

# A CONVERSATION

## Craig Fees talks with DENNIE BRIGGS

*I INTERVIEWED DENNIE BRIGGS, a friend and colleague of Maxwell Jones for four decades. Here he recounts his early experiences in Therapeutic and Transitional Communities in two military hospitals and in prisons. We spoke in his apartment in San Francisco on August 9, 1991.*

Craig: What I'd *really* like to hear about is *your* career--obviously Max and how he comes into it--but your own career because it's been quite exciting, what little I know about it. You were involved in Chino weren't you?<sup>1</sup>

Dennie: Yes.

C: How did you become involved in the whole area of the therapeutic community?

D: Well, it goes a long way back and started out while I was in the Navy. I graduated from a teacher training college and then went to the University of Southern California and did a year of graduate work [1949-50]. I couldn't find a job as it was the first major "recession" after World War II. I had been in the navy at the end of the the war and I had remained in the reserves. The Korean War broke out and was being escalated in the summer of 1950. I had taken a lot of psychology courses and when I had applied for a commission in the naval reserves I didn't know that I had been commissioned as a clinical psychologist. I requested active duty for one year, expected it to be denied, so registered for the fall semester. The clinical psychology program at USC was filled and so I enrolled in the sociology department where I'd found a second interest.

Before classes commenced however, I received orders to active duty at a Naval Training Station [Newport, Rhode Island] that had just opened to handle the build up of the Korean War. There I was assigned to the psychiatric department of the boot camp to do mental and emotional screening of recruits. It just so happened that there was a very experienced psychologist, Barry Molish, who'd been called to active duty from the University of Chicago. I spent six months there learning by doing and having individual supervision and training. But this is only by way of background.

C: Yes, do go on.

D: More to the point, I was transferred into psychological research for the launching of the first atomic-powered submarine--the Nautilus--at the Naval Medical Research Laboratory at the Submarine Base in New London, Connecticut. Most of the research was done by

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experimental psychologists and physiologists trying to figure out what might happen to people who would be confined for the long periods of time that atomic power would make possible. Most of them were concerned with physiological aspects--prolonged exposure to carbon dioxide, fatigue, vision, things like that. I was to look at other areas--particularly group morale. I didn't know much about this although I'd concentrated on social psychology and had taken some anthropology seminars.

So I went to Harvard to get some help and learn more. Naïvely I literally knocked on Henry Murray's door at the Harvard Psychological Clinic Annex one day, not knowing you just didn't do things like that. He graciously invited me into his office to talk with him and the upshot was that he invited me to join the weekly afternoon seminar with his graduate students. He had purchased this lovely old Victorian house on the campus or had it moved there and this was his headquarters. His office was upstairs in one of the former bed rooms and he had built a theater attached on to the rear. There was a large dining room he used for seminars and meetings. The day of the seminar he would have someone come in to serve lunch around this large table and from there the seminar would begin lasting the afternoon. Later on she'd bring us tea and on hot days, wine and beer. From him and Christina Morgan, I learned the TAT [Thematic Apperception Test] and subsequently modified it for naval personnel.<sup>2</sup> He'd been with the OSS during WWII and knew a lot about assessment for specialized assignments. He wanted me to get my doctorate with him and we developed a projective test to investigate archetypes among submariners, particularly the *Icarus complex* which he had a notion might be there in some strange way--in a kind of inverse order.

I met others at Harvard: Samuel Stauffer, anthropologists Florence and Clyde Kluckholm, Talcot Parsons, and Robert Bales. I sat in on their lectures and classes. So I got one day a week off from the Navy and spent it auditing classes at Harvard for the next two years. Dr Bales invited me to join his seminar and laboratory on group interaction and that was where my interest in groups began

I brought in Henry Murray and Robert Bales as consultants when I got some projects going. They would come to the Submarine Base, observe what we were doing, and give us their ideas. I set up a laboratory with a one-way mirror and had a machine built similar to the one Dr Bales had invented, to chart simulated group interaction and I used this for my project in his seminar.

C: You had heard about Max at that time?

D: I hadn't but was about to. I heard about the newly emerging field of social psychiatry and that one of the centers was at Yale's Department of Psychiatry. Again naïvely, I went to see Fritz Redlich who was chairman and he invited me to join his weekly seminar for psychiatric residents. There I met the late anthropologist Bill Caudill, who'd just published his book based on his work as a participant observer.<sup>6</sup> Dr Redlich had brought him there from the University of Chicago, and concealed his identity to both staff and patients. He had him admitted to the psychiatric ward as a patient to study what went on from the inside. Bill then joined the staff and worked out a projective test similar to Murray's TAT where he studied patient and staff perceptions to the social structure of the ward. I was fascinated by what he'd learned. From him, I first heard the name Maxwell Jones. His first book had just been published in this country. [*The Therapeutic Community*. 1953].

"You *must* go to England and see his hospital first hand," he advised me. I wasn't able to do that just then but I bought the book and filed his advice away in my mind.

C: But you went later?

D: Yes, but it was some years later. During this assignment with the submariners, I went to UC Berkeley to give a paper at a meeting of the AAAS [American Association for the

Advancement of Science]. On the plane I was seated next to Doug Grant, who then was involved in several projects at the Navy's Retraining Command, near San Francisco [a prison for navy and marine corps personnel]. He had a grant from the Office of Naval Research. Doug was looking for a control group to work out a pencil and paper test for his concept of I-levels [Integration Levels] and we thought the submarine candidates would be ideal.<sup>4</sup>

By now I had been extending my one year's voluntary service from year to year, and since job prospects were not much better--and I *was* having some exciting experiences and learning more than I had in five years of college--I applied for transfer from reserve status to career and was surprised that I was immediately accepted.

Is this getting too far off the point?

C: No. What happened next?

D: My future now financially secure, I was eager to find a way to get back to California. I'd always wanted to live in the San Francisco area since being stationed there for a year at the end of WW II, but could never find a job. I also was questioning my own sexual identity and re-experiencing times of depression; while not as severe as it had been while I was in graduate school, it was nevertheless troubling to me. There was a time in graduate school when I felt confused and walked out of a classroom one morning only to find myself in the late afternoon in downtown Los Angeles, not being able to account for the day or how I got there. I'd apparently had a mild fugue episode and went to the counseling center where they patched me up and advised me to seek treatment at some point, both for my own sanity and professionally--if I wanted to do psychotherapy.

