



The Joint Newsletter

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

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EDITORIAL

In many ways this could be called our Milestone Issue. Not only is "Milestones" a new feature, and not only does this issue mark the completion of the first year of the *Joint Newsletter* (the Newsletter With No Name), but it is the issue in which we report on what almost certainly is a milestone, if not a turning point, in the history of the therapeutic community.

Thirty practitioners, managers and academics met in August to discuss the Charterhouse Group's *Standards and Criteria for Therapeutic Community Childcare, Health and Education*, and to take them another step towards implementation. Intended as a tool of self-audit and self-reflection which is of, by and for therapeutic communities for children and young people, it

articulates the challenge of therapeutic community practice and not only takes this back to therapeutic communities themselves, but raises it firmly as a challenge to the standards and expectations of child care work elsewhere.

Meanwhile, the ATC has launched an unprecedented **Quality Network** which challenges therapeutic communities to work together to establish a self-governing Community of Communities, a means of audit and accreditation which is born of the therapeutic community way of working, and indeed strengthens it, while simultaneously holding the trust and belief of outside regulating and auditing bodies.

Together they indicate the potential for a radical shift which Gary Winship identifies in a piece he calls "From Movement to

Method to Maxim". Can therapeutic communities sustain the consequences?

WHY?

Thousands of people have helped to pioneer and develop the therapeutic community way of working. But apart from the people we work with, how many do most of us know or know about? And of those, how many do we actively honour? Too many?

David Wills is a recognised pioneer of therapeutic community for children and young people. He has an O.B.E., and Glebe House, for example, has named one of its buildings for him. The AWCEBD (Association of Workers for Children with Emotional and Behavioural Difficulties), which he helped to found, has an annual lecture in his honour.

Maxwell Jones, C.B.E, pioneered therapeutic community work with adults, and has an annual Henderson lecture in his honour.

Why did both lectures take place this year in the same city, on the same date, at the same time?

SEPTEMBER 11

It has been interesting to see the attacks in America on September 11 reverberating in different ways throughout this issue, just as they did on the ATC's email list.

GUEST PUBLICATION

Guest quotations in this issue are taken from the *Daniel Stewart's School Magazine*, Edinburgh, and feature young sportsman Maxwell Jones, who became Senior Prefect and Captain of the School in 1925.

Editors for this issue: Craig Fees and Chris Nicholson. Proofreading by Jane Pooley and Sue Matoff.

The Newsletter comes out three times a year and is sent free to members of the Association of Therapeutic Communities and the Charterhouse Group, and to Friends and Associates of the Planned Environment Therapy Trust. Subscriptions are £10/year. To subscribe, contact 'Joint Newsletter', Charterhouse Group, Station House, 150 Waterloo Road, London SE1 8SB U.K. Email: chg@btclick.com

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**Editorial Comment:**

From Minimum To Value Added Standards in Therapeutic Communities

(Maximising Your Minimums)

Throughout the length of England thousands of Children's Homes are busily pursuing practical solutions to the problems raised by the implementation of the government's new Minimum Standards. Managers of many small homes, running on small budgets and few facilities, can be seen through the office windows thrusting, with a sense of panic, their bare arms into deep, black top-hats in the hope of pulling out a white paper rabbit. They come away empty handed and move despairingly over to the window. Further standards, guidance, procedure and policy seem to be falling like wormwood from the golden hands of government.

Inputs for the minimum standards and similar directives derive primarily from concern regarding a small number of serious child abuse cases that have come to the fore in recent years. The wish to protect young people who have already suffered high levels of neglect and abuse from further treatment of this kind is incredibly powerful. A sense of past failure combined with the fear that such abuse may take place even within the most well-regulated environments tends to produce agendas of improvement that seem, on scrutiny, unrealistic. Thus the quantity of standards enforced upon homes becomes an obsessive trend, and a trend that in the end, may create more chaos and stress than it relieves.

One of the more de-humanising factors involved in this process is the disjunction between standards on paper and their value and efficacy in practice. It is easy to feel as though one is working extremely hard to a given deadline upon a paper task that affects policy and not necessarily practice. The intriguing lack of effect upon practice can occur for two

reasons. First, good working practice may already exist in many homes, despite the initial lack of determining policy. Second, the level of work that implementation implies across a range of areas may just be so great that they overwhelm some services and actually hamper the day to day provision. There is something Kafkaesque about this; an authority insists you carry out a task that both you and that authority know you cannot carry out. There is no recourse to negotiation; if the work is not finished you shall be weighed in the balance and found to be wanting. Big brother is watching you and later he will be auditing.

For Therapeutic Communities the minimum standards are less of a threat. The demands they make upon us are commensurate with a set of aims communities have made it their business to aspire to. Nevertheless, the Minimum Standards fall into a growing trend that we can expect to be around for a considerable time. The affront they cause to those communities who resist bureaucratisation and the anxiety and work they create in general must be contained: first, by acceptance, and second, by a massive shift in attitude. Inspections and audits feel intrusive only because we allow them to feel this way. By and large inspectors are reasonable people who serve the needs of the young people we join in caring for. If we experience them as malign, probing, and foreign agencies then we must look to ourselves for the reason why. Yet by adopting a different attitude a therapeutic community could turn an *inspection* into a *demonstration* of skill and excellence. If each community took a purely positive attitude to inspection we would be left with the ideal marketing tools in the form of solid inspection reports.

The only way I envisage accommodating this situation (and making it humanly bearable at the same time) is to initiate and become adept at a particularly rigorous kind of self-auditing. The initiatives currently planned and led by CHG (Added Value Standards) and ATC (Quality Network of TCs) are the very thing needed to empower communities to take control of their futures and the futures of the young people placed with them.

Chris Nicholson

**Admissions & Assessment
Jacques Hall Community**

STANDARDS WORKSHOP: **Cumberland Lodge: August 2001**

On August 30 - 31st, 2001, thirty therapeutic community managers and practitioners came together in the lovely surroundings of Cumberland Lodge, Windsor, to consider two things:

- *Value-added standards* published by the Charterhouse Group; and the Minimum Standards published by the Department of Health for all those working in a residential setting, with children and young people; and

- *An audit tool for practitioners* to use which will monitor their practice, help to identify strengths, weaknesses and gaps, but allow them to develop as individuals, and corporately; to benefit the young people they work with.

The audit process is seen as an empowerment tool giving control to the staff in therapeutic communities

and allowing them to find a language to express what they are doing. There is a need for all staff to feel confident at expressing what they do and to link it with an understandable theoretical framework. The audit tool was presented, taken apart and worked with. Now the next phase is to develop it ready for use next year, and a time when the Care Standards Act 2000 is implemented and the new inspection regimes are up and running.

Sheila Gatiss

**External Line Manager, Friends
Therapeutic Community Trust
Glebe House**

STANDARDS AND CRITERIA: ***The Legislative Context***

All children living away from home 'in care', or 'accommodated' by the local authority, have to be in a provision that is regulated by the State. The Children Act 1989 brought together most of the public and private law relating to children, establishing a new and unified approach for those working with children and families. In 1991 the Statutory Guidance and Regulations were published and implemented. At the same time, education legislation developed and imposed criteria for those establishments providing for school age children. So, since 1991, members of the Charterhouse Group have been inspected against quite high childcare standards, and have also been inspected by OFSTED. The Health sector has not been regulated in the same way, although good practice has used the guidance material. The Care Standards Act 2000 makes many changes for all of those private, voluntary and statutory organisations providing residential provision for children and young people. *National Minimum Standards* have been developed; a new body, the *Care Standards Commission*, has been set up, and as from April 2002 will be responsible for registration and inspection of all provisions. OFSTED will continue to inspect the educational provision.

Charterhouse Group members have, over the last decade, been familiar with the process of regular inspection against defined and published criteria. They have been concerned that there have been no defined parameters for their specific work as therapeutic communities. Each was reliant on individual interpretation of the 'body of knowledge, understanding and practice' that had been passed on over several decades. It had become clear that it was essential to define what we did, how it was done, and the requirements for carrying out the work. There was also a need to clarify the language used to express ourselves to purchasers, professional colleagues, inspectors, and others. Several months before the Care Standard Bill was introduced in the House of Lords, work on a framework had begun. This was the beginning of what has become Standards and Criteria for Therapeutic Community Childcare, Health and Education. They are referred to as "Value Added Standards", building on the minimum standards developed by DoH.

Sheila Gatiss and Jane Pooley

Standards Workshop: Cumberland Lodge: August 2001 OBSERVATIONS AND REFLECTIONS

Sue Swann

**Formerly Principal Adviser
– Post Qualifying Training
Central Council for
Education and Training in
Social Work (CCETSW)**

It's not everyday one spends an enjoyable couple of days and nights in a Royal House in Windsor Great Park. It's not everyday either that one has the privilege of spending time with engaged and engaging representatives of Charterhouse Group, and others.

The group came together to consider a draft audit tool which the external manager (Sheila Gatiss) of one of the signed up therapeutic communities (TC) had not only had the vision to produce, but she was also altruistic and courageous enough to share her draft proposal with other members of the Charterhouse Group. The auditing tool is to help Group members consider a way of measuring performance against the National Minimum Standards for Children's Homes, recently agreed by the National Care Standards Commission under the auspices of the Care Standards Act 2000, and the Value Added Standards for Therapeutic Practice, recently agreed by Charterhouse Group for adoption over the next two years.

