THE

THERAPEUTIC

COMMUNITY

DIALOGUES

WITH

MAXWELL JONES

DENNIE BRIGGS
THE THERAPEUTIC COMMUNITY

Dialogues With Maxwell Jones

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Composed in New Century Schoolbook
IN MEMORY OF MAXWELL JONES

From those of us whom he has touched;
and from those who may come to know him.

What is a rebel? A man who says no, but whose refusal does not imply a renunciation. He is also a man who says yes, from the moment he makes his first gesture of rebellion. What does he mean by saying “no?”

Albert Camus
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Chronology
Maxwell Jones, MD [1907-1990]

Born: January 4, 1907, Queenstown, Cape Province, South Africa.

Early life from age 5 in Scotland


Commonwealth Fund Fellowship [1936-38] Columbia University; University of Pennsylvania

Maudsley Hospital, London, Assistant to Sir Aubrey Lewis. [1938-39] Mill Hill Emergency Service [1939-1945] [awarded the first gold medal in psychiatry from University of Edinburgh] Ex-Prisoner-of-War Unit, Southern Hospital, Dartford, Kent [1945-46]

Industrial Neurosis Unit, Belmont Hospital, Sutton Surrey, England. [1947] Social Rehabilitation Unit, Belmont Hospital, [renamed] Henderson Hospital [1959] [Consultant, World Health Organization, 1952] [Awarded, Commander, British Empire]

Visiting Commonwealth Professor of Social Psychiatry, Stanford University Medical School [1959-1960] [Recipient, Isaac Ray Award, American Psychiatric Association, 1960].

Director of Training and Research, Oregon State Hospital [1960-62] Clinical Professor of Psychiatry, University of Oregon School of Medicine

Physician Superintendent [1962-69], Dingleton Hospital, Melrose, Scotland.

Senior Staff Consultant [1969-1975], Fort Logan Mental Health Center, Denver, Colorado. Clinical Professor of Psychiatry, University of Colorado School of Medicine. [Annual book award, American Nursing Association; Maturation of the Therapeutic Community]


Died: August 19, 1990
Max and Dennie often came to Rome not only to conduct seminars and preside over meetings. In the course of their Roman sojourns, they spent a great part of the time in the various projects of the therapeutic-educational program of “Progetto Uomo” [“Project Man”] at Centro italiano di solidarietà [the Italian Center of Solidarity]. At night they were lodged in a modest hotel on the Aventine, facing the impressive scenery of ancient Rome, climbing up the Palatine Hill. I like to think that many of the discussions on these pages have taken place in this corner of the Italian capital.

This dialogue is a book of listening. Maxwell Jones and Dennie Briggs listened to each other; they communicated ideas and feelings, like two old sages who, on a wave of memories, wove an antique cloth. But it is an extraordinary current event to listen to their voices. The dialogue becomes a great inspiration, moving away from rigidly pre-established objectives, even as it creates insecurities and moments of instability in the group as in the individual.

Maxwell Jones, moreover, has been one of the great pioneers of the therapeutic community, starting from the environment of the psychiatric hospital in the 1940s. He deserves merit for having thought how the principles of the therapeutic community would be applicable to institutions and systems of every kind, from the community for drug users and alcoholics that are well known; to prisons (in which Dennie Briggs has developed an important part of his work); from schools to factories; even to religious groups; and the individual family.

It is not always easy to keep in step with these pioneers in their fascinating search. Routine, one knows, is slower than ideas, and any process of change requires a gradual and simultaneous maturation of all the people involved. But to participate in these dialogues is to strengthen the idea of the therapeutic community and thus make it capable of giving the movement a transfusion of vitality and renewed energy that, at a later time, cannot help but benefit the wider social system.

Some guiding ideas emerge clearly from the dialogues. In particular: the objective of a therapeutic community cannot limit itself to keeping a person from drugs, for example. For good or bad, he must go on with his own existence. The community must encourage the development of capacities like creativity and spirituality, that are fundamental dimensions of our daily living.

The path of Max and Dennie points decisively to the nature of the system because,
in a regime of tolerance, every structure is open and democratic. Nevertheless, both are aware of the dangers and the drawbacks that burden the therapeutic community. They move with care and with great faith in man, convinced that if one believes in himself and joins this creed with that of others, he can rediscover himself victorious.

The important thing is that the structure – whatever the structure, and therefore the therapeutic community – never becomes a happy island that maintains the individual in dependency, guaranteeing him protection. Maxwell Jones and Dennie Briggs are for the demolition of all the barriers that, in one way or another, prevent a person from reaching his own identity – an identity built on looking at the person that is in us all.

And in this sense the meeting of Project Man, the therapeutic-educational program of the Italian Solidarity Center, with Max and Dennie, reveals itself as extremely positive and stimulating.

Don Mario Picchi
President, Centro italiano di solidarietà
FOREWORD

Dennie Briggs, a close friend for the past 30 years, shares my enthusiasm for open systems, therapeutic communities, and what is called “New Age” thinking. At the same time, he is one of my fiercest critics, often identifying himself with the underdog, and at times seeing me from the perspective of one of the “bosses.” This is paradoxical as we both equally oppose hierarchies and the abuse of power.

His outstanding virtues from my perspective include a remarkable integrity which ensures an enduring interpersonal trust; from the beginning, we have experienced freedom to confront each other which, while often painful, always leads to generating energy with concomitant learning and growth. Curiosity is one of his prime qualities driven by his appetite for the positive aspects of life and an easy credulity, balanced by a sharp mind and confidence in his intuitive awareness.

During our working lives, our common interest in democratic systems has been divided largely between North America and Europe, and has focused primarily on mental health, the criminal justice system, and education.

Dennie, 20 years my junior, can still afford to think in longer term perspectives; my attitude to the latter stages of life is found in greater freedom; a unique opportunity to contemplate, read, write, and continue to grow: to wonder if one’s life has had meaning and if one’s contact with the spiritual has been neglected too much. I’m implying that a friendship and collaboration which started at a time when we were both heavily involved as “agents of change” in institutional settings, now finds me preoccupied with the meaning of life and death while Dennie remains more in touch with the everyday world.

As our lives, interests, and goals developed so much in parallel, Dennie’s own biography reluctantly emerged in these dialogues to some extent, along with a social learning experience for us both. In different ways, we have spent a lifetime challenging the abuse of authority in schools, hospitals, prisons, and society generally. We have come to know the strength of resistance to change towards democratic systems. But we also know that such change is inevitable despite temporary set backs. Abuse of power is behind the increasing loss of credibility found in so many social institutions such as government, religion, medicine, law, economics, and industry.

These dialogues give an historical account of the evolution of the forms of democratic systems we were both actively involved in, and the lessons derived from our experiences. We both believe that in the very near future, the counterculture reflected in consumer movements against the abuse of money and power, the men’s and women’s movements, the numerous organizations for peace, for population control, combating famine, and so on, will lead to a transformation of our Western society and make possible the dream of an integrated global society.

Maxwell Jones
INTRODUCTION

For some time I had been discussing with Maxwell Jones a book I wanted to write about the therapeutic community. All of his books published in the USA were now out of print. The work which he had begun in England had rapidly spread here following World War Two and was furthered during the three years he spent in the USA in the early 1960s. Despite his writings, I had always been concerned that the essence of the therapeutic community was difficult if not impossible to put into print. People were greatly inspired when Max spoke at the many lectures, seminars, and workshops which he gave around the country. I never knew how much of the excitement was due to the message he was conveying or the charisma of his presence. At any rate, I was concerned at the abuse of the concept which he had created, especially in the many drug rehabilitation programs which had taken on the term. In the procedures they had instituted, they had violated the very principles which he had elucidated. I thought that perhaps there might be another way in which the essence of his ideas could be conveyed in printed form. We had discussed these matters on numerous occasions, but hadn't reached any solutions.

He frequently wrote asking me to come and see him now that he was retired. He phoned now and then, usually early on Sunday mornings when he knew I would be home and we would have a "seminar," as he put it. We exchanged more extensive taped messages. Then finally, a brief note arrived with an airline ticket. This time I felt obliged to accept. I got out all my notes, packed a bag, bought some cassettes, and went to the airport.

It had been a while since we had seen each other. Though we had never lost contact, the days of working together were long gone and no doubt changes were to be expected on both sides. Now living in "active retirement" with his wife, Chris, Max had had bypass surgery; I was living through the frustrations of unemployment. Times were altogether different. Yes, it had been a long while. Yet he must have hoped as much as I did that something durable had been fixed between us. As if to reassure me, he had described his retirement home as "large enough to accommodate the stresses and excitement of renewing an old friendship." He even enclosed some photographs of his swimming pool, surrounded by citrus trees.

I couldn't help wondering why Max had persisted in getting me to come to see him at this time. My first thought was that, getting on in years and following heart surgery, he wanted to put his work into some kind of perspective, to bring an order to it while he still had time. There was always an urgency in his letters and phone calls, and for this reason I was both excited and a little anxious about the reunion. He had also mentioned
that he was at work on his autobiography and perhaps I could assist him by asking questions about his life and work.

Our association spanned three decades, and we had a lot in common: an interest in deviance, in socially disadvantaged people, in the integrity of the individual within groups - things like that. He still saw himself as one of the old-time British socialists, and “you must be too,” he had often said.

But I suspected his recent attempts to regain face-to-face contact had to do with the nature of our friendship. In the years we had known each other, I had watched people come and go in his projects. Many seemed more interested in their own personal careers than in continuous collaboration. Once the social scientists had gathered their “data” they quickly moved on. The psychiatrists who came to work with him soon became absorbed in their own work. Few of those who spent time with him realized that one of Max's principles involved approaching social issues or problems from more than one viewpoint; collaboration thus was of utmost importance to him. He didn't like working alone. I had been both a team member and a leader of projects which Max had inspired. I was not an MD so there was less of the competition that colored his relationships with some of the others with whom he had worked.

It also occurred to me that Max saw a kind of mirror image in me (a younger Max in some ways) for I was now about the age he had been when we first met. Could it be that quite without awareness, he saw in me some of his former self with whom he might now have a dialogue?

In the context of those prevailing conservative times, I also wondered whether the therapeutic community which he had originated, still had relevance. Max had said that he wanted to talk to me about the larger implications of the therapeutic community. Did he mean applications or implications? If the former, then spin-offs in schools and in business - if not in politics and government - were surely to be considered. But if implications actually were what he wanted to pursue, then we would be considering more theoretical issues. Recently, he often said that he had moved beyond his work in therapeutic communities, maintaining that he had always seen them as a means, not an end.

Although we'd had many conversations and despite his many books and articles on the subject of the therapeutic community, it seemed to me that something vital had never been put into words. We shared the view with so many others that with all its advancements, Western civilization had not brought about a very satisfying existence for most. By and large there was the expectation that governments and leaders along with the experts would provide the framework to carry out our basic way of life. And that technology would solve most, if not all, our problems. There was a great legacy
built around democracy, yet most of our institutions were still largely autocratic at all levels, not encouraging ordinary people to participate in decisions that affect their welfare. Most people indeed, take democracy for granted and in so doing, fail to participate in its running. Most political revolutions have been disappointing in that while professing liberation, in reality the new regimes have become as autocratic and tyrannical as those they replaced. Max had been greatly enthusiastic, for example, about the early years following the Russian revolution, but like so many others, became disillusioned at how the ideals were carried out in practice.

What Max had evolved in his own work was actually a distilled form of democracy. He had over the years, discovered and perfected a near total democratic structure, operated within the confines of autocratic systems, yet one in which individuals could participate actively. Simple enough in theory but a wonder in application; his “patients” were able to make a reconciliation even with a society that did not practice democracy but espoused it only rhetorically, yet expected its citizens to be ready to die for it. Leaders, after all, can be over-relied on, they often abuse power, and then become scapegoats; still, in the end, each person is singularly responsible. If people who were once violent or withdrawn could change, couldn’t others benefit from the ways his patients had learned to resolve their differences? This would mean taking responsibility for one’s self and one’s relationships with others.

If schizophrenics, psychopaths, and delinquents (“social misfits”) could make such profound changes, then why wouldn’t these methods have relevance outside his artificially contrived “communities?” Couldn’t a factory, a classroom, a government, or even a family for that matter, be so arranged to become a liberating and creative environment in which to work and grow? Max saw in everyone the capacity to become creative if such forces were “unleashed.” How could we all benefit from his means, not only to perfect ourselves but to use our daily experiences as potential learning opportunities; to constantly renew ourselves emotionally, intellectually, and spiritually?

These were some of the thoughts and questions that I’d never had the chance to put to Max.

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Although the idea of setting up “intentional” or cooperative communities is not new, and has been done in recent times on a large scale such as the Israeli Kibbutzim, many have gone sour and some have become terribly destructive. What went wrong with attempts like those at Jonestown and Synanon? Why have religious cults like the “Moonies” and late Bhagwan Shree Rajneesh become so autocratic and lacking in
humanness? Max's communities without exception, were the opposite, and while he too had to deal continually with resistance, had managed to work always inside bureaucratic systems to bring about democratic or open structures.

And so I was curious to find out where Max was now. He'd been writing me about his excitement of the New Age and futurist people, and his growing interest in spirituality. We'd both become interested in the ramifications of the peace movement, especially those ideas that world peace eventually centers on finding one's own inner peace and then maintaining it in daily life; the proliferation might be extended to every facet of the human community, local, national and international. This encompassing view was a natural progression of what Max had practiced in his work.

I wanted Max to address some of these issues. His writing, workshops, seminars and addresses were all for the benefit of his professional colleagues. I also wanted him to talk in more detail about how his ideas had evolved and to speculate further on how they could be used outside the clinic. Now it seemed that his ideas had a more general application; I thought the time was right to get them out to the public.

CHAPTER 1

THE DIALOGUE BEGINS

Dialogue is possible if the people who are generally trying to converse, listen not only to what is said but also to what is felt, without having been expressed in words.

Martin Buber
It was a morning in mid-July, 1981 when I arrived to see him. I wondered what Max would be like. Would his recent heart surgery have left “scars?” Would he be less active physically than when I had last seen him? Would he be less alert mentally now that he was in his mid-70s and not actively involved in any project? It was difficult to imagine him retired at last, for he had made such threats on a number of occasions, then moved to another place and began work anew.

And what would it be like spending a whole week with Max? Our previous meetings had centered around projects, working intensively then stealing a few moments for reflection, relaxation, and socializing. We had some habits in common: retiring early and rising before dawn; taking a short nap after lunch. And we both liked being out of doors in the sun.

Yes, a lot had transpired since I’d last seen Max. The experiences of the late 1960s had displaced me. I had left San Francisco where I was teaching and went to Europe, ostensibly for a year, which I kept extending. I had joined Max in Scotland [1967] where he was Superintendent of Dingleton Hospital and in the midst of converting the entire institution into a therapeutic community. Then I went to London and worked at Henderson Hospital, which Max had established after World War II. I taught community work at the North London Polytechnic and helped to set up a “New Careers” project in the community for young offenders as an alternative to being sent to prison, sponsored by the British Home Office and NACRO [National Association for the Care and Resettlement of Offenders] in London. And then I had lived in Paris, had befriended former students who were active in the events of May 1968 in France, and others in Holland. I had returned to San Francisco not one, but 10 years later and was largely out of touch with what was happening; the “silent 70s” were a shock to me, having left at the height of the activities a decade earlier.

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When I got off the plane, Max was there, browner than I’d ever seen him. His hair was now totally white and he sported a well-trimmed almost Freudian goatee which somehow seemed a little out of character with his bright, alert eyes, rarely resting long on any one object, but never losing contact once they attained focus. And Chris his wife, also tanned, relaxed, and brightly dressed, startling against the subdued colors of the landscape.

“Welcome to the sun, professor!” Max greeted me in his usual joking way. I was surprised to be riding in a pale blue American-made car with air conditioning; Max had always lead a rather spartan existence. It was evident that his retirement and his
surgery had had minimal ill-effects and soon he was giving me all sorts of gossip about people we'd known mutually over the years. I was also surprised to see his modern, air conditioned home in the suburbs, with a swimming pool: how could Max allow himself all these luxuries?

After a swim, some lunch, and a nap, Max set up two chairs and a small table at the edge of the pool. It was apparent that he wanted to get to work. With large glasses of freshly squeezed grapefruit juice and soda, we sat down and began our conversation.

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Dennie: We've been over this countless times before Max, and I know your arguments for and against the subject, but I still would like to discuss the therapeutic community with you; how it got started, the direction it took, and where you see it going. I've taken some notes on the definition of a therapeutic community and I'd like you to hear them.

Max: Okay. But I can't promise that I'll be able to add anything. You know just as much about the subject as I do.

That remains to be seen. Let me begin with the question: What is meant by the term "therapeutic community?"

You want me to answer that?

No, I was merely being rhetorical. Let me read what I've written:

The term therapeutic community suggests a group of people assembled for the purpose of helping one another - of healing. Ordinarily this would occur in any hospital ward or other place concerned with treatment and recovery. The usual situation in hospitals is that patients have some incapacitating illness that makes it difficult for them to accommodate themselves to ordinary life. The hospital, with its relatively simple social organization, offers a temporary shelter or haven. Patients are supposed to cooperate by complying with the routine of the doctor and hospital staff; the implicit understanding is that by doing so, they will recover and resume their lives outside.

The therapeutic community is distinguished from other types of therapy in that the institution's total resources, including those of the patient, are self-consciously pooled in furthering treatment. This implies above all a change in the usual status of the patient. In collaboration with staff, they become active participants in their own therapy and that of other patients, as well as in other aspects of the overall work of the hospital, in contrast with the relatively passive recipient role of the
patient in conventional treatment programs.

The extent to which this course is practicable or desirable will depend on many things: the attitudes of the leaders and other staff, the kinds of patients being treated, and the sanctions afforded by higher authorities. The emphasis on being able to communicate freely in and between staff and patient groups and on tolerant attitudes, encourages free expression of feelings; everything is out in the open. Such an arrangement thus implies a democratic, egalitarian, social organization, distinct from the hierarchical ones more typical of hospitals.

A therapeutic community then, differs from the conventional hospital in that it is:
- oriented to restoring patients to a more healthy, competent social role by changing the hospital structure; for example, patients are expected to help in the treatment of other patients and share in administration—making decisions along with the staff;
- committed to the idea that environmental and interpersonal influences play an important part in treatment — as important as the skills of any staff member;
- characterized by an atmosphere of intimate, spontaneous, face-to-face interchange in which communications are relatively free, with everyone having access to everything that is going on in the life of the community.

Good Lord! Where did you dig up all that?

I took it primarily from the writings of Dr Maxwell Jones.

Pirated it, you mean.

Yes. Let's see, from, The Therapeutic Community (1953), Social Psychiatry (1962), Beyond the Therapeutic Community (1968), Maturation of the Therapeutic Community (1976) . . .

. . . you do love to torture people! This is where I've left therapeutic communities, just as much as you have in a certain sense. I always saw them as a means to an end, and while I still think they have a respectable place in the evolution of social change, or whatever you want to call it, in a way, I've moved on.

All well and good, Max, but that growth and change needs to be put into perspective before we can move into the future. Therapeutic communities developed in such an accidental way, we need to see if there is some kind of pattern involved, so we don't proceed so haphazardly in the future.
Well, my first reaction: was it not an evolutionary process rather than accidental. I'm more than happy to discuss your project with you, of course. But I must tell you that I've left that field more or less for other areas of interest.

But Max, you can say that from the comfort of your age and reputation. Thousands of people out there are still working in therapeutic communities, or in some program that resembles them. Can you put yourself in the place of a person who has not had the benefit of being part of the evolution of that concept? The concept is old enough now to have lost some of its spontaneity. We've both seen how some organizations, like drug abuse programs, have come up with structures that are totally different from what we've practiced. They tend to be autocratic, inflexible, and in the end, not very human. And we've seen the tragic results of experimental “communities” that exploit members and their families.

You're referring to Jonestown and the religious cults.

Yes.

So sad.

You know, Max, in some ways we've both been very fortunate. And had a lot of good luck! We've had a great deal of satisfaction from our work as well our share of frustration. I was ready to throw in the towel many times. At least we can say that we've helped other people move in this direction. And so now, I think we have a responsibility to share our experiences more than we have – if we can.

Maybe you're right. What do you propose to do?

As you've said, your ideas can be found in your books and papers, so I don't want to rehash what you've written. But it seems to me that the therapeutic community can be misinterpreted very easily. The drug abuse programs happened despite your writings, Max. Perhaps more important, your writings have had a rather limited audience – mostly professionals. But at any rate, I have in mind a different sort of book and a little different audience. Do you know the Italian writer, Italo Calvino?

No.

Well, in his last novel he suggested that the novel – his novel – become an instrument
or a channel of communication, a rendezvous. Now, what if we took that idea literally? What if we held a dialogue with the reader?

Wouldn’t work, I don’t think.

Why not?

For one thing, no professional would read it. And even if one did, wouldn’t take you seriously. Professionals in our field find only the most convoluted language credible.

I thought you’d left the field.

And so I have.

In any case, at this point, I was not thinking of professionals. I’ve dealt with them all my life and so have you. I thought it might be intriguing to try something new. Besides, I want to talk about things you might not write about or talk of things you’ve written about in a different way.

You mean more openly?

Candidly.

Yes. I see.

Okay, Max, just where did you get your start?
CHAPTER 2
THE ORIGINAL CONCEPT

The original concept of a therapeutic community emerged as a response to the problem of social dislocation in London in the immediate post war years. Industry and combat had together involved almost every adult in the UK due to the exigencies of war. There was a common enemy, plenty of work, outstanding leadership, and a remarkably high morale. The anticipated mental health casualties resulting from the bombings of London were never realized.

Peace time had changed all this for those people who were only marginally employable. Those adults with relatively low intelligence or motivation drifted into unemployment or sought refuge in alcohol, drugs, or vague forms of illness or deliberate idleness.

Subsistence allowances were readily available from Government Welfare and for the enterprising there was crime. The Ministry of Labour referred to this non-descript mass as the “hard core” unemployed and joined forces with the Ministry of Health to establish an experimental rehabilitation centre to study this problem. This solution seemed expedient in part because in addition to welfare, the social measures which were available for this immediate group were mainly mental hospitals and prisons which were largely inappropriate or even harmful.

Maxwell Jones
Max: It was one of those fortunate twists of fate that during World War II, I was put in charge of an experimental unit at Mill Hill to find the cause of “effort syndrome,” or neurocirculatory asthenia, and attempt a treatment.

But let me digress for a bit. Right after my medical training, I’d come to America for two years to study under some of the best research physicians in your country who were looking for organic causes of mental illness. My last year was spent at Columbia University, where I did research on thyrotrophic hormones, which I thought might be related to schizophrenia. God knows how many rats I dissected. I’d come to this country enthusiastic to learn, but by the time I left, I was convinced that psychiatry here was on the wrong track.

I joined the staff of the Maudsley where I was in contact with psychologists and psychoanalysts who were exploring the causes of mental illness, some with totally different approaches than those I had been exposed to.

Dennie: This was the time when many Jews were escaping Germany and Austria.

Yes. Already, there were a lot of well-known psychoanalysts in London. It became the center for psychoanalysis, as far as Europe was concerned, so the influx of new ideas on the field was enormous. Freud and his daughter, Anna, who was specializing in psychoanalysis of children, of course were immediately part of an already active intellectual circle. So you see, at least in Britain, psychiatry was moving away from the strictly organic approach.

Did coming to the Maudsley revive your enthusiasm?

Hardly! My stay there was not even very enlightening. Although I became chief assistant to the leading psychiatrist, Sir Aubrey Lewis, I was still more or less pursuing organic methods of treatment and research. Now I was into treatment more than research however, but I was involved with insulin coma and continuous narcosis in the treatment of schizophrenia. Both were very dangerous techniques, as you know. I was considered a good doctor, but my God you had to know your medicine because through massive injections of insulin or sedatives, you took your patients to death’s door and then revived them at an appropriate time.

What interested me most though, was the treatment efforts of the team as a whole. The medical and nursing staff were highly trained and worked well together, even though the organization was still hierarchical, always headed by the doctor. I began to realize that it was the group situation itself – the team with its own social environment
built around the patient – that was probably having more effect than the insulin.

And so, after that I gave up insulin coma treatment and switched my focus to psychosomatic medicine – more or less, a compromise between the functional and the organic.

This was all during the war.

It began a little before that actually. Fortunately for my development, the war interrupted my training as we were all split up and the Maudsley Hospital was actually closed. It was located in central London and they feared it might be bombed. I was scheduled to go to the south of London with the team that was to continue physical treatment, but Sir Aubrey wanted me to go with him to Mill Hill, to head the experimental unit that was to study cardiac neurosis. Britain’s leading cardiologist, Paul Wood, was sent there to study the physiological aspects of the symptoms, while I was to be concerned with the psychosomatic side.

You should have seen the place – it was beautiful. In fact, I did take you there several years ago. You remember the woods and the lovely grounds? But even in this non-traditional setting, they quickly established a hospital environment with the staff’s treating patients and the patients’ passively complying. Doctors gave orders to nurses; nurses gave orders to their subordinates; and there was little communication among these hierarchies.

But there was one fortunate difference: being wartime, there was a shortage of trained nurses and, as women had been conscripted along with men, they had established nurses’ training programs at hospitals where they assigned women conscriptees. And so, we were given a number of these young women to train on the job and they became the key members of our team.

Despite the rigid hierarchy of the main hospital, for the next five years the team and I were given almost total freedom to study the psychosomatic aspects and treatment of cardiac neurosis.

Could you talk a little about these studies? If I remember correctly, they were some of the early classics in psychosomatic medicine.

Well, to begin with, we made intensive physiological examinations, studying each symptom in detail. We studied their rapid, shallow breathing by the range of diaphragmatic movements on the x-ray screen. We studied blood chemistry. Using a bicycle ergometer, we found that the soldiers used up more oxygen in exercise than they
should. Their rapid, shallow breathing was associated with diminished diaphragmatic movement, which in turn, was related to tension of the chest muscles, causing pain over the heart.

All that.

And more. We even injected novocaine at one point into the intercostal muscles of the chest in the region of the heart, which took away the pain for a day or two, but inevitably it returned. Likewise, spinal root blocks didn’t eliminate the symptoms for long. But something interesting began to happen. The soldiers themselves became curious about all these studies and wanted to know more.

This was where your studies took a new direction.

Yes. By the end of two years, the research had proved conclusively that the condition was not heart disease as such but a psychosomatic disorder. The psychological factors however, were inevitably different in each case. But the peripheral, chemical, and physiological mechanisms were very much the same in each patient. The condition is so much like a heart attack that it is easily mistaken for one. Ironically, when I had my coronary, I thought it was cardiac neurosis and, to prove it to myself, I went for a run a few hours later. So you see how easy it is to jump to conclusions one way or the other?

Ummm.

With 20/20 hindsight one could now say that cardiac neurosis was due to physiological and psychological reactions to stress in people who had been physically inactive. They were simply not able to adjust to the daily exercise program of the army. At this point, the cardiologist left the project, convinced that the symptoms were not organic, but functional. We had discovered the causes, but were still a long way from the cure.²

Weren’t these studies later confirmed by the Harvard Fatigue Lab?

Interesting you should bring that up. Yes, actually they were, but not until after the war.

You said the soldiers became interested in the studies and you shared your findings with them.
Always. During the research some significant things were happening in the unit without apparent notice. First, the soldiers became curious about what the staff were finding out from all the tests they were taking. They had time on their hands and we thought we should share our findings as we discovered them. But many of our procedures and results were highly technical and the soldiers didn't have the background to understand.

You needed some translators.

Indeed, that's what actually happened. The young women conscriptees who had been assigned to the research unit didn't have much medical background either - other than to change bandages. We had arranged to teach them the necessary skills to assist with the research and I was impressed at how quickly they grasped even complicated matters. They spent a lot of time with the soldiers and began to explain what they knew to them. The soldiers were at once interested and wanted to know more.

This was when you began the classes?

Yes. We calculated that it would take approximately twelve hours to give the soldiers enough information about the anatomy and physiology of the body to understand their conditions. Obviously we couldn't take that amount of time with each soldier. And remember, this was war-time; with new soldiers arriving daily, others had to move on. So, we decided to set up a series of 12 lectures, and to save time, give these lectures so that a hundred people could attend them all at once. To our surprise, we found that the men were not only responsive, but became fascinated. They found the workings of their bodies just as interesting as say, the workings of a jeep or tank. More than filling in time with details of anatomy and physiology, these lectures began to take the form of discussions as the men began to interrupt the talks with their questions.

As the mystery was taken out of their condition and they better understood the functioning of their bodies, the soldiers became more relaxed and began to talk about the conditions that were contributing to their stress. And then about their concerns for the future: What did people think about them no longer being in the war? How would they be seen by their families and friends when they returned home? Questions like these. And the amazing thing was that they were now able to talk openly about these intimate matters even in a large group of one hundred. Through these candid discussions, the unit took on a more personal nature - the discussions spilled over onto the wards, and the men wanted to talk in smaller groups with the nursing staff. They began
to relate to one another on a more human level. The unit was becoming a “community” of sorts.³

You mentioned the important part the nursing staff played in this development. I remember hearing Pat Howard describe how she experienced those early days [around 1942]. I’d like to play a portion of a cassette recorded at a seminar she gave while I was with you at Dingleton – I don’t know if you’ll remember it or not – but perhaps you could recall how their roles evolved. Could we listen to this?

I arrived, entirely innocent of everything to do with medicine or nursing. I’d been an arts student and didn’t want to go into the army or navy because I thought it was unsuitable really, and I didn’t want to be put into some ghastly uniform. I didn’t want to go into munitions either. I didn’t know what to do about the war and was looking for something. So in desperation, I went to the hospital. It was filled with starched, crackling uniforms and sanctimonious matrons [directors of nursing]. Everything was antiseptic.

I came to Mill Hill as a junior probationer and began to have nursing instruction – how to bandage fingers and all the usual things. And you had to prepare for all sorts of exams. Soon I was buttoned down in a starched cap, as we mustn’t show our hair, and we weren’t allowed to know anything about the patients – just take orders from the sisters [registered nurses] who marched around like battleships, and the doctors never spoke to us – hardly ever even to the sisters. So I was frustrated.

One day, quite literally, I bumped into Max absolutely by accident. After the usual apologies, he asked me where I was working and if I was enjoying it. I hadn’t much enthusiasm for emptying bed pans or mopping floors. ‘Come along,’ he said, ‘let me show you my work, because I think you might be interested.’

And of course I was. The ward was filled with all kinds of worried, anxious people. Max was giving them lectures about their heart conditions and about their bodies – how they worked and why they should take care of them – and he made drawings on a blackboard that really weren’t very good!

So I joined some other women on his staff. Max was trying to change traditions. We attended the lectures and he met with us to read from the patient’s records so that we could find out what was the matter. And Max followed this up by asking us to take on a certain number of patients to show a special interest in them as human beings; to try to understand them. He produced a very sensible form on which we were supposed to write our impressions of them and then asked us to write an essay on our feelings about our 14 patients; how they were behaving and what we thought was best for them – a practical way of making quite a good dossier of information.
My word, that does bring back memories. Pat Tait (that was her maiden name) was one of the first of whom we later called “social therapists;” that was the second significant change in our unit. As I said, the nursing assistants were involved from the beginning and had unexpected talents from their own backgrounds to supplement the lectures. Like Pat, some had been arts students and they made drawings of the various mechanisms of the body to illustrate the lectures; and they were better than mine! Not having the traditional nursing duties to perform, the nursing assistants, like the patients, had time on their hands when they were not engaged while the research was being conducted; when it was over they had even more.

Eventually they more or less formed a team. You remember, I had learned the importance of a team back when I was involved in physical treatment at the Maudsley; now I formed one of my own. From the beginning I shared all my knowledge and discoveries with the nurses so that they felt an integral part of the project. They added their observations of the men’s behavior and so on. When the team decided to share our findings with the soldiers, the nurses immediately found a new function, that of teaching.

So, now from the earlier blackboard drawings came life-size models of the heart and other organs. And as the discussions became more personal we introduced human behavior; someone created a mascot which the group named “Nervy Ned” – a manikin we used to teach soldiers about their physical conditions and about their relations with one another. I think Nervy Ned was Pat’s creation actually.

Self-styled projective techniques.

Besides artists, some of the nursing assistants had been drama students and eventually worked out skits to present emotional aspects in dramatic fashion, even preceding psychodrama as we now know it. And so these young women, who had never considered nursing, brought a whole range of unexpected talent and enthusiasm to the project. They were able to mingle with the patients on a more personal level and had learned along with them about their physical conditions.4

Would you say then that drama and spontaneity are fundamental aspects of a therapeutic community?

Exactly. And I might add that they are essential to learning and discovery, which need not be dull at all. It adds to the excitement and that’s precisely what brought the patients and nurses together. For our unit it added a social dimension.
The nursing staff created new jobs for themselves.

That's correct. Now probably the most important development was that the soldiers began to adopt a more active role. When they became knowledgeable about the physiology and workings of their bodies, and could explain their conditions as resulting from stress, they became eager to share this information with others. So, as new patients arrived in the same state, those who had been there longer took on the educational functions themselves. They began to enter into the lecture-discussions and eventually took them over, teaching the new arrivals on their own.

"Don't worry, mate," we would hear an experienced patient telling a newer one. "We know all that. You'll be hearing about it in due time. That's only a mechanistic thing (they actually used terms like that) – that heart pounding. Won't do you no harm. And that pain in your left chest, that's not heart disease, you goon, you'll get an injection and see it will go away, but come right back!"

So, with this development, the staff had to take on a new role too – a much less active one. In other words, they had to support such activities and encourage the men to take over. Now the upshot of all this was we found that not only did the behavior of the men who had been there longer change, but the newer ones learned the material much quicker coming from fellow soldiers. They could cut through the subjects faster; put them in familiar words that seemed to stick better.

But this is not news to you. You did much the same thing with your sailors and prisoners when you trained them as social therapists – and with the school children in California.

It makes no difference who is involved; there is something about the therapeutic community that enables people not to only get involved in helping one another, but to become concerned about “the community” itself and want to preserve the parts that are good and change those that are not.

Some critics might say that it has to do with selfishness, especially for psychopaths. They have to see what’s in it for them before they can get involved. But I personally believe that it reveals man’s greater need for “community.”

Yes. But rather than a love of self, it’s often self-hate that leads such people into trouble. We’ve both seen how this hate often comes out in destruction in the community.

It often does. Only in a “therapeutic” community, there is always the neutralizing
force – a binding of opposites. There seems to be what some have termed “oscillations” or peaks where destruction comes forth to be followed by a period of reconstruction. During this latter period creativity and change often spring forth. Patients can sometimes be sensitive as to how much the community can tolerate both internally and in relation to the world outside.

Important for its existence in institutions like hospitals and prisons.

And as it turned out, very important for the soldiers coming back from the front. What happened in the interim was that the research at Mill Hill took on a dramatic change. What happened was, I suppose, an inevitable progression.

From...

As I recollect, the soldiers now wanted to know more about their emotions as well as the social and other psychological aspects of what was going on. We had one fellow there who had been a journalist and he decided to take verbatim notes of the lectures and discussions. He transcribed them and when the other patients got their hands on them, it led to all sorts of new discussions.

Of their conditions?

To some extent, but it went further – to their emotions. Now, they wanted to know the causes of anxiety, depression, stress, and so on. They wanted new lectures and more discussion time. It was indeed chaotic for a while, as we didn't know what direction this would all take, but you could sense the enthusiasm mounting.

Sharing information with them – demystifying, I believe is the current term?

That was very important. There was also an event which established our credibility. In the early phases of our research, we ran across one soldier who actually did have a heart disorder. We established a special program for him and cautioned him not to run upstairs and so on. He ignored our warnings. Wanting to participate with the others, he collapsed one day with a coronary attack and almost died.

But, you see, that incident put us in high esteem. Up to that time, they had bought us as a pig-in-a-poke so to speak. After that, if we said someone was going to have a coronary, they bloody well better have one! The incident helped the soldiers, however, to
see the difference between a functional and an organic heart condition. And it estab-
lished a legend among the soldiers that they passed on to new arrivals: that if we said
you had cardiac neurosis, we knew what we were talking about. You must have had
similar experiences.

Yes. And didn’t psychodrama help to get this more receptive culture started?

The psychodramas were very important in the beginning yes, and the ones they
developed became much more sophisticated, eventually written as scripts and produced
one day a week. At first, however, the nurses (the drama students) would put them on –
hypothetical, but based on material from the case histories. The soldiers would watch
the dramatic episode and if they disagreed, would be asked to present the situation the
way it should have been – the way it actually happened to them. You see, they were
beginning to dramatize their own case histories. For the sake of realism, they would not
only personalize the script, but later would select fellow soldiers and staff whom they
wanted to portray other people from their own lives. Then out of these dramatic epi-
sodes, emotionally-charged discussions would follow. I remember those so well. They
became terribly polished, with the use of microphones, which were rare in those days, to
represent the voice of conscience or to reveal other hidden communications to the
audience for use in the discussions which followed – or sometimes interrupted the
psychodrama.

And let me remind you, this was all done in a group of over one hundred.

Did you get your ideas from Moreno?

[Laughs] No. That’s come up before. Actually we developed psychodrama quite
independently of one another and at about the same time. Only he came up with a name
for it. I only heard of Moreno and his work some years later.

He’s quoted as having remarked when he heard of your work and others that
psychodrama was an idea whose time had come just then.

It was a pity for we could have benefited from what he did and saved ourselves a lot
of trial and error. But on the other hand, it was this constant discovering of new ways
that was exciting to the soldiers and the staff. We were in the vanguard and we knew it.
The psychodramas added the emotional and social dimensions. How did you move from the lecture-discussions to the large, spontaneous community meeting?

From “live” psychodramas. We maintained a relaxed atmosphere in the unit and so incidents invariably came up. Pay day could always be counted on, for example, to cause trouble. A small group of soldiers might go out drinking at the local pub, come in late drunk, and cause an uproar on the ward: live psychodrama. The others, who were sleeping, would be mad as hell and often a fight started. At first, the soldiers wanted stern military-type discipline from us. When this wasn't forthcoming they gradually began to deal with it themselves, even in the full community meeting with everyone present. That was how it became a community.

The one hundred plus staff.

That’s right. But they also began to have smaller discussion groups on their wards so that they could have more time to go into details. We continued the weekly psychodrama, but that was less spontaneous in that it had a basic structure which was planned, written, and rehearsed.