I promised myself that if I was accepted as a career officer I'd immediately seek treatment. Now I was self-obliged! I also made a deal with naval personnel, that if they took me as a career officer I wanted to be transferred to California. The Naval Hospital in Oakland had the psychiatric treatment center for the West coast and Pacific. I thought at that time that I'd like to do psychotherapy. My interest in groups was only theoretical at this point.

When my request was granted I went to see Dr. Redlich at Yale and asked if he knew anyone in the San Francisco area he could recommend for me as I wanted to get into analysis. Fortunately one of his colleagues, Merton Gill, was moving there and so he put me in touch with him.

While I was still interested in group dynamics I had no experience in therapy groups; it was all theoretical and experimental. I had gotten to know Ed Borgata, then a student at Harvard, who was a protégé of Moreno's in psychodrama. I attended some sessions and found it fascinating. At Oakland, group therapy was used extensively. There were psychiatrists, psychologists, social workers, and some nurses who were involved with varying degrees of experience and using many approaches. A number of them were practicing Transactional Analysis and were taking workshops with Eric Berne.

But the most extensive treatment consisted of electro shock and deep insulin coma. These wards received the greatest focus of attention and there was always a great drama about their procedures. They had highly trained staff working as a team, and as they were locked wards, became rather isolated and secretive from the rest of the psychiatric service. Now and then a patient would not respond from insulin and these were always tense times. On a few occasions patients died in the process--from what they termed a "therapeutic misadventure."

There was some focus on individual psychotherapy. They had a psychiatric residency program and a neuropsychiatric technicians training school, so a lot of educational opportunities were there. This was an aftermath of the Korean war and doctors were still being drafted for two years of service, consequently some well-trained psychiatrists were stationed there. Although not a draftee, Thomas Harris, had recently come as clinical

director. He'd had psychoanalytic training and an analysis at Chestnut Lodge with Harry Stack Sullivan and Frieda-Fromm-Reichman. Harry Wilmer had come from the Mayo Clinic. And Irving Berg from Chicago where he'd trained at the Psychoanalytic Institute--people of this calibre.

I immediately got into analysis four days a week and asked some of the psychiatrists if they would supervise me in individual, brief psychotherapy. Both Tom Harris and Irv Berg agreed. So I was rather immersed in individual psychotherapy both from my own analysis and from the supervision I was getting. My analyst was a training analyst at the San Francisco Institute and I had visions of taking some courses there in time. I avoided becoming involved in the groups. Some of the patients I was seeing were fascinating. I taped my sessions to play back in supervision.

I was totally headed in that direction. But it all changed one day. Dr Berg invited me to sit in on his weekly ward meeting. He was in charge of a ward where about thirty patients were sent who were a mixture of psychiatric "misfits." Some had symptoms of schizophrenia while others were seen as dangerous because of previous assaultive behavior. Many were sent to that ward simply as they were unmanageable on other wards. As I look back, many of the patients were not unlike those I met later when I first visited Max at Henderson. I was intrigued by the meeting and watching Dr Berg operate. There was no fixed agenda and people were bringing up frictions from living together on the ward as well as individual "problems." Some were hallucinating and at times there would be angry outbursts. Dr Berg was active and entered into the various exchanges. At one point a nurse called him to come to the phone, which was rare to interrupt a meeting, but the commanding officer of the hospital was on the line. When Dr Berg returned he whispered in my ear that there was an emergency situation and he'd have to leave and would I fill in for him? He excused himself from the group after appointing me.

I was mildly anxious to begin with but as the meeting continued, became almost panicky as I didn't know how to deal with all the aggression--let alone my own anxiety. At one point a patient confronted me and asked if I was *scared*. I said I was and others pointed out how they had sensed this also. After all this was a locked ward and I didn't even have a key to get out. I was totally their captive. And then the group treated me with great kindness and understanding. Dr Berg never returned for the meeting that day. The patients and staff invited me to stay for coffee and we chatted informally about the meeting and what was taking place on this ward. They invited me to come back and as I was so intrigued I returned for the weekly meetings, did the psychological testing for the ward as the patients now knew me, and saw some of them individually. This was also the beginning of my interest in people labeled with the so-called "character and behaviors." And I was hooked on the group!

C: Lucky for you!

D: Indeed it was. The experience that had the most profound change on my life however, came soon afterwards when Harry Wilmer arrived. And here was to become my direct connection with Max. Harry had known of the new ideas that were being practiced in England and had visited there. He was especially impressed with Max at Henderson, with how T.P.Rees was operating Warlingham Park with no closed wards, with Tom Main at the Cassel treating whole families, and with Josuha Bierer at his day hospital. Incidentally, during the Second World War, Harry had contracted tuberculosis and was hospitalized so knew what it was like to be a patient. He'd had psychoanalytic training and been analyzed. He gave a staff presentation with slides about his recent trip to the U.K. that was fascinating. He mentioned that he wanted to try to run one ward as a therapeutic community.

And so he was put in charge of the admissions ward where he began holding community meetings six days a week. This was a busy ward where all patients first came

who were evacuated from the Korean area and naval hospitals west of the Mississippi River. It could hold only about thirty patients and as there were constant arrivals, patients could remain for a maximum of ten days.

When I heard what he was about to do--and from my new-found interest in the group with Dr Berg--I asked if I might visit. He invited me to come and spend a day on his ward. It began with an early morning meeting with the night staff, followed by a rounds in which Dr Wilmer talked to each patient individually at his bed to check on his condition and see if he needed any individual attention. This routine was followed by the community meeting and a staff review. He saw newly arrived patients individually and those who had requested interviews. There were always emergencies to be attended to. He took time to meet with the nursing staff in groups and individually as they requested help.

I was of course impressed with the project and arranged to be assigned there full time to work with him for the year that he remained. He asked me to assist him in studying what happened in the community meetings. Here my training in group observation came in handy. And I thought of what I'd learned from Bill Caudill from *his* experience. So for several months I sat on the periphery of the group, made a seating chart, and systematically recorded the group interaction. I then tabulated this information and shared it with the staff at the post-group meetings. I remained on the ward for the remainder of the morning, listening to patients and talking with them informally. I met regularly with the hospital corpsmen on the ward in a training group.

Harry Wilmer brought many visitors to the project--some to observe and some as regular consultants. They ranged from Admiral Nimitz to psychiatric experts such as Emmy Sylvester, William Barrett [then president of the American Psychoanalytic Association], Karl Bowman, Jurgen Ruesch, and Gregory Bateson. It was from Gregory Bateson's visits that he invited me to join the weekly seminar at Stanford that he held at his home.