It was also evident because of the other people there, but who were not employed by a therapeutic community, that these 'networkers' (Sheila Gatiss &

Jane Pooley) saw the significance of this piece of work in a wide context. They had invited to the workshop representatives from a range of pertinent interests including someone from the Royal College of Psychiatrists, the academic institution offering an apposite Masters programme for TC staff, and the Voice of the Child in Care. I had the privilege and pleasure, as a Small Group Facilitator, to work alongside all participants. The programme for the workshop had been thought through carefully, and capitalised on setting the scene before giving most of the time to discussion and debate. Full advantage was also taken of the less formal times to pursue points of interest or concern with fellow participants.

We had a luxurious setting in which to work, ate very good food at frequent intervals, and experienced a sense of being 'pampered'. Everyone worked hard. Commitment to the task was impressive; participants respected, and worked professionally with, the material; they juggled the demands of their jobs with the opportunity to take 'time out' to attend; they benefited from one another's experiences and insights; they worked with one another's contributions; they listened to, shared with, and learned from one another. Freedom to be heard abounded.

There is more to be done, but it's clear there is the will, professionalism and expertise to produce an impressive auditing tool.

Linnet McMahon

**Course Leader, M.A. In
Therapeutic Child Care
University of Reading**

The two day workshop grew out of a huge piece of work by Sheila Gatiss, of Friends Therapeutic Community Trust, and Jane Pooley, for the Charterhouse Group, putting together a handbook of Value-Added Standards and Criteria for Therapeutic Community Childcare, Health and Education. With the imminent arrival of National Minimum Standards for Children's Homes it becomes vital that therapeutic communities offering child care can both articulate what it is that they offer over and above the minimum standards, and find ways of showing that they do offer something more.

To think about all this, Sheila and Jane brought together about 30 senior workers in Charterhouse child care establishments, together with some advocates for high quality child care from related organisations - including Sue Swann, recently of CCETSW, some child care researchers, and the odd academic like me. We stayed in the luxurious if curiously anachronistic setting of Cumberland Lodge in Windsor Great Park.

An enlightening talk from one of the authors of the National Minimum Standards, Prudencia

continued on p. 5

The full text of the Standards and Criteria for Therapeutic Community Childcare, Health and Education is available in hard-copy form for £5.00 (cheque made payable to Charterhouse Group) from: The Administrator, Charterhouse Group, 150 Waterloo Road, London SE1 8SB; or free on the Internet at <http://www.pettarchiv.org.uk/charterhouse/standards.htm>. "Standards of practice for working with children and young people in a therapeutic community setting", a paper presented at the 2001 Windsor Conference by Sheila Gatiss and Jane Pooley, which details the concepts and work which went into the Standards, and the outcome of that work, is available on the Internet at <http://www.pettarchiv.org.uk/charterhouse/standardspaper.htm>.

Standards Workshop: Cumberland Lodge: August 2001 OBSERVATIONS AND REFLECTIONS

Linnet McMahon, continued

Gabbidon (formerly of NCB and now of NCH) on how the National Minimum Standards for Children's Homes were envisaged left no one in any doubt that some of the central concepts of therapeutic child care, specifically the need for emotional and sometimes physical holding, were neither understood nor addressed in these Standards. The need for our own Value Added Standards became quite compelling, and

there was concerted recognition of the foresight of Sheila and Jane in anticipating this and devising such an essential document.

Discussion turned towards ways of working with both sets of Standards. There was much debate as to whether they could be used simultaneously - clearly an ideal aspiration, but one tempered by the anxiety of many residential workers present that demonstrating how they were

meeting the National Minimum Standards would be a preoccupation for the immediate future.

However, it became very apparent that we all need to sharpen our thinking in order to find satisfactory ways of monitoring the process as well as the outcome of residential provision for children.

Ann Lewis

Clerk to the Trustees, Glebe House

I attended the Cumberland Lodge conference on Standards for Therapeutic Communities as Clerk to the Trustees of Glebe House, a Quaker foundation.

My interest and involvement in Glebe House arose from previous work as a social worker in a Child and Family Psychiatric Department and as a university researcher in child protection.

From the opening session of the conference to the end of the two days there was a serious and hard-working focus on what such Standards would mean in practice within a therapeutic community. I felt privileged to be part of one small group working together and tussling with the idea of how practice could be audited against a set of standards. The notion of an audit being about development was new

to me, and the implication of it being ongoing - doing a little at a time, improving incrementally the standards in all areas of the life of the community - was appealing.

I felt the idea was transferable to other groups and situations I work in. A community needs sound principles around which it functions with fluidity. There is inevitable muddle, not knowing and taking risks; but it is in the doing that we understand how things happen or how people react, and from that understanding we learn how not to do something or how to do it better.

Such a tool, when absorbed re-embedded in practice, must be beneficial in raising standards as well as in enabling all staff members to participate. The community as a living organism can change creatively all the time whilst still maintaining a steady theoretical model with standards to aim for.

The Leo McDonald Trust Fund Academic Bursaries for Students Within the Field of Special Needs of Children And Young People

The Leo McDonald Trust Fund was established in October 1977 in memory of the founding secretary of Special Educational Needs National Advisory Council (then known as the Joint Council for the Education of Handicapped Children). The prime aim of the Fund is to assist students of limited means to finance study or projects within the field of special needs. However, exceptionally, funds may be given to support other applicants of limited means, in similar projects.

Applications are invited for bursaries normally in the range of £500 to £2,000.

Further details and an application form, which is to be returned by **26th November 2001**, can be obtained, preferably by e-mail, at

tonylonton@yahoo.co.uk

or from

Tony Lonton, Convenor of Trustees, Wooldale Hall, 64 Wooldale Road, Wooldale, Holmfirth HD9 1QG

10 October 2001

Dear Rex Haigh,

I was very pleased to hear about the launching of the Quality Network of Therapeutic Communities and am sorry that ill health prevents my being with you on Friday 26th October.

In the early days of the psychiatric hospital Therapeutic Communities one of the heaviest burdens to bear was the sense of isolation. For some of us the sense of professional isolation from our colleagues who did not understand and did not like what we were doing and for others the sense of personal isolation while bearing the burden of the terrible things which our clients told us as we opened ourselves to genuine communication with them. A wonderful help with those feelings were the meetings that we arranged all through the 1970s when we would go to one of the other communities and spend a day hearing about their work and sharing our common problems and difficulties. I always felt that these were some of the most useful functions of what ultimately became the ATC in the early 1980s and I am delighted to hear that you are now proposing to arrange something similar.

With my best wishes for this new and exciting project.

Yours sincerely,

David H. Clark
First Chairman, Association of Therapeutic
Communities 1981-1984



Photographs: Rex Haigh

“A new UK-wide quality improvement network of therapeutic communities is being developed to improve the care of service users. This is a new approach to improving care, based on sharing best practice between member communities within and between the four countries of the UK. This network will be of major strategic significance because it will for the first time bring therapeutic communities together in a systematic way to discuss their work, share ideas and improve the quality of the care they provide. “

Community of Communities

I like the aims of the network. I'm pleased that it is emphasized that “this will not be an inspection or accreditation test, nor will it be a drive to uniformity,” for that would not be in the interests of the development and hopefully flourishing of therapeutic communities.

The events of Sept. 11 and their aftermath oblige us to think the meaning and complexities of ‘community’ more than ever. The matter of ethical and responsible relations between members of a given community and between different communities, and their members, and the matter of how to move toward justice for all, needs to be considered by all of us involved in or aspiring to be involved in the work of therapeutic communities. We need to continually question afresh what we mean by ‘community,’ and by ‘therapeutic,’ and not to take these as matters that are settled and agreed, once and for all. We must also be ready to put ourselves, along with our aims, ways and means, in question in the service of checking whether we are always, in fact, putting the Other, and not ourselves or our various organizations, first.

Leon Redler
Former Chair, Philadelphia Association
Co-Founder, Just Listening

The ATC's Quality Network of Therapeutic Communities - the Community of Communities - was formally launched at Friends House in London on Friday, October 26. The culmination of several years' concerted discussion, debate and consultation, the aim is to establish and develop a system of audit and review which is appropriate to the therapeutic community way of working, informed by therapeutic community principles and practice, and yet accepted, and any resulting accreditations recognised, by outside auditing, regulating and legislative bodies.

Much of the driving energy behind this process has come from Mark Morris.

A member of the ATC's Steering Group, Mark trained in psychiatry in Glasgow, moved to London to work as a Senior Registrar in the Cassel Hospital and to train with the Institute of Psychoanalysis, and after three years as a Consultant Psychiatrist in Psychotherapy in St. Bernards Hospital, moved to become Director of Therapy at HMP Grendon. At Grendon, Mark was faced with the problem of the survival of the Grendon therapeutic community programmes: It hung on successful accreditation by the Prison Programmes

Unit. In a challenging session at the 1999 Windsor Conference, in a paper entitled "Accrediting the TC: Subjugation or Survival", he argued that this was part of a general, externally-driven trend to accountability and regulation which faced (or would face) all therapeutic communities, and that the choice for therapeutic communities was to take pre-emptive ownership and control of this process, and survive; or have standards and regulations imposed which would almost certainly be inappropriate, and equally certainly invasive and destructive.

At the ATC's 1999 AGM, held during the Windsor Conference, a decision was taken to explore possibilities of monitoring and raising the standards of services using a quality improvement system based on a set of specially developed service standards. This process was opened up to the widest possible public discussion and debate.

