Brit. J. Psychiat. (1979), **135**, 369–71

†*Reading about. . .*

The Therapeutic Community

by Bertram Mandelbrote

Reading about therapeutic communities can be an exciting experience because of a sense of pioneering change and challenge in the face of establishment opposition. Survival is often difficult and administrative values of those who control the purse strings can threaten their very existence. There is also an aura of justice and freedom where injustice has prevailed. This air of excitement and enthusiasm permeates the writings of Martin (1962) in *Adventure in Psychiatry* and continues in Shoenberg's (1972) updating of the Claybury experience. It features in Wilmer's (1958) vivid account of practical achievements in the Oakland Naval Hospital Receiving Ward, Foudraine's (1974) conscientious efforts to change the social organization of a unit for schizophrenics receiving private treatment in a clinic in Virginia and Mandelbrote's (1958, 1964) descriptions of change in mental hospitals in Gloucester and Oxford. It also characterizes Maxwell Jones' writings (1968) with their autobiographical flavour and 'living learning experience' and Clark's (1964, 1974) presentation of administrative and social therapy with its emphasis on patient freedom, activity and responsibility. Yet it is the very cult-like nature of the therapeutic community which can be its undoing, raising expectations and hampering the independence and difference which it aims to tolerate.

The term therapeutic community was first used by Main in an article in the *Bulletin of the Menninger Clinic* (1946) which also included contributions by Bion and Foulkes and others working at the Northfield Military Hospital. Main writes 'the Northfield experiment was designed to use a hospital not as an organization run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of resocialization of the neurotic individual for life in ordinary society'. It was an attempt to use psychoanalysis and group psychotherapy in an organizational setting which would promote emotional growth and social learning in a positive way without the handicapping effects of institutional dependence. The process required a radical change of approach by the professional staff and an expectation of involvement and responsibility on the part of the patient, quite different from the passive expectation of care which was so much part of the expectation of the individual who had labelled himself or been labelled as being ill. As a tribute to Main a collection of papers written over the period 1946–67 by members of the Cassel Hospital was edited by Elizabeth Barnes and published in *Psychosocial Nursing* (1968) outlining these changes and including Main's original article.

Work with disabled Army personnel also acted as a stimulus to Maxwell Jones when faced with the problem of investigating and treating patients with cardiac neurosis. Large group meetings of patients and staff were first introduced as a way of sharing experiences and altering attitudes. In retrospect Jones (1953) says this was the beginning of the notion of a therapeutic community. This approach was developed further at Belmont Hospital (1952) in relation to people with work problems and personality difficulties. Later, Jones' experience with neurotic and personality disordered individuals was extended to the treatment of a range of problems in mental hospitals, first at Dingleton Hospital in Scotland (1968) and later in the U.S.A. in Oregon and Colorado. Of his many books listed in the references, *Social Psychiatry in Practice* (1968), is probably the best introduction for a reader new to these ideas. Jones' interest has extended to considering the place of therapeutic community techniques in schools and in the community at large, themes described in the *Motivation of the Therapeutic Community* (1976).

Alongside the developments described by Main and Jones are the interesting studies of mental hospitals by sociologists. Among the best is Stanton and Schwartz's (1954) book on *The Mental Hospital*. They discuss the effects of the social organization of the institution on the behaviour of schizophrenic

† An occasional feature in the Book Section where contributors give their personal choice of important, memorable or informative literature.

https://doi.org/10.1192/bjp.135.4.369 Published online by Cambridge University Press

patients at Chestnut Lodge, Maryland—a private clinic for psychoanalytic treatment. The study of the other twenty-three hours reveals the damaging and disabling effects which are less evident to the therapist. Caudill (1958) entered a neurosis unit initially as a patient and recorded his experiences there. Belknap (1956) described the social organization of a large State Hospital in Texas, highlighting its impersonal and harmful effects and the way the employee culture contributed to patient chronicity. These investigations and writings lent credence to the belief that many institutional settings, far from being therapeutic, contribute to the incapacity of the patient. Goffman's (1968) vitriolic writings in his series of essays on the social situation of patients and other inmates, although highly emotive, call for serious reappraisal of the social organization of institutions and raise doubts about the time people should spend in such settings.