Eventually some of the men, aided by the skills of the nursing assistants who'd been drama students, became interested in theater for its own sake. They wrote and produced plays for the unit and for the whole hospital, that were damned good. When I look back on it, it was an almost complete turnabount from their previous military existence – to say nothing of that of a hospital – and yet it all seemed so natural at the time.

You make this all sound very logical, Max, as if everything evolved so reasonably and ran so smoothly. Maybe that's the British way – to accept insurrections more calmly. I can't imagine it happening that way in this country.

Of course it didn’t run smoothly; I was constantly in hot water. At Mill Hill, I had the hierarchy of the hospital to cope with daily, especially the nursing staff. Our nurses, you know, were subordinate to the matron who was responsible for their training and conduct and took it very seriously. The way we encouraged them to interact freely with the men and staff was seen as a clear violation of professional nursing standards. And as Pat said, I made the doctors’ files freely available to them – a practice then forbidden in the rest of the hospital.
Did the resistance ever subside?

Not really. The rest of the hospital staff tolerated us at best, because they knew in the end that Sir Aubrey and the medical director [Dr Walter McClay] would back us. I do recall one time when the nursing administration just couldn’t accept the deviations of our unit any longer. I don’t remember if there was an actual incident or if it was just a gradual culmination. Anyway, when I arrived at work one morning, a delegation of the nursing hierarchy were waiting outside my office. Their rage which had been suppressed, became so violent when unleashed, I was afraid they might attack me. Dr McClay, hearing the ruckus, came out of his office and, quickly surveying the furious sisters who seemed about to lynch me, pleaded, “Poor Max. Don’t destroy him!”

I can picture that. When I visited you for the first time, I only met the more progressive nurses and matrons – you know, those not wearing uniforms, being called by their first names, and so on; but when I returned to England for an extended time, I met the others!

And incidentally, that was one of the first occasions in which I learned to use crises positively. During this confrontation, Dr McClay educated the senior nurses about the importance of our work and the innovative things we were doing, which were beginning to cause quite a stir in psychiatric circles.

Can you explain?

Well, during a crisis, when things are temporarily upsetting, people let down their defenses and are more apt to consider something new. It’s a kind of vulnerability. I think the Canadian psychiatrist, James Tyhurst, has done some remarkable research in these areas. Do you know it? He’s observed people in times of natural disaster – fires, floods, that kind of thing – where there is unexpected chaos and great stress. He’s found time and again how unexpected positive leadership can emerge, surprising even to the new person who emerges as the new leader.6

Was there much known about this later phase of your work at Mill Hill? I’m referring to the social organization and its effects. I know there were other interesting, similar projects going on at the same time, like Tom Main’s at Northfield, Bion’s, and so on, but did what you were doing become known to others?7
Eventually. And what we did probably was better known, or at least better received in your country than in Britain. During the war, the Ministry of Health made a documentary film about the work of the unit, emphasizing the interesting positive effects of the democratic social organization we'd evolved. Dr McClay came to the United States with the film and showed it round. This visit lead to a number of prominent psychiatrists, such as Karl Menninger, to cross the Atlantic to see what we were doing.

They even used some of our methods in the U.S. psychiatric hospitals set up in Europe during the war; later I got to know some of the psychiatrists when I often came to America. The two Menningers and Professor Whitehorn [Johns Hopkins] stand out as three of the powerful leaders in the field.

But excuse me for just a minute. I want to put the kettle on. You’d like some tea?

•   •   •   •

Tell me what you think of this, Max. I wrote it in one sitting so there might be some holes in it. It’s about your own further development.

Cessation of the war, unfortunately, didn’t end the adjustment problems of men who were uprooted by it. While the soldiers at Mill Hill were learning about their heart conditions and how to cope with disabilities, there were another three hundred thousand of their comrades who were not so fortunate. They had been captured by the enemy on the Continent and in the Far East, and confined in concentration camps, some up to five years.

At the beginning of the war, food was desperately short and survival for many of these men had meant that they had to adapt to the autocratic regimes imposed on them by their captors. They had to learn to lie, to cheat, to steal, and even at times, to kill a fellow in order to survive.

As time went on, depending on the conditions of the camp in which they were confined, a sophisticated social structure and a strong group identity often emerged; social responsibility took many positive forms, with an emphasis on sharing almost everything. A few prisoners developed leadership skills, while others existed at a marginal level. And some developed severe emotional disorders like paranoia.8

In 1945, when the Red Cross arranged for the first repatriates to return to their homes and communities, all did not go well. Their experiences had taken such a toll that some of the ex-prisoners couldn’t adjust to their former ways of living. They needed time and special
conditions to ease back into civilian life. For some, there was a loss of identity or alienation, as they had experienced a kind of existential crisis during their internment, and now were estranged from their families and friends. Life had an entirely different meaning for them, and it was difficult to relate to the concerns of civilians who themselves were adjusting to the post-war period. Complaints about their food shortages and so on didn’t carry the same significance to the men who had coped with death almost daily. Also, for some, the antisocial behavior that they had developed to survive – such as stealing which became commonplace – couldn’t now be suppressed all that easily. Others were concerned as to how their families and friends would feel about them; after all, they had not been killed or returned home as heroes, like their buddies, but were seen as men who had allowed themselves to be captured. Some had doubts about resuming sexual relations; sexual interest had declined for most men while confined – would they find themselves to be impotent? Many had also developed bad work habits in the camps, and it was difficult to rejoin the competitive working world. And many had a strong sense of guilt, believing that they had let their country down.

These conditions were seen in the first group of men that the Red Cross repatriated, so the government decided that before most of the other prisoners were returned, they should be screened by military psychiatrists. Some required a de-briefing, such as those whose emotional or behavioral problems were blatant. Seventeen centers were quickly established where men could be sent for social rehabilitation.

That sounds reasonably accurate. Only we’d say “mates” rather than “buddies!” Where’d you find all that?

Mostly from your first book.

Did I say all that?

I’m afraid you did. I think it’s an important event. Would you want to say a little about the POW experience?

Well, only that it was an ideal situation in which we could pick up where we’d left off when the unit at Mill Hill closed. I took along a staff of 59 and we set up a unit where we could handle 300 ex-prisoners at any one time. They were housed in cottages of about 50 men in each, so we thought this arrangement ideal to form small social units as well as a total community.

How did you begin?

With daily community meetings in each of the cottages. You see, without the
restrictions of either the military or the hospital, now we were free to set up our own
structure along democratic lines from the start. It didn’t work out that way at all at
first. We were a little presumptuous. Some of the men had actually been in camps that
were largely self-governing and we thought they might naturally take the lead in estab-
lishing a kind of liberal climate in the cottages. But they would have no part in it. Like
the soldiers at Mill Hill, at first they demanded severe and harsh punishments for those
who broke the few rules we had set up for them. And then they expected us to use our
authority to punish the wrongdoers. They just weren’t all that eager to take responsi-

Can you say more about how you got your new climate going? You took along some of
your staff as “culture carriers.” So, didn’t you find that most of the procedures you’d
worked out at Mill Hill – besides the community meetings – were of use?

We found many of the things we’d stumbled on were quite appropriate. As I recall,
we just began with the community meetings – by discussing the men’s behavior openly
with no threat of punishment even when they demanded it. And we talked about their
concerns of returning home. There were lots of emotional abreactions as they discussed
long-suppressed experiences from the camps.

Oh yes, and we started psychodramas immediately; this was a perfect opening.
Many of the men had developed skills in drama while in the camps, where putting on
plays was one of the only forms of recreation in which they could freely participate. In a
few camps, theater had also become a kind of subterfuge through which the prisoners
could communicate with each other and the guards couldn’t understand it.

I believe Sartre did something similar. I think one of his first plays (which he wrote
and put on in a concentration camp) was a Christmas nativity that had the underlying
message of freedom.

Well, whatever it was, they took immediately to the idea, and in a very short time
the men began to take an active part in running the cottages.

We were gradually able to get the men outside the hospital. We found sympathetic
employers who would take them, even for part of the day, and gradually absorb them
into the factory or shop. I remember peddling round the countryside on my bicycle
looking for jobs (we still couldn’t get petrol after the war). I don’t think even one of the
60 or so I approached refused. Sometimes the men would go and just watch for a while.
But you know, it was incredible how workers intuitively sensed what was going on with these ex-POWs. They put no pressure on them and slowly related to them in a commonsense manner. The men would sometimes sample many jobs before they found one that they could handle.

How long were the men with you?

Only a very short while. I think six to eight weeks at most. We couldn’t keep them long because there were new ones arriving constantly and many were eager to get to their homes. I think we handled something like 1,300 during the 11 months of that project.

Were you able to do any kind of follow-up?

Yes, as a matter of fact, we did, and the results were encouraging. Something like nine-out-of-ten of the men had completely recovered or had greatly improved from their experiences in the camps. Quite a high rate, when you consider that they were the most severely disturbed of the 300,000. It’s all in the appendix of my book; you could check it.9

At this point it seems to me, you had ample evidence that what you were doing was more than a series of war-time projects. But did you have any clue yet that you were in the early stages of developing a new treatment model?

The experience at Mill Hill had convinced me that physical and psychosomatic symptoms could be alleviated by rearranging the social environment. Working with the ex-POWs had proved that behavioral problems were even more susceptible to change in a democratic system. By the middle 1940s, I was firmly convinced that we were on the threshold of an important new treatment model in mental health, but I didn’t know at that time what direction it would take – or where it would take me.

I think your experience at Mill Hill was most impressive in the short space of five years, so much happened, especially to you personally. You seemed to have moved from a rather orthodox reductive, medical researcher in a laboratory, working with animals, to working with humans in the hospital – first with physical methods like insulin coma, setting up medical research to study cardiac neurosis, and then finally concentrating your attention almost exclusively on social organization. I think that’s quite a radical
turnabout, especially for someone trained in medicine. How do you account for such a change?

The crisis of war, for one thing; there was greater freedom to change things. Everything was temporary, and we didn't have to stick to tradition: we could try new approaches. There was the newness of the situation: we weren't limited by the timeworn practices of the Maudsley Hospital, for example. And remember, we had full support from above, I can't emphasize that too much. Both Sir Aubrey and Walter McClay were behind us from the beginning.

They believed in you.

Yes, that too. But more important I think, we were making our own destiny rather than having it forced on us or even being content with what came our way. We could hear the bombs dropping not far away - that added an element of urgency. You could see the men's reactions to the explosions on the X-ray screen - rapid heart beats, altered breathing and so on. We could see and hear the nightly raids on nearby London. We were also, incidentally, involved in fire-watching, but were never directly hit. All this was a back-drop. It was a tense, yet exciting time, and one did rather feel one ought to make hay of the situation - there might not be much time left to do it. We were, as they'd now say, task-, rather than job-oriented, and no one ever thought of a 40 hour week.

We knew from the start that this was going to be an important experiment in British psychiatry. The problem of cardiac neurosis had been a major one in the first World War, was still unsolved, and was recurring actually in larger numbers now. The Americans hadn't solved it either. We were given the task of cracking this problem. It was a fantastic opportunity that came to me just at the right time. This was as much a problem in medicine as in psychiatry. And remember, we eventually got three-out-of-four soldiers back to duty, rather than pension them out of the army as had happened in World War I.

And the project had spin-offs.

Indeed. Some were more than mere spin-offs. The research led to new concepts in the role of the nurse, the development of psychiatric nursing assistants - social therapists - and the importance of effects of democratic organization. The film they made of our work attracted many visitors to our unit. As I mentioned earlier, the U.S.
Army sent many of its top-brass over to see what we were doing. All this attention helped to build an atmosphere of tremendous importance.

And incidentally, that was the last time I was ever seen as a respectable doctor!

What shall we call this – transformation or metamorphosis? What did it do to you personally, Max?

Several things. It showed me that the elitism such as is practiced in medical schools and at hospitals like the Maudsley was all wrong. That power and authority, my own included, had to be kept in check, and that one of the best ways to divest power was to the group.

Now I had left medicine, psychobiology, and reductionism behind and was thoroughly committed to social learning, action learning, group methods, discussion, living-learning situations, psychodrama, and all these less traditional ways of understanding and trying to change human behavior. I was also convinced of the power of the social climate or the social system – the organization of the environment – to bring out latent abilities in people, both staff and patients, especially those who were not highly trained in medicine, nursing, or psychology.

Let me add that in the ex-POW experience, I also saw for the first time the importance of social action in rehabilitation, and for that matter, in mental health generally. People must have a sense of redress for wrongs and a belief that they do have some power to change things that are important to them. This was so much in evidence as part of the social and political struggles I witnessed first hand in your country during the 1960s among the blacks, youth, students, prisoners, and other oppressed people.

Could you elaborate?

I can give you one example. The ex-POWs eventually came up with a newspaper they called The Grapevine, which became very popular and was circulated round outside the unit. One issue created a stir that reached all the way to city hall [London]. The cover of that particular issue showed a group of very lean ex-POWs pleading with a German prison guard to take them back so that they could get a decent meal. They had been discontented with their food and brought it up in the groups but no action was taken. Well, soon after that issue appeared, a dietitian was dispatched by city hall, and we all noticed how much the food improved!

And so did the men’s confidence. They now realized that they could have a voice in changing social and political situations by direct action.
This evolution of ideas you speak of seems to be only partly due to chance. There were the series of circumstances – like the war-time setting, the urgency to solve the mystery of cardiac neurosis, the administrative support. You brought to the scene your growing discontent both with the medical hierarchy and the belief that psychiatry was on the wrong footing, both in theory and in practice. Granted all this, I think it's extraordinary, Max, that both of your remarkable experiments in democracy happened within the confines of two of our most authoritarian regimes – medicine and the military.

Now, look here. You yourself set up a therapeutic community in Japan in the U.S. Navy, which must have been about as authoritarian and rigid in social structure and tradition as you could find anywhere. And you went from that into a prison and did the same thing there successfully. Now, I ask you, where could you find two less likely settings in which to practice democracy?

It does look rather chancy when you look back on it. But it seemed quite natural at the time in both experiences, although they were quite different in some respects. I guess it was an example of “fools rush in...”

I think you’re selling yourself short.

Well, in the first one – with Harry Wilmer – we learned a great deal from the observations of Gregory Bateson who pointed out, for example, that the concept of the therapeutic community was not so at odds with the military. There were ways that you could use authority wisely. If you decided for example, that there was to be a daily meeting at 8 o’clock, you could be assured that everyone would be there – and on time. Patients readily would cooperate with that; those who had been in leadership positions would carry out the doctors’ orders. It seemed to help them to recover their former selves.10

Similarly like you found with the soldiers you had at Mill Hill, they developed a sense of belonging. The ward became like a small naval unit on a ship and the staff and patients were the crew. They had been trained to cooperate and now the enemy became their mental conditions.

I find this all fascinating – so much like Mill Hill. But then you were in a hospital setting also.

We had the hierarchy of the military hospital to consider, of course, and it was made
all the more complicated by having both military and civilians working together. There were doctors and nurses, hospital corpsmen and some folks like myself, all in uniform. And then you had other psychologists and social workers, occupational therapists, administrators, and clerical personnel, who by their civil service positions, were more permanent but who had less official status. But the military provided symbols of relationships by rank. So, in spite of the complexity, relationships and expectations were very clear-cut. When a Marine was disrespectful to an officer-nurse, for example, common sense actions could be expected to be applied by the other patients.

How interesting. But I noticed you said, “If you decided to hold a community meeting at 8 o'clock...” or whatever. Now wasn’t there a danger that Harry might have used his position as a naval commander to order things done and that the patients and the group would be in a position to remain compliant? Let me just add, that at Mill Hill we were all civilians but the patients were soldiers.

We were always concerned about abuse of power. Two things we always kept in mind was the way we used authority and recognizing the difference between authority and being authoritarian. Harry made this important distinction often. I’ve marked some citations of his that I’d like to read to you from his book. Here’s what he had to say about being authoritarian:

It is an emotionally determined method of exercising authority: it crushes by penalties all opinions save that of the one, ignores the feelings, wishes, and judgments of subordinates, yet demands obedience and conformance to an ideal of goals, tasks, and method decided by the senior authority, with rewards and punishments followed automatically and without exception.11

You see, this is partly what happened at Jonestown and in some of the other religious cults that are so frightening and yet attract so many young people in times when there is such a political and spiritual vacuum.

It’s also characteristic of many of the drug abuse programs that I’ve called the “new therapeutic communities” to distinguish them from what we practiced.12

There's something more I'd like to add. I like Harry's definition of authority – which implies responsibility accompanied by sufficient power to discharge it. With reference to the use of authority in the therapeutic community, he wrote:
It is the way in which authority is used that distinguishes the therapeutic community. Here the person in authority makes an inexorable demand of an unusual order, which is this: while he is ready to lend the community his professional skills, the community is not to expect him to solve by administrative fiat, ex-cathedra pronouncements, or punitive disciplinary measures those of its problems which are created for it by its own unruly members; instead, it should join with him in regular discussions to identify and clarify such problems, to lay bare the nature of the tensions both personal and interpersonal that give rise to these problems, and to decide if and how these can be modified; and in all this the authority demands for himself, his staff, and his patients, not co-equality of power or responsibility or role-status, but co-equality of human rights in such matters as opinion, feeling, and need. These authoritative demands are neither small nor few, and are no simple matter for staff.\(^{13}\)

Quite a mouthful, I realize, but was helpful to me in working in the Navy, as well as in prisons. And even with students for that matter. I’ve always been concerned about the abuse of authority in institutions and am forever watching for it.

It makes terribly good sense. You must have had numerous occasions in which military authority was questioned.

Yes. One I remember vividly. Harry was very much opposed to the use of shock treatment and insulin coma, which were rather widely used at that time both in naval hospitals and mental hospitals generally. He based his conviction on the belief that when the staff know that they can use such drastic methods to control behavior, they will be less apt to tolerate their own tensions. And then they can use these drastic therapies punitively.

We had a particularly violent patient admitted, a marine who had been evacuated from Korea. He had continually threatened everyone, patients as well as staff, to the point of exhaustion. In a staff meeting, Harry proposed a few shock treatments to quiet him down so that the group could begin to work with him and as a temporary relief to everyone. This was before the tranquilizers.

At this point, one of the young hospital corpsmen spoke up, saying in effect, “Doctor, I’ve gone along with you in everything you’ve introduced on this ward. But I won’t go along with this!” Here was one of the lowest ranking persons on the ward, telling a doctor, and his naval commander, that he would not carry out an order, a prescription, if it came to that. Insubordination, some might have believed, but a good example of how authority can be shared in a therapeutic community. Needless to say, shock was not used and the staff were determined more than ever not to employ such methods which they
saw symbolically as a direct attack – an act of violence – on someone who was confined and had no recourse.

What an astounding example of multiple-leadership! I suppose what I did, and what you and Harry Wilmer did, was to recognize our power and its limits, and use it judiciously in developing a therapeutic culture. We tried to neutralize or normalize the authoritarian structure in which we found ourselves, to bring about a more democratic one. Of course, though my superiors at Mill Hill supported me, there was always that antagonism outside our unit when what we did collided with the authoritarian structure of the larger hospital.

I was just thinking of another instance. We had a very disturbed young marine who was causing a great deal of tension on the ward. He was constantly agitated and threatening people. Both patients and staff had spent days trying to help him control himself. The ataractic drugs were just coming on the market and while we were skeptical about using them, we were nevertheless curious about the effects. Harry thought it might speed up this marine’s treatment if we cautiously used one of the new tranquilizers. Everyone was exhausted by his constant threatening behavior and so we agreed to try. We discussed it in the group so everyone would know what was happening and Harry prescribed, I think it was chlorpromazine, in capsule form. Well, the patient responded almost immediately. His behavior changed drastically and everyone was duly impressed.

The day he left the ward, when the staff were remaking his bed for a new arrival, one of the capsules rolled onto the floor. When they looked under the bed, they found the rest of them sticking to the underside of the bed frame. He hadn’t taken any of them!

What an extraordinary example of the placebo effect, controlled by the patient this time!

Yes. It showed both the power of belief and its transmission, from the group to the patient, and the use of the authority of the doctor.

Amazing.

It was. Yet use of authority is no simple matter. It comes up constantly and you have to redefine each situation almost. Gregory Bateson was concerned about the positive use of authority and the humanism embodied in the therapeutic community, especially this one where so much had to be done in the short time of ten days. Could I read you a quote
of his?

This combination of human familiarity with status respect is perhaps a necessary ingredient of all therapeutic change. Cathetic change is, essentially, the discovery that every coin has two sides. In a Hegelian sense, the patient must be faced with thesis and anti-thesis, and from this dialectic must achieve his own synthesis. The psychotic and the neurotic and all whose mental disorder stems from the early relationships of childhood have an unresolved problem regarding authority, so that to resolve the problem of psychotic rebellion in a ward situation, it is theoretically indicated that the patient should face thesis and antithesis regarding the nature of authority. I believe that this dialectic actually was created on this ward by the juxtaposition of authority and humanity.14

Speaking of being authoritarian, that’s exactly what I’m going to be right now. Let’s take a break. I think we’ve earned one, don’t you?

* * * *

When we first met, Max, in the spring of 1956, if I remember correctly...

...it seems more like 1906!

...you’d been at Henderson for about ten years. The hospital had become known world-wide, and you were deluged with visitors who wanted to see what you were doing. Most of those whom I talked to while I was there were not much interested in working with psychopaths, but thought that your methods were applicable to their own settings, as I did. And I gather that you didn’t originally set out to develop a treatment exclusively for psychopaths yourself...

...I didn’t set out to develop a treatment method for what you call psychopaths, no. It was a natural evolution of what I’d done with the ex-POWs. And it happened largely by chance. The superintendent of Mill Hill, Dr. Walter McClay, became a high-ranking government official in psychiatry when the National Health Service was formed.

I remember him. You sent me to see him the first time I visited you.

Well, then you know what a person he was. Seeing the remarkable results we’d had
with the ex-prisoners – and remember there were 17 of those centers – the government decided to try to do something similar with the chronically unemployed in London.

For more than a century, there were young men, and more recently, women, who lived on the fringes of society, inhabiting the lodging houses for the night, sometimes involved in petty crime, and otherwise without any apparent stability. It was not a new problem. I’m sure you could find some reference in the notes and journals of Dickens or Mayhew. And even today you find young people like this round Piccadilly, although eventually many move on to the main stream.

I saw many of them there.

I’m sure. And so, I was asked to establish what was to be a center for treatment and resettlement of these shall we say, chronically unemployed casualties of our industrial society? We were also to do what research we could to find out more about the core of the problem and how it might be remedied on a larger scale.

The Ministry of Health – I believe it was in April of 1947 – joined forces with the Ministry of Labour and Pensions, and opened what was to be called the Industrial Neurosis Unit. You know it was ironical that they decided to locate it in one section of the former Sutton Emergency Hospital, where the other half of the Maudsley group had been sent during the war – where I had originally been scheduled to go, but wound up instead at Mill Hill.

You got there after all!

Right Hoh! Well, after the war it had been converted into a mental hospital. You remember it. It kept its repressive, authoritarian regime, however; now the two diametrically opposed treatment units were to co-exist, though not compatibly, on the same ground for the better part of the next three decades.

I couldn’t think of a worse place to put you.

It was beset with difficulties from the start. I took along, however, some of my highly-trained staff and set up this unit for 100 young adults and we had women for the first time. Many of these “patients” had been in and out of jail, and some came to us directly from prison.

I remember some of them quite well.
We were confronted with a much more difficult task in many ways this time – the socialization of people who were long-term outcasts, many from birth, and who had not experienced even the basics of kindness and support.

You see, with the ex-POWs, we presumed that they had responded to the normal process of socialization and that it was their experiences in the concentration camps which had brought about their emotional disorders. In other words, we had a more or less firm base to build on. But this new group had been shuffled from pillar to post and to survive had developed ingrained traits that alienated them from society. Many of the women had been involved in petty crime most of their lives; some had resorted to prostitution so that their relations with men had been primarily exploitative. The men, on the other hand, without acceptable work habits, had developed real skills of manipulation and were engaged in criminal activities, often with violence; most were experienced “con-men.”

How did you get started?

Wanting to avoid the outer conformity so often found in mental hospitals, only to be abandoned when the people return to the community, I again set out to establish an effective democratic social system, starting from where we’d left off in the ex-POW centers. I wanted a minimum of rules and a flexible arrangement so that patients could be responsible to themselves and learn from their behavior, rather than conform through fear of authority.

What sort of staff did you have?

Well, seeing that it was partly financed by the Ministry of Health and placed within a hospital – and my being a doctor – there were, of course, some positions for doctors and nurses. There was also a social worker, a psychologist, a probation officer, workshop instructors, some domestics, and two DROs [Disablement Resettlement Officers] – I don’t know what the equivalent would be in your country.

Probably something like that exists in the state employment offices.

Well, anyway, I no longer had the young nursing assistants who had been conscripted during the war. So, we were given a few nursing positions and I had to recruit and train them.

Because I believed that the young women we had in our earlier projects were the key to what had happened, I set up a new position, called “social therapist.” We didn’t
have to train them this time in nursing or medicine, and didn’t think that would be necessarily desirable anyhow, so were free to set up our own program to meet our needs. Pat, who had now been with me for more than five years, came along as the first of the new social therapists and was invaluable in helping to establish the climate we wanted.

When I was there, the social therapists were mainly from the Scandinavian countries.

Yes. We soon found it almost impossible to find young people in Britain who wanted to work in this setting, for low pay, and with no opportunities for advancement (it was a dead-end job). About this time, we had a social work tutor from Norway come to visit us in the unit. This was in the early days, about 1948, I believe it was, and she was so impressed, she asked if she could send some of her students to get experience. She wanted to use the Unit as a field placement. And they worked out so well that I contacted other social work schools in the Scandinavian countries which supplied our needs for the next 12 years I was there.

Why those countries?

For one thing, most of them were quite liberal in their upbringing and so were not easily shocked by the behavior of the patients. And as foreigners, they had certain advantages. They naturally felt like outsiders from society, much as the patients did. Not being familiar with the culture, these young women did not have the antipathy toward our clients that people from Britain had. I mean, the average middle-class university student might find it hard to interact with a prostitute or a former prisoner. Having lived on the fringes of society, the patients could more readily accept the foreigner and, very important, have something to teach them about the local scene.

You also had economic problems, didn’t you? I mean, it was just after the war and your budget must have been low.

Yes. Stringent it was. So we enticed these young people to come and spend six months to a year with us for room and board and a little pocket money. The social therapists received a short indoctrination and then simply went to work. They were expected to participate in all the activities and meetings. A two-hour tutorial was held late in the afternoon, seven days a week, with a senior staff member for their on-the-job education. I usually took these tutorials at the weekends.
You had quite a reputation in psychiatric circles at that time, as I recall, for having gathered all those attractive Scandinavian girls around you. I think it was Bob Rapoport who likened them to airline hostesses!\[^{1}\]

Not a bad idea actually. I've had some rather pleasant experiences on flights round the world!

Seriously, the presence of these young women in the unit did much for the morale of the staff as well as the patients. They were so full of life and brought in so many new ideas. And you remember, I eventually married one!

I didn't mean to interrupt. You were saying...

Over the next 12 years, Henderson Hospital (as I renamed it later, after my professor, Sir David, at Edinburgh University) became – I think it's fair to say – a world center for the treatment and study of people with chronic and rather severe character disorders, what some would call psychopaths or sociopaths. Our work at Mill Hill was in some respects similar to the ex-POWs, in that both groups had previously been basically socialized. But, mind you, the group we chose to work with at Henderson, had not, and so in some ways we were on shaky grounds in the beginning. Our model of resocialization had to be modified into a social treatment method.

Habilitation rather than rehabilitation (call it what you will). But you see what I'm driving at?

Yes. I think so, Max. It's difficult to picture the workings of a place like Henderson; the intensity, the intricate interplay of forces. Many people, at first exposure, think it's merely a common sense approach and that anyone can do it.

I was thinking the same thing. And in a way, they're right. Only it doesn't come that simply. As I see it, it's almost impossible to describe the place to someone who hasn't experienced it first-hand, although I've tried to do it in my writings, and Bob and his research group did to some extent in their book.\[^{17}\]

That was a research monograph, however, and didn't get much circulation.

True. But more to the point: I was in a favored position all those years both at Henderson and later at Dingleton and often wondered what went on that I wasn't aware of. I've always kept from asking you. I didn't want to pry. But since you brought it up,
perhaps you wouldn't mind talking about it now.

Not at all. Such a double standard is not likely. Somethings happened at Dingleton, however, which I'd like to talk to you about sometime—things that are unsettled in my mind.

But getting back to Henderson, it scarcely resembled a hospital, if I may be so blunt. Without uniforms and everyone on a first-name basis, it was pretty loose and difficult to tell who was staff and who was patient. Was it true that the building the unit was housed in was a workhouse at one time?

Dating back to the days of Dickens, I believe. And then it had been bombed at one point during the war and was never completely rebuilt, just patched up.

I don't know whose idea it was, but the absence of medical paraphernalia and diplomas in the doctor's offices seemed to add to the relaxed atmosphere of the Unit.

I don't think that was anyone's idea specifically. Perhaps the good doctors were afraid something might happen during the groups. Patients were known to smash up things, you remember.

Perhaps that was it. How about if I read you what I've written about Henderson so far?

Please do.

The day began with a community meeting, held at 8:30 [and referred to as “the 8:30”], in which all 100 patients and 30 staff met together for an hour and a half. It was chaired by a patient, who was elected by the community and served in that position for one month. A patient opened the meeting by noting if any were absent and if so, someone would go to find them. Then another patient would read from a log which pertained to events that had transpired in the community over the past 24 hours. The entries were usually concerning incidents in which patients had been entangled: fights, manipulations, and crises were recounted frequently, and the individuals who were involved were named. Other patients would read logs taken from the four work groups relating to behavior on the job; from the doctors’ groups; the ward meetings, and so on. The meeting opened in a fairly structured manner, but after the logs were read—and sometimes modified—the meeting became spontaneous. There was no set agenda, and any topic could be raised by anyone. Someone might pick up
material read out of the logs and question those involved about their behavior. There was no moralizing intended, however when it did come out, that too, became a topic for discussion; rather an attempt was made to let the person know how his behavior – usually antisocial in nature – affected other people and the community as a whole.

Several patients might, to take one example, go out for the evening, drinking at the local pub... 

...like the soldiers at Mill Hill...

Drinking might loosen them up, and lead to quarrels, which in turn would culminate in fights. They might be thrown out of the pub and return to the Unit angry. There, they would often continue the disturbance and awaken other patients. In the 8:30 the participants would get the brunt of the others’ feelings. Tempers would fly and all sorts of incriminations would be exchanged in an attempt to understand the meaning and effects of such an incident. To resolve the conflict was not the point at the moment, but rather only to understand its implications and how such behavior affected others, and possibly the community as a whole.

After the 8:30, patients and staff separated, the patients to have tea and the staff to continue discussion of the meeting over their tea and sandwiches. [Max later referred to these post-group discussions as “post-mortems,” and “post-group reviews.”] There, the staff tried to understand what was happening in the community and shared further information they thought might be appropriate.

For the remainder of the morning, the community divided itself into the four doctors’ groups. In these meetings, the situations raised from the 8:30 might be pursued in greater depth, or more personal matters could be raised. There was no agenda, but a patient was elected to take notes at the meeting and report what had transpired in the community meeting the next day.

Following lunch, a half-hour meeting was held on each of the four wards where the patients lived. In the ward meeting, matters such as housekeeping, personal hygiene, or interpersonal relations were brought up. The nursing staff were active in these meetings.

Again a patient was elected to record the proceedings and to feed them back at the 8:30 the next day.

For the remainder of the afternoon, the patients and staff went to work in one of the four work groups. Each group employed an instructor, that is, someone experienced in the work being done. One group, for example, was involved in tailoring. As most of the patients were destitute, this group made and mended clothing for the others to wear. Another group worked about the Unit, doing the plumbing, wiring, painting, and other repairs that an old building is constantly needing. Patients who, in “acting out” their anger and frustration, damaged furniture or broke
windows were expected to temporarily join this work group to repair the
damage they had caused. Another group, called the “home group,” cleaned
the Unit. As there was no domestic staff in that respect, it was presumed
that looking after their own quarters would teach the patients how to look
after a household when they left the hospital. A gracious and genial lady
named Matty, had been hired as instructor for this group and it had
become so popular that there was a waiting list.18

Do you remember her, Max?

How well I remember Matty. She could have taken tea with the Queen! We were
bloody lucky to get her. Women of her capabilities had volunteered for service during
the war, and some found so much satisfaction that they wanted to continue, but few
wished to spend all their time or the rest of their lives in that kind of work. We had
difficulty finding people like that later on. But don’t let me interrupt...

[Dennie continues to read]

A patient was elected foreman of each work group to act as liaison
with the instructor. At the end of each day’s work, the foreman held a
short meeting to discuss the work behavior of each member of the group.
Another patient served as a secretary, recording what went on in the
workshop, again, feeding the summary into the 8:30 the next morning.
On Friday, the week’s activities were summarized, the foreman evaluated
for his own effectiveness, and another patient was elected as foreman for
the coming week. Staff participated in the work groups, especially the
nursing staff to provide patients with another role model and to offer
them an extra opportunity to relate to them in a non-authoritarian way.
The doctor’s expertise (or lack of it) with a hammer or saw might take on
quite a different manner than his interpretations of behavior in his own
group.

There were other specialized groups that not all the patients attended
at any one time. The admissions’ group, for example, met once each week
to evaluate and consider new patients.

Did you have a catchment area when you were there, Max?

No. From the beginning, Henderson, even though it was brought under the National
Health Service, was able to receive patients anywhere in Britain, Wales, and Scotland.
It also had patients from other countries on occasion, who were hospitalized while
staying in the country, because, you see, the National Health made provisions for them too. And it was free. We even had some of your countrymen, but they didn't seem to take very well to such large dosages of democracy!

Many of the referrals at first were from the courts, prisons, and other hospitals as they didn't know what else to do for them. But increasingly we got them from psychiatrists, social service agencies, and from patients who had told their friends. We became rather well known in the deviant underground where they rated us like a five star hotel!

Not just the underground. While I was there, a son and a nephew of two rather well-known MPs were there.

I thought the departure group was an especially important one, when patients were considering leaving the hospital. Aside from discussing the realities of living outside: where to get “digs,”[board and room] as they said, as well as jobs. It was a way to begin to make separations from the Unit. And it was also a place where they could go when the community got fed up with their behavior and asked them to leave.

I remember at one of these meetings, a slender, pallid young man – I think his name was Henry – had been chastised repeatedly for his manipulative behavior in the community, but it was to no avail. His latest attempt to ingratiate members was to offer them non-existing jobs from his alleged outside contacts. He was so successful that some of the patients had joined the departure group, gotten digs, and were preparing to leave to their bogus jobs. When it was discovered that they didn't exist, the community referred him to the departure group as they thought he was beyond their help.

I don't remember him specifically of course, but that kind of manipulation was typical.

The group was terribly harsh with him and wouldn't listen to his explanations as to why he had lied. Later in the day, I saw him walking down the lane from the Unit, in a long, ill-fitting gray overcoat and oversized hat, suitcase in hand, heading toward the train station. A week later, however, he showed up at the admissions group, asking for another chance, but was turned down.

Yes. I found the departure group most valuable. And the social club for ex-patients that met in London helped in the transition from the hospital to the outside community. Did you visit it?
Yes, in fact, I used to take patients into London to attend it. We tried to get some interested in befriending some of the very young street children in the Drury Lane area who were already well along in crime.

Prevention.

And then there were the workshops you had come up with.

In spite of your rather fiendish memory, you've left out one important part of the community: the family group.

How did that get started?

Well, I think it was largely due to the social worker and some of the nurses who used to make home visits with the families. They saw how important it was to involve the whole family if there was one and began to take other patients along so they could help the families and feed back what they'd observed to the various groups in the community. Finally, someone said, "You know we ought to have a special group for family members so that they could become a part of the rehabilitation." In the long run, it served another purpose, to enable those who didn't have families to experience vicariously, some of the problems and joys of family life.

I remember one of those meetings vividly. A young man's mother showed up impressing everyone with her domineering, over-polite, and yet condescending manner. She appeared overly dressed and had too much make-up for that place, more like she was going to a dance or something formal. Her son, rather timid, had gotten himself into some serious legal difficulties and I think he had been arrested and sent to Henderson in instead of going to the jail.

That was common.

Soon the group was attempting to understand the mother's problems, pointing out that she was over-protecting her son, while flirting with one of the psychiatrists. Of course she denied all this and became upset that they were examining her behavior. She had come, she protested, to find out how she could help her son to change his ways. It was just incredible at this point when the group members began to reveal minute observations of how she treated her son in the meetings. Someone even fed in how she...
had been offering him sweets from her large tote bag. It became apparent that the family didn’t talk openly to one another, and misconceptions came out in the space of one afternoon which had built up over a lifetime.

Your example brings to mind some of the earlier research we did. Joy [Joy Tuxford, social worker] studied many of the families and Gil [Gil Elles, a nurse who was also a qualified psychoanalyst] from the Cassel Hospital, spent time with us also studying families. She wrote an impressive paper which has become a classic in the field showing the vicious cycle the psychopath gets going – they were the product of the sum total family’s maladjustments. She said that the family “cashed in” on the member who acted-out the family conflict, and then tended to go on raising another generation of similarly maladapted children.19

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Chris called Max to the telephone, and, for the first time since my arrival, I had time to reflect. We had been talking continuously about mutual friends, the present state of our lives, the world, politics, psychology, as well as the dialogue. It seemed we had not stopped to draw breath. And yet, there was nothing hurried, nothing desperate in our conversation; it seemed more like a continuation of one begun yesterday, only so many things had happened in between. Yet I should not have been surprised that we picked up the thread so easily; after all, conversation, dialogue, was the stuff of our friendship.

Max looked well; very well. The goatee suited him, I had decided; it matched his age, his build. My own efforts with a beard in England had been disastrous, some thought I resembled Edward VII; but Max, it fitted. Had he worn it at Henderson, perhaps his notoriety would have been less. But it was hard to imagine him living in such a setting. With the sun streaking through the citrus trees, I still associated him with northern climates.