A paper presented by Robin Cooper during the 1999 Windsor Conference debate, entitled "With the Best of Intentions", went up on the ATC web-site, followed by a series of other contributions: a draft consultative document - "The Accreditation of Therapeutic Communities by the ATC" - in February 2000, followed in June 2000 by two major responses, and in July by "The Community of Communities" - a response to feedback on the consultative document by ATC Chair Rex Haigh. The Steering Group explored and discussed the issues, which were also opened to the open-membership ATC email discussion list. In May 2001 "A Quality Network of Therapeutic Communities: Detailed Outline of the Review Process" - a further draft consultation document - went up on the web-site, along with a call to Senior Practitioners and Managers of Therapeutic Communities for Expressions of Interest.

"This will not be an inspection or accreditation test, nor will it be a drive to uniformity. It will be a supportive network with the emphasis on facilitating change. This will be run by members for members, all services will be represented in a members' forum and advisory group."

WHO's WHO / WHAT's WHAT : CRU/CGSS

The launch is the result of a creative partnership between the Association of Therapeutic Communities and the Royal College of Psychiatrists' College Research Unit.

The College Research Unit (CRU) was established in 1989 as a self-supporting department of the Royal College - it is reliant upon research and development grants from various sources - to work in three identified areas: mental health service research, quality improvement, and informatics. In 1999 the Research Unit set up the Clinical Governance Support Service (CGSS) to help providers of mental health and learning disability services to implement the requirements of clinical governance.

Adrian Worrall is Project Manager for CGSS

Anne Wise is Senior Project Officer for CGSS

Ginny Smith is Quality Improvements Project Manager for CGSS

Anne-Marie Draycott is Project Administrator for CGSS

“When Rex Haigh first approached me for ideas about developing service standards and review methods I pondered the challenge of developing standards for services whose philosophy at first sight seems quite opposed to this approach. I soon came to see that existing democratic processes within therapeutic communities were ideally suited to service development models and saw that excellent progress had already been made with the Kennard and Lees Audit Checklists (KLACs)” - **Adrian Worrall**

SESSION ONE - Setting the Stage

The “Small Hall” at Friends House in London is a long rectangle, in which a large circle and a half of sixty or seventy gathered to a welcome by ATC Chair **Rex Haigh** (see Profile elsewhere in this issue). Rex read out the messages from David Clark and Leon Redler printed above, as well as other good-will messages, noted that the Quality Network was not a top-down process, but a get-together-and-develop one, and declared “It starts here”.

Rebecca Neeld, Lead Nurse at the Cassel Hospital - “We’re going to be a bit more bossy than many communities” - threw the ball of introduction into the Large Group with the instruction to delegates to tell of an achievement of their community or organisation. The introductions faltered, got caught up in local eddies, and passed up and down the Hall. We heard about the ex-members’ follow-up meeting point developed by Winterbourne; the embryonic therapeutic community at Rampton; the move at the Caldecott; the 20 years at Red House; the “perseverance” at Grendon; the development of a culture at Main House. David Millard - “part of the gang which helped ATC survive” was there, as was Stuart Whiteley, one of the ATC founders. Time ran out, far too soon, with far too few people able to speak; but with considerable enthusiasm in the air.

Mark Morris (turning on the overhead projector - “This is

better - us behind the big table..”) took members through the context in which public sector therapeutic communities find themselves. He drew in the 1980s revolution in industrial practice associated with the term Total Quality Management, and the crunch in attempting to translate a production line-based industrial management ethos into healthcare and personal systems. He described the practical, legal, and cultural elements which make “home grown” audit and accreditation processes so urgent - “before they are externally imposed”. But they must be workable and deliverable, they must have face validity - they have to make sense - , and the process has to have policy legitimacy in the eyes of Health and Social Services.

David Kennard, author of *An Introduction to Therapeutic Communities* and co-author with Jan Lees of the Kennard-Lees Audit Checklist (KLAC) (www.therapeuticcommunities.org/klac.htm), recalled that the question of whether or not there should be recognised standards for therapeutic communities had been coming and going since his involvement in the ATC in the early 1970s, “and now looks like being a central part of what we do”. Were standards necessary? An argument against is that they “Do not reflect the complex interactive nature of the therapeutic community, give a false picture of therapeutic community practice.” He then

discussed the development of KLAC, many of the elements of which had been taken into the Draft Service Standards for Therapeutic Communities prepared by Adrian Worrall and the CRU/CGSS.

Adrian Worrall then gave an Overview of the annual review process (see “Dates for Getting Involved”, below.

“How can I take away some of that music?”

Service User Representative **Jon Broad** - “I have had experience of a TC dramatically different to anything I know of existing today and I want to try and make sure that things which seem to be accepted without question as to what makes a TC, do get questioned” - challenged the comfortable notion of democracy which many people have of therapeutic communities. He and Service User Representative **Yolandé Hadden** systematically deconstructed the definition of therapeutic communities proposed in David Kennard’s *Introduction*, and proposed alternative readings. In speaking of the Self-Review and Community Visits - the direct audit elements of the Quality Network process - Jon and Yolandé argued that it was first and foremost a learning opportunity for all involved; not so much about What as Why; about evolution rather than revolution. The auditors would be asking “How can I take away some of that music”...“That’s how it should feel - exciting”.

“ I really enjoy the work with TC people...” **Adrian Worrall**

SESSION TWO - After Lunch -

The draft Service Standards developed for therapeutic communities by Adrian Worrall and the CGSS team, in ongoing consultation with the ATC and therapeutic community staff and members (you can be part of this process), currently consists of over 270 individual standards, divided into eight main sections and 52 sub-sections. It draws on the Kennard-Lees Audit Checklist (KLAC), the Charterhouse Group-generated “Standards and Criteria for Therapeutic Community Childcare, Health and Education” discussed elsewhere in this issue, the Clinical Governance Standards for Mental Health and Learning Disability Services, and other policy documents and guidelines. It appears to be a daunting document. It looks like something a bureaucrat would land on your desk to keep you

from doing something useful. And yet.

After lunch, members returned to a Hall in which chairs had been re-arranged into clusters of three. Each cluster was given a section of the draft Service Standards, was

and processes communities should bear in mind in developing their review plan. There was more discussion. More feedback.

The point made again and again is that whatever they may look like, if they work as intended the Standards are a tool which has been constructed on behalf of therapeutic communities, to be put into the hands of therapeutic communities, to be shaped by them, to simultaneously enable communities to help one another achieve their own best possible practice while assuring outside interests that this is, in fact, what they are seeing. If it works this way, therapeutic communities will be pioneering a model of audit and accreditation driven by richness and diversity, appropriate to the nature and changing reality of the work itself. It will also, if it works, change something in the outside interests with which therapeutic communities are engaged.



asked to divide itself into Interviewer, Interviewee and Observer, and to carry out a trial review. There was then a general discussion.

Ginny Smith of CGSS gave a guided tour of the considerations



“The service standards will be reviewed annually in the light of new policy and practice developments from research and feedback from the reviews. This is the key point for the methodology: the cyclical process by which the standards are amended will be initially agreed by the members’ forum and constitutionalised. The aim is that it will set up an open and democratic procedure, with involvement of all those who have a legitimate interest, and an agreed method for reaching decisions.”

From Movement to Method to Maxim -

A personal view from Gary Winship on the launch of the quality network and the community of communities

It may not have escaped your attention that the idea of a "community of communities" has been heralded as the way forward in several partitions of New Labour policy (race, crime, education): difference and diversity, sitting together working out what is indeed 'the good society'. It seems a long shout from the days when the government was telling us that there was "no such thing as Society".

You may also have noticed that it's not the first time in recent history that TC ideology has found itself in synchrony with government policy. The Blair and Hague democratic agendas have run so close to our TC agenda at times that you might be forgiven for wondering who thought of what first. In retrospect, we will see that these have been thoughts waiting for a thinker: ideas-of-their-time, carried along by a few, but representing the many. I think it's fair to say that the "community of communities" idea delivers what people want and what they need.

The launch of the quality network of therapeutic communities has taken TC practice to the gateway of a new level. Once there was a TC Movement; then there was a TC Method; and now we have TC Maxim - an axiom; a self-evident proposition.

TC Maxim means the method has come of age and is ready to be disseminated to the widest possible ownership.

There is room for fine-tuning in TCs (always), but now we know what works best and for whom. This means that services can be audited, accounted and accredited, and within the belly of the Royal College of Psychiatrists there is a means of appraisal that can maximise the security, potential, efficacy, and proliferation of the method.

But this is a point of departure: What does this coming-of-age paradigm-shifting mean for TC?

By bowing to conventional audit and review, the wider membership of the communities network will centre the TC ideology, leaving it a distance from its erstwhile position on the margins. This will deprive TCs of the very fuel of oppositionalism that has charged their imaginings since TCs began. TCs have swum against the tide: it has been a reason for being. Occasionally we have gone as far as swimming *with* the tide - as Jeff Roberts controversially recommended as the TC mission during his tenure as ATC Chair in the 1990s. But what now for a Maxim - that offers a model for rigorous peer review, which will be the engine of leadership-driving policy?

David Millard and Stuart Whiteley echoed wise caution during the launch day, pointing out that standards can mean stasis. That's the challenge: How to keep sight of the edge, the debate, the politics, while becoming part of the establishment.

The shape of things to come may have been pre-mirrored in the launch.

The philosophy, steps and procedures for quality check visits were detailed mostly by the 'professionals' at the launch: Mark Morris showed us how we could achieve total quality management (TQM) and keep one step ahead of the modernisation agenda of policy makers by being pro-active; Adrian Worrall and Ginny Smith talked us through some of the nuts and bolts of the review process, and how to set-up the review teams.

