is a therapeutic community? Why would he have been there? What would life have been like there?

Back and forth for several weeks. Among other things,



I send her a copy of David Wills' "*Spare the Child*" and put her in touch with the former director of the therapeutic community concerned.

A young man - a former resident in a community which closed down some years ago - telephones. In order to get a job he simply needs to prove he was a student at the school, nothing more. An archival record, or an affidavit from a former member of the staff would be sufficient. Who knows where the archives are? I search the available sources, and email the appropriate archive list, as well as the ATC list, without luck. I try to track down a former member of staff who had been in touch with the Archive a while back, but letters sent to that address are not answered, and queries to web-masters and administrators of projects he might have been associated with turn up a blank. In a series of phone calls I can't reassure the young man, but I can keep trying; until his deadline passes, and his phone is discontinued.

A woman writes on behalf of *her* mother, whose father, killed before the war soon after she was born, had been in a place mentioned on our web-site: What was it for? What was it like?

A boy in another place, sixty years later, visits the Archive to try to help us understand what it was like, but also to try to make sense of the fog of it all.

Her father is dead, but a woman in America is trying to understand his history and experience, which included time in a pioneering therapeutic community over there; am able to put her in touch with a former staff member.

A mother, still trying to help her daughter after years of broken life and therapy, simply wants to locate her earliest clinical records, to see if a clue might be hidden in childhood notes which could help her therapist in the present; can't help her there - who knows where those records are, if they still exist - but through the work of the Archive I can refer her to someone who knows that earliest clinical situation at least as well as anyone, and also can talk the language of therapy with her.

A steady stream of former children, trying to make some kind of contact with a place they'd been, to find out what happened to it, and sometimes to share their experiences there.

And, of course, students, researchers, and practitioners. Terrifically exciting glimpse into the questions being asked, and work going on around the world, some of which is shared here, and sometimes on the ATC list. What couldn't we do if we had more resources!

One way to gauge the work of the Archive and Study Centre is to look at citations of its help in various publications. This is probably not a complete list - additions are welcome! - but something of the contribution we've made is recorded here, where it becomes touchable:

**ACKNOWLEDGEMENTS
in Books, Theses and Such**

- 2003 Ruth Wyner, *From the Inside: Dispatches from a Women's Prison*, Aurum Press (London)
- 2003 Dennie Briggs, *A Life Well-Lived: Maxwell Jones, a Memoir*, Jessica Kingsley Publishers (London)
- 2003 Paul Willetts, *Fear and Loathing in Fitzrovia: the bizarre life of writer, actor, Soho dandy Julian Maclaren-Ross*, Dewi Lewis Publishing (Stockport)
- 2002 Helen Spandler, *Asylum to Action: Paddington Day Hospital, Therapeutic Communities and Beyond*, Ph.D. thesis, Manchester Metropolitan University
- 2002 Axel D. Kühn, *A.S. Neill und Summerhill: Eine Rezeptions- und Wirkungsanalyse* Phd. dissertation, Eberhard-Karls-Universität, Tübingen) [<http://w210.ub.uni-tuebingen.de/dbt/volltexte/2002/609>]
- 2000 Jeremy Harvey, *Marion Dunlop: Teacher and Healer*, George Mann Publications (Winchester)
- 2000 Tom Harrison, *Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front*, Jessica Kingsley Publishers (London)
- 1999 Keith Burnett, *How do users perceive the experience of drug/alcohol rehabilitation in a therapeutic community*, MA thesis, Durham University
- 1999 Stijn Vandeveld, *Die Studie van Maxwell Jones en zijn werk in de therapeutische gemeenschap*, Universiteit Gent, Belgium
- 1998 Lucy Jaffé (ed.), *Our Story: 50 years under canvas with Forest School Camps*, Forest School Camps (Llangenny)
- 1998 David Kennard, *An Introduction to Therapeutic Communities*, Jessica Kingsley (London)
- 1998 David Bishop, *The Role of the Archivist in the Collection of Oral History*, MA thesis, University of Liverpool
- 1996 Jocelyn Goddard, *Mixed Feelings: Littlemore Hospital - An Oral History Project*, Oxfordshire County Council (Oxford)
- 1995 Axel D. Kuhn, *Alexander S. Neill*, Rowohlt Taschenbuch Verlag GmbH (Hamburg)

in Articles

- 2002 Adrian Ward, "Editorial", *Therapeutic Communities* 23:4, p. 227.
- 2001 Lesley Caldwell, "Continuities and Discontinuities at the Cassel Hospital Richmond 1977-1982", *Psychoanalytic Studies* 3:3/4, pp. 363-379.
- 2001 David Kennard, "Alexis Korner's Therapeutic Community and the Birth of British Blues", *Therapeutic Communities* 22:1, pp. 19-28
- 2001 Gary Winship, Review of "Developments in Infant Observations - the Tavistock Model" ed. Susan Reid (Routledge, 1997), *Therapeutic Communities* 22:1, pp. 75-77.
- 1999 Malcolm Pines, "Forgotten Pioneers: The unwritten history of the therapeutic community movement", *Therapeutic Communities* 20:1, pp. 23-42.
- 1998 Andy Vivian, BBC producer, in interview about BBC's Millennium oral history project on BBC Radio Gloucestershire



IN THE MARGINS....

notes from the Library

I often comment on the pleasure that it gives us here at the PETT to find a box of old books arriving in the Library, perhaps a gift from someone who has spent years immersed in social psychiatry or alternative education. It's a bit like rummaging through the bric-a-brac in a jumble sale. You just never know what you're going to find.

I am not going to write about a very fine collection of books and journals recently given to us by Terry Bridgeman, who was "making space at home", many of which will find their way on to the Library shelves; nor some wonderful books recently given from his personal library by Harry Karnac; or theses from the Reading Course which Linnet McMahon brought over; nor a book of research on Camphill Communities given by Peter Stephenson; nor....

But no, I was really talking about a dozen or so items that we received in November from Matthew Appleton, who has in his time been many things, including a teacher at Summerhill. Not surprisingly, there were some welcome additions to the Summerhill section, already quite an impressive collection, including Matthew's own *A Free Range Childhood* (Summerhill must surely be the most well documented school in the Western world).

But what is this rather battered volume of the *McGill Journal of Education* from 1968? Opening it up, one discovers a fascinating exchange of letters between A.S.Neill and the editor, Margaret Gillett, who had written to invite him to contribute a paper to the Journal.

The reply from the 84 year old Neill has characteristic robustness: "Your Journal is far too high brow for me. Not a single entry enticed me to read it... To me you are editing a magazine that is appealing to pedants and formalists...no personal offence..." The tact and charm with which Margaret Gillett responds to this broadside, and eventually wins him round, is delightful. In just a few pages we learn such a lot about A.S.Neill, the man as well as the esteemed public figure.

But then another little treasure comes to light. A thin, dog-eared booklet about an interesting place called Kirkdale School, which I have to confess I had never heard of before. There are very lively contributions from children, teachers, parents, friends and ex-pupils, with photos, poems and drawings. I loved the account, with photos, of the School Meeting chaired by Polly (age 10).

Kirkdale School clearly is (or was) a "small school", run as a parent/teacher co-operative, and described as "a healthy, functioning, democratic community". At the time this lively, warm-hearted but undated booklet was produced, Kirkdale had been in existence for 17 years.

But for me it raises as many questions as it answers. Where is (or was) Kirkdale School? Does it still exist? Do any of our readers know anything about it? Were any of you there as children? We would really welcome any information, memories, photos, dates, booklets, contacts etc. that would increase our knowledge of what appears to have been quite a remarkable venture. E-mails and letters to me at the Archive and Study Centre, please.

Helen Frye

Hon. Librarian

Library@pettarchiv.org.uk

01242 620125

P.S. Following the recent very successful (and moving) day to celebrate the life and work of Christopher Beedell, we have tracked down a secondhand copy of his book (too-long out of print!), "Residential Life With Children". It is in reasonable condition, paperback, with some underlining, and our price for it (to cover what we paid) is £16 plus £2.50 p&p. Please get in touch if you are interested.

P.P.S. Do you have any books related to the field which you would be willing to let us have to sell? All monies we make go straight back into the library, making it possible, for example, to purchase copies of theses from the United States, or CDs of radio programmes, or even hard-to-find books!

Speaking of which...

SOME OF OUR RECENT PURCHASES INCLUDE:

Books and Theses

Brook, Robert C. and Whitehead, Paul C., *Drug-Free Therapeutic Community*, Human Sciences Press (New York/London), 1980

Carr-Gregg, Charlotte, *Kicking the Habit: Four Australian Therapeutic Communities*, University of Queensland Press (St. Lucia, Queensland), 1984

Harvey, Sheila, *Sheila's Book: A Shared Journey Through 'Madness'*, Somerset Virtual College NHS Publications (Taunton, Somerset), 2003

Koyen, M.H. *Inventaris van het Archief van het Gasthuis van Geel*, Jaarboek G.G.Geel 7 (Geel), 1978



Koyen, M.H., *Gezinsverpleging van Geesteszieken te Geel Tot Einde 18de Eeuw*, Geels Geschiedkundig Genootschap (Geel), 1973

Mintz, Jerry, *No Homework and Recess all day: freedom and democracy in Education*, Aero (New York), 2003

Perfas, Fernando B., *Therapeutic Community: A Practice Guide*, iUniverse (New York/Lincoln/Shanghai), 2003

Roosens, Eugen, *Mental Patients in Town Life: Geel – Europe’s First Therapeutic Community*, Sage (Beverly Hills/London), 1979

Sheehy, Peter Phillips, *The Triumph of Group Therapeutics: Therapy, the Social Self and Liberalism in America, 1910-1960*, PhD. thesis, Department of History, University of Virginia, 2002

Tulipan, Alan B. and Di Salvo, Charles, *The Psychiatric Clinic in Encounter*, The POCA Press (Pennsylvania), 1971

Tugeniev, Assya, *Reminiscences of Rudolf Steiner*

and Work on the First Goetheanum, Temple Lodge (Forest Row, East Sussex), 2003

Zayas, Ramon (as told to Carlos E. Plasencia), *Spare Parts: Creating a Person from a Heap of Spare parts*, Publish America (Baltimore) 2001 (2003)

Other Media:

IDEC [International Democratic Education Conference] 2003: July 17-22, 2003, New York [20 CD set]. [Featuring Zoe Readhead, Ron Miller, Rabbi Yehudah Fine, Pat Montgomery, Michael Klonsky, Susan Klonsky, Matt Hern, Yaccov Hecht, Beth Goodney, Steve Orel, William Cala, Dave Lehman, John Taylor Gatto, Susan Ohanian, Ruben Diaz, Jr., Meredith Bay, Bill Ayers]

“Russia’s Children”, program in “*The Europeans*” series, ABC Radio National (Australia), 24.12.2000 [CD] [Features Dimitry Morosov, founder of the Charterhouse Group’s Kitezh foster family community, and Marina Maximova, teacher, therapist and administrator there]



PETT & Barns House Friends:



**A Working Weekend and Beyond
Alan Fox**

The Working weekend for PETT & Barns House Friends on 20th/21st September, 2003, was most successful and had a noticeably positive impact on the environment of Barns House. We tackled tasks such as window cleaning throughout, painting interior walls, treating exterior woodwork with preservative, clearing the undergrowth particularly to the right of the main gateway, painting the wooden fence thereby exposed, and painting the 19th century agricultural strap metal fence along the front of the property.

It was not all work because we had a shared evening meal on the Saturday, sitting outside on the patio overlooking the filled-in swimming pool.

It was refreshing to see PETT & Barns House Friends with their families and friends sharing this time together – there were very young children there with adults, young people, and even some septuagenarians!

Our thanks are extended to all those who helped to

organise, and in particular David Trudgian, who only joined the Committee in May of this year, and Sybil and Eric Wheeler. They worked closely with Roger Jackson, Jo Jansen and Maureen Ward of the PETT team.

Towards the end of the weekend, and as tents were struck, rooms cleaned, and goodbyes were being said, we had a short Committee meeting and plans were put in place for asking people to sponsor a shrub, for making the web site more secure, for donating a mug for use at Friends’ events, for producing a Christmas card, and for, hopefully, producing a newsletter.

Following the Chris Beedell Commemorative Meeting on November 21st we had a further social/business meeting, with a supper/barbecue around the bonfire made from the immense amount of undergrowth cleared in September.

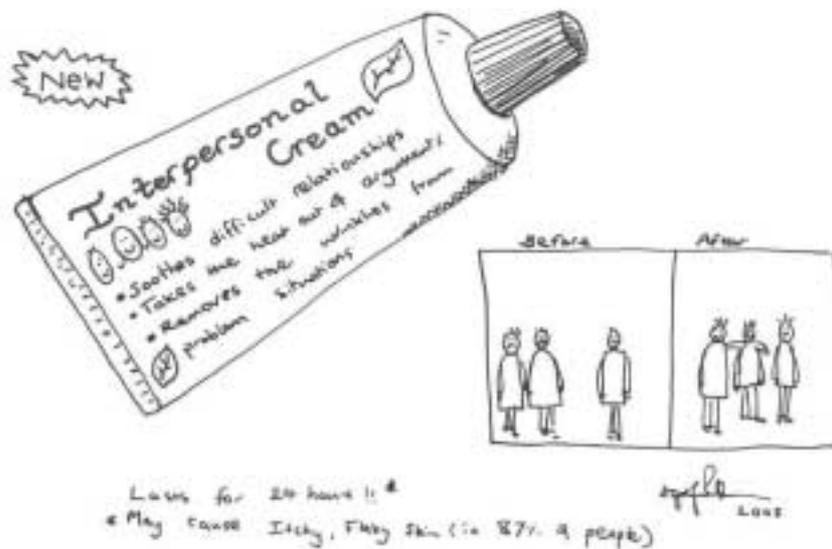
Our next working weekend is scheduled for mid-March 2004, when we shall help to spring clean ready for the summer

season, and plan for our A.G.M. in May.

For further information about PETT & Barns House Friends, contact Alan Fox alanericfox@hotmail.com.



Friend Martin Graham saves rare newts before the old, much-beloved swimming pool in front of Barns House is filled in.



a steve paddock cartoon: "before and after"

PUBLICATION NEWS

A Culture of Enquiry: Research Evidence and the Therapeutic Community

Edited by Jan Lees, Nick Manning, Diana Menzies and Nicola Morant

Number 6 in the Jessica Kingsley *Therapeutic Communities* series.

Paperback £19.95 \$29.95. ISBN 1-85302-857-62003

“Research is an increasing priority for workers throughout the mental health sector, and therapeutic communities are no exception. Those working in TCs increasingly have to justify the success and efficiency of their methods to outside bodies, and the prime means of doing so is through research. This volume collects a wide range of papers by experienced contributors discussing all aspects of TC research. They consider questions of which methods are most appropriate in the unique environment of TCs, how

research studies affect the TC environment, as well as practical and ethical questions. The book also includes accounts of several research studies undertaken at, among other places, the Cassel Hospital. Taken as a whole, the book will be an invaluable resource for anyone involved in researching therapeutic communities – whether undertaking a study, attempting to anticipate its clinical impact, or seeking to understand the kinds of results which TC research produces.”

International News

snipped and adapted from:

The Berkshire, Massachusetts, Eagle, Sunday, September 14, 2003. “\$2 million loan will keep Gould Farm up and running”

A pending \$2 million loan to the Gould Farm therapeutic community from Lee Bank has been guaranteed by the Rural Development office of the U.S. Department of Agriculture. The Rural Development program seeks to maintain or increase employment opportunities in rural areas. With 40 staff members, Gould Farm is one of the largest employers in Monterey.

Officials at Gould Farm describe it as the nation’s oldest long-term community for people with mental illness, and one of only a handful like it in the country. The emphasis is on simple living and hard work. Patients, or guests, as they are called, use hard work as therapy, working a 30-hour week on a self-sustaining organic farm and live communally in large, old farmhouses. They also have access to traditional treatment and medication. Guests stay between six and 18

months at a time, and the farm, which accepts no state funds or private insurance, is solely responsible for their treatment. Staff members live with their families in detached wooden cottages, giving over their spare rooms to interns and AmeriCorps volunteers.

The funds will go toward the construction of a new, 19-room residential house, a four-unit staff home, plus a new well, improvements to the waste-water treatment facility and general upgrades to the 40 existing buildings on the 650-acre property. The new housing does not signify an increase in the number of patients: The farm will continue to accept only up to 42 guests at a time. They will move to new residential housing while renovations begin on the 200-year-old Main House, which currently accommodates them.

The organization will dedicate a new \$200,000 harvest barn and meeting house next month. The structure, which smells of fresh-cut timber from Gould Farm-owned forests, contains a commercial kitchen, where guests harvest vegetables and make and package the array of products the farm sells: mint tea, maple syrup, salad dressings, and cheese.

SPOTLIGHT
on
LYNSTEAD HOUSE AND CYGNET HOUSE
(part of Lynstead Children's Services)

From its early beginnings in 1991 when my family and I had a vision of providing a child centred and focused organisation, Lynstead Children's Services now offers a variety of services for children and young people including day nursery schools, special education, fostering, and specialist residential care. We now employ 90 staff and work with almost 100 children and young people in our various settings.

Situated in quiet Walmer, part of the historic town of Deal in Kent, is Lynstead House. Here we provide 10 places for boys and girls, up to 12 years on admission. Cygnet House is a small house providing care and treatment for just 3 boys and girls aged up to 10 years on admission. Situated in Deal proper, this is a smaller facility allowing us to work very closely with children who may be unable to thrive within a larger group.

We aim to provide a family atmosphere and to establish caring and trusting relationships with the children. Within a nurturing environment the home takes a holistic approach, seeking to create a secure base where children can experience acceptable age-appropriate boundaries and expectations, and come to terms with past experiences. With stability the children can begin to explore and address emotional and behavioural needs, and start to come to terms with the inevitable loss and change that they have experienced.

Our work is long-term, and we provide care and treatment for 52 weeks. All children and young people

have access to our own registered school, where they can access a full curriculum matched to their individual needs.

We have been approached many times by other bodies to join them, but we wanted to be part of an organisation that we felt at one with and above all stood for quality childcare. The aims and guiding principles of the Charterhouse Group reflect many of our own. We believe we have a lot to learn from other providers, and I hope in turn that we have things to offer other members. We have begun to meet with other members and having now had the opportunity to start visiting other therapeutic communities, we have been inspired by the professionalism and genuine empathy to what we are trying to achieve. We have been made to feel most welcome – you can learn so much from sharing experience with like minded professionals.

Finally, I would like to give a special mention and thank you to Christine Bradley, without whom none of this would have been possible. She has stood by us, helped us, and trained us over the last two years so we can begin to understand the inner workings of the child, not only at theoretical level, but also in so many practical ways.

John Baker
Strategic Director
Lynstead Children's Services

THE MULBERRY BUSH SCHOOL – A VIEW FROM THE FAMILY TEAM

Lindsey Stevenson

The Mulberry Bush in Oxfordshire is a non-maintained residential school for primary aged children with severe social, emotional and behaviour difficulties. Six years ago a Family Team was introduced into the School, initially with the remit of working with the children's families. Later the necessity of managing the boundary between the School and the professional networks became equally important. We have become an integral part of the School.

The area I will focus on here is our contribution to the School's internal system for reviewing children's

progress. I will later use a case study to illustrate the way in which the team contributes to the thinking process.

The average length of a child's placement is three years. Children often arrive after a catalogue of failed school and family placements. The Family Team is involved in the admission process and so is able early on to inform the care and teaching staff about the child's experiences which may have contributed to his or her present difficulties.

An invaluable tool is the genogram, which graphically illustrates the chaotic lives the children have had. It

also demonstrates the often generational aspect of the family's problems. It is not uncommon for the child's parents to have had similar experiences in their childhoods, perhaps having been through the care system, which often results in compromised parenting abilities and the frustration of seeing their own experience repeated by their child.

A genogram can also echo the family 'map' the child carries in his or her mind. Memories, accurate or otherwise, will surface and may lead to problems in the way a child interacts with peers or adults. If workers keep a child's family in mind they may be able to understand these interactions better.

The contact with the family and the professional network enables the Family Team to offer a formulation: why is the child so disturbed, why is this particular child in the family different from the others, why now? Some of the experiences that affect a child's view of life are self explanatory: being caught in the crossfire of domestic violence, sexual abuse, abandonment, and so on.

What is sometimes less obvious is the effect historical family events can have upon later relationships. A number of mothers have experienced the death of a baby before the referred child was born. It is not surprising that the mother's relationship with the next baby is compromised. Embarking on a new relationship, where a mother's preoccupation is more with her partner than with the infant, can lead to the child feeling abandoned and forced to find inventive ways to keep him or herself on the mother's mind: ways which can usually be tolerated in a toddler, but when the 7 or 8 year old exhibits these behaviours, exclusion from school or the family may be the next step. The child's difficulty is sometimes compounded by other problems: poor accommodation, shortage of money, drug use, and so on.

Despite damaging relationships, it is vital to keep the child's family networks in mind. It can be tempting to see the child as an isolated individual who can learn to behave differently in a residential setting, but ultimately he or she needs to be able to return to live in a family, hopefully their own.

I shall illustrate the importance of our work with the child's networks by describing Jonathan. When he first came to The Mulberry Bush he was 8 years old. He is the youngest of 4 boys. The next youngest brother was less than a year older and intense jealousy and rivalry existed between them. Before Jonathan was born their father left and started a new family. His mother, exhausted and depressed, drifted into a relationship with an emotionally and physically abusive man, who on the one hand increased her

feeling of safety in a district where crime and drug abuse were rife, but who on the other hand further damaged her low self-esteem by being emotionally and verbally abusive to her and the children, especially Jonathan.

Jonathan's mother was brought up in care after her parents failed to keep her safe as a toddler. Her foster carers rejected her after 6 years, and she was then looked after in children's homes, till she moved to live with her father. He abused her in many ways, and when she was 17 she made a conscious (though in retrospect an unwise) decision to start her own family.

When Jonathan was referred to The Mulberry Bush his behaviour made him impossible to teach at school and impossible to live with at home. He was anxious, angry, defiant and violent, and on a high dose of methylphenidate.

After listening to Jonathan's mother's story, our formulation was as follows: Jonathan, being the last of four children, arrived in the family when their mother was at her lowest ebb. She was a single mother with four children under six. She met Doug and handed the parenting of Jonathan over to him. Jonathan was an attractive, bright, intelligent, loving, but demanding child. He needed a great deal of limit-setting, even at that early age. Doug tried to control Jonathan the only way he knew how: by calling him abusive names and using physical punishment. At school Jonathan's extremely low self-esteem and fear of humiliation led him to fear failure, making him impossible to teach.

This family history helped us to understand the basis for Jonathan's behaviour: extraordinarily strong feelings of shame and jealousy, and hence overwhelming anxiety when he faced new situations or experiences. They led him to fight the world. However, the persistent work of the teaching and care staff enabled him to leave the Mulberry Bush infinitely more able to manage frustration, new experiences, and close relationships.

Without the understanding of Jonathan's early experiences it would have been difficult, if not impossible, to find ways to help him through his frequent behaviour breakdowns resulting from fear of humiliation and abandonment. With all the children, weathering the storm of their most disturbing verbal and physical attacks is made more tolerable when you understand that they themselves have had to weather many a storm of their own. And understanding also helps us to find new and sometimes inventive ways to help them make a breakthrough into happier ways of relating.

Jacques Hall Autumn Fayre 2003:

“OVER £500 POUNDS RAISED FOR BRADFIELD VILLAGE ASSOCIATION AND THE LAPIS COUNSELLING CENTRE IN COLCHESTER”

This is a pretty good headline to go into the local rag, in this case a village Grapevine newsletter that gets sent around to local people and businesses. The value is nicely split between the fact that we (as a whole community) did something in itself well worth doing, and that local people see that our community, and in particular, our children, have something to contribute to their community – which is our community again. The rest of the article ran:

This year's Autumn Fayre was a resounding success. Had you been sitting on the green bank outside the main building of Jacques Hall at 8am on Saturday the 13th of September you will have seen many of our students around heaving hay bales, pool tables, stalls, and equipment. Our maintenance team were busy constructing backing for coconut shies, and a giant painting frame for the community mural. Several of our students were very helpfully directing vehicles bringing gladiator duelling games, donut, cake and bric-a-brac stalls to their pitches. Many stall were to be run by students, and staff from the care, education, administration, and domestic teams.

Jacques is a community within a community. To function well we need both the support of the local community, as well as great effort from all the members living and working at Jacques Hall. We encourage and expect our students

to be involved in all aspect of the running of our home and school, so this year's event was very much a joint effort. But we mustn't forget the contribution of local people who, year upon year, support this event.

It was a marvellously hot day, which - once we had finished moving the hay bales - was enjoyed by all. The first guest arrived at 12 noon, half an hour before the Fayre was due to start, and from there it was busy, vibrant and good fun. There were competitions of speed pool, darts, ten-pin bowling, and guess the teddy's name. Bobby George, the pro-darts player, paid us a visit and chatted to guests. The younger children enjoyed pony rides, the bouncy castle and painting, and had the chance to win coconuts, teddy bears and other prizes at stalls, or watch the balloon modeller making them little mice, swans and pussycats.

The displays in the arena this year were wonderful. Clacton Karate Club gave a brilliant display. We saw spectacular fire juggling on a unicycle! thanks to Tabby Davenport, and the Tendrin Dog show made us all laugh – I think the dogs were a little giddy in the heat! And some of our more musical students performed tracks that they had written and produced by themselves.

This year we raised £540 - more than double what we raised last year. The cake stall alone, thanks

to Mrs Harvey, raised £160. All the money goes to the Bradfield Village Association and the Lapis Counselling Centre in Colchester – if you live in Bradfield, or you have ever visited the Lapis, you will know that these are both very worthy causes. Because we did so well this year Jacques Hall has decided to add a further £200 to the amount raised, and to split the total of £740 between the two worthy causes.

Lastly, during the day one of our ex-members of staff was encouraging local children and adults, and the staff and students at Jacques Hall, to add their artistic flare to a gigantic mural. I know that my daughter thoroughly enjoyed making her contribution to this, as well as others. This wonderfully creative painting became more bright and lovely as the day went on. The finished product is a fantastic size, and I see it as a symbol of the growing relationship and esteem which exists between Jacques Hall and local community. We have taken the mural inside the main house and are planning to give it a place of honour. So if you contributed to this picture or our Autumn Fayre – thank you very much from all the students and staff of the Jacques Hall Community. We look forward to seeing you next year!

**Chris Nicholson
Jacques Hall**

Mulberry Bush School Oxfordshire Women of the Year Lunch 2003

“On a beautiful October day another fantastically successful lunch was held to honour women in Oxfordshire. This year it was held at Magdalen College”, reports *The Bush Telegraph* (Edition 11) - raising £12,000 for the Bush's current development plan. Eliza Manningham-Buller, Director General of MI5, and journalist Libby Purves “each gave fascinating and challenging speeches to 150 guests.” *The Bush Telegraph* is available from The Mulberry Bush School, Standlake, Witney, Oxfordshire OX29 7RW

Cotswold Community: Front Page News in the Wilts and Gloucestershire Standard, August 7, 2003



Photograph courtesy of the Wilts and Gloucestershire Standard, Cirencester

Youngsters at the Cotswold Community enjoyed learning new skills during the annual Art and Craft week. The photo of Reece, our star 'poker maker' in the forge was featured on the front page of the Wilts and Gloucester Standard, who have reported on the week for the past few years.

The week's activities included kite making, wood carving, music mixing, enamelling and Caribbean coconut carving! (The instructor was Caribbean, but I'm not sure about the coconuts).

The instructors came from a range of cultures and backgrounds working with small groups to ensure a high level of 'success' for the boys, who can easily become frustrated.

At any one time there were up to six activities going on, with the Cotswold staff providing support and encouragement throughout the week, culminating in an exhibition on the Friday.

Mike Grier, the Head of Education at the Community and organiser of the week, sees the annual event as a tremendous benefit to the boys as they experience such a variety of activities in a supportive environment. It's a great finish to the academic year.

All the staff were exhausted at the end of the week, but the results and smiling faces were worth the effort.

15th Anniversary Reunion – A CELEBRATION OF THE LIFE AND PEOPLE OF JACQUES HALL – 30th September 2003

Chris Nicholson

Jacques Hall's official opening was on 22 September 1988. However, the building was handed over to the founders, Terry Lee and Jane Barnard, just before the great October storm of 1987. So, for Jane and Terry to gain access to the site they first had to work their way down the drive with chain-saws, clearing aside the immense over-turned trunks and debris along the way. That, to me, seems an apt beginning to the work of a therapeutic community: the idea that the primary task can only be gotten at after clearing away the unexpected, interceding secondary work. Work on both levels has now been taking place at Jacques Hall for just over 15 years. The organisation is, in itself, adolescent, and is in the process at this stage of redefining and reconfiguring its identity. The founders no longer work at the community, and many of the students and staff who have ventured there have passed through and gone on to new experiences.

So, the reunion of 2003 was an opportunity to revisit

not only the building, but also the memories it holds and evokes, and to meet and talk again with the ex-students and ex-staff with whom a significant part of life had been shared. For people to have the opportunity to return to their childhood home, to the place where an important part of their development had taken place, and to mark the time and change in-between, is important, and it may also be the single chance to find closure to an experience which may, until that time, have remained very open.

The event was organised around a tight three-hour programme, taking place in pre-set rooms within the main building, the seeming brevity designed to disrupt the life of children currently living at Jacques Hall as little as possible. These children were already apprehensive about which ex-students and staff would be coming, why these people and not 'us' - the kids living here now - should be getting this special attention, and what exactly was it all about anyway?

We discussed the purpose of the event in a community meeting and told the children that the 'Gallery Show', a photographic history of the life and times of Jacques Hall, would be opened to them first, before any ex-staff or students were able to see it. This was an important factor in helping the children to feel able to welcome and tolerate the guests when they *did* arrive – the children presently at Jacques had come first for us *today* even though 'these others' had come first to Jacques Hall.

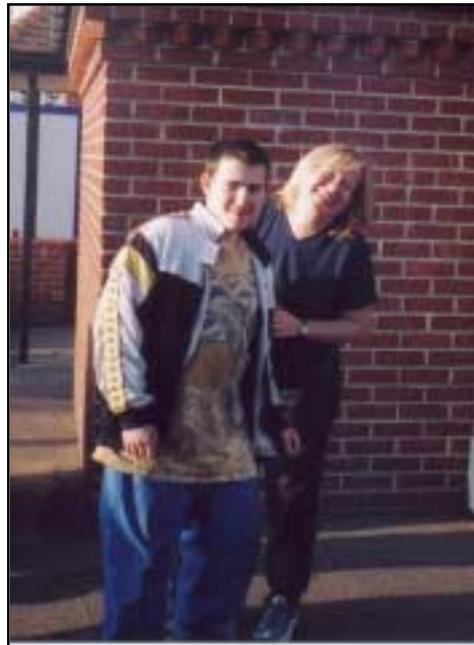
Invitations had been sent with a programme weeks before. We planned the arrival and reception for 2pm. People arriving signed in and received a pack with a Jacques Hall Newsletter, information about keeping in contact with us, and a nice little green pen inscribed "Jacques Hall Fifteenth Anniversary Reunion" as a memento of the occasion.

