

THERAPEUTIC COMMUNITIES

The international journal for therapeutic and supportive organizations

Published by the Association of Therapeutic Communities

Volume 19: Number 2 (1998), 167-178

Special Issue:

Boundaries and parameters with children and adolescents

"No foundation all the way down the line": History, memory and 'milieu therapy' from the view of a specialist archive in Britain

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ABSTRACT: Britain has been among the pioneers in milieu therapy/therapeutic community for children and young people, with identifiable communities before the last war and an increasing number of units since. Milieu therapy/therapeutic community has not, however, established a secure legal or professional profile, and during the last decade in particular has suffered an extensive loss both in terms of the number of units which have closed, and the extraordinary pressures which have been put on the others. It is argued that a vigorous and sustained culture of historical enquiry rooted in the archives of the work is required if such a profile is going to be established. Some of the difficulties of this are discussed, and an archival audit and live and ongoing archiving suggested as simple steps towards securing the work for the future.

The following article is based on my experiences in Britain. I would be grateful to know whether and to what extent it may resonate for colleagues not only there, but elsewhere.

Personal Introduction

Ten years ago, in 1988, I sat down to write an article for Maladjustment and Therapeutic Education, the journal of the Association of Workers for Maladjusted Children (as it was then; now the Association of Workers for Children with Emotional and Behavioural Difficulties). At the time I was in a period of transition. I had come to Britain in 1981 as a Rotary Foundation Fellow from California to do my doctorate in folk life studies in the Institute of Dialect and Folk Life Studies at

the University of Leeds. In 1988 I had just completed that doctorate, a two volume study of the history and dynamics of a north Cotswold town from 1860 to the present. For most of those seven years of research and writing I was based in a small therapeutic community for extremely difficult and disturbed children, in which I began by thinking that I could trade my labour for a room and a place to stay while I carried out my fieldwork; but in which I quickly and inevitably became a kind of lay member of the therapeutic team.

My experience when I joined the community as a volunteer in 1982 paralleled Jacquelyn Sanders', the former Director of the Sonia Shankman Orthogenic School at the University of Chicago, when she first came across it in 1952. Like her

I hadn't known that such children ... existed: children who had been battered by life either in reality or in their minds, and who in turn, battered or withdrew to such a profound degree that they were unable to function successfully in any of the spheres of a child's life - in school, at home, or with friends ... And I certainly did not know that places to help them existed. (Sanders, 1997, p. 2)

Like her I was entranced and believed (and still believe) "that there could be nothing better than to be able to be one of those people who could help such profoundly miserable children gain the possibility of having fulfilling lives." (Sanders, 1997, p. 3). Unlike her, I was not prepared, when I had completed my studies, to give that extraordinarily loving and demanding commitment to other people's children which becoming a full-time member of a therapeutic team entails. In writing the article for Maladjustment and Therapeutic Education I was attempting to work through this fact and its consequences on the one hand, while struggling to see whether six years of living and working with highly disturbed children and the cumulation of my education in a PhD. could be brought together.

By the time the article was published ([Fees, 1990](#)) the two things had been brought together for me. I had been asked to establish an archive and study centre for therapeutic community - the first, as far as I am aware, certainly in the United Kingdom - and while continuing as a part-time member of the therapeutic team I had begun the massive shift of my research orientation from a hundred years in the life and times of an English country town onto the therapeutic community movement and more particularly the twenty five years of the therapeutic community in which I had been living and working since 1982. And then, in 1992, that therapeutic community was abruptly closed down.

To the extent that a therapeutic community is genuinely therapeutic it is also genuinely a community and its closure has something of the social and emotional impact of closing a factory in a single-industry town. If its closure is sudden - forced from the outside, and unrelated to the realities of the work or the life and productivity of the unit itself - then the impact is intensified and is more akin to losing someone you love, in the fruit of their life, in a horrifying accident. More horrifying if you know it should never have happened. And more horrifying still if, while watching it happen, you can do nothing to stop it.