But the liveliest academic contribution was left to two ex-service users, Yolande Hadden and Jon Broad, who presented a modified version of Kennard's definition of TCs, arguing that we should not get over-excited about 'democracy', because models of benevolent dictatorship are just as figurative. There wasn't much time to challenge Jon's polemic. Shame.

But maybe this is where the new debates (the type of talk that attracted us to TCs in the first place) will emerge.

Yolande outlined how important the process of user involvement would be in the process of quality reviews, from the first stage which she said should be a self-assessment process before any external visit takes place, to the chats over coffee during the

COMMUNITY OF COMMUNITIES: DATES FOR GETTING INVOLVED

Those of you who were at the inaugural community meeting of the "community of communities" will know that there is quite a lot of paperwork involved in setting the whole process up. For those of you who weren't, but still might be interested, it is not too late to get involved in next year's cycle of activities. Here are some dates and deadlines:

As soon as possible:

- If you are at all interested, fill in your pink form ("Community of Communities Questionnaire") to get onto the database of communities on our mailing list.

- To be in the next edition of the "information and achievements" booklet - think of something your community does that is interesting or special, and record it on the pale yellow "Achievements Form".

- Send to Anne Wise (details below)

By Friday 16 November:

- If you are interested in doing a self-review early next year, fill in and return the purple ("Self-Review") form.

- If you want to have a visit next year, fill in the blue ("Peer Review") form.

- Send to Anne Wise (details below)

- Those who express an interest in being reviewed themselves will later be invited to be involved in reviewing other communities.

- If it is later than 16 November that you decide to get involved, we might not be able to fit you into next year's cycle of activities.

By Friday 30 November:

- End of consultation period for the draft standards:

- Return your rating of all the items, and ideas for further ones (including the open and exploratory types), to Adrian Worrall (details below) by then.

- Please also recruit as many others as possible to do so, including members and ex-members of TCs. The current draft of the whole

set can be downloaded from ATC's website.

This is extremely important - as it is the process by which we (as communities, residents, ex-residents and practitioners) can own and modify the standards by which we measure ourselves. This part will happen each year.

February and March 2002

Communities will be reviewing themselves with the first finalised version of the standards. This could be in community meetings, with involvement of managers/commissioners, or however they want to use them.

April and May 2002

The visits will take place, and all the information sent back to CRU for detailed analysis.

Summer 2002

Individual TCs will receive their "local reports", to use how they see fit.

September 2002

The first round of feedback will be presented to the whole "community of communities" at the Annual Members' Forum. We might try to attach this to one end or the other of the Windsor Conference, to help people travelling from a distance.

People to communicate with:

Feedback on the standards themselves:
Adrian Worrall at CRU, by email at adrian.worrall@virgin.net

Administration and database: Anne Wise at CRU, by email at anne.wise@virgin.net

Reports and reporting: Ginny Smith at CRU, by email at ginny.smith@virgin.net

CRU address, phone and fax: College Research Unit, 6th Floor, 83 Victoria Street, London SW1H 0HW; phone 0207 227 5320; fax 0207 227 0850

Discussion and debate: on the ATC e-chat list (sign up at www.therapeuticcommunities.org)

"The quality improvement system will follow closely the principles of the TC philosophy: it is a process of development which gains its legitimacy through a democratic involvement of users and other stakeholders. This is parallel to the clinical work of TCs, where the therapeutic power of other users is the most important part of the process. For the quality improvement system, the service standards are an evolving product, based on consensus between service users and practitioners. As a by-product, it will develop a robust but continually evolving model of what constitutes a 'therapeutic community'."

visit. These chats would be the best way, as far as she could tell, of finding out what's really going on. This has to be correct. A bottom up approach as opposed to an *inspection*.

Currently, the assessment tool is too long and unwieldy. An instrument that can capture data from subjective, informal exchange is needed.

The audit tool needs to be as honed as possible to give empirical back-up to the really important hunches that people have (it's not in the detail). I think this was the sense coming from the floor after the workshop in the afternoon, where we had a go at the rating tool itself. I detected a worry that what was perceived before the launch as an opportunity to make friends and new colleagues by going to visit other people in the quality network would be

subsumed in an exercise of numbering and rating.

Adrian Worrall wants feedback on the draft Standards. Mine is: make sure that the dialect is permitted; more nuance, less numbers; more ranting and less rating (dialogical democracy). The challenge will be to develop a process that remains commensurate with the rigour of clinical governance reviews (eg CHI), while not alienating the reviewers and reviewees in the procedure.

The community reviews won't be a process of some sort of elite structuration of TCs - we needn't worry about that. This new ATC agenda is much more inclusive and ideologically driven: we might call it communitarian, or Etzionian.

It is a belief that the TC method should proliferate, that the socially excluded should be given an

avenue for a way in. In this way, the chances of our children growing up in a better community, a better world, more connected and harmonious, is improved. It's not only about the capabilities of who's doing best, but about the needs of those who need help.

TCs are in the business of welfare benchmarking. This quality network is about the bottom-line and how to hold it, making sure that no-one is overlooked, and pooling resources to bring about solidarity and parity. Then we strive for new horizons, locally, nationally and internationally; safe in the knowledge that we have shown how to make quality count.

Gary Winship

Adult Psychotherapist

Winterbourne

Therapeutic Community

WHO'S WHO/ WHAT'S WHAT: ORIGINS OF KLAC

Photographs: Rex Haigh

1996 - Bob Hinshelwood, on being elected chair of the Association of Therapeutic Communities, re-introduces the issue of setting standards for accreditation as a potential role for the ATC. ATC sets up Quality Standards Working Group. ATC(P) - Prisons - formed

1997 - Grendon applies for Prison Service accreditation as a recognised offender treatment programme.

1998 - ATC accreditation structure and strategy proposal

1999 - Prison Service Offending Behaviour Programmes Unit (OBPU), commissions ATC to develop an instrument to evaluate the 'TC-ness' of Grendon Prison. Jan Lees and David Kennard do first draft of audit checklist which became known as the Kennard-Lees Audit Checklist: KLAC.



David Kennard

Report of the Work of the Archive and Study Centre August-November 2001

John Lyward and his wife Kath unexpectedly turn up at the Archive and Study Centre one lunchtime. I'm not there, but they leave four boxes of books with Teresa, the Assistant Archivist. The books come from Finchden, and John leaves a note that they have been stored "in totally unsatisfactory conditions". When I come in to work that night, I am stunned. I pick up a book from the top of the first box. It is Makarenko's *Road to Life*. Inside the front cover is George Lyward's signature. In the middle of the book is the printer's proof of the review which George Lyward did for the *New Era* in 1936, the year the book was published. Folded with that, in his own hand, and signed, is Lyward's original manuscript copy.

An email comes in asking whether something from the Hawkspur Camp for Boys archives (1944-45) is available. The name looks familiar, and I ask: "Are you, or are you related to a boy who was there?" The answer comes back: 'I was that boy'.

This is tremendously exciting work.

Even returning from sabbatical to a seriously crashed and re-crashing computer, probably damaged by the incessant and unpredictable series of power cuts during our prolonged construction; even the fact that our air conditioning has still not gone in, another (hopefully temporary) victim of September 11 - which means that three years after we needed it our new archive space is still not available to us - can overwhelm the pleasure of the continual discovery of the richness of this field, and of the people who are in it. And the generosity.

The challenge is to find ways of sharing that more widely. I hope this brief report will help towards that, but again there has not been enough space: to talk about the exciting things added to the website - please have a look - or about the queries and researchers. Nor about the work we've done for the AT, Charterhouse and Cassel websites. Nor the other things. I hope next time.

- Craig Fees, Archivist

ARCHIVE

Much of the pleasure in writing a report like this is giving a sense of the people and places, or

something of the meaning and significance of material that comes in. There have been something over sixty archive accessions already this year. Rather than skate through them, I hope for a more extensive report in the next Newsletter.

LIBRARY

The line between archives and library is sometimes hard to draw. The four boxes of books from Finchden, some with inserted material: Library or archive? A copy of *Studies in Environment Therapy*, from Sylvia Green, with annotations and corrections by Arthur Barron. Books belonging to his parents given by Martin Powell-Davies, with inscriptions to them from Otto Shaw, including a 1969 German translation of Shaw's 1965 *Maladjusted Boys*. A pre-publication version from Matthew Appleton of his book *A Free Range Childhood: Summerhill and the Principle of Self-Regulation*, with photocopies of related correspondence.

Theses: Gurjeet Chaudhry, *Therapeutic Communities - An Effective Way Forward for the*

Probation Service to Work With Personality Disordered Offenders?, via Mike Nellis. From Sharon Smith, *Study of a Therapeutic Community Prison for Drug Misusers*.

Books, Articles and ephemera: Twenty-five books and pamphlets from Robert Clark, including exciting material relating to the Caldecott Community. Publications by and about the work of the Peredur Trust and Joan and Siegfried Rudel, from Alan Fox. Anonymously sent obituary of Chris Beedell, from the *Independent*. Newspaper article from Joe Berke. From Robert Laslett, a 1986 Mulberry Bush flyer.

Journals: From Malcolm Pines, copies of *History of the Human Sciences*, *Psychohistory Review*, *Journal of Psychohistory*. From David Millard, a set of the *British Journal of Psychiatry*, and copies of *Journal of Child Psychology and Psychiatry*.

ORAL HISTORY

Partly because of the sabbatical, partly because of the volume of other work, the Archive's own direct oral history work has not been as active in this period as usual.