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During the 12 years you were at Henderson, you must have had a lot of opposition both from the main hospital and from sources outside. When I first visited they referred
to you as “Max and his gangsters,” in the staff dining room. You were doing something that was important and you were getting recognition from many quarters, yet many of your professional colleagues must have regarded you with suspicion. How do you think you were viewed?

I was forewarned. I knew that if you were going to try to change the values, attitudes, and beliefs of society in the direction of a more democratic and egalitarian nature, you were asking for trouble because you’d have a head-on collision with hierarchies, power, money, and so on. We were, let’s say, prophets without honor.

Could you give some examples?

As the patients became accustomed to the more permissive environment of the Unit, they began to exhibit their more familiar traits. In the beginning, fights to settle disputes were frequent, tempers raged, windows were smashed, and respect for people in authority was dismissed with abusive language. Although we encouraged the patients to express their feelings, we tried to contain their more destructive behavior within the confines of our Unit. But our territory was small, and the disturbances often spilled over into the main hospital.

This involved the matron.

Invariably. Some mornings I arrived at work to find her flowers pulled up by a group of angry patients who had been drunk the previous night. That side of the hospital was always quiet, neat, and orderly. The matron would expect me to identify and swiftly punish the offenders. In the culture of the Unit, that meant to us raising the subject at the 8:30 that morning, which it always was, and turning it over to the community to deal with, which might take some time; but, to her, discipline meant swift punishment (by me).

Were they trying to get back at the staff by putting you in the “hot-seat” so to speak?

At times it was. And then the patients were reacting to the hostility we experienced from the main hospital, where most of the patients were still being treated in a traditional hospital environment with insulin, narcosis, and other forms of physical therapy. Often it was a reprisal for some real or imaginary injustice we had suffered at the hands of the hospital. It might be that the social therapists’ freedom had been curtailed.
You see, technically these young people at that time were under the matron’s administrative charge, although largely untouchable in view of our special status as a semi-autonomous experiment originally set up and sanctioned by the government. But you must realize that she had been there almost 30 years and saw herself as guardian of morality as well as being responsible for the education and performance of the nursing staff.

How did you handle these disturbances?

The same as you no doubt did in your communities. At the 8:30 we might begin to understand the motive behind the behavior but still find it socially reprehensible, sometimes insisting that the defaulters go as a group to the matron and apologize. She loved that and would be waiting for them. But the basic problem remained unresolved: two drastically conflicting ideologies trying to co-exist in the same hospital.

How did all this affect you personally, Max?

My memories of those 12 years of pointless strife with the main hospital are painful, but it taught me the need to consider and plan for the resistances in the surrounding community.

I often had to play the peacemaker role with the authority figures at the main hospital not only the matron, but the superintendent, the business manager, and so on. As our principles of interacting, listening, social learning, and continual change were largely unacceptable they were seen as the “enemy” so to speak.

Continually, I felt humiliated by the need always to be polite and reasonable, which meant agreeing in the end to their restrictions if we were to be allowed to survive.

You said you also met resistance from outside the hospital.

The patients’ disturbances were not limited to the hospital by any means. When money from welfare or unemployment arrived, celebrations always followed. In this respect the patients were very generous. Groups would go down to the Californian, our local pub, and before the evening was over, you know what would happen. Not only might they get into fights, which was expected, there were times they’d smash up the pub and the police would be called in.

But in these crises, the community was amazingly firm. Everyone knew that our continued existence was in jeopardy from a hostile environment, and this outside threat
caused us to identify strongly with the hospital at times for the protection it afforded. The community would invariably insist that the guilty offenders face the police or the injured parties and take the consequences. Which might mean that they might have to be discharged from the Unit, go to court and eventually end up in jail.

I soon learnt that in simply trying to change attitudes, values, and beliefs, we were asking for more than we might be able to handle internally. And it came from several sources. Little did I realize, however, that the Church would be one.

The Church?

Yes. The Church of England. But let me back up a little first. Relations with the main hospital – always tenuous at best – were reaching the boiling point. Not only were patient disturbances interpreted by the administration as my loss of control, there were rumors that what we were doing violated moral standards.

Moral standards?

Yes. I’ll get to that in a minute.

At any rate, when he could stand it no longer, the superintendent finally organized a committee to investigate us, with the sanction of the Regional Hospital Board, our ultimate employers. His aim was to close us down once and for all.

The committee was stacked with orthodox psychiatrists, and when our hearing came up, they grilled me and the rest of the staff for the better part of three days. I kept my temper luckily throughout the inquiry and the staff, who were much more sophisticated than most of their judges, handled things actually very well. But a lot of the inquiry focused on me and my personal life.

Your personal life?

Being in my fifties and as yet unmarried didn’t look too good. My inquisitors asked personal questions like what were my attitudes toward prostitutes, and asked at one point if I used them personally, which I thought had no point in the hearings. Why were they treated in the Unit?

And did we not have a teacher of music and movement who had been caught soliciting outside the hospital and charged with homosexuality? Did I not appear in court as a character witness? In short, was I not also homosexual? And if not, then how could I possibly have employed such a person?
You can see how desperate they were to bring out these kinds of accusations which had nothing to do with the treatment we were performing.

How did it all come out?

Well, you know, on this latter point, my memory failed me, so the committee went to the employment records. As it turned out, I had not hired the teacher at all. The superintendent had and graciously assigned him to us! That about did it.

The committee adjourned.

That was the end?

You must be joking. Not to be defeated so easily, the superintendent tried again, this time through the National Health Service.

Perhaps this inquiry was doomed from the start, because the word had gotten around, and the various professors of psychiatry in London all declined to serve. Finally a committee was formed which the head of psychiatry at Middlesex Hospital agreed to chair. He was a most reputable psychiatrist and conducted the hearings fairly and openly.

The staff again handled themselves well, and at the end of a day and a half of hearings, the chairman said: “Look, I’d like to see your Unit and meet all of the staff – and the patients.”

Incredible!

Yes. And so the committee – minus the superintendent – trailed along to visit the Unit and indeed did talk to the rest of the staff and the patients.

I can sense the outcome...

The chairman was intrigued with the Unit. Needless to say, the committee did not reconvene. He invited me to come to his hospital and lecture to his psychiatric residents about the dynamics and treatment of character disorders. And to top it all off, he even sent his residents to the Unit for experience.

Now, what about the Church?
It is nice to believe that any act of man can ultimately be dealt with logically and in
good faith. But dealing with “higher” authorities is not that simple. These rumors about
morality continued to be spread by our detractors, and ultimately I received a summons
to appear before the Church of England – alone.

Now you had no “support group!”

None at all. As I approached Church House, adjacent to Westminster Abbey, I was
suddenly terrified: without the support of peers, I felt very vulnerable indeed. I kept
fantasizing that I was about to appear before the Inquisition! I had decided that my
main tactics would be to wear out my inquisitors and not to be defensive. And that’s just
what I did.

After four hours they could produce no evidence to support the charges of immor-
ality, which when they got down to it centered on rumors that girls were getting preg-
nant in the Unit and some vague references to homosexuality.

Then I faced them and said: “You know, I’m getting a little tired of being a scape-
goat. I think that the Church ought to take on the Unit, as it is essentially a
rehabilitative – and brotherly – function.”

And...

We adjourned for lunch and, need I say, my challenge to the Church was never
taken up?

From that point on, we were on firmer ground. The Regional Hospital Board
eventually made us an autonomous hospital and, we no longer had to deal with the one
adjacent to us. The social treatment methods we had developed, and which I was
writing about in the medical press, were being recognized as having general application
in mental health rather than simply for people with severe character disorders.

And then in 1952, WHO appointed me to their advisory group. I took a six-month
leave of absence and they gave me carte blanche to go anywhere in the world to study
rehabilitative programs for them. I went to the Far East, where I also visited the project
you set up in Japan at the naval hospital. I went to North and South America, to
various countries in Europe. And I returned to South Africa where I was born.20

Did you find any programs there resembling yours?

Yes, as a matter of fact. The most impressive was at a reformatory in South Africa,
of all places.

In South Africa?

You’re surprised? Yes, quite frankly so was I, until I found out Alan Paton had for 12 years run a reformatory along lines we’d be familiar with.21

I see . . .

. . . well, if the therapeutic community is essentially an effort towards democracy, it always seems to do best in adverse surroundings for some reason.

Would you take the view that it is a social movement as some are now advocating?

I don’t know as I see it that way – as a movement. In Britain we began the therapeutic community both as action and agitation, with definite aims and directed at changing social institutions.

In America it spread to mental hospitals generally. Then came the substance abuse projects. There is, of course, the Therapeutic Communities of America, with their national meetings and journal.

And in Britain there is the Association of Therapeutic Communities, which also has meetings and a quarterly journal. And together, they now have the world congress which meets annually.

You see, it all boils down to what we did originally which was merely to take a proactive stance and try to promote change in the established hierarchies of the various helping professions – to make better use of the environment. Now it appears to have assumed a reactive position which is to preserve the “movement” if you want to call it such.

Someone said recently (in jest, I assume) that the therapeutic community is now old enough to have its own dogma.

Well, I never intended anything like that. We were trying to change existing institutions, but through these associations and publications, a radical group is trying to become respectable.

Are you actively involved with them?
Not too active, no. But I've kept abreast of their developments and go to some of the meetings and try to lend support, to help bridge the two. I distinguish between the original and the “new” therapeutic communities, the latter referring primarily to the drug abuse programs in America.\textsuperscript{22}

In my own work, I saw the humanizing of hospitals and the professions as the major contribution. Our goal was to recognize the patient as a person and demonstrate the power of his peers to change things. The ultimate goal was for each person to achieve fulfillment.

I have something of yours on that. Allow me to quote you:

I can see my own development from a psychiatrist treating patients... to recent years culminating in a book which avoids the labeling of clinical conditions and uses the term “social learning” instead of “treatment.” In fact, my aim now is to bridge the gap between organizational development, learning theory, systems theory, and the practice of formal psychiatry.\textsuperscript{23}

Yes, that's a fair statement: I'd stand by that. You see, the “new” therapeutic communities, especially the American drug abuse programs, are essentially modeled after Synanon, where members are violently confronted through “games,” and certain rules are rigidly enforced, with those who break them being expelled automatically.

Now that's a far cry from what we've practiced, wouldn't you agree? The American association is attempting to legitimize its own version of the so-called movement, with licensing, accreditation, and now what they call “codification” - whatever that means - and more or less with the “clients” in full charge. Some groups are terribly hostile to all professionals. There's a terrific power struggle going on.

I remember our visit to Synanon in Santa Monica in the early 1960s, when Chuck Dietrich was there. Even at that time you seemed disturbed by the autocratic manner in which they treated us as well as the residents. The fate of Synanon resembles so much that of Jonestown.

Unfortunately.

You've had a dream for a long time, Max, to establish one day a village for disadvantaged people, who, if I can use that term again, “deviate” in one form or another from society. You wanted to transform Dingleton from a mental hospital into a geriatric
village, where older people could run their own affairs and be self-sufficient to a great extent. You almost accomplished that.

Yes. I had hoped they could set up their own industries and be totally self-supporting.

When you first went to Arizona, I remember, you envisioned a similar settlement on a reservation for Native Americans who had chronic alcohol abuse problems.

That was a good idea that never got off the ground.

And when you went to the Virgin Islands, you talked about taking an unpopulated island and setting up a self-governing colony either for those with substance abuse problems, or for offenders.

That was only in the talking phase. What are you getting at?

Well, Synanon started out with some self-governing ideas. The members were involved both in operating it and in helping each other. I don't know how Jonestown began, but it too was a kind of community. Both were disappointing, ending up with autocratic leaders and not much self-governance. If you had succeeded in realizing your dream, how would it have differed?

That's a good question. First, let me say that I don't think Synanon could be called a therapeutic community by any stretch of the imagination. 24

But getting back to your question, I can only say that I would have established a structure similar to that of Henderson or Dingleton, but without the medical traditions and orientation. A free and open structure, but with people being held accountable. And of course, no single leader, but more of a council type of management, with opportunities for participation by everyone in the important decisions.

Sounds simpler than it might be in fact.

Well, it needn't be. I had a great deal of respect for some of the ideals of the Israelis when they set up the kibbutzim. Indeed, we had some of their young people come to Henderson as social therapists, and I think some of the staff went to Israel to work and live on the kibbutzim.
I don’t know how I would fare in a work program. I understand on some, even the
doctors have to work several hours a day in the fields as everyone has to contribute to
the basic survival. I didn’t always do too well in the workshops at Henderson and the
patients suggested that was probably one of the reasons why I had chosen medicine!

• • • •

With the arrival of the evening, the intense heat gave way to a cool breeze. It was a
clear night. Max took me out to see the sun set over the Camelback Mountain. He spoke
very little, which was unusual for him. Absorbed in his own thoughts, he seemed
unaware of my presence. I had to wait until we returned to his study after supper before
picking up our conversation again.

In the almost 30 years we’ve known each other, Max, you’ve constantly been in the
avant-guard, if not on the fringes of psychiatry. You’ve been called deviant, radical,
dangerous, innovative, and a lot more. You move in and out of established psychiatry
and mental health movements, stir up people, and are always coming up with a new
approach. Have you always been a rebel?

No. In my youth, I was very much a conformist. But in retrospect, I rather think
that was a reaction against my father’s mercenary blood. You see, I never knew my
father; he died when I was five. An adventurous young man, I’ve been told, he left
Dublin University, and went out to South Africa to join a mounted regiment. At the end
of the Boer War, he asked my mother to come out there and marry him. She was one of
the first women to travel to that area, and it was there my sister, brother, and I were
born. Within a few years, my mother was a widow with three children and no income.

What was she like?

Though quiet and unobtrusive, she was a firm idealist, and she impressed on us a
belief in social responsibility, particularly through human service. I looked on my older
brother as a hero, for even as a school-boy, he dared to be different. He didn’t care what
people thought about him. He was not to be molded by them. Rather he stood up to
them and questioned them; such defiance was unusual those days in the Scottish day
school we attended, which had a long tradition of obedience and hard work.
But if Gerald was a rebel, then I was a conformist. The moral values of both my mother and my brother deeply impressed me. I felt inferior to them, and needed an identity of my own. I became active in competitive sports and was elected captain of the rugby team. I was always more interested in the team than the individual players. My enthusiasm for team games was based on my belief that the morale of the team was at least as important as the skills of its members.

What had you planned to do when you left school?

When I graduated at 18, my first choice was to become a coffee planter in Kenya. I think I mentioned this to you one time. That was the romantic thing to do in those days, something like Isak Dinesen. I had read extensively on that country, and being action-oriented, I thought plantation life would be a challenge. My dream of an active, outdoor life was shattered by the fact that the British government required two thousand pounds sterling as down payment for a land grant to farm at that time (1925). So that career was out of the question.

So what did you do instead?

Well, that was when I enrolled at Edinburgh University and soon inadvertently took my first hesitant step toward a career in the human services. I applied to medical school and decided to become a doctor. I didn’t see myself as particularly clever or suited for medicine, and so I was prepared to drop out if I didn’t do well on exams. My brother had decided on law.

Unfortunately, medical school quickly suppressed any impulse I had toward human relations. The whole experience was for me painfully dehumanizing. With virtually no interaction between students and professors, medical school required only listening, memorizing, and regurgitating for exams: a far cry from my interests and ambitions.

Then why did you stay?

Well, at one point, I became interested in psychology after reading William James’ Varieties of Religious Experience. That book fascinated me, and it transformed my outlook on life. I realized then that psychiatry was what I was after. It would combine the social responsibilities my mother had taught me with my own intellectual needs.

Fortunately I realized early in life that I, too, had tendencies to be authoritarian and to impose my decisions on others. As I just said, I was enthusiastic about team games
and believed the morale of the team to be critical.

I learnt that the hard way. In my last year at school, we played against all the Scottish day schools except one, the largest, and we had to play their second team – a humiliation. I took it personally. Without telling anyone, I went to the other school and asked to see the gamesmaster. My claim that we could beat their first team apparently intrigued him, for he said: “Well, now, we'll let you have a try!” He arranged for a relatively unimportant mid-week game and I went back to my school in triumph. Our gamesmaster and the headmaster both were angry that I had taken it upon myself to do such a thing, but the team was delighted. And of course the inevitable happened: we expected to win and we did.

I’ve heard you say that this single incident had a powerful effect on your life.

It was a realization of the authoritarian in me that I saw in others during my medical training. I came to distrust it in later years and guarded against its popping out by surrounding myself with competent peers who could confront me if I abused my power.

Another way I used to avoid this trap was to develop a group identity with the belief that while any one person could lead in a situation where he had particular competence, the group still guarded the final outcome.

You see again, it’s being open to suggestions, ideas, and criticisms. Power should never be accumulated by any one person, or even collectively by a group, to the point where it cannot be challenged. It’s this idea of dogma that worries me.

Take the rituals practiced by the Roman Catholic Church. And what’s happened to the “new” therapeutic communities. They talk about “codifying” therapeutic community concepts, and they criticize us for not having developed this aspect. It is indeed frightening to me to hear such arguments put forth.

Let me read you a statement made at a conference I attended if I can put my hand on it. Here it is:

The TCs [Therapeutic Communities] have not been codified. Inadequate, imprecise, or controversial terms and concepts must be abandoned. The logic, connecting structure with value, goal with method, and community with society, must be formulated. Lack of codification, more than any other factor of government misalliance or historical development, most reinforced the experience of identity crisis for TC people.25
Aside from the lack of understanding of what open systems are all about, it strikes me as terribly autocratic – and frightening.

Exactly. And a far cry from the Socratic method where the leader, if we can use that term advisedly, encourages the individual to try out this and that position, and to use himself as the object for learning, as your mentor, Theodore Roszak has pointed out.²⁶

You can understand why people would confuse the therapeutic community with a social movement.

Yes, but I was not responsible for that term itself. That honor goes to your country, sir!

How’s that?

In the early 1950s, I wrote up what I had done in the two earlier experimental communities and up to that point at Henderson in my first book. In Britain it was published under the title, Social Psychiatry. In 1953, an American publisher picked it up, but asked me for a new title. You remember this was during the McCarthy era and anything “social” was taboo. So I changed what we’d called experimental community to therapeutic community and subtitled that book: A New Treatment Method in Psychiatry, just to give it an air of respectability. And it stuck.

Unbelievable! I mean that the witch-hunting of McCarthyism penetrated that far.

Yes, it was rather incredible. Well, even if I changed the title, I guess I came a bit close myself. Your distinguished professor Goodwin Watson, the psychologist at Columbia, wrote the foreword. I believe he was even suspect.

Yes, I’ve heard that he was actually called before the Committee.*

But you must remember those days yourself.

Indeed I do. I remember watching the hearings on television (when I was in the Navy) while I was working with Harry Wilmer. It was ironic that we were trying to operate a democratic organization with free discussion in one which was that rigid; in

* House Un-American Activities Committee
those times everyone was suspect even for things they didn’t say. Suspicion and accusations were constant topics in the community meetings and often it was difficult to distinguish between the patient’s paranoia and that which was being televised!

But you see, that’s what I mean when I say that the therapeutic community seems to thrive on diversity. Well, be that as it may. We’ve talked long enough for one day.
To be courageous . . . requires no exceptional qualifications, no magic formula, no special combination of time, place, and circumstance. It is an opportunity that sooner or later is presented to us all. . . . In whatever arena of life one may meet the challenge of courage, whatever may be the sacrifices he faces, if he follows his conscience— the loss of his friends, his fortune, his contentment, even the esteem of his fellow-man— each man must decide for himself the course he will follow. The stories of past courage can define that ingredient—they can teach, they can offer hope, they can provide inspiration. But they cannot supply courage itself. For this each man must look into his own soul.

John F. Kennedy
Dennie: I've transcribed yesterday's conversation. It comes to more than 50 pages, believe it or not. The therapeutic community tends to be a never-ending subject. Think of the variety of applications.

Max: For example?

Well, one that comes to mind is its use in community mental health, and within that, the further development of your social therapists.

Paraprofessionals, you mean.

They came later.

You ought to write out a few pages on your own experiences.

Developing social therapists?

Yes. Especially what you did with prisoners. And what you and Doug and Joan Grant did with your New Careerists.

Perhaps. But, I was reminded again, Max, how social therapists may originally have bridged the gap between the so-called client and the staff. Does this distance strike you as odd? What is the reason for it?

Several factors, actually. In Britain, I'm sorry to say, the remnants of social class played a part. When we began our work at Henderson, following the war, we recruited young girls from the Scandinavian countries, as I said before, because they had been raised in more liberal societies. The patients, for the most part, felt themselves to be outsiders. So they could accept the foreign nurse more readily than they could the Britisher.

At a more basic level, however, this matter of distance between staff and client (I now prefer the term “consumer”) results from the influence of doctors in medicine and particularly Freud in psychiatry. It was inherent in his concept of transference, where a necessary distance had to be maintained for the patient in order to transmit feelings onto the therapist, who had to remain a somewhat neutral party. Freud however, thought feelings would inevitably be aroused as counter-transference. For this uncolored state to occur in the analytic situation, he stressed that the analyst as part of his
training should undergo analysis in order to understand his own dynamics and be able to minimize effects on the client. Even Freud’s technique of having the client lie on a couch with the analyst out of view enabled them to be at the proper distance for the analytic work to proceed. The analyst would become the so-called blank screen onto which the client could project his thoughts and feelings.

That procedure causes all sorts of strange feelings. When I saw my own analyst for the first time on a panel at a professional meeting, I was rather amazed. He became argumentative at one point, and seemed to lack the calm, patient manner I had experienced with him. No blank screen! Yet, I felt at one point like a voyeur peeking in on something forbidden.

You’re emphasizing how it’s a highly artificial situation. I don’t know that I necessarily agree with all this formality anymore. The attention that psychoanalysts give to intracerebral events is rather meaningless to me unless they are viewed in the context of the social environment.

I was in analysis with Melanie Klein during the time I was at Henderson. I used to have to drive through London to her house, and you remember what a chore that was. I often had extremely bad luck driving across London, especially past Hyde Park Corner, which was a menace. The fight was invariably won by the taxis or bus drivers. To make matters worse, there always seemed to be a parade, demonstration, or some ceremony blocking traffic. I would be worried about being late, since if I was, it would be interpreted as resistance.

And so often, I would be angry as I rang her bell, even before lying down on the couch. Then if I described some painful event which had occurred that day, she would have no interest in the social environment, but only the intellectual aspects of the event and in tracing them to some earlier memories.

I was always bothered by this blinkered view, which ignored environmental forces that I was so much interested in by this time. There’s a kind of psychoanalytic cerebral purity, if you will, which seems to be divorced from what one might call cultural or social honesty: where one looks at sub-sections of the society – or, for that matter, even our choice of words. At Henderson, we used words in the vernacular of the clients, and every second word for them was “fucking.” I would have regarded it as culturally honest to have said to my analyst, if I were angry: “Mind your own fucking business!” However, I don’t think she was prepared for that kind of honesty. Even if she had, it would have been interpreted out of context. It’s this kind of distance, or separation from the environment, that we’ve been talking about, which stems from the reductionist method,
taking things apart and then trying to put them together again.

Wouldn’t the ultimate honesty be treating people in their own environment, in their home, rather than creating these artificial ones mainly for – let’s face it, Max – the convenience of professionals? You know they need to have controlled and familiar situations to work in, because they don’t have the skills or tolerance to work any other way.

If you want to put it that way, yes. And while we are developing a much more holistic approach in social psychiatry, I dare say we have a long way to go too.

I was impressed when I visited Tom Main at the Cassel* and saw how whole families were admitted when one member had to be hospitalized, so that they could help them deal with that member and participate in treatment. But even so, they were still taking people out of their own settings. As well run as the Cassel’s program was, the family had to adapt to the hospital in the end.

I suppose there are some who would still maintain that because of the nature of a particular family constellation, it’s necessary to remove the patient for a while because of the destructiveness of their relationships.

That’s always the argument. And distance again; this time the patient needs distance from the family while he gets his feet on the ground. The patient usually returns to that same situation however, which usually hasn’t changed much.

Do you know any program where it’s different?

Some of what you were doing with the tea shop that you set up for patients from Dingleton to operate in town. There were programs like that in the U.S. I’m thinking of the many “store-front” programs that began in the 1960s. These approaches had tremendous possibilities, but it seems we’ve lost a lot that was advanced then.

Well, it’s another instance of our lack of imagination and unwillingness to risk new things. I had hopes that under your Community Mental Health Act, professionals would

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*The Cassel Hospital, Richmond, Surrey, England, a 100 bed mental hospital which specializes in psychoanalytic treatment, operated under the National Health Service.
move out of hospitals and get closer to the problems. The impetus and the means were
certainly there.

And it was here, in our small way, that we stumbled onto the idea of having social
therapists attempt to bridge this gap. When you look at the typical mental hospital the
social distance between the staff and the consumer is enormous. The doctor, or the
nurse or whomever, assumes so much power over the patient. He or she has legal and
medical responsibilities for what happens to the patient, although these accountabilities
are often more apparent than real and get highly out of proportion. I suppose in your
country the increase in malpractice suits has increased the anxiety of doctors and
hospital administrators, not to mention the expense!

Ummm.

Along with the distance created by professionals is the unspoken belief that they are
somehow better than the client; better in the sense that there is some kind of line
between who is sick and who is well. Most patients, for example, still can't read what
the staff write about them in their charts or case histories – although this is beginning
to change in a few institutions. They know that the staff have meetings in which they
are discussed and this information is usually kept from them, even in well run out-
patient clinics.

We've come a long way since I first went to Mill Hill where this distance was so
great, within the staff, that the nurses were forbidden to see the charts, let alone the
client. This secrecy contributes to the client's feeling of powerlessness and inferiority –
hardly a climate conducive to understanding oneself and trying to make positive
changes.

You know, Dennie, I hope that you'll look at the philosophy and practices of the
holistic health movement. I think that there are some direct applications to what you've
been doing.

There are a few doctors now who give patients a copy of their medical records and
they are encouraged to keep them at home along with their insurance policies. And take
and keep records of their blood pressure and so on.

That's a good example. I couldn't give you a single instance of a psychiatrist's doing
the same thing, but of course I'm speaking of one-to-one therapy. Am I getting too far off
your topic?
It's all relevant, I think. I made it a practice to let the inmate hear or read whatever I put into his file and then asked him if it was accurate and fair. I thought he should have this information especially when decisions were made about him, like when he went before the parole board to be considered for release from prison.

Later, I tried having inmates draft their own evaluations for parole hearings, then I’d meet with them and we’d go over what they had written and review their histories together. Finally I tried doing this in small groups, like a case review seminar.

Fascinating. How did it go?

Extremely well. Often the men were more critical of themselves than I might have been, and of course they had more information to go by. They tended to concentrate on their deficits and I’d have to call their attention to strengths and accomplishments they’d overlooked or didn’t think relevant. When you shared such tasks with them, they even added material that wasn’t in their records — information that might have been damaging to their hearings if it became known.

To set the record straight?

To set the record straight. This kind of honesty was a way of their getting hold of their lives. Some eventually were able to say: “I don’t care what the Adult Authority [parole board] decides: this is the way I am and this is how I want to run my life from now on.”

You know, we even had a few men who, when the parole board set their release dates earlier than they had expected, asked to stay in prison longer as they (and the group) didn’t think that they were ready to go out.

Extraordinary. What happened?

The board refused, as I remember, sometimes even letting me present the prisoner’s arguments, and further, became suspicious that either the inmate was up to something — trying to con them — or that he had become “institutionalized” and that the project had made him over-dependent.

[Max rose from his chair, walked to the far end of the pool, and picked up a grapefruit that had been on the ground for several days. He threw it into the tree where birds had been singing so loudly as we talked, then returned to his chair.]
Honesty is not always its own virtue.

... 

I was thinking Max, while you were talking about how mental hospitals foster distance between staff and patients that the situation is similar, or worse, in prisons . . .

... why didn't you interrupt me?

I was interested in your speculations about the question of distance between people (which seems to be everywhere), but I didn't want to interrupt.

And you were thinking about prisons.

Yes. There is always the threat of what amounts to blackmail and manipulation of the staff. There's the possibility than an inmate will try to bribe a staff member into doing something – like bringing in contraband from the outside – in exchange for favors.

Of course. It's the way prisons are organized; it's in their very nature.

Gets all out of proportion. When I first went to work at Chino, they gave me an office in the dispensary. The inmate hospital orderlies became friendly and curious about me and what I was going to be doing. We began to take our coffee-breaks together. One day they were saying that one of the things they missed the most being in prison was chocolate-covered doughnuts. Sometime later when I was coming to work one morning, I drove past a doughnut shop and suddenly remembered what they had said, so bought a bag of chocolate-covered doughnuts to surprise them for our coffee-break. They were stunned and wouldn't eat them. I was too new to understand. Then, they told me that the staff were forbidden to bring in even such innocuous objects as doughnuts, for they could be used as a bribe.

I'm tempted to ask you what happened to the doughnuts!

After duly warning me, we all ate them, taking care that no one saw us!
But this matter of manipulation of prison staff however, is very real. There are always investigations among correctional staff for dealings in narcotics in the prisons. Only in recent times, the new superintendent and some top staff at Chino were fired allegedly for taking bribes from inmates to allow them to have sexual relations in the community.

I don’t recall that you or any of your staff had any of these difficulties during the five years you were there. And yet you were very close to the inmates.

I was often criticized for getting too close – which I couldn’t imagine as valid criticism – for it seemed to me that’s just what we were trying to do. The main way we handled what might have been destructive relationships between staff and inmates was of course, in the daily community meetings, which met even on weekends. Everything came out in these.

... an open system, but it must have been difficult to establish in a prison.

Of course. One of the first inmate social therapists, we found, was operating a “bakery route,” when we were using the laundry as our work project. He arranged to help deliver the laundry to the housing units late each afternoon, so he could “buy” cakes and cookies from the mess hall, cover them up with laundry and “sell” them around the prison. He had a good business and had hired another of the social therapists to do the collection for him (in cigarettes, which was the medium of exchange in the prison).

Clever entrepreneur!

He was. He even gave credit at exorbitant interest rates, just like the credit card companies! But eventually this was all revealed, first in one of the tutorials whereupon he angrily accused the social therapist who brought it up as a “snitch.” And then avoided the subject by pointing out how skillful he was at confronting the other inmates in the community meeting. The other therapists commented about the discrepancy: how could you maintain any sense of authenticity?

What I would call “painful communication.”

Exactly. Then I made the analogy of being “just a little pregnant” which they seemed to understand in terms of being a little delinquent. First their delinquencies had to be
brought out into the open, beginning at first in the tutorial. After that, it all came out in the community meeting. Then they were faced with the dilemma of whether to continue their illegal business or become social therapists – the two activities were not compatible.

You’ve brought up something that I think is extremely important and it relates to the matter of distance. Namely, that you can’t regard the old dichotomy of treatment being for the patients and training for the staff. That is an excellent example. When you first visited us in the mid 1950s, you helped us to realize that we were helping ourselves as much as our clients. The staff (supposedly “normal”) were apt to learn and change just as much as the clients: the process of change was the same for everyone no matter what name you gave to it.

You had a crisis there that first time I visited you – it was the Easter holiday. A patient had taken off with one of the young female psychiatric residents and they didn’t return. They had decided to elope. I was just fascinated by the turn of events in the discussions which took place the day after when they had called in to say what had happened.

That was an unusual event, believe me!

There was talk all day beginning with the staff getting together before the 8:30 to discuss the ramifications for the community. There was even talk that she needed psychiatric treatment and how destructive this event was to the community. But, I was amazed at how matter-of-factly the community looked at the incident once it was revealed, immediately considering practical matters involved in a new marriage; wondering whether they had found a place to live and so on.

You know, as a matter of fact, they’ve had a most satisfactory relationship and she keeps in contact with me after all these years.

During that visit you told me that it was probably better to hold separate meetings for the staff and patients. This has stuck in my mind. It was only after five years at Chino that we were able to achieve something like it when we took the last part of the community meeting and reviewed what had happened, rather than the previous arrangement of the staff’s going off by themselves for what you called a “post-mortem.”
How did that come about?

Several coincidences. I used to work on the weekends, a habit I acquired from you! Usually there would be only one other staff person there, a correctional officer. We’d hold the community meeting in the late afternoon, after the prisoners had met with their families. These groups were usually moving and personal, and it seemed rather ridiculous for the two of us to retreat to re-hash the meeting.

So we began doing it with the prisoners and they showed great interest. All I usually said was, “Who would like to summarize the meeting?” Or, “What did we talk about today?” And soon they began to look forward to the last few minutes of each group to “wrap it up.”

Some of the men later were doing research on various aspects of the community and they wanted to share their findings. They would also use the last few minutes of the meeting so they would not interfere with the content. In the small groups they actually taped their discussions and played them back for further discussion. They even recorded that discussion, adding a third-dimension.

Something like what you were doing with school children and with students at San Francisco State.

That’s where I got the idea. But do you remember how you came upon this idea of a post-group discussion?

The post-mortem?

I’ve never liked that term because of its implications.

It does revert back to medicine. Post-group then. I don’t really recall. It probably began in our early work, where we needed to train the young assistant nurses and used live situations for examples. I think nowadays we’d call it a “process review.”

That sounds sort of sterile too. Don’t you think re-hashing intensive experiences is rather fundamental? It’s no doubt a combination of everyone’s need to observe situations and have a safe place to talk about them, plus the excitement generated by the events. I remember an account of Gide’s, where as a child he and some cousins would re-hash the formal conversations of the adults at dinner, seeing it as a game in which they matched wits to remember the gist and timing of the conversation.27
You know, I think our exposure to a lifetime of social deviants (and I include ourselves) has given us a perspective that forces us to look at our own early contributions to social casualties through labeling, insulating, isolating, making moral judgments, and so on, to separate them from our supposedly normal world.

We could speak at some length about our personal experiences in this evolutionary process. It’s not simply by chance that we both have arrived at the point where we see education as the main point of impact for accomplishing change in the way of life in Western society. But I’m afraid I’m getting off the point.

Not at all. There’s no agenda.

I’d like to think about education, then. I’m speaking of education that will bring about change – isn’t that a good point of departure?

Action-learning, that’s where I’d begin. The tutorials were one of the most impressive things to me at Henderson: how the social therapists chose what they wanted to learn and when; what was most important and as it was most pertinent.

One tutorial that (the late) Eileen Skellern (Director of Nursing) held in her small office left a deep impression on me. Some of the therapists were sitting on the floor and all were silent. Then one of them spoke up softly, saying that a patient was, in a way, blackmailing her. He was demanding that she meet him that evening to have sex with him. The others inquired about what had led up to this demand. Finally it was brought out that he had singled her out as the only person he could talk to and had seduced her into being his confidant over a period of time by getting her to agree not to bring up their conversations to anyone.

Others were quick enough to point out that this patient was a “con-man” and he was being true to form. The therapist, who I believe was from Holland, was having difficulty coping with the new language and culture. She had just graduated from a social work course, and she thought she was being helpful. And she hadn’t shared this information even with the other therapists until now.

This situation happened quite typically at Henderson with new social therapists.

Then you already know the outcome.

I’m afraid I do, but do continue . . .
After the others offered her support, they made it clear that she would have to use the structure of the Unit to get herself out of the dilemma she had placed herself in by violating one of the basic tenants: that meant that she would have to bring this information into the 8:30 if someone else didn’t. Since they’d shared their relationship with no one, it was up to the two of them and it was highly doubtful if he would; there would be nothing in it for him. But everyone agreed that she must do it, and offered to support her in the community meeting when she did.

That support is terribly important when one is changing.

But, Max, at this point I was stunned. The tutorial had begun as a typical therapy group – it was very emotional, with the girl in tears, a situation I hadn’t expected! I thought it would be more educational – teaching.

My surprise was not in the group as much as in Eileen, because now she helped the group depart from this tenor and began to explore some of the psychodynamics of the psychopath – what his manipulations meant, how they affected others and so on. The meeting rapidly turned into a most sophisticated seminar.

Eileen had a small blackboard on one wall. “There are three generally recognized types of psychopathy,” Eileen explained. And then she went into some detail about David Henderson’s theories. On her little blackboard she wrote:

1. The aggressive type.
2. The inadequate psychopath.
3. The creative kind.

Where did they place this patient? she asked the group. Somewhere between the first two they agreed. It was incredible how she had them document their conclusion by feeding in their observations of this patient and others. Then the seminar turned to how they could best help them.

If I remember rightly, I cornered you before supper that evening as I wanted to share my excitement with you and learn more about what had happened. This was the type of seminar I had longed for in graduate school and never found.

You told me simply that, in your opinion, treatment couldn’t be separated from training; “what was good for the goose, was good for the gander,” or something like that. And you pointed out that, unlike us, patients or social therapists couldn’t run off to their psychoanalyst when they got upset.
Besides, you thought these experiences were fertile opportunities for learning, provided one “struck while the iron was hot,” is how I think you put it. And so you had inaugurated these daily tutorials at the end of the day and you were taking them yourself at the weekends.

“Teachable moments.”

I don’t want to lose thread of our conversation, but I do need to do some shopping and I’d like to show you some of the native arts and crafts downtown that I think you’d appreciate. If we go now we can get back before the heat of the day.

•   •   •   •

Could we continue with education, going back to your comment that you think this is where broader social change will come about?

Of course. It seems to me that since we’ve both left mental hospitals, prisons, and jails, and naturally gotten involved in education, social learning, or whatever you want to call it, you ought to focus your attention in that direction.

I might even contribute my humble lot by experiences I’ve had that were similar to yours in schools, but in a totally different culture in a wee village in Scotland. You know I got my inspiration from you – when I visited those classes you had and the projects you got going in all those classrooms. I’m eager to have you continue, professor!

The thing that impressed me the most was the excitement and interest, not only by the children but by everyone. In one project in a remote, poverty-stricken community, hot as blazes, with almost nothing going for them, people could hardly wait for each day to see what would happen: this mixture of curiosity, excitement, and hope. Which I guess is what learning is all about, at least it’s what makes learning possible.

How true. We found much the same thing at Mill Hill and with the POWs. The psychodramas were exciting and became great theater; so were the community meetings at Henderson – you remember? But my whole eight years at medical school and working in hospitals were frankly a nightmare for me and many’s the time I considered dropping out.
So did I. After I went to Henderson that first time and learned so much in such a short time, I thought how I’d been cheated all those years in universities.

I think sometimes that much of my energy since has been taken up by unlearning what I was required to learn pursuing degrees and qualifications. And the tragedy is that it’s not much different now and in some ways even worse in all this struggle to control eager young minds.