By 2.40 most people had arrived. But what was this arrival about? Some people who had confirmed their intention to attend didn't arrive. Others had called us a few times with 'decisions and revisions' about attending. One called the day before to say they were coming, and then called on the day to say they were not. An ex-staff member had called the principal a week before the reunion and asked if he could make a pre-visit. Quite unconsciously, he had called on the very day he had left the community the year before, and this had to be pointed out to him. One ex-student emailed a week before the reunion to say that she was 'very sorry to have *missed* the occasion,' [my italics] and would there be any other events she could attend. Another ex-student called us at 5pm on the right day, but exactly at the time that the event ended, saying that he was on his way, he had been travelling for hours but was now at Aldershot. He said it would take him about half an hour to get to us: Aldershot is, in actual fact, about three hours away.

Those who did arrive spent time outside smoking cigarettes and preparing to enter the building. Once inside there was a good deal of emotion, many very warm hugs, and surprised greetings. One ex-student was shaking as she made her way through the corridor to the reception area, where so many were waiting. Another ex-student came wearing a tee-shirt with graffiti on it, but changed into the smart top she wished to present of herself. Another came 'straight from work', wearing a paramedic's uniform. Another presented her son; another presented her parents, who were now back together after a long separation.

The principal, Chris Tanner, welcomed everyone to

the event and explained the programme, emphasising the time the event ended. Then we opened the Gallery Show. This had been set up the day before in the community meeting room, a room that many would remember and react to. Within this room the Gallery Show was presented under a series of plaques made by the current students. The headings were: The Place, The Early Days, The Students, The Staff, The Art Therapy Room, The Current Group, The Holidays & and Boat, The Manningtree Regatta & and Open Days, and The Life And Times Of Jacques Hall. One plaque didn't have its own photo board. This plaque read: 'Groups Are Everywhere': These large 'group' photos were dotted around the room.



To create the show I had gone through about six hundred photographs spanning the last fifteen years and picked out what I thought best represented the diverse experience that life in the community had been during this period. David Dean, the founder of Raddery, whose grandmother had worked at Jacques Hall as a maid, also sent us some pictures of Jacques Hall from

about 100 years ago (including one of the Jacques Hall donkey, 'Billy', who had retired there to chew and muse on his 35 years of service). Many of these photos I had blown-up and framed or shrink-wrapped. Others were just put up as they were. Care was taken to include all the children who had been resident with us, no matter how well or difficult their placements had been, with a similar approach taken to former staff members. Particular care was taken to include images of two children who are sadly no longer with us, one having OD'd on heroin and the other having committed suicide. Odd pictures were included: a very defended boy with a hockey stick skating toward you in the twilight wearing full kit of black armour, an empty frame representing an art therapy session, an obese fifteen year old boy riding on a tricycle, a pet cemetery, a thirteen year old girl playing with her spittle at the table, a boy climbing on the roof, a vacant community meeting room, a girl gesturing rudely, a broken window – all parts of our history. Our ex-Art Therapist told me recently how a rainbow had been painted over the wall of the art therapy room in bright, cheerful colours. She insisted

that the painters finish this off with a good dirty brown. Many children attending art therapy knew it would not all be bright yellow and red, and were pleased to hear that the therapist had insisted on the dirty brown.

Other photos showed the inherent beauty of this open rural environment as the sun goes down, or that brief moment of collaboration with a very unintegrated child, or a staff member making themselves look ridiculous in order to place a hilarious memory in the minds of children whose memories are mostly filled with darker stuff... While putting these images up I found it extremely hard to engage with them emotionally because the narrative they jointly created was such a powerful portrait of the loving and hating and survival (for most of us) that goes on in a TC.

The fun of putting on such a show was to sit back and watch people studying these images, searching for themselves and each other, and seeing that their place still existed in the meeting room within the community, at least for today.

The next part of the day was an opportunity for ex-students and staff to come together in a circle and discuss their experience of Jacques Hall. In order that this 'feel' like a community meeting, but not 'be' a community meeting, I described it as a 'plenary', and we held it in the dining room with a wonderful buffet awaiting us at the close - and tempting us not to go on for too long. The ex-staff and students, with a few of the longest-standing but current staff members, joined the circle. At the top of the room we created an audience place for current students, staff and family to witness the event.

To me, this was the absolute hi-light. I introduced the event briefly, and asked Terry Lee to say a few words about why he and Jane had set up the community. Terry ran through the early philosophy of the community and talked about the key elements that were dear to everyone's heart. Terry ended, very much in keeping with his capacity to broaden

and deepen experience, by reading two poems, which he hoped both the ex-students and the young people living with us now would be encouraged by and feel recognised by. I was able to see, during that brief experience, some of the energy and passion and 'holding' intelligence that Terry is able to bring to both



children's and adults' group meetings. Recently, someone told me that an oft-repeated line of Terry's in those early years was 'These children have a right to be difficult!' Don't they just.

Tim Rodwell, who worked at Jacques for about 14 years and was principal for nearly three talked about how hard it was to return for this event. His comments opened up a series of remarks from both ex-staff and ex-students about how, though joining the community seemed hard at the time, the heavy task, both physically



and emotionally, really came with leaving the community and the massive loss that this entailed. It was here particularly that ex-students were speaking directly to the current children in the audience.

The similarity between the comments made by the ex-students and ex-staff struck me enormously. It appears that the community holds and continues to hold much for those no longer working and living here. The experience of being in a living and learning environment for the first time is revelatory to many of us. I was reminded of the comment a member of our teaching staff made about two years ago, on his last day after many very involved years with us. He said, addressing the community at his leaving lunch, 'You can leave this place feeling better or bitter. It's up to you which one. Thanks to all of you, I'm leaving this place a better man, not a bitter man.' These options, crude though they are, do say something about the effort to be less defended in one's interactions, and about the benefit of opening oneself up to new and often difficult experience. It seems that where it comes to managing what are often described as 'difficult to place children' the challenge to adults can be so enormous that, like the young people, they too have to break through their defences and allow themselves to be vulnerable to failure and disappointment. From this position new growth seems possible, and will inevitably be more suited to the testing environment it has found itself developing in.

One of our ex-students, Samantha Walker, who lives and works locally, came prepared to talk and had some very definite things to say about her experience at

SPECIAL SECTION: Children and Young People

BASICALLY I WAS REALLY, REALLY UP FOR THE WICKED TEENAGE WEREWOLF GENRE THING*

a personal rationale of Red Hill School [1947-53] by Ralph Gee

Red Hill School was a pioneering educational therapeutic community created in 1934 by Otto Shaw, a petroleum chemist profoundly influenced by A.S. Neill and Summerhill. The school moved from Chislehurst to near Maidstone in 1936. The author, sent there in 1947 through the Nottinghamshire Child Guidance Clinic, reviews his retrospective perception of his “maladjustment” and its conjectured roots in the Second World War; and the cumulative self-therapy over six formative years of adolescence in the company of other mentally disturbed boys of high intelligence. He considers the structure and philosophies of Red Hill both as a home and a school; and its specific contributions to eventual self-confidence, contentment and academic success. This article is offered as a tribute to all associated with Red Hill, and more particularly in light of its unnecessary closure in 1992 for the expediencies of political economy.

Where we were merely “maladjusted”, today’s confused teenagers are more likely to be interviewed by the media as dysfunctional victims of a Post-Traumatic Personality Disorder Syndrome. Fifty years ago the Maidstone Fourth Estate, alien to our founder’s “Special School for Maladjusted Children of High Intelligence”, lost the last three words of that title – alluding to us as crippled lepers. They scarcely saw us as children, and “political correctness” was a social sensitivity awaiting the Millennium. It will surprise many social workers today how isolated children were made during the war, when it was felt essential to make us refugees, even sending thousands overseas – on at least one liner sunk by a U-boat’s torpedoes. Our elders and betters had real grown-up problems. We were to be seen but not heard, and the less seen the better – and our social status, under fire, cannot be compared with today. It took many years into the new Beveridgism for children to be noticed.

So, for whatever intensely personal reasons, many my age became candidates for Red Hill. The war was behind the breaking of their homes. In my case, my father had been reported killed in action in 1941, a report that was kept from me by those who fostered me (and my ration book), as my mother was conscripted into munitions work a hundred miles away. In reality, he was a prisoner, in Austria, beyond the war. I went through the rest of that war bundled from pillar to post, and those in charge of me were often told nothing about my father. They passed me on when they found I was no bargain angel, testing them with tearful questions they could not answer. No local authority cared where I was – but that was hardly unique.

Five days after my ninth birthday the total war ended. I had ended up in Norfolk, at a truly dismal small boarding school in Diss. My father was convalescing from TB with other repatriated POWs, not yet having learned that my mother had sold the house. Possibly because of her adultery, reported to my imprisoned father by “a family friend”, they had been divorced through the Red Cross in 1943.

My father got me, recovering from my war. And after four years in a prison camp, divorced, still recovering himself, and without a house, that was a step more than he could cope with. As one amongst thousands of children uprooted by the war, abominably treated because their parents were not there – some “orphans”, press-ganged to the edges of Empire to work in farms in Australia and Canada, never returned – it is a marvel that my little miseries became known to Nottinghamshire Child Guidance Counsellors. I trusted no adult (because with no parents around, no-one patted my head for being a clever boy); and at ten years old I failed the grammar school 11-plus entry exam. Perhaps they were alerted by a combination of teachers expecting better of me, and genuine friends concerned by my alien attitude. In any event I was discovered, and sent to Red Hill School, in Kent.

**Or how to grab the attention of a young and modern audience, but confuse abstractors and indexers.*

**Noverim me, noverim te; ut mihi despicciam**

The war had been over for 2 ½ years – a quarter of my life – but Attlee’s Labour government was still fighting with an austerity that included a dismal Jacobean dower house under the skies of the Battle of Britain of just seven years before. This environment – Red Hill School - will at best be hearsay to most readers of this, inexperienced in the effect of the war on what Churchill thunderingly called “The Home Front.” However, I recollect my part in this environment as a tribute to the school’s motto, inflicted on Red Hill by its founder, Otto L.Shaw:

Noverim me, noverim te; ut mihi despicciam

The source of which he said was a prayer of St Augustine, and imaginatively translated as:

[O Lord] let me know myself and let me know thee, in order that I may know myself better.

It also allows a possible comparison with me, 55 years down the line. So what, apart from introducing me to myself, did Red Hill do, and how?

Few of us formed by Red Hill could ever conjecture our alternative developments, had the war’s circumstances proved less harsh. I could have metamorphosed into a really bitey non-furry werewolf. Perhaps I was too cowardly to become a juvenile delinquent; or perhaps the acids of war had tempered me. Perhaps I turned out nice, after all. Can we ever measure change in ourselves, once we have changed? So much for Latin tags.

Red Hill was my fourteenth school since my first in a village infants’ six years before. Had I not gone there – had I been sent to yet another conventional school, having failed the 11-plus - my education would have been a leading under, rather than out. In the mucky mining town of my junior school we all took the 11-plus at ten, and were not given a second chance; so no-one from it ever went on to a grammar, unless his parents moved to a leafier avenue, with garages, where the exam was taken at the proper age. Before the Era of the Comprehensives, that’s how the forelock-touchers were kept in place - and why “comprehensive education” was always a political statement far deeper than arguments about the exam syllabus. To be fair, official powers of observation were better then - and without the benefit of remote management designing league tables for minions to compile.

This cynicism indicates the respect I hold for Red Hill’s particular and partial pedagogy. Following the

1944 Education Act it got Grammar School status, meaningless to us at 11. I will even air a heresy by seeing it in retrospect as one of Shaw’s fund-raising confidence tricks. I assume, without researching past political devices, that Red Hill’s status as a grammar school ensured that its charges would not be whipped away at 14. In the days of military conscription, fewer universities, and meaner county grants, academic opportunities were more selective than today. I am of that generation whose parents did not go to university, and any exam results merely kept us out of the coalmines. With many boys prised from loveshorn homes, providing no clothes, we wore no uniforms at Red Hill - in fact, we were dourly clad. We queued in the Butlers’ Pantry for cod liver oil and malt, and at the kitchen door for dry bread – but we still impressed the Ministry Inspectorate, who probably saw Shaw as Bing Crosby. Since its inception in 1936, Red Hill had sheltered children as young as 5, including some girls. In return for the Butlerian state support, the girls and boys under eleven were removed from the repertoire in 1947. One girl missed by all became an Arthur Rank film starlet. Some boys were Jewish refugees from Hitler’s invasions of Poland and Czechoslovakia, brought out under the Nazi’s noses by Shaw himself, in the false role of a salesman. By 1947 the total intake was made up of those whose fees were paid by local authorities. Unlike Neill at Summerhill, Shaw took no boy whose parents were all too eager to pay to put him there. Of course, that could be because LEAs were guaranteed to pay the school bills - traditionally an area of middle class lethargy.

Through hard work and bitter experience, Red Hill gradually earned a reputation, attracting the respect of County Halls grappling with examples of juvenile maladjustment all over England: but not Scotland, nor Wales, nor Northern Ireland. Some counties were too mean to be represented, while others, mainly London and the Home Counties, were commonly met. Juvenile recalcitrance was not more endemic in some areas than others, but some authorities were more open-minded. At Red Hill it was also unlikely for boys to be tormented for regional twangs, but after a year or so we all spoke like Men of Kent and Kentish Men. We even had two boys from the Isle of Man, one from about four years old – and that was not then an authority thought to be the country’s most liberal, as it was still birching adults; but it had no Borstals either. At least the Menavian House of Keys, unready to cope with delinquents in conventional schools, but not able to justify creating devoted facilities within its administrative boundaries, could turn elsewhere. The expedient refusal of Thatcher’s government to allow LEAs to finance “shared”



establishments in other counties signalled the end of Red Hill - school, home, or therapeutic community. Let politicians of all parties consider that there must have been many cases like my own, where proper attention by local authorities in the first place could have avoided consequent miseries: and consider that subsidised support of therapeutic communities should, in the end, offset the official negligence that makes them necessary in the first place.

But what did Red Hill, Shaw and his staff do to earn that massive official respect? The school's publicity - when not too amateur - was very low profile, relying on the professional child psychologists in the Child Guidance Clinics, and support through such as the Tavistock Institute and one or two other provincial university departments. In an otherwise bleak area there was a tight consensus of hearsay amongst the cognoscenti, sufficient for Shaw's benevolent purpose.

It was easy for those unfamiliar with its tasks to scoff at the place as a loony left experiment, as such now defunct tabloids as the *Daily Sketch* frequently did. (Neither was the *Kent Messenger* very friendly). When it became a grammar school it could no longer take boys under 11, by which age spiritual damage had cumulated; but unlike capped and blazered grammar schools, probably about only half eventually sat examinations. Thus, many left by 14, when their LEAs pulled the plug, leaving Shaw with less than three years to identify and alleviate maladjustments. In fact, he had to do it within the first two years; and in most cases, but not all, he succeeded. After which, we followed that motto and did it for ourselves. Then awaited national service - a doddle after Red Hill.

Most may think that any boarding school with one teacher per half-dozen residents, and adequate support *in loco parentis*, cannot go wrong; but my time at Diss before Red Hill, and the fictional miseries of Dotheboys Hall, belie that. A few Red Hill boys had come from similar hells, proliferating after the war. Neither did Red Hill succeed by over-coddling, being a rough and tough platform, and at times bitterly lonely: recognized in the title of an unpublished book by ex-pupil Leonard Bloom, from Wordsworth's "Ode on the Intimations of Immortality" from *Recollections of Early Childhood*: "Too deep for tears". Red Hill hosted examples of most causes and symptoms of

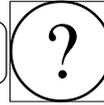
"maladjustment".

We had arsonists and the sexually abused. Destroyers and the destroyed. I suspect at least one murderer, although such epithets should not be applied to juveniles - whatever the media reporting the Jamie Bulger case thought. The two offenders involved there would not have been out of place at Red Hill, but very little of such pasts was manifest after new boys had settled in. Some mental disturbances were very plain, becoming less so in time. Stammerers who could not talk, becoming fluent debaters - and all that sort of stuff. Many arrived because they had disrupted classes; but in six years I never knew of any class disruption: Any antisocial offender was shown the classroom door, to choose his own therapy by breaking windows on his own. He would probably have to repair them later. We got used to draughts.

The popular press had field days with us, when Shaw desperately tried to stop copies of the papers getting in. We were the shocking "Do-as-you-please-school", where lessons could be foregone at will, and teachers addressed by nicknames and fined by the boys. But we did not do as we pleased. We obeyed our own rules, punishing those who broke them, whatever their rank. We missed classes only rarely, and then only with prior permission, when we could prove we had better things to do - unless we had the Ministry Inspectorate, when a little showing off was

"It is cold comfort that Red Hill is going in the same year as Chalvington and St. Francis and that others in the independent and non-maintained sector are uncertain about their futures. It now seems possible that whole sections of highly specialist provision may be lost and with them an important if relatively tiny level of service to disturbed children. It would be encouraging to be able to conclude that the children are being successfully retained within their mainstream school and their community but the current evidence seems against this." Allan Rimmer, Red Hill's last Headteacher, in "Death of a School", *Therapeutic Care and Education* 1:1 (1992), 55-59.

practically encouraged: The last thing the staff wanted in those circumstances was the school appearing too conventional, destroying their purpose. We swore like troopers, but never in class. We also had more class time than in conventional day schools, as - although the courts and sports took a couple of afternoons - we had classes on Saturday mornings. The top class, once called "Matriculation", had unsupervised two hours Prep every evening, the formal lessons having finished only 90 minutes before. Those taking exam subjects outside the regular curriculum, such as Latin or Advanced Maths (I did both), had to find their own time on top of the timetable. After my GCEs I never had any trouble with any exam for the rest of my life - and I sat enough to furnish my handle with a cluster of knobs. Not that we had anywhere else to go, money to get there or to spend when we got there. Most important of all, we enjoyed lessons. Being ejected from them was a true



punishment; and it was by no means unusual to see boys doing maths and other subjects as a hobby. It was difficult to see art as a formal classroom activity. Some did withdraw completely, replacing the class with the garden, and the teacher with Ted Brown, the country's nicest gardener. One, an undiscovered dyslexic contemporary of mine, whose father was Director of Education of a large city, is about to retire from a lifetime of successful agricultural consultancy – having put himself through a leading agricultural college. When Ted taught gardening, it stayed taught, and those who learned from him could run farms.

In many respects the staff, invariably addressed by surname outside the classroom but by Christian name within, were genuinely at our behest; so, inevitably, previously disturbed children evolved into confident adults. Not being a lunatic asylum, borstal, nor concentration camp, that was all Red Hill needed to do. Most everyday discipline was in the charge of the boys, and not as a game over by 4pm. The twice-weekly school court was a rotating tribunal of boys, with staff sitting amongst the body and not in reserved enclosures. The functional committees that reported to the fortnightly Community Meeting, and responsible for everything from catering to cricket, were boys, aged 11 to 16; with occasional staff elected for expedient influence. They were often kicked off as quickly as they had been co-opted – one when he missed the first committee meeting. Although it was not enforced, few of us avoided a social contribution. The most significant tribute to Red Hill's self-discipline is that the smoking endemic in my day was stopped by the boys themselves, who also applied the embargo to the staff.

All too obviously, in spite of the unfortunate intervention of Eric Forth, Thatcher's minister who closed Red Hill, present society needs such homes as never before. But the problems are not comparable. However "politically correct", this is not a tolerant society under austere post-war reconstruction, and the new danger is drugs –

completely alien to us. We were also unmaterialistic, buying enjoyment with 10d a week. Even upgraded into the 21st century, that holds little water. A third of a pint of Guinness then – or 70p today. A bag of crisps, or the lowest bus fare . . . The child return fare to Maidstone on the 12a from Grafty Green was 10d.

Two essential words excluded from the vocabulary of Red Hill's external observers were "home" and "non-competitive". That it was our home is statistically proven by our being within its Jacobean walls 24 hours a day for 46 weeks of the year; and within that, in classrooms, for just 30 hours a week. So it was a conventional school for less than 18% of our time; we slept there for nearly twice that! That it was non-competitive, except amongst ourselves and on our very scrubby sports fields, is another unrecognised factor in its success. There was no artificial divisiveness to help the pathetic ambitions of house masters. Genuinely, we shared our creative triumphs, enjoying and improving each other's art and literacy – although limited resources had my generation thin on music. We often shared our class work - not to cheat anyone, but from genuine interest in another's aspect. We were a very co-operative society. Staff never imposed one boy as a model for the rest. Praise was implied through love, not enforced as example; and thus there was rarely any humiliation. Remorse, perhaps. We were a household, and the family name was Red Hill. Perhaps we didn't always love each other, but to some it was the only real home we'd ever had.

I certainly found no shame in having once been "maladjusted".

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A Sutton Valence reunion in October 2003 gathered together some 150 Red Hill boys and staff, including a couple from pre-war years; about 25% of the conceivable total. Few schools anywhere, without an established old boys' network, could achieve that. Most significant was the final career positions of my generation, having retired or about to. They included company directors from both sides of the Atlantic; university professors; professionals at the tops of their specialisations, and self-employed consultants across a range of such as agriculture, aviation, and information technology. I'd be disappointed were there no yachtbuilder and zoologist to end the alphabet. Many have been published. We even produced actuaries, accountants and librarians. It was a question we failed to ask, but if pursued, the results would show Red Hill School in an impressive light compared with others lacking our maladjustments. Another unrevealed statistic is the many living abroad, as far as Australia; and, less fortunately, the dead. There must be old boys in penury or prison, and hermits practising ultimate isolation; but that doesn't make them "failures" (or - as in Shaw's annual reports - "not quite cured"). Between us we got this far without necktie nor formal society. But to those of us who knew Otto Shaw, the end of the line is near.



'NOW' EVERY CHILD MATTERS!...

Thinking positively about the Government's Green Paper, "Every Child Matters"

Chris Nicholson

Admissions & Assessment Officer

Jacques Hall

*The Government's Green Paper **Every Child Matters** has been described by Prime Minister Tony Blair as "the biggest reform to children's services for 30 years". The proposal, written in response to Lord Laming's report on the tragic death of Victoria Climbié in 2000, is an effort to prevent further such atrocities, avoiding the 50 to 100 deaths occurring each year as a result of abuse or neglect. The report is entirely consistent with the earlier **Serving Children Well**, but goes much further in its strategic planning for the creation of better services. There are five goals or key areas of emphasis within the Green Paper: 1) Prevention, 2) Early intervention, 3) Improvement to specialist services, 4) Better integration of children's services, and 5) A higher calibre of employees for the job.*

Children's services historically have been divided into specialities, which in practice has meant fragmentation. The Green Paper proposes to create localized Children's Trusts which will integrate Health, Education and Social Services. These services may even be co/localised, and - headed by a lead professional or case manager for each child - would use a common assessment framework to enable better communication and decrease the likelihood that serious issues threatening children's welfare would be overlooked in the future.

*

The Government's Green Paper *Every Child Matters* is about minimising risk to children through the development of more cohesive and integrated services. While this must be applauded and supported, we know that therapeutic communities have been providing this very integration for many years.

The current redesign of children's social care, health, and education services will certainly impact positively upon the lives of many children. With major publications like *Serving Children Well*, *Choice Protects*, and *Every Child Matters* outlining the national currents of change and development for

structure of children's services, it is worth noting that therapeutic communities have always been well ahead of the game. The therapeutic community model is an innovative placement model that should be confident of its position among other placement models. Therapeutic communities will continue to attract the interest of those seeking a 'therapeutic' unit for difficult-to-place children, and will continue to have a major contribution to make to the field of child and adolescent services.

For individual therapeutic communities, their affiliation to the Charterhouse Group remains important because a significant number of appropriate referrals flow from membership: The links Charterhouse has with the Peper Harow Foundation provide a sense of tradition and reliability, while its newer affiliation with the Royal College of Psychiatrists, which has sanctioned the *Value Added Standards*, offers a source of credibility recognisable to any referring authority. Having said this, the highest proportion of referrals probably still derives from direct contact and networking over many years with a large number of local authorities. Over the coming years, however, these relationships will be forced to change.

The weakness of our position as private children's services is the relatively small control we have over external factors, such as the framework for the delivery of Looked After Children's services and the National Health Service Framework, both of which are undergoing radical change. At the heart of these changes is the notion of Local Accountability and Governance using local strategic partnerships. These developments will need to be monitored closely.

Though new ideas emerge frequently, they do not always develop with impetus. For example, the National Children's Bureau information service recently covered a recommendation that all children in residential care should attend a boarding school-type facility. Despite such harebrained ideas, it is clear that quality specialist services such as therapeutic communities are still very much required. As the Department of Health's *Choice Protects* initiative states: 'there is a continued need to commission out of authority specialist resources.'

Some authorities, though - Cheshire, Cambridge and Essex, for example - are putting considerable resources into establishing better foster care facilities. The Department of Health is also placing a greater emphasis on foster care. Despite this, however, they are still very interested in 'innovative placement modalities' (*Choice Protects* 25-05-02). *Serving Children Well* (in association with the ADSS) actually



suggests moving

away from bureaucratic rules that inhibit innovative services, and create inward looking organisations. To achieve manageability by results, we must guard against an obsession with service performance and inputs, and become obsessed with service outcomes, citizens and communities.

Therefore, the key messages for children's therapeutic communities to convey is that these are innovative services producing good outcomes which support citizens (children and their families) and the communities in which they live. It is timely that therapeutic communities in England, Europe and internationally have, over the last few years, been developing their own impressive research base. Jessica Kingsley has published a series of 12 books about Therapeutic Communities, including two recent editions exploring key issues about research and therapeutic communities for children. The process of measuring effectiveness on a range of criteria and improving what are already first class and much sought-after services was never more timely.

A few local authorities have implemented joined-up working over the last five years, but for the great majority this will still mean a radical change. About 45 local authorities have responded to the Government's call for Pilot Projects to map out how Children's Trusts will function in practise. It is very likely that regional differences will obtain, and so the current confusion that surrounds the contractual process and the referral process does not seem set to change for the better just yet.

Furthermore, so far no set figure has been allocated to implement the Green Paper's proposals - and, worryingly, Margaret Hodge, the Minister for Children, has talked about 'saving money', whilst Director of Education Charles Clarke has spoken about a 'comprehensive spending review'. The emphasis in both comments is on the assumed benefit and cost saving of integrated services; which is, of course, yet to be demonstrated.

The Green Paper has yet to undergo parliamentary process and vigorous financial planning. Both processes will modify the plan. While the proposals are to be welcomed, the degree of change and redesign is so vast that only a very gradual impact is likely to be made. Over the next few years, after

pilot projects are proposed and tried and the more conservative authorities risk making the change, Children's Trusts may begin to impact more significantly.

One long-term benefit of the Green Paper is that, with an integrated external agency liaising with services such as ours, we can expect a greater degree of professional involvement. Currently, many social workers, because their training is so different to Health Care professionals, lack the understanding required for them to support a therapeutic community in its primary task of providing therapeutic care and education to mistreated children. One implication of this will be that the calibre of 'our' front line staff would need to be higher. Residential care staff will need greater training and their professional status will need to be raised if they are not to be left behind and marginalized while external field social worker posts develop.

Given that therapeutic communities have a theoretical model built upon integration, it should be easy to ensure that the Green Paper's proposals benefit us. Therapeutic communities are designed with tripartite funding in mind, and seek to integrate social care, health and education into one cohesive service. This should now become a key message for all communities to market to referring authorities.

Conclusion

In my analysis, the Government's recent proposals would take at least five years to begin to have an impact. Given that the profile for many young people admitted to therapeutic communities precludes their safe containment within foster services, it is reasonable to assume that our services are unlikely to be immediately threatened. Indeed, if the proposal to track 'every' child is to be taken on, it is likely that more rather than fewer children will eventually come into care establishments. A survey of parents in deprived areas suggests that only 8% had used a social service department in the previous year. With the closer monitoring of each child, that figure looks set to increase. Thus, given an increased reputation that the coexistence of a high quality service and strategic marketing can generate, and the large network of links with service purchasers that therapeutic communities have jointly established, we are well positioned to sustain considerable development over the coming years.

Web-stats: Over the past twelve months for which there are statistics (November 2002-November 2003 inclusive; no statistics are available for April), Dennie Briggs' three part on-line *In School* series was accessed in 1,409 user sessions. Part 1, "Creating a Learning Community" was accessed in 270 user sessions, Part 2, "Growing Learning Communities" was accessed in 474 sessions, and Part 3, "Enlarging Learning Communities" in 665.

<http://www.pettarchiv.org.uk/pubs-dbriggs-inschool.pdf> /[pubs-dbriggs-inschool2.pdf](http://www.pettarchiv.org.uk/pubs-dbriggs-inschool2.pdf) /[pubs-dbriggs-inschool3.pdf](http://www.pettarchiv.org.uk/pubs-dbriggs-inschool3.pdf).

CELEBRATING CHRIS BEDELL:

A Meeting at the Planned Environment Therapy Trust Archive, Study and Conference Centre, November 21, 2003

Karol Keenan writes:

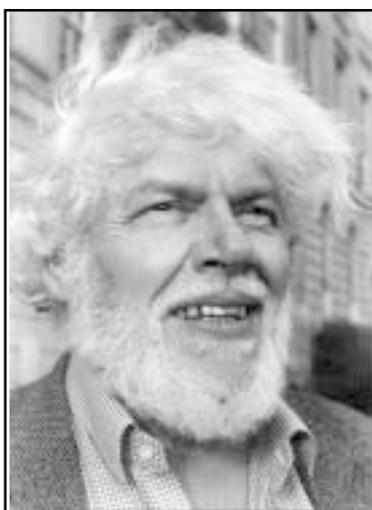
Until recently I had no idea who Chris was or that he had influenced my life or work to date. I had not read any of his work, I had never attended a lecture that he had given, nor had I, as far as I knew, ever seen this “great bear of a man” who “resembled Father Christmas”.

Chris Beedell died in 2001. On 21st November 2003 many people, including academics, practitioners and his family, joined together to celebrate his life and work at the Planned Environment Therapy Trust Centre in Toddington.

The program of the day began with presentations from his colleagues and peers, and ended with remembrance from family and friends using words, verse and music. Sadly I missed the final part of the meeting as I had to return to the Mulberry Bush School to continue what all in the meeting understand as ‘the work’.

After a finger buffet and a good hunt through the extensive library at the Archive we sat down to listen to people remember Chris’s contribution to therapeutic child care through direct practice and through the Advance Course that he set up and taught at Bristol University.