At the end of the one year project, Dr Wilmer was transferred to the National Naval Medical Research Institute at Bethesda, Maryland, to write up his study for the remaining year of his obligated service.<sup>5</sup>

C: It must have been an exciting year. What happened then?

D: Another long story but I'll try to make it brief. For my graduate thesis I had studied a number of Japanese American children who'd experienced confinement in the relocation centers during World War II. I wanted to see the effects on their acculturation. Many of the patients we received on the admissions ward arrived from the Naval Hospital at Yokosuka, Japan. They told horror stories of their treatment there from being physically abused to heavy dosages of drugs. We were often outraged by these accounts and wondered how much of their present condition was aggravated by the way they were treated there. The long flight back to the U.S. contributed to their condition as many were under heavy sedation and in restraint. We wondered what could have been done for them had they been treated more humanely at the onset of their mental symptoms.

And people were beginning to ask how much of the success of the project was due to the charisma of Harry Wilmer? Could it be done elsewhere with someone else playing the catalytic role?

Combining these concerns with my interests in Japanese culture, Harry and I decided on a second project at the naval hospital in Japan and this was to be my next assignment.

C: You still hadn't met Max?

D: No. But before leaving for Japan for two years, Harry thought I should go to England and see for myself what Max and the others were doing. He arranged for me to go to for a

month to meet Max and spend time at what was then Belmont Hospital.<sup>6</sup>

C: When was this?

D: The spring of 1956.

Max was in his fifties and not yet married. He lived on the grounds so I spent a good deal of time with him especially in the evenings and on the weekends. During that month I got to know him quite well. We had many discussions and he gave me drafts of papers he was working on for comment. Joy Tuxford was there at the time and Peggy McCarthy, his secretary.

An interesting synchronistic event happened while with Max that month. The editor of the *British Journal of Delinquency* sent Max an article to critique by Douglas Grant proposing self-study communities as a way of prisoners making a contribution to society--an alternative way of "paying their debt" to society from merely being locked up. Max asked if I knew of him and his work and by chance, I did!<sup>7</sup>

Upon my return from the U.K. I went directly to Japan accompanied by a psychiatric nurse and three of the psychiatric technicians whom I'd worked with at the hospital--some with Dr Wilmer.

C: How did that go?

D: It was a challenging assignment to say the least. The Naval Hospital at Yokosuka cared for a wide variety of patients from the various areas of the Far East--Marine Corps personnel and sailors from ships as they were in the area. We also treated their families and civilian personnel. The hospital was designated as a United Nations facility and so it received patients from member countries who happened to be in the area. Consequently we had military personnel who could not speak English. The psychiatric service consisted of one locked and one open ward with outpatient services.

C: How did you go about changing it into a therapeutic community?

D: Well you see by this time we had a lot to go on. We'd all seen what Harry had done with his ward and I'd just returned fresh and excited from spending time with Max at Henderson, Tom Main, T.P.Rees, and Joshua Bierer. We were the nucleus of a new team. Luckily we found an ally in one of the doctors, Frank Rundle, who was one of what the navy referred to as "ninety-day wonders," a young doctor who'd had the introductory course in psychiatry at the Naval Medical Center at Bethesda, Maryland. He was assigned to the closed ward and we worked largely with him. He was a devoted and committed person who was open to new ideas and not burdened by preconceptions. We also had an experienced psychiatrist, I believe from Cornell, who practiced individual psychotherapy.

We were so naïve that we just jumped in and began daily meetings on the closed ward and when these were working, began them on the open ward. Eventually we combined the community meetings with both wards. The primary problem was with the hospital corpsmen. They'd been placed into an impossible position with no training in psychiatry and left on their own to deal physically with patients, many of whom were severely disturbed. A previous doctor had made heavy use of electric shock and sedation, and the seclusion rooms were always occupied. The corpsmen formed a tightly-knit group that transcended their work into their relationships off duty. Many were involved in destructive relationships with Japanese girls, excesses of drinking and drugs, along with illegal activities on the black market.

C: How did you deal with all that?

D: Several levels. First in the community meetings and post-group reviews where they were terribly threatened when patients began to bring up *their* behavior, which formerly had never been open to question. The nurse, Marion Wardell, began training sessions for

them and so did I. We appointed one of the corpsmen who came with me, Rodney Odgers, as the senior corpsman of the locked ward and he set about by example to show them a new way to relate to the patients. I remember seeing him in his bare feet, pants rolled up, mopping the floor along with the patients. And patiently eating from the same tray as a paranoid marine, to show him it wasn't radio-active.

C: Quite moving. How did it go overall?

D: Far greater than we'd ever anticipated. We were able to return more men to duty, air evacuate fewer, and for those who we had to return to the U.S., significantly fewer went in restraint and under sedation.<sup>8</sup>

C: How long were you in Japan?

D: Two years. Near the end of that time, Harry Wilmer arranged for me to spend a month with him at Bethesda to write up my findings from observing his ward. And this event proved pivotal for me.<sup>9</sup>

C: How so?

D: In a couple of ways. While I was there, I attended a symposium on preventive and social psychiatry at Walter Reed. I won't bore you with the details, but it was a real ground-breaker in this country and the list of *who's who* was tremendously impressive. Bill Caudill and Fritz Redlich from Yale, Chris Argyris and Fred Fiedler, Erving Goffman, David Hamburg, Robert Lifton, Fritz Redl, Jurgen Reusch, Fillmore Sanford, Alfred Stanton, St Elizabeth's superintendent, Winfred Overholser--I could go on and on. There were others from abroad: Paul Sivadon from Paris, Willem Meijering from the Netherlands, James Tyhurst from Montreal. I don't know why Max wasn't there. The range of topics was enormous from communication theory, group structure, ecology of mental illness, industrial psychology, leadership, and so on.<sup>10</sup>

What was important to me was that it was a glimpse of a whole new approach to mental illness that was shaping up, much of it stemming from projects in the U.K.--a wider context in which therapeutic communities were a core element.

The other event that changed my direction was that I found out naval officials had decided that I'd had enough clinical experience--six years--and upon completion of my present assignment in Japan, they were going to transfer me to Washington to attend a nine-months' course in hospital administration--I was to become a *bureaucrat!*

C: Unlikely candidate!

D: Unlikely--and *unwilling!*

C: How so?