Unfortunately. But let’s not get depressed about that. I want to continue to think more positively.

I remember the time you visited the school project when we’d made videotapes of the peer teaching and classroom discussions. We had that famous meeting at the university where you agreed to do a demonstration for over 100 teachers and administrators interacting with a group of children before a live audience on closed circuit television. And the children almost got the best of you! You know, I still have a tape of that. [See appendix.]

Blackmail! I was coerced.

I’ve never seen you so anxious at moments. Several times you tried to end the meeting with the children, but they wouldn’t let you. And you loved every moment of it.

It made a deep impression on me actually, and I could hardly wait to return to Scotland and try my hand at it.

I wouldn’t have thought it possible in that setting. California is always seen as off-beat, and what we did was not exactly proper education in the usual sense. But in Scotland!

Now don’t you be so hard on us poor Scots! After all, remember that A.S. Neill was a Scottish headmaster, and certainly he was one of your heroes.

But he left Scotland to set up Summerhill. And when I visited him, he told me that most of his students were either American or Scandinavian. The British, he said, never accepted his ideas really – at least for their own children.
What a pity! But I was determined to try. You remember from my annual consulting trips to America, I was concerned with the student unrest and violence in the schools. I saw how unprepared professors and administrators were to cope with this conflict, let alone use it for learning.

So while I was at Dingleton, especially towards the end, I was thinking more in terms of prevention, and you know in Britain, we have this saying that what happens in America will happen next here.

But I didn’t have quite the right approach until I visited your teachers in California. When I first arrived at Dingleton, I tried to get the local schools to visit the hospital. I believed that we were going to have a good hospital, and I thought from the start that children ought to be a part of this transition that we were going to make so that they would be both proud of and participate in their hospital. Some had relatives and friends who had been there as patients – or who might someday – and of course many knew the staff, as the hospital was the main employer for the village.

But it didn’t work beyond a few classes’ visiting as they would on a field excursion to the local tweed mill or fire brigade. We plugged away for the best part of five years and failed to get involved with the schools, mostly because of a lack of interest among the school administrators.

Really, Max! I can’t think of a less interesting or exciting place for children to visit than a mental hospital, albeit a progressive one. Was it only lack of interest, or didn’t you go out to them?

Of course, that’s eventually what we did. A new local director of education was appointed who was in tune with our overall approach, and he invited me to come with him to visit some of the schools. I went along and, having already seen what you had done in the classrooms, cautiously looked them over to see if something like that could be done there.

In one of them, a teacher was actually having a question-and-answer session with a group of boys – school leavers. The director and I sat in the back of the class. The teacher was asking them what it would be like when they left school. They all thought they’d get jobs and have money to spend on their girl friends and so on. I noticed he was writing all these things on the blackboard. I got so carried away at one point that I raised my hand, and when this teacher called on me, I asked if one of the students could take over? He thought it a good idea and asked for a volunteer. Then he sat down. The discussion carried on without a ripple, and the new “teacher” continued to write down their ideas on the blackboard. And you know, suddenly I got the crazy idea that these
lads were dropping out of school for the right reasons. As though they intuitively knew that if they tried to go on to university, their own spontaneity and creativity might be killed by the drudgery of getting a degree. I was tremendously impressed with that class!

Did you return?

Well, no, not really. I thought (partly based on what I’d seen you do) that we ought to first do some groundwork with the teachers.

So we arranged with the education director to invite some of the teachers for an evening seminar at the hospital. And to our surprise quite a few came – I think about 20. We tried to get a discussion going by our staff doing a little role-play, but it fell flat. We’d pick a social problem – I think one had to do with a pupil’s stealing from another – hoping we could get into the ways they handled discipline. But it was too soon, and they cut us off short, saying they didn’t want to get involved in the pupil’s personal problems. That was the job of the principal or the counselor.

So, after trying to find an area in which we might get a discussion going, I mentioned visiting the school-leaver’s class and how I saw the teacher learning from his pupils. That didn’t go over very well either, so we just asked them how we could learn from each other in a seminar like this. They hadn’t a clue. In desperation, I said: “Where are your pupils?” That was the final straw. They were thrown by the thought of bringing along some of their pupils; nevertheless we scheduled another meeting.

The issue of distance again.

The next seminar was totally different. Not many teachers returned, but some of those who did brought along some pupils. They spoke freely about their views of the school and of education, and, in so doing, put their teachers in an entirely different relationship.

I think the atmosphere of the hospital and our staff had something to do with it; it was more informal. But that was only the beginning. The seminar became very popular, and in time just about everything came out. We got ourselves into trouble one evening when some of the teachers were extolling the virtues of a university education, as if it were the epitome of success. Joy Tuxford spoke up and said something like: “Not everyone shares your views, you know. There are some of us who like to think that universities are actually mis-education for real life.” I thought some of the teachers would faint on the spot.
But the teachers and pupils began to try some of these things in their classrooms, and eventually they got peer teaching going, which didn’t meet with much resistance, and the parents approved of it. I don’t think they even went as far as you did in California, such as letting the pupils find out what they wanted to teach and learn. But nevertheless it went over, as did the discussion groups.29

That’s the beginning of social learning.

Well, so it is. From experience – learning by doing,

From experience, yes. But it’s more than that. The discussions with others help to distill or bring out what the participants have learned. And then you need opportunities to put it to use – experience. Otherwise, not much may happen.

Perhaps that’s why peer teaching, social learning, and social therapy – and, I might add, therapeutic communities – are still valid today.

That’s a bit of a turn-around for you, isn’t it?

What do you mean?

Not too long ago, Maxwell Jones said that he had left the therapeutic community.

I’m allowed a second look, I hope.
CHAPTER 4

WHAT STUFF 'TIS MADE OF

In sooth I know not why I am so sad;
It worries me; you say it worries you;
But how I caught it, found it, or came by it,
What stuff 'tis made of, whereof it is I am to learn.

William Shakespeare
Max had set up our chairs and table in the sun by the pool, as he had each morning since I arrived. The birds were waiting, singing loudly in the orange and grapefruit trees. But Max was nowhere to be seen. I found him in his study, papers and books piled on his desk and strewn about the floor.

Max: I’ve been foraging around in my papers – you know I can never throw away anything. Well, I found something that might be of interest. At least it might help clarify some of the issues we were talking about yesterday.

You asked me to write this up for you one time:

25th November 1968.  
DINGLETON HOSPITAL  
Memo for: Dennie BRIGGS  
From: Maxwell JONES

On Thursday, 21st November, I was called away from the review on the Admissions Ward because I was told that Eden Ward had a crisis and wanted me. When I got to Eden, a young patient was sitting in the middle of the floor and people were pleading with him to control himself. The ward seemed to be in a quite disturbed state. I thought it expedient to bring the charge nurse with me from the review because he was technically still attached to that ward, although in the process of transferring to the admissions ward. The new charge nurse had the day off and Dennie and a young nurse seemed to be the leaders on the ward. The former charge nurse seemed to have largely opted out of his role and, if anything, seemed to be sulking. He did, however, take the disturbed patient in hand and moved him into the sitting room in order that the ward could return to some sort of calm.

In the group discussion, the younger element of the ward seemed to be saying what a good fellow Dennie was, implying that there were staff who were against him. The doctor on the ward seemed to have opted out as he was preparing to leave and return to his own country. It seemed that there was a crisis of leadership on the ward and no real clarification as far as I could see.

The patients assumed that Dennie was the popular leader on the ward who was going to give them all kinds of good times. It seemed that he had ideas about the staff eating with the patients and had already begun to do so in the dining room. I felt it necessary to tell the patients that Dennie was a charismatic leader, although of course I didn’t use such words, and that he tended to identify with the underprivileged, in this case, the patients, which might put the staff against him. This splitting was a danger to the stability of the ward. I thought it proper to say how impressed the whole hospital had been by the developments in Eden, particularly in the field of rehabilitation, and the plans for the male hostel. Four of the Eden female patients were going to look after the men there, do their cooking, and so on, as a prelude to going outside and
looking after themselves in their own cottage. I felt that there was a tremendous difference between a rehabilitation program for psychopaths and one for schizophrenics and that perhaps they were putting too much responsibility on the patients too quickly.

I was impressed by Dennie’s willingness to have his performance discussed without becoming defensive. He is undoubtedly having a profound effect on the ward and arousing a tremendous amount of enthusiasm and optimism amongst patients. The danger is, I think, that Dennie does tend to become the good internalized object and I think he should try to make himself more familiar with the concepts of object relationships, incorporated in Melanie Klein’s ideas. He offers himself to schizophrenic patients as the gratifying internalized father. By activating this excitatory part of the individual schizophrenic ego, he forces the staff to appear as being destructive and punitive. Thus, within the schizophrenic’s ego, there can be quite a disturbance between the introjected objects which are represented in the id and superego (if one wants to use Freudian jargon).

Dennie: To be honest, Max, I’d forgotten about that incident.

I thought it pertinent, because we’ve skirted the whole issue of what part leadership plays in bringing about change. That’s a complex issue because there are so many expectations of the leader which are often at odds. And the setting itself adds others.

If we’re using a hospital ward or a medical center as our point of reference, then the doctor or the nurse has been cast into a familiar authoritarian role and the patient complies, even unconsciously. Add to that the formality of uniforms and titles – “the doctor,” “the nurse,” and so on. It’s common practice nowadays for doctors to call their patients by their first names – a kind of pseudo-intimacy – but they don’t want this practice reciprocated! All of which reinforces the way the patient or client will react, and thereby shapes or inhibits what takes place.

Now if we yield to that temptation, we may never be able to assist the person to examine the nature of his conflicts and explore his potentials. I realize that’s stating the issue too simply. Let’s say at least the opportunities are limited.

But isn’t this standard practice in most all psychotherapies?

To some degree. In psychoanalysis (in the more classical sense) you have a similarly controlled situation in which a temporary structure is formed. You have time, however, and hopefully through the skill of the psychoanalyst, a relationship emerges that may last for as long as five years. But, in so doing, a different construction can emerge,
which may allow the person to lead a more satisfying life.

That's the tacit assumption.

But this analogy bothers me a bit because I'm not convinced it works quite that smoothly or always in that manner. In the controlled situation the analyst is fully in command, however benign, and is usually very authoritarian. And as the analysis proceeds, the analyzand eventually takes on more and more responsibility until they terminate the procedure. Be that as it may, there are differences in the therapeutic community. Leadership and relationships have to be examined constantly. Both are constantly evolving, and the interplay of these psychodynamic forces is where the potential for growth or change occurs.

In a therapeutic community, you just don't have the time you have in analysis to work out an intensive relationship and then resolve it.

Not that kind, no.

Now if I may return to the real psychodrama in which you found yourself that day on Eden Ward, had you allowed yourself the liberties you did in individual therapy, you might have been in trouble.

I'm not clear what you're referring to.

Merely that you would have been running the risk of aiding and abetting the patient's condition, which might not have been helpful. It could have prevented him from exploring his own conflicts and defenses. This would be especially true if you were dealing with people with psychopathic characteristics, like your prisoners at Chino. But, of course, a competent therapist would have undergone a personal analysis and would be aware of his own dynamics. Presumably such awareness would prevent one from entering into the treatment situation to the extent that the patient's exploration of his own situation would be blocked. Do you see what I'm driving at?

Partly.

Well, I don't want to get into a discourse on psychoanalysis. What I'm leading up to is that, in a therapeutic community, you have a complex situation whereby you are
trying to establish an environment – be it in a hospital ward, a prison, or a classroom – that is self-contained more or less. It has a periphery within which it is relatively safe to let one’s guard down. To be one’s true self within the limits of that special setting. Do you follow?

Ummm.

This is a rare event in most people’s lives today. There aren’t many places where it can occur – even in marriages or families. As people rely less on the usual means of social control, they begin to “act out” the ways they handle tension relating to others. So the advantage of a therapeutic community is that in this atmosphere, changes can be made to accommodate to the needs of the people who are involved. It’s not a static environment dominated by any one person, no matter how wise or altruistic he may appear. I found myself constantly shifting my views both at Henderson and at Dingleton, in response to these social forces.

As I said before, early in life I found that I had this tendency to take things into my own hands and act on them. Being a doctor and a psychiatrist, many decisions I might make would go unquestioned, and this might not be at all in the interests of the patient.

But your idea of multiple leadership can check this tendency.

Together with the groups. In every community in which I’ve worked, I’ve had at least one strong alternative leader – usually the deputy or second in command – who had opposing views and could voice them publicly.

Was this by choice?

Not always. Sometimes I inherited them, but I have deliberately tried to find others, like a strong head nurse or social worker – someone from a different discipline to add variety. You remember how impressed you were with Eileen [Skellern] and Joy [Tuxford] at Henderson and saw how they could point out, in any meeting, when they thought I was manipulating the community – or attempting to.

Yes, which was often!

They could argue with me and express their own viewpoints, which in turn, would encourage the patients to speak out. Likewise, they could support me when they
thought it was the constructive thing to do. You see it’s this dynamic, not static, situation where change can occur and in which the clients or patients are involved. Am I making any sense?

Yes.

If I may continue, getting back to this memo about Eden Ward which involved you. I’ve seen you in enough different situations to know that you appeal to the healthier or positive side of people’s personalities. You have the ability to bring out enthusiasm and dedication in the people you work with. And that includes chaps like me! You know I’ve always considered it a high point and made considerable effort to see you when I made my annual consulting visits to America. I have learnt so much from what you were doing.

It’s always been mutual.

People rally round you, get involved, try new things and there’s always this aura of excitement about the projects you undertake. This is good. We need more of this. Yet, in the excitement you generate, you must realize that there can be negative factors. Especially as you operate in a team with other people who do not completely share your views or your enthusiasm.

In the early days of your work at Chino (if my memory serves me rightly), you had to work with some quite traditional social workers in getting that project started, who valued one-on-one relationships above almost anything else. And they had considerable investment in their careers at that point. As I recall from my visits there, many of them hoped to go into private practice someday or at least they wanted to perfect their skills in individual therapy. Is that not correct?

Yes. They’d all been working in a project testing the effectiveness of intensive social casework. And the results to date weren’t very encouraging.

Well then, that was quite a turnabout to expect from them. But, you were able to appeal to the inmates, who quickly picked up what we had in mind and became remarkably adept in the groups and in the community. But as I remember, this same enthusiasm split the staff into those who were able to adapt to this more collaborative way of working, and those who chose not to. Then you had the “good guys” versus the “baddies.” Is that over-simplifying the situation?
That was very painful. A lot of them eventually left to find jobs elsewhere. And it caused a crisis in the project, because the word had gotten out in the mental health grapevine that we were devaluing individual therapy. We got practically no response to our advertisements for staff vacancies.

That was too bad. But one mustn’t always internalize. I’ve found from even more experience than you’ve had, that many people just aren’t suited to working openly as one has to in a therapeutic community. Among doctors, I dare say, only one in four or five can make the transition.

But just let me say in brief that a good leader has many roles to play depending on the circumstances; however, by seeking to please too much, he may block the process of change or growth in the group. He must, at times, risk being disliked or being unpopular, knowing that growth is often a painful process. But crises like this aren’t all bad, are they?

No, in this case, the correctional officers came forward, wanting some training to fill in the void left by the social workers. It let them change their traditional role, even to the extent that eventually they were allowed to remove their uniforms. And then, seeing the officer become less like the traditional authoritarian figure, the prisoners evolved also – first taking on custodial functions and then, later, more therapeutic ones.

You’re speaking now of the evolution of inmates as social therapists.

Yes.

The other matter we haven’t discussed is that the leader changes his function to meet the needs of the community. There are times when he must be more active and may sometimes have to make unilateral decisions temporarily. But when a community is functioning properly, then the leader, in a sense, disappears – is less observable. Didn’t you experience that yourself?

Ummm.

This ability to change with the needs of the community (a sensitivity a leader must have or acquire) is tremendously important and is related to the maturity of any community. In the early stages more direction may be needed; later on, the leader can play a less noticeable role. After my seven years at Dingleton, when I was about to
retire, they abolished my position as medical director and replaced it with a committee of five who represented the various disciplines of medicine, social work, administration, nursing, and so on. So you can see, we'd democratized the authority structure and I had delegated my authority to the system to the point where, in the later days, when I was there, I couldn't have made a unilateral decision if I'd wanted to.

How do you know whether to make a unilateral decision or wait until the community comes to a consensus?

Timing, intuition, experience - there are so many factors to be considered. One of the most important is observing one's effects on the community and learning from them. It's similar to making an interpretation in psychotherapy. If it's properly timed and if you are correct in your interpretation, there should be a positive response. If new material comes forth, then the therapist was probably on the right track. But on the other hand, if the therapist was wrong in content or in his timing, the patient responds with denial or distraction or something like that. Similarly, when you make, or attempt to make, a unilateral decision in a leadership position in a therapeutic community, you observe what happens. You undoubtedly have many examples of your own.

There was a time when the inmate social therapists were having difficulty changing their own behavior - it was in the early months of developing their new job. Two, or maybe three, who seemed to be doing well, went to the parole board, and were given their release date; after that, they changed back to their delinquent selves, saying that they had only changed on the surface to "con" the board into letting them out. Then they became quite destructive in the project, devaluing what we were doing and undermining the other social therapists. They had quit their jobs and were hanging on. The community could not deal with them, and it was especially difficult for new members. At the time when I thought the project was in jeopardy and the community could not intervene, I took their cases back to the parole board, unknown to the community, reported what had transpired, and asked that their cases be reconsidered.

That, my good man, was a colossal unilateral decision!

Yes. I didn’t undertake it lightly. The interesting result, however, was that the parole board resented my attempted intervention and refused to reconsider the matter. I found out later that most of the community thought I had more power than I did and would have expected the parole board to have agreed with my request.
What did happen?

Well, I thought what I had done might be disaster. So I called an emergency meeting of the community as I wanted to tell them myself what I had done and the outcome before they heard it second-hand. The community was naturally stunned. Both at this inconsistency of mine and at the realization that I didn't have as much power as they had assumed. The inmates who were involved, of course, tried to flaunt the community, and belittle me.

Typical. But, how important it was that you took an immediate step to normalize your power by exposing what you had done to the community.

That incident, however, precipitated an important turning point in the project in terms of strengthening it. Several of the inmates came forth with unexpected leadership, like the example you gave of the observations of Tyhurst. They thought things needed to be changed so that I would not have to take action like that in the future. I had taken it, they reasoned rightly, because the community was not strong enough to handle these matters - which, after all, they maintained, were for their own benefit. They pointed out that the easier solution would have been for me not to have interfered and gotten rid of the trouble-makers by letting the prison take its course. Further, they concluded, that by my action, I had shown that I was sincere about the project and what we were trying to do.

Given your particular structure, you were taking a risk in making that unilateral decision, which was not all that bad.

I didn't look at it in those terms at the time. It was sheer desperation to save the project.

Your intuition no doubt.

One of these men was arrested within a month after getting out, for committing a new crime, more serious than his previous ones, and was sent to San Quentin this time. But you know, this whole incident became a rallying point in the project and was referred to considerably in the future. It was brought up many times in the community meetings, like the incident you had at Mill Hill when the soldier with the real heart disorder ignored your warning and had the attack - the attack established your credibility.
among the soldiers. This action proved to the community that I knew something about changing delinquent behavior and that these men had not “conned” me. Others have found that important in working with delinquents - unless they believe they can’t “con” the person in charge, they would have no confidence in him. My integrity was tested constantly, especially by inmates who later assumed positive leadership positions in the community, like becoming social therapists.

But, Max, I want to change the subject slightly (a unilateral decision) and refer to something you wrote:

The concept of social learning implies social interaction around some problem area. Discussion of interpersonal problems must arouse feeling, whether it is expressed overtly or covertly. The social milieu in which social learning can occur is as important as the skills required to analyze interpersonal interactions within the group, to uncover latent content, and to examine the various solutions to problems raised in such a group. Social learning is used to cover this set of circumstances, and the terms “living-learning situation” and “crisis situation” are used in a very arbitrary way to refer mainly to the amount of feeling inherent in the situation.

Would you say this is the essence of treatment or change in the therapeutic community?

That’s a difficult question to answer simply. There are as many answers as there are people working in that field. For me, it’s come to mean that the social organization in which the interaction occurs is the key to change.

What do you include in social organization?

By social organization, I’m referring to the nature of the environment – the social ecology – and its effect on the quality of relationships, relationships between people: staff and patients, prisoners and guards, students and teachers, parents and children, and so on. And, of course, in a wider context, ultimately other people who are important – families and friends. How practical is it to aim for social learning in the environment of a prison? Well, you certainly went a long way within the limits that were imposed on you. And you had some evidence that whatever occurred did have some bearing on what the prisoners did when they left, in terms of being better able to cope with stress and not committing as many new crimes, or reducing violence.
To take another example, the van der Hooven Klinik in Holland. Now they could go much further in changing the social organization because they are a private organization and not under any governmental structure. They operate like a private hospital and offer their services to the government. The government then is really their client and they treat Holland’s most serious offenders under contract. But if they don’t produce positive results when they take on someone for treatment, well, you know what would happen. But for them, it’s more than being cost effective.

Now, that’s an example of an institution that practices the principles of social learning and has been in the “business” for a long time. When Professor Peter Baan established it, he sent key staff to us at Henderson for their initial training and we maintained close ties over the years. I cite it as an example of the type of environment most conducive to social learning; one which has maintained itself and continued to grow over the years.

Take Henderson itself, as another example. It survived numerous attempts to close it down, including the most recent by the conservative government. Still it continues to flourish and grow. Didn’t you find it so?

That something survives is not the same as flourishing. The two don’t go together necessarily. Without spontaneity you often are left with more ritual than evolution. Just as traditional psychiatry is dying, in many respects, from faithful observance to the rules, you and others brought new life to it by breaking those obsolete stereotypes. But then, as we’ve seen, in some quarters, people who practice what they call therapeutic communities have subjected it to rigidity, which may make it just as outmoded as that from which it departed. I think in many ways Henderson has become a victim of its own rituals and now spends a good deal of its energy perpetuating the past rather than moving on. One observer commented that you were the charismatic leader while your successor was the organization man.³²

[After a long silence] Well, I’m sorry to hear that. But, wouldn’t you agree that there was a continuity in treatment that endured over the more than 35 years since it was set up?

Continuity, yes.

But where else would people have gone who went there? They didn’t belong in mental hospitals – or in prisons.
That's a different issue, Max. Is continuity, then, one of the characteristics of the kind of environment you have in mind?

I think it's one criterion, among others. I've consulted at a prison in Canada where they have a therapeutic community that has been going on for over 14 years, with some of the original staff still there. I thought it was a splendid example of an environment in which social learning was taking place. Something like you had going at Chino. A staff of 19 for 100 prisoners; a unit within a larger prison. These were mainly custodial staff who knew the inmates well. Each officer had a caseload of seven to eight men whom he knew intimately. There were community meetings, which met three times a week, with an elected chairman. Clearly the atmosphere was one where the more responsibility shown by inmates, the more freedom and privileges they might expect.

That occurs in most prisons – typically to control prisoners.

Well, of course, always in the foreground was the fact that these men were serving time for their wrong-doings and must continually live with the consequences. The mere fact that they were in prison as punishment.

I can tell by your look that you're skeptical. But fair enough. It's difficult to convey an atmosphere in words. You have to see it for yourself.

That's what so many people say about therapeutic communities.

Well, let me try again. In the meetings inmates and staff alike demonstrated a concern for discipline. I felt completely safe in all areas of the unit and never felt any hostility. I could see a greater possibility of a riot in a badly run supermarket – or an airport.

More privileges. You were a visiting dignitary; you undoubtedly had good advance publicity. And I dare say a curiosity. Let's face it, Max, life gets pretty monotonous in prison. And you were only there for a week – three meetings.

I don't see what you're driving at.

I'm just trying to understand why you thought this prison unit was such a good environment for social learning. You began by singling out its stability – 14 years, with some of the original staff.
Yes. The psychiatrist who began the unit was still there, although he isn’t around much anymore — once every three weeks. Some of the officers who opened it were still there however.

I’m still trying to differentiate between stability and rigidity; and there’s this other factor we’ve spoken of — spontaneity. We’ve both been critical about what you’ve called the “new” therapeutic communities. And one of their efforts is — how did they put it — to “codify” it?

Yes. I’m listening.

Going back to Chino again; a point was reached where the administration saw that we weren’t going to fall apart and endanger the prison or the community. They began to look at what we were doing more seriously. I think it was in the third or fourth year. What we were doing had become known to some degree. We had something like 1,000 visitors in one year who came from all sorts of places. They included your superintendent from Oregon, who was very helpful and understanding, one of your professor colleagues from the Maudsley, and even members of one of your royal commissions on mental health.

The point being that we were no longer seen as a spectacle or as a fly-by-night operation, although locally we still had a lot of opposition mainly by the custodial staff of the prison. But then we became seen as a kind of panacea, which brought a lot of pressure to be more concrete and specific. Although I wrote a lot, trying to describe and conceptualize what we were doing, it wasn’t enough for the administration in central headquarters. They wanted prescriptions.

That’s understandable. They have to do advanced planning and wanted to incorporate therapeutic communities into their other programs.

Granted. But you know yourself, you can’t just say: hold community meetings of 100, five times a week for one and half hours — and you need Max Jones as a facilitator. Or even that you need multiple leadership.

In all fairness, I think there are certain fundamentals or basics.

Of course. But legislating a program is quite another thing. We’ve spoken at some length about the importance of leadership in a therapeutic community; a lot of people
who visited the project in the Navy said it couldn’t exist without Harry Wilmer’s leadership. But Gregory Bateson made an important observation: that it all boiled down to what he called “affective integrity.” Now I don’t know how in the world you ever would have tied down such a concept and turned it into criteria for selecting a leader to begin a therapeutic community. He said:

All this does not mean that the experiment could only be repeated with ‘another Dr Wilmer.’ Somebody entirely different might play the catalytic role. The minimum requirement is affective integrity and a belief that this integrity will permit the identification of self in others. Lacking these characteristics, it is doubtful whether any psychiatrist can help the psychotic. With them, probably any individual automatically helps.33

You did this in practice when you went to Japan and began one. Have you ever closely examined your own characteristics in this regard?

Like you, Max, I left the couch also – after four years!

That’s when your learning began. Now, if you wouldn’t mind being the subject for a moment, take that memo that I dug up this morning. It had some clues. Let me review that situation at Dingleton as I saw it. Correct me if I’m wrong or leave out things you think important. I responded to your request to come to the ward as you had a crisis on your hands.* When I arrived on the ward, I found one of the younger patients having a psychotic episode; patients and staff alike were afraid of his violence from previous episodes. No one knew how to handle him. His condition was further complicated due to epilepsy, making it difficult to know if his episodes were psychotic or physical in nature and he was on various medications which complicated the matter. Is this a fair picture so far?

As I remember.

The staff on the ward was in a transition phase. The doctor hadn’t been a particularly strong leader and had used medications freely. He was getting ready to

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*As medical director and superintendent, Max made it known that he was always available to assist any staff member or patient with an emergency, no matter what he was doing or where he was. It was up to the person requesting the assistance, however, to define what was an emergency.
leave and resume his practice. He had panicked at the patient's outburst and wanted him restrained. The previous charge nurse on the ward was on another ward and the new one had the day off. The male nurse who was most familiar to the patients was also off for the day. That left you and Beryl [the ward nurse]. And quite naturally the group had turned to the two of you for leadership. Is that a fair appraisal of the situation thus far?

Yes. I think I had been there only about a month.

I was going to mention that next. But do let me continue to reconstruct the situation. As I recall, I brought along the former charge nurse because I thought he knew the ward and would be a familiar figure to the patients. I sent for Reg [an Assistant Director of Nursing] because he was a strong person whom both the staff and patients respected. He also represented authority from the standpoint of the nursing administration.

He frequently spoke out in opposition to your ideas.

An example of the importance of what I spoke of earlier about multiple leadership. The crisis itself I didn't think warranted so much attention. I mean, there were a number of ways you could have handled it without my help. I didn't know if the patient's reaction might have been partly a reaction to his medication, or if this episode was so disruptive to the group that he should have been removed until he got control of himself. But the important thing was that it had opened up a whole range of things that were going on in the ward at that time; things that hadn't been worked through and resolved. These things became focused on in the crisis and were, in my opinion, far more important than the crisis itself. But really there was little I could do. You and the others were just as competent to deal with it, and I'm sure you would have done so had I not been available that day.

It seemed scary at the time to me.

I suppose it did. But it was a perfect example of how a crisis can bring out situations that are unresolved, how underlying tensions can be acted-out by patients or staff; people leaving or arriving, and the way these natural events can affect others. That was quite a mixture of people on the ward at the time: long-term schizophrenic patients who'd been there most of their lives, depressed people, a group of young people with
psychopathic behavior, and patients from the other wards around the hospital who were seen as unmanageable.

Yes. Everyone at the hospital expected violence on that ward.

Right. And you were there in the midst of all this ferment, trying to introduce some changes yourself. You'd inherited a few, like coaxing some of the long-term women into looking after the new men's hostel in preparation for moving them out of the hospital into the cottages. That plan had been in the works for up to a year before you arrived. And then, as came out in the meeting, Joan, who was a long-term patient – something like 30 years and had some status on the ward – had equated you with another American who'd worked on that ward before your time; the center of controversy when he took a unilateral decision one day and had locked down the ward. This upset the whole hospital, for it broke a tradition that had been established back in 1939 as being one of the world's first all open ward hospitals.

What is important is that, for whatever reason, an American showing active leadership at that particular time got equated with what had gone before. But other patients were quick to come to your support in the meeting when Joan suggested it. You were already seen as a good influence on the ward, especially by the young people and the more schizophrenic patients.

Now we come to you as a person, and what you brought with you when you arrived at Dingleton. This is where I'll need your help. I bring this up because it illustrates so well how you cannot separate the staff from the patients, clients, consumers, or whatever, in a therapeutic community. Are you still with me?

Yes indeed. Please continue...

The last time I had seen you was on the campus of San Francisco State, where you were involved with activist students, in the midst of the political fervor there. That was not only a new setting for you, but your manner of operation was different – you were participating in some exciting projects on the campus and in the community. And you were involved politically with the administration, and other organizations off-campus, which, incidentally, I had not seen you do previously. You arranged that meeting for me with your president and had me interact in a large group with the students when I visited.

It was a tremendous change in my life.
And you were noticeably depressed when I visited you the last time.

Yes. Both Martin Luther King Jr and Robert Kennedy had recently been assassinated and I saw little hope.

And your able president [Dr John Summerskill] whom you admired so much at San Francisco State had been fired.

He resigned. And so did I...

I don't want to break our conversation; these are, however, important experiences. But do let me continue. So when you said you wanted to get away from America for a while, I arranged for you to come to Dingleton with me.

Yes. I needed to get away for a while. And, of course, I wanted to see what you were doing as superintendent - now that you had become that power from above that you always had to cope with previously!

Right. But when you arrived at Dingleton, you didn't appear depressed at all. You came, in fact, full of energy and pitched right in, whereas I thought it would take you some time to acquaint yourself with both the hospital and the local culture of Scotland.

There were those two months after I left where I had wandered about France for a bit to “recuperate.” In Paris I ran across students who had been active in the events of May of that year [1968]. They were far more articulate and committed than even any I’d known at San Francisco State. They not only had strategies worked out, but had been able to see issues broader than educational reform and had sound reasoning for what they were doing. Meeting them gave me considerable encouragement.

I spent time in the Netherlands and met many young people who were politically active there. Then I stopped off in London for a while and saw some of the excitement there among young people - the arts labs, the pub theaters, experimental things like the Roundhouse. I met all kinds of young people who were trying new things, lifestyles.

You must have been in your element!

I was. To top it off, I was in London when there was that enormous demonstration against the war in Vietnam, which gave me an incredible feeling of strength - to be with
hundreds of thousands of people from another country protesting against the actions of
my own, and in such a dignified, orderly, and non-violent manner. It was so totally
different from anything I had previously experienced, mainly the lack of violence.

I left London and came up to Dingleton full of life again and eager to get to work.

Be that as it may, you did come to the hospital and go straight to work. You
identified with the younger element of the staff. I think you primarily associated with
the social and activity therapists. Weren’t you in their sensitivity groups and tutorials?

That’s right. They were very appealing to me. You had so many young people there at
that time from other countries. The local pub-keeper referred to you as Max Jones and
his United Nations up there on the hill.

Did he really?

He didn’t quite refer to you as Secretary-General Jones, but . . .

This is all by way of background: to show how you as a person entered that ward;
how your past came with you and was manifest in the way you went about your work.
Do you see what I mean?

Partly.

Well, then let me continue with another detail which I think is germane. It gets back
to our discussion about the importance of social action in therapeutic communities. For
the two previous years, you had been highly involved in social action – San Francisco,
Paris, and London. Then you came to Dingleton and to Eden Ward. I don’t think you’d
been there very long when I heard that you were eating with the patients rather than
the staff in the common dining room. I think I first heard this from one of the nursing
administrators who was perturbed by this rather radical departure for a place like
Dingleton. Do you remember that? How did that happen?

I remember it well. It was when I was the organizer for the heavy cleaning group.* We
had to scrub the floor and clean the dining room each morning. I was, I admit, rather

*Work assignment for about half a dozen patients who did various cleaning around the hospital. It had
gotten the name “heavy” in an attempt to distinguish it from housework and was intended to be an
experience for work outside the hospital, such as a janitorial crew to clean offices, etcetera.
irritated by the staff’s sitting on one side and the patients’, on the other, in a place that was supposed to be so democratic. Then they gave us a commercial soap to clean the staff’s section of the dining room and a government-issued detergent that smelled horrible, for the patient’s side. I was embarrassed for the patients, but they seemed to accept this, what I saw as iniquity, without comment. One patient even preferred the strong smell of the detergent, but then she’d been at the hospital more than 20 years and had nothing to compare it to.

Sometimes we’d help the dining room staff set the tables when they were short of help. I noticed that the staff had more and a better quality of silverware than the patients and that irked me a bit too. After lunch, the staff would retreat to the lovely glass-enclosed solarium sitting-room for coffee (to get away from the patients). I got to avoiding that ritual and taking instant coffee on the ward with the members of the cleaning group. I didn’t feel I had to get away from them.

I wasn’t aware of all this. Do continue.

Well, the final blow was over the cleanliness of the silverware in the patient’s dining room. Patients on Eden Ward had brought up in the meetings how dirty the silver was and couldn’t something be done about it. We complained to the nursing staff and to the hospital secretary [administrator] who said bring it up in the groups (“use the structure” is how they put it). We brought it up endlessly in meeting after meeting and nothing changed. This must have gone on for a month. I was getting fed up because it took so much of our time and there were so many more pressing things that we didn’t have time to get into.

I have no recollection of all this . . .

I don’t know why I felt any obligation to take action. I had followed through with written complaints, as well as going directly to the people in question and raising it in various groups off the ward.

Then one day I overheard some nurses complaining how they didn’t like to eat in the dining room now that there was no separation from the patients. One remarked that they had such bad table manners and another said that there was no supervision and regulation of the patients while they ate. And, finally, another lamented that the staff had had to give up their separate dining room after you had arrived, as you’d made it into the staff conference room where they held the SSC [Senior Staff Council]. When I
interrupted and asked if she'd protested this decision, she told me that it wouldn't have done any good because the work order to convert the dining room had already gone in.

“Protested?”

Well, I meant raised it at the SSC.

And what did you do with this information?

Nothing.

Well, this is what the groups were for – staff as well as the patients.

At that point I felt rather exhausted. I'd felt nothing could be done because of all this hassle about the dirty silverware. The next morning when I went to breakfast, the lady who was serving me asked how I'd like my eggs cooked and did I want rashers [bacon] or sausage? When I asked her if the patients were having rashers and eggs, she said that the hospital couldn't afford it. Later I asked the patients how often they had rashers and eggs for breakfast and they said something like once or twice a week. But the staff had them every morning, cooked to order, there on the other side of the same room from a separate serving counter.

One morning while we were setting the tables, the patients asked me to have lunch with them so I could see what their food was like. So, before lunch I asked a couple of the charge nurses if they thought it would be all right to have lunch with the cleaning group as they'd invited me. They said they could see no objection, as you'd eaten with some of the patients one day after you first arrived. Some nursing students, however, overheard our conversation and said I would have to take this up at the SSC before doing it.

And the upshot was that you took your lunch with the patients.

Of course, just once, but by this time, what should have been a spontaneous, pleasant event had turned into something that made me feel anxious. I think I even sat at the table with my back to the staff hoping not to be seen.

At Dingleton?

Well, remember that I'd only been there about a month. But anyway, I couldn't help
notice the silverware. It was filthy!

And?

Nothing changed. I filched a fork and confronted one of the charge nurses who seemed to oversee the kitchen. She had been a sergeant during the war and hadn’t forgotten her army position. She brushed it aside saying this was an isolated incident. At the time, as I said, what irritated me the most was that there were so many more important things that were not getting attention, and little things like correcting this problem with dirty silverware shouldn’t take the whole machinery of the hospital to resolve.

And I did identify with the patients. They had no recourse really. The elaborate structure, it seemed to me, had emerged more for the benefit of the staff than the patients. You had some terribly recalcitrant staff who were firmly entrenched and they needed constant checks. The patients had tried to use the official machinery to get this matter attended to and the staff had blocked it – it didn’t work for them. I guess I was too impatient, and emotionally involved by that time to have much distance.

You see, Max, when you get down to it, it does relate to this whole question of distance. Trying to justify social distance from patients, prisoners, students, children or whoever – is it not just a highly rationalized form of discrimination?

That’s a strong accusation.

Frankly, Max, I don’t see the difference. Remember that statement you made years ago about treatment for the patients and training for the staff: you know, where you said in effect that, for the time being, it’s best to have separate groups until patients can be told the whole truth?

That’s not exactly what I wrote, but it’s the essence.36

Well, I thought at last I’d found a place where the whole truth could come out. But I discovered it wasn’t the time.

Dingleton, after all, wasn’t heaven either, and Eden ward was not a garden!

No. We social therapists had a very exciting seminar from Joy where she talked about social structure and gave us some findings from her research. She described the
“unofficial/official structure,” which could negate the efforts of the official structure. Keeping distance from the patients was an example. And we talked about the differences between a therapeutic community structure and a structure that serves primarily to control.

And?