Chris Beedell was a trustee and consultant to the Mulberry Bush for 28 years, as well as being an important member of the Charterhouse Group, and seemingly being part of most forward thinking moves in residential childcare for the last 35 years. One of the first things that struck me about the people who spoke of Chris was that there seemed to be an endless loyalty and respect for him, personally and in his thinking. The first note that I wrote on my pad of paper was to “use enjoyment” in the work. Chris’s enjoyment and passion was the linchpin of working with children; A genuine care and love of children was another primary concept that was expanded upon



frequently, although it felt marred by the fact that a love of children and of working with them is often today viewed suspiciously by many. The concept of holding, nurturing, and enabling children to develop is integral to this approach. Taking responsibility for one’s own part within this, reflecting on it, and folding it back into the work allows adults to grow within their practice and hence work more effectively with children. The image this conjured for me was one of an adult being on a dark path with a child, facing fears and supporting the child through their journey. While learning about oneself, of primary concern is the child’s journey. The presentations frequently

touched on taking risks with yourself or your Self, and as an adult using the emotional containment of the organisation to feel looked after to be better able to think about and contain the children.

As I raised my voice to speak, I explained my own unique role in the meeting, being someone who thought they had no connection with Chris at all. As I sat in the room with people whose work I had read as a requirement at university, I realised I was closely connected to Chris. In the area that I have chosen to work in, Chris was hugely instrumental. He

touches people from afar with his thoughtful outlook, and the passion that he nurtured in others has helped both to shape the therapeutic childcare in the past and through them the childcare of the future. As I left early to run baths and read bedtime stories, I felt sad that I was not able to stay to the end and hear the more personal reflections from Chris’s family. As well as his obvious talent and flair, Chris’s humanity shone from those who spoke of him. He was kind and loyal and in appearance seems to have been the epitome of Father Christmas. And everyone likes to believe in Father Christmas.

Karol Keenan
Jigsaw House
Mulberry Bush School

Craig Fees writes:

There doesn’t seem to be an appropriate English word for the event which took place at the Planned Environment Therapy Trust’s Archive, Study and Conference Centre in Gloucestershire on November 21st. Produced into realisation by the

Planned Environment Therapy Trust’s Executive Chairman, John Cross, and drawn into being by the Beedell family, the Mulberry Bush School, the Charterhouse Group and the PETT, it was a celebration and a commemoration, an informal seminar in the roots and future of the work, an opportunity to

learn directly from as well as about Chris...

The Archive and Study Centre staff had located and pulled together some 60 published and unpublished items by Chris (many virtually unseen or in hard-to-find publications, half in type- or manuscript); prepared



videos of Chris re-visiting the site of Hawkspur Camp and Thaxted Church, where his future career in therapeutic child care was forged, and talking about the Bolger case; and drawn together family and archive photographs, family recordings and recordings by the archivist into an inter-active, multi-media CD available on two computer stations set in different parts of the building.

The Beedell family had transformed the interior of the Centre into a reflective Chris Beedell womb, with family and professional photographs, mathoms (to use the Tolkien term) including the collection of ties with which he marked his moods and

the passing of time, and a large oil portrait of Chris as a young man, perhaps at the time just after the war when he was an actor with the Old Vic and his future direction was still in the shift of circumstance.

Robin Reeves and Richard Rollinson, who had both worked closely with Chris at the Mulberry Bush School, had organised the opening sessions in which students and colleagues of Chris shared their experiences and understandings of him, and of his reflection in their own work: Robin Reeves opened, and introduced Sonia Jackson, Richard Rollinson, John Whitwell, John Burton and Christine Bradley, and Richard Rollinson introduced Roger

Clough, Phyllida Parsloe, Adrian Ward and Roger Bullock.

There was a break for a tea prepared by the PETT Conference Centre team, after which the four Beedell children - Jon, Joanna, Charlotte and Phoebe, with some of Chris's impressive grandchildren present - conducted the meeting into the personal realm, with spontaneous and prepared contributions from the family and from those who had known Chris not only as colleagues, but as friends. Having opened the doors at 10 that morning, the organised part of the day closed at 7. Is there a single word, in any language, for an experience of this richness and diversity?

David Millard writes:

Reflecting afterwards, I was especially glad that Roger Clough had used a word which was increasingly nagging in my own mind as the afternoon progressed: *theory*. I think it is insufficiently appreciated, the extent to which Chris is an important *theoretician* of residential social work. There is plenty of this in his book, *Residential Life With Children*, and there were a number of references in the contributions on the day - but I think, not explicitly - to this matter. For instance, the famous 'considered' letters arriving a few days after a consultation visit would often draw upon a theoretical underpinning for whatever practicalities there were in the problem and its proposed solution. There is, as we know, nothing so practical as a good theory!

I mean by 'theory' partly his capacity to draw a meaningful thread out of the richness and confusion of residential life. Just one of the theoretical bases of the book is of course its relationship to the developmental psychology, and developmental psychopathology, of childhood. I recall a moment in one of the seminars he gave at Barnett House in Oxford (probably in the 80s) in which he said something to the effect that one of the skills of residential work is the capacity to hold in mind simultaneously the threads of the ongoing (e.g. therapeutic) conversation with each individual child in the place. And, interestingly in view of the participation of the family in this meeting, I think I have accurately recalled that he linked this with his own expedience of continuity in life at home with his own children.

This led me on to thinking about professionalisation of residential social work (since one of the marks of a profession is that it operates at least in part in accordance with theory). In the 70s and 80s some of us used to talk about theories of institutional functioning - as being accounts of how regimes should be constructed so as to intervene therapeutically in the lives of residents; I don't think Chris used the phrase, but he certainly pursued the principle! We were all, I think, explicitly working for the professionalisation of the task. The Williams Committee in the mid 1960s came out with the view that there was sufficient commonality in residential social work to consider it a single task, and as with Chris and work with children so Roger wrote about Old People and I about the adult mentally disordered, and so on. CCETSW was in a somewhat oblique way quite helpful: their proposal for a kind of second-class CQSW (to be called the Certificate of Qualification in Welfare Work) having been overturned, they decided by about 1972 that the CQSW was the appropriate qualification for residential social workers. And the Advanced Courses at Bristol and Newcastle (themselves, of course, thought of as post-CQSW level) and a number of CQSW courses, including ours at Barnett House, which developed a residential 'stream' alongside probation, child care and psychiatric or medical social work, were part of this drive. I retired from that particular battle in 1991 and haven't kept up; but I should be interested to know what the current generation of those involved in this field think of the present state of its professionalisation - and whether Chris would have approved!



In issue 7, Dr. A.E. Rees wrote about the life and career of Frank Mathews, the primary force behind the founding of Bodenham Manor School in 1950, and the appointment of David Wills as its first warden. Bodenham was a project of the Birmingham Society for the Care of Invalid and Nervous Children. In this article, Dr. Rees expands the story of the Birmingham Society, of its two antecedents, and of their extraordinary, and pioneering, founder, and calls for further research:

BOARDING OUT

Tony Rees

In 1942 Frank Mathews started to put away the money that would eventually be used to start Bodenham Manor School, a “residential school for maladjusted children”, which opened in 1950. The school might be considered the culmination of fifty years of his using residential therapy for children in trouble of one sort or another. Before that he had been treating children by the method of “boarding out” – foster care in the countryside - which he had been developing for many years and had been using for children with nervous disorders since he founded the Birmingham Society in Aid of Nervous Children in 1937.

Before that Society was formed he had used periods away from home as a treatment for children with a variety of needs, starting with short holidays in the country for deprived children around the turn of the century and continuing with the Forelands, a “convalescent school for crippled children”, opened in 1921.

At that time rheumatism and chorea were reported to be the most frequent causes of heart disease in children. In 1923 he founded the Birmingham Society for the Care of Invalid Children in order to offer prompt help to children suffering from these diseases.

In 1930 the Society opened Haseley Hall, a residential school in the country for 40 rheumatic girls: the boarding out continuing to run in parallel with about 20 boys and girls. This work continued until 1941 when Haseley Hall was handed over to the Birmingham Education Committee. There appears not to be any complete record, but the 1929 report of the Invalid Children’s Society records 199 children having been fostered for periods ranging from six months to more than four years, and a further 19 from three weeks to three months. The annual report for 1937 says that, by that time, 207 had passed through Haseley Hall.

In the course of his work with invalid children, Mathews had come to believe that the problems of some might not be physical in origin, a belief reinforced by discussions with Dr Charles Burns of the Birmingham Child Guidance Clinic, who suggested that the Clinic could fill six places for children in foster care. Consequently, Frank Mathews resigned from

the Birmingham Society for the Care of Invalid Children in 1937 to enable him to start a new Society in Aid of Nervous Children, and before a year was out Burns was using sixteen places and was asking for more. In the first annual report of the new Society in Aid of Nervous Children Dr Burns wrote:

“Being hypersensitive to any slight physical disorder he (the child) will often complain of vague pains, which may indeed closely resemble rheumatism. But beyond these symptoms there are many forms of behaviour which we now recognise to be, not mere forms of naughtiness, but of emotional disorder, of a neurotic reaction to life.... Temper storms, defiance, truancy, stealing, are often the outward signs of underlying discouragement and unhappiness.”

The boarding out work was to continue until 1958. From 1941, when the two societies amalgamated to form the Birmingham Society for the Care of Invalid and Nervous Children, it included the revived work of the older society. In the 1969 report my mother wrote of the new work:

“The work was a continuation of the boarding out method. The problem was different in that behaviour troubles were encountered to a greater degree, foster parents had to be trained to understand, but the kindness and reduced tempo of life and removal from some of the environmental causes of unhappiness produced immediate improvements. All the children had first received treatment (at) the Child Guidance Clinic without satisfactory results...All the children were referred by Dr Burns who looked on the Society as an extension of the work of the clinic and certainly not a rival method of treatment.”

Children from the Birmingham area aged between 5 and 16 were put into the care of foster parents in rural areas in the counties of Worcester, Shropshire and Hereford. There they lived a simple family life, attending local schools, for periods ranging from a few months to several years. The foster parents were country people with no special training.

Although this basic treatment was simple enough it was only one part of a broad approach to family support.

Children referred by the Clinic, and, later, by others, were visited and, if foster care was to be offered, the parents were assessed for a contribution toward the cost. This was regarded as an important step, even if the contribution was nominal, as it emphasised that the treatment was to be a cooperation between the family, the foster parent, and the Society.

Once a suitable place had been found, Mr Mathews would take the child to the foster home, where he would visit once a month for the duration of the stay. Meanwhile, he would visit the family regularly to help with other problems. The parents would be encouraged to visit and also to take part in the fundraising and other activities of the Society. After the child's return home regular family visits would continue, often for several years, and the child might be allowed to return to the foster home for short or long periods, or might even be sent to another foster home.

Late in 1946 my mother took over most of the family visiting which, by then, was for both "invalid" and "nervous" children. Her notes of the visits between October of that year and May of 1948 provide a detailed and striking picture of what was being done.

During that period she made two hundred and eighty home visits to seventy families. Some were to newly referred children, some were to the families of children who were away, and some were to the families of children who had been away. At the beginning of the period Mr Mathews was also visiting children, who were subsequently transferred to my mother's list.

Typically, families would be visited every two or three months while children were away - monthly for a few months after their return, and then three monthly for several years. The visits would be used to hear and report progress, to listen to family problems and offer advice and help, and to supply vitamins and dietary supplements for family members needing them.

The notes show clearly that even when only one member of a family might be judged to need to go away, others would often be in need of support in one form or another. A few examples will give some idea of the variety of problems and of the help offered:

C was a delicate little girl with a speech defect: she was three years old when first seen. The notes give no indication of behavioural difficulty, though both C and her mother were worried by the speech problem. Virol was provided for C, and vitamins for her mother. The parents were persuaded to allow C to go for three months to a convalescent hospital, where she was happy and gained weight. They were unable to bring themselves to allow the stay to be extended,

and there was some temporary regression when C returned home. Medical opinion was that the speech defect was structural, but the parents were advised to wait until C was five before doing anything about it. Two other children seemed to have no particular problems, and my mother considered the family to be normal.

A was boarded out for a year when he was ten, having been referred by Dr Burns for temper fits and fighting, with loss of control. He did well while away but was fetched home, prematurely, it was thought, and still boisterous. By the time this happened, visits to the family had started to reveal serious tensions between the parents, which became worse in the succeeding months, the father attacking the mother through the children and particularly through A, who he hit frequently.

The family had some financial problems stemming from intermittent employment: agreed payments toward A's boarding-out were reduced at one stage. A seems to have been physically strong, but his mother and at least one of his sisters were not, the mother having needed surgery for back problems. They were helped with dietary supplements.

My mother visited the family nine times in the nine months after A's return home from boarding out. There was at least one visit to the Child Guidance Clinic, and other agencies, including the NSPCC, were called in as the family situation moved toward separation. She noted that, despite all the family problems, A seemed to cope well, even adopting a philosophical attitude to his father's violence. My mother felt that he, at least, was progressing toward an outcome that would be acceptable to him.

M was referred by the Child Guidance Clinic, aged twelve. She was difficult to manage at home, was jealous of her older brother and younger sister, and stole things for no obvious purpose. She was boarded out for almost two years, and was very happy in her foster home. Her pilfering continued while she was there, but was never linked with any particular upset. She enjoyed the countryside and would have liked to work there, but no job could be found.

Back in Birmingham she found work in a children's nursery where she seemed happy. Her home life was turbulent: she ate poorly, her parents described her as stupid, boorish and ill mannered. Outside the home she behaved well socially, and seemed bright. The matron of her nursery dealt sympathetically with her pilfering, and follow up psychiatric help was arranged.

During the months following M's return my mother visited frequently and contact was kept up with the foster parents by letters and visits. Early on, my mother formed the opinion that M's problems were



too severe to be helped by what the Society could do. Nevertheless, support was continued, and by the time she was nineteen years old M was reported to be working in a hospital and to be happy in her work, making friends of her own sex and to be acquiring an easier manner with both adults and contemporaries. Difficulties at home persisted, but my mother felt that M was on her way to a reasonably satisfactory adjustment.

The Society's records show that 400 children were fostered between 1937 and 1958; another 120 spent periods, usually of the order of three months, in country hospitals and convalescent homes. A small proportion of children returned home within a few days. Leaving them aside, and also the statistics for the final three years - which were, of necessity, skewed toward the shorter stays - 307 children were boarded out for periods ranging from a month or two, to several years. Over the period 1937-1955, two thirds were boarded out for a year or less, and the remainder for up to five years. 27 stayed away for more than two years, a few electing to remain permanently in their foster homes.

The children were divided between 27 foster homes. Some of these were inherited from the earlier Society. Others came from recommendations from local people, including clergy, schoolteachers and existing carers. Some foster parents took only one or two children and were involved for a relatively short time, but ten took at least ten children each over periods of five years or more. Miss Rosa Price, and her sister Mabel who died in 1950, were involved from the start, taking 99 girls and 2 boys between November 1937 and April 1958 on their smallholding on Wenlock Edge. Mrs Griffiths of Bitterley was also involved from start to finish, taking 46 girls between 1938 and 1957; and

Miss N Edwards fostered 46 boys between 1947 and 1952.

Some foster parents, obviously, gained a great deal of experience of looking after children with behavioural difficulties. The children's families were strongly encouraged to offer their support through visits and letters, and the foster parents were further supported by monthly visits from the Society, including, every few months, an examination of the children by one of the Society's honorary doctors.

My mother's notebook of visits during 1956, when boarding-out was starting to wind down, shows that she, or the Society's social worker, made a round visiting one or more foster homes every two weeks on average. In that year three new foster parents were recruited, and eight homes and seventeen children were being visited. Nevertheless, as the Society's 1969 Annual Report records, the call for boarding out had become progressively less over the years as more provision was made by local authorities and statutory bodies, and the Society brought this aspect of its work to an end in April 1958.

Frank Mathews' pioneering work continued, after his death, with Bodenham Manor School. The impetus for the school came from his early realisation that some of the children he was trying to help needed more intensive and more skilled treatment than foster care could provide. Several of the most deeply affected children did, indeed, move on to the school.

But there is evidence that boarding out did have its successes even with children with persistent behavioural problems. Some time, probably in 1943, Frank Mathews commented in the Society's boarding out register on the outcome of completed treatments. The comments are terse but it seems, for example,

International News

Los Angeles Times, October 30, 2003, "School Works to Uncover Troubled Students' Hidden Talents", by Karima A. Haynes, Times Staff Writer

The Dubnoff Center for Child Development and Educational Therapy was founded in 1948 by Belle Dubnoff in her West Hollywood home with a handful of children deemed by society as unreachable and unteachable. Dubnoff championed an integrated approach to learning, and the Center today has an intensive education and therapeutic program designed for 275 students ages 5 to 22 with learning, emotional and behavioral

disabilities, unable to function in traditional school settings. Most of the students live in foster homes or on campus in group homes.

At Dubnoff, credentialed special education teachers and qualified instructional aides work with groups of six to 12 students to unlock their academic potential. Therapists help them work through emotional, behavioral and learning issues. The goal is to prepare

students to return to traditional public or private school or enter the workforce.

"We don't get kids whose problems need to be nipped in the bud," said Sandra Sternig-Babcock, the center's president and CEO. "They are well beyond that; they are in full bloom....The students are here because there is a structured and nurturing therapeutic milieu," she said. "We take in children ... who have overwhelming needs."

The (Malaysia) New Straits Times "A Weird Remark"

Ahmad Fazil Mohamad, 29, and Ismail Mat Said, 31, who were undergoing therapeutic community treatment at the Ex-Dadah Addicts Association in Pengasih, drowned attempting to save the life of a schoolboy who had fallen into a river at Sungai Perak, Kampung Teluk in Kepadang, Bota Kiri, 55km from Ipoh.



that of 37 children who had spent some time away during the financial year 1940-41 he considered that the outcome was satisfactory in 22 cases (and 6 failures, three having led on to approved school). There is ample other anecdotal evidence. But there does not seem to have been any more sustained attempt at a systematic follow up of the treatment: Even now, an effort to do so might not be wasted.

It was, after all, very cheap. For example, The Society's accounts for 1940-41 show a total expenditure of £1146, of which £768 was spent on farm boarding out, £44 on medicines and special foods, £143 on office salaries, and £5 depreciation of office furniture and equipment. Income was £1349, of which £191 came from parents' payments, almost all the rest having been raised by charitable activities. The 37 children treated in that year spent a total of 233 months away at an average cost of £5 per month, probably about a third of the average monthly wage at the time.

In the early days of the Society, conditions in the city were very harsh for poor people. Houses were often of low standard or crowded, family income was near subsistence level - especially for those who were not good managers -, and there was little in the way of institutional support for those who found themselves in difficulty. During the war years from 1939 to 1945

plentiful jobs and the price control and rationing of food improved some of the economic conditions, but families were split by war service, houses - especially in the inner city -, were often damaged, and people had at times to endure the stresses of being bombed. After the war, improvement of physical conditions did not really gather pace until the 1950s

It is hardly surprising in these circumstances that a comparatively simple form of therapy appears to have been successful in many cases. Physical conditions in the country were not necessarily all that much better than in the city. Most houses would have had no mains services, public transport was sparse, and country wages were even lower than those in town. But country life was adapted to those conditions, and the money paid to foster parents, small though it was, helped to ease life in their homes.

My mother believed that much of the apparent success might have been due simply to the children concerned being kept in such a safe and unstressed environment and otherwise supported until they had time to grow out of their difficulties. But whether or not this was so, there is no doubt that the support given to both the children and their families helped them a great deal at the time. Many of the bonds formed lasted for decades after the treatment had ended: some, perhaps, endure today.

THE STORY OF NATHAN and the Dandelion Trust for Children

by Caroline Jessel

“The Dandelion Trust addresses and improves life skills in a nurturing farm environment”

Established as Registered Charity No.1096862 in 2003, the Dandelion Trust aims to “bring professional experience in medicine, child care, agriculture and finance, as well as wide experience of education, health and social services, to the goal of providing new and creative therapeutic care for children between the ages of 5 and 12 with behavioural, educational and emotional difficulties and support for their families within a sustainable farm environment” (see Newsletter 8). Founding Trustee Caroline Jessel gives a glimpse into the Trust's work to date:

Nathan is nine years old and was born in Maidstone. His Mum, Shirley, has an alcohol problem and his Dad left home when he was 9 months old. Shirley was depressed for 3 years or more when trying to bring up Nathan on her own. She realises now that she found it difficult then to show him affection or take an interest in his development. As a toddler he was renowned for his temper tantrums and was prone to bite other children. He was apparently very devoted

to his Mum, but found it hard to separate from her for school and other activities. Sadly his Nan, who had given a lot of support to Nathan and Shirley, died of cancer when Nathan was 6.

At the age of 8 his teachers were complaining vigorously about him at school. He had outbursts of temper and impulsive, aggressive behaviour, did not concentrate in class, and was a loner in the playground. He was always losing things and seemed forgetful. Before long he felt he was being picked on by other children, deliberately tripped up, and seemed to be moaned at constantly by teachers. He was excluded from school twice for short periods.

Shirley took him to the GP saying he complained of headaches and abdominal pains. His GP recognised that the problem was much more fundamental and so he was referred to the Dandelion Trust and assessed. When asked what he wanted to change, he said he wanted to control his temper. Shirley wanted him to be better organised, less impulsive, and happier in



himself. Nathan had few interests at this point, and no experience of animals or of growing things.

On his first day at the farm he brought a can of Coca Cola, some crisps, and a packet soup. Shirley confidently assured us that this was all he would be likely to eat. He found the garden boring, and played football. The trip to the lambing shed interested him a bit, particularly when Pip, the Shepherd, told stories about some difficult lambings. He was allowed to help feed an older lamb. After that he seemed contented to plant his broad beans in a pot to take home and water, in spite of having shown fear at the thought of handling real earth. Shirley enjoyed preparing lunch with other Mums, and Nathan helped with the pancake-baking and ate them with relish, along with the Coke and crisps.

Over the next few weeks he overcame his fear of dogs, and managed to enjoy planting directly into the soil. He allowed our calf, Dandelion, to lick his fingers, and helped to knead dough for Hot Cross Buns. He failed to bring his own food after a bit, and joined the others in such delicacies as nettle soup and elderflower cordial. Once, Shirley came back from a session of weeding the kitchen garden to find him chopping onions: "I don't know why you've got him cooking onions; he won't touch it". But he ate his stuffed peppers with enthusiasm.

Nathan was fascinated by our baby chicks incubating in their eggs. He was allowed to take the eggs home one day and nurtured them with the greatest care. In spite of his reputation for brutal clumsiness, he handled the newborn chicks with great gentleness and reverence. On one occasion he said "Don't speak so loud, he's gone to sleep in my hands." Later, when they became more lively, some escaped and flew into a hedge. Nathan charged after them, scattering the flock in a sea of feathers and fluff. He quickly realised this approach was failing, and adopted a skilful stalking tactic, engaging the help of another boy and organising a successful recapture. Great pride in this beamed from his face.

Now Shirley reports that he is happier at school, more confident, and much less impulsive. His class teacher is amazed at the change, noting particularly his enthusiasm to retell his experiences on the farm. One day he described in detail the process of extracting

honey, which had been demonstrated by Derek, the beekeeper. Shirley is proud of the kitchen garden which she hand-weeds energetically, wishing she had more space at home. She has enjoyed taking home the products of their labours like strawberry jam and honey. She has benefited from the input of an art therapist, and is much more positive towards Nathan. He is no longer expected to be the "man of the house"; although she still feels "men are the lowest form of life". Some more work is needed here!

However, this has all happened after only a total of 14 days on the farm. Shirley thinks it is a small miracle, and even Saskia, the doctor running the project, says she would not have believed it.

So what do we believe are the magic ingredients of the Dandelion experience? Contact with the natural world, space to play and use the imagination, making connections between doing and eating, and having a positive male role model all play a part. We are working to analyse just what it is that helps most, so that we can develop this for many other children.

The other children attending have all had a sad start in life, some much more traumatic than Nathan's, but all have gained a tremendous amount as well. We hope that their future is now brighter - two boys who had been totally excluded from education have now returned!

We know that in the UK the burden of illness is beginning to shift from physical to mental health problems. Emotional and behavioural problems are now the most important cause of disability in children, and a major contributor to social evils such as crime and addiction. It is predicted that by the year 2020 mental health problems will be the most important cause of disability in adults. More and more children are being prescribed medication to control their behaviour. The Dandelion Trust seeks to address and reverse this trend, by focussing on children and families at a young age.

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Web-stats: Over the past twelve months for which there are statistics (November 2002-November 2003 inclusive; no statistics are available for April), The main Chris Beedell page on the Archive and Study Centre website was accessed in 288 user sessions. The 1989 paper Chris chose to put up on the web-site, "Investments in being looked after - An Ideological Commentary" (from: Squaring the Circle? being cared for and caring after Firth, Griffiths and Wagner, ed. by Phyllida Parsloe and Roger Clough, Bristol Papers in Applied Social Studies 11 (School of Applied Social Studies, University of Bristol, 1989)) was accessed in 150 user sessions.

<http://www.pettarchiv.org.uk/survey-cbeedell.htm /survey-cbeedell3-investments.htm>

**“JUDGING FROM FUTURE EXPERIENCE...”**

One night in the winter of 1966 I swallowed a handful of pills in a boarding school dorm to try to end my life, having fallen hopelessly and unrequitedly in love with another boy. Back then homosexuality was still punishable by four years in prison and at 16, awash with hormones and self-loathing, I'd rather have died than admit to anyone who and what I truly was. My subsequent spell in a clinic with tests, sedatives, antidepressants and psychoanalysis did little to improve my frame of mind.

Finally, in January my despairing father drove me through the Weald of Kent towards my last hope - an interview at

Finchden Manor. At the very edge of Tenterden a curving gravel drive hedged in with overgrown yew gave suddenly on to the courtyard of a battered Jacobean manor house. Even as we parked, several unshaven faces stared out through dirty leaded windows that had been broken and mended again and again. They were framed with hair like - not Beatles, or even Rolling Stones - but like, well, girls. A reassuringly normal-looking boy answered the front door. After an agonising wait he showed us into an oak-panelled study and the presence of a slight, stooping septuagenarian in a tweed jacket with misty plastic-rimmed spectacles.

As George Lyward stepped forward to take my hand in both of his, and hold it for longer than felt comfortable, I became aware of a formidable charisma. “Hello,” he said, looking at me piercingly for a moment over his glasses before adding softly, “You’re very lonely, aren’t you?” I practically burst into tears on the spot. After all the drugs and psychiatric nonsense, here at last was someone who understood, saw at once where I was hurting and knew how to make the hurting stop. I instinctively trusted him with my life. “After Tom had spent two hours with Lyward the boy was transformed,” my dad noted in his diary. Next came the scary bit - getting shown around by one of the boys and joining them for lunch. The house was rambling and dilapidated, the grounds extensive and mysterious. There was a rose garden, a pond, a pigeon shed, cricket nets and croquet

hoops, a cavernous hall, several grand pianos, two shacks stuffed with electronic junk and art materials, a darkroom and even a pottery complete with wood-fired kiln. And everywhere these unkempt youths in tattered clothes like some bizarre alien tribe. In all there were some 50 young men ranging from mid-teens to early twenties, ten staff, half a dozen dogs and countless cats. All lived at close quarters in damp

unheated rooms spread around the old house and outbuildings. Though drink was forbidden, smoking was tolerated and the pervading musky odour of the place was indescribable - though within a few days one ceased to notice. More fastidious standards prevailed in Mr and Mrs Lyward’s comfortable living quarters and well tended garden. But the boys’ side of the house had been trashed by so many generations that replacing soft furnishings, curtains and carpets had long been rendered pointless. That lunchtime we

sat crammed rowdily together on wooden benches at trestle tables. Hygiene was basic yet the food was edible, the shouting banter good-

natured, and the atmosphere vigorously alive. It couldn’t have been more different from the Quaker boarding school I’d just left. At the end of my visit, Mr Lyward told me Finchden was currently full with a long waiting list, and in any case didn’t normally take boys as “sick” as me. Then he suddenly asked: “Do you want to come?” I seized the lifeline, and stayed for six years. Commentators from Robert Bly to Angela Phillips have suggested that not only do boys grow up at a different rate from girls but that many today are failing to grow up at all. The absent parents, disruptive pupils, underachieving students, binge drinkers, drug addicts, petty criminals, sexual predators, teen suicides and swaths of alienated youth they depict are indeed overwhelmingly male.

But arrested emotional development in young men is scarcely a new phenomenon. George Lyward had perceived the beginnings of this crisis at least 80 years ago. As a public school housemaster in the 1920s he became adept at helping anti-social and delinquent boys who might otherwise have been left, as he put it, “to the further mercy of their inward conflicts and compulsions”. His success led several eminent psychologists to request his assistance with boy patients of their own. As the demands increased, Mr Lyward and his wife started a small community of their own in a Kentish farmhouse. By 1935 they had moved to the larger Finchden Manor near Tenterden, which continued to offer “a form of hospitality” to those who needed it for a further 38 years.

Most of us who came to Finchden had been excluded from school. For some it was an alternative to borstal, mental hospital or - as in my own case - simple extinction. None of us was much interested in each other’s past lives - all that counted was the kind of person you were in the here and now. New arrivals deemed “violent”, “compulsive”, “dishonest” or even “psychotic” in the outside world were therefore free

Tom Robinson reflects, on the 30th anniversary of the death of George Lyward



to shed their labels and regress to a boyhood world of comics, cards, football, fishing, hobbies and horseplay. "Why not let them have back their childhood?" Mr Lyward once asked. "Let them do all those things. If they don't do them now, they'll do much worse things later."

In between, I learnt simply to live. Finchden introduced me to the music of Leadbelly, Coltrane, Zappa, and Bach's Italian Concerto. I wrote cod news bulletins for our home-made "radio" station - a network of wires and speakers strung around the house. I learnt photography, saving up pocket money for developer and printing paper. And, like everyone else, I learnt to cook: the cuisine varied wildly according to whose turn it was in the kitchen.

One distinguished old boy was the broadcaster and bluesman Alexis Korner, who turned up one day and gave an acoustic concert in Mr Lyward's study. A swarthy 40-year-old, with a shock of grizzled hair and a voice like gravel, Alexis strapped on a guitar and belted out songs about women, drink, policemen and civil rights without a trace of embarrassment. I knew in that instant what I wanted to do with the rest of my life.

Finally, to my astonishment, a chunky olive-skinned boy arrived one spring and promptly fell in love with

me. We had a wild affair for several months, bunking off at night with blankets to sleep in a nearby field. Others knew, few minded. "You do realise you have other possibilities?" Mr Lyward asked curtly at one point, but otherwise chose not to intervene. In adult life I became a vocal gay rights advocate, and his prediction only came back to haunt me some 20 years later when I found myself strongly - and inconveniently - attracted to a woman I'd met at a Gay Switchboard benefit. We've lived happily together ever since.