D: After talking it over with Harry, I concluded that I'd gone about as far as I could go in the navy. He was ending his two years obligated service and going to Stanford. To stay in the navy at best, I would have to settle for teaching--and that on the side. I wanted to move on and continue to experiment and learn. During that month's visit, I met Joel Elkes, from St Elizabeth's. He proposed that I join his staff and set up a therapeutic community there. Even though I would still be in the mental hospital realm, I thought this would be a great challenge and so I tentatively agreed.

I returned to Japan and sent in a letter of resignation. I'd now been in the navy for over nine years and knew that if I remained another year, I'd be half way to retirement and then be reluctant to move on.

C: Is this when you went to Chino?

D: Well, yes. But to back up a bit. I left Japan and was discharged at Treasure Island. Another one of those incredible synchronistic meetings happened to me. I was in San Francisco waiting for my car to arrive from Japan. I literally ran into Doug Grant *again*,

walking along a busy street. He was in the city attending a conference. We had not been directly in touch for the past two years. He invited me for a drink and told me about his new job as Chief of Research for the California Department of Corrections. He'd now read and heard more of Max's work and was interested in how his *social learning* compared with his own work. He'd visited Harry Wilmer's ward when I was there and gave a seminar to the staff on his *living-groups* and classification scheme.

He told me about the prison at Chino and how he had planned to do some projects there. I was driving to Washington, D.C. and Doug invited me to stop by and at least meet the superintendent [E. J. Oberhauser, known by everyone as "Obie"].

Well to put it mildly, after I *did* stop by the prison I was left in a quandary. I liked Obie immediately. Doug undoubtedly had spoken to him about therapeutic communities and about my work. He said to me, "We haven't had a new idea around here for the last two years!" I remained nearby for a few days thinking this over. I remembered back to the time I spent on Irv Berg's ward and the group of "delinquent" patients I had conducted in Japan--"my bad boys" as the hospital staff referred to them. After some sleepless nights, I contacted Doug and said I would take him up on his offer. He added that I could arrange for time off to go into Los Angeles and finish up my long-delayed PhD. I found an interesting house in the little sleepy town of Chino and sent a telegram to Dr Elkes.

C: What happened at Chino?

D: I took a year to acquaint myself with the prison culture. I'd never been in one before and had a lot to learn. Chino [the California Institution for Men] was an interesting place. It had a tradition of being one of the pioneers of the "new penology" from the time it opened. Kenyon Scudder, it's founding superintendent set out to make it a more humane institution. He tried to treat prisoners as people and deal with them rationally instead of imposing a traditional prison regime. It had worked well and Obie was one of the original fifty bright, young men, he chose to open the institution.<sup>11</sup>

On the grounds was what was called a Reception-Guidance Center, a maximum-security prison of about 500 men. Here's where they arrived from the courts in Southern California and spent eight weeks or so being examined physically and mentally. Once classified they were then transferred to one of twelve other prisons. Only a few remained at Chino.

So I decided to begin my orientation there and go through the process that an inmate might experience. I had an office in the dispensary and got to know the inmate technicians--some had been army and navy hospital corpsmen. And then they assigned me an inmate clerk who was very intelligent and a skilled offender--a burglar who'd committed several hundred burglaries before he was caught. He oriented and protected me from the other inmates. We had a coffee-klatch morning and I began to write up my notes that the clerk typed up. He corrected my perceptions and added his own!

C: You were a participant observer once more!

D: I was. In order to get to know inmates better I volunteered to take case histories as the counselors did and then began to see my "clients" in a small group. It went very well and my clerk now became my assistant, learning about groups as he was teaching me about inmate culture. I wanted to spend some time in a cell block with the inmates--eating, sleeping there--to see what it would be like being confined. I thought back to Bill Caudill's experience being committed as a patient. But the superintendent's chief custodial officer thought that was going too far and wouldn't hear of it. Then I remembered that I'd discussed his experience with Caudill and he said if he had to do it over, would not have done it that way--that he learned just as much when he was open about his inquiries without the subterfuge.<sup>12</sup>

As an alternative, I requested my "office" be moved to a single cell in one of the cell

blocks that housed about 100 inmates. That was an interesting experience in itself, for now I didn't have the privacy of a closed door. Everything I did could be over heard by the other inmates. My cell was at the end of a long row and an open stairway was nearby leading to the second tier. Inmates frequently sat on the staircase so I was in full view doing my interviews. I also questioned confidentiality of the case histories so began to dictate my observations in the presence of the inmate and asked him to verify what I'd said, correct or add new information for his record, that would in part determine which prison he was assigned to and be part of his record for future parole hearings.

My group began to grow in size and others--staff and inmates--were curious about it. Eventually we worked out a pilot project so that two other counselors housed their inmates in the same cell block and joined the group. Soon we had the entire block of 100 men meeting daily in a large group. One of the psychologists, Dick Heim, joined in and did the psychological evaluations for the men. Now we had the beginnings of a "community." In many ways, except for the absence of women, it resembled what I'd first seen at Henderson. The background of the prisoners was totally unselected--everyone who was assigned to the cell block. So we had offenders whose charges ranged from writing bad checks to murder.

Max, Doug, and others came to visit and gave us their impressions.

C: Do you recall some of their observations?

D: Well, not specifically. But all in all they were impressed that you could conduct a group of this size and variation within a maximum-security prison and that the inmates would talk about such personal items. Sure, they had complaints about food and so on--not too different than I'd experienced in the navy. But as time went on--just like Max had experienced at Mill Hill and Henderson--those who had been there longer said they'd been through all this and how about getting to the real issues, namely how you got where you are and what are you going to do with your time in prison, etc.

C: Sounds familiar.

D: The similarities told me we were on the right track. Doug was now ready to begin his project. Researchers in headquarters had conducted a five-year project at the main institution at Chino and at San Quentin. They were trying to find out if social work counseling made any difference to men's behavior when they were paroled. An elaborate design with controls, specially selected counselors, and housing conditions--it was coming to a close. Doug wanted to phase it out for a therapeutic community, living-group project.

C: This was when?

D: 1959. Our first project was located in a forestry camp in the mountains, a couple of hours away from Chino. I started by assembling a group formed from the cell block who were eligible to remain at Chino--in a kind of staging area. We got them assigned to one dormitory that housed twenty-six men. Eventually we filled the dorm and so the group formed naturally. Many of these men became "culture builders," so that when the projects eventually began, even though some of them didn't meet our criteria, they stayed on to build the therapeutic climate for those who were to follow. Some moved as a group to the new camp and we added new men as they were available.