What makes the closure of a therapeutic community even more devastating, of course, is that a therapeutic community is the locus of more than simple community or belonging for people to whom identity by definition is itself problematic, and for whom belonging is both the start of therapy and sometimes its greatest triumph. The 'continuity of care' of a community which survives all that a disturbed child can throw at it, and which a growing young person and adult knows is there and can continue to refer to as needed throughout their life, is one of its greatest therapeutic assets and an incomparable therapeutic tool. When a community is closed this asset and this tool go with it, with consequences which continue to unfold during the lifetimes of all of the people involved and into future generations.

During the past eight years, as archivist for the Planned Environment Therapy Trust Archive and Study Centre, I have handled the records of six therapeutic communities for children and young people which have been forced to close in that time, none of which closed because of the failure of

their therapeutic regimes or through internal administrative or organisational collapse. Over the past ten or fifteen years or so Britain has seen a fundamental change in the social and political ground rules surrounding the work with disturbed children (and consequently its financing) often originating, in a sense, with the pioneers of milieu therapy, but imposed by decision makers who are not themselves experienced in the work of healing hurt minds; who do not know the history, the traditions, or the realities of the work involved and who are not prepared to recognise or to accept the authority of those who have the experience and who are actively engaged in the work and its study. In other words, the climate surrounding the work has changed, in some respects radically; and the communities which closed did so because they did not, could not, or would not adapt to the changing environment in the ways being required and in the time-frames imposed.

Having watched the processes involved at close quarters and having seen many of the different agencies and interests at work both personally and professionally, I have come to a number of conclusions. The first is that so much complex and far reaching damage is in nobody's interest; the real and metaphorical deaths, breakdowns and pain which continue to roll and ramify through the society in which we all must live drain its resources and diminish its resilience and capacity to grow. The second conclusion I have drawn is perhaps a more painful one, because it belongs to all of us. In my view, had an established, vigorous and challenging culture of historical inquiry, debate and publication been in place over the past twenty or thirty years, these six places and probably others almost certainly would not have had to close - or if they had closed, it would have been for their own internal reasons. There are very strong traditions behind and within the Work, and a richness of personal and professional experience which are manifest to those who do it; but in the face of those who do not know the work and do not understand it - which in some ways is almost everyone - the keystone of stability in times of rapid change is history and the sciences based on it.

It is my view that when it comes to milieu therapy in Britain - and I suspect from the texts I have read that this is the case elsewhere - this keystone is missing (despite, for example, Beedell, 1993; Little and Kelly, 1995; Clough, 1997; or even Shotton, 1993). There is an absence of a sustained culture of digging for, testing and knocking facts together to make rigorous, testable and useful hypotheses about where we are and how we got here. There is discussion about practice, policy and technique; but there is an absence of in-depth and on-going historical enquiry. The place of history is largely taken by the sharing of personal experience, as in example and in reminiscence - which are invaluable; and by tradition, which has elements of historicity within it and allows people to feel historically grounded and guided while leaving their hands free (as it were) to get on with the work. But a tradition is ultimately self-referential, and when challenged stands or falls by the strength of the challenge and the extent to which its reference is accepted and by whom. The same can be said of personal experience, which has the authority of the person who bears it; but on its own and without an historical foundation has no other defence.

I would argue, and it is the contention of this paper, that the absence of a full and balanced culture in which a rigorous historical discipline thrives in harness with personal experience and tradition is a dangerous luxury, through which the children and young people we serve are ultimately failed, and the people who do the work are given the rock of Sisyphus for succour, and the bed of Procrustes for rest. And on one level some of the remedies, at least, are quite simple.

The role and viewpoint of an archivist

A former Assistant Keeper in the Public Record Office in London is quoted as saying that "The archivist stands to the historian as the dental technician stands to the dentist" (Hector, 1948). Archivists are, in effect, technicians of recorded memory.

Charged since 1989 with creating an archive and study centre devoted to therapeutic community, planned environment therapy and milieu therapy, my major concern is not to research or to write

history myself, therefore, but to encourage and to help to build up the materials through which others can and to support students and researchers as best I can. Except incidentally - as a tool to make sense of the archive collections which come in, or to guide the direction of the oral history programme, for example - the *doing* of history is something which lies outside my core professional task.