George Lyward was the most extraordinary human being I ever met. Certainly he was autocratic, insecure, fallible, prone to favouritism and boasting, and an impossible taskmaster for those who worked with him. Yet his compassionate humanity touched and transformed the lives of many. Even by the crude official measure of recidivism, Finchden had a success rate of just under 50 per cent, compared with less than 20 for young offenders' institutions at the time.

The emotional prison he released me from was not my sexuality, but one of self-hatred and denial. Quite simply, he gave me back my life when all I had wanted to do was throw it clean away.

(Published here with the permission of Tom Robinson.
A version has also been published in the Times)

Sidney Hill has died

Sidney Hill backed into the work with maladjusted children in 1942, when his wife Kate answered an advertisement in the *New Statesman* placed by Arthur Fitch - Dr. Fitch of Dunnow Hall, a medical psychologist who opened Dunnow in 1935 "with great enthusiasm but few funds...to see what 'a controlled environment and regular life' could do for maladjusted children" (Bridgeland, p. 150). Sidney was a conscientious objector, who'd been working on the land; but, starting their honeymoon, both he and his wife were jobless. Fitch wired back "Come" - "without seeing us", Sidney said in a 1993 interview "...I think he must have been pretty desperate." The couple cut their honeymoon short, went up to Clitheroe Station in Lancashire where they were met by Dr. Fitch, and started.

It was war-time, the time of evacuees, and to make ends meet many of the children were not 'maladjusted' as such, but came with physical or intellectual disabilities. "You did everything under the sun," he said. "When the local handyman was off duty at weekends, I milked the three or four cows which were attached to the establishment," stoked the boilers, secured the place at night...

In 1946, by that time with three daughters, he left Dunnow, joining Chaegeley School in Cheshire in 1947 in time for the infamous 'great inspection' described in Howard

Jones' *Reluctant Rebels*, in a classic encounter between progressive practice and conventional authority. He then went briefly to Coventry to open their hostel for maladjusted children, before taking the step for which he is probably best known in the field.

The Countess of Wemyss, who (with her husband) had made Barns House available to the Edinburgh Society of Friends during the war for what became David Wills' famous "Barns Experiment", spearheaded the Save the Children Fund's project to open a residential school for maladjusted children in Harmeny House in Scotland. Sidney was appointed its first head, and went up with his family in the autumn of 1957: "And although we'd been up at Easter and we'd seen all the plans for the alterations and adaptations that had to be made before the place could be used as a school, nothing had been done. So we sort of camped out in the big house and workman started working on it..." In the interval, he went to be "Scotticized" by a course at Moray House, working, among others, with Margaret Methven. In 1967, nine years after opening Harmeny - twenty-five years after starting at Dunnow - he "finished with maladjusted children", joining the Scottish Office as a child care and probation inspector.

He was an immense man, and this doesn't begin to touch him. - CF

"I feel I owe quite a lot to Arthur Fitch..The one thing that I remember, and the thing which I always emphasise to other people: He told us that these kids - that their behaviour, which we found distressing at times, was a perfectly natural reaction to the situations in which they'd found themselves. ...You've got to take the kid as he is, and realize that this behaviour that the child has exhibited and may exhibit when he comes to the school is something which is the result of his experience in the past, and he's not to be blamed for that...That maladaptive behaviour may be the one thing that's enabled the child to survive in the situation in which he found himself."



In issue number 3 (2001) we recorded a double anniversary for the Peredur Trust, founded by Joan and Siegfried Rudel. In 1951, Peredur established the first Steiner-based school for emotionally disturbed children in Britain, at East Grinstead in Sussex, becoming active members of the early Association of Workers for Maladjusted Children; and then 25 years later, in 1976, moved their bio-dynamic, organic and largely self-sufficient work to north Cornwall, developing two residential centres and a farm for men aged between about 25 and 40 with some emotional disorder, many being autistic. Following her death this year, still vitally engaged in the Work at the age of 88, Siegfried Rudel writes of his remarkable wife's early formation:

Joan Rudel (17.05.15 - 31.05.03) **The earlier part of her life** **by Siegfried Rudel**

Joan Rudel was born on May 17th, 1915, in Paignton (Devon). A sister was born two years later. The parents soon moved to Cornwall where Joan grew up, first in St. Austell and then in Lostwithiel. Her mother had come from Redruth in Cornwall. Her father who stemmed from Yorkshire was a pharmacist who would often take Joan, as a little girl, into the flowering meadows nearby and teach her the names of wild plants.

A sudden change occurred when Joan was 16. Her father's mother was taken seriously ill and the family moved to Yorkshire. That is how Joan came to meet Anthroposophy. She attended the High School for Girls in Leeds where Eileen Hutchins, who later founded Elmfield School, taught for just one term. A group of the Upper Sixth girls were invited on occasions to the house of Muriel Golding, another teacher, to attend anthroposophical talks. Joan, who was then in the Lower Sixth, was invited too. She remembered especially Mrs Plineke's lectures on "The problem of evil in Goethe's Faust" and "The problem of evil in Dostojewski's "Crime and Punishment". Coming away from one of them, she said to herself: "This is the way I want to go on".

On leaving Leeds Eileen Hutchins moved to Sunfield Childrens Homes, the first anthroposophical Home for handicapped children in this country. This led to a visit there by a group of Leeds University students of whom Joan was one. She was enthusiastic about the way in which Art and Music and the love of Nature pervaded the life at Sunfield. She wanted to join it straightaway but Fried Geuter advised her first to finish her Degree Course (in English literature). This she did. She felt that the five years or so which she did then spend at Sunfield gave her most important impulses for the future. The seasonal plays written by Michael Wilson and Fried Geuter remained deeply engraved in her memory. Maria Geuter's detailed knowledge of gardening, cooking and baking, gave Joan a foundation for much of her practical work in later life.

Joan was at Sunfield when Dr. Ita Wegman visited there after the Bangor Summer School, together with

a group of active anthroposophists. Among them was Caroline von Heydebrand, one of the original Waldorf teachers. Another was Werner Pache, that early curative teacher, whom she then met for the first time.

The onset of the Second World War seriously disturbed the life at Sunfield. Joan went to teach for a year at a school in Leicester. She also spent some time with friends in Cambridge. It was there that she received a letter from Cecil Harwood asking her to come and teach at Michael Hall School (then at Minehead in Somerset). She accepted that and it gave her life a new purpose. In due course it led to her helping to found a new school in London, together with Kate Elderton. However, this was a particularly difficult time during the last year of the war, and in 1944 the school had to close because of the "flying bombs". Just before that happened Joan had had a letter from Morwenna Bucknall, with whom she had shared accommodation in Minehead, inviting her to visit Camphill, a curative home near Aberdeen. She took that up - and stayed to work there for six years. That is where I met Joan, in 1948.

When we both left in 1950, we spent a year at the "Sonnenhof", the earliest anthroposophical curative home in Switzerland. This was a seminal year. We met several of the early pioneers of anthroposophical Special Education and had many valuable preparatory conversations with people, both at the "Sonnenhof" and what is now called the Ita Wegman Clinic, in Arlesheim. A group of four formed to return to England in order to start a new school in collaboration with Michael Hall for those children then termed "maladjusted". At the Clinic Joan had also met the parents again of a previous pupil. They offered to lend us the money to start if Joan would take on the care of their boy again.

Looking back to that moment in time, it is symptomatic that among the active participants at the official opening of Peredur Home-School, in East Grinstead, on 2nd February 1952, there were present: Fried Geuter from Sunfield, Dr. Margarethe Kirchner-Bockholt from the Ita Wegman Clinic, and Dr. Portia Holman, from the Council of the newly-founded Association of Workers for Maladjusted Children, which we had already joined.

From that point onwards Joan's life and the life of Peredur really became one.



THE SYCAMORE SERVICE: “HELPING PEOPLE GROW”

“Having been involved in this work for over 20 years and read countless referral papers I still find it hard to comprehend how other human beings can inflict such horrors on children. I suppose that if and when the time comes when I am not so bothered, that will be the time when I need to get out of the work.”

Tim Foley celebrates 20 years of Sycamore

[This article is based on a talk given by Tim Foley to the annual CALM Conference in Alloa on June 20th of this year. Part Two, which goes in more detail into practice and issues of management, will appear in the next issue of the Newsletter]

In August 1982, faced with the dwindling numbers of referrals to children’s homes as local Authorities turned increasingly to fostering and adoptive placements, Scotland’s Aberlour Trust decided to use one of their successful children’s homes as the base for a new, special project working with disturbed children. They kept the same experienced staff, and used the same building, but from August 1982 to June 1983 the unit was a disaster. Young people were removed, police were in and out of the building, staff were locking themselves in the office for their own protection.

With this going on I was recruited to take on the Project, and started Sycamore twenty years ago, in June of 1983. Starting life with an inherited vandalised building, three children and four staff, we now have 4 different residential units offering places for 22 children, a separate flat for families to come and visit their children, a small day school, a developing fostering service, the Creative Therapy programme offering art, music, dance and drama (not only to our residents, but also to the wider community), our administrative offices at The Mill, and - soon to come on stream - a centre for education and training for qualifying Social Work students, residential staff and offering courses for continued professional development. There are now about 100 members of our community, both staff and young people, and the Project is known throughout Scotland as a therapeutic resource working with some of the most disturbed children in the country, with a current catchment area running from Shetland to Northumberland. Increasingly, too, referrals have been received from other parts of the British Isles - northern counties of England, Northern Ireland, the Republic of Ireland.

In setting up the Project in one of their former children’s homes the Aberlour Trust had made the fundamental mistake of employing staff who had done good work in the previous setting, where they had worked very effectively for a number of years, and asking them to attempt to transfer their skills and experience to work with emotionally disturbed children. But the task is different: The demands are different, the knowledge base required is different,

the mythology of working is different. It requires a different mindset. What seemed like a good idea therefore ended up being an absolute disaster.

Residential child care with emotionally disturbed children is an exceedingly difficult task, and the complexity of successfully undertaking it is immense. The client group contains young people who have experienced extremes. When we as human beings experience extremes of pain, hurt and trauma we usually manifest that in our behaviour, and in residential work with such young people we can expect extremes of either acting out behaviour - violence and aggression towards others -, or extremes of closing down behaviour - self mutilation and harm, the cutting, the slashing, the inserting and the overdosing, etc. This behaviour has an effect not only on the young person, but also on the other residents and those around them, particularly the staff. This is why, if you are going to work with such behaviours, you better know what the hell you are doing.

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Crucial to the development of a therapeutic environment for people to live and work in has to be a set of fundamental beliefs and values. I sometimes refer to myself as an ‘old hippy’: before coming to Scotland I had developed a philosophical framework for my views on human beings, and was keen to put these views and perspective into practice in a residential establishment. However, I wasn’t just some weirdo running around with a philosophy in my head; I was also a skilled and experienced practitioner, having worked with disturbed behaviour for many years. At the Project I inherited a small group of staff who were demoralised, deskilled, and felt powerless, and a group of children who felt powerful in a way that was unhealthy. In order for staff to be able to work in a therapeutic manner with the children I knew that both the staff and the young people needed the basic human need for safety and security to be met. I developed a regime of consistency and control, and in essence became the first line of protection for both the staff and the young people. I assumed the power and the authority - in hindsight much more the leader



than a manager... Perhaps even a dictator! Crucially, though, I was a legitimate leader. I had been appointed as the leader by the organisation. My authority was legitimate authority, and I was able to exercise that authority in a way that was compatible with my own values, effectively developing what I have since come to call a ‘managerial womb’ for both the staff and young people. I was the main source of protection, and indeed nourishment, for both the staff and for the children - the ‘managerial womb’ providing the protection and allowing growth and development to occur until a framework of expectations and stability was established to provide that security.

Once this framework of security, stability and safety was established, the philosophical approach was imposed. Visually I see this philosophy, this value system, as an umbrella which covers everything that we do - and not only covers, but also *permeates* everything that we do and say at Sycamore; all aspects of our functioning have to reflect this philosophical approach. This philosophy in essence is humanist, recognising the inherent value of each of us *as human beings*: The Sycamore logo strapline says ‘Helping People [not just ‘Young People’] Grow’, and while, as a residential child care establishment, we do value young people, we find that it is more helpful for us to remember that it is the humanness of *all* of us which is important - the common denominator; and *everyone* at the Project - be they old, be they young, be they male, be they female, the service manager or the cook - is a human being, and deserving of dignity and value. It is a model that believes in our capacity for growth and development - that we should only be hindered in our growth by our own capabilities.

The importance of this philosophical approach can not be overstated. *It is the philosophy which dictates what is acceptable and what is unacceptable at the Project.* Quite simply, if you are operating in a manner that is not demonstrating value to yourself or to others it is not acceptable. It is as simple as that.

The task for us as staff is to value ourselves and those around us - to supply the conditions that are conducive to this growth and development; to provide the opportunities and the facility for this growth to occur. The point that needs to be made very clear, however, is that valuing people does not mean that

you excuse their behaviour. As human beings we are responsible for our own behaviour. We may not be responsible for events and circumstances in the past that may have been a catalyst for this behaviour, but we are responsible for the behaviour itself. Consequently, if you value people you do not allow them to harm themselves or others. You do not let others tell people to F— off, assault them, break up their property; you do not allow them to self mutilate and harm themselves. That is not a demonstration of value. You value them as human beings, but you do not value that type of destructive behaviour.

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I wish to make another point here, one that is exceedingly important. It is not sufficient to simply *state* that you have a philosophy – “this is what it looks like, these are the values that underpin it”. That’s not good enough. It cannot just be stated, it has to be demonstrated in clear cut, concrete ways to everyone involved with the community.

If you value your staff, you demonstrate that to them:

“The concept of a therapeutic milieu needs to be demystified. Quite simply a therapeutic milieu is generated by a group of well motivated, likeminded people, who share a philosophical belief in the inherent value of human beings and their capacity to grow, demonstrating that belief to badly hurt people and others through their interactions with them in the day to day environment. It is the conscious use of our environment and ourselves in a planned manner designed to facilitate growth and development”.

You provide them with on-site massage, professional supervision, quality consultancy, training opportunities, a decent rota... I can not get over how this one simple area, of staff timetabling, has been allowed to give a loud and clear statement to staff that ‘you’re not valuable’. Where our field work colleagues in Social Work generally

work Monday-Friday 9.00 – 5.00, you go to a number of residential establishments and you ask staff what are they working in a month’s time and they cannot tell you. They usually cannot even tell you a week in advance what they are working. Are we giving a message of value to staff if they cannot even tell you when they are working in a month’s time? No. You better make sure that you value your staff and demonstrate that to them or they in turn will not be able to value their clients.

You value the young people: Of course you do. You provide them with quality living environments, good food and nourishment, you listen to them, you say thank you to them, you ensure their birthday is noted and celebrated.

You value their teacher and the school: You say to your residents ‘I am not going to allow you to behave that way at school, I am not going to allow you to



disrupt other people's education', you do not blame the teacher for disciplining your child. You demonstrate mutual trust and respect for fellow professionals.

You value your neighbours in the community: if one of your young people damages someone else's property they are taken back to the property and they make it right - they repair it or they pay for it. That is a statement of value to your neighbour, and a statement to the young person of what is allowed and what will not be allowed. It's consistent with our philosophy.

Sometimes I marvel when I visit some other institutions and agencies, and ask "Do you allow children to smoke?" and get the reply, 'Well, we allow smoking only if you are over 12" or "Yes, you can smoke if you have a letter from your mother". What a load of rubbish. At Sycamore it is quite simple: Smoking is bad for you. It could potentially kill you. We value you, so we are not going to allow you to smoke. Simple. We are not from cloudcuckooland: We know that our young people will smoke. But if they are caught smoking while they are around the corner from a residential unit or on the High Street we will stop the child, the cigarettes will be confiscated, and that's that. Our children don't cease to be valuable when they walk out the front door.

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Given our reputation as a therapeutic community, visitors to the Project are often quite taken aback because they do not see staff running around wearing white coats and offering 'therapy' to children. But the task for ourselves at Sycamore is to use the day-in-and-day-out, naturally occurring situations in our environment to demonstrate to people that they are valuable human beings, to provide them with opportunities for growth and development. Yes, an hour with the therapist in the therapy room can be very beneficial; but you may find that being up to your elbows in soap suds when you are doing the washing up after tea with a child can be quite therapeutic as well. That is when a conversation may turn to events or circumstances from the past, that a member of staff may be able to pick up and discuss with the child in a normal, non-threatening environment. Walking back from the park after a game of football, watching TV with children, helping a child tidy his room, these are all examples of activities that can be used therapeutically. Who are the therapists in our environment? The simple answer is: every adult member of the community and potentially every resident. Sycamore itself is therapeutic.

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By establishing various frameworks of safety and

security and by the application of humanist principals to practice, Sycamore has been able to grow and develop significantly over the past twenty years. It has a long and proud tradition. These traditions, these fables, these folk tales of how we have operated and developed have been handed down and handed down, developing and building a powerful culture. This culture is almost a living demonstration of our philosophy. We have developed quite simply the Sycamore way of doing things: "We do this *because* - well, that's how you do things at Sycamore". It's simply the Sycamore way and significantly this culture, this way of doing things, has over the years been taken on by the staff and by the young people. This is crucial, for although in the very beginning of the Project this 'Sycamore Way', this philosophical approach, may have been instigated by an individual, it is now owned by the community. The Project is not inhabited by clones of Tim Foley.

Over the years since its founding, like-minded people have joined the community, bringing with them similar values, as well as their commitment and their integrity, and added to the richness of our environment. The current on-site community consists of dozens of good, well motivated people who genuinely want to help others. Interestingly, if you ask the staff "Whose Project is it?", they will tell you: It sure as hell isn't Aberlour, it most definitely isn't Tim Foley's. It's theirs. They own it, and as a manager that's worth a million bucks to me. Commitment, enthusiasm, passion, pride in the Project exist in abundance. That's what keeps us going. The lengths that my staff go to sustain some very unsustainable children is incredible. In 20 years I have never had a group of staff come to me and say "Tim, enough is enough, this child is going to have to go." That, in turn, creates a special responsibility for the manager; but more about that next time.

Briefly, Sycamore is a community, to which we all belong. Young people *and* staff are told that - as long as we are here - once you are a part of Sycamore you are a part of Sycamore. It is an open-ended commitment: A commitment of ongoing continuing interest in and potential involvement with any former resident or member of staff. The whole process of valuing people is crucial to the development of a therapeutic programme. At Sycamore we have been attempting to carry out this task for the last 20 years.

CALM - Crisis and Aggression Limitation and Management: "The CALM approach to crisis management lies in a long term collaboration between a number of professionals, commencing in the late 1980's which included consultant physicians and psychiatrists; police and prison service trainers, social work trainers, mental health nurses, trainers and academics, concerned about the neglect of aggression management issues, within national policy and research agendas and committed to the development of evidence based responses." See www.calmtraining.co.uk.



*This intense piece comes from one of the pioneers of therapeutic community in Britain, a colleague of Richard Crocket's at the Ingrebourne Centre in Essex (see *Therapeutic Communities* 24:3, 2003).*

PHYSICAL RESTRAINTS AND DISCOURSE THEORY: The Choreography of Treatment in a T.C. Residential Home for Children

by Dr. Ronald St. Blaize-Molony

The home in which this approach to treatment is applied takes adolescents who are neither bad nor mad, but whose disturbed behaviour has been uncontrollable by their family and other agencies. Thus, logic dictates that they be treated behaviourally. Cognitive therapy is applied to re-structure the faulty thinking that precipitated problems. How to put this in place is our problem.

It can and has been done by discarding the false antithesis between Behaviourism and Psychoanalysis¹.

Dangerous behaviour must be restrained, not only for humane reasons on either side, but in acknowledgement of a fact of life that everybody has to accept physical and psychological constraints. Most have the implicit insight to realise that acceptance furthers success and happiness. They know also that anti-social dissent creates reaction intended to deter further misdemeanours. These are realities. But an additional reality is that modifications will mature only if grounded upon well-developed relationships. A child is born with aptic structures. These reach antennae into intersubjective space between child and mother which cries and gurgles for communication to be filled with bonds. These weaken or strengthen within the labyrinth of the Oedipal Complex. It is then a child meets his first sanction - the legislating function of the father who introduces the rule of law with the first taboo: incest is forbidden.

If the widening family and social habitats are to provide adequate opportunities for development, they must approximate to what has been called "Average Expectable Environments". This contains a sufficiency of environmental releasers - presents, rewards, outings which are a natural part of life. They can and must (for good bonding) be reproduced as artifices within the residential home. Equally privileges granted can be denied as a behaviourist

technique.

The family will act as 'Container'. With luck this will enlarge into the extended family and a good school and civilised community, and is an essential function of any residential establishment.

Family relationships form a central tendency around which each member uniquely construes his world within a construct dimension particular to the family². This elaborates itself in a variety of social constructs: e.g., a political party or, less fortunately, a neighbourhood gang; or admission to a Home, for which previous constructs will be a bad fit. To fend off loneliness there must be a new construct. New constructs formation will call out for help, which provides natural opportunities to engage in cognitive re-structuring. Even in families, things do not go to an ideal plan. The constructs husband and wife bring to each other may be so rigid as not to admit of the modifications necessary to create a fresh family one, and all they can manage is "An inferentially incompatible subsystem". It is a fair bet that that is what children coming to a Home have had to survive.

Often the central family tendency will be the expulsion of one of its members to hold onto a faulty system, which develops a pseudo-normality around the absent scapegoat. This will probably have started with poor bonding in the Primal Space (perhaps a depressed mother), an absence one way or the other of the legislating father, an impoverished environmental container and skewed lifestyle. Life can be construed only in a warped way, which it becomes the task of a home to untangle and re-weave. Many will have been fractious infants, never experiencing the peace of a latency period which allows study, becoming intractable adolescents when hormones implode conflicting and unresolved issues from the past.

Imagine a six-month old screaming and kicking, but still loveable just because he 'is'. Imagine him a six-foot adolescent, verbally abusive, violent. Not so loveable, but merely an adolescent presentation of Oedipal residues. Our society provides a second chance in a Residential Home. But, this is not a traditional home; there is no unifying history. Instead, group living is shaped by day-to-day interactions with strangers, inhibitions in understanding, and pressures of interdependence.

In short, a group in operation. The task of this group is to create relationships within which consequences are confronted in ways not possible in a traditional home. These allow fresh thinking, hopefully to perceived advantage. Conflicts will arise and crises occur. Conflicts are not necessarily pathological. They bring drama and excitement into life. But, for the



pathological, there is a well-worked out Crisis Psychotherapy³, resting upon the theory that a crisis contained arms the survivor to deal with unavoidable crises in the future. When conflicts go over the top physically, physical restraint becomes a humane inevitability. Guidelines for staff have been well tabulated; complaint procedures are a part of individual induction. It remains to make a virtue out of a necessity. Physical restraint must itself be treatment. First, what is said during these heightened emotions penetrates and stays in the mind. For staff this means non-stop talking.

Spontaneity reigns - but positively; not easy, in a frantic struggle with a counter-verbal outburst of curse and spit. Staff also bring personal *constructions* to the Home. So the second imperative is on-going refinement of spontaneity. When things have calmed down, an emergency group is convened; grounded on Discourse Theory⁴. This is, roughly, how people have talked themselves into behaving as they did. The manager may attend, participating *via* instrumental passivity - probably creating a sense of reserve by not saying anything. Staff has exchanged power with a client. Foucault has drawn to our attention that power is not held, it circulates⁵. Staff represent blatant power, the youngsters a latent power which on occasions becomes too blatant. The manager is authority. There follows a total staff group in which spontaneity of words and action are sympathetically reviewed. Emotions are still high, so commentary sinks in and spontaneity is refined for future use.

The manager sees The Culprit. His role is the opposite to that in a free-flowing group. It is authoritarian. He pronounces rather than discusses. He emphasises rules and 'knows' what best. Like the father in the primal space he lays down taboos. He is cosmocrat, rather than democrat. Of course the spirit of community has been thrashed. Painful rebuilding is the next stage of treatment.

The senses of community may be entirely smashed: There are personalities who enjoy conflict, and experience so much satisfaction from social disruption that adequate pro-social solutions become impossible; and they may be better catered for in a secure unit. Departure is a cataclysmic fall-out, and becoming homeless is always a tragedy. Similarly, the departure of a staff member is bereavement. In either case another well worked-out format - Bereavement Therapy⁶ - must be invoked to allow people to examine their loss, guilt and angers, and how they are going to re-order their thinking to cope with the future.

Next, the staff member or members concerned will be seen. In the light of his other two attendances, the

manager will again pronounce and advise.

In the best possible treatment a manager would make time to record, as pronouncements vary according to differing situations. But, regularities will emerge, from which can be constituted a "text" unique to each home. This is the most potent element in Discourse Theory for codifying what then can become legitimised by the community.

Restraint is both the coarsest and most subtle of all behaviour techniques, to the point where the cant phrase "Care and Control" must be reversed into "Control and Care". But sanctions and withdrawal of privilege are also vital issues. When these are put in place, they widen the sea of relationships in which Countertransference is the rock of stability and Transference the tidal swirls constantly on the move, preventing premature spurious decisions and false closures; most important are the staff Countertransferences to the residents' Transferences. On this is built the basic remit of "Authenticity". The floating empathies of Countertransference / Transference are not designed for "Cure". Nobody is 'sick'. They are utilised to create *authenticity* and develop *legitimacy*, thus creating a culture of treatment among people who have not asked for treatment. No attempt is made to delete positive transferences as in psychoanalytic treatment. On the contrary, development of strong transferences to individual staff are welcomed. The residue youngsters take away from the residential home have been shown to fortify them for the future.

But within the home it must be kept in mind that the virulent resistances to thought re-structuring are the eroticization of the *positive* Transference and the hostility of the *negative*. A reliable Countertransference reinforced by regular staff meetings allows the home to become a "Container" for these virulences. Staff members have to be fortified by them to withstand being 'Aunt Sallys', in which role they have to learn to operate with minimal defences so as not inadvertently to reciprocate basic resentments, thereby justifying them. Young people need a surround of Authority - the Container. It is a considerable skill to provide this and also allow exploration of limits so that a person leaves the home with a sense of their own authority.

Authenticity is being genuine. To be so, an impasse founded on a youngster's tacit apprehension of a therapist's dislike must be used to yield what can be an immense breakthrough by honest admission. Always, of course, with trained 'tact'. Also, authenticity bridges the gulf of subordinacy and releases the young person as 'Other', providing a second chance to correct previous faulty relationships

and 'think again'.

Authenticity establishes a 'Culture' of trust. "Culture" has become a flabby term today. It used to mean a sinking of petty particulars in a transcendence which was usually an aesthetic - Culture with a capital 'C'. Now we have street culture, drug culture, and police culture - *ad infinitum*. Culture with a small 'c'. since there are many identities to promote, what used to be a realm in which to achieve consensus has been transformed into an area of conflict in which groups become unified by antagonism. A home must aim for the big 'C'. That 'C' is 'Legitimacy'. Not the same as legality, legitimacy is a *moral* not a *legal* concept. Legality is conferred from without, Legitimacy from within.

So, constant refinements of authenticity on the part of staff and developing legitimacy within the young people is the cultural aesthetic, which permits of cognitive re-structuring⁷.

This *pas-de-deux* is the dance to the music of treatment, which has to be choreographed by the manager and his aides.

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PUBLICATION NEWS

Therapeutic Communities for Children and Young People

Edited, and with an Introduction by Adrian Ward (The University of East Anglia), **Kajetan Kasinski** (Northgate Junior Adolescent Unit), **Jane Pooley** (The Tavistock Consultancy Service), and **Alan Worthington** (Peper Harow Foundation)

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PART ONE: IDEAS AND ORIGINS, Introduction, **Adrian Ward**, 2. The core framework, **Adrian Ward**, 3. The roots of work: Definitions, origins and influences, **Kajetan Kasinski**, 4. The roots of mental health: Emotional development and the caring environment, **Monica Lanyado**, British Association of Psychotherapists. 5. Group thinking, **Philip Stokoe**, Tavistock Clinic. 6. The contribution of systemic thinking and practice, **Collette Richardson**, Northgate Junior Adolescent Unit.

PART TWO: PRACTICE, Introduction, 'Where's the therapy?' **Adrian Ward**, 7. Using everyday life, **Adrian Ward**, 8. The meaning of good experience, **Jenny Carter**, Peper Harow Foundation. 9. Relationships and the therapeutic setting, **Alan Worthington**, 10. Structured work: The space to think, **Alan Worthington**, 11. Developing the quality of teaching and learning in a therapeutic school, **Andy Lole**, Mulberry Bush School. 12. Keeping families in mind, **Jane Pooley**.

PART THREE: MANAGEMENT AND DEVELOPMENT, Introduction, **Adrian Ward**, 13. Management and Leadership, **Richard Rollinson**, Peper Harow Foundation 14. Consultancy and supervision, **Peter Wilson**, Young Minds. 15. Staff development and training, **Andrew Collie**, Caldecott College. 16. The challenge of research, **John Wright**, senior clinical lecturer and psychotherapist, Plymouth and **Phil Richardson**, Tavistock and Portman NHS Trust.

PART FOUR: APPLICATIONS AND THE FUTURE, Introduction, **Adrian Ward**, 17. Applying the therapeutic community model in other settings, **Linnet McMahon**, University of Reading. 18. Therapeutic childcare and the local authority, **Michael Maher**, Peper Harow Foundation.. 19. Developing community groupwork in a secure setting, **David Hartman**, Huntercombe Maidenhead Hospital, Berkshire. 20. Conclusion, Review, reflection and reading, **Jane Pooley**, **Kajetan Kasinski**, **Adrian Ward**, and **Alan Worthington**. Key Professional organisations in the United Kingdom.



HARMENY NEWS

Most therapeutic communities and units produce some kind of newsletter or magazine, either regularly or occasionally, and just for themselves or as a way of keeping in touch with friends and supporters and the world outside. From time to time we suggest that copies be sent to the PETT Archive and Study Centre, where they can become part of the wider resource available to those with an interest in learning more about the work and those they share it with. It also gives the opportunity (where appropriate; we don't publish potentially sensitive material without checking first) to share the news more widely in the Joint Newsletter. Jacques Hall, The Mulberry Bush, and Camphill Pages are all represented in this issue in that way, and for the first time, so is Harmeny School in Scotland. The Friends of Harmeny Newsletter comes out four times a year, and is available from the Harmeny Education Trust Ltd., Mansfield Road, Balerno, Midlothian EH14 7JY.