Then we began a second project--this time on the grounds of the main institution. Initially we had to have the community meetings in the evening as all the men were on work assignments or attending school classes.

C: What was the criteria for selection?

D: At that particular time, about forty per cent of the first adult admissions to prison were young, aggressive offenders--crimes like armed robbery, burglary, assault, murder. These prisoners were management problems--restless, often highly intelligent, and quick to

adapt to the prison culture. Most had to be confined in higher security prisons which was expensive. But we believed many of them could become highly motivated to this type of treatment--I was certainly convinced based on my year's experience in the Guidance Center. We used Doug's classification scheme and opted for those who had higher I-Levels, which meant they were capable of increasing their ability to make discriminations, tolerance for ambiguities, and integrate new experiences.<sup>13</sup>

C: How did you arrive at those characteristics?

D: Initially through interviews and examination of their case histories and the nature of their offenses. All were volunteers. We rated them and then they were randomly assigned when we had openings, so we had a control group. Later in the project, the inmates participated in the selection.

C: Can you describe what took place in the project--how it operated from day to day?

D: Much like what I'd witnessed at Henderson and in the Navy. We had a lot of administrative obstacles in the first two years, for even though Chino was seen as "progressive" it had ossified in many respects into a typical prison, where custodial considerations took precedence over any of rehabilitation. The men in our project were assigned to work in the laundry under "sweat shop" conditions run by a manager who was used to an inexhaustible labor supply. Our men being bright and ambitious tried to devise working conditions so that they could do twice the amount of work in half the time, hoping they could have time off for other activities in the project. After two years of constant haggling we decided to give it up and devise our own work project.

So at first we had to have the community meeting after work, late in the afternoon, when the men would be tired and hot from the days work--and inactivity--in the laundry. For the last two years we met, as did Max, first thing in the morning for an hour and a half followed by a staff post-group. Then the men met in small social therapy groups for the rest of the morning. In the afternoon they were on their work projects followed by a work group meeting.

C: You've mentioned and written about Social Therapists. How were they alike--and different--from those Max developed.

D: One of the things that impressed me most about Henderson was their role and training. The afternoon tutorials were some of the most exciting and educational means of learning I'd ever experienced. I tried to institute the same with the hospital corpsmen and nurses in the navy. Eventually some of the patients assumed this role. At Chino, we initially inherited counselors who had a social casework background and were involved in individual counseling. A few had experimented with small groups but they were primarily oriented towards psychotherapy. Then we had the correctional officers who were assigned to the housing unit. At times we had experienced officers and then we had newer ones. Eventually we were able to choose who we wanted and they were under our direct control, so we could integrate them totally into the program. We even got permission so that they could decide whether or not to wear their uniforms--eventually they all abandoned them and blended in physically with the rest of the staff. So they became our first Social Therapists.<sup>14</sup>

But what was more interesting, during the last two years some of the inmates took on these roles formally. I think at one time we had twelve among the forty to fifty man community. We set up a training program for them with a tutorial much like Max did and that was their work assignment--to mingle with the men at work, recreation, and socially. They were especially important in confronting the men in the group about their behavior, and so on.

C: How long did these projects last?

D: Our funding was for five years. At the close, the Director of Corrections approved a larger program called ICE [Increased Correctional Effectiveness] whereby in lieu of building a new 1,200 man prison, the funds were converted to establish twelve transitional communities of 100 men (one was for women)--one at each of the other prisons. I had the job of training the staff that included special parole agents who would be supervising the men--and women--once released. I had a month-long initial training course at Chino with the help of the inmates, especially the Social Therapists. Then I visited each community on a regular basis as a consultant and arranged for seminars to bring them together from time to time. We had other consultants, such as Max and Joy who visited the communities. Harry Wilmer established the community at San Quentin and did some intensive work with the prisoners' families.<sup>15</sup>

C: How long did that program last?

D: I don't recall, but not very long. Reagan became governor and he was bent on his campaign promise of not being soft on crime. These kind of programs were suspect and not seen as "cost effective" by his group. I believe Director McGee retired about this time and the Department of Corrections took a whole new turn with custodial and confinement taking precedence over any kind of rehabilitation.

C: What happened to you?

D: I moved into teaching. But first, Doug, his wife Joan, who headed research in parole, and I decided we'd gone about as far as we could within the system. So we got a two-year grant from NIMH to do a small pilot project to carry this idea further. Actually we'd all been impressed by the inmate Social Therapists and some of them expressed an interest in doing some kind of similar work once they got out.

So we called it a New Careers project for offenders. We wanted to keep the idea of team intact, so selected two to three inmates, (mostly from our transitional communities), a university graduate student, and one of us as a resource person or consultant. We trained them at Vacaville for four months.<sup>16</sup> They lived together and formed a small community there. We brought in various experts to hold seminars with them. Max came and met with them on his annual visits to the U.S.

You see at this time there was a shortage of professionals in the helping fields and we had indications that there might be a chance to create a new category in the human services--"paraprofessionals,"-- both easing the shortage and creating new job opportunities for people who had experienced poverty, confinement, etc. as part of their own development. We were impressed by Margaret Rioch's project for example, where she trained a group of "housewives" as psychotherapists. She reasoned that having raised children successfully, they would have a lot to offer in terms of assisting others--with proper training and supervision.<sup>17</sup>

C: How did that go?

D: You mean the training?

C: No, I was thinking about the jobs?

D: Part of our proposal called for employment. We had letters from various agency heads in social work, probation, education, and so on who offered to employ them. We even had funds to subsidize their first jobs on an internship basis. But to our surprise when we had the first group ready to go to work, none of these agencies would hire them--even at *our* expense. They found all kinds of reasons, such what if an inmate snatched an employer's purse, got confidential information from a client's file? Or, heaven forbid, molested a client!

As we studied these resistances and talked about them with others, it became apparent--at least to us--that the problem was the agency itself. Underlying resistances

to employing its clients *could be* seen as an agency not willing to look at its own effectiveness. Which involved change. So we began to focus on the agency as client and re-gearred our program accordingly. About this time Ron Lippitt's book came out and it seemed that here was the prototype we should follow.<sup>18</sup> So instead of looking at the New Careerists as *paraprofessionals*, we began to see them as *social change agents*. Our re-grouping focused on development of change and development teams; rather than approach an agency as individuals, we would try to place a team to help the agency study its effectiveness. That meant the team would have to learn new skills, such as interviewing, sampling, research, quality control, monitoring, and so on. But that's another story and getting away from therapeutic communities. A spin-off you might say!