Archives, for their part, are the externalised forms of personal or social memory - letters, diaries, logbooks, photographs, videotapes, audiotapes, films and so on - which make in-depth history possible. An archive is a place where these things can be safely stored and looked after, and if not confidential or restricted in some other way, be made available for people to use and to learn from. Despite the lack of a general knowledge or understanding of archives among the population as a whole, they are far from dusty, and far from de-coupled from everyday reality.

Memory and its effective use are the bases of the capacity to act, creatively and effectively: People who do not or can not 'remember' their past or the past of the field within which they work are condemned to repeat it. Of this everyone working therapeutically with disturbed children and young people is implicitly aware, either through their own fumbling inexperience or through the more powerful and destructive mechanisms at play within a disturbed child. When it is at work more broadly it can have devastating social consequences, as when a person in a position of authority discovers for the first time what has been discovered many times before and acts without the knowledge of the fullness of what is at play. An inspector in a school for emotionally and behaviourally disturbed children who has no experience or understanding of the children or the field is as dangerous in his or her way, for example, as an inexperienced young person in charge of a hostel for disturbed men: The essence of the danger being precisely the lack of an historical and/or experiential basis on which to recognise or to acknowledge the danger they are in, or that they pose to others. The memory of a community - which is what archives in part are - is a fundamental component of its safety and its creativity.

Although my role is not to write history, therefore, as an archivist who is directly involved with locating, preserving, handling and making available the recorded memory of this special community, I have a particular view on the extent and condition of that memory, and on the use that is or is not being made of it. And although my observations must be qualified by the fact that we are a small archive and are probably not aware of the full extent of the work which may be going on elsewhere, we do hold a number of key collections - relating to Homer Lane and the Little Commonwealth, for example, and to David Wills and to the Q-Camps projects among others - which a serious historical researcher in the field of milieu therapy in Britain would have, if they are indeed serious, to consult.

The first point to make as an archivist, therefore, is that although they are increasing as the Archive becomes better known, there are and have been very few such searchers. Few historians or other academics have consulted the archives here. Furthermore, in extending my role as an archivist into the collection of the oral archives which individual people have within them - in pursuing the Archive's oral history programme - I am continually surprised to find that I am almost always walking on virgin ground. Even in the cases of key and influential people whom one would expect to have already been visited by research students or academics the oral history has not been done.

The second point is that the losses in the conventional records of this field of work are immense. A great deal certainly survives and one of the exciting things about developing a specialist archive for therapeutic community is discovering how much there is. But not only have so many of the people themselves died and taken their memories and experiences with them, but the records of the work they have done have all too frequently been lost and destroyed as well. For example, following her death Marjorie Franklin's housekeeper destroyed all of her files, including the records of Arlesford Place School, a wealth of correspondence (for a period during the war she worked closely with Donald Winnicott), and the organisational archives of Children's Social Adjustment Limited. Following his stroke, the records of the hostels for evacuated children in which Arthur Barron had

worked during the war as well as the archives of Hawkspur Camp for Boys and the records of his subsequent work as a consultant psychotherapist in a variety of units were destroyed at his own request; the majority of the historical records of Shotton Hall School were thrown away during a change in administration; Alfred Gobell's papers were accidentally lost during a spring cleaning at Hengrove School.

This cumulative loss of primary archival memory - and there is a great deal more than I have detailed here - means that the richness and depth of the work which has taken place even in the recent past can never be fully known. This means in turn that we can never incorporate into our own lives and work the discoveries which have already been made and the successes and failures which have already been overcome. Indeed, we can even allow ourselves the illusion that there are no significant lessons to be learned from these people that could not be learned from books or journals, and that the massive loss of memory and experience this represents in that sense doesn't matter. And yet we know from our own experience as practitioners of the distance between the work as it is done and what is and can be written about it. The enormous and ongoing loss of human and archival memory is therefore one of the most significant stumbling blocks to a genuine understanding of milieu therapy in Britain as it is and as it has been and to establishing a secure political and social foundation for an area of work which society fundamentally does not feel the need to understand.