The most recent issue of the Harmeny Newsletter, Winter 2003, records the death of Sidney Hill, the founding headteacher (see Milestones elsewhere in this section). In the Summer issue of the Newsletter there is a picture of Sidney, taken when Harmeny's Chief Executive, Patrick Webb, and Ron Smith, a volunteer at Harmeny when Sidney was there, visited him at his home and talked about the origins and early days of the school. "Whilst the ethos and purpose of Harmeny was essentially as it is today..." not surprisingly, "things were quite different. With the exception of one residence, the children and residential staff lived in the main house and classes were held in a prefabricated block sited where our Support Room now stands. It was satisfying to let Sidney know of the extensive developments which have taken place over the years and to tell him of our plans for the future. He was particularly enthusiastic about our Outdoor Project as this was one of his own great interests." There is a report of a skiing expedition to Rothiemurchus on the back page, and news of some of the developments inside. Harmeny has been approved as an Assessment Centre for Scottish Vocational Qualifications (SVQ) in Social Care, and "the training programme is becoming well established and successful..." Funds are being raised to construct a family centre and, having "successfully established ourselves as a base where children can be looked after for 52 weeks of the year prior to moving on to a new family base and, hopefully, a mainstream school setting", for enlarging a residence. There is a project to establish Harmeny as "a centre for community led research into the behaviour problems of young people", and notes on "Harmeny Outdoors", a project which "has proved to be extremely valuable and successful for

our children - and others from as far afield as Chernobyl." It is noted that the Scottish Executive has conformed that Harmeny will remain a grant aided school until at least 2008, and on the front cover reports the visit of a team from Harmeny to FKC Mellansjo, "a day school for 30 children aged 7-16, based in Stockholm" which has been developing an approach called "Solution Focused Brief Therapy" since 1988, a method "which has already had many successes in its application within Harmeny." Exchange visits are planned, and it is hoped "that the FK team will assist us in the training of our education and care staff here in Balerno."

The most recent, Winter 2003, issue features a front-cover article by Marion Bennathan on Nurture Groups, initiated in London in 1970 by Marjorie Boxall. Now the Director of the Nurture Group Network (www.nurturegroups.org), Marion was the founding Director of Young Minds, having been Principal Education Psychologist and Chair of the Child Guidance Co-ordinating Committee in Avon, and brings considerable insight and experience to the development of the Groups. Harmeny "has wholeheartedly adopted the approach. This helps its aim of making life at the school like that in a caring family..." A new professional newsletter is being launched, with the first issue being devoted to "Antisocial Behaviour (to receive a copy: "go to our website and put your name and address on the Behave Yourself page" - www.harmeny.org.uk). A team of volunteers from JP Morgan came to help develop the grounds for "Harmeny Outdoors", among other things building a BMX track, and to raise funds a team of Friends of Harmeny joined the Great Scottish Run half marathon; while others played golf.

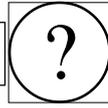
Snipped from... "Onward from Approved Schools" Anne Corbett, *New Society* 9 May 1968, 665-666

...The third house at Kingswood - Wesley - is run on different lines and calls itself a therapeutic community. This is currently an "in" concept and draws largely on the work of Bion and Rickard [sic] at Northfield Military Hospital in the 1940s. It is based on the principle of shared responsibility. Thus at Wesley there is great emphasis on the twice daily community meetings for the 30 or so boys in the house.

The day I was there they had been discussing the case of a boy who had just absconded to do in a friend: the friend

was said to have turned him over to the police. Some boys resent the community meeting - especially when they themselves are publicly discussed.

Apart from eating and sleeping in their houses, the boys spend their day largely with their class if they are under school age, their department - painting, building, engineering or horticulture - if they are over 15. The "school" boys were discussing which books they would like in a library. The Kingswood therapeutic community experiment is being monitored with Carpenter house as a control....



We are used to the idea of children being consulted and listened to, and we are hearing increasingly, thanks to Dennie Briggs, how adult therapeutic community pioneer Maxwell Jones' increasingly turned his attention to children and young people from his time at Dingleton in the late 1960s and after. A quieter light is the work of Harry Wilmer, the American therapeutic community pioneer whose work we featured in Issue 7. Lifting an unexpected bushel, we came across this, from 1963; what seems to us a precocious forty years ago:

“How this book was written”

*From **The Minds: First S-T-E-P-S** by Dr. Harry Wilmer, with illustrations by the author, Franklin Watts, inc (New York), 1963*

WHEN I set out to write this book, it seemed to me that the most logical way to begin would be to find out what most people wonder and think about the mind. My first job, therefore, would be to seek out the people who were naturally curious and who would ask the most inquiring and uninhibited questions. Naturally, these would be children.

So I sought out a sixth-grade class at Stanford Elementary School a few blocks from where I lived on the university campus. For six months we met together every Wednesday morning to talk about the mind. Although most of the children had never tried to talk about the mind or figure it out with other people, it soon became obvious that they had thoughts about it. They bubbled with ideas and questions, answerable and unanswerable. Together we drew pictures on the blackboard, talked, joked, and had a lot of fun. By the end of those six months I had a pretty good idea of how the children thought and talked, what they were eager to listen to, what they wondered about, and what they imagined. In short, I discovered how they used their minds to explore their minds. I was ready to write my book — almost. I had still to find out what sophisticated adults would think and ask about the mind.

I was delighted to read in the newspapers that experts from all over the world were coming to the University of California in San Francisco to take part in a three-day symposium on the control of the mind. That would be the place to find the answers to my questions. I decided to attend the session.

For three days I listened while these famous men talked about the mind. They described their experiments and

snipped from ...The (Peterborough, England) Evening Telegraph, November 3, 2003 “COURT: Row over cost of job’s education”

THOUSANDS of pounds of taxpayers’ money could be spent sending one of the city’s most prolific young offenders to a “therapeutic” residential school for problem children (“We’re looking at a full range of options for this youth’s future, including sending him to a therapeutic community school, which we would fund.”)

The proposals were revealed at Peterborough Youth Court, where the young tearaway was convicted of breaking an anti-social behaviour order (asbo) banning him from the city centre, for the 11th time in four months....

Peterborough City Council today confirmed that social workers, who are currently looking after the youth, had not been able to send him to school on a regular basis.

The proposal was slammed by veteran councillor and

discussed such things as behavior and creativity. I heard a great deal about big protein molecules called RNA that probably record memories permanently in our minds. These molecules are like templates, or keys, with their atoms pushed around in a peculiar way. The talks were very impressive, but they did not help me write my book. Not one of the scientists I had been listening to had tried to define the mind; they had simply assumed that it exists. They had not explained its workings in simple terms that could be understood by everybody, and those were the terms I was looking for. The sixth-graders and I had worked out a few simple, workable ideas that might help me describe the mind. Now these were all mixed up in my mind with the molecules and chemicals and theories. I was not sure I could untangle them. Sadly I went home and tried to write my book.

Months and months passed. I was experiencing a writer’s nightmare – a block. It was humiliating to admit to myself that I did not know how to explain what the mind was. Then one day I had a bright idea. I went to a friend of mine who writes children’s books and showed her the pages I had written and the pictures I had drawn. She shook her head. “Build your book around a simple story,” she said. “Find something that excites the minds of all of us, and use that as a basis to describe what you think of the mind.”

Then, miraculously, it happened! Thin and far away at first, but coming closer and closer, growing louder and louder, was the ominous sound of a siren. A fire engine!!

A fire engine means fire. Fire is exciting. It is also dangerous. For a moment I was conscious of nothing but the penetrating wail of that siren and what it signified. My heart beat a little faster. My muscles tensed. Then, abruptly, I relaxed. My mind was no longer all-absorbed with the siren’s wail. Something far more important to me was pushing the siren into the background of my consciousness. I knew how I was going to write my book!

deputy mayor of Peterborough, Cllr Charles Swift... “A place at this school could cost between £500 and £1,000 a week and it’s not just a waste of money – it’s a scandalous waste of resources.”

City MP Helen Clark added: “It’s not good enough that social services have been unable to send this child to school. There’s been no control at all over this boy and he’s been allowed to get way beyond the bounds of normal discipline. Now we are having to look at expensive solutions to rectify his bad behaviour.”

The boy was given an anti-social behaviour order in June, banning him from visiting the city centre unaccompanied by an adult for two years, after he ran amok, abusing and intimidating shoppers....Acting Chief Superintendent David Hankins told The Evening Telegraph: “When you look at how much it has cost the city to put right all the damage and mayhem he caused, the cost of sending him away to some establishment may be money well spent.”



continued from page 32



J a c q u e s , particularly about the importance of having a home, stability, and a family. This opened up some other ex-students, who told us movingly about their own struggles to manage; and clearly these struggles continued well beyond their time with us. However, it appeared that even children who had

left the community in some distress, perhaps rejecting us as a family that needed to be transcended before it could be understood and accepted, still had enough introjected good experience from their time here to return when they were ready.

The buffet was wonderfully informal and one could see in people both old idiosyncrasies returning and also surprising and entirely normal, warm-hearted interaction. One ex-student, who ate impressively large quantities of food during his time living with us, came over to me, completely dead-pan, pointing to his plate and insisting on making a complaint. I wasn't taken in, but as he devoured a third of a heavily filled French stick in one go I had the feeling that I might have been. At this point, looking around at people chatting and laughing together, old faces and new, I felt something of that generosity which TC life appears to generate, enabling us to pass this on to each other. It is that 'sense of belonging', a knowing that even the most awkward and distinct pieces will be found a way of fitting together in this particular puzzle.

Closing the event was always going to be difficult. One ex-student's first words as she made her way down the drive and saw the building was a rather surprised, but authentic, 'I'm not going to be able to leave!' Yet the process was managed sensitively, and most understood the need for the current group to reclaim their home. What stood out was how the arriving and leaving for the reunion mirrored emotionally, for some very powerfully, their actual arrival into the community and their leave taking of it years before. There was a very palpable sense of how lived in our bodies and minds are, how an experience can reawaken the selves we once were, and on one level, still are.

If you attended this reunion, I hope you got as much from the occasion as I did. I would particularly like to thank Terry Lee, Jane Barnard, and Tim Rodwell

for their comments on the day, which I think set a balanced tone and enabled many others to speak and feel a part of the event. And to everyone who came, whether ex-staff or ex-students, please do keep in touch, and we look forward to seeing you again in five years time. To those students living at Jacques Hall today who allowed this event to disrupt the routine and take up their meeting room for several days, my warmest thanks! I hope, in many years to come, you will also be able to return for your very own reunion – we look forward to that very much.

As I drove the last two ex-students to the train station, one of them talked with increasing urgency about her situation now, her time at Jacques, and what she was hoping to achieve. It was as we were arriving at the station that she started talking about her mothers' death, and the meeting in which the group were informed about this. Her bereavement was something, understandably, she was not able to really deal with then, and she was not going to do so now. As she got out of the vehicle, already talking about other things, I felt I would be carrying something back to Jacques for her; a still unplaceable piece of the puzzle. Then I remembered the young man who had not arrived and called to say he wouldn't be long at exactly 5pm, just as others were beginning to leave. He was never going to arrive.

And when all were in to the very last,
The door in the mountain-side shut fast.
Did I say, all? No! One was lame,
And could not dance the whole of the way;
And after years, if you would blame
His sadness, he used to say-
'It's dull in our town since my playmates left!
I can't forget that I'm bereft
Of all the pleasant sights they see,
Which the Piper also promised me...
And just as I became assured
My lame foot would be speedily cured,
The music stopped and I stood still,
Left alone against my will,
To go now limping as before,
And never hear of that country more!'



Chris Nicholson

HAVE IT !!!!**by Paul Plummer****Joint Milieu Team Leader
Glebe House Therapeutic Community**

Putting troubled male adolescents into high conflict situations where their aim is physical and skilful dominance over peers, in an environment that is saturated with testosterone and adrenalin, could be considered to be, at best, ill-informed. However, when I tell you that this is a therapeutic tool - called 'competitive football' - you may feel more charitable. In this article I wish to promote competitive football amongst TC residents as an activity that is hugely beneficial.

Sometimes, in working with adolescents, 'containment' (in the non-psychoanalytic sense) can become the primary task. This means that activities are softened, hygienically cleansed to a point where they have no intrinsic value except to occupy and reduce confrontation. Just consider the prevalence of computer games in children's homes: maximum entertainment, minimum conflict, and reduced social interaction for residents; the consequence being occupied children who gain no therapeutic benefit, and fail to unlearn maladaptive behaviours, and de-skilled staff who no longer have to offer therapeutic intervention. Competitive football, however, is an activity which can give residents the opportunity and means to develop greater social awareness, self understanding, self-esteem, physical development, self-confidence, group confidence, anger management skills, and problem-solving skills.

Playing football with teenagers carries with it much anguish: As a member of staff one is always worried about how successfully we manage conflicts in the eyes of peers and residents. Let's face it, if we reduce conflict or material to work with we can never look bad or be challenged; but then we can never feel competent, as we are running away from something. On the other hand, if the activity is not managed in a supportive and safe way, then the therapeutic experience may have an un-beneficial and perhaps negative impact upon treatment. So how do we find the middle ground that leads to all of the benefits I have previously suggested?

The key is to view football as a therapeutic task, not a pastime - not a letting off of steam, or 'tiring residents for bedtime'. Consider the way we would prepare for a dramatherapy session, or a community meeting. Thought is given to outcomes, to process, accessibility, transference issues, projection issues, and faulty constructs. Football should be treated with the same degree of clinical thought: What therapeutic outcomes are we looking for in each resident? How

do we assist the dynamic of the teams to achieve those aims for each person? It must be remembered that a manifestation of trauma within adolescence is an inability to resolve conflict and to problem solve. Part of treatment is to support people through this process, helping them to change their maladaptive behaviours into appropriate and useful ones.

In playing football within a TC the following factors need to be considered. First and foremost it is a therapeutic experience for lads and staff, and as such should be planned in way that will leave the community and individuals better off than if they had not played. This does not mean that I would use techniques to diminish conflict; I am more likely to create dynamics and situations which may lead to individuals coming into conflict with one another so that they can explore and develop their interpersonal skills; but more importantly, to gain material about their own internal world. It is also important to realise that we may only see and experience some maladaptive behaviours when residents are under stress: the stress of competing may trigger behaviours and attitudes within residents that we may not have been aware of, but once visible it becomes material which can be worked with.

In playing football staff will give a guiding hand in the team selection process. This is necessary to ensure that teams are evenly matched on ability and to ensure as well that the micro social dynamics suit the purpose of the session. Ideally, a member of staff will be on each side; but often it is just one. In order to play football well, there needs to be a clear understanding of the identity of the team make-up, by the team itself. Without this the team is prone to failure, and rarely is group or individual failure beneficial. The staff's and team's role is to generate a feeling of belonging to that team, to think positively and to identify individual strengths. For the purpose of conflict resolution we do not ascribe the role of referee to anyone, but make it a community responsibility; thus, all decisions are made by consensus rather than through direction. This means that there is no scapegoating and no arbitrary figure to blame: Anyone behaving inappropriately will hear many voices and not just one (which is a far more reinforcing process than being penalised by a free kick). Surprisingly, using consensus does not slow the game down; rather, it makes people more considered in the way they approach football, and able to understand the effect they would have on the community as a whole if they behaved inappropriately.

Not only must the staff member help team selection, they must, as importantly, endeavour to include all members of the community in the games and not make it an elitist activity based purely on skill. It must be made a significant and valued *social* event. They also have the task of role modelling appropriate

behaviours, attitudes and skills. Finally, whilst playing they must keep in mind that they, too, are part of the team, and thus have ownership of the group, and must work with the residents to maintain its integrity.

Competitive team sport is an excellent therapeutic tool, in that the residents have to recognise and work to each other's strengths. Without this they are unable to compete. This means that skill acquisition and improvement come from team rather than individual activity. Through this experience they also have the opportunity to explore and demonstrate an understanding and acceptance of each other, along with an acceptance that in different contexts people can have a different presentation. For example, someone who is valued and admired within the milieu as a leader may, on the football field, display a lack of prowess, thus compromising his projected position off the field. This clear experience of psychodynamics can contribute to lads' being able to gain insight into their own defence mechanisms of splitting, as they accept that a person can contain many different aspects of self but still remain a congruent whole.

Although at Glebe House we play many games a week, we try to play an away game every eight weeks

- a game which usually involves most, if not all, of the community. This is a valuable and empowering activity. It gives the lads a greater sense of themselves as being members of the community, an aspect of 'belonging' which is an essential part of feeling attached. Although a resident may demonstrate attachment within the community milieu, there is nothing more strengthening or reinforcing than to have those same feelings when away from the community's home or local area. When playing against another team it is interesting that even when we don't win, the overall community leaves the game with a stronger sense of communalism. In victory this overwhelming feeling of community is reinforced with an authentic feeling of achievement, an experience that many may have never truly felt.

Football is a fantastic activity that, if given enough therapeutic thinking, can generate enormous benefits for the individuals and for the community as a whole. As such, it needs to be viewed in a more positive and dynamic light. By viewing football as a therapeutic tool it can be given the thinking space and time necessary to be absorbed into the group culture, where it can be valued as a more worthwhile thing than a 'mere' pastime. It is so much more than that.

NEWS FROM THE MULBERRY BUSH

Inspection Results - Mulberry Bush Director John Diamond writes:

The National Care Standards Commission inspector recently spent four days looking rigorously at our work. We were judged on 32 different aspects, each of which is measured with a mark of between four and one; a four is the best you can get ("standard exceeded"), while a one is the worst ("standard not met"). Our final report and feedback were unprecedentedly good. We got 15 fours and 17 threes ("standard fully met"). I'm told by external professionals that this result is exemplary, as many residential units are lucky to get just a single four. The report highlighted the quality of the relationships formed here and concluded that our school structures, systems and theory base are very sound.

New Chair of Trustees

The Bush Telegraph reports:

We are terribly lucky to have found a new chair of our trustees in the person of Gina Alexander, analytical psychologist, schools inspector, teacher and historian.

Educated at Somerville College, Oxford, she went on to take a doctorate in Tudor history at the University of London. Gina taught at secondary

schools in London and Middlesborough and lectured at Goldsmith's College, London, before becoming head of history at Kidbrooke School in Greenwich, the country's first purpose-built comprehensive.

In 1978 she was appointed to the challenging job of HM Inspector of Schools, a position she held for 14 years.

Since 1992 she has practised as a Jungian analyst, while continuing to fulfil various voluntary roles. She is on the ethics committee of the British Association of Psychotherapists on whose council she has served for three years.

Born in 1934, she is married with four children.

Ginny Greenwood, Director of Appeals, says 'Goodbye' -

"Having agreed to do two years," writes Ginny Greenwood, Mulberry Bush Director of Appeals, in *The Bush Telegraph*, "I ended up staying six! But now that the capital appeal has been wound up and the construction work completed, it's time for me to move on..."

Please keep supporting the Mulberry Bush, however and whenever you can. It's an absolutely fantastic charity which deserves everything it gets!"

ATC STEERING GROUP: *Update*

Kevin Healy
Chair-Elect, ATC

The ATC Steering Group has been busily considering a number of issues about the future direction of the ATC and its journal. This is not surprising as I, Kevin Healy, was elected at the last AGM in Windsor as Chair Elect of the ATC to take over from Rex Haigh at the AGM in Windsor in 2004. In my view the current pre-occupations within the Steering Group, and within the ATC, reflect this significant change for the organisation.

The ATC has a constitutional reform working group, comprising of Sarah Paget, Kevin Healy, Craig Fees, Sheila Gatiss, David Kennard, Nick Manning, Bob Hinshelwood, John Cross, Stuart Whitely, Sarah Tucker and Rex Haigh. This group 'meets' by email. They will present preliminary views to the Steering Group meeting on February 6th, 2004. The group will conclude its business at the AGM in 2004.

The Steering Group also asked Rex Haigh and Kevin Healy as Chair and Chair Elect to prepare a vision statement / business plan to present for discussion at the next Steering Group meeting, providing a framework for work and development of the ATC over the next five to ten years.

The Steering Group also discussed the future of the journal [see AGM minutes, below]. It was agreed that the Steering Group has the ultimate responsibility for the journal, and for appointing the editor. The Steering Group want to drive the future direction of

the ATC, which in turn should be reflected by the journal as a voice for the ATC. With this in mind, the Steering Group want to consider at the next meeting, the following points.

1. What the ATC is about and what direction we are going in
2. What the ATC wants from the journal
3. What process shall be employed to select the next editor.

The Steering Group is also keen to position the ATC to meet the challenges thrown up by the policy implementation guidance on personality disorder from NIHME. Currently, there is a bidding process in the eight regional NIHME Centres to support service developments and training developments. Many members of the ATC are involved in the bidding process. It was agreed the ATC might usefully position itself as an umbrella organisation, particularly around the training developments. A meeting has been set for Leicester on 16 December, 2003, with the aim of exploring and developing a joint strategy for PD training. A list of names to be invited was drawn up by the Steering Group.

Overall, therefore, there is a sense of 'busyness' around the constitution of the ATC, the future direction of the ATC, and training functions of the ATC. Hopefully we can continue to build on this enthusiasm over the coming years.

ATC RESEARCH GROUP

atc-research-group@yahoo.com

In the last Joint Newsletter (Number 8), I outlined the four main themes identified as aims for the Research Group. They are:

1. Create a culture of researching and developing.
2. Effectively find a news resource to create this culture
3. Encourage the development of practice based on appropriate evidence
4. Position ATC Research initiatives within mainstream R & D strategic frameworks

There were a number of sub headings to each of these main themes. I politely asked Research Group members, and anybody else who wished to be involved

with the Research Group, to contact me and to identify what particular areas they may be interested in taking forward. There has been no response!. This is surprising in view of the enthusiasm often generated when we meet, and when we discuss both formally and informally these particular themes. It is a challenge to the Research Group to figure out how best to harness this enthusiasm towards productive working.

A number of individuals have contacted the Research Group over the past number of months, seeking advice on particular areas of research that interest them. A fuller report will be available in the next newsletter (Number 10), about Research Group activities.

You can email the Research Group at *atc-research-group@yahoo.com*. You are also welcome to join us there!

Kevin Healy
Chair, ATC Research Group

An Experiential Workshop Update

The ATC has been running these reconvened workshops since 1995. The history of such workshops, which are designed to allow staff members of TCs a glimpse of what the overall experience is like from our clients'/ patients' point of view, goes back a long way. The staff team are never satisfied, and always want feedback as to how the workshops might be improved. We encourage people to write about their experience - and I don't recall having read anything for some time in this publication. I think it's about time that was rectified!: Even a statement that the workshop is too personal and confidential an experience to be dissected would be useful!

At present, we run two per year, in May and November, the first over a weekend, the second mid-

week. They must be thought to be successful and worthy because there is consistently a waiting list into to the next year. The team think there is scope to expand the number of workshops offered.

The main reason for writing now is to gather from all the different establishments who send their staff for training: How many places per year would you ideally want?

Could you send that information to me via our admin address; then we could plan accordingly.

Neil Palmer

Workshop Organiser

ATC, Barns Centre, Church Lane, Toddington, near Cheltenham, Glos. GL54 5DQ
post@therapeuticcommunities.org

WINDSOR CONFERENCE 2003

I could start sounding complacent when I write that Windsor was a success again this year. How am I to broach the reverse? Let's hope I won't have to, but things are looking good. There is a lot of interest in the Conference, with unheard of numbers of advance bookings. Usually the administrator and I sweat buckets as we wait to see if we will reach the break-even point! Now the problem is how to find enough rooms for everyone, and who is prepared to share and with whom? Happy days indeed! Let's hope the good word keeps spreading.

As the Conference is International, it is very gratifying to welcome foreign delegates. They have travelled huge distances and gone to great expense to honour us with their presence. This year there were two New Zealanders, one from America [see below], and our usual many friends from Greece and Italy. Geoff Pullen was the invited guest, giving the Peter van der Linden lecture. I look forward to reading a view of the proceedings, if someone who was there will write one for the Newsletter!

The ATC's AGM was a feature to the background of the Conference. The future of the Journal and its editorship was a preoccupation for many of us. I expect that will be covered in other pages of this newsletter.

Finally, I would like to extend my deepest thanks to all those who came and made Windsor such an enjoyable event. I am grateful to everyone who presented papers, and especially to Joanna and the rest of the new admin team who coped so well with a fresh challenge.

Next year, in the expectation of a full Conference, we will include a 'preferred roommates' section on the application form so, that the available accommodation can be maximised. If this is felt to be unacceptable and the demand for places is still there, we will have to discuss alternative solutions: should we, for instance, search for a new venue?

Neil Palmer

Conference Organiser

Letter from America - Carole Harvey writes about Windsor 2003:

I cannot begin to describe how wonderful it was to be there; the conference setting (and food!) was just perfect... I stayed around to visit Henderson and Cassel, then Sarah Paget set me up for a day's visit to CHT! I hope to continue to stay in close touch with so many of those I met!! I returned to the States on the Friday, went to work for a little while and generated discussions about so many things. My visit will affect our TCs in Ohio for some time to come, I'm certain!

I appreciated the opportunity (and now better understand why many conference participants continued to ask me if we were a democratic or hierarchical TC!!) to attend the conference as well as the hospitals, and am troubled that so few Americans and Europeans have shared ideas about TC. Some people I entered into conversations with couldn't remember the last time an "American came to the conference"; and, at the same time, I realized that during "9/11" - at the same time that the Windsor Conference was going on - there was a "national TC conference" in Ohio with 22 countries represented - 500 in attendance! (something paradoxical about that!) I am hoping most of all that I can continue to be a part of bringing people together. I'll look forward to more discussions!

**ASSOCIATION OF THERAPEUTIC
COMMUNITIES
ANNUAL GENERAL MEETING
9 September 2003
Cumberland Lodge, Windsor Great Park
5-6.30 p.m.**

1. Record of attendance and apologies for absence

1.1 Present (*italics indicate members known to be present, but who did not sign the attendance sheet*):

Officers: Rex Haigh (Chair), Sarah Tucker (Secretary), Gary Winship (Treasurer), Adrian Ward (Editor), Nadia Al-Khudhairy, Kevin Healy, Rachel Jukes, Sandra Kelly, *Chris Nicholson*, Neil Palmer, Roland Woodward

Individual Members: Anita Bracey, Anne Doyle, *Craig Fees*, John Gale, Bob Hinshelwood, *Jan Lees*, *Nick Manning*, Diana Menzies, Britt Ott-Nilsson, Vicky Smith, Jennifer Stein, Samuel Stein, Sue Whitehouse, Stuart Whiteley

Institutional Members: Cassel Hospital (Kevin Healy), Community Housing and Therapy (Nadia Al-Khudhairy, Beatriz Sanchez), Cumberlow Community (Lydia Beckler), HMP Dovegate (Marya Hemmings, Roland Woodward), Eaton Hill Therapeutic Community (Tony Archer), Friends Therapeutic Community Trust/Glebe House (Sheila Gatiss, Tony Hornby), Henderson Hospital (Fiona Warren), Therapeutic Community Kypseli (Kleopatra Psarraki), Ley Community (Marian Small), Mulberry Bush School (John Diamond), Open Psychotherapy Centre (Charalambos Sidiropoulos)

Individuals, Members of Institutional Members*: Ivor Antao and Marion Wilds (Francis Dixon Lodge), Yvonne Barrett and Marie Pepper (Cambridge Young People's Service), John Davison (Red House), Judith Dean (Webb House), Michael Hollis (Ley Prison Programme), Judith Lindsey (The Retreat), Xanthi Mantela (Open Psychotherapy Centre)

In attendance: Jose Mannu (AtiC (Italy)), Enrico Pedriali (ATiC (Italy)), *Daniella Massarani*

Taking Minutes: Craig Fees

1.2 Apologies: Jan Birtles, Barbara Rawlings, Alan Worthington, Simone Mallet

2. Minutes of 2002 AGM:

No corrections or amendments were received and these were signed as a correct record.

3. Matters arising from the minutes

Q: Update requested on Members' Proposals and

Motions 1, concerning a meeting to be organised by the Steering Group to decide response to DoH call for increased training in relation to Personality Disorder. **A:** An email conversation had taken place, and the Department of Health were aware of ATC's interest in contributing to the discussion. Further steps were awaiting publication of the final draft of the DoH Training Guidelines.

4. Reports

4.1 Officers

Chair: This report had been circulated to the Members.

Secretary: This Report had been circulated to the Members. Sarah Tucker noted her intention to stand down as Secretary at the next AGM.

Treasurer: This Report had been circulated to the Members and at the Meeting. Gary Winship noted that independent examination of the accounts would be taking place within a month.

Bob Hinshelwood noted the healthy balance in hand, and Gary Winship explained that this was in part due to the strong demand for Experiential Workshops, accrued interest from Lottery Funds, and fees from Prison accreditation.

Adrian Ward questioned the apparent deficit in the Journal balance sheet, and asked whether the proportion of the membership fee credited to the Journal account was appropriate and in line with its true costs and benefit. The following proposition was put by Sheila Gatiss, and agreed by the meeting:

AGREED: This meeting requests that the financial relationship between membership and the way the Journal is funded be examined by the Steering Group this year.

4.2 Working Groups:

Research Group: This Report had been circulated to the Members.

Newsletter Editors: This Report had been circulated to the Members.

Training Group: This Report had been circulated to the Members.

Community of Communities: This Report had been circulated to the Members.

Conferences and Workshops: This Report had been circulated to the Members.

User Involvement Group: This Report had been circulated to the Members. Kevin Healy noted the proposition that the User Involvement Group be disbanded, and users involved throughout the Association.

5. Special Item Journal

The Editor of the Journal was elected at AGM for

*Not being individual members of the ATC, and not having indicated that they were acting as representatives of the member institution, therefore not entitled to vote

a five year term. Adrian Ward's current term would conclude in January 2004, and it was his stated intention to stand down. A proposal had been presented to the last meeting of the Steering Group involving Nick Manning, George De Leon and Jan Lees as Editors, and partnership in producing the journal with Therapeutic Communities of America, and the World Federation of Therapeutic Communities. AGM ballot papers sent to members included this proposal, as well as a proposal agreed at that Steering Group meeting to delay the election of the editor(s) to allow for further discussion. Rex Haigh said that the meeting today had to decide how to proceed.

There was considerable discussion, during which it was agreed that the proposed new development was in itself very exciting, but raised a number of fundamental issues:

- What direction does the ATC want to go in relation to its own scope, membership, internationalism, and inclusiveness of approaches? Was the journal being asked to lead rather than serve the development of the ATC?
- To what extent is it or should it be a house journal of the ATC, and to what extent an independent journal associated with or connected to the ATC, but with an independent life and decision-making? That is, should it be owned by the ATC and its membership, with the financial and decision-making consequences and processes which thereby followed; or not?
- How and where were the issues involved to be discussed, and how and by whom would the decision be made?

Two proposals were put to the meeting:

- 1) "The Discussion process should continue until the Steering Group decides to hold an EGM. The decision will be for or against a single proposal, or a choice between different proposals. The current proposal from De Leon, Manning and Lees will stand unless it is withdrawn or modified."
- 2) "Adrian Ward should continue as Editor for one more year while discussions are held about where to go next."

Agreed: Adrian Ward was elected Editor for one more year (until AGM 2004), during which time discussions on the future of the journal will be developed.

6. Elections to the Steering Group

- 6.1 Kevin Healy was elected Chair-Elect, to become Chair of ATC from AGM 2004.
- 6.2 Nick Manning withdrew his name from the list of candidates, and, with his authorisation, George De Leon's.