[Intermission]

C: You've expressed to me personally about your concern that therapeutic communities often get "hardening of the arteries" and don't seem to be able to move on. Could you comment on this?

D: Yes, I would like to. It concerns me deeply. I talked to Max about this matter on many occasions, especially after we'd been doing workshops and training staff working with heroin addicts in Italy at CeIS.

C: Could you expand on that?

D: Well, not just in the drug programs but elsewhere. That's something I've seen in several therapeutic communities--where they got off to a bright start. It happened at Chino also. When I left for extended periods of time during the last year to do staff training and brought people there for training, I found an certain rigidity as if they were afraid to change things, when we were changing things constantly. Walter Dunbar, the new Director of Corrections wanted everything specified--details on how to operate a therapeutic community from its size to meeting times, work assignments, and so on. He wanted all twelve of the [ICE] transitional communities "standardized." I had written a number of descriptive papers about what we were doing but he wanted precise instructions. So he appointed a task force to prepare a manual or guide of procedures and, in the interim, issued a memorandum with specifics. He, incidentally, did not put *me* on the task force, but members did interview me. In due time, they came out with a manual.<sup>19</sup> Max warned that it would be the "kiss of death" for what we were doing. And it was.

In many ways, that's what I felt about Henderson when I went back--that the staff were trying to perpetuate something that had had its day rather than try new things with different people and see what would work and what wouldn't.

C: It must have made a phenomenal impact when Max left.

D: Yes, it did.

C: He just sort of left?

D: As I understand it, he didn't plan to leave. Harry Wilmer had arranged for him to come to Stanford for one year, a sort of sabbatical for Max, and then presumably he would return.<sup>20</sup> But then as it turned out, you could almost say he became popular during his stay. He received the Isaac Ray Award and gave the lectures at the APA meetings in Washington, which gave him instant recognition in psychiatric circles all over the country. If you didn't have a therapeutic community in your hospital, you almost weren't rated in those days. So, he was going all over the country consulting and training staff, softening up the administration and politicians.

His personal and social life was affected as well. Merla Zellerbach, a socially prominent San Franciscian who wrote a column in the *San Francisco Chronicle*, wrote a

novel about therapeutic communities.<sup>21</sup> She used his name for her central character and even went to visit Henderson. He brought her to visit Chino. And so he and Kerstin were involved in the social life of San Francisco. It was just a phenomenal year all around for him. He received a lot of publicity. And he loved every minute of it! He decided he didn't want to return to Henderson or England, where he'd had to struggle for so long and had so little support from his peers in medicine and psychiatry. He had many offers while at Stanford and could have gone to just about any place in the country, to teach, to consult, to practice, to write.

And then the other thing he liked was that he was away from psychopaths; he'd spent so many years with them that I thought he was almost burnt out. He wanted to see what he could do with other populations. During the year at Stanford, he had a good experience of setting up the San Mateo Community Mental Health Center with Harry Wilmer and Calvin Young, that was one of the first in this country. He then used it to train his residents. As far as I know, it's still in existence and is one of the best in the country. There he was working with more middle-class neurotic people.

One of the residents at Oregon State Hospital, Stuart Hollingsworth, came to see what he was doing and invited him to consult with them. He subsequently received an offer to come there and decentralize the hospital into geographical units and train the staff to do most of their work in the community. I think there were only two state hospitals in Oregon, so he had a chance to extend what he'd done at San Mateo.

And so he resigned from Henderson and never went back. I believe his assistant took over for the year he was away—a Scotsman...

C: Pomryn?

D: No, Pom was there, but I believe this was Fergie Stallard. Pom was there when I first visited and quite frankly, I wasn't too keen on him. I thought he was a bit arrogant and too argumentative. When I discussed this with Max, he said it was good to have Pom there as an opposing force--kept him on his toes! I ran into Fergie again at a prison governor's conference and when I was at Dingleton. He told me about some of his activities after he went back to Glasgow--all sorts of out of the ordinary things. As I recall, he got involved in a theater group and would take actors and go to pubs, find people who were not able to hold their liquor etc., and coax them to come to the place he was working—another version of *community psychiatry*! He was aggressive, full of ideas. And I believe it was a general consensus that he would be named to Max's job when he decided not to return. But this was not the case and as I heard it, an establishment psychiatrist was brought in from the outside and, again rumor, he was sent there to close Henderson. The patients, however, apparently got to him and won him over as I've heard.

C: Was it Haden or something like that?

D: I don't know. I don't think I'd recognize the name if I heard it. I don't know if Stuart [Whiteley] followed him or...

C: Yes. It *was* Stuart.

D: Max was at Oregon two years I think and then he went directly to Dingleton.

C: I think so. He left Oregon in unhappy circumstances of some kind.

D: There are all kinds of stories about his leaving. Salem was very conservative politically at that time. Mark Hatfield was governor, who went on to the Senate. There were a combination of circumstances. Too many patients were seen on the streets of Salem for one thing. The state hospital and the prison were within a short distance of the capital and all these "crazy" people they'd locked-up were now back walking the streets. Dean Brooks, the young superintendent who had been very supportive of Max, apparently was told by the Governor to get rid of him. At least that was rumored.

There was an interview of Max, I just came across the other day, in which Max talks about some of these things rather openly. Let me see if I can find it. Yes, here's the quote:

Of course I can't work with autocrats. I've hated them all my life. Indeed, I was even kicked out of the State of Oregon by Governor Hatfield. I was developing an open-system hospital there in Salem and it went jolly well but then the bureaucrats started worrying about patients wandering around unaccompanied. Of course they never faced me. Instead they put pressure on the superintendent who said to me with enormous embarrassment, "Max, I think you could find a better opportunity for you skills" or some such bull. <sup>22</sup>

He tried to do a lot in Oregon but was too far ahead of his time. He brought in some staff he knew who were rather progressive. There were houses on the grounds for the high level staff and he had one—a lovely home. He was involved in a lot of social activities and had important people coming there to visit him. Aldous Huxley came and spent a few days with him, who at that time was involved in LSD experiments. But at any rate Max was identified with a progressive--if not radical-- group that had not existed in Salem before he arrived.

He did some awfully good things there and it worked well. But he met a great deal of resistance. When he was able to close some of the wards; the psychiatric technicians became threatened that they'd lose their jobs and went on strike. The superintendent was very knowledgeable and continued to be supportive. He visited us at Chino and stayed several days to see what could be done in a prison. You could see Max's influence on him. While at Oregon, Max became more eager than ever to be a superintendent himself. He'd always been hampered by having to go through other people. He'd written about the importance of having "positive sanctions from above." And now he wanted to be able to provide them. So then he went to Dingleton for eight years and upon retirement returned to the U.S.--to Fort Logan.