Sketching the field

The best historical study of what might be termed 'milieu therapy' with children and young people in Great Britain was published over twenty-five years ago in 1971. Maurice Bridgeland's Pioneer Work with Maladjusted Children, subtitled 'A study of the development of therapeutic education' (Bridgeland, 1971), is an extraordinary book, produced by an experienced practitioner who found himself at the end of the 1960s in the company of pioneers whose personal and professional experience went back to the turn of the century and encompassed most of what can probably be termed milieu therapy for children and young people during that period. It was a unique opportunity - within a decade most of the people he interviewed were dead - and he seized it with enthusiasm. He sent detailed questionnaires about their work and ideas to leading theorists and practitioners in Britain such as Leila Rendel, David Wills, Arthur Barron, Marjorie Franklin, Otto Shaw, and George Lyward; saw them at work; interviewed them in person; sought their feedback on what he had written, and incorporated this feedback into his final publication. It is a giant of a book.

It also has its limitations, which Bridgeland himself lays out. He began the study, in effect, with a core of living pioneers and worked his way back through their lives and associations to achieve a work which is powerful and remains current precisely because it is a kind of ethnography: an historical landscape of the field built from the perceptions and memories of the participants themselves, thoroughly checked and extended against the historical record, and reflecting Bridgeland's own personality and background in education and residential work. He has not written about 'milieu therapy' as such, therefore, but about therapeutic education, focused primarily though not exclusively on residential schools and the book does not, for example, pick up the Pioneer Health Centre in Peckham (the Peckham Experiment) (Pearse and Crocker, 1943; Comerford, 1947; Pearse, 1979), which was a kind of working demonstration of the possibilities of a community-based open systems approach to individual and social health (conceived broadly), and which, among others, influenced Harold Bridger's work at Northfield (Bridger, 1996). Nor, for example, would it have picked up the work and antecedents of the Cassel Hospital which, after the war and under the leadership of Tom Main, became a therapeutic community involving adults and their children (Kennedy et al, 1987); nor Frimhurst Recuperative Home, a kind of therapeutic community for 'problem families' established in 1957 in Surrey (Etesse, 1973). There was also the time frame: it was a study centred on the main figures of therapeutic education up to 1970, and doesn't dwell on what David Wills, in the foreword to the book, called the 'new wave' of therapeutic communities

coming forward in the late 1960s and 1970s (Wills, 1971a, p. 14).

Within these limitations, if that is even an appropriate term, the landscape Bridgeland presents is a rich one. David Kennard has deftly traced one of the lines of influence drawn out by Bridgeland through the American Homer Lane, whose work at the Little Commonwealth in Dorset (1913-1918) within a self-governing, permissive (in the therapeutic community sense), and psychodynamically-informed community of adults and delinquent post-school-age children directly influenced a number of progressive educators in the interwar period (A.S. Neill of Summerhill among them), and through word of mouth and publication indirectly influenced others to take "up the cause of creating liberal therapeutic regimes for delinquent or difficult children" in the attempt to "get away from the authoritarian, punitive attitudes of conventional reformatories, and from conventional notions about childadult relationships in schools in general" (Kennard, 1983, p. 38). David Wills - who had a kind of conversion experience from the power of the fist to the power of love at the Wallingford Farm Training Colony for adolescent male "rejects of the Poor Law system" (Bridgeland, 1971, p. 77) was among those who took indirect inspiration from Lane; pioneering a therapeutic camp at Hawkspur Green in Essex just before the war, and developing his philosophy and practice at Barns Hostel for unbilletable boys in Scotland during the war, and at Bodenham Manor School for maladjusted children afterwards. Otto Shaw was rocked by his discovery of A.S. Neill and Summerhill, and having been psychoanalysed himself in 1934 founded Red Hill School, a community centred on self-government and individual analysis, with a strong ethos of art and academic achievement. Independently in the 1930s, though influenced by psychoanalysis and especially by the practical applications approach pioneered at the Tavistock Institute, George Lyward developed his genius as a teacher into the highly influential community at Finchden Manor, which he regarded as a clinic rather than a school. For Bridgeland these three men epitomised the diversity as well as the integrity of the communities which grew up in the inter-war period, and continued to flourish (though all are closed now) at the time he was writing.