6.3 The following were duly elected to two-year terms as Members of the Steering Group: Nadia Al-Khudhairy, Penny Campling, Sheila Gatiss, Kevin Healy, Janine Lees, Chris Newrith, Chris Nicholson, Neil Palmer, Steve Pearce, Roland Woodward

6.4 Thanks for the contributions they had made to the work of the ATC and the field were given to those members of the Steering Group who were standing down: Ruth Hirons, David Kennard, Fiona McGruer, Mary-Beth Primmer.

The unsatisfactory nature of this year's balloting system was noted and agreed.

7. ATC Logo

In the interest of time, discussion was deferred.

8. Members' proposals and motions

8.1 In recognition of his long and valued service to the ATC, and upon the occasion of his retirement from the Steering Group, Rex Haigh proposed that David Kennard be awarded Life Membership of the Association, with thanks and all of the associated rights and benefits.

Agreed with acclamation.

8.2 "Proposal to create a new category of Community Membership, and to change the category of Organizational Membership"

To be meaningful, Rex Haigh argued that membership of the ATC as a therapeutic community, as opposed to simple organisational membership, required the community to go through some further validating or formal recognition process. Lydia Beckler noted the additional burdens and disincentives the proposal as framed carried for therapeutic communities for children and young people. The current process of discussion around standards and approaches between Charterhouse Group and Community of Communities was noted, and after discussion and in the context of this ongoing process it was agreed that the proposal be deferred.

9. A.O.B

9.1 Rex Haigh noted that he was scheduled to give an end-of-Conference talk, with reflections on the conference and the ATC. He invited others, who were not members of the Steering Group, to share the platform with him, sharing their thoughts on where the ATC should be going.

9.2 Sam Stein proposed that ATC invest in translation facilities, to open up Conferences to a wider membership.

Gary Winship agreed to look into the financial implications.

2004 AGM: Wednesday 8 September, at Windsor.

ATC EMAIL DISCUSSION LIST

by **Chris Evans**
(chris@psyctc.org)

[Text of a report submitted to the 2003 AGM]

Remit of the list

The ATC list is an open list for anyone interested in therapeutic communities and related issues.

The list is loosely affiliated to the Association of Therapeutic Communities, a British-based organisation, but membership of the list is open to anyone, ATC member or not.

That message has been sent to everyone who joins the list, and it's been available on the WWW to anyone who might be thinking of joining for some time, certainly since early 1999.

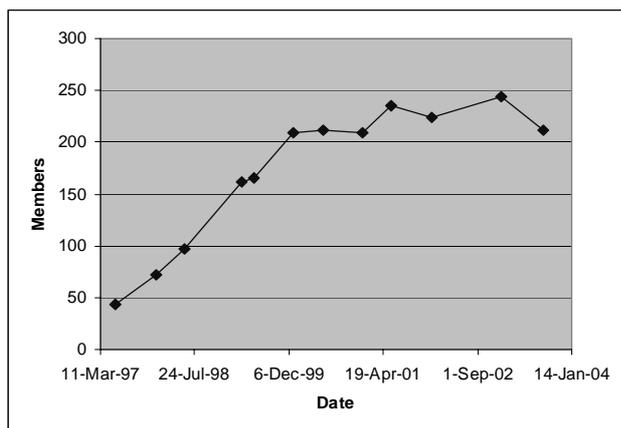
History

The list was started in July 1996, so it has been running for seven years.

Members

Members come and go at quite a rate, but the overall trend is upward, though levelling off from the gain in the early years. The recent drop is probably partly because we lost a few people during the AOL fiasco, but is mainly because I purged addresses that were failing.

Date	Members
1-Jun-97	44
1-Jan-98	72
1-Jun-98	97
1-Apr-99	162
1-Jun-99	166
1-Jan-00	209
1-Jun-00	212
1-Jan-01	209
1-Jun-01	235
1-Jan-02	224
1-Jan-03	244
17-Aug-03	211



Posting rate

You can see from the table below, which is based on my archive, that the overall rate is around 1.5 per day; but you can also see that it fluctuates quite a bit from year to year. I don't know if 21 is right for 1996, and my archive may be incomplete there. I do remember that the start was slow.

Year	Days	Posts	Rate
1996	159	21	0.1
1997	365	232	0.6
1998	365	108	0.3
1999	365	448	1.2
2000	366	545	1.5
2001	365	1245	3.4
2002	365	463	1.3
2003	229	664	2.9
Overall	<i>2579</i>	<i>3726</i>	<i>1.4</i>
(Ignoring) 1996	2420	3705	1.5

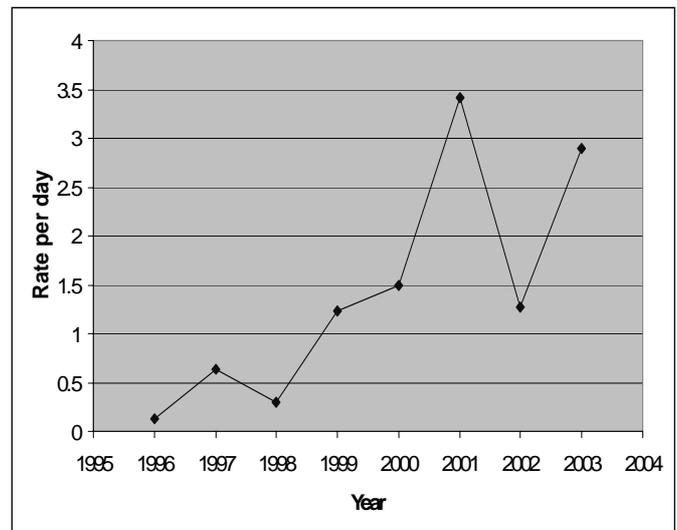


Figure 1. Posting rate over time

Technology and a moan

The technology has varied. I started with a piece of free software written by Edinburgh University, if I remember rightly. That ran on Windows NT. After some months it moved to a commercial, but not expensive piece of list handling software, still under Windows NT, as I got Windows free through the Med. School then. After I left St. George's I moved the list to the free open source operating system Linux, and an open source list manager, Ecartis (formerly "Listar"). I also moved the software to a machine that sat in an Internet Service Provider in Nottingham (quite unrelated to my later moving my work to

Rampton; and I never saw that machine after packing it off to them). That was originally piggy-backed onto work I did for the DoH, but they moved their WWW work in-house and so the list moved again, to a recycled computer running Linux sitting in the “study” at home. It connects to the Internet *via* a similar machine running as a firewall, and is backed up to another similar machine which also hides behind that firewall. All that, and the family computers, connect through the firewall to the Internet *via* BT’s ADSL (a.k.a. “Broadband”) which BT generally keep running but manage unimpressively, and which costs a fortune as I’ve been honest with BT and bought “business broadband”. BT have no ADSL competitors where we live, unfortunately.

Since 1996 the Internet has degenerated for an amateur such as myself. Back then it was dominated by academics and computer professionals; now it’s dominated by commercial Internet companies, amateurs using it through those ISPs, and malicious people creating virii, worms, trying to hack into machines and damage them or just use their resources, and by spam. Initially, setting up the list took a couple of days to get my head around the issues, find the software that did the basics, and bingo. Now I spend ten minutes a day scanning the various intrusion detections and other protections I have on the machine, and every few weeks I seem to have to sort out a major threat or clean up for misconfigured machines elsewhere in the Internet leaving dead addresses on the list but not handling them in a proper way, so I have to find them myself as the software, which isn’t omniscient, doesn’t recognise the error messages those machines send. Compuserve in their day, Hotmail to a lesser extent, and AOL are famous for ignoring Internet standards in that way.

There’s also a moderate workload that comes from people needing help or seeing me as an ATC administrator. I seem to have handled 91 requests of that sort in eight months so far this year, and probably had to deal with twice that number of technical issues.

Content

OK, enough moaning. The positive side of things is the content and the people.

People

Craig is the most frequent poster, I think, passing on adverts for posts and other important news and changes on the ATC website. I’m pleased that I’m not the next most frequent poster, and quite a few other people post quite a lot, and another group post a few postings a year. I don’t have tools to breakdown the postings better, though I may write some at some point as it would be interesting to see more of the stats.

Topics

The topics range enormously. Over the years there have been major themes. The “Cambridge Two” saga and Lorraine’s story, and the announcement of her death and reactions to that, seem to have been vital human stories. The recent threat to the Winterbourne hasn’t been in the same style, and seems to be falling more into the spectrum of practical content. That has surprised me a little, but I guess it is much less personal to members of the list. As I say, Craig is a fount of practical information, history and international wisdom, and a number of others strike me as “senior residents”, with different styles, but many providing a wealth of information, experience and wisdom including a very important thread of ex-resident, usually long ago resident, wisdom. I provide a *basso continuo* about technology that I hope doesn’t intrude too much. On a few very rare occasions I intervene off list or on list if I think the style of a posting or series of postings is off topic or taking the list away from its aims.

Community nature of the list

The list forms one of a number of interesting new “virtual” or “cyber” communities that have developed over the last decade. At present I think the style of the list is congruent with TC principles, though clearly it’s not, and mustn’t kid itself it is, a TC. Its strength is its members, and they seem impressive and willing to help each other. I sometimes think that the community may not be as willing to voice strong disagreements, but certainly there have been some strong disagreements. Otherwise I think it’s fine. I’ve never actively advertised the list, nor, I think, have ATC. I think the character might change if you did, but it might also gain in some ways too.

We have briefly touched on whether the ATC might sponsor some sort of “ex-residents’ virtual TC” using a list or some other such technology. I would have been very interested in supplying the technology for that in the past (but not psychological input: I’ve always known I shouldn’t, as I haven’t worked in a “proper” TC nor am I an ex-resident). I’d have to think long and hard about doing this now if ATC did want to go that way, as the Internet is now so much less rewarding and so much nastier for a system administrator like me to handle.

Conclusion

My sense is that the list continues to serve a useful purpose. It’s sent some 140,000 posts so far in 2003 and probably has an impact usefully complementary to the journal and the newsletter. For now I’m happy to go on doing the administration, though I must get more organised about invoicing ATC for the fee: I think I’m significantly behind on that.

SPOTLIGHT ON ABERFA

Service Manager Martyn Wood-Bevan describes Aberfa, the ATC's newest group member, as "A non-institutional setting, where staff and residents build and sustain cooperative and collaborative relations, supported by a part-time group and individual programme." A project of Caer Las Cymru, a volun-

tary sector charity working with homelessness and marginalised individuals, Aberfa is funded through "Supporting People", works with adults with complex mental health needs, and regards itself as "at an early stage in developing as a therapeutic community". Welcome!: <http://www.caerlas.org.uk>

Philadelphia Association

According to its web-site, the Philadelphia Association is re-opening its Freegrove Community in Islington, and is advertising for residents who "are likely to be between 20 and 45 years old," although "there are no strict age limits." They "should be eligible for housing benefit, want to live in the house and take part in the three weekly house meetings. They are also strongly encouraged to be in their own personal therapy outside the house and they will receive a contribution towards the cost of this." The web-site goes on to say, "It is our experience that people with histories of addiction are unlikely to be suitable."

The Philadelphia Association

4 Marty's Yard
17 Hampstead High Street
London NW3 1QW

Telephone / Fax: 020 7794 2652

email:

office@philadelphia-association.co.uk

Threads of Belonging, a new film by Jennifer Montgomery...

...was given its North American premiere on August 16th in Milwaukee Wisconsin, and its British Premiere, thanks to the kindness of filmmaker Jennifer Montgomery, on September 9 at the annual ATC Windsor Conference.

According to Montgomery, the controversial 93 minute film, shot in digital video:

is set in Milwaukee, and depicts the daily life of "Layton House," a fictional therapeutic community, where doctors live with their schizophrenic patients. The characters and events of Layton House were drawn from writings of the anti-psychiatry movement, whose most famous proponent was R.D. Laing. In this film we see experimental therapies, power struggles, and the individual arcs of mental illness converge, as a community struggles to understand itself and determine its destiny.

Threads of Belonging was made out of an interest in the alternatives to institutionalization offered by the therapeutic community. I also felt that the idealism and politicization of madness spawned by R.D. Laing and his circle were due for reconsideration. The film was shot in a documentary style with digital video, and combines staged reenactment (in this case, based on case histories) with improvisation. Both cast and crew lived together in the house where we filmed, and so the dynamics of a real community came to bear on the fictional one of "Layton House."

It is one of the film's strategies to foreground the troubled

relationship between the way actors "perform" madness and the way real insanity can itself resemble a performance. Also, there is an inherent sadness in the suffering of the patients and the idealism of this kind of intentional living. In preparation for the production of Threads of Belonging, "patients" were given case histories and background writing, and paired with their "doctors" to develop their roles. Very few scenes were scripted. The film was shot in the Brewer's Hill neighborhood of Milwaukee, and was both produced and acted by local artists and filmmakers. Thus Threads of Belonging is also an homage to the thriving, resilient community that I have found here.

Threads of Belonging stars Stephanie Barber, Kelly Mink, Nicholas Frank, Paul Druecke, Dave O'Meara, David Crane, Dan Sutherland, Dave Andrae, Jenny Bass, Greg McCain, Bruce Stater, and Lori Connerly.

Jennifer Montgomery

Jennifer Montgomery is a Wisconsin-based filmmaker. Her film titles include Transitional Objects (2000), Troika (1998), Art For Teachers of Children (1995), and Age 12: Love With a Little L (1990). Her work has screened internationally at festivals such as Rotterdam, Toronto, San Francisco, Thessaloniki, Rimini, and at the London ICA, the Museum of Modern Art in NYC, and the Whitney Museum of American Art. Her films are generally described as "experimental narratives," and straddle the artworld and the world of independent, theatrical release.

Medscape Psychiatry reports: *Isolation for Infection Control May Compromise Patient Safety*, Laurie Barclay, MD, Oct. 7, 2003: "Compared with controls, patients isolated for infection control precautions experience more preventable adverse events, express greater dissatisfaction with their treatment, and have less documented care...Our results illustrate the importance of balancing the risks and benefits of an intervention while highlighting that mandatory policies may not always be appropriate.... Well-designed, carefully evaluated, and appropriately implemented interventions will be essential in ensuring the safety of all patients." *JAMA*. 2003;290:1899-1905

Therapeutic Communities: A first year on the Editorial Board

by Anita Bracey
Main House Therapeutic Community

I would like to enhance the transparency of the ATC Journal Editorial Board a little by reflecting upon my first year as the newest member of the group.

Following an advert in the Newsletter and some encouragement from a current board member I applied to join. It was agreed that I would have a period of mentorship with regard to assessing papers. My colleagues at Main House Therapeutic Community agreed with my joining, and their support enabled me to attend the Editorial Board meetings. My understanding is that all members of the Editorial Board rely on similar support, both in respect of time off to attend meetings and also in providing venues for the meetings.

I had expected that joining the Editorial Board might be a daunting process; however, this has not been my experience. The first Board meeting that I attended was held at Pine Street Day Centre. Within minutes of our introductions we saw someone running past the building, quickly followed by another person shouting 'stop thief!' Then, what seemed like ten minutes later the police ran past. Adrian Ward

(Editor) explained that not every meeting was so eventful. Generally, we work through an agenda that has been circulated beforehand, encouraging Board members to suggest items for discussion. We also receive an updated list of the papers being assessed for publication, the stage in the process they have reached, and who is assessing them. The agenda does include time to discuss papers that are submitted, but we do not read papers *in* these meetings.

Learning about the process of assessing papers has been interesting. The system is managed by the Editor's (paid) Assistant, Caitlin Thoday. When papers are submitted to the Journal they are added to a list, managed by Caitlin, which is also distributed among the Editorial Board members. The paper is then sent to two or three appropriate assessors, and their recommendations are collected and forwarded to the author. There is some room for a dialogue between the assessors and authors. In my experience new authors are particularly encouraged to submit papers or ideas for papers with a view to having some mentorship in the process of writing. If a Board member puts in a paper it will go through the same rigorous process; however, s/he will not know who is assessing their paper.

I am enjoying this new role. It has been a surprise to find a sense of group in what I thought might be a daunting place to be. Having been supported to write papers myself, I now feel happy to be putting something back, alongside other members of the Editorial Board.

Do you think you might be interested in potentially joining the Editorial Group of Therapeutic Communities?

Email the Editor, Adrian Ward, at adrian.ward@uea.ac.uk.

International News

Indian Express Newspapers "Vishwas: Helping mentally ill keep the faith", by Rina Sinha

New Delhi, October 9: AT Vishwas, a book-rack is lined with P.G. Wodehouse, I. Allan Sealy and Arthur Hailey and soft toys are arranged in a showcase. A man surfs the Internet, others are busy making diyas for Diwali, while another group animatedly discusses which movie to watch this week and where to dine. ...

Formed in 2000 on the initiative of families of victims of schizophrenia, Vishwas was initially funded by the UK-based Richmond Fellowship Society. It is now self-sustaining, which also explains the high cost of living (Rs 10,000 a month). With a capacity to house 16 members for 12 to 18 months, the NGO aims to rehabilitate people suffering from major mental illnesses such as

schizophrenia and other affective disorders.

Vishwas follows the therapeutic community approach of living together and encouraging members to take care of themselves with minimum supervision....

A woman the NGO has helped return to normal life is now working as librarian in a well-known Delhi school, another works in an art gallery. There is a professional photographer and a DTP operator. A former member who was a doctor now works as a volunteer in an NGO. Thirty people have been rehabilitated. ...

Malvika (name changed), who won her battle against schizophrenia and started her own ice-cream parlour last year, was a member of Vishwas. "The

first time I suffered an attack, my relatives thought I was upset about my father's death. I used to suffer hallucinations and the severity increased after my marriage broke up," she says.

During group therapy sessions at Vishwas, Malvika was also able to help other members talk out their problems. "That boosted my confidence. Some even thought I was a counsellor," she laughs. ...

Aided by WHO, Vishwas is also working with primary health centres to create awareness among villagers in and around Delhi and providing them free counselling and medication.

(Vishwas can be reached at 95-124-2369147/48)

ATC-IN-24: Reflections on the Association of Therapeutic Communities' 30th Anniversary Witness Event

(Friday 20th June 2003)

Maddy Loat

Having been one of the individuals to 'witness' the first afternoon of this 24 hour/2 day Event, I have tried to bring together something of the content of the afternoon as well as the thoughts and feelings it triggered for me.

Perhaps it would be useful if I first say a bit about who I am and how I happened to be there. I am a trainee clinical psychologist based at University College London; I'm currently in my last year, and I'm doing my elective placement in adult analytic psychotherapy at the Tavistock. I am also currently involved in conducting a piece of qualitative research at the Cassel Hospital exploring the effects that peer support has on individuals in the therapeutic community. Several years ago I worked at Community Housing and Therapy, and this is when I first became interested in therapeutic communities. Whilst gathering ideas for my research I was fortunate to come across PETT and their Archive and Study Centre. To say I feel fortunate to have found such a facility is a massive understatement - helping me to sort through my ideas, pointing me in directions which would have probably taken me years to find, and putting me in touch with people who have made the research a reality. The archivist, Craig Fees, was the person who invited me to come along to the ATC-in-24 Event, at which I feel privileged to have been present.

I was only able to attend the first session - a 'Witness Event', which was something of a group oral history interview involving a number of the pioneers and movers of the Association of Therapeutic Communities, who shared their memories and reflections for a fortunate, invited audience. The basic framework for discussion followed the history and development of the ATC itself: The origins and early history of the ATC; Constitution, charity and growth; Crisis and recovery; and Recovery, handing-over, and the New-look therapeutic community. The

'oral historian' was Craig and the Witnesses included David Anderson, David Clark, Bob Hinshelwood, David Kennard, David Millard, Jeff Roberts, Melvyn Rose and Stuart Whitely.

The discussion opened with a recording David Millard had recently made of Raymond Blake - an immensely significant figure in the history of the ATC, the Secretary who helped shepherd it into charitable status in 1982 - who talked about the 'idealisation' of an 'idea'. He illustrated this with a reminiscence about Kingsley Hall and Laing's apparent refusal to relinquish an idea, even in a situation involving the possible death of an individual. It seems that when Mary Barnes was refusing food and water and becoming increasingly more dehydrated, some staff were becoming very concerned about her health and believed that she should be forcibly given liquids. However, Laing was apparently against this idea and believed that Mary's wishes must be given paramountcy. Eventually staff secretly gave Mary liquids and believe that she may have died otherwise. This provided a thought-provoking opening to the discussion - it made me think about the ideals held by the TC movement and the contrasting 'reality' of the world around us today (especially with regard to ideas of 'community', ethos of NHS, etc.), and the seeming incompatibility of the two.

The development of the ATC was discussed and I was struck by just how much things had changed since its beginnings in the mid-1960's, when the agenda was political and geared towards action. At that time, the ATC had a say in the health care system and was able to create change on a much more 'global' level. The speakers reminisced about how it felt to be part of the movement when it began - the excitement which prevailed; the sharing of new ideas and the support gained through the ATC meetings. It sounded like an incredibly creative time, when there was such a wealth of ideas, and the means by which these ideas could be applied. They described how the meetings were 'spontaneous' and usually happened about 3 or 4 times a year; these meetings were rotated so that the 'host' TC had a chance to present itself to the

Dr. David Clark writes:

"The ATC gathering in July was very good value. An unexpected bonus was two nights spent in Barns House, a most delightful resting-place. A pleasant bedroom with a view across the Vale of Evesham to the distant Welsh hills, neat clean rooms and plumbing, a pleasant little kitchen stocked with breakfast goods and a nearby grocery and pub for our refreshments. After hours David Anderson and I explored the Cotswold Scarp with its beautiful golden brown villages and delightful pubs; I was reminded of how much beauty there is in that area, the great gardens, Kiftsgate and Hidcote, the castles, Sudeley and Berkeley, the bronze-age barrows....It would be a very pleasant place to spend a few days holidaying and reflecting. And I am told they might make special terms for friends."

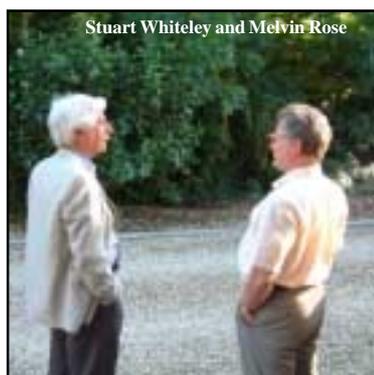
visiting TCs. The idea of the ATC having been very similar to a 'self-help' group was mentioned.

A discussion about the inspiration for the ATC's coming together then ensued. People spoke about this being due to a creative energy, which was harnessed and directed at trying to break up systems of control within the Establishment; and how it was part of the movement of inspirational revolutionary ideas which were formed at that time, as a reaction against the Establishment and an attempt to shake things up for the better. This included the drive to be different from the brutality of the old asylum system. The speakers reflected on the reaction which started the movement, and the fact that the TC movement is still battling against the 'system' - now a different adversary, in the form of local bureaucracy and NHS Trusts, etc. (or is it the same adversary in a different guise?). There was also discussion about the changes in the Western world since Reagan and Thatcher came on the scene, and how the ATC has spent the last 20 years trying to adjust itself to these. There was a comment about the 'cyclical' nature of events, and how the ATC needs to keep 'relearning'. This was followed by a remark about the 'social unconscious' which creates tendencies within the individual to repeat certain behaviours (i.e. 'psyche as society'). This led to a discussion about the 'narrow-mindedness' of the ATC in tending to seeing itself as the creator of the TC approach, and how in fact the TC approach has been around for hundreds of years. However, as someone pointed out, even so, it was the ATC which actually operationalised the principles of the TC.

The idea of the 'quest for community' was also talked about – how, in the last hundred years or so we have lost 'community living', and how, instead, there is a push towards 'individual living' (compounded in the UK by the social and political changes of the 1980s/90s). There was also a sharing of ideas about the relevance of the TC to the outside world; how the TC could be seen as a defence against a hostile world. There was a comment about the TC having two jobs – one inside the world of the TC, and one outside the world of the TC. It is important to note that during the time of the ATC-in-24Event, Winterbourne Therapeutic Community in Reading was being threatened with closure, and this was very much in the minds of the people there. The reality of what was happening for Winterbourne seemed very pertinent to the discussion, where issues about the struggle of the TC movement against different adversities and the contrast between the ideals of the TC movement and the ethos of the current mental health 'care' system were aired.

One of the questions which was raised at the end of the first day was whether the ATC is radical enough. The answer to this seemed to be a resounding 'No', in light of the threatened closure of Winterbourne and numerous other TCs which have had to battle for their lives. Returning to the recording of Blake played at the beginning of the session: although I have tremendous respect for Laing and the brilliance of his vision, maybe there is something we need to bear in mind about the possible danger of 'idealisation of the idea', especially if the idea blinds us to the reality which we need to confront in order to stay alive.

David Anderson and David Clark in the Library



ANNUAL MEMBERS' FORUM

Community of Communities at the Royal College of Psychiatrists' Research Unit is organising a one-day annual members' forum on Friday 20th February 2004 at the Royal College of Pathologists, London.

The day will consist of:

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

The forum is aimed at:

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

Cost: £75 for members

Some assisted places may be available.

Please contact:

Joanne Moffat,

Community of Communities, Royal College of Psychiatrists' Research Unit, 6th Floor, 83 Victoria Street, London, SW1H 0HW Tel: 020 7227 0847
E-mail: jmoffat@cru.rcpsych.ac.uk

DATES FOR YOUR DIARY AND PROGRESS**Standards Working Group – 12 December 2003**

The Community of Communities second Standards Working Group will take place on 12 December 2003 at the College research Unit in London. This will form a central and extremely important part of the consultation process for developing the third edition of Service Standards for Therapeutic Communities upon which the subsequent annual review process is based. The process of consultation and incorporation of expert comments and members' comments (including client members' comments) is designed to ensure that the third edition of standards reflects contemporary therapeutic community practice as it is manifested across the Community of Communities membership. As with the development of previous editions of the standards, it also ensures that the third edition of standards will represent the on-going revision of the statement of central elements of therapeutic community practice. The dynamic and iterative nature of the standards is a fundamental tenet of the action research approach of the Community of Communities project.

The methods for the development of the third edition of standards will build upon those used in the development of the first and second editions¹. Using the second edition as a starting point, the evolution of the third edition will involve three main processes: a further review of key documents, consultation with therapeutic community members, and editing.

All Community of Communities members have been invited to join the Standards Working Group.

Following an introductory presentation covering the principles of the development of standards, members will be asked to work in small groups each looking at one of the sections of the second edition of standards. Making reference to a large selection of key literature documents, the task of each group will be to discuss and revise each standard where appropriate. In addition, this year, a group of prison service members will consult on the development of standards specifically related to therapeutic communities in prisons as part of on-going work to develop joint work between the Community of Communities and the Prison Service audit process. Group members will be asked to focus on the therapeutic community ethos of the standards, the categorisation of the standards, the clarity of the language, and omissions. On the basis of written records of discussions taking place during the standards working group the second edition of the standards will be edited to provide a postal consultation draft of the third edition.

If you would like to participate in the Standards Working Group on 12 December 2003 please contact Sarah Tucker, Project Manager, 020 7227 0849, e-mail stucker@cru.rcpsych.ac.uk

Annual Forum – 20th February 2004

The second annual forum will take place on 20th February 2004. This is the Community of Communities' community meeting. We strongly encourage staff and client members from all member communities to come and participate in the forum as a way of consolidating the experience of being a

member of this community. As with the first annual forum, which was well attended by staff and client members, the day aims to provide a stimulating place for exchange between member therapeutic communities and others with an interest in the project. Dr Rex Haigh (Chair, ATC) will open the day after which there will be a presentation of selected key findings from the second annual cycle of reviews also showing progression from the first annual cycle. Gina Pearce (Therapeutic Community Development Manager, What Works in Prisons Unit), Jane Barnard (Director, Charterhouse Group), Sarah Paget (Training Manager, Community Housing and Therapy) and Dr Kevin Healy (Clinical Director The Cassell Hospital, Chair Elect ATC) will contribute to a presentation on the future developments of the Community of Communities in each of the main stake holder areas. In the afternoon staff and client members from participating communities will divide in to small groups to give brief presentations of issues arising from the review process in their community, to discuss their experience of the review process and begin action planning. These small groups provide space for informal exchange of ideas between communities. At the end of the day there will a plenary forum facilitated by Rex Haigh which will offer members a place to participate in the planning of the process for the next annual cycle. Professor Paul Lelliott (Director, Royal College of Psychiatrist's Research Unit) will make concluding remarks. We very much look forward to seeing you there!

To book a place at the Community of Communities Annual Forum on 20th February 2004 please contact Joanne Moffatt, Project Administrator, 020 7227 0847, e-mail jmoffatt@cru.rcpsych.ac.uk. There are a limited number of assisted places for client members and ex-client members

Second Annual Cycle of International Peer-review visits

The second annual cycle of over 40 peer-reviews visits has been taking place since June and will draw to a close in December 2003. These visits involve member communities visiting one another to openly discuss and share issues concerning their community in relation to the Community of Communities Service Standards for Therapeutic Communities (see Standards Working Group below). The peer-review team from the visiting community consists of two staff members and two client members and is led by a member of the Community of Communities team or Advisory Group. We are extremely grateful for

the work of those members of the Advisory Group who are leading reviews this year and who continue to offer their committed participation as members of project.

This year, as in the first annual cycle, staff and client members from communities across the UK are enthusiastically engaged in the process. In addition, successful reviews have taken place in communities in Italy, Bulgaria and India while those in Greece are being planned. We are very pleased that the participation of international members is proving a very enriching experience for all members of the Community of Communities.

Following feedback from the first cycle of visits concerning the need to provide time for deeper exploration and exchange, this year communities have been asked to focus just three out of the seven main standard areas covered in the self-review questionnaire completed before the peer-review visit. These are: Environment and Facilities, Staff Members and Training, Joining and Leaving the Community, Therapeutic Milieu and Process, Boundaries, Containment, Responsibilities and Rights, Organisation, Policy and Procedures and External Relations and Research. So far there has been extremely positive from staff and client members involved in the visits with respect to this revised structure for the visits. We are keen to continue to develop and refine the peer-review process for the third cycle of reviews on the basis of member's feedback from this year, thus continuing to locate the ownership of the process with the members of this community.

Sarah Tucker Project Manager

020 7227 0849

e-mail stucker@cru.rcpsych.ac.uk

(Footnotes)

¹ Service Standards for Therapeutic Communities first edition March 2002 edited by Adrian Worrall CRU 021 Service Standards for Therapeutic Communities first edition April 2002 edited by Sarah Tucker CRU 027.