The themes underlying the ethos of a mental hospital have ranged from the humane tolerant concepts of the moral era to the pessimism and disillusionment of aetiological preoccupations with heredity and incurable pathology and the custodial pattern adopted as a consequence. Bell, T. P. Rees (1957) and Macmillan were early exponents in Great Britain of the return to moral era concepts, eventuating in what is now called the therapeutic community approach—open doors, liberal regimes, breaking down of hierarchies, improvement of communication and the classification of patients on social behavioural lines with emphasis on humane treatment, work therapy and habit training. Clark (1965) draws a useful distinction between the therapeutic community approach and the therapeutic community proper with its large group meetings and patient involvement in responsibility and decision making. In his books (1964, 1974) and review article (1977) he outlines the historical development of hospital organization and presents in a thoughtful and questioning way therapeutic community concepts, achievements, failures and evaluation.

Various efforts have been made to analyse different components of the therapeutic community and evaluate effects. Techniques are difficult and concepts challenged (Zeitlyn, 1967). In *Ego and Milieu* (1962) John and Elaine Cummings present one of the few attempts to provide a theoretical framework for assessing the principles of psychotherapeutic and psychosocial treatment in a therapeutic community. Studies of power-sharing (Rubinstein and Lasswell, 1966) and essays on large groups (Kreeger, 1975) provide new ways of analysing certain aspects of interaction in the therapeutic community. Rapoport (1960) commenting on the Belmont experiment discusses the problem of combining treatment and rehabilitation in the same setting. He outlines four fundamental themes (1) democratization, (2) permissiveness, (3) reality confrontation, (4) communalism, which are discussed critically by Morrice (1979) as to their current applicability. Problems of orthodoxy and coming to terms with differences raise the question whether innovation and imagination are being stifled by confrontation and conformity (Manning, 1976). Efforts at evaluation by clinicians include the assessment of work at the Henderson Hospital (Whiteley, 1970, 1978), work with refractory patients at Fulbourn Hospital (Clark and Myers, 1970), a prospective study of schizophrenic patients at Littlemore Hospital (Mandelbrote and Trick, 1970) and the Duchess County Experiment (Gruenberg *et al*, 1969).

Within the framework of therapeutic communities it is important not to dismiss the concept house developments in the U.S.A. which have now spread to the U.K. as a setting for the treatment of young people with problems related to drugs and alcohol and the personality problems associated. They differ from the Jones type of therapeutic community in terms of an hierarchical and authoritarian structure but nevertheless are successful in effecting changes in behaviour. Both types of therapeutic communities are described by Sugarman (1968, 1974) and certain concept house programmes are evaluated by Ogbourne and Melott (1977) and Wilson and Mandelbrote (1978). Laing *et al's* (1965) work with schizophrenic patients and their relatives reflects further differences in approach.

The Association of Therapeutic Communities formed in 1972 has been a forum for a range of people interested in therapeutic communities. Many of the articles in their bulletin and from their conferences are published in *Therapeutic Communities* (1979) edited by Hinshelwood and Manning. This book contains a mixture of fulfilled and unfulfilled expectations, thoughtful ideas and an appreciation of the imperfections present. It attempts to bring up to date current experience and thinking in the U.K. For those contemplating research, chapters by Manning and Kennard reflect that evaluations remain complicated and limited in the answers they can provide.

References

BARNES, E. (ED.) (1968) *Psychosocial Nursing: Studies from the Cassel Hospital*. London: Tavistock.

BELKNAP, I. (1956) *Human Problems of a State Mental Hospital*. London: McGraw Hill.

CAUDILL, W. (1958) *The Psychiatric Hospital as a Small Society*. Cambridge, Massachusetts: Harvard University Press.

https://doi.org/10.1192/bjp.135.4.369 Published online by Cambridge University Press