C: It must have been pretty exciting for him.

D: Yes. Yes, it was.

C: To finally be able to do this.

D: Right. And to be back in Scotland which he loved. Some of his family were still living in the area--his brother and sister. He had great hopes when he went there. I don't think he ever got the support that he was hoping for. He had some, but not what he should have had--more of a tie-in with Edinburgh University with Morris Carstairs. He wanted more students back and forth and to do some teaching outside Dingleton. The chief medical officer for Scotland, Dr Brotherston, was not as supportive as he might have been either. Max had to struggle for everything and was very disappointed at times. David Anderson would know more about this.

Dingleton was about as difficult a place as you could imagine to go into. He had inherited patients in terrible conditions. Some had been institutionalized for thirty to forty years and had had all forms of terrible things done to them. Some had been sent to London for leucotomies, for example. And then he had staff, some of whom were third generation employees of the hospital, it being the main source of employment in the village. So, he had tremendous odds against him from making the changes he had in mind. It was amazing how slowly he plodded along.

*Dennie has kindly prepared this edited transcript, as well as provided notes and bibliography. The original can be consulted, with his permission, in the Planned Environment Therapy Trust Archive and Study Centre, Church Lane, Toddington, Cheltenham, Gloucestershire GL54 5DQ, United Kingdom.*

## Notes and References

1. The California Institution for Men is a minimum-custody prison operated by the California Department of Corrections, located near the town of Chino, 70 miles east of Los Angeles. In 1958, the prison had approximately 2,000 inmates with an additional 500 in forestry camps in Southern California and another 500 in the Reception-Guidance Center.  
An account of one transitional community project can be found in Whiteley, Stuart, Dennie Briggs, and Merfyn Turner, *Dealing With Deviants*. London: Hogarth, 1972 (see chapters 4,5,6) and in Briggs, D. "A Transitional Therapeutic Community for Young, Violent Offenders,:" *Howard Journal of Penology and Crime Prevention*. XIII, 3, 171-184 (1972)
2. Briggs, Dennie, "The Navy Thematic Apperception Test (N-TAT)," *Journal of Psychology*, January 1954.
3. Caudill, William. *The Psychiatric Hospital as a Small Society*. Cambridge: Harvard University Press, 1958.
4. Sullivan, Clyde, Marguerite Grant, and J. Douglas Grant, "The Development of Interpersonal Maturity: Applications to Delinquency," *Psychiatry* 20:373-385. 1957; cf., Jones, Maxwell, *Social Psychiatry in Practice: The Idea of a Therapeutic Community*. Harmondsworth, Middlesex, 1968, pp 128-131; Grant, J. Douglas and Marguerite A. Grant, "A Group Dynamics Approach to Treatment of Nonconformists in the Navy," *Annals of American Academy of Political and Social Science*, 322: 126-135 1959.
5. Wilmer, Harry. *Report on Social Psychiatry: a Therapeutic Community at the U.S. Naval Hospital, Oakland, California*. Bethesda, Maryland: U.S. Naval Medical Research Institute, 1958; *Social Psychiatry in Action: A Therapeutic Community*. Springfield, Illinois: Charles Thomas, 1958. Henry Greenberg wrote a television screenplay based on Dr Wilmer's Therapeutic Community, "People Need People," broadcast as part of the series, *Alcoa Presents*, introduced by Fred Astair.
6. Briggs, Dennie, "Social Psychiatry in Great Britain," *American Journal of Nursing*, 59: 215-220. 1959.
7. Grant, J.D. "The Use of Correctional Institutions as Self-study Communities in Social Research," *British Journal of Delinquency*, 7:301-397. 1957. (with commentary by Maxwell Jones).
8. Briggs, Dennie, "A Therapeutic Community in an Overseas Naval Hospital," *Military Medicine* 122:4, April 1955; "Beginnings of a Therapeutic Community: Establishing Group Meetings on a Closed Ward," *U.S. Armed Forces Medical Journal*, 8:811-819 (1957) (co-author); "Development of a Therapeutic Community: Problems Encountered in Daily Community Meetings," *ibid*, 8:1339-1349 (1957). (co-author).
9. Briggs, Dennie, "Verbal Communication in Community Meetings," (Chapter III in Wilmer, *op cit* #5. Bethesda, Maryland, 1958).
10. *Symposium on Preventive and Social Psychiatry*. [Proceedings] Washington, D.C.: Walter Reed Army Institute of Research. 1957.

11. Scudder, Kenyon. *Prisoners are People*. Garden City, New Jersey: Doubleday, 1952.
12. Redlich, Fritz. "The Anthropologist as Observer: Ethical Aspects of Clinical Observations of Behavior." *Journal of Nervous and Mental Disease*. 157: 313-319 1973.
13. Sullivan, Grant & Grant *op cit* #4
14. Briggs, Dennie, "The Hospital Corpsman as a Social Therapist: An Important Role in Psychiatric Treatment," *U.S. Armed Forces Medical Technician's Journal* 8:169-176, 1957; "Convicted Felons as Social Therapists," *Correctional Psychiatry and Journal of Social Therapy*, 9:122-128, 1963; "The Correctional Officer as a Consultant: An Emerging Role in Penology," *American Journal of Corrections*, pp.28-31.1964 (co-author).
15. Wilmer, Harry, "A Living Group Experiment at San Quentin Prison," *Correctional Psychiatry and Journal of Social Therapy*, 10:80-91. 1964; "The Role of the 'Rat' in Prison," *Federal Probation*, pp 44-49, 1965 (March); Group Treatment of Prisoners and Their Families, *Mental Hygiene*, 50:380-389, 1966; (co-author); "Murder, You Know," *Psychiatric Quarterly*, pp 414-447.1969 (July).
16. California Medical Facility, located at Vacaville, California near San Francisco, and at that time with a psychiatrist as superintendent.
17. Rioch, Margaret. "NIMH Pilot Study in Training Mental Health Counselors." *American Journal of Orthopsychiatry*, 33:678-689. 1963.
18. Lippitt, Ronald, J. Watson, and B. Westley, *The Dynamics of Planned Change*. New York: Harcourt-Brace, 1958.; Grant, J. Douglas, "The Psychologist as an Agent for Scientific Approaches to Social Change," in *Progress in Clinical Psychology*, Grune & Stratton, 1966.; Grant, J. Douglas, "From 'Living Learning' to 'learning to live': An extension of Social Therapy," in Hans Toch, *Therapeutic Communities in Corrections*, New York: Praeger, 1980.; Grant, J. Douglas. "The Offender as a Correctional Manpower Resource," in Frank Riessman and H. Popper (eds), *Up From Poverty: New Career Ladders for Non-Professionals*, New York: Harper and Row, 1968.
19. Fenton, Norman, Ernest G. Reimer, and Harry A. Wilmer (eds). *The Correctional Community: An Introduction and Guide*. Berkeley and Los Angeles: University of California Press; Oxford University Press. 1967.
20. After Max arrived at Stanford, the chief of psychiatry called a press conference to introduce Max and his plans, "British Expert: New Era Seen in Mental Treatment," *San Francisco Chronicle*, July 14, 1959, p 40.
21. Zellarbach, Merla, *Love in a Dark House*, Garden City, New York: Doubleday, 1961.
22. Sutherland, R. "Keeping Up With Dr. Jones: Cutting Across All Medical Traditions in Psychiatry and Medicine Didn't Hurt a Bit," *The Medical Post*. April 7, 1987 pp11-12.