To order a copy of the Service Standards for Therapeutic Communities please contact Joanne Moffatt, Project Administrator, 020 7227 0847, e-mail jmoffatt@cru.rcpsych.ac.uk

The Bingham County, Idaho, Morning News Tuesday, October 21, 2003 "Ward gets three to 10 years for injury to a child"

BLACKFOOT - Former Shelley resident Kent Lloyd Ward, 48, was sentenced to spend a minimum of three years and maximum of 10 years in an Idaho penitentiary after entering an Alford plea to the felony charge of injury to a child. Seventh District Judge Jon J. Shindurling set aside recommendations by both Chief Deputy Darren Simpson and Ward's attorney Stephen Blaser who suggested that Ward be placed on probation while he's treated in the therapeutic community.

A CoC VISIT TO INDIA:***Athma Shakti Vidyalaya (School for Strength from the Soul)*****Rex Haigh writes:**

ATC member Athma Shakti Vidyalaya (ASV) operates in a purpose-built unit in a quiet corner at the edge of a village a few miles outside central Bangalore. The village is rapidly expanding, and many new dwellings and other buildings are being constructed: there is a basic school for young children and a new Hindu temple adjacent. Numerous shops and the main road into Bangalore are within walking distance, or easily accessible by motor rickshaw. Two dwellings close to the community have been built by family members of residents, and are available for visitors to the community to use. There is some stigma experienced from villagers' knowledge that it is a mental health unit.

The community itself is housed in a substantial building with two floors and rooms arranged around a central open courtyard. It has been here for several years, and there are plans to extend it to a third floor when

resources are available. There are appropriate facilities for cooking and dining, washing and cleaning, and suitable rooms for various forms of therapy and community activities. There are few chairs, as most community activities take place sitting on cushions on the floor. The entrance is most impressive, with a beautifully designed and executed mosaic extending along the path and around the front door. This was made by a former resident. There is a garden which contains an outbuilding in which an ex-resident, who functions as a security and odd-job man, lives.

Residents share dormitory accommodation, and this is seen as necessary by the staff for them to be together, avoid isolation, and provide sufficient security. Standards which particularly apply to building requirements in the West, such as statutory provision of disabled access, are not applicable in India. It is also important that there are no backup facilities, such as acute admission, secure placement, or help from other agencies when psychiatric emergencies happen.



The spectacular entrance to the community - made by an ex-resident

Tracy Preece writes:

I have been fortunate enough in the past two years to be actively involved in the C of C review process. I participated in my own community's review, acted as a peer review lead, and have been part of a visiting peer review team. All of these activities have been useful and rewarding experiences, but the most significant for me was the opportunity for my second trip to a community in India, this time as part of a peer review team.

Athma Shakti Vidyalaya (ASV) is a community working with young adults with severe emotional disturbance in Bangalore, and is a project that is of special importance to me. I work at Connect Therapeutic Community in Birmingham. Our community developed 17 years ago because of Jenny Robinson's (one of our director's) experience of working at ASV. In effect, not only was I going to support a new member of the Community of Communities, but I was revisiting the history and roots of my own community.

The staff at ASV work within limited resources in a society where mental health problems are still heavily stigmatised



3 visitors to the community: Col Mehndiratta (who is attempting to set up other TCs in India), Jenny Robison from Connect in Birmingham and Rex Haigh from the Community of Communities team.

and psychotherapy is not widely available. They are the only therapeutic community that the ATC has managed to make contact with in India: we don't know if there are others. They joined the ATC a year ago, and this was their first experience of the peer review process.

The level of enthusiasm and energy from community members was incredible. The peer review was awash with ideas and requests for information about how other communities might approach some of the issues that ASV is now addressing. It was encouraging also to see how well the standards worked within a completely different operational structure: The cultural, medical, financial and legislative framework that ASV operates in can't be compared to those that were in mind when the standards were developed in the UK. Although many of the structures and methods of ASV were familiar to me – I have been there before, and many are shared with Connect - I felt I gained a lot from the day. I felt refreshed, challenged and stimulated to return to Connect, clearly in touch with why I value working within a therapeutic community so much.

From ASV:

When Dale returned after spending four weeks at Connect TC in Birmingham last April, he was brimming with enthusiasm and excitement. Among many ideas that he brought back was the possibility of ASV becoming members of the ATC and the CoC. Since then we have been more than impressed with the tremendous support and encouragement from Connect, and the efficiency and professionalism of Sarah Tucker and Joanne Moffat of the CoC. Having survived under adverse circumstances for over 20 years, this kind of support and recognition was just the shot in the arm we needed, and we at ASV are more than thankful for it.



Downtown Hulimavu,
the village of which
ASV is on the out-
skirts

Understandably, there was an air of excitement when we heard that we were accepted as members of the Community of Communities. As things fell in place, the self-review was done in September with the involvement of the whole community. Knowing that the upcoming peer review was not an inspection did not deter community members from sprucing up for the big event.

To start with, the 21st of October, 2003, was a landmark in the history of ASV. To have amongst us committed and competent

professionals (Jenny, Tracy, and Rex) from a different continent, yet speaking the same language, to discuss, interact and exchange views, opinions, practises and suggestions, was a large influence on our growth as a community. Old relationships (with Jenny and Tracy) and new ones (with Rex) were formed through the process. On the whole the process was enjoyable to all the staff - a key

factor responsible for this being the informal atmosphere initiated right at the beginning by Jenny, who chaired the process. The interaction on the various areas was professional with mature criticisms and thoughtful recognition, which led to some excellent ACTION PLANS for the further growth of ASV, Connect, and the C of C.

Thus it was a forum of rich interaction, questioning, thinking

and learning. The process confirmed and affirmed the work that we have done and are continuing to do. We strongly believe that it is very important to review the present every once in a while and incorporate what is new. And so the linking up with the C of C and the ATC was very much appreciated and welcome. Joint action plans between the two communities was a superb element in retaining the connection and reducing the sense of isolation that creeps in over time and distance.

Lots has come out of the six hours of interaction, and we have already begun following up on the action plans for our further development. The peer review process was fun, and that we believe is the essence of a therapeutic community. We look forward to being a part of the C of C and this process in the years ahead.

Medscape Psychiatry: "Stimulating Childhood Environment May Help Prevent Schizophrenia"

NEW YORK (Reuters Health) Oct 10 - Young adults exposed to an enriched, stimulating environment during childhood may be at decreased risk for schizophrenia and criminal behavior, according to findings from a study in Mauritius.

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

HENDERSON HOSPITAL PSYCHOLOGICAL THERAPIES DIRECTORATE CONSULTANT PSYCHOTHERAPIST

Henderson Hospital is currently part of the National Service for Personality Disorder providing democratic therapeutic community treatment for people with severe personality disorder. Henderson Hospital, Sutton (situated just 30 minutes away from Central London) is part of South West London and St George's Mental Health NHS Trust, which provides a range of specialist mental health services to the five boroughs of Merton, Sutton, Wandsworth, Kingston and Richmond, as well as a range of more specialised mental health services to people throughout the UK. South West London & St George's Mental Health NHS Trust is recognised as a leader in the provision of high quality community focused mental health services.

Applications are invited for the full time post of Consultant Psychotherapist. This is an exciting opportunity to provide the clinical leadership to a well-established and highly skilled team. The postholder will be responsible for the 29 bedded mixed-sex community where the treatment programme offered is an integrated inpatient and outreach service for up to a year. The therapy is group based, including sociotherapy, community meetings, small groups, art therapy and psychodrama, and includes both the

social and cultural context. You will be working within a multi-disciplinary staff team consisting of Nurses, Social Therapists, Psychotherapists, Social Workers, and Art Therapist.

Henderson Hospital is part of the Psychological Therapies Directorate at South West London & St George's Mental Health NHS Trust. For further information regarding this post please contact Dr Kingsley Norton, Director, Henderson Hospital, on 020 8661 1611 or Dr Diana Menzies, Consultant Psychotherapist (Outreach team) on 020 7622 9337. For an application form and job description please use one of the following options quoting the appropriate reference number:

Download details via our website:
www.swlstg-tr.nhs.uk

Telephone 020 8682 6423

Send an A4 sized SAE to:
Medical Staffing Department
Springfield University Hospital
61 Glenburnie Road
London SW17 7DJ

Closing date: Friday 9th January 2004

THE ARBOURS CRISIS CENTRE Invites applications for the post of RESIDENT THERAPIST

A unique opportunity for intensive clinical experience and training. Applicants should have some experience of working with individuals/families in emotional distress. The successful applicant will join a mixed team of resident psychotherapists. We welcome applications from a wide range of backgrounds, including RMNs and RGNs.

THE POST INVOLVES:

- Living-in and working in a small psycho-dynamically orientated residential facility.
- Providing and maintaining a psychotherapeutic milieu.
- Contributing to individual, group and family psychotherapy.

THE POST OFFERS:

- Close collaboration with senior therapists and other professionals, involving valuable experience of assessment, consultation and intensive psychodynamic psychotherapy.
- Intensive professional support, weekly individual and group supervision.
- Opportunities for further training in psychotherapy, crisis intervention and milieu therapy.

For further information phone 0208340 8125, or see our web-site:
<http://www.arbourscentre.org.uk>.

For an Application Form send an A4 sae to:
Nitya Lacroix
Arbours Crisis Centre
41 Weston Park
London N8 9SY



The Activity Centre in Bognor Regis introduced itself to the Newsletter in our last issue, Number 8, pp. 6-7, as “a friendly meeting place for people, who have some history of mental health problems, who are living in the community...” (among other things). Melissa Bonner-Williams is a third year Occupational Therapy Student, currently on placement at the Centre; Maggy McCullough is an Occupational Therapist at the Centre, and Melissa’s placement supervisor. They have sent us this Student/Supervisor dialogue, which brings out more of the Centre’s character, and some of the observations and experiences of a young professional coming into a therapeutic community environment for the first time:

A Student’s perception of The Activity Centre

Melissa Bonner-Williams

Dear Maggy,

I had a few anxieties before I started my placement. It was my first in Mental Health, and having only worked in physical occupational therapy, I was intrigued as to whether I would enjoy the long placement, and whether I would welcome working in this type of unfamiliar environment.

I entered the placement with as few preconceptions as possible, and was really pleased with my first week. My aim was to settle in quickly, and the staff and clients at the Centre were really great at making me settle in and feel relaxed.

I was surprised initially at how laid back the atmosphere was. Staff were not charging around having to keep up with deadlines and routines. It was very different from most NHS department areas - without the familiar occupational therapy equipment - and I did not view it as a clinical setting.

The first thing I remember being briefed on by you as my supervisor was that, to work successfully with the clients, boundaries were extremely important. I was unsure then exactly how important this information would be to me, or how much I would have to consider boundary issues; but I am thankful you gave me this information at the start of the placement, as it quickly came into play when introduced to the clients, who asked many personal questions. The setting being so unique, and clients having the ability to be very proactive within it, I would think that some students might be overwhelmed during their initial week. However, I found that this different environment was of huge interest, and it left me wondering how the Centre had managed to work so effectively in this way.

At first it can be very challenging to see how the staff utilise their skills with the clients in this setting. It may even leave you wondering what the staff actually *do*, because most work is completed below the surface. The Centre’s ideas are mainly initiated by clients themselves, and clients have the ability to

determine how they choose to access the Centre. To me it was a unique concept.

Assessing how it works:

During the last four weeks I have been assessing how the Centre runs, and how it all works efficiently.

First, this type of day centre was set up to help assist clients with mental health conditions within the community of Bognor Regis. It provides a self-help community centre in an accessible location, and clients have the choice to access this service when in the community.

It has been established to fit in with and achieve the standards of the various Mental Health guidelines, like the ‘Care in the Community’ Act, and the ‘Caring for People’ Act (1989) - for “helping people who need care and support to live with dignity and independence in the community”. Standard Three of the Mental Health National Service Framework states: “Any individual with a common mental health problem should be able to make a contact around the clock with the local services necessary to meet their needs and receive adequate care” - the Centre, combined with other community services, certainly meets this guideline. Standard Four applies to “All mental health service users on the Care Programme Approach (CPA) [who] should receive care which optimises engagement, prevents or anticipates crisis, and reduces risk” - Centre staff certainly assist with CPA through their ability to identify risks or crisis in relation to clients attending the Centre, and this ability to identify risks or crisis also helps in achieving Standard Seven, which is aimed at preventing suicides.

The Centre aims to prevent acute admissions (which are costly to the NHS) by providing access, through a medical referral, to a Monday to Friday drop-in service, where clients can gain advice, have a listening ear, or simply *go* when things are reaching crisis point. Staff have skills to pick up changes and problems that clients may be presenting, even unconsciously - skills which are very important for informing relevant professional work colleagues, such as the client’s Care Co-ordinator.

A neutral ground

I discovered that the Centre offers a very neutral

ground for clients, reducing tension and anxiety levels. Most settings I have worked in present the professional member as having more authority simply due to the knowledge they hold, and the power this presents to clients, who are benefiting from their wisdom. The Centre - unusually within a health care setting - has little set staff-versus-clients hierarchy. This offers a beneficial, non-threatening approach, which is important when trying to develop therapeutic relationships - a significant strength of the Centre. Clients can also take control of themselves and their mental health issues in the best way possible to *them*, without feeling dictated to.

Risk assessment

The particular roles of the staff have become more evident as I continue into my placement.

Staff have to continually risk-assess clients as, surprisingly, clients come into the Centre with very little information regarding their mental health or past history. This can be seen as a positive element, however, because it means staff start with very few preconceptions about the client, and assessment starts from the moment the client enters the Centre. Staff are provided with CPA [Care Programme Approach] information, which does contain risk information (from professional members), and the Occupational Therapists work out an agreement with the client, which assesses risks which the client him or herself feels are important to be monitored. It is essential that staff are able to continually risk-assess clients, to notice changes in their mental health status and therefore identify crises. They then have the expert knowledge to communicate effectively with other health professionals to provide the appropriate and best practice response.

Staff also provide an advocacy role within the Centre, often speaking out for clients, and will help clients create documents (e.g. letters) when having to communicate outside the Centre. I feel that the clients find this role meaningful; it develops therapeutic relationships further, and fully supports the clients.

Staff work very closely with the community. This is beneficial in gaining knowledge from others, including other clients (who look out for each other) about a client's mental health. And having the Centre set up in this way allows the clients to seek out the staff members within the Centre independently, and themselves make more informed choices. As many clients have high levels of anxiety and paranoia, it is essential for staff to build up therapeutic relationships and provide a non-threatening approach, helping to reduce these problems; for these purposes, this type of therapy is ideal.

I found it unusual - in comparison with what I had often witnessed in physical placements - that staff were not giving clients step by step commands as a matter of course, but spent most of their time during activities with those clients whose need was that of wanting some direction. Staff mainly assist within group activities, which are normally initiated by the clients themselves. By giving advice - by normally offering several alternatives, rather than a command - the client is allowed to be non-directed and to make informed choices. Along with this, I was surprised and pleased that the staff have so little paperwork at the Centre - it mainly involves writing up care plans for new clients, which are reviewed over the year - which allows staff the time to spend with the clients, which is much more therapeutic for all.

The psychodynamic approach

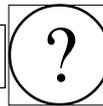
When you introduced me in a supervisory session to the psychodynamic approach used as a framework for practice at the Centre I was initially completely baffled by what was, to me, a new term, and unsure how it related to occupational therapy. However, over the time spent at the Centre I have become aware that it is used in dealing with interpersonal problems.

The main practise of this type of therapy is in sharing problems and exploring their underlying core. Many of the clients have conflicts within themselves, as part of their mental health condition, which are hidden or obscured. I have witnessed that some clients, for example, will put their feelings, which they feel are unacceptable, into a physical symptom - e.g. feeling sick, or strain on their heart. It is also common for people to repress feelings that occur around certain events, so that their emotions or feelings are never shown. Some clients at the Centre may not express feelings especially when upset by an event, and may take out their emotions on others or themselves without dealing with the situation. The staff are trained to recognise when clients are having trouble dealing with feelings and emotions and help release the unconscious parts, helping to bring the unconscious into the conscious.

Many clients have problems with expressing their sexual feelings; I have found this very noticeable with some clients. As a young female student, it is my personal experience that some clients seem to get very frustrated because I can only form a work-based relationship. As a professional, it is important to recognise this, and to help the client to deal with these normal feelings.

Activities at the Activity Centre

I was amazed at the levels of skill that many of the clients possess. The activities are useful in diverting



schizophrenia symptoms, for example hearing voices, as thoughts can sometimes be distracted by involvement. The activities themselves are non-directive from a staff point of view. This can be seen within the Centre, with clients making decisions to begin an activity or to participate with others in an activity. For example, quite often I have witnessed a client begin making a necklace: Another client becomes intrigued, and eventually joins in the activity.

Clients also have the opportunity to start new hobbies or gain new interests, as most things are possible within the Centre. One client always had an interest in learning Greek, for example, which was discovered when she spoke the only Greek sentence that she knew. The staff picked up her interest and decided (with the client) to translate a Greek book, and in that way she is now learning Greek.

The use of activity can therefore be seen to enhance the skills and confidence of both clients and staff. When clients help out in the kitchen, making meals for everyone, this not only improves their cooking skills but makes them more confident in the kitchen. This can then extend beyond the Centre to their own environment in the community, where they may feel the confidence to cook for themselves or friends.

Meeting the Need

The daily intake of clients to the Centre averages about 25 per day, and staff hold around 85 on their register. It clearly meets a need for the community of Bognor Regis. An important issue for the future, however, is opening the Centre at weekends: Clients are very keen for the Centre to be accessible at weekends, and have brought this up in their meetings - some clients feel that they have nowhere to go to at the weekend and that schizophrenia symptoms increase during these lonely periods. But this would bring further knock-on effects, in terms of number of staff, working hours, lone working, and other financial implications. It does demonstrate again, however, the general need for the Centre.

In talking to clients and staff it appears that clients use the Centre for a variety of reasons, most of which inter-link. Many attend on a regular basis, and find that the Centre offers a routine to their week. It provides them with somewhere to go, and a sense of belonging. Some have moved into the area only recently, or because of their mental health problems feel particularly lonely; many live alone or have solitary lives. Attending the Centre can relieve isolation: The Centre allows them to gain friendships with other clients, which in turn is strongly associated with having a place to go to communicate with people. They can lighten their problems by having other clients or staff who listen to them, and in doing so

may gain useful advice or help. In general it seems that the clients find The Activity Centre a place in which that they can off-load problems by being listened to in a neutral, supportive environment. They can feel more relaxed at the Centre, knowing that all users have similar problems and can relate when open discussion takes place, as in the meeting.

Meeting

The Centre runs a meeting every Tuesday at 1pm, managed by the clients. A user acts as chairman, and another takes the minutes. It is important not only to staff but also to the clients. Issues can be raised about the Centre, clients, or staff. Clients take full control of this period of time - staff only contribute to offer advice or raise issues themselves. I think this is particularly essential: It offers the clients a voicing period where issues are taken seriously, and it makes them feel more in control of the Centre and themselves.

Food

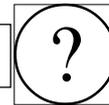
There is a cooked meal every lunchtime, and you can help yourself to drinks all day. Lunchtime is the busiest time at the Centre, which shows, on the one hand, how adequate the food tastes, and on the other that many clients rely on the Centre in providing them with a meal. I have heard some clients say that they depend on the Centre for a main meal each day because they feel they are not capable of producing one themselves.

Providing a daily meal involves several stages in which clients play a large role: Deciding what is to be cooked, shopping, cooking, laying tables, clearing up. The clients can gain credits for helping at these stages, and credits can be used (among other things) to pay for a meal at the Centre. This is a very effective way to run the Centre, which relies on the clients to help maintain it; it also allows clients to have a lunch without direct cost to them.

Many clients do work a few hours; some do none at all. Taking part in meaningful activity is important for filling up a potentially empty day. It is very important that their days are kept busy, and that they have support from their community mental health team.

In Conclusion

Helping out at the Centre can increase clients' independence in all areas - for example, shopping within the town, and money management - allowing clients to feel positive about themselves, and increasing self-image and worth. Doing these activities with either staff or other service users also helps develop therapeutic relationships - communicating, teaching and learning together.



Confidence can be seen to increase especially in clients with high levels of anxiety, as they can feel more positively about themselves and others; and because of the beneficial feelings experienced, they may choose to carry out the activity again.

Clients make the decision to appear at the Centre; they also decide what they do with their time spent at the Centre, giving them a sense of control while there. Control is important to clients as many things feel out of control to them, especially if they have been in institutionalized settings before being transferred to community living. When clients are able to take control of their situation, they may feel

that they can take more control of their mental health problem, and it may even subside.

Finally, I would like to say that I am enjoying the experience in The Activity Centre and would definitely recommend it as a placement to other students. I am glad that my first mental health placement has been in a setting which has made me (so far) gain a positive experience towards people with mental health problems. I am looking forward to the second half of my placement!

Melissa

A Supervisor's Response

Dear Melissa,

Many thanks for your essay. I really enjoyed reading it.

I thought I would pick up and expand on a few points. Yours about boundaries were very well made. The ability to internalise the boundaries and work with them in a 'laid back' atmosphere is part of being able to work safely in our sort of environment. We *are* a clinical area for people with mental health problems: Sometimes we need to remind visitors, who call without an appointment and want to wander about with clipboards, that this is the case. Serious incidents can be triggered if this sort of situation is not handled with care, and consideration for clients who may be feeling paranoid, for example.

The staff not taking on the role of 'expert' is part of the enabling ethos of the Centre, and a recognition that staff can learn a great deal from listening to someone's experience of mental illness, and recognising that the individual is the expert on their own experience of that condition. Facilitating the support that clients can give to and receive from each other is probably even more important than the role of staff as advice-givers. Your awareness of the possibilities of the power dynamic within the Centre is impressive. You have also recognised and

highlighted the sexual tensions that having an attractive, yet unavailable, young woman in the Centre can arouse, both consciously and unconsciously. You described well the extra dimension - of considering the unconscious and symbolic component of an interaction - that working from a psychodynamic approach can bring. I feel that this adds to the depth of our understanding. The ability to gauge the accuracy of any intervention through the clients' response is a useful tool.

The amount of information we receive with a referral can vary enormously. It is part of the responsibility of the staff to request more information if it seems inadequate, or if there is any particular risk. We then need to do our own assessment and decide if it is a referral we can accept. You quite rightly point out that assessment is a continual process here.

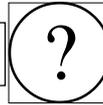
I think you have done well to recognise that the genuine involvement of the clients in the activities around the successful running of the Centre contributes to the building of therapeutic relationships within the Centre. It is sometimes the strength of these therapeutic relationships, based on mutual respect within safe boundaries, that allows us all to negotiate some of the trickier situations we encounter.

Maggy McCullough
Occupational Therapist
The Activity Centre

Publication news: *The Time of the Therapeutic Communities: People, Places and Events*
by Liam Clarke. Number 12 in the Jessica Kingsley *Therapeutic Communities* series
Paperback £17.95 \$27.95 ISBN 1-84310-128-9

"From the 1950s onwards different movements, ideas and key figures have contributed to the emergence of the initiative which is now recognised as Therapeutic Communities. This book follows these post-war changes (such as 'libertarianism' and the 'open door movement') through to the present day and discusses the influence they had on the practice of psychiatry and the introduction of Therapeutic Communities. Including chapters on the lives, work and influence of Joshua Bierer and R.D. Laing, as well as providing an explanation of the Villa 21 project

(the only attempt to apply Laingian concepts in an NHS setting), Clarke also examines present Therapeutic Community viewpoints on current debates, such as the forcible treatment of mentally ill people perceived to be a threat to society, the gradual emergence of the hospitalisation versus community question, and the problem of custody within psychiatric care. Providing a thorough analysis of the emergence and progression of Therapeutic Communities, this book is essential reading for anyone involved in the field, whether in a personal or professional capacity."

**IS THIS A FUTURE CLASSIC?**

Back in June the ATC admin office received an email from "Ramón". The Subject header read "TC Graduate", the only message was "Learn from my experience", and it was signed "Ramón Zayas/ Author, Spare Parts", followed, in quotes, by "Not the kind of spare parts you're thinking of". There was a final message - "In bookstores late 2003" - and a URL: 'http://www.spareparts.cc'. Not the kind of email which, in this day and age of the Internet, you would open, much less click the link. But it was intriguing, and using the Archive computer, so that anything that went wrong would be on my own head, I circled around behind it via search engines, took a deep breath, and clicked. Subsequently, the imminent publication of the book "Spare Parts" was noted in issue 8 of the Newsletter, quoting a bit from one of the online chapters, and it has now appeared as an on-demand publication from Publish America, ISBN: 1413702937, price from Amazon £12.50. Very readable, and disturbing on many levels.

Earlier, in April and May, there had been a sometimes heated exchange on the ATC email discussion list around the concept of 'Monad' as practiced at Mi Casa in Colorado (see p.17), a kind of sanction which many on the list felt was destructive and humiliating. Three of the residents of Mi Casa, where drug and alcohol dependency mixed with a void of self-esteem as characteristic among the client group, put up a spirited but brief defence from personal experience. "Spare Parts" is the name for a kind of radical Monad, and Zayas takes us through his experience of it in the early 1970s at length, vividly, with no bones about its brutality, but with a similar sense of gratitude ("Saved my life"). He does not stop the story there; this is not the archetypal American good news, it will be all right kind of narrative; and will probably not sell easily because of it. But it does fall into the tradition of powerful first-person survival narratives. It would be interesting to hear what others think.

Craig Fees

"Author's Note [from the Amazon web-site]: The book Spare Parts is transcribed in part from recorded conversations with a Therapist and contains graphic depictions of: violence; drug and alcohol abuse; child, physical, emotional and sexual abuse; sexuality, including deviant sexual behavior; disturbing images; and obscene language, without the expected shock value but rather its effects and the lessons learned from those experiences. Some minor editing was done to avoid using offensive terms where unnecessary. Any further changes would have detracted significantly from the accurate portrayal of the transcripts and the spirit of the person who is described in these pages. The names of most persons, (and some places) were changed to protect the confidentiality of all involved."

Life after the Therapeutic Community

By Ramón Zayas

I can't believe that 27 years have passed since I was escorted out the front doors of Future House, a Therapeutic Community in the State of Alaska, USA. With my graduation ring on my right index finger and a small suitcase filled with secondhand clothes, I was on my own. I had arrived.

Where am I now? Well, I live in Fort Lauderdale, Florida, with my wife Mercedes and our two daughters. Life after the Therapeutic Community has not been easy for me. Although I'm no longer a user of narcotics, I have found that rehabilitation is a myth in many ways. While it is true that I no longer punch holes in my arm, and some might say that I'm living a normal everyday life with the normal everyday problems, that would only be fictional.

I have had to lie to most everyone in my life. Lying, you see, has become a way of life for me. How can I explain to anyone who asks about me, about my past? How can any reformed user ever tell the truth?

If I was to work at a TC, I guess my past would be an asset, looked upon as a person with grounded roots and experience. But in the real world I live in, I would be considered a junkie, crook, someone that can't be trusted; so, I lie.

Many times I have felt that I had to lie about my past. But I refuse to lie any longer. I need to tell the truth because I need to hear it. Only by telling the truth can I face up to all the wrongs I've committed, forgive myself, and put those sins behind me forever. I need to tell the truth also because I need to know that other people hear it, too. After fighting most of my life to set myself right, I believe there ought to be some recognition of the struggle and the achievement. I never before felt I had the right or the ability to tell the truth about my experiences, but I now know it's what I must do in order to set myself free.

I also have another motive, though. In my time I've gone from being a thieving junkie to a man with

prospects for the future. It may sound like a miracle, but I am living proof that it is possible. Since I never could have made such progress without the help of others, I also want to try now and make the miracle

“Future House is/was the real name of the TC, although for more than twenty years that organization now uses the name Akeela, Inc. www.akeela.org and have become a full service rehabilitation hospital and service provider.”

possible for someone else. There are thousands, maybe millions, of people out there who have been through similar ordeals. My story is not unique. Although I am nobody’s idea of a hero or a saint, I am perhaps someone who can pass along some of the wisdom of survival. So I’m going to tell my story. And I’m going to hope that my truth can help someone else, someone down and out like I was. I feel that there ought to be some recognition for my accomplishment, sort of like beating Cancer. But it’s not like that. Even to say I was an alcoholic would be ok, but a dope fiend? No way!

Turn the pages of your local newspaper and go to the section that has stories of human interest and for certain you will find a story about some person who overcame Cancer and is now living a normal life. The story will detail the hardships of Cancer, its effects on family members, the work-place and self-image. It will also detail the path to recovery; and when the story ends, the reader feels good about life and is warmed with the knowledge that recovery is possible. If the writers of such stories would only remove the word Cancer and place the word Addiction instead, would the reader still feel warmed? I don’t think so, and it’s just not fair.

So, now I’m 49 years old and I’m tired of living the lie, been tired for a long, long time. I have taken a chance and have decided that I will lie no longer; and you know, it’s kind of cleansing, sort of like going to confession.

While at Future House, I endured the ultimate Learning Experience, Spare Parts.

What is this Learning Experience? The following is an excerpt from the book, “Spare Parts”

Machines get broken up by accident. Or maybe they’re ripped apart on purpose. You know how that goes. What you’ve got then is a bunch of pieces—nuts and bolts and wires and cogs and springs—that don’t add up to anything. They don’t do anything, so they don’t really mean anything. They’re just leftover scraps that perhaps used to be something but now essentially are nothing. They’re Spare Parts, and at best they’re harmless, but at worst they grow rusty and sharp-edged and

hazardous to everything and everyone around them. Well, when you screwed up in the worst way at Future House, displaying that you were no better than a heap of dysfunctional debris, either you were kicked out of the program or you endured the ultimate learning experience, which was called “Spare Parts.”

...The man led me into the bathroom at the end of the hall, where the rudiments of my new role as a Spare Part were laid out. At first, all there was staring back at me from the mirror was a haystack of black hair. Using a pair of scissors, I clipped my mustache and beard off my face and hacked away most of the hair that was on my head. While I sat with my hands twisting in my lap, the man took a set of electric clippers, evened out the stubble on my face and gave me a crew cut. Then he handed me a can of shaving cream, and I spread lather over my entire head. With a razor I shaved my face and head, removing the last smudges of hairy grit. Some areas were difficult to reach, and even though the man held a mirror behind me so I could see the back of my scalp in the reflection before me, I scratched myself up pretty bad. When I shaved off that hair, it was like I purged myself of every last scrap of my old identity. Then I washed it down the drain. The man handed me a towel, and I dabbed the bloody marks on my skin dry. The top of my head was pink and pale, not nearly as dark as my Puerto Rican face. The only hair left on my head was the single, thick eyebrow that ran across the bottom of my forehead. In that mirror was the whole everything all at once, the sum conclusion of my life. Although I hardly recognized the nearly featureless face in the mirror, I knew it was me, the real me. I was indescribably ugly, empty, worthless, naked and scared. Bawling like a baby, I felt the same emotion that I’d felt on the day I stopped at the leaking drainpipe to wash

“The second part of the book was meant to make the reader feel unsafe. The only real protection that I have is Father Time and staying away from persons still involved in that scene.”

the dead flesh from my shoes, socks and homeless feet: despair. But that was the purpose of Spare Parts. Desperate and humble. That’s what Spare Parts was all about.