CLARK, D. H. (1965) The therapeutic community—concept, practice and future. *British Journal of Psychiatry*, **111**, 947–54.
—— (1964) *Administrative Therapy*. London: Tavistock.
—— (1974) *Social Therapy in Psychiatry*. Harmondsworth: Penguin.
—— (1977) Review Article: The therapeutic community. *British Journal of Psychiatry*, **131**, 553–63.
—— & MYERS, K. (1970) Themes in a therapeutic community. *British Journal of Psychiatry*, **117**, 389–95.
CUMMINGS, J. & CUMMINGS, E. (1962) *Ego and Milieu*. New York: Atherton Press.
FOUDRAINE, J. (1974) *Not Made of Wood*. London: Quartet Books.
GOFFMAN, E. (1968) *Asylums*. Harmondsworth: Penguin.
GRUENBERG, E. M., SNOW, H. B. & BENNETT, C. L. (1969) Preventing the social breakdown syndrome. *Social Psychiatry, Res. Pub. A.R.N.M.D.*, **47**, 179–95.
HINSHELWOOD, R. D. & MANNING, N. (EDS.) (1979) *Therapeutic Communities: Reflections and Progress*. London: Routledge and Kegan Paul.
JONES, M. *et al* (1952) *Social Psychiatry: A Study of Therapeutic Communities*. London: Tavistock.
—— (1953) *The Therapeutic Community: A New Treatment Method in Psychiatry*. Basic Books: New York.
—— (1962) *Social Psychiatry in the Community, in Hospitals and in Prison*. Springfield: Charles C. Thomas.
—— (1968) *Social Psychiatry in Practice: The Idea of the Therapeutic Community*. Harmondsworth: Penguin.
—— (1968) *Beyond the Therapeutic Community: Social Learning and Social Psychiatry*. London: Yale University Press.
—— (1976) *The Maturation of the Therapeutic Community*. New York:
KREEGER, L. (ED.) (1975) *The Large Group: Dynamics and Therapy*. London: Constable.
LAING, R. D., COOPER, D. & ESTERSON, A. (1965) Results of family-oriented therapy in hospitalized schizophrenics. *British Medical Journal, ii*, 1462–5.
MAIN, T. F. (1946) The hospital as a therapeutic institution. *Bulletin of the Menninger Clinic*, **10**, 66–70.
MANDELBROTE, B. M. (1958) An experiment in the rapid conversion of a closed mental hospital into an open door hospital. *Mental Hygiene*, **42**, 3–16.
—— (1964) Mental illness in hospital and community: developments and outcome. (For the Nuffield Provincial Hospitals Trust—*Essays on Current Research*). London: O.U.P.
—— & TRICK, K. L. K. (1970) Social and clinical factors in the outcome of schizophrenia. *Acta Psychiatrica Scandinavica*, **46**, 24–34.
MANNING, N. P. (1976) What happened to the therapeutic community? In *Yearbook of Social Policy* 1975 (Ed. Jones). London: Routledge and Kegan Paul.
MARTIN, D. V. (1962) *Adventure in Psychiatry*. London: Cassirer.
MORRICE, J. K. W. (1979) In *Therapeutic Communities: Reflections and Progress*. (Eds. R. D. Hinshelwood and N. Manning). London: Routledge & Kegan Paul.
OGBORNE, A. & MELOTTE, C. (1977) An evaluation of a therapeutic community for former drug users. *British Journal of Addiction*, **72**, 75–82.
RAPOPORT, R. (1960) *Community as Doctor: New Perspectives on a Therapeutic Community*. London: Tavistock.
REES, T. P. (1957) Back to moral treatment and community care. *Journal of Mental Science*, **103**, 303–13.
RUBINSTEIN, R. & LASSWELL, H. D. (EDS.) (1966) *The Sharing of Power in a Psychiatric Hospital*. New Haven and London: Yale University Press.
SHOENBERG, E. (ED.) (1972) *A Hospital Looks at Itself*. London: Cassirer.
STANTON, A. H. & SCHWARTZ, M. S. (1954) *The Mental Hospital*. London: Tavistock.
SUGARMAN, B. (1968) *The Phoenix Unit: Alliance Against Illness*. London: New Society. New Science.
—— (1974) *Day Top Village: A Therapeutic Community*. New York: Holt, Rinehart and Winston.
WHITELEY, J. S. (1970) The response of psychopaths to a therapeutic community. *British Journal of Psychiatry*, **116**, 517–29.
—— (1978) Dilemma of leadership in the therapeutic community. *Group Analysis*, **11**, 40–7.
WILMER, H. (1958) *Social Psychiatry in Action*. Springfield: Charles C. Thomas.
WILSON, S. & MANDELBROTE, B. (1978) The relationship between duration of treatment in a therapeutic community for drug abusers and subsequent criminality. *British Journal of Psychiatry*, **132**, 487–91.
ZEITLYN, B. N. (1967) Therapeutic community—fact or fantasy? *British Journal of Psychiatry*, **113**, 1083–6.

Bertram Mandelbrote, M.A., B.Sc., F.R.C.P., F.R.C.Psych.,
Medical Superintendent, Littlemore Hospital, Oxford OX4 4XN

https://doi.org/10.1192/bjp.135.4.369 Published online by Cambridge University Press