Well, some phrases then being used in effect served to control, like: “You aren’t using the structure,” “You need permission of the SSC,” “You haven’t been here a year yet,” “You’re being destructive,” – that last one was used quite often to shut people up.

Not really.

Oh, yes it was, Max. That was a phrase that even the old timers had picked up and used often. It was a stopper in any group. And then, for us foreigners, there was always, “You don’t know the local politics,” or “You must be aware of the image of Dingleton to Melrose,”* or just plain, “You’re a transient.”

Which meant?

That one was just passing through and didn’t really belong there. It’s similar to the attitude many faculty members have towards students when they want to become involved in administrative matters.

We’d found by experience – painful at times – that a person who came to Dingleton needed about a year just to acclimatize himself both to the hospital and to the outside community. I don’t know if there are ways to speed up this process – perhaps the closed-circuit television you were experimenting with would have hastened it. But I think for some things, you must allow for time. I don’t want to appear defensive, but some of the staff you were impatient with at Dingleton were third-generation employees of the hospital and long-time residents of Melrose – it was their whole way of life, their world.

I know. I know, Max. But I missed the spontaneity and freedom that the elaborate structure seemed to squelch. The incident with the silverware and eating with the

*The small town of 3,000 people in which the hospital was located. It was known for the ruins of a 12th century abbey, which made it a tourist attraction. Tourism and employment at the hospital were the primary sources of income for the villagers. Sporadic employment in the tweed mills nearby was another source.
patients, was interpreted by some as “acting-out” on my part. I remember it came up in my team meeting. I brought in a paper Leslie Wilkins* had written (“Acting-out or Social Action?”) in which he cited some of his own experiences on the Berkeley Campus.

Being?

The difference between taking responsible action and just going along with the status quo or being irresponsible on the other hand. I recall Les Wilkins saying that he wanted not only to be counted, but to be counted more than once.

I guess it’s a matter of what one’s to be counted for.

[After a pause] Again, I don’t want to appear defensive, Dennie, but I do want to add one further observation to your account at Dingleton. I think you’ve demonstrated how different our environments were at the two extremes of social organization there. It is indeed sad to learn at this late date that your voice and those of your peers (patients and staff) could not penetrate to the upper echelons - I’m thinking now of the SSC. In part I was, it now seems, living in an illusionary world thinking that communication from top to bottom of the system we’d set up was at that time, relatively free and open. I couldn’t help recognize from your account of both your experiences before coming to Dingleton and that incident, your painful emotional state in relation to our Western culture and what’s happening. So we both were doubtfully very objective and reflected largely discrepant cultures. Am I sounding too academic or vague?

No.

But, had this discrepancy become known in the SSC and handled as a social learning situation, I honestly believe we could have worked it through to the benefit of the hospital as a whole; it could have been a great learning opportunity for everyone. Be that as it may, it serves as a sobering reminder that no social system can be assumed to be what it appears or believes to be, and subcultures may exist in isolation if communication is not kept free.

*Leslie Wilkins, formerly Director of Research at the Home Office, who had also spent many years in the U.S., was at that time, Acting Dean of the School of Criminology, University of California at Berkeley.
Max, I meant to ask you, how was the conversation we just had different from a social learning situation?

It was similar to some extent. But we didn’t have anyone with us who was neutral and could spot things that we both might have overlooked, because we were both emotionally involved in what we were discussing.

A facilitator?

Yes. You took some risks by bringing up things as you did and at times this was not easy for either of us to do, an example of “painful communication.” And I think the issues we raised also illustrates the importance of leadership in a therapeutic community.

Yes.

It goes back to our discussion about basic honesty. I think you used the phrase “affective integrity” quoting from Gregory Bateson. We’re both continually being asked how to create an environment for social learning. Well, the general philosophy is the same, regardless of the setting; trained staff must help people to experience what an effective social organization for change is like. Eventually these people become the “culture carriers” for the newcomers to the community.

How do you begin?

Ideally, if one were starting a new project for people in difficulty, or, better still, a project for people who wanted to experience positive growth, one would want to look at the social matrix of that group as it evolved. One would first want to help people become confident that it is all right to talk about feelings and experiences without fear of reprisal or ridicule. This sounds elementary, I know, but it’s very difficult to initiate.

It runs against the rules of “polite” society.

That’s right. Now if a person takes such a risk and is ridiculed or laughed at – or even threatened, as your prisoners might have been at first – clearly that person may not risk sharing private information again. The group’s integrity is shared by everyone in the group. Everyone must be concerned about the evolution of a caring and trusting
social environment, one where it’s reasonably safe to take risks and examine consequences. That, I think, is the basic element of a social system conducive to change.

It makes sense.

Now, when you begin a training group, the rate at which growth will occur is determined by many factors: the experience and maturity of the people in it, their motivations, and the skill of the leader or leaders. Ideally, the leaders will not resemble traditional teachers, but will be more like facilitators, helping the group of individuals to help themselves.

More Socratic.

Yes. The leader taps skills and resources already in each individual, but which may not yet have had an opportunity to surface. We have to overcome those errors of family, school, and other formative influences that tend to produce a stereotype, the so-called normal person.

The term “open system” implies all this: that it is not only desirable but profitable to take risks and expose oneself in an environment where understanding and trust have been established.

Let me suggest, for instance, that we are in a seminar with your school principals, Dennie, in California, and let’s construct a psychodrama. Okay?

I wondered when you’d get around to doing one?

Let’s suppose that one of them had the courage to say:

**Protagonist:** You know, I don’t really like having to dish out discipline as I’ve had to do all my life, and that’s why I delegate it to my assistant principal. I say that I don’t pretend to be judgmental. But I don’t always understand the whole story behind such misdemeanors. And I haven’t a clue as to the ways one can begin to use discipline as part of the educational system. I know it’s the popular thing these days, but, try as I may, I just don’t have the competence, let alone the patience.

**Antagonist:** Well, you know I’m scared of being thought of as lax; these days there’s all this attention focused on having control of your school and we must have discipline before we can teach anything. I don’t think I’m at the end of my career by a long shot, and I know that one of the main ways they look at you for advancement at the district level is discipline.
**Pro:** I’m less than two years from retirement and I’m getting out the day it’s up. I’ve had it up to here, and I want to do something else. Along with all this self-confessional we seem to be into, I know that I’ve not always been fair to students. And I’ve been in the system long enough now to know of cases where students I’ve expelled went on to a career in crime. I even know of one who committed suicide. So I can’t honestly clear myself of guilt because I’ve had a responsibility to the school as a whole. I have to support my teachers and back them up, even when I don’t agree with their decisions. I guess you could say I’ve never had the guts to stand up to all that, to do or say what I wanted to, before now.

**Facilitator:** Now, I wonder if we could look at what’s happening so far. We’re seeing how there are many ways a principal can deal with discipline, and, of course, there are many other areas we might have discussed, like the three “Rs.” Are we comfortable with the idea that a principal is the person who has final responsibility in these three important areas? [The others respond affirmatively.]

And do we also agree, therefore, that we must do something effective to lessen some of the problems facing our schools? [Agreement again.]

Or is it safer to take the more conventional attitude and say that, after all, the parents and society in general demand that school be a safe place where the basic facts of education are taught?

**Ant:** But to learn, you must first have discipline. What about respect and obedience to authority? Isn’t that where children must learn it?

**Pro:** That’s how parents acquired theirs and they expect the same from us for their children. I’m a parent myself and don’t want to see my children subjected to the lawlessness of the 1960s and ’70s. That was carrying things too far, and now we’re paying for it with increased crime, drugs, and so on.

**Ant:** It’s invaded the school to the point where it takes most of our time dealing with these things which the home ought to handle, at the expense of our teaching.

**Fac:** Are we saying that the school hasn’t a heavy responsibility to help the other institutions, such as justice and welfare, and even the children’s families, to handle this kind of disorganization, which I agree is reaching terrifying proportions?

**Pro:** Like it or not, we have to deal with these forms of behavior every day, but we’re not equipped to be psychologists. That’s asking a lot and would even further jeopardize our jobs. That’s what the counselors ought to be doing. But they’re glorified truant officers these days.

**Ant:** And, to be perfectly frank, I don’t see how we can possibly avoid getting into these issues. I think it’s ludicrous to think that we can divorce ourselves and think we’re only there to teach. Try as I may, I just can’t buy that idea. I am constantly involved with individuals sent to me...
by my teachers.

**Pro:** That makes me think. I just remembered that I left out, in that example of a boy from my school – let’s see he was 12 and it was just before he went to middle school – that I found out about his homosexual behavior in my school which no one could possibly talk about. It was rumored around and he was being teased and shunned. We thought it just a phase he was going through, but he must have been miserable. I don’t think, however, we could possibly have talked about it openly in school – or could now for that matter.

**Fac:** But it might be the incident that could help to bring out the absurd prejudice against any kind of sexuality among children, even the “normal,” whatever that is.

**Ant:** We had two girls who got pregnant in our school last year. They had to drop out and I don’t know what’s happened to them since. It was all hushed up so.

**Fac:** At the risk of being accused of being too progressive, what an opportunity for learning from life experiences!

**Pro:** I don’t think this sort of thing could ever been done in school.

**Fac:** You mean it wouldn’t be proper for learning, or you couldn’t tolerate the risk it might involve to talk about such situations openly?

**Pro:** You mean among the faculty?

**Fac:** Yes, to start with, and then by the pupils in the classrooms.

**Pro:** I can’t imagine either happening, at our school or any other I know of.

I think that this is where we might stop and take a closer look at what is happening here. At the risk of lecturing, I think it shows that the quality of a group experience is enhanced by establishing a climate for expressing feelings without committing oneself to any action outside the group. One of the great virtues of such an experience is that it is make-believe; although the situations discussed are real, they can be brought out and examined without committing oneself to action.

In our example, you could see that a pressing problem like discipline has no clear-cut answers. The next step is to understand that the solution may involve closer contact not only with the family, but with other parts of the social environment. Such possibilities for action can be safely explored in such a group.
To compare the ideas of others with one's own, perhaps coming up with a new alternative.

I think it's impossible not to be affected by what one's colleagues say in a situation that you had never previously considered seriously.

Is this related to spontaneity?

Of course. Spontaneity and a release of ideas either that one has had to suppress or that have been forgotten. And, in time, new ideas altogether.

At the risk of being repetitive, social learning means that the parts of one's personality that are normally hidden, when risked in the open and treated with respect, can become a source of understanding and change. The group slowly begins to transcend the individual. That's where growth comes in, when a social system is designed to elicit change. But it's difficult to respond to people who want clear-cut formulas or "how-tos."

Where did you get the idea that by individuals' taking risks the group transcends the individual?

It was a long time evolving. Starting with the lectures at Mill Hill; the group identity that evolved from that experience was carried to the ex-POW center and then modified, and again during the 12 years at Henderson. So I can't say exactly where it got started. We gradually abandoned our training in psychotherapy because it was not practical in the situations in which we found ourselves. We had to turn to the clients, because now we were basically saying: "We don't know how to treat you. I don't know anything about the East End [London]. I can't even understand your accent at times."

A patient might respond: "Who the bloody hell are you?" And I got to the point where I could reply: "Well, who the bloody hell are you?" Not very therapeutic in the classical sense, but then we would be eye-ball to eye-ball and could begin to work together. It got started because we simply didn't have a treatment methodology at that time. But we had some clues. And from there it just progressed. Things took shape. We also always considered the community group as crucial. Everyone sat in a circle with eye-contact. The only ground rules we began with were that one person spoke at a time and not for too long; the speaker usually could not be interrupted, and so on.

Who established these rules?
The group (patients and staff together), of course. It was an evolutionary process, and it took a great deal of trial and error; touch-and-go much of the time, especially in the beginning. The community set their own rules, which they could then call their own and identify with – which is only common sense.

That’s why you can’t codify the therapeutic community. If people are allowed to establish their own rules, they are more likely to respect them than if the very same rules are imposed on them. That’s how the idea of participation in decision-making by the group came about.

It seems to me we’re leaving something out. I don’t know what you’d call it – faith? Not in a religious sense but in the sense of belief – that given the essentials we’ve been talking about, people will respond positively.

Is it trust?

Perhaps that’s it.

The question of trust is central to all we’ve been saying: you have to trust the organization that you set up. I know you might think this is where Synanon and Jonestown got out of hand but that type of community puts too much trust in the central leaders. I’m now speaking of trust in the process itself. You must trust the facilitator to be objective; that, in a conflict, both sides can state their views and reach a fair solution. With trust, you can hope that consensus will determine all decisions and result in what we’ve called social learning.

In practice, how does consensus differ from bowing to the wishes of the majority?

Consensus is always a thorny issue. Take voting, which most people see as the essence of democracy. If you vote for something you imply that there’s a right and wrong way of thinking or behaving. If nine people vote “for,” and five “against,” then the five who lost are angry because their wishes are not being considered. All are likely to become firmer in their original positions rather than undergo any positive learning.

Or the winners might take into account the representation of the minority like the Kabouters did in Amsterdam, when they offered one of the seats they gained in the election to a party which lost. They were concerned because those who lost had no representation.
Granted. That would happen under ideal conditions. But if you have a different way to arrive at decisions – by consensus – everyone has a veto. It can be frustrating in a group, but with the help of a facilitator, and with the patience to continue listening until everyone has had his say, you have what amounts to social learning. Because everyone now has more information than they had at the beginning, the way is open to new learning – and new decisions.

Sounds like Utopia.

It’s asking a lot, but then so is democracy. I think that to agree to listen responsibly, to learn from others, and to begin to modify your own position in the light of others’ ideas calls for a high degree of motivation, open-mindedness, and, above all, a willingness to put the group before your own personal gains. This consideration of the group did not happen at Synanon or at Jonestown.

Which all adds up to a belief that social learning requires an environment that promotes open communication and that the amount of learning likely to occur depends on the skills and commitment of the people involved. And, then, change can be exciting and challenging, as we’ve both found.

It doesn’t always provide much job security!

That’s true. But we do so desperately need risk takers, especially just now.
I desire that there may be as many different persons in the world as possible, but I would have each one be very careful to find out and pursue his own way, and not his father's or his mother's or his neighbor's.

Henry David Thoreau

Dennie: I don't know what it's like in Britain today, but here the prisons and mental hospitals are overcrowded again, as they were in the 1950s. There doesn't seem to be
much interest in finding alternatives to confining people, but rather a struggle between the taxpayers and the administrators over building and confinement costs. Meanwhile, the prisons are filling up, and there are many disturbed people in the community; the public and the media are pressing for increased commitments to mental hospitals.

Max: That’s a pity. I saw it coming as far as community mental health is concerned. There were excellent beginnings, but when the federal government got into the business of providing funds and regulations, then I knew it was doomed as another bureaucratic venture.

Does it always have to be that way?

In this case there were few imaginative programs, but for the most part there was this rush to empty the state hospitals and get patients into the community.

Isn’t that a good thing?

On the surface, Mental health professionals didn’t understand that they would have to make fundamental changes in their ways of helping people. Most of them just moved their offices into the community and continued to practice as before - at higher salaries. Psychiatrists still selected the most treatable patients and saw them individually or a few had small groups. They gave EST in their offices and dispensed countless drugs. There were new opportunities for psychologists and social workers to move into administrative positions. Nurses could work more independently and get into more interesting jobs; most, however, chose not to.

They retained their uniforms.

Symbolically. But, at Henderson, they never did wear them and that goes back to 1947.

You were in the U.S. for the early development of community mental health in this country and had a considerable influence on the direction it took.

It’s true I was involved. About the influence, I’m not sure. Action for Mental Health was a marvelous document that laid the groundwork for what the Kennedy Administration tried to do.39 I first became interested in wedding
treatment in the institution with life on the outside while working with the ex-POWs when we found work for them outside the hospital and tried to become that bridge. But my main interest in the community came when I went to Stanford in 1959.

I'd come a long way toward seeing treatment as promoting growth as opposed to the traditional psychiatric interventions to deal with illness. Patients with severe character disorders seemed incapable of empathizing with others. They could manipulate and victimize others, yet not understand how the other person felt. And, while their intelligence was normal - in many cases superior - their personality integration was well below, or entirely different from, that of others.

You'd begun to write about character disorders theoretically.40

Somewhat. Of course, I'd been intrigued with the concept since my early days in psychiatry with Sir David Henderson, who, at that time, was one of the world's authorities in that area.

And, I'd recently read the studies of Doug and Rita Grant and their concept of social maturity. I was fascinated by their “I” levels [integration levels] and wanted to talk with them to see if they believed that people could change their levels or would they remain relatively fixed. I'd also read about Doug's studies using “living groups” where he used his I-level classification scheme to match offenders with staff who were similar in maturity. You see, I believed at that time that this retarded emotional growth coincided with their inability to identify at a feeling level with others. But the paradox was that they were perfectly able to identify with destructive elements.41

Destructive elements?

Street gangs, crime partners, or mismatched marriages where they drove one another crazy. To me, there was no question that this delayed social maturity could be changed through the kind of environmental and group methods we had developed.

So, you went to Stanford for one year.

Yes. Through the efforts of our mutual friend, Harry Wilmer, a visiting commonwealth professorship was arranged for me. I thought this “sabbatical” would enable me to learn more about the new community mental health approach then getting started in the United States. And it would provide me with an opportunity to see the work of Doug and Rita Grant.42,43
By this time, he'd become research director for your Californian prison service and was about to try out some of his ideas in the prisons. And, he'd hired you to set up the first therapeutic community in a prison (at Chino). I thought it would be an exciting time for all of us to do some things together.

What were your impressions of that year in California?

My time at Stanford was very unsatisfying because psychiatry there followed traditional lines – pathology, psychoanalysis, the rest – and disregarded the social environment entirely.

Perhaps that's why they wanted you there.

I'm afraid not. I was more of a figurehead than useful. My collaboration with Harry Wilmer at the San Mateo Community Mental Health Service, however, was most rewarding, and it eventually supplemented the meager training in social psychiatry for residents at Stanford who were interested.

The San Mateo program gave me a marvelous opportunity to work with middle-class persons’ responding to stress with a wide range of symptoms. We had a 30-bed ward for inpatients; we had outpatient services; and one ward in a state mental hospital for the more chronic disorders, a comprehensive service.

You had all the five points of NIMH covered?*

Not yet. Remember that this was in 1959, and the Community Mental Health Act came in 1963. This program actually became a prototype and people from Washington came to look it over.

You did a lot of consulting all over the country that year.

It was exciting from that respect also. Therapeutic communities had sprung up all over the country, especially in California. I think that what you and Harry did in the Navy had a lot to do with persons’ learning about them and adopting them.


A television adaptation of Harry's work that was shown on prime-time starring Lee Marvin and narrated by Fred Astaire. It was called "People Need People," and
nominated for several Emmy awards; there was a song with a similar title popularized by Barbra Streisand. I think that may have had some influence with the concept becoming better known.44

I had forgotten about that.

And you remember Merla [Zellerbach] and the novel she wrote.45

There were a lot of attempts in the 1950s and 1960s to bring mental illness and treatment to public attention. New York was one of the early states to move in this direction – I believe it was about 1954 – when they passed their Community Mental Health Services Act.

In about 1957, California passed the Short-Doyle Act which reimbursed cities and counties for up to one half of their costs for operating local comprehensive community mental health services.

So, these things were happening, what? six years, before the federal act and there were other things in the wind.

At any rate, there were therapeutic communities everywhere, and I was asked to consult at various ones round the country. So I obtained a fairly extensive picture of the rapidly developing community mental health movement which culminated in the 1963 Act.

And I met a lot of interesting people . . .

. . . such as?

Aldous Huxley, for one. You know, it's strange the memories I have of him. I was attracted by his low profile and his quiet, unassuming manner. I had never met him previously, but someone told me that he was present in the audience at a seminar I was giving in Los Angeles.

Was that the time you also met Gerald Herd?

No, that was another time when we were all on a panel together. At that time Aldous Huxley was involved in a search for “truth” – what lay behind behavior: the spiritual, the contemplative, the metaphysical. He was involved in some way with a swami in Los Angeles along with Gerald Herd and Christopher Isherwood.46
Did you have further contact with him?

Yes, as a matter of fact. He came to Oregon while I was there and spent a few days with us; that must have been about 1962. He was a good listener and an easy companion to learn with. At any rate, I was immensely impressed with him, his integrity, and intensity – and the extent to which he followed up any lead he got to try to learn more and put it all together. He was brilliant in so many ways.

Then, of course, my learning was accelerated through association with the Californian Department of Corrections, where I finally met Doug Grant. The experiences we had in planning that first therapeutic community at Chino were inspiring to me. I found those training and consultation sessions with you and your staff most stimulating. And I must say I admired your courage to move into an area in which there was so little known and so much resistance.

At any rate, Doug's theories were refreshing to me; they made so much more sense than psychiatric diagnostic labels. Even though I'd been linked up with vocational rehabilitation, I thought Doug's work more promising than anything I'd dreamt of – especially his later developments in New Careers for the helping professions.47

He was years ahead of the times.

And the same applied to you in the prison forestry camps in Southern California, where prisoners lived together in units of what – 60 to 100? They were facing extreme danger as firefighters, with a high degree of dedication and a good understanding with the forestry staff as their instructor-employers. And then there was the therapeutic community structure where at the close of the day they could discuss what was happening to them.48

After your year at Stanford, you decided not to return to Henderson?

Well, after that year, I was reluctant to return because I had been associated in Britain only with the treatment of psychopaths; therapeutic communities were seen by many professionals as appropriate only for them.

By this time, I’d experienced what could be done in mental health at San Mateo, traveled round to state hospitals where they were now being tried a little, and then worked with you in prisons. I was eager to try my hand in a new setting.

Why a state mental hospital?
I had become interested in the area of social organization. Having spent four years with all those anthropologists and sociologists at Henderson, I’d become convinced that psychiatrists needed to merge with other behavioral scientists and that the net result would produce new concepts.

There was a whole wave of this going on quietly, especially in America: Stanton and Swartz, Alexander Leighton, Bill Caudill, and others.\(^49\) They were moving into mental hospitals, prisons, factories – everywhere.

That was an exciting time.

There was great interest in the effects of the environment on people. I was convinced that I belonged more in this field than in psychiatry as practiced in medical schools and most state hospitals.

Also I felt I had gone about as far as I could go in Britain at the time. We’d had an influence on the passage of the progressive Mental Health Act there in 1959, which had defined psychopathy as a mental illness and had recommended that a number of units like Henderson be set up round the country – which never happened – and I’d trained a lot of good people who could continue to develop on their own.

I just thought there was something important going on in America; I wanted to be part of it for a while.

Why Oregon?

Luckily, Stuart Hollingsworth, a young psychiatric resident at Oregon State Hospital in Salem, came to visit while I was in Palo Alto and he invited me up to consult. I liked the staff I met, especially the young superintendent, and the setting of Oregon seemed relaxed yet invigorating.

Eventually they offered me the post of Director of Education and Research with the opportunity to extend some of my original ideas and others I had learnt from my year in America, to the full range of mental illness.

I was impressed with how quickly you began introducing so many changes when I visited you there.

Well, back in general psychiatry, I was convinced that the social environment was more important in unleashing the creative potentials of patients than was any one skill, such as psychiatry or social work. I was satisfied that this approach was suited to any
mental health setting – or even prisons. And I was wanting to get on with it and see how far one could go.

You continued your consulting work around the country?

Yes and I met so many able people who were pioneering the methods we'd developed. Dr Alan Kraft, for one. He was collecting ideas before initiating a new mental health center in Denver. From the start (1962), he planned a therapeutic community, but with emphasis on outside involvement and minimal use of the hospital. I was asked to help plan this comprehensive organization and, afterwards, went there regularly as a consultant before eventually joining the staff full time in 1969.

You were meeting a lot of resistance in Oregon when I visited you, as I recall. It's terribly conservative politically, or, at least, it was then. There were a few exceptions, like Eugene, but Salem was pretty straight-laced.

I didn't go there totally naïve. I'd learnt that innovative programs can cause concern in political circles when they start to disturb the status quo. A lot of people are intrigued by risk-takers, provided they don't get involved themselves. They like to watch.

I didn't expect to find everything all that smooth, or there would have been no reason to go there. It seemed to me that one required a place to work out from and the state hospital was there. You needed to form a network of facilities, to mobilize resources outside the hospital itself, to strengthen and support existing services by training and consultation, and then get into the most important areas – ways of preventing mental illness.

How did you go about it?

We succeeded in decentralizing the hospital into geographical units by county of residence, so that patients could feel a sense of community with family and friends as well as with each other and so that the staff could spend half their time out in the community – at least in the same county to which their patients would return. We did offer more services in the community, and, as we needed fewer beds in the hospital, we were able to start closing some sections of it.

This is where you met overt resistance.
Although we were developing a rather exciting and innovative program which the superintendent backed, we were causing some anxiety in the state capital. More and more patients were appearing on the streets. After all, we were literally on the capitol’s doorstep.

Why did the psychiatric technicians strike?

That’s an involved story. I don’t know if you want me to go into it here.

Well, I think that these are important details. They reveal the political aspects of mental health and how difficult it is to ignore them. Even Sargent Shriver*, who’d championed the cause of the poor, was booed from the platform when he called the first national meeting of poverty workers who’d been employed under his program. And psychiatric technicians in Kansas also went on strike about this time.50

We trimmed the budget something like a million dollars a year, which I thought would please conservative politicians. But it didn’t please the technicians, who saw their jobs being threatened. Although some of them were absorbed into other jobs, we didn’t foresee the New Careers movement, which we could have used.

And the upshot?

As this “liberal” trend had been linked to my arrival, much of the criticism was directed at me. Although the superintendent had been supportive and even enthusiastic about the changes taking place, his attitude appeared to change, and, under political pressure, he finally suggested that maybe I ought to look elsewhere for work.

Rumors around the mental health grapevine at that time said it was the governor who was putting on the pressure. Would you care to comment?

No. You raise a lot of questions. I need some time to think.

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*Director of the Office of Economic Opportunity and later Ambassador to France. }

Trust or confidence?
I don't understand.

I was thinking how far we are from being able to put democracy into practice. And when we do get near to it, how adverse can be the repercussions. You need sensitive leaders willing to evaluate their effects on others when they invoke their authority and to stand back when the group is functioning well. This is perhaps what is so different between our approach and that of the cults that have been so popular since the 1960s.

With exploitation similar to colonialism, another form of imposing what one wants on others, not taking into account what the less powerful want – or need.

Perhaps. I would carry your analogy further and extend it to people who are confined in all types of institutions. I had great hopes for the Community Mental Health Act at first, but was greatly disappointed in the way it progressed.

You mean the bureaucratic aspects?

I thought that the national program could be used more creatively. When I retired from Ft Logan [1974], I thought I might have a chance to do something quite different.

This is when you went to the Virgin Islands?

Yes, and it was disaster.

I never understood why you went there of all places. But what went wrong?

The emerging field of social ecology made great sense to me, and I was seduced by the so-called futurists and what they were saying. I’d recently met the head of the mental health division in the Virgin Islands. She knew my work and asked me to join her in setting up a mental health service for the islands. I thought this setting would be an ideal opportunity to put into practice what I was learning about the social environment, with a different culture. I wasn't thinking in terms of mental hospitals or clinics anymore, but how to bring about some harmony between man and his social environment.

I even had that dream you mentioned earlier: of one of the uninhabited islands becoming literally a community for, say, chronic alcoholics (of whom there were many on
the islands) or offenders.

How did you go about it, Max?

Well, I never got the island. I didn’t last that long!

What happened?

The key people in the government had considerable power over jurisdiction of the islands, but not very much imagination. My superior told me to take some time to dream, to think about what would be ideal in that situation.

My early assignment, while still dreaming, was to recruit staff from the mainland and other countries in the Caribbean, as there was no qualified staff locally. Islanders who went away for education or training, rarely – if ever – returned. I didn’t know what I was recruiting staff for, because I was still getting used to the place and trying to understand the culture.

I wasn’t sure mental health was even an appropriate context at all. But there were federal funds and I was being pressured on the one hand to hire some staff, preferably black. And so I finally yielded, but after interviewing scores of professionals, I couldn’t find one qualified black person who wanted to come there and work with us.

I still didn’t know how to proceed. But I thought that if I got a good staff together, we could survey the needs, and, taking the culture into account, come up with something suitable.

Similar to your situation at Ft Logan. After hiring key staff, didn’t they take a year just to plan?

That’s true. But the situation in the islands was totally different. The racial issue was critical. I had never lived in a country where whites were not in the majority (except for South Africa and I left there when I was five). As hard as I tried, I was never accepted by the locals in the islands. Covert hostility towards whites was everywhere.

Again it was a blatant example of the have-nots (the whites being the haveVES, of course). We couldn’t communicate freely or interest the islanders in mental health. The main industry was tourism and selling rum – both in the hands of white businessmen or blacks who had been converted to capitalism.

How did you feel the discrimination?
Well, just in simple everyday things. Like when I went to apply for a driver’s license, I was failed on a simple written test and they refused to let me see where I’d gone wrong. I felt insecure, let me tell you, driving my car without a license in an alien country. They simply put you in jail for things like that, no questions asked. Further, among the blacks there was fierce rivalry between the two largest islands. My immediate superior, who was black and had spent most of her life in St Thomas struggling to further mental health there, delegated me to go the other islands to see what needed to be done. I wondered why she didn’t go with me, at least for the first time, but found that the climate was so hostile that she didn’t dare set foot there. I got little response even from the psychiatric ward of the general hospital, but continued to make the weekly trip.

Did you eventually get anything going?

Well, actually in time I was forced to hire a staff – all but two white – and we set about surveying the needs of the islanders of St Thomas and the other two islands. We set up two day care centers for mothers who worked and thought we might be able to operate out of these. Storefront approaches so popular in the States at that time didn’t seem appropriate here.

Must have been terribly frustrating.

It was of course. The commissioner of health introduced me to the governor (who impressed me). But, in his position, even though the islands were small, he was too distant from the people.

All about me I saw idleness and lack of motivation, as you so often get in the tropics. Everyone wanted to get paid for not working, and there was an army of government employees committed to a slow-motion strategy merely to hang onto their jobs.

Even more appalling was the steady stream of American visitors and those who had come there to live. Their main concern was pleasure, and they showed little interest or concern for the islanders. You would have thought the latter were slaves there just to satisfy the visitors’ own needs. The islanders responded with a general rudeness.

So what happened to your dream of the island community and to social ecology?

People were living in shacks, children were leaving school with no place to go, turning to rum and crime. The old people were dying needlessly, mainly from malnu-
Well, they’re absolutely beautiful: lush, sandy beaches, dense jungles, even deserts – all the things you see in the travel advertisements. You can buy everything so much cheaper – a shopper’s paradise. And so the islands were a favorite place for government officials from the mainland who came to swim, fish, sail, and buy things.

You can imagine the frequency of site visits – I mean, it was ridiculous. At each visit, they told me that I must conform to the five-point program in order to continue to receive the federal grant under which we were operating. And at each visit, I tried to explain that this wasn’t Hartford or Cincinnati, and that the local mental health needs were quite different from those in the mainland cities.

To impose a blueprint from Washington on the people here simply would not work – and, furthermore, would be amoral. After all, colonialism was largely disappearing from the world, and we should be helping them to determine their own needs and develop their own resources.

We needed more time to get to know the people, to gain their trust. I believed we were making progress in this direction. The two day-care centers may have appeared to be expensive baby-sitting enterprises to outsiders, but mothers were starting to come there, and this is one way you begin to open up communication.

So what happened?

All my explanations to the NIMH officials got me nowhere, and so they sent out the head of the department that administered our grant. On arrival from New York, she informed me that they viewed my behavior as procrastination in implementing the law, and, as such, I was in violation. I’m being kind, actually; her words were much stronger!

So I tried again to show what I was aiming for and my reasoning for it. I wasn’t exactly naïve about this kind of anthropological approach to assessing needs. After all, we’d had seven full-time researchers studying our every movement at Henderson and so my years as the “subject” of intensive research had taught me a great deal.

But getting back to the subject. After I tried to tell this woman what I was doing and my rationale, I just got nowhere. It was as if I hadn’t spoken. She was waiting for me to comply with point one, two, and so on, of the government’s requirements. Then she said: “Well, you simply have got to set it up the way we have specified – and, remember, you must have doctors in charge.”

Unbelievable.
I lost my temper at this point, I’m afraid, and told her to go to hell! Then I offered my resignation, effective in 90 days. The interesting part of this was I immediately felt relieved that it was now all over, but moments afterward, I suffered my first heart attack.

During this confrontation?

On the spot. Of course, I convinced myself it was psychosomatic, and, later that day, ran my usual hundred yard dash on the beach. It was two years before I had another attack.

Did you really think they’d accept your ideas and let you meander about as you were doing? You’d had dealings with NIMH previously.

On that point, I guess I was a little naïve.

A little!

I grossly underestimated the rigidity of their bureaucracy. Of course, it wasn’t new to me. But what was so disappointing was that we were just beginning to penetrate the culture. And what I saw was not all that pleasant.

I noticed, for example, that the black hierarchy was as malignant as the white. When blacks there became successful, they exploited their own people just as much as the whites did. It was business, business, business, and the almighty buck. The basic form of government that the blacks were perpetuating was no more egalitarian than that on the mainland.

Did you expect it to be different? After all, the islands are run by Washington in the final analysis. I don’t imagine it’s any different in Samoa or any other of our “protectorates” or even the fate of Native Americans for that matter.

I suppose I was too eager and that blinded me to reality. The enormity of the racial problems seemed so hopeless in that crazy commercial setting. The whites were so unwilling to learn from the islanders, and there was just no obvious means to mediate between the local black power base and the white federal bureaucracy. I’m not condemning NIMH or singling them out; it was the same in every agency that had any control over the island.
But during those times, I couldn’t help thinking of my brother – you know, Gerald, the judge in Edinburgh – and his success in mediating between various African leaders and the British government. He made it his business to be an interpreter of what was happening in Africa, as seen by the Africans, to the British authorities. I often wondered what he would have done in the islands.

He might have been a more appropriate consultant than someone from mental health.

Yes. I might have called on him eventually, but my time had run out.

I resigned because I saw no possibility for democracy, and, on principle, would not set up a community mental health service there in the form that the government was demanding. I was disillusioned at that point, but somehow not defeated.

I still think, however, that a social-ecological approach was the best for the situation with which I was confronted in that culture – and the most appropriate. I wanted to explore that idea as a model of social learning that might have been useful in some of the developing countries.

Although you have broadened your scope to include other fields like education, you now call yourself a “social ecologist.” How do you see what you’ve done as affecting psychiatry?

After more than 30 years in the field, I find psychiatry as resistant as ever to change. The distance between doctor and client is still as great as ever. State hospitals and university medical centers I have visited, even recently, continue to operate with the same hierarchical social systems. The workers, especially those in the lower echelons, remain unfulfilled, and, mind you, they still have the most contact with patients.

How would one start to change that?

In psychiatry? Until the training of psychiatrists and others who work in these settings pay more attention to communication theory, learning theory, and systems theory, it will be difficult or impossible to develop the kind of open systems we both know to be necessary for people to grow and be fulfilled. At the moment, I don’t know of even one truly open system where employees and clients feel understood and have a voice in what’s going on.

Is there no hope, then, for these powerful professionals and the institutions they run?
Have you written them off?

As I keep saying, I’ve largely left these fields, just as you have, and am looking in other directions. I think, however, that others in the behavioral sciences – psychologists, anthropologists, social workers – can continue to make contributions.

I’ve said especially that nurses might well be the pivotal force in turning the closed system of the state hospital into the open system of a real therapeutic community.51

But frankly, Dennie, I’m more interested in what’s possible, for there are so many provocative clues these days. We can speak more of that tomorrow.

• • • •

After lunch, Max was to go to the local jail where he was consulting in a therapeutic community project which he had started since his retirement in 1976. He wanted me to go along, but I didn’t want to break our thoughts. Something seemed unsettled to me. Something was missing.

I skimmed through Action for Mental Health. I re-read Kennedy’s message:

Lowering the rate of mental illness in the future by changing social, political and physical elements in the environment that place stress on the population to the point where mental illness is likely to set in, and making these changes even before symptoms become apparent. Work with the schools, social agencies, town planners, universities, religious and political groups . . .

Then I played back our morning’s discussion. I listened to Max’s voice:

. . . I was convinced that the social environment was more important in unleashing the creative potential emerging among patients, than was any particular skill such as psychiatry or social work. And I was satisfied that this approach was suited to any mental health setting - or even prisons.

. . . take some time to dream - to think of what would be ideal . . . even if it seems outlandish . . .

. . . I wasn’t thinking in terms of mental hospitals or clinics anymore, but how to bring about some harmony between man and his social environment.
... the black hierarchy was as malignant as the white... The basic form of government that the blacks were perpetuating was no more egalitarian than that on the mainland...

... you need these checks from the group and you need the sensitivity of leaders to be willing to look at what they do – to evaluate the effects on others when they invoke their dormant authority; to act with the group and be a part of it. ... A leader sometimes has to exercise his latent power when the group will not or cannot take action, but when a group is functioning well, then he recedes ...

... I saw no evolving democracy or any possibility for it... I was disillusioned, but somehow not defeated.

... The distance between doctor and client ... is still as great as ever... State hospitals and university medical centers ... continue to operate with the same hierarchical social systems ...

... At the moment I don't know of one truly open system where employees or clients feel understood and have a voice in what's going on.

... But, frankly, I'm more interested in what's possible...

• • • •

In the evening, Max and Chris invited a few friends and colleagues for a buffet supper around the pool. A nice mixture of professionals and artists. Max's long-time colleague and friend, Joy Tuxford, was there. A pleasant evening.

After everyone had left and Max was tidying up outside, I watched him from the living room as he went to great lengths to rescue a large moth that had become trapped in the pool, attracted by its bright light during the evening.

Before retiring for the night, I took a short walk along the dark canal. The words kept running through my mind:

... disillusioned... but somehow not defeated ...

... disillusioned ... but not defeated ...

I arose early the next morning and did some reading. I underscored some passages. I wanted to return to our discussion. As usual, Max had set up our chairs by the pool. And this morning, he was waiting there, reading.

Yesterday, Max, you said that after your attempt to bring about change on a larger scale in the Virgin Islands, you felt disillusioned but not defeated.
Those words have been on my mind. I couldn’t help but think of Thomas Szasz. You remember the reaction by the professionals when he published his first book? [The Myth of Mental Illness]. 52 How the Commissioner of Mental Health in New York demanded his removal from his post at the university medical school because he didn’t believe in “mental illness?”