**Archivist's note:**

Dennie Briggs is preparing a series of working papers documenting his experiences for the Planned Environmental Therapy Trust Archives:

- *Record of a Friendship: A Memoir of Maxwell Jones, Comprising a Sketch of the Therapeutic Community.*
- A glance at two military therapeutic communities
- In Prison: Transitional Communities
- Learning Communities (Application of the Therapeutic Community ideas to Education Schools)

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SELECTED BIBLIOGRAPHY  
(On Therapeutic and Transitional Communities)

BOOKS

- A Class of Their Own: When Children Teach Children.* Westport, Connecticut: Greenwood. 1998.
- La Comunità Terapeutica: Conversazione con Maxwell Jones.* Rome: Centro italiano di solidarietà 1988.
- Fermer les Prison.* Paris: Seuil. 1977.
- In Place of Prison.* London: Temple-Smith. 1975.
- Dealing With Deviants; The Treatment of Anti-Social Behavior.* London: Hogarth. 1972.; New York: Schocken, 1974. (Co-author). (Chapters 4,5,&6)

ARTICLES

1.Mental Health

- “Drug Addiction and Levels of Consciousness.” Rome: Centro italiano di solidarietà 1989. (co-author)
- “A Locked Ward Was Opened.” *American Journal of Nursing.* 61:102-105 (September, 1961) (co-author).
- “Verbal Communication in Community Meetings.” in, Wilmer, Harry A. *Report on Social Psychiatry: A Therapeutic Community at the U.S. Naval Hospital, Oakland, California.* Bethesda, Maryland: U.S. Naval Medical Research Institute. 1958.
- “Social Processes in a Therapeutic Community.” (Paper presented at annual meetings of Pacific Sociological Society, San Diego). 1958.
- “Developments in Social Psychiatry: Observations in Five Selected English Hospitals.” *U.S. Armed Forces Medical Journal.* 8:184-194. 1957. (co-author). “Social Psychiatry in Great Britain.” *American Journal of Nursing.* 59,2: 215-220. 1957.
- “A Therapeutic Community in an Overseas Naval Hospital.” *Military Medicine.* 122:233-240. 1958.
- “Beginnings of a Therapeutic Community: Establishing Group Meetings on a Closed Ward.” *U.S.*

*Armed Forces Medical Journal*. 8,6: 811-19. 1957. (co-author).

"Development of a Therapeutic Community: Problems Encountered in Daily Community Meetings." *U.S. Armed Forces Medical Journal*. 8,6:1339-1349. 1957. (co-author).

"The Hospital Corpsman as a Social Therapist: An Important Role in Psychiatry." *U.S. Armed Forces Medical Technicians Bulletin*. 8:169-176. 1957.

"Advances in Training the Neuropsychiatric Technician." *U.S. Armed Forces Medical Technicians Bulletin*. 7:1615-1619. 1956..

## 2. Corrections

"An Enclave of Freedom: Starting a Community at Chino," in Toch, Hans (ed). *The Therapeutic Community in Corrections*. New York: Praeger. 1980.

"A Transitional Therapeutic Community for Young Violent Offenders." (Invited address, annual conference, Prison Governors, Scottish Home and Health Service, Edinburgh). 1970, reprinted in *Howard Journal of Penology and Crime Prevention*. 8,3: 171-183. 1972.

"Convicted Felons as Agents of Change in Transitional Communities." (Paper presented at annual meetings of Pacific Sociological Society, University of Southern California, Los Angeles). 1967.

"A Transitional Therapeutic Community for Youthful Offenders." *California Probation and Parole Journal*. 1:7-15, 1964.

"A Social Therapeutic Community in a Prison: Some Implications for Education." *Popular Government*. 1964.

"The Correctional Officer as a Consultant: An Emerging Role in Penology." *American Journal of Corrections*. pp.28-31. (April, 1964). (co-author).

"Staff Selection, Training, and Involvement in a Therapeutic Community." (Paper presented at annual meeting of American Correctional Association, Seattle, Washington). Reprinted in: *Proceedings of the 93rd Congress of Corrections*. 1963. (co-author).

"Convicted Felons as Innovators in Social Development Projects." in Grant, J.D. (ed) *Experiments in Culture Expansion: Proceedings of the Norco Conference*. Sacramento, California: California Department of Corrections. 1963.

"Convicted Felons as Social Therapists." (Paper presented at annual meetings of Western Psychological Association. Santa Monica, 1963. Featured on CBS evening news). Reprinted in *Correctional Psychiatry and Journal of Social Therapy*. 9,3: 122-128. 1963.

## 3. With Maxwell Jones.

*La Comunità Terapeutica: Conversazione con Maxwell Jones*. Rome: Centro italiano di solidarietà. 1988.

"Reflections on an Incident at Dingleton: A Conversation with Maxwell Jones," *International Journal of Therapeutic Communities*. 12:145-154. 1991

"Maxwell Jones: Il genio e il salvaggio," *il delfino*. 15,6:14-19. 1990.

"Social Learning. A Holistic Approach: A Conversation with Maxwell Jones." *Journal of Holistic Nursing*. 6,1:31-37. 1988.

"What Has Psychiatry to Learn From Penology?" *British Journal of Delinquency*. 227-238. 1964.