When I was all washed and dressed, the man walked me out to the Group Room, where the Family was waiting for me. More than 20 people sat on sofas and chairs and the floor. An empty chair stood against the wall at one end of the room, and Glenn stood in a corner at the other end. In the abject silence of the moment, I took



about three steps toward the chair that I knew was meant for me. Suddenly I broke down, crying. For some long minutes I stood like that in the middle of the room.

“Why don’t you go sit down, Ray,” Glenn finally interrupted. I sat, and right away he lit into me. He started out fairly calm, but his voice grew louder and louder. “This is what you get for going back to that scene,” he said. “We spent over a year here with you, trying to get you on the right path, and this is how you take everything we taught you? It’s a wonder you didn’t die out there, you stupid son of a bitch . . .!”

By the time he finished, I was cried out, frozen in my chair. Glenn walked out of the room, and the members of my new Family took turns telling me, one at a time, what their first names were, how long they had been at Future House and what their positions were. With this formality out of the way, Spare Parts could officially begin for me. The man who had helped me cut my hair said, “Okay, Ray, follow me. Get on your hands and knees.”

I’m certain that times have changed and that Spare Parts is no longer in the TC playbook, but I have to say that Spare Parts, SAVED MY LIFE. Brutal and humiliating as it was, it saved my life. So, I wrote a story, a book with the title “Spare Parts. Creating a person from a heap of spare parts”.

The book details my experience at Future House and the effects of life in a TC. I think that my book should be required reading for all involved in treating people like me and especially for those in the re-entry phase of the program. You can visit my website at www.spareparts.cc for my information on Spare Parts. At the home page you can also read the Forward by Carlos E. Plasencia, PhD, and Chapter one.

**You may contact me at
ramonzayas@spareparts.cc**

“My next book? Well, I’m actually working on two new ones. The first is Spare Parts, part two, a detailed and anecdotal look at the business of drug rehabilitation; complete with interviews of graduates and administrators. The other book is Latinos En America, which is unrelated to rehabilitation.”

“Listening Appreciatively to the Silence” by Dennie Briggs

“How are you going to live your life differently knowing about quantum mechanics or morphic resonance?”

My partner, John Maher and I, had been listening to a series of interviews on US National Public Radio when philosophy professor Renée Weber posed this question. We had met some of their guests, such as anthropologist Joan Halifax, physicist David Bohm, and biologist Rupert Sheldrake. We’d been to a workshop with poet Robert Bly and had recently finished editing a book of interviews with mythologist Joseph Campbell.

John: Robert Bly teaches us how to connect with ourselves—our inward connection—through symbols, such as metaphors, and images, as William Blake offers - they’re similar to archetypes in a way. He also relates them to society at large, and the gradual evolution of a spiral in human consciousness which includes our political or societal life. Joan Halifax teaches us how to connect with the earth, and through the earth, to ourselves and to each other—as well as to the universe at large.

Dennie: *Where do the “poisons and nectars” or “thorns and roses” she speaks of fit in?*

Through your connection with your inner self you learn what they are: as the saying goes, “being in tune with yourself.” Linking up with yourself. When you feel and then think out the presence and effects of these negative symbols—the thorns or poisons—you can turn them around into the positive—the roses or nectars—again, metaphorically joining yourself with the earth and living creatures—“sentient beings” I think was the term she used—and in turn with society. When she speaks of “society,” she’s referring specifically to the one she’s set up at her—would you call it—“think tank?” [Ojai Foundation at Ojai, California]. Her community is leaderless; they have a counsel which meets arranged in a circle so that the center is always empty; each person is united to that “society” on an equal basis with no hierarchical set up. She has three inter-related dimensions: the earth, other people, and the self. She defines “community” as meaning “breaking bread together,” “being one together.” Fine, but now there’s a great danger in that concept—it *can* become a loss of individuality in many communities, leading to a kind of fascism that reduces people to the lowest common denominator. Do I make sense at all?

Well, we’ve seen glaring examples of its abuse.

Krishnamurti, on the other hand, talks about connections by referring to opposites. He asks, “Why do we divide? There should be no division.” He’s calling, in his own way, for link ups between people, and warning us that by identifying ourselves in such categories as Catholic, Black, or even Democratic—any category we care to mention can actually be detrimental. The basic common denominator is that we are human beings first, but we continually make these divisions between peoples, between things, between the universe, between life and death and ourselves. In order to change our consciousness, we have to get rid of these divisions by biologically ending—by physiologically ending—one’s attachments. Attachment is not the same as being connected. We need to make this distinction. Attached to something is usually related to possession and frequently is seen as avarice, or greed; whereas being *connected*, in Joan Halifax’s terms, has no sense of property. It’s a sense of unity. Do you see the difference there? That’s as far as I’ve gotten. I’m sure we’ll have more when we get to Sheldrake and Bohm. Can you think of others?

Not off hand. So far it seems to me that the central idea is ‘change’. Krishnamurti somewhere makes the point that human beings haven’t really changed for 40,000 years (referring to the size of the brain). Furthermore, he comments that we haven’t evolved very much psychologically, or spiritually either, in all that time. And besides, “transformation” is not enough. He said to “transform” means “going from one form to another,” which is not necessarily change. What he’s calling for—he used the term—is a revolution of the mind, of the psyche. In so doing, he said that the brain cells have actually got to be rearranged in order for people to change sufficiently. But to be able to change, people have to be more consciously aware of who they are, what effects they have and what their possibilities are. It’s a matter of consciousness - but I’m reluctant to get into the whole “consciousness raising” hullabaloo!

Me too. But maybe we can use that concept in another way; and as one example, refer back to Bly’s discussion of William Blake’s Orc energy, that rises up to overpower or throw out the inner tyranny that has built up. But Orc itself can become a tyrant after a certain amount of time. What Blake and Bly are advocating, in their own ways, is that we relentlessly have to be *on the edge*; we’ve constantly got to be aware of ourselves in terms of sinking into a kind of dogged nonthought that produces this tyranny. “Tyranny”, as used by Blake and Bly, is not in the political sense—but rather a rigid way of thinking. Or, as Hildegard [of Bingen] would say, becoming

“dry” instead of being “green and juicy.” I don’t know Krishnamurti’s context when he made that statement. How does he think we can re-arrange our brain cells? You met him at that interview and heard his remarks.

I didn’t get a chance to talk to him. We’d have to read more of his writings to find out. He’s often commented about the brains’ size not changing. I’m sure he means more than physiology, but the size may be an important fact in itself—something I know nothing about. So many of the New Agers have made the term “transformation” a buzz word, saying that change within the individual will lead to larger ones and so on, without giving it much thought. Sheldrake, by contrast, has some experimental basis for his morphogenic fields, and has put his ideas into a theoretical perspective.

His may be the first step. And is related to Jung’s Collective Unconscious. But Sheldrake talks about a “morphic unit” which organizes itself with its own characteristic structure and patterns of activity, which together with his notion of pooled memories is revealed in archetypes. But now Krishnamurti is saying something slightly different: a phenomenon resembling a “transformational mind-set” may eventually alter the brain. But it’s not going to come easily—merely by attending a workshop or reading a book. Or even meditating. Didn’t he say somewhere that he meditates every day but doesn’t make a *habit* of it? I think that’s the clue.

*

Den, I’ve been thinking, you could do something new—transformationally speaking—by taking what you know and have experienced—and raise it to another level, put it all in a new light, as it were. You and Max Jones have talked about re-cycling the psyche. After “recycling” your own psyche—your “I” and “Thou”—how about re-looking at your work in therapeutic communities in terms of “transformational communities.” From what you’ve told me about their fate they’ve become similar to the stereotype of a book ordered by its title, table of contents, and so on—all the way through to its index! They appear to have lost their—do I dare use the term?—existential rootings?

Dennie: You mean I have to get two more boxes!

Well, you just might have to—that would be a good way to start. Use one box for notes on thoughts from your experiences, and then use the other for new ideas—where you are, or think you are, and what you want it to be. Incidentally, I found more information on Krishnamurti’s notions about the brain and consciousness you might want to consider before



you begin. It's in one of his dialogues with David Bohm [*The Future of Humanity*]. Krishnamurti claims that brain cells become *conditioned*: but not all of them, just those we use the most (which is a small amount). The others are "inactive, dormant." Those conditioned ones can then be changed through *insight*. He says "... insight being out of time, not the result of remembrance, not an intuition, nor desire, nor hope." (page 64)

Pretty heavy stuff. What has he to back it up?

Well, David Bohm seems to agree with him. In fact, he's come up with possible scientific explanations. In the foreword he says—well, let me read what he said:

"... modern research into the brain and nervous system actually gives considerable support to Krishnamurti's statement that insight may change brain cells. Thus, for example, it is now well known that there are important substances in the body, the hormones and the neurotransmitters, that fundamentally affect the entire functioning of the brain and nervous system. These systems respond, from moment to moment, to what a person knows, to what he thinks, and to what all this means to him. It is by now fairly well established that in this way the brain cells and their functioning are profoundly affected by knowledge and thought, especially when these give rise to strong feelings and passions. It is thus quite plausible that insight, which must arise in a state of great mental energy and passion, could change the brain cells in an even more profound way." (page 3)

[John continues]: Now, if conditioned brain cells prevent you from changing, then how, in your communities, can you "un-condition" them—and learn how to use the dormant or inactive ones? Not just to "cure" people, but to enable them to do new things, become more aware, more creative. Am I making any sense?

A lot. I immediately think of [Stan] Grof's ideas of consciousness and transcendence. In his Beyond the Brain, he talks about how we're limited by the senses and how we must go beyond them. A lot of people have said this. In his later years Max had come to this conclusion. But how do you bring these ideas into a community? As I think about it there were occasions, both with the mental patients and the prisoners, that I felt we were—if I can use that word— "transcending" what was happening at the moment and on the brink of a cross over to another state of reality or simultaneously several inner states of being. There

were the elements of the surreal mixed with "reality" where memory was juxtaposed with imagination and fantasy. I vividly recall one meeting in which a patient diagnosed with schizophrenia merged a dream he'd had with some actual experiences in Japan that held the community in such rapture that there was nothing more to be said. In the staff retreat some expressed their desire to explore this remote village. But I didn't know how to move on. I felt this difficulty especially those few times we had total silence for an entire community meeting of 50 or so—can you imagine—no one spoke for one hour? But so much was there.

The presence of Zen—a meditation. In Japan, you were just a few miles away from [Daisetz] Suzuki at his monastery at Kamakura—speaking linearly—with all that morphic resonance so nearby!

Yes. Had I only known—what a consultant he might have been!

But it's not too late. Remember how Max Jones recalled his "state of grace" workshop in Rome, where at the end no one spoke? That example should go in your second box as another instance where spontaneous silence fell into place—that's Zen. Where there was no direction, a pure mind, or spiritual experience. There's no madness, no sanity, no problems, no questions, no answers, no interpretations. It's just all there—an experience. A moment of absolute reality—mind and no-mind.

Valery once wrote that a "naked silence and a most profound quiet will fill the immensity of space." He went on to say something to the effect that "what is terrifying and inconceivable is not the infinite void, but existence."

What is sayable and what is not?

It's more than language—formal language. It resembles what [Italo] Calvino refers to as "natural language," which of course says more. And I believe he quoted Mallarmé to the effect that nothingness is the ultimate substance of the world. And you must look at the context in which those silences occurred—the present moment, or the "eternal now." You had the current situation overpowering the internal conditions of everyone who was present. Perhaps what [Milan] Kundera would call "being-in-the-world", where existence becomes not what has occurred—being is momentarily forgotten—but what might be possible. The discovery of the undiscoverable. The essence—I believe he called it the *structure*—of the present moment. Let me quote Kundera directly: "We know reality only in the past



tense. We do not know it as it is in the present, in the moment when it's happening, when it *is*. The present moment is unlike the memory of it. Remembering is not the negative of forgetting. Remembering is a form of forgetting." Now in that context those silences were *incredible* phenomenon! Here's where you were touching on the transformational. A different reality—a reality of the moment rather than of the past.

Could we say that such a silence resembles a "peak experience", although we usually associate that term with some form of action?

If I remember rightly, Joseph Campbell makes a difference between a peak experience and a spiritual one. As you say, the peak experience is usually connected with *action*, and for most people action defines one's self; but the spiritual one is characterized by *inaction*. Now you could also look at it another way: that the periods of silence which both you and Max experienced separately (and I've heard you recount a similar one with Harry Wilmer) came about as the result of having worked up to that stage. What I mean is that you were *prepared* for it by previous meetings. You yourself had years of practice to achieve that state. As with the archer—excuse the analogy—you *became* the bow and the arrow. There was no mind between you and the group or between the other members of the group. There was no one directing it; no direction on the part of a person. Everything fell into place of its own accord. That's the Zen.

And it could happen faster in the group because of its synergistic power. The composition was so diverse. In Japan we had men with schizophrenia who could cut through all the crap and get to the core of a different reality; those who'd been high on various narcotics and had experienced other states of consciousness; and there were those who'd become dazzled by getting involved in foreign cultures. From time-to-time, there were those from non-English speaking countries, so words didn't enter in. But in the community, as you say, they were prepared for this "experience" (or whatever you want to call it). I don't know to what degree the community destabilized or removed clear-cut boundaries of reality in order that the participants could peer into a more complicated, more whole reality. But I'm sure it

might have taken years, or a lifetime, with the traditional "master" or shrink.

Or never. Whatever happened can't merely be fitted into concepts like "therapeutic community" or "peak experiences," or even Zen—because it transcends all these things. The *experience* of Zen transcends Zen; the prolonged silence *transcends* the community. At that moment, it's no longer a *therapeutic* community, it's no longer even a *community*. It becomes *the one*. There are no words for the experience, not even "state of grace." Or the Tao. It's not definable. It can be prepared for, and as Max, much to his agony learned, it can't be induced.

But the marvelous thing about this therapeutic community group experience that makes it different from a mystical one—which usually happens to one person at one time—is that it happened to so many persons simultaneously—and spontaneously—without conscious planning for it. It shows you that it's possible for the collective unconscious to experience something usually reserved, or attributed to *individual* consciousness.

It's what religions are trying to achieve, but are so busy *doing things* that they get sidetracked.

And yet, the experience followed from dialogue; it wasn't as if there was nothing left to say, but that there were no "presences" that anyone felt...

There was no *presence* even. Participants don't have to remember experiences like that; rather, they absorb or incorporate them into their conscious minds—the "morphic fields."

Dialogue that transcends time and space that rests on some outer force—and possibly enters into Creation itself? David Bohm is quoted as proposing that "meaning is a form of being . . . Man's meaning-making capacity turns him into nature's partner, a participant in shaping her evolution. The word does not merely reflect the world, it also creates the world. . . what the cosmos is doing as we dialogue is to change its idea of itself. . . Through us, the universe questions itself and tries out various answers on itself in an effort—parallel to our own—to decipher its own being." (Renée Weber, Dialogues With Scientists and Sages: The Search for Unity. pp 18-19.)

Web-stats: Over the past twelve months for which there are statistics for the Archive and Study Centre website (November 2002–November 2003 inclusive; no statistics are available for April), Dennie Briggs' three part *In-Prison: Transitional Therapeutic Communities* series was accessed in 1,869 user sessions. Part 1, "OVERVIEW (Introduction to the documents)" was accessed in 910 user sessions. Part 2, "BEYOND THE DEVIL'S HOLE: Forestry Camp Communities" was accessed in 440. Part 3, "PAINTED DEVILS: Prison Communities" in 519.

<http://www.pettarchiv.org.uk/pubs-dbriggs-inprison1.pdf> /[pubs-dbriggs-inprison2.pdf](http://www.pettarchiv.org.uk/pubs-dbriggs-inprison2.pdf) /[pubs-dbriggs-inprison3.pdf](http://www.pettarchiv.org.uk/pubs-dbriggs-inprison3.pdf)



On the occasion of his standing down from the Steering Group, and in recognition of his long and continuous service to the ATC (beginning in 1976 as Training Group Convenor, with service including Conference Convenor, Secretary, Journal Editor, and all the while Steering Group member or its equivalent), the AGM this year awarded David Kennard Life Membership of the ATC (see p. 63, item 8.1). It is an honour which has only been conferred once before - when David was Secretary - to the illustrious Ruby Mungovan, whose dedication in many roles was so essential to the success of the early ATC. Here **Prof. Bob Hinshelwood** celebrates someone worth celebrating:

DAVID KENNARD: an appreciation

I first met David in the mid-seventies. He had just been working in an addictions-type hierarchical community and had moved to Littlemore with Bertram Mandelbrote. It all seems like ancient history, now. And, it means that he and I have been around the therapeutic community movement for much the same period of time. Unlike my own butterfly loyalty, David had a single-minded commitment to therapeutic communities, taking his 'impulse' to unlikely places like Rampton and eventually The Retreat, as he moved further and further from the centre of gravity of the country and of therapeutic communities.

My greatest debt to David was his collaboration with me (and Nick Manning, Jeff Roberts and Barry Shenker) in founding the *International Journal of Therapeutic Communities* (later to be renamed, simply, *Therapeutic Communities*). It was for all of us the first venture in starting up a professional journal. And it did not go to plan. As Editor at the time I needed a lot of support, and got it. David's persistence, his capacity for debunking wild ideas, and his quiet confidence were invaluable. I was extraordinarily grateful, and have had an enduring friendship with him, Clare, and the children since then. David's persistence is shown in the fact that his original stint on the editorial group of the Journal did not put him off, and he later became Journal Editor, and revamped the publication to cater more for the broad international and interdisciplinary nature of therapeutic communities.

I have another debt, which we all share, and that is his *Introduction to Therapeutic Communities*, which was published first in 1983 in the ill-fated Therapeutic Community Series started by Routledge and quickly scrapped a few years later. David's book was extraordinarily lucid, imaginative and accessible, and must have been an important learning (and teaching) aid for several generations of therapeutic community workers. Interestingly, when the Series was resurrected with Jessica Kingsley Publications, David's book was republished in a splendid new edition, 15 years later.

Perhaps his book demonstrates what David brings to

his work and to our thinking: a very down-to-earth questioning of other people's thinking. It can be suddenly frustrating when a group of therapeutic community workers are in full flight with the enthusiastic impetus that is characteristic of therapeutic communities. Then David asks an extremely simple question which puts everyone back to square-one. But it is Square-One which everyone had forsaken for exciting ideas and projects, that have taken our feet from the ground. David puts them back down to earth, with a thud. There is nothing so valuable as being realistic – however maddening.

I was asked by Kevin Healy to write an appreciation, as David leaves the Steering Group after a period so long it seemed impossible to remember how many years. My guess it was from the very inception of the Steering Group way back in the late 1970s, when Raymond Blake, Stuart Whiteley, David Millard, David Clark and others from the pantheon decided to move on from our radical roots in the 1960s and see if the anti-institutional spirit of the therapeutic community could be institutionalised.

It has been a long haul institutionalising the anti-institution (as Maurice Punch once described the therapeutic community). And that completely impossible contradiction has both inspired and exhausted many talented people who have been my colleagues and campaigners in the journey. There must be something particularly odd about David that he never flagged in the effort to square this intractable circle. He persisted where others - I speak for myself - found other pastures to graze in. We have moved to more distance, where it is easier to keep a watchful eye on the roguish animal. Instead, David has always been present at its centre, at the heart of the ATC, his wry smile asking those damnably obvious questions. Who will there be to keep everyone 'focused'? And David: what *will* you do now?

Bob Hinshelwood

David Kennard first makes his appearance in the administrative Chronology of the ATC in 1976, when he became the Training Group Convenor. He became the Conference Convenor in 1979, and followed Raymond Blake as Secretary, from 1982 to 1987, serving as Editor of the Journal from 1991-1999.



CAMPHILL MILESTONES (taken from *Camphill Pages* magazine, which is published three times a year and is available for a donation of at least £5 per year from Camphill Pages, Gawain House, 56 Welham Road, Norton, Malton, N. Yorks YO17 9DP. Camphill was, until last year, one of the ATC's oldest members):

“Initiatives established by Camphill’s founder more than 50 years ago have this year achieved recognition as part of mainstram education and medicine...In March, the Scottish Social Services Council announced that the BA in Curative Education, and the Diploma and the Certificate in Higher Education in Curative Education [through the University of Aberdeen], were to be included in its list of recognised qualifications. In May, following the success of a three year pilot project in which the Camphill Medical Practice became part of the NHS, the practice was fully incorporated into the NHS on a permanent basis. Based at Murtle Estate, Aberdeen, Camphill Medical Practice offers an integrated approach to

healthcare as the only anthroposophically-inspired practice in Scotland.”

Meanwhile, “It’s been a summer of celebrations at Delrow College, the Camphill Community, near Watford.

“The celebrations were for the official opening of the new Rose Court development and the dedication of Oak View, a small house allowing two residents a more self-reliant lifestyle, and on 27th July Delrow’s 40th anniversary and the 80th birthday of the Community’s senior co-worker, Ann Harris.

“Rose Court has been an exciting development, replacing the ad hoc buildings which formerly housed the pottery, bakery and store with a planned development set around a flower-filled courtyard, incorporating purpose-built workplaces, a meeting-room-cum-social space, a flat for two residents to live more independently, and support accommodation.”

In the next issue of the Newsletter we will be celebrating the 15th anniversary of the birth of the Archive and Study Centre...

Finding a moment of birth is easy. Conception is usually more difficult. The recognition of the value of records and an intention to gather and make use of them is scattered throughout the minutes of the Planned Environment Therapy Trust from its founding in 1966: But the seed of the Archive and Study Centre as such probably dates from a thrown-together meeting, where John Cross corralled Craig Fees to talk to then-Trust Chairman Robert Laslett in the dining room of New Barns School in the autumn school break of 1988 about the problem of David Wills’ archives, and the Trust’s decision to do something, in the light of the failure of any other archive or research library to show an interest in these materials. “The need for a specialist library and research centre had been felt by many people over many years,” says Craig Fees, the founding archivist, “and in retrospect it’s easy to see why it hadn’t been done. It’s an impossible task, for an impossible profession. Which has made it particularly fun, even at those times when it wasn’t.” Asked what kept him in place, Dr. Fees replied “The people. You have some incredible people in this field;” going on to say “I don’t think you cherish them enough. Part of the difficulty of the past couple of years is that I don’t feel I have been able to either.”

Meanwhile, Fees has been awarded the right to add the letters RMSA after his name, standing for Registered Member of the Society of Archivists. “It was hard work,” he says. “I became a member of the Society when the main qualification was a good history-based degree, and a love of archives. Now the Society has professionalised, and everyone is going through recognised archive courses. The Experience

route to Registration was therefore closed off this summer, coinciding with the ATC-in-24 Event, the preparation of the Newsletter, and half a dozen other things. I will have been one of the last to have their Experience portfolio accepted by the assessors, and if it hadn’t been for the persistence and tact of Sue Garland, archivist for Diageo plc. who shepherded the last of the Experience clausers through the hurdles, I would have given up. It meant assembling detailed documentation of my work right back to the beginning of the Archive and Study Centre and up to the present - from the most recent database designs to the first report I wrote for the Trust, detailing the specifications required if we were to have a professional archive. It gave me a chance to realise how much I owed to colleagues, some of whom I’ve thanked. The Gloucestershire Record Office, and their Senior Cataloguer Julie Courtenay in particular, have been extremely helpful and supportive over the years. I don’t feel pride easily, but I honestly hadn’t expected to have the portfolio accepted, nor so positively, and it momentarily overwhelmed me. Especially as the comments of the assessors about the work here were *so* positive.”

All three assessors spoke highly of the application and the work of the Archive and Study Centre, which the first referred to as “an impressive achievement”. “I’m proud for the field,” said Fees. “There are not many places like this in the world, and this one would not have been possible without the belief and support of people who I am loathe to name because there are so many. I hope they recognise themselves, and feel their support has been in some degree repaid. There are a lot of leaps of faith embodied here.”



It was Sharon the nurse, her improbably low voice a paradox to her diminutive stature.

“You don’t understand I have to be somewhere else,” said Lucy.

“We think it’s very important for your treatment.” The voice had a sombre overtone that wasn’t a threat but was not unthreatening.

The meeting was dominated by the watch; ironically it happened out of time for Lucy. She saw mouths moving and heard voices droning; only gaining awareness when the bodies began to file out of the room. She flew upstairs and grabbed the balloon. Without malice she slammed the bedroom door as she rushed out. The shockwave travelled through the wall and the biro on Jenny’s shelf slid from its perch and fell behind the drawers, it came to rest beside a curler, an aged tissue and Jenny’s watch.

As she ran her lungs began to scream with hot sharp exertion, the cut grass of the green which had reminded her of warm strawberries only hours before was now not fragrant but like an invasive gas which rushed her senses like the irresistible spasm of vomiting. She reached the corner – the bench was empty. She sat and caressed the wooden grain where it had been occupied the day before, it had texture and warmth

but she detected no trace of what she wanted.

The last smoke of the day was a ritual. By now the balloon was unable to lift its own apex. It lay on its side occasionally rolling slightly with the tiny currents of air that usually go unnoticed in the business of rooms. Lucy decided to put it out of its misery, she drew the string towards her and the shrunken pearl carcass bobbed across the carpet pile. She was put in mind of Ronald Colman and Dirk Bogarde – Sidney Cartons both whose heads had moved similarly as their carts bumped over the Parisian cobbles. But this was not a ‘far, far better thing’ nor was it a worse thing; it just had the same sickening banality of every previous thing.

Lucy lowered the glowing end of her cigarette into the white puckered skin. There was not a bang or even the slightest crack. The balloon was a cell incapable of osmosis, it should have ruptured. She felt cheated as a tiny hole merely melted in the membrane. Maybe the small pristine patch on the back of her hand could compensate. The hot bite of the embers hissed with a breath of its own and as she withdrew the butt the red well of pain began to fill with a liquid purity. The wound was a newborn world, its exquisite uniqueness already fading, but it would last a while longer yet.

Something was dead...

IT COMES TO THIS AGAIN

What to say.

Nothing comes out of me but words telling me about my memory. OK, but I have done it all before, and it was located in time, but a time I knew and only I experienced it in my various ways. It took me a while to compose myself before I set sail on that road, looking tired, getting old. I guess it has never been easy, and writing isn’t something I have ever found easy, in fact the most difficult aspect is getting down to it. I have wondered if you knew; well, even “you” take on the same obliteration as myself, and I need to tell you that you too are a figment of my imagination and nothing other, except for the gap there is between when I write these words and time it takes for you to read them and take whatever you want from them, but I believe it truly is for you.

OK, telling you that I am lonely, or in love. I am sure you have heard it all before, and I am sure you have heard about theory and the interpretation of meanings. Still nothing is too difficult if you have a dictionary close by, and my sex life, I am sure you find that boring as well...

I emphatically state my case, and remove every pronoun with my teeth. And bite into the tongue of existence and look the other way. It is a long struggle saying what I want to say and then it flows without reason

overboard and the water in my body rocks to the roll at my arms and legs walking down the road, to you.

I am tired of myself, yet I can’t help thinking that you are out there able to help through God seems important hurray. I wonder if he knows me and whether he really is a HE. Funnily enough yesterday I was pretty spaced out, and I kept dropping my eyes down and up over the ground, then up to the sky and caught the pure impression of a mind taking over, it was just happening, and was I ever discovering new things. I certainly was.

If I took you there, would you be afraid, or are you too one of us, aware that things are slipping away and one must stop to catch hold or it is so easy to miss the boat, and wonder if I too have missed something, but I am tired now and this gift has heavy hurray on it. It is as if someone you or someone else or anyone, or a friend, or a memory or today as Marcus was telling me about Africa, I was home and I knew we were on the same road. I knew somehow that this hadn’t been for nought.

What do I want? I feel as the music sings to me, and this feeling is what life is all about, understand that.

Dave St. Clair
The Acitivity Centre, Bognor Regis



Julian Maclaren-Ross Short Story Prize 2003
COMMENDED ENTRY

.....

**THE SHORT PRECARIOUS LIFE OF THE
 WHITE BALLOON**

by
Paul Priami

Something was alive ...

At least in her dream, but then Lucy had always lived a peculiarly intensive dream.

Against the weight of tiredness she forced her eyelids to break their adhesion. Through the involuntary blinking she could see the white balloon. Even in the grey pre-dawn gloom its membrane somehow exuded a faint luminosity. As she squinted hard Lucy made it take the form of an angel. She let go her breath with a half snorted laugh “who needs angels?” she murmured.

The Wednesday morning hospital air seemed thick and stagnant. The routine of the therapeutic community had a static energy charged by the contradictory friction of need and duty; Lucy was not the only patient who was tired of how watchful she had become of her every impulse and idiosyncrasy. Negotiating the normative tyranny and maintaining spontaneity was like trying to play hopscotch in a pool of treacle.

Chinese whispers were circulating the communal areas – the mood was a mixture of excitement and dread. Lucy found her room-mate Jenny in the smoking room, she offered a cigarette. Jenny screwed her nose and briefly shook her head; Lucy lit up and inhaled deeply then exhaled an even deeper sigh.

“What’s the fuss about Jen?”

“Someone stole my watch.”

“Jesus they’ll think it was me.”

Jenny creased her brow hard and threw her eyes upward, she tightened her lips.

“Maybe you shouldn’t have took them chocolates that time.”

Lucy rammed the remainder of her cigarette into the ashtray and stood.

“Sometimes Jenny – you really piss me off!”

All morning the balloon tugged at Lucy’s arm via its string which she had tied to her wrist. And through the rhythm of each pull she became aware of her stride

which made her aware of her gait. If she concentrated too hard on this effect, which she did do three times, her physical presence in the world became shocking and alien. She felt like a character in a pop-up book whose two dimensional universe is torn apart when the page is opened into a new vertical space. It was a void where freedom was infinite and therefore meaningless; she didn’t know how to move there.

That afternoon Lucy did nothing but stare at the balloon for the first half of her therapy session, it occasionally swayed with her movements.

“It’s lighter than air.”

Offered Doctor Schaffer.

“It’s reaching for the sky!”

Lucy’s sarcasm was ignored or unperceived by Doctor Schaffer who persisted.

“Like a bubble of hope?”

“Bubbles just burst, this is deflating – I had to fight to keep it down from the ceiling last night, now its sort of lethargic and moving in slow motion. Its happy to hang in mid-air.”

“You still have it with you.”

“I’m going to meet the person who bought it for me. I want to take it.”

The sun glared in the mirror, its yellow-white power produced a tear. Lucy clenched her eyes to squeeze it away. The warmth ran down her cheek but her eye remained wet and vulnerable. She tidied the make up and as she rubbed in a thick spot on her cheek with her fingertip she was suddenly struck by her own beauty. It wasn’t her features, she knew they were good, it was the pristine surface, she couldn’t remember feeling this unbroken. The moment was taken away by a knock at the door.

“Hello Lucy, you need to come to the community meeting. It’s very important.”

continued on inside back page