In the Education Act of 1944 'maladjusted' children were formally recognised by legislation in Britain for the first time, with the British State accepting a financial responsibility for the specialist provision required. As Bridgeland shows, the

impact of this was immense. War-time hostels for unbilletable children (children evacuated from cities for their safety, whose behaviour made them unwelcome guests in private homes) which were within the progressive/milieu therapy tradition, such as Chaigeley Manor in Cheshire and Barns in Scotland, reorganised themselves as therapeutic residential schools. Barbara Dockar-Drysdale's private endeavours eventuated in the foundation of the Mulberry Bush School, strongly influenced by Donald Winnicott. The availability of public funds meant that places like Finchden Manor, which had formerly been dependent on parents wealthy enough to pay the clinic's fees, could now take a wider range of young men. The sector expanded and the profession crystallised, with the creation of the Association of Workers for Maladjusted Children in 1951 providing "the first opportunity for the pioneers to discuss their practice and principles within the framework of a national organization." (Bridgeland, 1971, p. 287).

In the 1960s and 1970s there was David Wills's 'new wave' of initiatives which included the founding of New Barns School in Gloucestershire, and of Glebe House, a Quaker foundation in Cambridgeshire; the transformation of the punitive and authoritarian Cotswold Approved School into the Cotswold Community (Wills, 1971b), and of Park House Approved School into Peper Harow Therapeutic Community (Rose, 1990). New developments continued into the 1980s with the founding, for example, of the Highdene Association, the creation of Chalvington School, and of Thomby Hall.

In a changing and increasingly difficult climate the leaders of seven of the therapeutic communities met in 1987 to discuss common issues and interests, and subsequently formed the Charterhouse Group of Therapeutic Communities (Fitzgerald, 1990). The Charterhouse Group has grown from seven to nine institutional members, but in the course of that growth three of the original seven

communities have closed, and four which joined subsequently have also been forced to close. In a sector which is already very small - currently nine - the loss of seven is devastating.

Against this devastating background, one of the critical difficulties facing 'therapeutic communities' in Britain at the current moment is the fact that the term 'therapeutic community' and therefore the specialised work that goes on within them have no legal standing or specific professional identity and recognition. Depending on their history and the sometimes accidental situation at the time of their founding, 'therapeutic communities' in Britain are and have been variously registered with the government as children's/community homes, community homes with education (formerly approved schools), special schools within the state system, or independent schools some of which have been registered as special schools and some of which have not. Administratively they therefore come within the responsibility of different government departments, in which they are gathered together with a variety of residential provision whose aims, objectives and methods are very different and indeed in some cases would be seen by the therapeutic communities themselves as antithetical.

It would be my view that the failure so far to reach a legal or professionally recognised definition of 'therapeutic community' goes hand in hand with the absence of a firm and vigorous historical tradition, through which the elements of whatever it is that defines 'therapeutic community' would have been teased out in a rigorously academic and practice-informed milieu in which the work itself and its definition would have been challenged, formed and held accountable.

The impossible task

Having said this, however, there are very real difficulties standing in the way of a history of milieu therapy/therapeutic community. Indeed, it could reasonably be asked whether a history is actually possible.

In the first instance there is the extensive loss of primary archival material already referred to. Beyond this there is the fact that - and despite the efforts of someone like Elaine Cumming to draw firm distinctions between them (Cumming, 1969) - the terms 'milieu therapy', 'therapeutic community' and 'environment therapy, when they are used, are commonly used interchangeably. This would not in itself be a problem if within or even among themselves the terms consistently designated the same things: but they don't. As David Kennard has pointed out, none of these terms - as of this writing - is copyright (Kennard, 1983, p. 3), and the same term can quite legitimately be used for very different things.

A very simple example: The term 'therapeutic community' in the United States has come to be used primarily (though not exclusively) for communities for adults which tend to be hierarchical, authoritarian and with sometimes elaborate and formalised structures of behaviour and relationships, while in Britain the term continues to be associated predominantly with communities of children and young people as well as adults which are characterised by a flattened hierarchy, and with a democratically-oriented therapeutic structure which tends to arise and draw its therapeutic authority for the most part from the individual and group relationships among the staff and clients as such. Despite the common name, the two approaches differ significantly in ways which many would regard as definitive.