We have five tape recorders out on loan, and recently assisted Alan Fox in recording a discussion with Joan and Siegfried Rudel of the Peredur Trust. Our Specialist Curator for Progressive/ Alternative/ Democratic Education, Albert Lamb, recorded an interview with the American educationist and author Mary Leue. The archivist recorded the Arbours Crisis Centre Annual Conference, as well as the annual David Wills Memorial Lecture (sponsored by the AWCEBD - Association of Workers for Emotionally and Behaviourally

Disturbed Children), and took the opportunity of their visits to the Archive to record Catherine Gundry on Kilworthy School, and Martin Powell-Davies on his parents, who worked with Otto Shaw at Red Hill.

But the main work has been done by others. Hussein Lucas recorded six tapes during Summerhill's 80th anniversary celebrations, and with these he deposited a further thirty-six interview tapes recorded during his massive, ongoing research on the school. The archivist's children, Enla and Thomas, created a spontaneous video tour of the new conference and archive facilities. A set of tapes came in with Lesley Caldwell's Cassel research materials. And Sue Garner of Henderson Hospital sent a recording of the 5th Annual Maxwell Jones Lecture.

**UPDATE:****The Therapeutic Community, Royal Cornhill Hospital, Aberdeen**

Dear Friends,

I thought this would be a good juncture to update you all with the campaign in Aberdeen to move towards establishing ourselves as a 'fully fledged' Therapeutic Community.

We still don't have a definitive answer regarding the availability of funding for the proper establishment of Psychosocial Nursing, but what has been heartening has been the 'drawing together' of the Community and the positive response from agencies outwith the Community. There is a definite recognition by all that this is a service that is quite unique in the Mental Health field and one that needs to be nurtured and expanded.

From a personal perspective this campaign has reinforced my passion for 'the cause', but it has also reignited a passion about myself that has been missing for

many years. Being in the Community has allowed me to meet people I would never have come across. Being able to have a place where there is understanding and support, but in a positively challenging atmosphere, is quite unique.

There is definitely a feeling of Collective Empowerment in the air.

We're hopeful. Opportunities abound!

Yours Aye ,

Lorraine McL Barr

QUERY:**Homer Lane and the Little Commonwealth**

I am writing a book on Homer Lane and the Little Commonwealth at Batcombe, Dorset, 1913-1918, called *Remote Utopia: The Little Commonwealth of Homer Lane*. This is due to be published next Spring by Agre Books of Nettlecombe, Dorset, publishers of books on unusual aspects of West Country life.

The Little Commonwealth was set up in a farmhouse above the Blackmore Vale on land belonging to the Earl of Sandwich. It was the idea of George Montagu, heir to the Earl. Delinquent adolescent children (boys and girls) from city slums were referred there by magistrates or parents. They had their own shop, their own court, helped to build their own houses and practiced self-government. There was also a Montessori school for younger children. The superintendent was Homer Lane, an American who had established the Ford Republic at Clarenceville and who had been invited to England by Montagu.

Lane was always 'on the side of the child', whom he believed to be essentially good. He practiced some early psychoanalysis on the children. Their weekly meeting also worked as a form of group therapy. His unconventional methods healed many of the 'citizens' of the Commonwealth.

The community had begun amid much publicity and was something of a cause célèbre for a while, but the outbreak of the First World War brought unexpected difficulties. Donations dwindled, and many of the older boys went off to fight. Matters were brought to a head when some of the older girls accused Lane of improper behaviour towards them. There was an inquiry in 1918 (the results of which have never been published). Believing in Lane's innocence, the Commonwealth's Committee refused to continue without him. The Little Commonwealth was closed.

David Wills's biography of Homer Lane was published in 1964. Since then, Lane's name has become almost forgotten. Yet he is an important and influential figure in the history of therapeutic education.

My book (which is intended for the general reader) is written as far as possible from the point of view of the children. I have tried to show how it might feel to be suddenly transferred from Hartlepool or Hackney to the depths of rural Dorset. I have also gathered information on some of the children's histories, both before and after their Commonwealth years.

I would like to ask two questions of Newsletter readers: What does the therapeutic community today regard as the legacy of Lane? And what are your views on Lane's interpretations of Freud?

I would be grateful for any thoughts on these matters. I can be contacted at the above address or by email at judithstinton@hardycountry.fsnet.co.uk.

With thanks,

Yours sincerely,

Judith Stinton

21 Cattistock Road
Maiden Newton
Dorset DT2 0AG



From our Far East Correspondent

I wandered through the rich back-streets of Central London, looking for a tiny art gallery, seeking out an exhibition of photographs taken in a Steiner community in the US. The gallery was hard to find, even after I had located a sign hung over a doorway. Eventually I spotted the automated bell push, the unmarked doorlock buzzed open, and I climbed the white-walled stairs, emerging into a two-room gallery hung with colour photographs. I put down my bag and walked through to the inner room.

There were two other people in there, one of whom was talking on his mobile, while the other, although apparently unconnected to the first, was watching him rather than looking at the pictures. A tale began to unfold: "A *second* plane? Into the *other* tower...?". I thought at first this performance might be part of the exhibit, but then assumed that he was being told the plot of some B-movie which a friend had just seen - except that he seemed genuinely shocked. He finished the call and looked around, and then the reality began to emerge as he told us what was going on.

I abandoned the gallery and continued my journey to Windsor, sharing a train compartment with other shocked strangers - one fleeing her office in the City, the other trying to contact friends in New York on his mobile. The taxi driver spoke of war and looked wild and I began to think I should turn round and head home, but then thought that if there was one other place where I would wish

to be it was at the Windsor Conference, where people know about the impact of the external on the internal, and where they can work at understanding this in a large international group.

It turned out that, although there had been a free afternoon at Windsor that day, hardly anyone had heard the news, and the session at 5 o'clock proceeded as if the world had not changed. I sat there feeling very unreal myself, and exchanged whispered words with someone else who had heard the news, and who then raised the subject of the terrorist attacks. Those who had not yet heard about it seemed initially unable to appreciate the seriousness of the situation, but it was agreed that those who wished to would convene an extra Large Group later in the evening.

The TV room was packed and shocked that evening, as we were hypnotised by the repeated re-running of the plane-burst and fire-ball imagery. No slo-mo was needed, as it all seemed to proceed with a dreamlike rhythm and measured pace, becoming instant lurid wallpaper behind the newsreader's face.

The Large Group was exactly the right place to be that evening, although there was no formal convenor or agreed ending time. The opportunity was there and was used by us all to begin to register what was happening. Colleagues from Greece, Italy and elsewhere spoke movingly of their fears and their phone calls; almost everyone wished they were home again, or at least safe again. The skies over Windsor were unusually quiet, as all flights over Central London had been re-routed, but this silence was somehow not reassuring. Then somebody said they were tired and the meeting just

dissolved, as if it could not hold itself together any longer - people disappeared to their rooms, or to the bar, or back to the glowing embers of the TV images, now darkened into night-time studio debates of talking heads, and pronouncements from solemn heads of state.

Windsor was so different this year - the news came to dominate it at times, although the work went on, and the Large Group in particular took on new life and relevance. Overseas colleagues said that they began to feel more at ease, and more valued in the group. The social event brought a further flash of life and music, and somebody commented that perhaps this should have happened at the start rather than towards the end of the conference. Late that evening somebody played beautiful Chopin on the grand piano to a few enraptured listeners, and the world almost began to seem good again.

I had to leave before the end of the conference, and was sorry to miss the last seminars and the Closing Group. In the midst of a world panic the conference had shown again how the TC ethos can enable people to feel deeply in touch through the greatest traumas, how the large group provides a powerful interface between the individual and the social and political worlds, and how humanity can always be found and reassembled from amongst the scattered ruins of even the greatest disasters - of which this was not, after all, the worst that has ever been seen. Just the most shocking and most visible of recent years. Eventually reaching home, I felt thankful and privileged to have had the opportunity to learn so much from being at Windsor this year.

Adrian Ward

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Poetry and Therapy

I am depressed. I wasn't depressed when I offered to write something on this theme. But it is appropriate that I should feel depressed as I embark on this little essay, for it is about overcoming depression by means of writing poetry. Many are the sufferers from depression and other mental illnesses who, never having written poetry before, have discovered its curative power when they have fallen ill, to which publications such as *Survivors' Poetry* bear witness. Not only writing poetry, but reading poetry, particularly in groups, can have this curative effect. I run such a group at Pine Street Day Centre which now has a strong nucleus of members who see our meetings as the high point of the week. Whether we read, discuss or write poetry the effect is always uplifting and enjoyable. More than that, these gatherings have encouraged participants to explore their own feelings both through writing their own poetry, usually when the group meets, and discussing established poets. These occasions often turn into therapy sessions in their own right when members ask one another how much of themselves they are giving away in their poetry, how much they are hiding. It is a good thing that the two psychotherapists running Pine Street regularly attend the group and participate on the same terms as everyone else.

I translate poetry professionally. I am at present engaged in translating Pushkin's *Eugene Onegin* for Penguin Classics. I had already done a version of the first chapter, sent it to Penguins who commissioned me to do the whole work. I do not consider myself a poet and never expected to be undertaking such a daunting task.

I produced my first version of Chapter One on an idyllic farm in Italy. I had gone there in a state of mania and was asked to leave when I became depressed. The one thing I salvaged was the translation. I was determined to put it into finished

shape. Over the next several years it accompanied me through ups and down, suicidal inclinations and difficulties of employment (I had been an academic who had walked out of a permanent job in a fit of mania.) When I had the chance, I worked at the translation, finally putting it in a drawer, not thinking it was good enough and not wishing to translate any more of the novel. And then I was persuaded to send the manuscript to Penguins.