Yes, and he got into serious trouble with the APA [American Psychiatric Association].

He, too, must have been disillusioned. But certainly he was not defeated. He was alone those days, and, to some extent, still is, although others have voiced many of his views.

I missed the opportunity to get to know him. He was then stationed at the Bethesda Naval Hospital outside Washington, D.C., where he was assigned to do his obligated service as a doctor during the Korean War. I was on a temporary assignment there writing up some of my observations for Harry Wilmer’s project. I used to pass by Thomas Szasz’s door, always closed. I was too intimidated to knock. He was not seeing patients, and the rumor was that he thought it best not to meddle if he couldn’t do a thorough job, and, again rumor, that he believed primarily in psychoanalysis. And so he was using this time to write this book. 53

The point I was going to make was that Thomas Szasz asks if community mental health can be a logical extension of traditional medical practice, referring to both its curative and preventive sides?

And?

A rhetorical, not logical extension, I believe is how he put it.

Meaning?

Moral persuasion and political coercion. He says in a later book that mental health and illness are merely new words to describe moral values. And he’s very critical of the community mental health approach. 54

He’s critical of everything. What are his arguments specifically?

He raises the very important question as to who is to set values for the so-called “sane society” as psychiatrists move out into the community and increase their area of influence?
He points out that as there are more and more psychiatrists having less and less actual contact with clients - by training and managing more and more subordinates, who in turn, have subordinates - they have more time and energy to devote to getting involved in what they call prevention. Which he maintains is basically lobbying for the mental health industry - or bureaucracy.

Gaining more power and increasing their monetary worth . . .

. . . and influence. Among other areas, he's concerned that the community mental health emphasis will take over the psychiatry departments in the medical schools.

Well, he needn't worry. I doubt anything like that will ever happen. Social psychiatry is the poor cousin, at best. All my contacts, and I've visited a good many, have indicated that traditional psychiatry is still firmly entrenched along with psychoanalysis, and anything that looks at environmental influences is bootlegged at best.

He traces the history of psychiatry departments and their dominance by the mental hospitals up until the late 1920s, when psychoanalysis gained the strong influence it maintained until after World War II. He cites statements by academic and administrative psychiatrists on how they would have to move into the community approaches or be left behind.

You mean, or they wouldn't get their share of the pie!

I'm afraid so. To qualify for federal funding . . . the five points? But in many ways, he's a purist.

Meaning . . .

His actions are consistent with his beliefs. He speaks a great deal about teaching and learning. He believes that the highest ideal of the teacher at whatever level, is subversion.

Really? He does?

He cites great teachers as evidence - Socrates, Jesus, Freud, Gandhi. They were all thinking and teaching ideals that went contrary to what society believed at the time. And all became controversial, if not martyrs in time. Thus subversive. He goes on to state his
beliefs about what the orientation of a psychiatry department ought to be.

Max: Which is?

In line with his basic beliefs - to teach medical students how to question, rather than putting more things in their black bags. The curriculum ought to teach about past and present methods of treating emotional disorders - more of a theoretical nature - and what has happened more broadly as a result. I suppose so they will know what not to do. And, above all, to be critical. In contrast to teaching specific methods and attaining some proficiency. And, I suppose, learning on the job.

And so you take it as the “truth?”

I don’t know. I’m having a delayed appreciation for him. I’m still critical of many of his ideas; he’s dogmatic on some things - that bothers me. He’s caused me a great deal of discomfort but he can’t be brushed aside.

Perhaps your annoyance with him when he didn’t treat patients is exactly what he fears about our approach, which is more active. I have talked with him on several occasions and like his independence and original thinking. And it seems to me that our goal of a democratic open system which reflects the needs and wishes of the people involved actually has much in common with his own fear of medical domination.

Could be. He said somewhere that attempts to solve problems by the current mental health approaches are both dangerous and unsophisticated. That one should be more concerned with the quality of life than with solving problems. Life, I think he said, is not a problem to be solved. Life is something to be lived and one should live as well as one can.55

Later

So, Max, where are we now?

You or the therapeutic community?

Both.

Let’s take it one at a time, then. It’s always easier to look at oneself, so I’ll be
subjective first. I’m not directly involved in therapeutic communities any longer; I’m more on the fringes.

And are you satisfied?

Yes and no. All this talk about therapeutic communities has brought my ambivalence to the surface. I’d had such hopes, though, when Henderson began. Just as I’d had great hope in the early days of the Russian Revolution, and identified with it a great deal. But institutionalization has a way . . .

Disappointment.

In many ways, yes, I’m disappointed. But I also see great hope. Henderson does still exist.

And, as its founding father, you are understandably attached to it.

Of course I am. But look at the other examples I gave you: van der Hooven is run by professionals, while Springfield has minimal professional contact – only in the capacity of consultation and facilitation. Prison officers and inmates have built a unit that has withstood pressures from the outside and has continued to survive and grow over 14 years. And it exists within a rather typical, traditional prison.

Now I could give you several examples of units in mental hospitals which have not only survived but seem to continue to change with the times.

Then there’s Dingleton, a total institution run more or less as a therapeutic community. So far as I know, there’s no equivalent to that anywhere either. But there could be. It was a traditional mental hospital – you saw the remnants yourself – and it’s continued as an open system for, well – 20 years now?

That’s one of the tangibles that’s not possible to evaluate: can’t be counted or subjected to scientific study. I learnt that early in my career. These are the subjective things, the gut-level responses that we tend to discard as not being within the realm of science.

And intuition?

Yes, and faith: the one great driving force that can’t be weighed or tested in a crucible.
CHAPTER 6

SUMMING UP

Opening

I opened the book of mountains, which are forever,
And read the clouds, which are the faces of the years,
And Place, no longer bound by here and there,
Uncoiled itself at last, by Everywhere

Richard Korn
This and the following dialogue took place with Max in the study of his home in Nova Scotia. He had lost a considerable amount of weight since I had visited him a year earlier. He had had another heart attack, which hospitalized him for a month. I was on my way to spend an extended period of time in Rome at the drug rehabilitation center, Centro italiano di solidarietà [CeIS], where Max had been consulting for several years and had arranged for me to consult and train staff. He invited me to work with him there in the last workshop he was to give [1987]. Upon my arrival in Wolfville, we discussed a number of topics, including his approaching death. We had planned for me to visit the same time the following year, but he died on August 15, 1990.

[Max suggested I begin this conversation by asking him what scientific “proof” he had for the effectiveness of what he had been doing.]

Max: Well, of course I can’t give you a definitive answer because we were basically working on a paradigm. The interesting thing is that, in 1947, when I began thinking along open systems lines, the idea of a paradigm was not fashionable; the term was not even used. We were battling on without the amount of information that we now have and the amount of acceptance amongst thinking people that a paradigm is the accumulation of knowledge which can be added to, or subtracted from, in light of further information. Those of us who are working in the field like yourself, are comfortable with the idea of a paradigm because it’s no longer seen as irrational, or lacking in proof. It’s knowing when to get away from objective reality which is so stultifying and so characteristic of our industrial age. More and more people in the pure sciences, too, are moving into paradigms. We start with the pre-supposition that, in an open system, for instance, people are really communicating freely without fear of reprisal or stigma. We are going to get information increasingly personal, increasingly emotional, and increasingly private, if they so wish. So, as people interact, they begin to see themselves through other people’s eyes.

Does that make sense to you?

Dennie: Yes. You’ve always used the term evolutionary and this suggests a flowing sort of arrangement, which many people would find upsetting. A paradigm suggests
something that's more definitive, yet has fluidity.

Right. But the paradigm that we've gone by in open system work has its own dangers. Because a paradigm tends to reinforce its own beliefs, you get the danger of a fixation which really blinds you to other possibilities that you're missing by focusing on the central theme. So, everything fits into your preconceptions. I've had that criticism all my life: people have said, "It's your manipulating the system." And I've never liked that. I think that it's overlooking the essence of the open system in that leadership is increasingly shared, emerging from the bottom, which means that there are checks and balances. If I say that we really ought to start having an extra meeting for research every week, I'll be opposed by some people while others will express their support; we are now in a position to learn.

Now, some people point out that we're paying too much attention to reality in the objective sense, and we're going to reinforce the rational approach - the very thing we want to get away from - to be able to think freely, beyond the limitations of the five senses, time and space. Multiple leadership has this remarkable quality. Everyone talks about team work and multiple leadership perhaps, but I doubt if they really know what they're talking about. I haven't seen a single therapeutic community, apart from Henderson and Dingleton, where the social organization was such that there was optimal communication between everyone present. You may have seen this in your community in Japan. I think you got very close to it there, and in your prison work. But, I'm sick of persons' saying that Max is manipulating, or that Joy is riding roughshod over the group. It's not possible if there's true multiple leadership, because there's always someone uninvolved who can take the fairly objective position of the facilitator. Now, if I'm being attacked in a group meeting, I can't be my own facilitator, because my defenses are immediately aroused. If you've got five or six alternative leaders, which is ideal, then there's always someone who's not involved, who can pick up the facilitator role and say, "Look, Max, you're blocking because you don't want to hear that decision; it came out of your head, not from the group." And so on.

As with open systems, it's hard to find truly convincing examples of social learning because the structure has to be right. In my experience, business, schools, the church, fail to fully understand the importance of a social structure which allows for two-way communication, the expression of feelings, and the appearance of facilitators, to take on the dialogue between the two parties when they are in disagreement.

People sometimes talk about social architecture; but it's bad architecture usually. In fact, I would say that social organization is probably the most important primary aspect for change, because, if everyone agrees to the paradigm of an open system, then they
can interrupt if they disagree, and you can be heard even if you’re a newcomer. The
group becomes more important than the individual; and, when you add multiple
leadership – the concept of everyone as a facilitator at some time – and, finally, the idea
of a process review, you’re really getting a structure which is forever changing. Let’s say
you’ve got a batch of new staff (social therapists, for example) who’ve been given a role
which is beyond their competence. That’s fed back to the daily meeting with the sugges-
tion that they be given more training before they can play the role. That information
would lead to a change in social structure which had been developed by everybody,
including the social therapists themselves. The essence of change in social learning
context is that each of us listens to everyone who communicates in the group setting
and you begin to say, “Gosh, that’s a good idea. I never thought of that.” You then
incorporate the idea which becomes part of you. You may or may not even be conscious
of this process.

To me, the process becomes more important than the goal: treating patients or
helping prisoners, or whatever. Process means that you’re not taking a straight line to
develop a more articulate group of prisoners. What you’re doing is allowing the
paradigm to grow, in light of your information and your own interaction. As it grows,
everyone is changing in harmony, and saying, “Let’s try that,” or whatever. It’s a very
subtle thing. A truly open system is a most sensitive body and everyday it changes. But,
that doesn’t mean to say it’s unstable; it really means that it’s flexible and, if it becomes
too chaotic—, of course, you may have to take some emergency strategy like saying,
“Let’s take a day off and have a workshop to look at what we are doing. We’re losing our
perspective.” So the resources that are inherent in any group of people with a high
degree of motivation are used to the fullest.

Isn’t there some confusion between structure, conformity, and control? In the
American version of the therapeutic community, we’ve seen how some use this word
“codify;” they want to codify the therapeutic community.

Well, I thought I was covering that by saying that it changes every day.

But, Max, somehow this idea gets lost. You remember when we were reviewing the
tape yesterday that you made with Joy and Pat, they talked about how Henderson
changed after you left? I think this is relative because it also has something to do with
introducing new ideas. I don’t think it can just be lumped under charismatic leadership,
for example. Because, even when you evolve within a paradigm, it can also get static...
Yes, of course. But what I was trying to clarify is that it needn’t. If it’s truly an open system it’s not allowed to get ingrown, because it’s constantly having new people coming in and leaving.

If this idea of maintaining structure takes precedence, then new ideas are not welcomed.

Of course.

Because the main effort is to perpetuate the system . . .

. . . a “paradigm fix.” Okay, then let’s go on from there. You can perhaps ask, how does the paradigm become fixed?

How would you answer that, because we’ve seen some examples.

Oh sure. What you were saying about paradigm fixation (or “addiction”) is that we can get lulled into complacency by our own brilliance. Staff turnover can have advantages in this regard. New people coming in adds a freshness as the newest recruit to the staff is often a very good expression of the outsiders’s point of view of us. A new person, instead of being told to keep quiet, is encouraged to reflect his or her view of the structure. Likewise, other people who have achieved leadership status are leaving which opens new possibilities.

So, social structure doesn’t have to be rigid; its semantics are difficult. If I talk about social architecture, that also has a certain rigidity. I’m happiest with social organization because it is capable of flux and change according to all kinds of factors. The dynamic of a therapeutic community is that it’s constantly changing, even from minute to minute. You can have a culture for the outside world and an inner culture for people who are actually working together. And that’s a very important issue. The more people feel in tune with the state of the organization at the time, the more secure they are and the more they will share and trust. There is that kind of in-built growth from a social organization where communication becomes more and more open and trusting. Then one can see changes beginning to occur in the quality of the communication; the level of consciousness changes in a sense. You become less tied to the objective. You begin to allow for some latitude in entering the world of fantasy or dreams and the abstract; even the spiritual begins to creep in, because everyone knows that we are talking about consciousness at the everyday level.
We are conscious of words, and meanings and moods, but that's a very superficial level of consciousness. We all have experiences when we're out of this organic and rigid Western civilization value system. Suddenly we feel free to fantasize a better world, a freer world, and even one which embraces a more global view of life. You've had these moments. I've had them, too; everyone does. Suddenly the world seems to be a different place and not just something that's dependent on what we sense by our ordinary faculties. Instantly we begin to feel an exhilaration: there's a burst of energy and you're transported into a transcendental kind of experience. When you meditate with that perspective, perhaps you get in touch with your inner self. Is that right?

Is that beyond structure?

That's a good question. Yes. That's why I prefer the term social organization because it's in constant flux and it's got to leave formal reality and rationality if it's going to grow.

And organization.

Yes.

You get into the state of disorganization temporarily.

Temporarily, yes. If I said, for example, in a meeting, that I felt the presence of a higher being, there's no room in the formal structure or organization for that kind of higher consciousness or inner consciousness. Some might think I was psychotic, or senile. But, we've got to reorganize the boundaries of everyday life so that we can incorporate the latent potential inherent in everyone – what Carl Jung called the universal unconscious. Such ideas are gaining credence everywhere, even from the sciences and from religious pundits like Matthew Fox who has broken away from the rigid concepts of Christianity into a much wider belief in the use of parables and certain metaphors which go deeper than theology.

Now, that leads into a new awareness of global potential which everyone has and which we all went through in developing from age three to seven when we were very conscious of the fantasy world that seemed very real. I think of that group of seven-year-olds in Rome you were working with, finding out the two selves they would be manifesting: the oneself's saying the right thing at the right time, and the fantasy self that saw God on the roof. It would be fascinating to see a group where children had
enough confidence to talk about this inner self which has not yet been destroyed by the educational system.

Now, I know that some people will say, “That’s bull shit!” Because we’re merely ad-libbing without any valid information. That doesn’t bother me because that’s exactly what we’re trying to do: leave the rational world which is imposed on us by an educational system which conditions our thinking.

And a family system, and a neighborhood...

Right. “Administrative” structures.

So you’re saying that a seven-year-old child has not yet taken on the trappings of structure or organization as we know it, so that he or she is freer to make the inner self a part of every day life.

Yes. For instance I think that I got totally inaccurate impressions of Mario [Picchi] and Juan [Corelli], from the social matrix in which they operate which is hierarchical. Those two leaders press the button to stop or go. Rapport with the staff was not of the ultimate kind where someone could tell Mario what does or does not make sense. Yet, I think Mario would do splendidly in a situation where he was challenged, because he has such a firm belief in the value of everything. There’s a good example of where the social organization could allow everyone to get closer to the real Mario. And when I read that introduction he wrote, I thought, “My God, this fellow is so with it!” He can offer his own unique point of view, which, being a priest, would be fascinating, because he doesn’t have the limitations that are imposed on us by a formal education in the “professions.” You know, I think he’s probably more intuitive than I am!

So, I think it’s wise to look at where you will be in the near future in terms of a social organization. Your idea is sound of starting at CeIS with a motivated, intelligent staff looking through the eyes of their peers. Then, you slowly get to the point where trust is such that people say what they mean and what they feel. There emerges a highly contagious environment because everyone wants to be free. I don’t know of anyone in any present system who doesn’t want to get out from under this hierarchy.

People say they want to be free, and then, when they finally are, they’re scared to death.

Well, that’s where process comes in. You see, if you’re going to follow the goal of having an open system within a month or six months, you don’t have to take a straight
line. You can deviate for the time being. You can examine other leads, which may in the end take you away from your original objectives. You then go to a right angle from your original area of interest and you may even forget the goal for the time being. So growth does not follow a straight line, and the skill of the leaders is to draw on the inherent, latent interest of the people now involved, so that the organization remains alive and exciting. That’s what I mean by following process rather than a goal.

I think self-discovery – what you learn about yourself – is so important. In the last workshop I had with the staff at San Carlo [at CeS, in Italy], for example, we videotaped a very traditional staff meeting where they had their case folders out and were deliberating, making decisions on individual cases, but nothing dynamic really happened. There was no translator available, so I didn't know all that was going on, which was a sort of a salvation [Max laughs] because then I could more easily follow gestures. But, the interesting thing was that when the staff looked at the playback, first without sound, one of the staff saw himself acting in a manner that he said was exactly like he operated on the streets for years, when he was addicted. He thought he had changed his behavior but now saw himself as not having changed at all. He became utterly demoralized in minutes and became very depressed. You see his words were there, but his body said the contrary.

A “teachable moment.” Well, that would apply to the staff meeting very well…

Yes, a routine staff meeting, with his routinized unconscious gestures…

…and for the administrators. It would be very interesting to see the quality in the communication, both non-verbal and verbal. [Pause] In my own experience, it finally got to the point where I almost welcomed a crisis, because then one saw how people had to operate without time to consider or censor their thoughts. For instance, as superintendent at Dingleton, if there had been a fire, I wouldn’t have been the leader. I would have delegated the control of the fire to whomever was competent, and followed instructions.

That kind of crisis does bring out the truth behind the words. A crisis means that the social organization at CeS or wherever, is heightened when it feels the challenge from outside in the sense that it heightens morale and togetherness. Having had 50 years experience myself, in the minority and being attacked by the medical profession, their threat now seems almost pathetic. But it does give you a chance to look at the paradigm, the attitudes and values, and to reconsider your social organization,
particularly when the opposition is trying to destroy you. It tests the depths of the integrity of the group as a whole. And so, I would think that you have a potentially powerful leadership position between Juan and Mario because they are both admired way beyond CeIS.

Max, people use the term paradigm shift. How do you know when you should shift, or even when you have shifted?

Ideally, an open system would never get stuck because you’re constantly looking at who you are and what you are and what you are doing. The test is in the concept of growth; every day something is being modified, no matter how small, you may not even be conscious of it. If you come to the awareness where someone says, “You know, I think we’re getting rather pleased with ourselves and we’re spending more time together as staff than we do with the clients. And, we have to listen to the clients better; in fact, invite them to send representatives to our meeting so they could report back to the other clients on what we are doing.” Then I think that person is opening up an attack on the paradigm and you’ve got to modify the social organization so that you really look at the social program. You realize that the staff are beginning to train each other. Now, that would be a paradigm shift.

So, organization to me is a wonderful prelude to change. And change can occur even in the hierarchy of a rigid system. All of us are conditioned throughout life to rigid systems. It’s so difficult for us to adopt from the West to the East (to Hinduism, for example) or whatever. Yet meditation now is universally used and understood: I’m trying to listen to something other than the outside world – to my true self.

I don’t know how universal the word paradigm is among administrations; do they use it in Rome?

Not that I’m aware of. At CeIS, they use the word model.

Well, it certainly should be used for verbal communication. I think a model is fixed. The Socratic method is not a paradigm. Used in a therapeutic community, a paradigm is seen when a group is applying all the knowledge that they collectively have to the problem at hand, knowing they don’t have all the information that they need. But, for the time being, this is the best we can do, and that is the paradigm. Any interaction in the group will bring about some modification of the paradigm. So, it’s a dynamic concept and very clearly linked to social learning.
As opposed to a model which is more static?

Yes. A model implies a mind-set; it's not fluid. When the paradigm begins to include levels of consciousness, like dreams and fantasies, then it's pretty obvious that paradigm is an all-embracing term. We know a lot about ecology. I think one can even allow one's imagination to play with the idea of a global paradigm, if the whole world was aware of the economy of the Western world's destroying our existence and agreed to limit population excesses in India or to burning the forests in Brazil. Mass media make it possible to communicate with all parts of the globe, so that it's not extravagant to think of a global ecology; now that it's becoming politically tenable through the Greens, especially in Germany and some other countries.

You see, if I look out of my window there, at the superb view of valley, I almost instinctively feel that I'm a particle in this matrix and that my friends the trees, are speaking to me. I think that when I see the changes in the seasons, and the sort of sleekness in winter when these trees are totally bare, I see figures in the branches and I've seen images like the Virgin Mary in such detail, I could almost photograph it. Now, I don't care whether that's projection or my imagination; it's an experience which I am having and I think that ecology is part of this global paradigm. We're all getting to be aware of the problems created by exhaust fumes from motor vehicles and so on.

It's pretty hard nowadays to find someone who is totally unaware of the harm we're doing to the earth and we've got to stop. I think the paradigm does not in any way limit spreading out to more and more parameters. Astronauts are always talking about looking back at the earth when they reach the moon. They get a totally new perspective of our tight little island. There are no frontiers from the moon.

So, I feel quite optimistic about the growth of new ideas, about our responsibility for not only ourselves, but the group we live in, be it the family or the earth. I am limited now by my health to living within these four walls, and in that context I could feel isolated, but I don't. Chris is a perfect companion to me, although I'm not sure if she is to herself. But I don't feel isolated because even what we're doing now, hopefully will cause some resonance in people watching this videotape. That means in fact, that I am part of the network, and you will be another part by your teaching and your conversation. I know that you have as much respect for ecology as I have. So at one level in the past, I merely interacted in writing books or whatever. But, if our meeting today has any significance – and I think it has for both of us – then through our discussion we are changing our thinking and other people's thinking.

Also one of the greatest opportunities of one's life is to grow old.
That's right! I've just written a book on growing old. I see aging as the ultimate freedom, which means that at last you're out of the rat race and you can begin to express the sort of things we've been talking about. I don't like being 82, but I think it has very real advantages and that's why I wrote this book: to try to share my feelings of optimism and opportunity to get out of objective reality and get into another dimension of consciousness. And I think, as a result, I've had deeper satisfaction in many ways than I ever had when I was working, because we really were so pre-occupied with tasks and goals. I would like to see persons' having a mandatory year of retirement when they reach 40, so at the middle of their lives they could say, “Up to now, I've conformed.” During a year of temporary retirement, they could begin to find out who they are, and then they could go back to life a totally different person.

They might not want to return to “life!”

[Laughs] That's right!

They might find they'd been living in a Wasteland . . .

Worshiping false gods!

Don't some of the men in India do this? They spend the first half of their life in the world, and, for the remainder, they walk away and contemplate.

That's a time when they're supposed to be retired. They take a bowl and expect to be fed and so on. You see them on the trains, busses, and in the streets. They have a new name and they have a garb and they're thinkers.

But, they leave their wives at home to cope with the family.

That part of it, I don't understand. But people like Father Bede Griffiths has integrated the thinking of Hindu and Christian religions. The way in which all religions have very similar basic beliefs and how they need to give and love, I think is a model. But to me, it's incorporated into a paradigm of a global system.

In social learning, would you say that organization or structure makes things like a paradigm possible? For an ever widening . . .
Yes. But that brings me back to where we started – with social structure. Social structure has got to be there as an optimal condition for social learning.

Isn't social learning implied in social structure?

Well, in a way that's splitting hairs: if it's social learning, it implies interaction without hindrance and the presence of feeling, content, fantasy and all the rest of it; each needs the other.

Social learning has a form it takes . . .

Aye, yes, but each group will decide its own structure . . .

Everyone has numerous experiences daily, but they don't necessarily learn from them.

Because they're so busy conforming and not having time off to think about what they're doing, and why they're doing it; whereas social learning implies that there is a group in which one interacts at all levels and, in the process, the group is widening its parameters and its levels of consciousness. [Pause] You don't like that? [Pause] You see, we were talking about the seven-year-olds, the friends they like, and so on. To some extent, I think old age is a second childhood. I'm much more credulous than I was as superintendent of Dingleton and I no longer care if I forget someone's name – what does it matter? Or if I overlook an appointment, I'm really sorry, but to me your perspective changes with age. If I hear someone in the restaurant say “That old sea bass,” I don't feel any need to waste energy getting angry. If she thinks so, that's her choice. But, that's what I feel.

In fact, there's that lovely concept in learning theory. If I project and say “Oh, he's just a Japanese,” I'm projecting onto this person something unkind (my anger in a way) by calling him a Jap. And that is a kind of paranoid projection, which Jung and others talked about as accepting the responsibility for the dark side of yourself. Now what if I stop when I get home and say, “Why did I call him a Jap?” And, so I begin to look at what am I doing: projecting anger onto him. It's coming from me, and I think that process is sometimes called metanoia. Paranoia and metanoia are a couple, because metanoia is trying to repair the damage you have done. In old age one tries to look back at one's life. For instance, I personally don't like the way that I've dominated women all my life. Now, I try to do it sensitively! But looking back on it, I don't like it, so I'm accepting responsibility. If I had another life to live, I would try to live it very
differently. And, of course, I respect women much more than I respect men, on the whole.

You may get this chance and have to eat your words!

[Laughs] Yes! Maybe since I’ve mucked it up this time, I’ll have to come again. But I like terms like metanoia, it means so much in terms of surrender, one of the essential themes in Christianity.

If it works, it takes you to a higher level.

If it works! I was more comfortable in the 1960s. I’m still willing to try anything. But, in a way, we’re both ideologues. What you’re describing is better in action. I’m not sure how well it would go, because maybe I would have second thoughts about what I’ve said – that sort of thing?

New thoughts.

Yes. I don’t mind trying anything. In my many years in human relations one of the most outstanding experiences I ever had was with you in California when you were doing your peer teaching. Has any of that stayed with you?

The idea, yes. But that was not especially new, because most of the world’s children are taught by other children – older brothers and sisters, and not in a school, but at home.

Not in any conscious or formal way.

The only way.

But how many people are coming up to any kind of that standard?

In the industrialized world it seems we are going in the opposite direction. It depends on where you are and what you see as growth; yet most learning everywhere occurs with older children teaching younger.

You mean in places like India?
And Africa, South America, Asia, and even in America.57

Well, where does that inspiration come from?

It’s a necessity and has always been there, a natural way of family life, of growing up, acquiring one’s culture, social skills, ways to cope and survive. Older children take on these educational and social responsibilities as the mothers have to work. In the industrialized countries, we have day-care centers. But look at how much children learn from each other in the streets.

So you don’t think you need social organization to make learning flourish?

An inherent social organization. All I’m saying is that this form of learning happens naturally in the greater part of the world. It’s only in the industrialized nations that we’ve gone so far away from it formally. Even if you look at rural England and America in the last century, this was the way children learned in schools. In Britain, older children were actually recruited, taught how to teach, and paid a small wage for their services. And in America, with the small, one room school house, it was a basic method of teaching. Through the new programs in peer teaching, we’re regaining some of this. It was begun in the 1960s. But now it seems teachers are wanting to become more professional, do all the teaching themselves, and so on.

Well, have you ever met a professor at the university who was willing to allow himself or herself to become the model for change?

No.

It’s relatively uncommon. What would you say, for instance, in Rome: would Juan or Mario be in a position to have the system criticize their performance?

I think it would be extremely difficult for them.

But would you think it profitable?

If it became part of their culture. It’s moving that way slightly, but as regards a paradigm shift, it’s not changing very much. I saw Mario criticized at a director’s meeting last year. One of the staff was having financial difficulties and he went to Mario
and told him about this. Mario gave him a sum of money but didn’t inform anyone else. The staff member told others and they became furious, especially his supervisor, who felt he had been by-passed. In the director’s meeting, the supervisor confronted Mario. It was an extremely tense meeting at which Mario eventually acknowledged that he was wrong to do this without calling in the director.

That doesn’t surprise me. That was social learning for everyone, not just for Mario. And when you think that governmental assistance throughout the world seems to thrive or disintegrate from this whole business of bounty or patronage, it undermines the integrity of the whole system. Even when it’s discussed openly in the mass media, it doesn’t seem to lead to social learning; it seems that it’s too tempting a short cut so that you get loyalty through money. I suppose, in fact, you could say that we’re looking at a new morality when we’re talking about socialization. I think that the idea of consensus brings in the idea of a morality that fits that group at that time.

When I was talking with Doug and Joan Grant recently, they were interested in looking at the themes that people live by and being able to identify these themes. They were fascinated by the Joseph Campbell interviews [with Bill Moyers] and how mythology fits into these themes. One of the points Doug made is that myths outlive themselves and when they do, they die.

Would that include Christianity?

To a degree this is happening. Doug used the example of war and peace: how the mythology of war seems to have outlived itself and we’re entering an era of peace. That is a rather drastic paradigm shift. Looking at the war metaphor – the war on poverty, the war on drugs, and so on – we have got to change these images and metaphors completely with a new mythology of peace.

Well now, I wouldn’t agree with that completely. A war on authority has been my lifelong battle!

But it could be a peaceful concept.

Well, yes.

Taking the idea of transformation. How do you transform your feelings toward
authority from combative ones?

Right. The condition of soul would be an example.

To make your enemies allies . . .

That’s right. That’s part of a technique that at least I still have to learn because the energy that goes into anger or projection, such as hating people (let’s say the Japanese in the Second World War): all that energy is wasted. We might say it’s unproductive and it’s fueling the mechanisms of projection. It would be beautiful if some Christ-like figure could have appeared in the middle of World War Two, and said, “What are you fighting about?”

The Christ-like figure was there all along in everyone, but nobody realized it.

That’s true, but no one person would pick up the cross.

Everyone was projecting hatred onto the enemy.

Right.

And the enemy is also you.

The world seems to lack a born teacher or leader or facilitator or whatever, at the moment.

But don’t you think we should eventually outgrow the leadership concept? That everyone should become his or her own leader?

Not entirely, from my point of view. Look at the separate groups that are in this transformation, from the women’s movement to the peace movement, to the separatists, to environmental movements, and so on – all of whom speak for a better world. If a leader emerged at this time who could integrate – not lead – these various movements, don’t you think that integration would amount to a transformation? You might be such a leader, as you’ve got this positive dimension of change.

Do we need such leaders? But don’t we all have that ability? Part of the
transformation is for each of us to recognize that and take action.

Well, in a sense, we're talking about networking.

Networking really needs no leader as such.

That's an interesting point. When the right number of people believe something, change occurs.

At that point the Bushes and the Thatchers are insignificant. They have...

... no hearing, yes. And yet the folly lingers on, because Reagan and Kissinger and these people still command a public...

Their public is dwindling.

I hope so!

Reagan even had to go to Japan recently to collect his big fees for speaking.

When this brave new world that we're talking about in terms of transformation and mass integration occurs, the capacity for joy and fun will be much greater, because we ourselves are intellectualizing quite a bit and that's hard work. Now, if we were in fact inspired by a group like CeS - I think that's a setting where you could have that kind of impact, and I hope you will ultimately, indeed - then joyousness is worth the energy that emerges.

My mind slips to the House of Affirmation in Birmingham, where the climate is joyous and there prevails a sense of strong motivation to be helpful and to allow the surrender to the organization in a somewhat mystical way. I think that is probably what we're trying to put in words. Sister Breda O'Sullivan is in that sense not the leader; rather, the leader is the organization. It's an ideal which I think would be needed if the world is to be spared the fate as things look at the moment. Do you feel that that's too starry-eyed?

No.

Well, most people would. They want something much more articulate and reasonable.
I think there are a growing number of people who don't demand those kinds of explanations, they merely learn to experience things and then get on with life; they don't need explanations.

Well, this is where models do help enormously. I think of your friend John [Maher] working with people who have AIDS in the way he does; people do the most incredible self-sacrificing things in the way of life. I think that such people inspire you to further your own efforts surrendering to personal needs, and to the need for a whole world. This is something that intrigues me along with the development of energy. There are some people who don't need to say a word. You feel somehow that you've got energy from just seeing them and then you ask how far have you got in your own awareness? What do you do to break that vicious cycle of despondency that keeps us from moving on?

I find sometimes that I can't. That it must continue for a while, even though I don't like it. I used to try to "fight" it and change it, but I don't anymore, and so, I find it lasts for shorter and shorter times.

Like accepting pain?

Yes.

But isn't it true that if you take on some task that it puts you in another gear? Then you realize it and it may build up some renewed accomplishment?

Sometimes you just have to endure pain for a while. Or inspiration can come as a fantasy which occurs between being awake and asleep, so that at times I don't know whether it's a dream or a fantasy.

I think that that's something like "awake" dreaming, entering that field, but it's not the same thing as cultivating this in-between state, what the medical profession calls "twilight sleep."

Which you can do in meditation.

I suppose, again getting at the direction of inner resources. Aldous Huxley spent his entire life trying to understand how the world could be bettered by some kind of integration at a social level, aided by chemical use. For me, he would be as good a model as
anyone I know of.

Joseph Campbell made a distinction between understanding, and trying to interpret, life – and experiencing it.

Which would Aldous Huxley be in?

I don’t know. Probably both.

Well, in The Doors of Perception, he describes the effects of mescaline and other mind-altering drugs on his awareness which was a brilliant exercise in widening consciousness. And he took LSD when he was dying, because he felt that the experience would be even more vivid under its influence, which is a remarkable state of being, where he was almost surrendering to something much bigger than himself.

Getting back to your ideas of leadership, aren’t we seeing much more of a change in the traditional kind of leader? Isn’t what we’re seeing in a lot of what the new age people are doing is developing something a bit different? Somebody becomes an inspiration in terms of triggering something off – an “awakener,” rather than a traditional leader, guru, or teacher?

Tell me what you’re thinking of.

Well, I think of people whom we mutually admire—you mentioned Matthew Fox and Bede Griffiths – or David Bohm and others who give inspiration and become awakeners . . .

Aldous Huxley is a good example there. I suppose Shirley MacLaine might be, too . . .

And Krishnamurti. He gave up his preordained life, one of the most potentially powerful roles of anyone in this century. But, in so doing, he became more influential than if he’d gone along with the life which had been bestowed on him.

Few people can understand Krishnamurti, in no longer recognizing the need for time and space.

Max, you are beginning to dissolve those artificial boundaries yourself!
[Laughs] Well, I don't think we're at cross purposes. In contrast to Krishnamurti, fame and power which goes with it, corrupts many people. I think Shirley MacLaine's commercial success has to some extent weakened her integrity in my eyes, which may be totally unfair.

Max, In the years we've known each other, I've seen significant changes in you. When I first met you, you were very much a charismatic leader and you realized this . . .

I can't bear to hear this . . .

. . . but you set up a whole system to check any tendency to misuse your charisma.

Right. Right.

Yet there was also this other part of you, this awakener which helped keep the evolution going - new ideas and pushing forward. By and large, you shifted out all the chaff, and put into effect the things you saw that worked, that you believed in.

If one could relive one's life. I think you're right . . .

But you were evolving much more into a guru role. You were trying to change the social organization especially at Dingleton with your given hierarchical role as superintendent; that was an extremely difficult situation. But there must be this other quality, this awakener or inspirer, which I think is different from charisma, although in some instances they may overlap. This other quality of what you showed me, is what I think we're moving toward.

I'm glad to hear you say it. You live in a city, San Francisco, and I'm living in the country, so I don't get the evidence from a small university here, where it's still very parochial. I feel that I do need models sometimes. I don't think we're disagreeing about the importance of models. . .

We were talking about the importance of models and leaders. Look what happened in China recently, when some of the people were fed up with the leaders and the regime who at one time were seen as very radical. But see what emerged: the students and the influence they had . . .
... or could have had - on the world.

On the world. They were groping for a new model, or a shift in the paradigm if you want to use that example. They wanted to see a shift in power, in the abuse of power...

True. The events, and the culture in the East, like in India is actually more open to what you’re seeing than we are in the West.

I don’t know, Max. I just think there are incredible things happening right now all over the world. Take the Soviets, for example...

Well, I never quite saw Gorbachev as a model and yet that’s just what he is.

A very inspiring one. He’s an awakener. He’s bringing people to life.

But, in the end, he may fail, of course. It will be a test of the body of the power structure in its evolution, whether in fact they can listen to him.

It’s the ultimate, to bring change at that level. Nixon and Reagan and now Bush, lost the world in terms of old ideas, like economics and war. They disregarded ecology; economically they bankrupted America.

In spite of all this gloom, I like your optimism. I think we still need some people who are ahead of their times but it’s hard to find them in positions of any power.

Because that’s an old model; they’ve gotten out of the power structure.

Right. But think of Maggie Thatcher in Britain and the frustration that the truly advanced thinkers must be having there. Because she’s putting the clock back and the opposition doesn’t seem to be emerging, which is very strange.

Isn’t it similar within the Catholic Church? The opposition isn’t very visible there either, yet change is occurring, for example among the American bishops and some of their stands.

Well, we’re the opposition for the moment, for anyone who is abusing authority!
But, Max, so much has changed since the 1960s when protests were more vocal and observable. Now the opposition is different – it’s quiet and people go about living an alternative way of life. They live as if the larger changes had been brought about; if enough people follow suit, larger changes inevitably will occur.

I want to go back to where we started. I still think that the change that we'd both like to see happening would happen much faster if people got interested in social organization, so that every old person, for example, had a peer group, where he or she could discuss their misery, or their cancer, or their fear of death. I think death is a very good subject; nothing humanizes people more quickly than discussing dying because it’s a great equalizer. I feel comfortable talking about death, which may be the beginning of life. Social organization, where everyone had a peer group would hasten the change we're talking about. People who would like to see politics moving in the direction of the environment ought to be getting together and reinforcing their ideas. Social learning would come in automatically. So I think social organization, social structure, or social architecture are needed in some basic form. You introduced it in the family constellation with your work with peer teaching, but it often isn't. Right? Children nowadays apparently get out of the house as soon as they can.