Let me say something about Pushkin. He is Russia's national poet and held in extremely high regard there. I have yet to meet a Russian who cannot quote from him by heart. He died tragically at the age of 37 in 1837. He plays a part in Russian lives which is unimaginable here. Not even Shakespeare or Dickens command the affection that Pushkin does in Russia. Perhaps the nearest equivalent figure would be Robert Burns and the place he has in the hearts of the Scots. But it is more than affection that the Russians have for Pushkin. They take from him a spiritual nourishment, a light-hearted energy, a friendliness. Prisoners went into the concentration camps with his poems on their lips and even the guards could recite them.

I have written very little of my own poetry when depressed and none at all when deeply depressed. But translating Pushkin gives me the qualities felt by those prisoners as well as the responsibility to convey those qualities, handling them with delicacy. To the extent that I do so I can enjoy and assimilate them. *Eugene Onegin* is written in finely nuanced and rhymed 14 line stanzas ending in a crisp final rhyming couplet. The subject-matter is tragic, yet set off by a gently ironic narrative. Formally, the novel reads like a musical score with certain themes repeated and varied, certain locutions recurring as leitmotifs.

But translating Pushkin is more than spiritual nourishment. It is also, indeed primarily, the nitty-gritty of finding rhymes and metre to match the

continued on p. 17

The Pine Street Day Centre is an adult mental health day centre for clients residing in the London Borough of Islington. There is also a work project, for people who want to make things in wood and learn the necessary skills. The two are linked, although the programmes are very different. The day centre is run on TC lines where people are in a twice weekly small psychotherapy group (there are three), and two large community groups, at the beginning and end of the week. We run various other groups and activities, always being on the lookout for new and innovative ways of being together. For some parts of the day centre programme, work project members can join in. Stanley pioneered the group featured in this article, and I have to say it has been a resounding success.

Neil Palmer



poetry and therapy, cont'd...

original, as far as possible – really an impossible task, because Pushkin is an extremely laconic poet and it is difficult to render his concision in English. Nor can English match the musicality of Russian. Without an at least approximate rendition of these qualities no spiritual nourishment is attainable. Each new stanza appears like a block of stone out of which you must carve recognizable meanings, images, and a fluid metre and rhyme. Each time I embark on a new stanza, I declare the task impossible and want to give up, yet each time it becomes possible. I am making the dense transparent, which is what Pushkin is doing too through the winding and unwinding structure of his stanza, and in both translation and original the process is therapeutic. The burden I feel at the opening of the stanza gradually lessens, with very hard work, and disappears. The simple final couplet always comes as a relief after the complex rhyming which precedes it and resembles those

final lines in Shakespeare’s sonnets or in Byron’s *Don Juan*, which influenced *Eugene Onegin* (although Byron’s rhyming is not as complex as Pushkin’s). I find that I translate this couplet very quickly. I used to jump for joy when I thought I’d produced something very neat and clinching. The couplet is often ironic, sometimes sad, but it always brings to a swift conclusion some particular phase or facet of the story - an event, an experience, a digression. It is a form of punctuation that clears the way for another beginning or continuation.

I hope, in my present depression, not to have to give up translating. I hope that it will help me carry on through the depression as it has done in the past. At least I have written this little essay.

Stanley Mitchell

1st November 2001

“I wonder what Tom Main would have thought about that...”

Catching up with Dr. Tom Harrison, author of **Bion, Rickman, Foulkes and the Northfield Experiments: Advancing on a Different Front**, published by Jessica Kingsley (2000).

What do you do after writing “a truly important book” - “essential reading for anyone interested in the history of therapeutic communities in adult mental health services” (John Hopton, review in *Therapeutic Communities*)?

In Tom Harrison’s case, you probably work harder. Having discovered the John Conolly Hospital in Birmingham through the reports of patients and friends, he applied to go there as a Senior House Officer in 1976, and immediately found himself at home in a dynamic, young therapeutic community. Later, a psychiatrist in neighbouring Hollymoor Hospital, he came across a warrant officer’s cane from the World War Two

Northfield Experiment days, when Hollymoor was commandeered by the Army; and last year, many interviews and much research later, his benchmark book on Northfield finally emerged. By that time Hollymoor had closed, and Tom was working flat out and understaffed for North Birmingham Mental Health Trust, bringing the insights from his research to bear.

He has now moved back to the South Birmingham Mental Health Trust as a Consultant Psychiatrist, and when last seen was (among other things) preparing for a presentation to the Jock Sutherland Society in Scotland on the relevance of Northfield to Modern Psychiatry. He is excited to see patients becoming far more

active, increasingly involved in organising quality groups, taking far more charge. With references to Tom Main and Harold Bridger, he talks about the development of Assertive Outreach Teams, and Rehabilitation and Recovery. He is excited about “the concept of Recovery”, about patients on a voyage of recovery - putting together the brochures, writing books on how to manage voices: people feeling they mean something and are engaged: being both advocates and much more active in their processes. “It’s not anti-psychiatry, but it’s making psychiatrists think very hard”, he says; “I wonder what Tom Main would have thought about that...”

It’s also not lost on him that Main House, one of the new Henderson developments, has arisen inside the South Birmingham Mental Health Trust on the site of Hollymoor and the Northfield Experiments.



THE 5TH ANNUAL MAXWELL JONES MEMORIAL LECTURE

The 5th Annual Maxwell Jones Memorial Lecture was held on Friday, 14 September at the Royal Institute of British Architects. This event is dedicated to Maxwell Jones, one of the pioneers of the Therapeutic Community movement in the 1940's, and provides an opportunity for professionals to further develop understanding of the ideas and practices of therapeutic communities. The 1st lecture was given five years ago to commemorate the 50th anniversary of the Henderson Hospital who sponsor this annual event.

This year the speaker was Dr Jane Knowles who is a Consultant Psychotherapist at Winterbourne House, a joint therapeutic community and psychotherapy outpatient service in Reading, Berkshire. Jane is also a member of the Group Analytic Practice at Montague Mansions in London. She gave a fascinating talk on "TC's - do we need to break free and think afresh" where she challenged us to be as

adventurous and imaginative for the future of TC's as Maxwell Jones was at the beginning. She also talked about empowerment and outlined a possible theoretical model of a distorted superego

RESERVE THE DATE:
6TH ANNUAL MAXWELL
JONES MEMORIAL LECTURE

13 September 2002

RIBA

66 Portland Place
London W1

Contact: Sue Garner
Henderson Hospital

development to help understand the borderline world and to help it understand itself. We hope the talk will soon be published in the ATC Journal. The respondent was Dr Penny Campling who has been the Clinical Director at Francis Dixon Lodge in Leicester for the last 9 years. Francis Dixon Lodge is a residential therapeutic community for men and women. Previous Maxwell Jones lecturers

have been Prof. John Cox, Dr Malcolm Pines, Dr Harold Bridger and Professor Tom Burns.

The response for this year's lecture was significant - we received almost 200 applications. Unfortunately, though, the terrible events in America of 11 September left some people feeling unable to travel to London on the day but there was still a very good turnout. The audience was made up of a spectrum of professionals including those from probation, housing associations, the prison service and social work but there were also parents, carers, writers and ex-service users.

Once again it proved a useful opportunity for people interested in TC's to renew and establish new connections with each other over a buffet meal and glass of wine. We look forward to meeting more of you at next year's lecture.

Dr. Alex Esterhuyzen
Consultant
Henderson Hospital

Daniel Stewart's College Magazine 14:3 (July 1924) Cricket

"The results of our 1st XI. Matches up to date have, to say the least, been disappointing. With a large proportion of last season's players to draw upon, we had expected better things than one win and three draws out of nine matches played. In spite of this, however, it is only fair to the team to say at once that it has been in no way due to slackness or

lack of enthusiasm. On the contrary, never have practices been better attended, and no captain could have shown greater zeal than Maxwell Jones in keeping his team up to the scratch. In short, we could not wish for a better spirit than that which at present exists among the members of the 1st XI. If every team throughout the school were imbued with the

same keenness and the same feeling of good comradeship, there would be no fear whatever for the future of the School."

"On our bowlers probably falls the chief blame for our lack of success. On some occasions they could scarcely have been more erratic had they tried. M. Jones has had a special fondness for short ones..."

"The side contains a number of excellent batsmen, and has not yet shown its real worth in this department...M. Jones plays back nicely, but must learn to play forward oftener to fast bowling. Both on and off the field he is keenness personified, and as a captain his efforts to improve the team are worthy of all praise."



HOW LARGE IS A LARGE GROUP? -

Sustaining the Culture and Working with the Large Group - thoughts from the MA in Therapeutic Child Care at the University of Reading

In my first years of working with the course team I remember saying to Adrian Ward, the course leader then, how difficult I found the idea of working with a large group; working with a group of 7 or 8 people felt far more familiar and comfortable. I gradually learned that working with groups of 15 or so was possible, productive and even enjoyable (although there were moments!). Becoming course leader was another huge leap in learning because I was now responsible for 'holding' the group, and I came to realise more than ever what a huge emotional task this is, and there are many times when I have doubted that I was up to it. I have come to value working with a really supportive staff team. We have weathered

some small storms and who knows, there may well be bigger ones ahead! But as Mrs D wrote long ago, what you have to do to be helpful is to survive, to feel annihilated and not defend against it, but then to come back to the task with your capacity for concern still intact. Anyway that is the hope! The Study Day last summer was another large group challenge. It was the first time we had invited back all former students, together with current and prospective students to a shared training day. We planned to replicate as far as possible the existing course structure on the Study Day, as the best way of demonstrating the course culture and way of working. This meant Opening and Closing Meetings of 30 or so people, to me a very

large group and a daunting prospect. In the event these meetings felt really productive, and it was quite moving to see so many people engaged together.

So when Jane Pooley asked me to lead a workshop on the Charterhouse Care & Treatment Day at the Cotswold Community for 80 staff I rashly said yes I would do it, and when it turned out to be 110 people I was already there and there was no turning back. I took comfort from Bion's phrase about there needing to be two frightened people in the consulting room, the patient and the therapist, gritted my teeth and got on with it, and to my surprise quite enjoyed the afternoon, and again was moved by people's thoughtfulness and creativity. Although with so many people it is very hard to tune in to what is happening and to know if people are learning.

But no doubt I'll hear in due course!

Linnet McMahan

Course Leader,
M.A. In Therapeutic Child Care
University of Reading
l.mcmahan@reading.ac.uk

Steve Pearce, convenor of the Starting New Communities section of the ATC, notes in a recent email the diversity of queries being received, largely from the UK and the US, with most of the American queries coming from correctional facilities. Why - is this an American trend? Steve also notes that a number of people are interested in or are actually using the business case or a variant - see <http://www.spearce.u-net.com/newtc/>.

PUBLICATION NEWS:

As we were preparing to go to press, the Arbours Crisis Centre was launching its new book at the Freud Museum in London. **Beyond Madness: Psychosocial Interventions in Psychosis**, edited by Joseph Berke, Margaret Fagan, George Mak-Pearce and Stella Pierides-Muller, and with an Introduction by R.D. Hinshelwood, is Number 7 in the Jessica Kingsley Therapeutic Community series (Jessica Kingsley, London, 2001. ISBN 1-85302-889-4. £17.95 / \$27.95)

“The Quiz of Your Life”

Written by Marya Hemmings in the style of “Who Wants to Be A Millionaire”, compered by well-known television presenter Paul Ross, this is a challenging 20 minute ‘promotional’ video for prisoners who think they might be interested in joining Dovegate Therapeutic Community. Having seen this, many will think again. Copies can be made available. For further information, contact: Marya Hemmings, H.M. Prison Dovegate, Uttoxeter, ST14 8XR.



MOVE MOUNTAINS IN MOROCCO

1st –9th June 2002

‘ I pushed myself to my physical, mental and emotional limits and emerged refreshed and invigorated by the experience.’

- Penny Higgins, former Childhood First Challenge participant.

We are a children’s charity with centres in London, Kent, Norfolk and Northampton where we care for some of the most seriously damaged and abused children in the area. Join our 9-day trek in Morocco’s spectacular High Atlas mountains and help support these children.

Known locally as the ‘mountain of mountains’ Mount Toubkal is North Africa’s highest peak and stands at an imposing 4,167 metres high.

Your incredible journey will take you first over the high passes of the Toubkal Massif, among some of the most diverse scenery in the continent – snow-capped, rugged peaks alongside lush green valleys and oases. You will pass through colourful Berber villages and have the opportunity to observe a completely different

way of life. You will culminate the challenge by scaling Mt. Toubkal itself where the magnificent views and sense of achievement will make all your effort worthwhile.

To take part in this adventure all we ask is that you pay a £200 registration fee and raise a minimum sponsorship. Contact **Rachel on 020 7928 7288** or **r.small@peperharow.org.uk** for more details. Alternatively, you could click on our website address – **www.peperharow.org.uk** .

A final day spent exploring the magical city of Marrakech with its snake-charmers, sword-swallowers and overall air of mystique is the fitting end to the experience of a lifetime.

Everyone is welcome to take part. The Trek can be an excellent form of team-building for a corporate group or equally a great way

to meet new friends if you come alone. Lots of people have made lasting friendships on a challenge event and we have even had one couple marry!

PUBLICATION NEWS:

The Cassel Hospital Monograph Series No. 2: Reflective Enquiry into Therapeutic Institutions

Edited by Lesley Day and Pam Pringle

Published by Karnac Books.

In the NHS, issues of enquiry are now central, framed in terms of clinical governance, clinical audit and evidence-based practice. These are all designed to improve the standards of care and treatment for those with mental health

problems. This monograph is also focused on the need for enquiry into therapeutic practice, but it draws upon a different tradition, that of Tom Main’s concepts of a ‘culture of enquiry’ (1983) and ‘freedom from thought’ (1967).

As a therapeutic community, the culture of enquiry is central to the functioning of the Cassel Hospital, and this monograph illustrates this process by reflecting on different aspects of the inpatient treatment, inter-staff relations, and patient-staff relations. This exploration highlights how we can be seduced into ritualized and

non-thinking practices that affect the work with patients and staff relations. Also, we can become fixed on the idea of efficiency and changing structures but fail to recognise that it is the manner in which staff and patients relate to each other in these structures, the culture, that is vital to enquiry into the conscious and unconscious processes of the therapeutic community.

Paperback: £14.95
ISBN 1 85575 248 4



Researcher Profile: HELEN SPANDLER

I am doing a Ph.D. at the Department of Psychology and Speech Pathology at Manchester Metropolitan University, in the Discourse Unit (a centre for qualitative research and critical psychology). I also currently teach Applied Community Studies at the university.

I have a long-standing interest in radical mental health movements, e.g. anti-psychiatric and mental patients' organisations from the early 70s. I did a Masters Degree at Sheffield University in Psychiatry, Philosophy and Society. Through this I became involved in Asylum: a Magazine for Democratic Psychiatry. As a mental health worker developing user groups and user-led services, I became increasingly interested in group work theory and practice.

An opportunity to embark on a Ph.D drew me towards Therapeutic Communities. I was interested in David Kennard's idea that TCs might develop in more progressive social and political periods. I was also keen to interrogate the view that TCs themselves were a progressive social movement, and I became interested in the radical aspirations of the early ATC. I wanted to understand the history of the relationship

between TCs and emerging patients' groups and political activism. I wondered whether TCs could be environments where independent patients' action could be possible, and indeed a logical part of therapeutic community practice.

These concerns led me to the history of events at Paddington Day Hospital during the 1970s, alongside a study of contemporary TC practice. I use accounts of Paddington as a vehicle to explore the continuing possibilities and limitations of psychoanalysis and the tensions between TC practice and patients' challenge and collective action. The Paddington Day story has challenged and questioned many of my assumptions, as well as introducing me to a number of inspiring figures in our history.

Helen Spandler

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Asylum Magazine- www.asylum-online.net

A Celebration of the Life and Work of Mary Barnes is to be held at Kingsley Hall, Powis Road, Bromley by Bow, London E3, on Sunday, 25 November, 6.30 - 9.30 p.m.

The evening will be introduced by Dr. Joseph Berke, her helper, guide, therapist and co-author of the best-seller, Mary Barnes: Two Accounts of a Journey Through Madness.

Simon Callow, one of the leads of the original hit play, "Mary Barnes," by David Edgar, will read from the play, acclaimed as a rare drama of breakdown and redemption.

Members of the Kingsley Hall (where Ghandi stayed in 1931) Community, The Philadelphia and Arbours Associations, the Shealin Trust (which Mary helped to found), friends and

colleagues will talk about Mary and how she touched them.

There will be an exhibition and discussion of her art and presentation of a selection of her deeply moving essays, stories and poems, from her second book,

MARY BARNES: Nurse, member of R.D. Laing's Kingsley Hall Community, 50s Madwoman, 60s celebrant of death and rebirth, who returned to a foetal state and emerged as a Writer and Artist, Mystic, Healer and Visionary, died on 29 June, in Tomintoul, Scotland, aged 78 years.

Something Sacred (with Ann Scott).

A short film of this Celebration will be made as a first step towards a documentary to place the Life and Work of Mary Barnes and the phenomenon of Kingsley Hall and 'anti-psychaitry' within current debates on madness, care and the possibility of renewal. Produced by Michael Kustow. Directed by Paul Morrison.

For further information contact Deborah Berke on 7372 1388 or 8348 4492 or devorah_bee@hotmail.com.

SPECIALIST RESIDENTIAL SCHOOL EXCEEDS DoH GCSE TARGETS

Pupils at the Jacques Hall Foundation, a residential school in Manningtree, Essex, that works with young people who have experienced trauma and emotional deprivation, have far exceeded Government targets for educational standards.

All Year 11 students at Jacques Hall beat expectations by passing at least 4 GCSEs, and over 50% of these have been A-C grades.

This year's GCSE results have exceeded the targets for 'Looked After Children', which were set out in a report called *Quality Protects: Transforming Children's Services*, by the Department of Health. The report recommended that:

- 50% of the proportion of children leaving care at 16+ have at least one GCSE or GNVQ equivalent Grade A-C by 2001.

- 75% of children leaving care have at least one GCSE or GNVQ equivalent by 2003.

Chris Tanner, Head of Education at Jacques Hall Foundation, explains, "We are delighted. Many of the young people have had highly disrupted schooling and many are wrestling with highly traumatic life experiences."

He goes on to say, "This year's results are a tribute, first and foremost to the students, and secondly to the teachers, community workers and other members of staff at Jacques Hall. We are committed to helping deliver educational success to these troubled young people in order to give them one of the best starts we can."

Jacques Hall has always placed great emphasis on helping pupils to achieve educational success and have continued to improve the qualifications that students have gained year on year.