Out of school as soon as they can, out of their neighborhood...

So, we've really touched on some of the dynamics of change which bring together science and religion and the ordinary man about as well as we can, knowing that if we meet again next year, God willing, we both can be a little further on. And, in that sense, I'm with you, and am optimistic about human potential. But social organization still comes into it. I would think that at CeIS it would be one of the first things involved in training staff, to get them to think in a group matrix rather than individual sense.

But also to look deeper into themselves, which is different than they have been doing.

When I was working with my group of students here at the university, someone said, "Why don't we start our meeting with a minute of silence." That is similar, a moment to look deeper, and that sort of thing is creeping in. I think more and more groups are forming where such things can happen. Even the local dentist has a group for married men. I wouldn't join it, mind you. I don't like the idea of men's having to get together!

I think it's fantastic, here in Wolfville. I've been to two men's workshops with Robert...
Bly and they were some of the most exhilarating experiences I've ever had. And one was of nearly one thousand men.

Really! I'll be damned. I've not experienced anything like that. But, have you been to a women's group? [laughs]

Once I was scared to death!

Well, I think we might stop at this point, what do you think? I feel satisfied with what we've discussed.
CHAPTER 7

A UNIVERSE RESPONSIVE
TO OUR HUMAN PRESENCE

Unconventional medicine and etherealized healing – mystic food cults – visionary physics – comic strip fantasies of “separate realities” – meditative athletics: if we fail to see the essential religious impulse that animates these fascinations, then not only does much of the culture around us lose its integrated meaning, but we overlook a commanding passion of the time as well... We see bursts and flashes of visionary energy at work here struggling to break the grip of time and matter, and to find, beyond the world they govern, a universe responsive to our human presence.

Theodore Roszak
Dennie: What is your hope for the future, Max?

Max: Well, I do have many hopes and I do see many possibilities for the future. Perhaps it’s due to my advancing senility, but I do believe there is a bright future in spite of all the gloom in the world. I gather, however, that you’re referring specifically to the therapeutic community.

That, too.

I think they just might have a come-back. There’s already hundreds for drug abuse in the U.S. alone. We can’t just put people away in prisons and mental hospitals and forget about them. Even though the conservative viewpoint is so prevalent in politics and government, and even in religion just now, there is a solid base of a more liberal background. It’s growing quietly and it’s everywhere, even in the underground in the Soviet Union.

It’s good to hear you talk like this, Max.

What we began so many years ago may still be relevant and, in fact, give some leads. The impetus of movements like women’s liberation, the men’s groups, self-help groups, and the whole area of holistic health, will become strong forces in changing institutions like hospitals, into more democratic regimes where the doctors and men will no longer have such autocratic control of people’s lives.

And so hospitals will not always be the masculine-oriented places they’ve always been. After all, 98 per cent of nurses are women and there are something like two million of them in your country. They are getting more education, taking more aggressive stands professionally; they simply won’t be handmaidens to the male doctors much longer. That’s one area where I see great hope in mental health – for developing therapeutic communities. Nurses don’t have the great investment in illness like psychiatrists and other mental health professionals. And they now have so many more opportunities like working in the holistic health field. They are more prone to foster “wellness” rather than illness.

That’s so. And areas that are less tangible, like spirituality. You’ve hinted that your methods are applicable to society more generally, for coping with larger problems. And developing people’s potentials.
Every age (including this “New” one) has its own problems – along with new ones – to confront, be they in the clinic or in real life, and each must find its own solutions. Although the future is still unfolding at a rapid rate, many of the ideas we’ve discussed are still evolving. It’s not at all out of line to say that concepts like social learning and multiple leadership are being recognized and put into practice. Even in politics, the Greens are a splendid example of a variation of multiple leadership – as well as democracy.

Another is the contemporary discontent with bigness and concern for integrity, in government, industry and politics. From this discontent, alternative structures undoubtedly will emerge, especially in politics. As dismal as the picture now is in Britain and the United States, at least the popularity of conservative administrations is voicing the public’s dissatisfaction with big government. Not that the present administrations are going to do anything very different in terms of lessening bureaucracy. Their platforms may be for the wrong reasons, but the public’s disenchantment is clear. From this beginning, more mature forms may emerge.

Do you really think so?

Yes, I do. These years are important ones to bring about larger social changes. More concentration on regional and local politics, with greater citizen participation is one. The grass-roots approach is a splendid opportunity for the public to get involved at all levels.

One of the things that impressed me about living in America in recent years has been the expanding consciousness of the public regarding ecology and politics, no doubt a result of the turbulent 1960s. Every day the news media report glaring infringements, be they discoveries of toxic waste or human error in dangerous areas such as nuclear power and nuclear weaponry. This kind of attention will undoubtedly raise the public’s consciousness and result in action.

And there’s the credibility gap of government and business.

That’s tremendously important, but it goes further. There’s a growing distrust generally of experts and authorities, together with a movement toward greater self-sufficiency. Take medicine, for example. Malpractice suits were unheard of a few decades ago. Now they’re so commonplace that even the average doctor has to pay thousands a year for insurance, which also contributes to the high costs of medicine. This same distrust goes for lawyers, psychiatrists and scientists. They just don’t hold
the high place they once did in terms of public confidence. The discontent of the 1960s began this phenomenal shift in awareness. As many are predicting, we are seeing the last struggles of an outmoded society as the new one is being born. Now, granted, there isn't as much action as there is awareness; but awareness must come first.

Another factor, millions of people have more free time than ever before. I'm speaking of the retired, unemployed, and youth. Together, if they had the appropriate methods for social learning as well as social action, they could bring about fantastic changes in political, economic, and social spheres. But, again, participation and action are what need developing.

How could we bring about responsible action on a broad scale?

Well, in my view, it begins and ends with education. We've turned education into schooling for material success and financial security. Survival in the dog-eat-dog industrial world is basically what we're teaching. There's no provision in the curriculum for humanity, or shared responsibility. . .

. . . or peace. How would you bring about such change?

In a small, but important way, with peer teaching and discussion groups in the schools. Children can learn at a very young age to take responsibility for helping one another; to learn, for understanding, for more intelligent ways to solve daily problems, and for developing a sense of commitment. They can become as competent at solving the problems of daily life as they are in the subjects they teach, like maths and language.

As I said earlier, in the schools I visited in California, I never saw such motivation, such excitement, and such intelligence displayed in children. And the pupils in Scotland picked it up immediately with much the same characteristics.

I'd like to hear more about your ideas for changing schools into something different for learning – for children.

Not just children, mind you. Higher education is no different. Education, of course, is a process one continues throughout life. Our practice of retirement is absolute nonsense.

I agree. But how and where does one begin?
We've got to learn to live temporarily with disorder and then we'll find that there is inherent order even though things look chaotic at times. This is one lesson the new physics has for us: that there is an inherent order in everything. And so, if we're willing to let things happen and not make our lives one long succession of mandatory goals based on success, then we're not bound to reason or logic, or even gainful employment for that matter. We're free to be ourselves. We're open to impressions from anywhere or apparently from nowhere.

Much like what young people in the 1960s were showing us.

Yes, just that. I'd like to ask how far this process can be a conscious event?

And your answer is . . .

For most people, it may seem to be entirely conscious when learning some definite subject. But we're all aware of circumstances that we can't fully understand – changes in our lives, our attitudes, beliefs, and so on. This kind of change often happens following a stressful event. And we may not even remember the setting in which the change occurred, or even recognize that change in ourselves.

Is intuition involved?

Possibly.

But getting closer to my specific interests and yours, too, I hope, when I speak about learning being a social process, as I have in my last two books, I include those changes that come about through discussions such as we're having just now. I'm listening and responding to your questions while you're listening to me. Listening is such a lost art and such an important skill that we generally give it little attention – I'm speaking now of responsible listening as contrasted to the “noise” that makes up so much of our social conversation.

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You wrote recently, Max, that if the school system would give as much attention to learning as a social process as it does to subject matter, many of the problems of later life
could be avoided. I’d like to hear more about what you meant by that.

Only as I said that children should become as adept at solving life’s problems as they are at, say, maths or language. And as they grew up, they wouldn’t have accumulated destructive ways to relate to others. They would indeed have different means to handle conflict – to learn from it. Much of psychiatry and social work might simply disappear.

How could that come about?

Again, basically by teaching people other ways to resolve conflict – constructive ways – at an early age.

How early?

From the beginning.

Meaning?

At birth. Frederick Leboyer’s gentle, loving approach, for example, in contrast to the intense, violent methods practiced by most modern pediatricians: the harsh lights in the delivery room, the slap on the buttocks, and so on, are totally unnecessary.

And studies have shown that by the time they are three they handle themselves better physically – and, mind you, in social situations as well. They’re generally happier than children born using the accepted methods.

That’s a good beginning then.

Unquestionably. But what I had in mind was that, as soon as children begin to relate to others, they can learn to handle situations differently.

Non-violently?

Yes, and without the competitiveness which is so uniformly present today. Like in athletics and later in the business world and so many other areas: the cut-throat, competitive world that we’ve become so accustomed to.
You could teach new ways that early?

Of course. And they would persist just as our present methods do which later result in all the neuroses, psychoses, and behavior problems that we see in psychopathic personalities.

You’ve come a long way since you started out as a psychiatrist.

It’s been a natural progression – you might say an evolution. But even when I started out in practice, I was grasping for something that made more sense than the ways I’d been taught in medical school. Just as I’ve abandoned orthodox psychiatry and while I do believe that therapeutic communities still have a respectable place in social change, I think we have to go further.

Any system whether you call it a family, a classroom, or a community, has certain boundaries that sets it apart from its environment. And at the same time it has to deal with that environment. So even if it sets up boundaries, it is both taking in and giving out. And it must be kept open. Do you follow?

What keeps it open?

Well, I hate to use the word, but I don’t know what else to call it: feedback. Both negative and positive. Negative feedback or criticism can have a regulatory effect in which one’s errors are corrected and you can get on about your business more effectively – whatever it is. Any community, even the experimental ones, needs to know not only what it does wrong, but what it does right. It needs to have that kind of information to meet the constantly changing environment if it is to remain vital and grow.

Which Jonestown and Synanon lacked.

Precisely. They both progressively isolated themselves from the environment. They refused to accept criticism and only emphasized what they viewed as positive. They demanded blind devotion to their leaders and so the dogma was perpetuated unchecked.

We’ve discussed leadership in relation to therapeutic communities. Now we’re constantly hearing about it all the way from government to the family.

Ah, now that’s a crucial issue. Some believe they can advocate responsibility onto
others. And there are plenty who are waiting for the chance. People who lead positive or satisfying lives don’t give advice, but do help others to recognize positive attributes in themselves and support them in acting on their inner convictions, even if they transgress the mores of society. The person I think of in this respect, doesn’t even see himself as a facilitator, or in the case of a leader, as one with a cause he is trying to push down everyone’s throat. Maybe the expression of “leading from behind” is more appropriate. We tend to think of leaders as aggressive people who know the right answers, who are active, visible, trend-setters, and who have instant solutions.

There are so many abuses. How do you deal with them?

In most cases with multiple rather than singular leadership, even in the family. You must share making decisions and there are times when majority rule is not the best choice. Then you must make decisions by consensus so that everyone has veto power. It’s this flexibility that gives any group or organization its vitality and insures that it remains constructive. You must have responsible participation – democracy if you will. And a certain sensitivity about how one approaches life. I’ve shown you how I realized, early on, my tendency to make decisions for people and to intercede with solutions, especially during a crisis. My training in medicine and psychiatry (including my analysis) was not very helpful in these areas. It’s all too easy to assume the authoritarian position that people expect from doctors.

I don’t wish to appear as repetitive, but, as I said, I’ve always made it a practice to have one strong deputy with views different from my own – be it a nurse in the consulting room or an assistant if I was in charge of a hospital or clinic. And to see my role as providing knowledge which is as accurate as I can determine, then leaving the important decisions to those who are affected whether the client is a group or an individual.

Max, I’d like to ask you again, just how would you start basically?

By listening – listening responsibly, that is.

What happens if one listens “responsibly?”

Then every third or fourth sentence begins to have just a slightly different emphasis. I’m not just waiting to put a full stop on your sentence, so that I can get in one of my own.
How does one learn responsible listening?

Some seem to come with more of it than others. But anyone can acquire it through practice. Through relationships. It depends on their nature and quality. You and I have a long-standing respect for one another. You give me a new idea and I incorporate it, modifying my attitudes to embrace something new. So the process of social learning is partly one of incorporation. In a setting where older children are teaching younger ones, this process can happen: the younger ones look up to the older ones who are their teachers, incorporating those traits they admire. Then if the younger ones also have the opportunity to teach other children who are younger than themselves, they can put these new characteristics into practice. And the relationships among these children can become quite different from the competitive and exploitative ones found so often in the typical school or family.

I forgot who said in education one must learn how to expend – not waste – time in order to save it. I don’t want to go into it now, but there is sufficient evidence that children learn faster and it sticks with them better when they learn from their peers, whether it’s positive or negative. My first clue to the importance of peer-learning was with the soldiers at Mill Hill.

But, going back, I am intrigued with this whole idea of incorporation – how something becomes a part of you. Usually it’s not a conscious process, like buying and wearing the latest fashion. I don’t always know what I’m incorporating, and often it’s only in retrospect that I ever know if I am even aware at all. Sometimes change has to be pointed out by others.

It seems to me what you are advocating involves risk-taking, and you may not be popular.

True. But, on the other hand taking a risk may open new possibilities. Take the other night at the restaurant with you and Chris, that was an intuitive, risk-taking thing. I didn’t even say “excuse me” when I left the two of you talking. I dropped the formality because that would have broken the continuity of your conversation.

I got up without a word and, avoiding the formality of drawing your attention to my departure, simply went over to the table of that young couple and began talking to them. I was quite prepared to get a snub, barging in on them like that, yet they couldn’t have been nicer.

What was the attraction?
I was drawn to his bright eyes. He reminded me of Peter Bundell, a very fine fellow with whom I traveled all over America in my student days and who was killed at Alamein in World War II. I think in him I saw Peter again and knew that there was some attractiveness in the similar features of this total stranger. And I liked the girl he was with - her bright eyes, too - but there was no conscious sexual attraction. They were thrilled, and in the second sentence of the conversation, they blurted out: “We’ve just been married a week.” As if to say, we want to know you and share our happiness.

You didn’t introduce yourself?

Not at that point, and you notice we didn’t shake hands and go through all of that. I just said, as I usually do: That’s my wife over there and she’s a wood carver.”

He brightened even more and said: “Oh, I work with bronze.” As though we were sharing some deep personal situation instantly. I turned to his wife and said:

“And what do you do?”

“Oh, I’m just a baker,” she said, apologetically.

“But that’s creative,” I replied.

“I suppose it is,” she said delightedly.

And just that fast, we had a positive and potentially exciting interaction.

Yes, you might well have been snubbed!

But you see, I wasn’t. Of course I took that risk. What I’m really saying though, I’m always conscious of a group as a whole. Just as I left you two without a word, without interrupting your flow of conversation, so I was conscious of possibly wanting to bring these two people into our social matrix. And I want to follow through on this potential relationship. You see he gave me his card.

In a sense, I was proactive as well as reactive, if you want to use expressions like that. That’s the dynamic part as well as the intuitive, and I think the two are overlapping all the time. But if I were bound by social amenities, I wouldn’t have had the courage to approach two such delightful strangers and make their acquaintance.
Chris remarked, while you were talking to that young couple, that you have a way of getting to know people more in five minutes than some people would achieve in two years.

I suppose that kind of direct approach could get you in trouble, but I don't recall ever being snubbed for trying.

But, Max, I remember once when your actions were misconstrued and indeed got you into a great deal of trouble.

Yes. I know what you're referring to. Unfortunately, in that instance risk-taking was seen as flirting . . .

. . . and a young bronze sculptor's wife is far different from a governor's!

Indeed. But let me continue. Of course, each individual has his or her own unique potential for learning so that the process, which has different qualities for every individual, when integrated in group form, has a synergistic effect.

Which amounts to?

Well, simply that through such combined action, the whole is more than the sum of the parts. Do you know what I mean?

Max, you used the word risk-taking along with intuition. But you've said how you were mainly a conformist in your youth. I know how you've changed professionally over the years, but I'm curious how you've changed personally – what effect it's had on your own life.

By and large, everyone – except for stuntmen and businessmen – frowns upon risk-taking. One's need for personal security generally transcends any temptation to deviate. As I look back, I think I was fortunate to some extent, to have acquired some of the basic values my mother set forth in that she was content to let things happen to us at home. I don't remember being told not to do many things. We could smoke, drink, and so on, without fear of punishment. I don't think I'll ever understand my mother's intention in raising us like that, or even if she was conscious of what she was doing. While I was in analysis, I was tempted at times to try to understand what happened by making psychoanalytic interpretations of my mother's behavior. This got me nowhere, and the
whole approach of searching out explanations no longer attracts me. What does interest me, though, is this other more obscure process at work – to see if it reproduces itself in me, even if it was outside my mother's consciousness. And I wonder if it can be transmitted to the next generation? You know, I see some of this curiosity and non-conformity in my three daughters, but I'm not using generation in the strict biological sense.

How could this kind of growth or learning take place more consciously?

Well, let me put it this way. With all the concern about ecology these days, you were curious about why I refer to myself these days as a "social ecologist" rather than a mere psychiatrist. Growth is a natural phenomenon of all living organisms – the process whereby things become connected with one another; whereas learning has more to do with acquiring knowledge be it from a teacher, through study, instruction, experience, and so on. But now social learning is more like growth and requires a special kind of interaction between people – and this is very important – in an appropriate environment. What I'm getting at is that social learning continually recycles aspects of one's earlier life in a way, usually at a more complex level, to create a new wholeness. It's an ongoing affair, both unconsciously and intentionally. Does that distinction make any sense?

It does. But how do you go about recycling yourself?

For this process to occur, there seems a need to destructure the familiar, as occurs naturally during a crisis in one's life. In Arthur Koestler's words: The process of taking a step backwards in order to take a leap forward is an integral part of the human experience of learning and change. Simply put, that the death of old forms sometimes is necessary for new ones to emerge. And, at that moment when everything seems to be breaking apart, there is an opportunity to explore the unknown – and here's where a new identity can emerge – when the insecurity then gives way to challenge.

Perhaps this is what happened to many people during the 1960s.

Yes, and what Aldous Huxley and others were searching for when they experimented with consciousness-raising, mind-expansion drugs, and various other approaches.
I don’t mean to press you on this point, but could you say more about how this recycling can be a more conscious process?

Crises are an ideal time. We usually let these moments slip by, but the death of someone dear is a natural time when we are introspective. During such grief you look at your relationship with that person both in its positive and negative aspects. Illness is another. My heart attack spurred me to take stock of my lifestyle. If I wanted to live longer I had to make a lot of changes – my diet, slowing down, and so on. Marriage (or deciding to live with another person) is a time one has to make changes. Divorce (or breaking up with someone) is yet another. Whenever I retire, I seem to get more involved, rather than less, as I promise myself each time!

Do you see that there are so many natural events, both planned and unexpected, where one’s life is temporarily interrupted? These are the moments to re-examine how we handle our lives and our relationships. To begin with, we need to change fear to challenge.

And you could teach this process in schools along with peer teaching relationships. Because children’s lives are more open and less defensive, they could learn to evaluate them and make commitments in small dosages. After observing what happens to them, they could then try out alternatives and re-evaluate before taking on new commitments. You know the process.

Is there no hope for us adults?

Of course. I merely used children as an example because there is so much to be gained. Governments need such revitalization – goodness knows – and it’s the same in business and industry where, to their credit, a trend is beginning. Families. The church. And of course with all the leisure time these days, you could teach this process to millions.

I don’t know many who have much leisure time.

Again I was thinking of all those people who are unemployed or retired. And the people once more filling the prisons and mental hospitals. I dare say that learning how to recycle one’s life would be far more satisfying and productive for all those people than the little bit of dubious treatment that’s going on today in those institutions.

How true. They’re terribly repressive and regimented.
Getting back to education for a moment, most people see schooling as part of the preparation for life – ordained and predictable – to be something or somebody, usually meaning what one does for work. Such near-sightedness prevents the growth of self-awareness.

I think it was André Gide again who said that the journey was towards the destination and that security and achievement was the end.

The Tao. In other words, learning from becoming rather than from arriving. To become an engineer, a computer expert, a doctor or what have you, for example, and to be immersed in preparation for this specific goal, is to deny the very process of becoming, which may lead anywhere and might even lead away from engineering, computers, or medicine altogether, as one develops an awareness of one’s own individuality.

It could be terribly frustrating.

Indeed it could. Some of Rousseau’s ideas address the point exactly. In effect he said that education is not the acquisition of what adults want for the child, but furnishing the child with an environment that will lead to growth of his inner nature. In my own life, the process of becoming a psychoanalyst grew increasingly burdensome until I finally terminated after three years of daily sessions on the couch and became free to explore what I really wanted to do and become.

Another way of looking at it was that you were a bad analyzeand! Seriously, Max, you’ve spent most of your life in the company of people who deviated in one way or another from social norms. In so doing, you evolved ways for people to lead more satisfying lives. What broader aspects do you see for some of your ideas? And do you actually favor promoting deviancy?

That’s not a bad idea, actually. Let me say at the outset that, in keeping company with “deviants” (to use your term), I’ve met some interesting people – like your goodself, for one example! Society really does require deviants, especially today. Many people equate deviants with delinquents, but they aren’t the same at all. A deviant, as I understand it, is one who departs from the mainstream, which would include the most creative people. And even if one wanders into psychopathology, there are those creative people whom David Henderson called “the predominantly creative psychopath.”
Although psychiatrists disagree amongst themselves, you might see Lawrence of Arabia as such a creative psychopath. At any rate, these are people who may appear eccentric and may even have times of misjudgment. But in society’s eyes, they don’t conform. They don’t fit in. But by not fitting in, they cause an irritation which can actually be a stimulus and society responds, either negatively or for the good. That’s why I say I think we desperately need such people today.

Along with these ideas of deviancy, one could ask the rhetorical question: what is it that makes some people lead positive lives – or exactly what is a positive life? I won’t attempt to answer either question directly, but it would seem that the positive person or group, has access to excitement in living and this stimulation links up with motivation, an important ingredient in social learning.

Who is an example?

Well, in recent times, Gandhi was one of the most powerful examples. He brought about tremendous social change. Many have studied his methods to see what applicability they might have in this age, where violence has become an accepted way of trying to change situations that are threatening. If one thinks of Christianity, Jesus was also such a figure. He saw the potential for good in everyone; we have many examples of his capacity to open people’s eyes to the unrecognized virtues even in those whom society had labeled as “bad.” He didn’t lecture or dogmatize, but helped an individual at risk to start on a process of becoming, by-passing the label given him, toward finding a new self.

What happened then, to make Christianity such a confining process – rather than a liberating one – while Gandhi’s ways of resolving conflict remain vital.

Well, this is what we were talking about earlier, wasn’t it? It’s like this matter of codification. Certain ideas must remain fluid in order to maintain their vitality and validity; once they’re institutionalized they lose their power to transform people.

In effect what you’re saying is that Jesus was a deviant.

No doubt about it! And some of my former colleagues would have locked him up if your colleagues in the criminal justice system hadn’t gotten him first! But getting back to social learning for a moment. As I’ve conceived it, social learning differs from social action in some respects because the latter usually stops short of learning. Now take
arbitration as an example. It's aimed more at reaching an agreement between the two sides. Sure, some learning may take place, but the primary goal is to settle the dispute and return to normal. The goal overrides the process and you miss such an important chance to bring about much larger changes.

Doug Grant speaks about “contagion” as a way of spreading the effects of something that is positive. Is that one way social learning could occur on a large scale?

I don’t pretend to understand the process anymore than I can understand intuition, but I’m content that forces are at work beyond my ken which may even link up with the supernatural or the metaphysical. The drift towards specialization in medicine or even more broadly of the “expert” or authority, presents the same limited thinking as formal education. But, happily, a new and more effective trend is appearing in holistic medicine where the person assumes responsibility for his health and the doctor is there merely to assist.

With regards to spreading the effects, I think the whole area of networking is very exciting. It’s so different from the elitist methods professionals use – their organizations, journals, and meetings, that are a closed circle. Even if you are lucky enough to gain entrance, you need a translator to understand what they’re talking about. But this is all changing now to some degree, and I see social learning as a means and not the end. Social responsibility and creativity are occurring on a large scale in spite of the irresponsible acts by individuals and governments and their lack of imagination.

In America today, large numbers of people are taking stands publicly, urging us all to lead more responsible lives. The ecology trend, holistic health, the peace movement, the drive toward smallness – all such advocates are seeking out alternative lifestyles and new values that will form the basis for the new culture which is emerging.

You phoned me following your visit with Marilyn Ferguson in Los Angeles, just after you had read her book [The Aquarian Conspiracy]. You were very excited about some of her ideas especially those of developing networks and newsletters and having open meetings to exchange ideas where people could become more informed.

I was impressed by her, and we spent a most pleasant afternoon together. She is not only knowledgeable on a wide range of subjects, but is in touch with an enormous number of creative, dedicated people. I’m sure there are lots of deviants among them! Meeting of the like-minded is what she referred to as the “conspiracy” and form in
another way, what Frijof Capra called the “rising culture” [The Turning Point].

The future, to some extent is epitomized by a group of serious, imaginative, and responsible people from many spheres of society, and I like this term “futurist - and even New Age, although it's been abused by many. These people nevertheless have an awareness that our Western civilization has failed to produce a satisfying existence for most people. Marilyn Ferguson, estimated that about 15 million in the U.S. are involved in such movements. It's a calculated guess. A more precise figure is difficult to come by and not as important as the thrust itself. And it's beginning to happen in Europe, in the Soviet Union, and elsewhere. These are all good signs. Creativity has blossomed at times when the social, political, and economic forces encouraged it, for example, during the Renaissance, or more recently during the 1960s.

So much of that has been lost. Would you say that our current dilemmas could be used by people to advantage? I was thinking primarily of the ecological catastrophe and efforts for lasting peace.

Perhaps. If there is time. The idea that the affluent society ultimately offers a full life to everyone including the poor and disadvantaged is no longer valid at all, despite the noble beginnings of your hero, J.F.Kennedy. Even the belief that technology can solve problems such as the depletion of energy reserves and the abuse of the natural environment is becoming unpopular in the all-out battle to boost the economy at all costs. But along with the race towards destruction there is this growing awareness that a more universal and humanistic dimension is involved.

Even now, during the current politically conservative swing to the right, there are also many people who are bonding together, loosely connected by these various networks which offer support and inspiration at a time when there is such a vacuum in leadership and an apparent lack of spirituality, especially in the organized religions.

We've got to think and plan more holistically than politically.

Yes. Social planners, at least in the West, are preoccupied with their own failing economies, budget deficits, inflation, and heightened interest rates. The politicians seem to see the ultimate salvation through manipulation of the economy, largely by increasing defense spending. It's global. I see little likelihood of Western man's changing very much as a result of pressure, whether political, social, or economic. Self-aggrandizement, competition, and greed disguised as sound economy is so deeply rooted in our culture from the stock market on down that it will probably take decades to re-educate
our leaders to see the world in a balanced perspective.

You don’t sound very encouraging.

Let’s say realistic. Innovators whom we badly need just now, never become disenchanted because they use resistance to build new structures, new forms. They seem hardly to need encouragement. They always have a thankless job, are rarely listened to, or understood, at least in their lifetime.

Much like you’ve experienced. I wish we could say that the future belongs to innovators. The futurists are so important; they need to be listened to and supported.

Right. That can’t be stressed too much. The growth and persistence of the various citizens movements is a sign in this direction along with the general mistrust of government, controls, war-mongering, hierarchies – and the abuse of authority and power generally that you mentioned. Hopefully they will grow and governments will respond to their messages. The futurists epitomize this movement to look beyond the goals of money and power; to seek a new realism closer to the laws of nature and the rights of man to achieve his potential as an individual in harmony with the earth – not its master. Nor its exploiter. These trends by the so-called futurists have been enormously reassuring to me and doubtless to millions of other people.

I gather, even though you say you’ve left the therapeutic community, that you don’t feel so isolated anymore, and have found a new identity with the futurists.

Certainly. And you must identify with them also. Our own position with regard to democratic structures and systems no longer seems so foreign, despite the lack of interest and sometimes outright hostility from the academic world – and from so many professionals.

I have this marvelous fantasy – and I hope it’s not entirely an illusion – that we’re being enveloped and taken over by the futurist movement. May I add, however, that I’m now having a second look regarding the therapeutic community.

You see hope then?

Indeed. I see not only relief from many of the so-called ills that over-industrialization has brought about, but the beginnings of a global renaissance the likes of which
humankind has never known.

Coming from you, that sounds revolutionary!

It is. A new kind. But let me back up a minute. We have had many revolutions: industrial, political, technological. They've all had to do with order, with things, with systems, machines, and so on, and they have propelled societies forward.

Some would say that revolution, not evolution, has been the force behind man's rise. And that may be so. They've been perpetuated by man, but never have involved him intimately. In fact, they have propelled us to the point of destruction let alone to where we can hardly keep pace.

It's all the ordinary man in the street can do to keep up.

And it's this ordinary man who must change. The power that he has at his command makes him a dangerous figure because while societies and machines have changed that ordinary man has not. Do you realize, Dennie, that the human brain has not changed for the past 40,000 to 50,000 years? Imagine that! The brain of the ordinary man has been fully developed all that time. And what does this make of us? Savages or geniuses?

I'd say a bit of both.

That's it exactly. But the trouble is, the genius has provided the savage with powerful objects of destruction and manipulation. That is why the ordinary man - and, by the way, we are all ordinary men - is so dangerous: because he is part savage, part genius. And it is up to us to develop the savage, bring him up to par with the genius; restore integrity, you might say.

That's asking a lot.

That it is.

Then where would you say we are now?

We are confronted with a problem of revolution and evolution: how to bring them together with regard to the savage?
How do you reconcile the two?

I believe we are on the verge of it now, but it will not come from any one source. And this has been a great stumbling block in the past. Religion and politics have each sought to render the savage in us benign, but he cannot be institutionalized. He is essentially a free spirit and must be respected as such. No, you can’t tamper with the savage; he can’t be denied. The New Age people, I think, are on the right track. The combinations of Eastern and Western wisdom – I did not say knowledge but wisdom – may help us to understand and come to terms with the savage in ourselves and in each other. I would hate to see “Mr Savage” hang himself as he did in Aldous Huxley’s Brave New World, but he doesn’t have to come to such an ugly end if we grant him his place.

It was Gandhi who welcomed adversity in order to realize his own inner violent tendencies.

That’s the point!

Max, are you saying then . . .

. . . that the Savage has a place in our lives, yes, we can’t deny it, but he must start behaving himself at last. The next revolution, as I see it, will be a re-evolution of humankind itself, involving each of us intimately and recreating ourselves as well as our world.

Now shall we take a final break before summing up? My head is swimming, and my legs need a walk.

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Max, let me ask you what you’ve been up to since your last retirement . . .

. . . active retirement, my good fellow, which gives me more freedom . . .

. . . active then. But even before your last one, you’ve referred to yourself as a social ecologist and you’ve been close to Ralph Catalano and the social ecology program at UC,
Irvine

Well, this is what I meant when I said I had left therapeutic communities just as much as you have. As I said earlier, I always saw them merely as a means to an end and, while I still think they have a respectable place in the evolution of social change, I’ve moved on. I’m trying to apply what I’ve learnt to broaden democratic systems and holistic perspectives.

There is the dimension, Dennie, which I think you can develop as well as anyone I know: the general social organization needed to bring about change. It’s got to do with this intangible subject of human communication and understanding, whether it’s between two people or within a group of any size. It’s the way people relate to one another, the amount of time they spend together, the way they listen to each other. And this “affective integrity” element, you spoke of. We need to know the optimal conditions for interaction to occur; when to introduce a subject, how to develop it to a point where we can take it in and learn from it, and then how to use it responsibly. We should not limit ourselves to psychiatry or even therapeutic communities as such. We’re getting back to social learning again and the conditions that promote it. I just want to reiterate that there are certain basics that, if we learnt them as children, could become second nature when we become adults.

Do you remember what you said at the Polytechnic that time when you came to meet with my students in London? You said that if the school system could help children look at everyday behavior in a problem-solving way, that many of our social problems like mental illness, crime and delinquency and drug abuse would simply disappear – and in one generation. In spite of the apparent gloom just now, you seem to be an eternal optimist, Max.

Bless you.

Let me ask you once more, just what is your hope for the future?

Not wishing to be repetitious: helping children to develop their own attitudes, values, and beliefs in a social learning sense, based on experience in doing various things to form their own impressions rather than having adults impose their values upon children. But it will take time. Children so exposed to an open system would find it easy to learn for themselves, to be critical, and to evolve their own lives responsibly in a unique way – and fairly quickly. In contrast to adding more required maths or hours to the curriculum.
It would be tragic if we continue to pass on our current values of self-aggrandizement and monetary success to the next generation.

And universally?

No one really believes that individuals have basic differences in how they see and desire freedom. Each person has the right and the responsibility to develop himself in a way appropriate to that individual. Mothers everywhere have a similar deep concern for their children; fathers, too. Loneliness is dreaded in all parts of the globe and is most highly advanced and widespread in the most technologically developed parts of the earth. Which is not the same as solitude.

I was re-reading an account of Martin Buber recently where he recalled a conversation that took place at a critical time in his life. He had spent a particularly meaningful morning filled with a religious experience in which he felt himself in tune with eternity and life-beyond-death. A young man he’d agreed to see, came in the afternoon. He was still “high” from the previous experience and was not able to give the young man his full attention. The man left and committed suicide. Later Martin Buber said it was this event that converted him; it showed that there could be no separation between life here and now, and life hereafter.

May I read you what he said?

What my young friend who is dead taught me – that dialogue is possible if the people who are generally trying to converse, listen not only to what is said but also to what is felt, without having been expressed in words. For me this is what I mean by religion, not removing oneself into another world, but responding to the call that comes into your everyday life. Above all, listening to both the silent and the spoken voices when one man speaks to another so that together they can remove the barrier between two human beings. Since then, I have given up “religion” which is nothing but the exception, extraction, exaltation, ecstasy; or it has given me up. I possess nothing but the everyday of which I have never taken... I know no fullness but each moral hour’s fullness of claim and responsibility. Though far from being equal to it, yet I know that in the claim I am claimed and may respond in responsibility, and know who speaks and demands a response.61

I could say nothing more.
EPILOGUE

A LIFE WELL SPENT

Maxwell Jones suffered a series of heart attacks during the years in Wolfville, including a near-death experience in October, 1988; he spent extended time in hospital, which took its toll on him in terms of physical energy. During this period, however, he wrote his last book, Growing Old, The Ultimate Freedom, published in 1988, and several papers besides. He acted as a facilitator in a teacher education course at nearby Acadia University with Dr Don Little, and conducted a seminar for students at his home. Max arranged with the Planned Environmental Therapy Trust in England to deposit his papers, letters, and other memorabilia in their Archives.

Over the last decade of his life, Max's ideas continued to evolve. He now began to take the spiritual aspect increasingly into account. Whether out of eternal optimism or the human potential to transcend the mortal, his views – indeed, his life itself – were ever extending. His last book testified to a life well spent. At the time of his death, he was working on his memoirs, begun some ten years earlier, but laid aside, and was painstakingly preparing his voluminous letters, notes, and papers to be deposited in archives for future researchers. Reviewing his writings, he wrote me:

Looking back at the memoirs which were begun over a decade ago is a strange experience. No mention of levels of consciousness, of the transcendental, or of spirituality. Nor did we discuss Carl Jung's concepts of archetypes, synchronicity, or the shadow. Does this change in perspective reflect my aging process and the nearness of death?

A few weeks before he died, Max wrote in his journal: “Non-judgmental is meaningless. Who can judge the universal? Only a poet could put such an image into words which are beyond illusion and can see substance in nothingness.”

This last conversation, took place in his small study overlooking the lush green hills near the Bay of Fundy one year before he died. Although now somewhat frail, he was still as enthusiastic and as farsighted as when I first met him in his large office cum group meeting room at Henderson 34 years earlier.

Dennie: Max, in your most recent book [Growing Old: The Ultimate Freedom], you call for a newer, deeper perspective than the rational or analytic. “A higher level of
consciousness is needed, and this is where spirituality intrigues me.” What does spirituality mean to you?

Max: Straight to the point as always. There’s no beating about the bush with you, is there?

Well, after all these years, I thought we could dispense with the preliminaries.

Quite right. But to get to your question. What do I mean by spirituality? Had you continued with the paragraph you just quoted, I think you’d find the answer.

You mean, “I see it as achieving a more abstract, or egoless state of mind where major problems first of all are not solved, but outgrown.”

Yes. But I would issue a word of caution here. We are dealing with the ineffable. Terms such as “ego,” “egoless” or even “state of mind,” are necessarily obscure and relative.

Why relative?

Because language can carry us only so far, and what we are dealing with in spirituality lies beyond words. The total experience of consciousness. Indeed, only in recent years has psychiatry realized the inadequacy of its terms in dealing with different states of consciousness, from depression to ecstasy, sanity to madness. Perhaps that’s partly why J ung has had such an appeal with his concepts of synchronicity, archetypes, and the collective unconscious.

Have you ever experienced an egoless state of mind?

[Laughs] Actually, every one does at times, whether they’re aware of it or not. Sometimes it’s experienced momentary in the altered states of consciousness we call “highs” (the jogger’s high, for instance, or when an artist is particularly inspired). There’s a surge of energy that lifts you above the ordinary level of being. There’s no room for reflection. At that point you can only act, if action is called for. But then inaction is also action of a kind.

That sounds very much like a Zen Koan.
Well then, that’s often the only way we can talk about these things. In riddles and oxymorons. Of course, there’s also silence.

Silence?

Yes. When all’s said and done, silence communicates spirituality.

So should the rest of our conversation be conducted in silence?

I don’t think readers would appreciate that. Anyway, the kind of silence I’m talking about has a life of its own. It can’t be induced or fabricated. It happens of its own accord. It takes over, absorbs us. Any effort on our part to direct or control it shatters it.

“Know and be still,” as Rilke said.

I learned that when I tried to bring about “a living silence” in a group.

When was that?