- Jacques Hall is a residential therapeutic community, offering 23 young people aged 11-18, an holistic, integrated therapeutic environment within which they can express unresolved feelings and receive responses of understanding.

- Those who come to Jacques Hall have been the victim of severe emotional deprivation often from an early age, physical abuse or sexual abuse and in some cases, all of these. In general, the young people and their families have been known to social service departments for many years, and have experienced family breakdown, a number of foster family breakdowns and rejection by schools and children's homes.

JACQUES HALL COMMUNITY ANNUAL SEMINARS

Every year the Jacques Hall Community holds a seminar involving presentations to an audience of multi-disciplinary professions: social workers, art therapists, psychiatrists, psychoanalysts, psychiatric nurses, politicians and representative from the press. The Jacques Hall team looks forward to the opportunity to talk with other professionals about the work they are doing, particularly where it is possible to bring something new to the field, or discover and demonstrate success in a specific area, such as self-harm.

In the Third Annual Seminar, last year, Dr. Terry Bruce (child and adolescent psychiatrist and consultant to Jacques Hall) gave a description of the underlying reasons for young people's attacks on themselves, and artist and art therapist Jane Salome looked at the relation between speechlessness, self-harm and art therapy.

The fourth annual seminar, held in May this year, was, entitled "Loving the Alien", and addressed issues related to living and working with violent children.

The fifth annual seminar will be held in May 2001, in Chelmsford. It will be entitled "A Misplaced Childhood - Replacing Lost Experience". The Speakers will be Peter Wilson, Dr. Terry Bruce, and Joanne Bint.

For more information, contact:

Jacques Hall
Harwich Road
Bradfield
Manningtree
Essex CO11 2XW
Telephone: 01255 870311

LEY PRISON PROGRAMME

HMP Bullingdon in Oxfordshire was first opened in 1992 at a time when drug use in the local community was exploding. The problems that this was causing within the prison were recognised, and in 1995, through the joint efforts of probation and prison officers, a drug support unit was opened on a spur of one of the wings.

The need to have something positive to offer those trying to stop using drugs was apparent, and in response to this a formal group work programme was devised. At this time there was no additional resource from within the existing budget, but sufficient was freed up to enable these programmes to run.

When, in 1998, the Home Office made monies available for rehabilitation work with prisoners, the Governor put in a bid for a unit to run a rehabilitation programme on a much larger scale. The bid was successful, and for the past two years the Ley Community, a local "concept house" rehab, has been working in partnership with HMP Bullingdon to provide the Ley Prison Programme.

The Ley Prison Programme staff team is truly multidisciplinary, comprising 4 prison officer group workers, 5 civilian group workers, a part-time psychological assistant and admin worker, a probation officer and a manager.

The Ley Prison Programme runs for four months, and has four separate stages. Every four week period one new group starts and one group ends. Consequently, at any one time we have a group in each of the four stages. Meetings of the whole spur "community" are held regularly, where anyone can raise an issue.

Graduates from the programme are able to apply for the job of Mentor, and mentors then assist with the staff team to run the programme. All participants on the programme are housed on a spur of the wing and are responsible for keeping the spur clean.

Since the first group began in February 2000, the Ley Prison Programme has run on one of three spurs on C Wing, with the inevitable problems of contamination from prisoners on the other two spurs, who have not made a commitment to change. However, we are currently in an exciting phase. We are on the brink of the whole of C Wing becoming a safe and secure area, where the whole wing - which is 155 men - will be there because they have chosen to live in a "drug-free" environment. All residents on this wing will be regularly tested for drug use in order to keep the environment safe.

In addition to this leap forward, one spur will be classed as the Induction Spur, where work will commence with those wishing for help with their drug use, and this work will involve the prison officers who work on the spur.

Similarly, the remaining spur will provide on-going group work for the graduates of the LPP, helping them maintain the progress they have made, and - for those coming towards their release date - there will be a big resettlement initiative in order to bridge the difficult transition between prison life and reintegration into the community. The Ley Prison Programme has recently been funded for a Resettlement Officer who has now taken up post and will be developing networking in the community, housing initiatives, and support for the graduates once they are released.

As the Ley Prison Programme develops, it is strengthening its Therapeutic Community principles. To see the way that this work has grown within the prison has been very rewarding, and the current developments are very exciting.

Lyn Richards

Ley Prison Programme
Manager

Have You Seen...?

It featured at this year's Edinburgh Festival and is now touring the country. Have you seen *Did You Used to be R.D. Laing?*, Mike Maran's telling of the life and work of R.D. Laing with a live jazz piano score from David Milligan? Was it good?

The Arbours Welcomes Gudrun Bjork as Team Leader in the Arbours Crisis Centre, in London

Founder of Varpen Therapeutic Community in Sweden, Gudrun brings a wealth of insight and experience to the Arbours team.

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Summer sightings: Harold Bridger at work in Italy; Harry Wilmer at work in Cambridge.

ATC NOTES

August - November 2001

At the time of writing, **HM Prison Dovegate** had received its first 16 residents. Dovegate is a new prison therapeutic community in Staffordshire designed, built and run for the Prison Service by Premier Custodial Services, with a creative therapeutic and management team under the leadership of Roland Woodward. To help kick off the transition a successful ATC/Dovegate conference was held on November 2nd (see "Conferences" in this issue).

The ATC currently has 56 **group members**, six of those being separate wings at Grendon Prison. We welcome back Ingrebourne, one of the pioneering psychiatric therapeutic communities - Ingrebourne's founding Director Richard Crocket was part of the small group which set up the ATC 30 years ago. Among new group members are the Ashburn Clinic, in New Zealand, St. Andrew's Counselling and Psychotherapy Unit, in York, and the Ley Prison Community in Oxford, which is featured elsewhere in this issue.

Therapeutic Communities: Following its now annual Away Day, a sub-group working party has been formed to undertake a complete review of the Association's journal, and if appropriate to propose potential new directions for the Journal and produce strategic plans showing how they might be achieved.

According to Working Party convener John Gale, "Our aim is to clarify, focus, re-define the Journal but not primarily in reference to marketing. We have taken the Sage Guidelines, adding and subtracting to them as we see fit, in order to reach a re-definition. As well as considering the market we are looking at the content of the Journal, the standard of contribution we want (and systems for achieving it) as well as the look of the publication itself. So far we have been focused on preparing a mission statement, and a draft was discussed at the last Journal meeting. Our hope is to have completed this piece of work within three months, and at that point have a coherent strategic direction which will be put to the ATC Steering Group."

Speaking of the **Journal**, a great deal of thanks must go to former editor David Kennard and Gill McGauley, both of whom are retiring from the Editorial Group.

A major restructuring of the ATC's web-site in October is being followed by an equally major facelift. Feedback and suggestions on new and better ways we could make use of the web-site are very welcome. Email Craig Fees on craig@pettarchiv.org.uk or Sue Matoff on post@therapeuticcommunities.org.

The **ATC On-Line Directory** received a total of **3487** hits by **960** users in **September**, a month in which the attacks on the World Trade Center and the Pentagon saw traffic to the site, generally, drop significantly following the 11th. When we changed servers two thirds of the way through the month of **October** the figures stood at **3012** hits and **1189** users. This suggests that something **over 12,000 people per year** have a look at the On-Line Directory. And it is not just a glance: The average visit in September was **8 minutes 38 seconds**; in October it was **10 minutes 51 seconds**. The winner in the monthly hit stakes is the Directory home page, with indices by need, client group and geographical catchment jostling for second, third and fourth. In September the Henderson came tops in the individual stakes with 105 hits, followed by Cassel (102), Cotswold Community (87), Grendon (85), and Jacques Hall (83). The community with the least hits still averaged more than one every two days. Is this a resource your community can neglect? Is your entry up to date? More to the point, are you sure your community has an entry? Some don't. See: www.therapeuticcommunities.org/directory.htm.



JUST LISTENING.

www.justlistening.com

Steven Gans and Leon Redler are among that group of mainly East Coast Americans who, like Joe Berke, Morton Schatzman and Loren Mosher, were excited by and became involved in the creative developments circulating around Kingsley Hall and R.D. Laing in the 1960s. Gans, a member of the Philadelphia Association's faculty and training committee, took a PhD in Philosophy at Pennsylvania State University and taught philosophy in the States and the UK before training in psychotherapy with the Philadelphia Association. Redler came over to Britain in 1965, having qualified as a doctor, and

trained in paediatrics and psychiatry in the States. He became 2a student/apprentice of Laing and the Philadelphia Association in London, living and working with people in extremes of mental distress in non-psychiatric settings", and later served as Chair of the Philadelphia Association.

Together, they have just launched a complex Internet-linked project called "Just Listening".

Their book - *Just Listening: Ethics and Therapy* (published by Xlibris in September, ISBN 0738899178), "is a series of responses to a wide range of questions put to us by Bob Mullan, editor of R.D. Laing's last interviews (with Bob) in the book *Mad to be Normal*. In some ways our discussions present a sequel to this, a glimpse of life after Laing

or, in other words, how the tradition of existential-phenomenological psychotherapy, embodied by Laing, developed and blossomed as ethical therapeutic practice."

The web-site is a gateway into a potential community, with a newsletter, group interactions, events and papers, as well as a consultation service via "email, phone, or secure discussion".

According to the web-site, "Membership in Just Listening involves a quest and raises the following question; how can we practice ethical or responsible relating or, in other words, have a "face to face" relation online?"

"Just listening heals by helping the Other hear himself or herself being heard."