A few years ago. I was giving a workshop in Rome for about 25 staff from drug rehabilitation programs and some of the parents of addicts. Near the end, there was a particularly difficult encounter between two parents who had lost children to overdoses. The subject turned to love and its power. And, then, it was as if there was another presence in the group and this wonderful silence descended. For ten minutes or so, we were held in abeyance. Something else took over – there were no words to describe it, although the nun who was my interpreter whispered to me, “A state of grace.” Everyone seemed to understand instinctively that to utter a sound would shatter the effect. Really quite wonderful! The group melted away at the end of the workshop without another word – no good-byes, no thank yous. For me, that was a spiritual experience.

For the others, the presence of god?

If you want to see it that way. In the literal sense, however; for they were all Roman Catholic.

And you tried to duplicate it.
Let's say, I was hoping it would happen again in the next workshop, a year later at the same spot. I was waiting for it, and tried to guide the group towards a state that I thought would be appropriate.

And you failed...

Of course. I had set myself up for failure because that kind of experience is independent of our will. As I said, you can't order up that kind of thing; it happens spontaneously, when the time and climate are right. The only thing you can do is prepare yourself for it. Then, it may happen. But that such experiences happen at all is indicative that something profound is going on. You must have had similar experiences.

Once with 60 psychiatric patients. They sat in a circle in absolute silence for an hour. Hard to imagine, isn't it, especially considering they were sailors and marines. I also experienced the same thing with prisoners.

Viewed from the outside, yes, it's hard to imagine. But you must also take the form into account, too.

You mean the circle?

I can't imagine working in any other form, can you? It's a model of democracy; everyone can make eye contact. There is no "head" or leader. Everyone is equal. And the circle is empty. There is no one dogma or vision that occupies it. That's very important. And very powerful.

So the circle and silence are linked?

I would say so, yes.

Is silence something you've often experienced in groups?

No, not to that level of intensity. In many respects it depends on the staff.

In what way?

Psychiatric training can get in the way. Sometimes it's better not to have the
answers. It’s best to simply shut up and listen.

That reminds me of a remark you once made that the therapeutic community can go no further than the staff will allow.

Than the staff’s capability. By that I meant in terms of their own learning, development, awareness, or whatever you want to call it.

Then in many respects the energy or coherence of the group depends on the staff?

To a great extent. I have found that the staff were a gauge in the therapeutic community. The more aware the staff, the farther the community could go. The staff must be ready to learn and grow. So often, in traditional environments, the staff dictate – I can think of no better word – the direction and pace.

How is a therapeutic community different?

There is little or no sense of hierarchy. The democratic process is the norm.

Given that, what other lines might you have encouraged in your work with therapeutic communities?

Well, the spiritual, for one thing. Other states of consciousness, the mystic side. In spite of the evolutionary aspects of our work, and, as radical as it was viewed in some quarters, I can see many instances where the patients or clients were on the verge of important new growth or understanding – I mean, had we been more knowledgeable in other areas, we might have been able to encourage them. I realize this sounds a lot like that age-old line, “If I knew then what I know now.” But looking back, I realize what opportunities for growth we missed.

Early on in my days as a doctor, for example, I was reasonably open to examining psychological forces. Even at the Maudsley, I was beginning to be influenced towards a psychoanalytic perspective and away from the psychosomatic and reductive. Still, that was a somewhat narrow view. I had to wait until the early experimental communities during World War II, to see the sociological influences and the enormous potentials of group dynamics. But, even then, I had no training in these areas, and so I went along, discovering with the soldiers and the young nursing assistants. They were our guides, and I suspect that, often times, they would have gone much farther had they been free
of our professional influences. Eventually we did establish a particular atmosphere and set of procedures that seemed to work. Yet, I wonder to whose advantage.

Although I read a good deal and eventually found a few professional colleagues I could confer with, I felt the need for further training. I learnt a great deal from the psychoanalytic approach, chiefly through my own analysis.

But, you found that limiting?

The biographical approach has its place, but (in my view) is highly overemphasized; it’s still essentially a reductive process, tracing one’s emotions or images to earlier memories. I’ve struggled most of my life to overcome my earlier training and move on to a more holistic way of viewing things.

There are many approaches, of course. Take awareness, for example; it’s often accompanied by a feeling of immense relief. But this state is still within the treatment framework, and I want to go beyond that. Transformation is perhaps more what I have in mind, although that concept, too, is limiting. It suggests a mere rearrangement of what is already there, which inevitably takes one into transcendence if you want to think in terms of the spiritual (or transpersonal) if you want to remain with psychology.

Or spirituality.

First of all, you must distinguish spirituality from religion. They’re not the same at all, although they do intersect at times. Religion is so busy doing things it doesn’t allow spirituality to happen, even with the sanctity of the cathedral and all its trappings. And spirituality itself has become a much mis-used term. It’s been, you might say, vulgarized and marketed in recent times.

It’s also an elusive term over which the church has claimed exclusive rights.

Exactly. And here’s where we need to re-claim the concept and put it into our daily lives. A spiritual experience isn’t something that happens once in one’s lifetime, but should be with us all the time.

If we’re open to it.

That’s the point. We miss opportunities in daily living, because we haven’t assimilated the spiritual into our very being.
I was impressed with what Matthew Fox had to say about the Vatican, when he visited in disguise ["anonymously" is what he said] during his year of imposed silence. [The Coming of the Cosmic Christ] Noting the absence of grass in St Peter’s Square, and the extensive marble inside the Basilica which he referred to as “exaggerated male statues,” he commented: “The poor Pope is surrounded by a non-cosmological spirituality!”

Non-spirituality, period!

Does that account for what some call burnout among the clergy?

I would be inclined to say yes. But there might also be a need for breakdown, that through it a new form of spirituality can be realized. Now, the Church has its Houses of Affirmation where priests and nuns seek a kind of spiritual refreshment after they have experienced what amounts to a “religious” burnout.

Some might say they were psychiatrically ill.

They would think this too empty a concept or at least too narrow. The House in Birmingham more resembled an ashram, modified to suit their culture. One of their staff spent time with Fr Bede Griffiths at his in southern India.

What can you say about that kind of, what you call “spiritual atmosphere,” that brings about “spiritual refreshment?”

Well, you needn’t go to the Far East to find it, mind you. You can create it anywhere. But, at this point, I find I often need living reminders in order to get in touch with my own inner self. And so it is with people who are beginning seriously to pursue a spiritual course. The House I referred to has gone far beyond anything that I conceived of in those directions. There is an integrity and trust that invites soul-searching to the point where the priests and nuns often begin to reconsider their entire way of life, and you know what that could lead to!

Well, since my physical immobility, I’ve created what amounts to my own ashram in a way, here in my study, peopled by images of those whom I admire, through their books, letters, and various recordings. And through the window there, I am in touch with the changing seasons and the many wildlife inhabiting the woods.
And the future, Max?

Well I do have many hopes and see many possibilities. Perhaps it’s due to my advancing senility, but I believe there is a bright future in spite of all the gloom in the world. I gather, however, that you’re referring specifically to the therapeutic community.

That, too.

What we began so many years ago may still be relevant, and give some leads.

There is more to be done with some of the ideas you’ve been tossing about recently — much more than anyone has attempted thus far. I was thinking specifically of the rhetorical question you raised in the title of your recent paper, “Is Psychiatry Asleep?” I gathered the question answered itself!

Your latest writings voice a strong conviction that the concepts you developed in therapeutic communities have now come to the point where they should no longer be so isolated, but more in the mainstream of institutions like hospitals, prisons, and schools, businesses, and in government. Actually, you’ve gone further and suggested that they could be crucial in the countries that are now in the struggle to devise democratic structures.

And I’ve also said that democratic principles need to be carried into the mind: the intellect and the psyche. Yes, that’s a lot to address.

But fascinating, too. What you’re advocating is a total perestroika of the human being!

Let me begin then by saying that the term therapeutic community has largely lost its meaning. It’s used so carelessly today, especially in your country, that it has little if anything to do with treatment. We were a few with an inclination of what it meant, even though our ideas changed from time to time as we went along. We departed from treatment and developed the idea of social learning (or growth), that fostered change in contrast to some nebulous notion like insight. To accomplish that, we evolved a special milieu or structure, if you will, that facilitated growth. That structure had some essential characteristics centering about a specific kind of leadership, making important decisions by consensus, and, finally, fostering intuitive and creative processes.

Now, that’s it in a nutshell, though I doubt my summary will satisfy anyone. But,
your remarks implied the need for a kind of summing up.

It seems to me that when you said therapeutic communities might have a comeback, I would rather think they might have had an end; at the same time it might just be a beginning. Like you, I’m often troubled at how the concept has become bastardized and commercialized, especially by the many drug rehabilitation programs. Many that I’ve visited bear no remote resemblance to what we’ve imagined. So many are terribly autocratic, dominated by intractable staff. They have rigid structures and practices in which everyone is treated alike, as if that were equality.

Unfortunately that is sometimes the case. I’ve seen groups in circles but what goes on in them is often very different from my own experience of concentric circles of over 100 people. Nonetheless it’s a beginning, and a far cry from the grand rounds that doctors still make in hospitals, especially teaching ones.

But not an end.

No, not an end... Of course, you must remember we began forming groups in circles out of expediency. That procedure evolved from the necessity of having to give information to the soldiers on the conditions of their hearts, and their need to have a forum in which to ask questions and express their anxieties and concerns. And, remember, we were pressured by time; new patients were arriving daily, and so we had to keep moving them on. Dealing with so many at one time, it simply wasn’t possible to meet with each and everyone of them. Any doctor, no matter how swamped, could do at least that and on a regular basis. And you met daily with 100 prisoners in like fashion.

What you’re saying then is...

What I’m suggesting is that in practice the doctor, the nurse, the social worker (or any health care professional) could so arrange procedures that clients could discuss their concerns and make decisions about their lives, and, indeed, their conditions by consensus. The many self-help groups and anti-psychiatry movements are evidence enough that people are beginning to claim their own lives and do something positive about them. They are not only recognizing themselves, but taking action to change. Doctors, and especially psychiatrists, are notorious for not taking clients’ needs and wishes into the decisions they make that profoundly affect their lives.

And this principle could be applied to education as well. I’ve seen it work. Teachers
everywhere could and should have a daily period with students to hear their concerns and aspirations, and involve them in their learning. That, it seems to me, is just fundamental. You yourself have done this with small children straight through with university students.

Yes. It works. And is only the beginning of what could happen in terms of awakening and developing oneself.

Well, that's partly what I mean that there are certain practices that ought to be in the mainstream of any institution that deals with human beings. My own awakening came in medical school where I witnessed the inhumane and embarrassing ways that professors treated patients in the name of teaching. And the terribly authoritarian way they treated students, who, in turn, took on those characteristics. And it's still going on in most medical schools, although in a few there have been some notable strides in the directions we're speaking about.

There is a striking analogy between the desperate search for a place for the obsolete military and the coming obsolescence of the helping professionals. Both had their time and place, but we must begin to learn how to live in a different world.

Matthew Fox said that there's a passion for democracy today all over the world. He likens it to a spiritual desire. I think it's fascinating that more than one country has now elected an author or poet as president, quite a contrast to what we've had.

It's contagious. There's simply no end to the possibilities. I do hope that these principles will become, as someone said, "so visible that they are invisible"; part and parcel of our lives, from relationships to education to religion, and from communities to government on a world scale.
Our individual identities, Max said in one of his last papers, can be seen as a reflection of how we imagine our environment sees us, and in that sense, we create it ourselves. Everything we do, he continued, implies that we are all a part of an ever changing group matrix influenced by and responsible to one another. Rational thinking, as the basis of learning as we know it, has obscured awareness and development of our more intuitive and spiritual legacy. Social learning enables people of all ages to reclaim an awareness of their inner selves and transcend the familiar boundaries imposed by rationality. Joseph Campbell spoke of developing an “inner education” so that each person identifies him or herself with humanity. Martin Buber said that the real purpose of education is to develop character, to learn how to live humanly in society. And consequently, the real teacher teaches best when not consciously teaching, but when acting spontaneously from one’s own life.

Support groups Max believed, are essential for stabilizing and revitalizing everyone’s life at all levels from children and ordinary people to offenders and the mentally ill. Yet despite his optimism, he was also cautious: we need to realize just how conditioned we are by education and the extent to which we have surrendered our individuality. Education, Max once wrote, is unlikely to become interested in abstract and “irrational” issues in the foreseeable future, and so parents will continue to support a “rational and practical” curriculum geared to the demands of our technological age. Calling himself a social ecologist in his later years gave him a wider scope.

Max was tremendously impressed with the many classroom projects which emerged in the 1960s involving children teaching one another inspired largely through the efforts of professors Peggy and Ron Lippitt at the University of Michigan. One of the first ventures of the prison new careers program on which Max consulted was a demonstration project in which peer teaching was the primary method. The peer teachers met as a group to plan and then evaluate their efforts. In addition to the teaching sessions, the ungraded classes met for a daily discussion which were not too unlike those Max originated at Mill Hill and at Dartmouth. He visited many of these classes and held workshops for the teachers and administrators. And upon his return to Scotland, he introduced the ideas into some of the local schools.

For some years, I had been giving courses and workshops in these methods for teachers and administrators through University of California Extension. I subsequently
spent a great deal of time in classrooms, offering the teachers what Peggy Lippitt referred to as “at the elbow” support. On occasion, some of them brought along their student teachers to the classes at the university to share ideas and show by example what could be done. And then, in preparation for the new careers school project, I unexpectedly had the opportunity to substitute for one of the teachers who was promoted to principal of another school for the remainder of the year. Now I was in a position to gain first-hand experience and go further with these ideas in an actual classroom setting. The class of 32 children was a second and third grade combination in a school of some 700. I was familiar to them from visiting the classroom quite often and from their participation in the university classes I was teaching.

And so on one of Max’s visits he wanted to have a discussion with some of these children to use it as a basis for a seminar for teaching purposes, approximating the way he worked in therapeutic communities.

The dozen or so who came to the university ranged from seven to 12 years old. Some of the youngers were working in the kindergarten and so were both being taught by other children, and in turn teaching younger ones. The peer teachers brought their lunch and met with me each noon to discuss what was happening. Most were teaching on a one-to-one basis, but some had two, and one had three. I had gotten those who wanted help together with the olders and we worked out a plan for teaching on the basis of six weeks at a time. They had a daily session which varied in length according to the “time span” of their student which they worked out individually. But usually it was no more than half an hour at a time. Most taught in the classroom, but some took their students outside. One was especially resourceful and designed a “learning kit” and took his students on “learning walks” where they looked for nouns.

I met with the total class each morning for a short time to find out what was happening, how they felt, and to help them work out any matters pertaining to their schedules. Each planned the day, made out a schedule as to subject and time, signed it, then taped it to their desks as a commitment. Each child undertook a short-term project and could work at it at his or her own pace. At times, we had sessions in small groups, sometimes as a total class, but most of the formal teaching was done by the older children who came in each day.

Max later described the session we had with him as “ghastly” referring to the location and size of the audience. Originally we thought there would just be a few and we’d sit in a circle in the way as he usually conducted his seminars and involve the audience. But, we were not prepared for the many people who wanted to see Max in action. And so we had to make changes. It was held in a huge amphitheater with television monitors, used for teaching medical students. We intended to show clips from
the children teaching and discussing their work and then involve them with the audience in discussing the films. The children focused their discussion on Max and his presence. Nevertheless, the session turned out to be a living-learning one, albeit its size and location, one that stimulated a great deal of interest and subsequent projects.

Ron: [addresses Max]: I don’t think you understand us. You keep trying to give us another reason why we don’t like you...
Alice: I think you think that we don’t like you and well, at first, I thought I didn’t like you but it’s just that I’ve never met a psychiatrist before. I’ve had teachers like Mr Philips [her former teacher]; and Mr Briggs to me was just like Mr Philips, because he’s going to be doing the same job.
Ron: Well, not really...
Alice: But I reacted the way I feel. Maybe for you it’s a completely different way.
Ron: That’s what I said.
John: I gather that’s the reason why we found you sort of hard to follow; you see, we’ve had so many pictures of psychiatrists and how big bad men they were, you know?
Lew: I didn’t even know he was a psychiatrist. Some of the others thought he was hollow.
Ron: We thought his words were hollow. We didn’t say he himself was hollow. We said we couldn’t understand his words. We’re just saying in another way what the others were saying.
George: He said words, but there was no meaning inside of them. That’s how we felt.
Max: Now, you also said some other things. While we were waiting in the corridor, you said that you were hungry and you didn’t know why you were brought here. And you didn’t know why the two groups were mixed up. Didn’t you?
Group: Umm, Umm.
Max: What do you feel about your being brought here?
Ron: I just about didn’t make it. But I’ve been here before with my teacher. It’s something about peer teaching and now it’s gotten off the subject. We did a few things and they were filmed and we looked at them, but now it’s not even about that. Is this supposed to be about peer teaching, Mr Briggs?
Dennie: Not necessarily. We came to discuss the film you made and Dr J ones was going to comment on it to the teachers. I feel a little uneasy myself with all these people here.
Alice: While we were in the corridor watching the film, someone said that we were going to discuss what we saw on the film.

Group: [voices of agreement].

Alice [continues]: And here we are discussing what we talked about in the corridor.

Ron: Yes. But Mr Jones – excuse me, Dr Jones – said we’re going to keep on discussing what we were talking about back there.

John: Well, we don’t have a subject. To me a group discussion doesn’t have to begin with a subject, it just comes naturally.

Ron: I know. We don’t have one yet.

Sarah: It would be pretty hard to have a discussion about nothing!

Ron: In my opinion, it’s sort of like saying what is your opinion for a discussion? I mean finding a topic to discuss. A subject.

Max: Well, isn’t it worth looking at the fact that you are freed really to talk about what you like now, although I think at first you had some expectation of talking about the film. The fact is that we’re not talking about the film, and why aren’t we?

Ron: I just explained. We got off asking Alice a question.

Judy: We need a leader. We were supposed to talk about what we saw on the film and we’re not talking about it.

Bob: Dr Jones, you said just to carry on what we were discussing.

Max: Well, is there any point talking about what’s uppermost in your minds now?

George: I didn’t see enough of the films.

Alice: If it’s important, then I think we should be talking about it. I mean, for me, what we’re talking about now is pretty important.

Max: In what way, Alice?

John: I think we do have our subject. I think our subject is you, Dr Jones, and we’re asking a lot of questions, like “why are we here,” and “what are we doing?” and all of that.

Max: Well, did we? Did you understand what Alice was saying just now?

John: Not really.

Ron: She sort of made a statement, and then someone made another one, and...

Alice [addressing Max]: You said, “What way, Alice?” But I didn’t understand why you said that. I thought that was pretty important.

Max: Yes.

Alice: You said, “In what way, Alice?”
Max: Yes, I did. I said why do you think it’s rather important?
George: Why do you think it’s important for what?
Max [addressing Alice]: I don’t think we listen terribly well to each other and I wonder if this is not something that we perhaps ought to look at, too?
Ron: Alice said it’s pretty important to her and then you asked why? And from then on it just got lost and we haven’t heard from Alice. Why do you think it’s important, Alice?
Adam: Go on Alice.
Alice: I don’t really know. I really don’t know. It’s just important to me and I’d like to talk about it, but I don’t know why.
Max: Yes, the feeling is important that’s in the group just now, don’t you think?
Sarah: I think you’re trying to put words in her mouth!
Max: Well, I know that this is a terrible thing to do, but I really felt that Alice is asking for a little support. Do you think it’s not a bad thing sometimes to help each other to express themselves?
Ron: Oh no. I think that’s okay. But when you start telling them what to say...now you haven’t done it, but then it just gets sort of out of hand. I’m not exactly accusing you...
Max: You’re not?
Ron: I’m not!
Max: Well, if you think so, then why not?
Ron: Because you remind me of my cousin. I’m telling a story and then he just comes in and tells the ending. Maybe that’s best, but maybe you could let them give the answer if they thought of one. That would help them.
Alice: You ask all the questions like “why” and I want to know if you’re really not looking for something.
Max: I’m looking for some understanding and I think that perhaps we’ve carried on long enough. My feeling is that we came in here to talk about what you were doing on the film in your peer teaching...
Ron: Well, then, let’s talk about that.
Alice: We didn’t know the other class would be here.
Max: Well, I think we must look at what’s happened. Although we all knew that we were going to discuss your peer teaching, if we wanted to, it’s important that we haven’t done this at all. What we’ve talked about is the stranger amongst you and the feelings you have just now.
Now, I may be quite wrong, but I have the feeling that you’ve picked me out, so to speak, because your teachers didn’t consult you about what we
were going to do, and that, as a result, you've been taken by surprise. And have a right to think, “What the heck's going on?”

John: It seems to me like I've been standing in the dark.

Ron: Dr Jones, can't you see what's happening here? Well, we first wanted you to help us, then you want us to help you. [others voice agreement] It's confusing; so we're asking questions back and forth.

John: Do you feel we don't like you or something like that? That you're one of the bad men I referred to?

Max: I think that you didn't like me for a bit. You are hungry and you felt you were being pushed around. The point we could end this meeting on is that, to some extent it's easier to talk about the stranger; it's easier to use the fellow who lives alone, who comes from a foreign country or whatever, to express a lot of your anger on.

Ron: No! I wasn't mad at you.

Alice: Did you think we were mad at you?

Ron: Did you think we were all mad at you?

Max: You're a wee bit bothered now in case you might have hurt my feelings, which is very nice of you. But I think the point I was trying to make was that to some extent, we all do that if we're anxious or upset; we look for someone to blame. Like when you kick the cat when you're in a bad mood. Don't you do that?

Bill: Do you? [laughter from the group and from the audience]

Ron: I wasn't mad anyway. But if I had been mad, I wouldn't get mad at you, so I don't know why you're saying these things...

Max: Well?

Ron: ... they don't make sense to me.

Max: I wonder if we... my feelings are that this would be a good place to stop and involve the audience.

[brief silence]

Ron: If we get enough laughs, I think we ought to start our own comedy show! [laughter]

Max: I want to involve the audience if we may. Can we just cut this out? [the television cameras]

Ron: I have one question I'd like to ask the audience. Do you think we could try to get back to the regular subject that we were supposed to deal with?

Max: Well, that's where we can perhaps continue.

Teacher [from the audience]: That was my question in fact. I would be so happy
to hear if any of you had something in your minds that you would like to say about your peer teaching experiences from the films?

Alice: Well, when I was teaching that girl they showed on television, I tried to act as normal as I could, but when I saw the film, it showed up; even though I tried to hide the action on my face, it always showed up.

Ron: You cannot get too mad, because your feelings all show up. We only saw five minutes of the film because they didn’t have time to show it all.

John: When we saw it in the corridor, we paid more attention to our own feelings than we should have to our students on the film.

Ron: We were supposed to be looking at ourselves.

Alice: It’s for our own benefit and learning, not for the group’s sake. [addressing John] What did that mean to you?

John: Well, it means to me to have more benefit from seeing your own actions on the film, than you get from other people. Is that an answer to your question?

Ron: I guess I know more from looking at our films because now I listen more to what’s going on in the groups.

Max: Yes. Now, I hope I’m not going to be accused of putting words into people's mouths again, but wasn’t Alice asking what do you learn from that?

[laughter]

Ron: That’s your opinion, not mine!

Max: Alice was commenting on “What do you learn from seeing the film; what were you becoming more aware of in yourselves?”

Ron: At first, I just wanted to see myself and the way I sounded and the way our group discussion turned out. Then I wanted to know how the others reacted. Could you understand?

[some say no]

Ron [continues]: I couldn’t understand what some of you guys said, so I couldn’t rehearse what happened.

John: Mr Briggs said once that a group discussion is to help people look at themselves and I guess this is one way to do it – with this camera right there to give us another way of looking at ourselves and how we act in the groups.

Sarah: I think it’s to benefit from other people’s ideas, because you put their ideas together. If you combine ideas then it’ll help the whole class.

Ron: Well, that’s why we’re debating. We could probably each get help.

Lew: Maybe we could hide the camera somewhere.
George: That's not fair. You know a guy gets real mad and cusses you out and if they hide the camera, then they say, “Smile. You're on Candid Camera.” And then you get in trouble.
Leo: You can get in trouble with or without the camera!
John: People, when they're filmed, are more interested in themselves than the real concept of the group. If you came into the classroom someday and everything was normal and there was a camera spying on you, you'd get normal reactions instead of the false ones.
Max: Are you suggesting that there's a hidden camera in every group?
Ron: No. But an observer is almost like a camera and it helps out a lot sometimes to have one.
John: An observer has to get close and get the facts.
Max: But, you're saying that it might be bad if a camera caught anger and so on, and if that got fed back into the group as a whole, you wouldn't like it. Now, do you think that there are some hidden cameras in your groups? Do you think that some of the things that are happening in your groups are getting talked about outside?
Ron: No!
[many talk at once]
Lew: Maybe from one of us telling our parents about what happened.
John: Sometimes I do get the feeling that there's a hidden camera in our room. I sometimes look around to see if there's one.
Max: But, if people really know how you feel, is that dangerous?
[several reply]: No.
[someone]: If that's the way you feel.
John: That's the way group discussions should be. Your true feelings. Be honest with people and not shy away from personal questions.
Ron: Some people get scared and can't even talk in a group discussion.
Max: But if you said that you thought the principal was unfair would that be a good thing to say?
[laughter]
Ron: I don't think that would be a bad thing to say.
Alice: If that's the way you feel; if you're really mad at someone, as long as you don't make a habit of it; you should say it.
Ron: And then maybe you can improve or something and just maybe you can see that it's helpin' someone else just saying that.
Max: Well, do you think you could help the principal if that was the case?
[chorus]: Yea!
Ron: I think you could discuss it in the group, but I don’t think you should go around the playground saying that the principal was unfair or something like that.
[laughter]
Max: What might happen if you said that?
Lew: You’d wind up in trouble!
George: It would get to the person.
John: May I make an observation? Was the audience supposed to participate in this discussion? I hear a lot of voices out there, and in my opinion, there are a lot of little groups going on.
Ron: Two, four, six, eight, ten, twelve, fourteen!
[laughter]
Max: And a lot of hidden cameras, too! My observation was that we were going to shut the cameras off ten minutes ago!
Sarah: Big brother is watching!
George: It seems to me that an observer can’t get hold of as much information as a television camera can, but you can tape the actions of what the person is saying and what the person does.
Alice: Maybe that’s what we’re really talking about – that we would like to know more about what we’re doing.
Ron: I don’t know, all this talk about cameras catching people... It’s probably a matter of opinion, but we’re talking about people and their true selves.
Shirley: Could we get onto the subject of peer teaching? Michael [seven year old], do you like being taught by an older student, like me, coming from our room and teaching you?
Michael: A little. In fact I think a lot.
Shirley: Do you want me to keep on doing it?
Michael: Umm.
Shirley: Would you like to teach a first grader yourself? And be the big man of the whole deal, so that whatever you say goes, instead of someone older than you always being able to do it?
Michael: Well,...
John: I can see that you were put on the spot there. Michael, could you give us some honest feedback? Would you like to become a teacher, too?
Michael [hesitatingly]: Yes.
Ron: Well, one thing further. Would you rather have a real teacher, like Mr
Briggs’ age or a sixth grader, you know, a child, teach you? Which would you rather have?
Michael [softly, hesitating as the group is silent waiting for his reply]: A teacher like Mr Briggs.
[laughter]
Ron: I can't win them all!
Albert: I’d like to make an observation. Every time we’re trying to be serious, Ron always makes jokes.
Sarah: Maybe that’s his way of expressing himself.
Ron: I get things out. I get relaxed sort of.
Max: Well, okay. If we look at what we’ve said now, that maybe that’s his way of expressing himself. What do you think he expresses by his behavior?
Sarah: Well – it’s just my opinion – maybe he’d rather go some place and eat lunch than sit here with television monitors all around. Or go home and watch television.
Alice: Ron, do you know you always joke? Do you know why?
Ron: Do I know why?
Alice: Yes.
Ron: It’s fun! I like jokes. They’re fun.
Shirley: But, I don’t think they should be used at a time when we’re discussing something serious.
Dennie: Max, we’ve run out of time. Would you like to say something in closing?
Max: It seems to me that we did focus on behavior and we looked at making fun and so on, perhaps, like someone said, of relieving tension. But it also gets you away from the subject and often times from subjects that people don’t want to pursue. It’s encouraging to see that at your early age you’re looking at your behavior.
I also think you’ve been a little put out looking at behavior rather than doing what you’d like to do on a Saturday morning. You began by wondering what kind of a guy I am, someone not familiar to you – a psychiatrist, and a foreigner with a hollow voice. You’ve become more familiar with each other and with me as time has gone on. This has been my impression.
NOTES AND REFERENCES

10. Bateson, Gregory. “Analysis of Group Therapy in an Admissions Ward,” in Wilmer, Harry. 1958. Social Psychiatry in Action: A Therapeutic Community. (Springfield, Illinois: Charles Thomas). Dr Harry Wilmer, after having visited Max at Henderson, was called to active duty to serve his obligated service as a physician, from 1955-1957, during the Korean War. The first year he was stationed at the U.S.Naval Hospital, Oakland, California. At that time, the hospital contained the psychiatric treatment center for all naval and marine corps personnel, their dependents, and civilians working for the navy, west of the Mississippi River, extending to the Pacific and Far East. Psychiatric casualties were evacuated by air to Oakland from the other hospitals for final evaluation and disposition. Some (18.4 percent) were returned to duty after treatment, the remainder were either discharged from the service under their own cognizance or sent on to veterans hospitals for further care and treatment. Dr Wilmer established a therapeutic community on the admissions ward which was a locked unit accommodating a maximum of 30 patients who remained for a maximum of 10 days before being transferred to other wards in the hospital. During the time of the project (one year) over 1,000 patients passed through the ward, representing nearly all known types of mental and behavior disorder. I assumed a participant research capacity for the project. I studied the community meetings, joined staff meetings, and interviewed both staff and patients to understand what they were experiencing. [see Briggs, Dennie. “Analysis of Verbal Communication in the Community Meetings,” in Wilmer, Harry.
1958, Social Psychiatry: A Therapeutic Community at the U.S. Naval Hospital, Oakland, California. (Bethesda Maryland: U.S. Naval Medical Research Institute.) Often when Harry had to be away, I took on his role as leader of the group. Gregory Bateson was one of the consultants to the project at the time he was doing research in communication in conjunction with his studies of schizophrenia at the Palo Alto Veterans Hospital and teaching at Stanford University.


13. Supra #11.


16. “The social therapists tend to be unmarried girls between the ages of 20 and 30, who have had some university training, often in social work. ...They come for a variety of reasons, are recruited informally (e.g., by ex-therapists, by the director on lecture tours, by referrals from people who know of the Unit’s system), and on leaving the Unit go into a variety of occupations. In selecting them, the Unit staff stresses the importance of their being relatively healthy emotionally, attractive, intelligent, or responsive temperament and interested in people. These requirements are surprisingly like those of airline hostesses... Scandinavians are thought to be especially suitable for the job of social therapist because of their “Democratic” approach. They do not typically relate to patients in terms of formal status differences as is so common among British nurses. ...When new in the Unit, social therapists may have to look to patients for many items of day-to-day orientation in their new culture, giving the latter feelings of social worth and enhancing the Unit ideal of interchangeability of role functions.” Rapoport, Robert, et al, 1960. Community as Doctor. (Springfield, Illinois: Charles Thomas), p. 109. (The research was funded by a grant from the Nuffield Foundation from 1953-7).

17. Ibid., [Dr Robert Rapoport, anthropologist, headed the research team for four years which studied Henderson].


22. Supra #12.


24. Max’s colleague, David Clark, MD, Superintendent of Fulbourne Hospital in Cambridge, England, wrote of Synanon: “This was a community with a therapeutic charter, namely that of saving people from self-destruction by hard drugs. Yet it was in no way a therapeutic community as we understand it. It was egalitarian, but not democratic; it was communal, but not permissive.” Clark, David. 1974. Social Therapy in Psychiatry. (New York: Penguin), p. 110.

26. "In the course of things, Socrates even criticizes his own convictions and invites the students to join in. He mocks himself a bit, perhaps to make sure he does not overshadow the new growth he is cultivating. Nothing is sacred in this dialogue, except the human personality as the potential locus of enlightenment." Roszak, Theodore. 1978. Person/Planet: The Creative Disintegration of Industrialized Society. New York: Doubleday, p.

27. "We, as children, were allowed to leave the table immediately after dessert while the grownups stayed on in the dining-room. All four of us then go to the drawing-room and, with a great deal of memory, try to retrace the steps in the conversation. We knew the point it had reached at the moment when we left it. We also knew its starting-point. Between these terminal points we had to trace a sinuous line, full of meanders and tangents, broken by interferences and more or less fortuitous interruptions. It was an intellectual game in which we were not always able to fill in the gaps and uncertainties. "No, Aunt Lucille didn't begin to complain of the strike at Le Houlme until later, after Uncle Henri had pointed out that strikes are as bad for employees as for employers. No, uncle's remark didn't come in until after that." Gide, André. If it Die... An Autobiography. (New York: Vintage). Note the similarity to the post-group staff discussion cited by Harry Wilmer, (supra. #10):"We began each meeting by charting on the blackboard the seating positions in the community meeting just attended. ... With the diagram before us, we then analyzed the meeting in detail, from the first silence and the first communication to the concluding summary and the ward situation at the close of the meeting. This daily forum was an extremely effective practical device for stimulating the staff's observations of the patients' behavior and developing their understanding of its significance... pp.45, 47."At the staff meetings there was always speculation as to the probable course of events, but relatively little conscious effort to manipulate the environment to produce them. We all learned much by the process of serendipity—the process of fortunately discovering things that we are not directly seeking. p.48.


33. Supra #10.


36. What Max wrote: “...the patients are fully aware that we have frequent staff meetings to deal with our own group and interpersonal tensions. Thus we are patently at one with them in constantly needing treatment. The only reason for separating the two treatment areas (patients and staff) is to give the patients the feeling that our difficulties refer to immediate problems particularly in the field of learning e.g., the training of new staff members, and are not of such magnitude as to warrant the term ‘illness.’ Clearly patients want to feel that the staff can cope with their own problems, if they are going to be able to treat them competently, so it is probably better to hold staff groups separately until such time as community techniques have reached the point of perfection when patients can safely be told the whole truth.” 1956. “The Concept of the Therapeutic Community,” American Journal of Psychiatry. 112:649 (February)

37. “...affective integrity and a belief that this integrity will permit the identification of self in others. ...The psychiatrists who have success in this field range in character from extremely extroverted persons with great zest and authority to others who feel a pain in their own breasts when they give food to a psychotic patient, and others who in the same situation simply feel an expansive manliness. But both may be successful. There is no role as to what the psychiatrist ought to feel. The only rule is that of integrity. It seems that the schizophrenogenic are those whose feelings can only be expressed through a thousand distorting mirrors of ‘oughts;’ and that the patient’s hopeless confusion regarding the nature of every message which he receives or emits is a result of dealing with people of this kind—especially in infancy. It must, therefore, be helpful to deal with somebody whose messages are not complicated in this way, who when he is being theatrical is honestly theatrical and who when he is simple is recognizably so. The problem of constructing another such therapeutic community hinges on finding leaders with these very general and not too rare characteristics.” Bateson, Gregory, in Wilmer, op cit, p. 349.


45. A novel about life in a therapeutic community. In the author’s note, Ms Zellerbach says: “I should like to thank Dr Maxwell Jones and his wife Kirsten, whose friendship and inspiration have been invaluable to me. . . . My characters (with the exception of Dr Maxwell Jones) are fictional—and although I should be pleased to learn they bear some resemblance to persons living or dead, any resemblance to specific individuals will be the interpretation of the reader, and not the intention of the author.” Zellerbach, Merla. 1961. Love in a Dark House. (New York: Doubleday), p. 7.


53. “Every book is, inevitably, part autobiography. I started work on his book in 1954, when, having been called to active duty in the Navy, I was relieved of the burdens of a full-time psychoanalytic practice and could turn my energies to putting on paper something of what had long been on my mind.” Ibid, p. vii

54. “The task of the university psychiatrist is to acquaint the medical student with past and present modes of approach to the so-called mentally ill patient, but not to teach him proficiency in the use of any of these methods. In short, the academic psychiatrist should never merely teach a specific technical activity, but instead should always maintain a critical attitude towards that activity. Undergraduate psychiatric education should thus aim at imparting to the student conceptual understanding rather than practical mastery of specific skills. It should concentrate on the study and critical analysis of those aspects of human development and human relations that are relevant to medical practice and investigation. Medical students need to be acquainted with actual psychiatric practices only to the extent that this is necessary for their proper appreciation of the theoretical instruction. In this respect, psychiatric teaching must differ somewhat from medical or surgical teaching, and should more closely resemble instruction in jurisprudence; students of law do not “practice” the activities of legislator, judge, prosecution, or defense attorney, but are acquainted with these legal roles only to the extent that they are necessary for making theoretical instruction about the law meaningful to them. 1974. Ideology and Insanity: Essays on the Psychiatric Dehumanization of Man. (New York: Penguin). p.170.

55. In an interview with Jonathan Miller, Thomas Szasz said: “I hold all contemporary psychiatric approaches—all ‘mental health’ methods—as basically flawed because they all search for solutions along medical-technical lines. But solutions for what? For life! But life is not a problem to be solved. Life is something to be lived, as intelligently, as competently, as well as we can, day in and day out. Life is something we must endure. There is no solution for it. 1983. Miller, Jonathan. Sates of Mind. (New York: Pantheon). p.290.


59. Supra #47. [Grant 1970]


MAXWELL JONES

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ACKNOWLEDGEMENTS

This document began as a series of interviews with Maxwell Jones in connection with writing his autobiography. As I transcribed them, he liked the candor of the conversations and so, at a point, decided to use excerpts at the end of his chapters. While Nora Harlow edited the manuscript, she suggested that we consider a separate document of the discussions by themselves.

Many people have assisted me in preparing this document. I would especially like to thank Chris Jones for her encouragement; Nora Harlow, John Maher, and my brother Bob made invaluable contributions; Lucia Marsan offered many helpful suggestions while translating the dialogues into Italian; to Jeanette Jones; to Sherna Berger Gluck and Marvin Gluck for their consultation; to don Mario Picchi for his preface; again to Bob for composing and type-setting the document; and to archivist Nancy Zinn, who made it possible to deposit a version of this document as part of the Special Collections at the Library of the University of California, San Francisco.
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