Less problematic (unless you are concerned with the relation between language use and therapeutic structure, or are doing a web-search) is the use of the term 'therapeutic community' to designate the 'community' of professionally trained people who are paid to do therapy, as over against the client population they serve (e.g., rather surprisingly in the context, Bullard, 1962, p. viii).

More problematic is the fact that all of these terms have passed through periods when almost any facility dealing in any way with disturbed people took on one or more of the terms to describe their work, however far removed from the fact: "Some hospitals, for example, record the treatment given

to a psychotic patient who has received little more than three meals a day and a bed each night as milieu therapy." (Cumming and Cumming, 1964, p. 1).

In the face of this diffusion of meaning the archivist can either take the American insurance companies' route of regarding the terms as diagnostically meaningless (Will, Jr., 1983) - in which case, how do you focus your history or define a collections policy; or accept, in David Clark's words, "that any place that says it's a therapeutic community probably is one" (Clark, 1997b). In which case, how can you define a profession?

A related problem is implicit in the more or less universal agreement that milieu therapy and therapeutic community existed in some manner and to some degree before the terms themselves were coined, whenever that may have been (see, for example, O'Sullivan, 1985; Neill, 1986; Caplan, 1967). Indeed, the implication of David Kennard's 'therapeutic community impulse' or 'impulses' - which are "aspects of human nature and are thus all present, to a greater or lesser extent, in the ways people have tried to help one another at different times and in different places ... in different specialities, in different countries, and in different periods of their history" (Kennard, 1983, p. vii) - extends this problem to its limit. Without a firm structural or technical definition, and when the terms 'milieu therapy' or 'therapeutic community' or their cognates in other languages themselves are not used, how can you know from the historical and archaeological record itself when you are or when you are not dealing with something which might legitimately be regarded as milieu therapy or therapeutic community? Given the paucity and fragmented nature of information which survives even for very recent enterprises - never mind something from one hundred or two hundred years ago, and recorded (if at all) in a language no longer current - how can even the strictest of definitions help us to know when and if we are dealing with an example of milieu therapy, or of proto-milieu therapy, or with something which looks superficially like but is not milieu therapy? Is, in fact, a history possible? From this point of view, Bridgeland's ethnographic approach appears eminently sensible, certainly as a starting point: allowing the practitioners themselves to define their field and its antecedents, and building on and from their traditions.

A final problem is more intractable. Of the records that survive, the vast majority are confidential. Most of the information that exists can not be made available to most researchers most of the time.

Conclusion

From an archivist's point of view there are a number of real and perhaps impossible difficulties standing in the way of a history of milieu therapy/therapeutic community for children and young people: at its simplest, when (if you can even speak in these terms) does it begin? And what is it? Is it, for example, an historical entity which one can approach 'biographically', or is it simply a fashion, or a word, and therefore a part of the history of ideas? Is it something fundamentally human taking on different clothing in different settings and in different times, or is it a set of identifiable therapeutic strategies or technologies which have been uniquely developed in the course of this century? How much can be done with the records which exist and which are not fully confidential? Is a history even possible?

There are, however, equally real difficulties and a much greater danger in *not* pursuing history. Through re-inventing the wheel each generation recreates the destruction, the waste, and the uncertainty of prior generations, albeit alongside the wonderful and sometimes heroic (re)discovery of what it is possible to do with and for people for whom creative lives and careers had seemed (in the context of the day and within the information available) virtually impossible. Despite the element of hope in the Sisyphus myth (even in hell there must be friction), the loss of memory and its consequences is a heavy legacy to pass on.

The past and its records can not be reclaimed once they are gone. With a view to the future, and having learned from the past, however, there is a very simple twostep task which workers with

disturbed children and young people can do now which will make an accumulating difference. The first is the 'archival audit', in which the state of the recorded memory of the organisation is assessed: what does exist? Where is it? Are current records being properly kept and managed, with a view to their long-term survival? Do they adequately reflect the richness and reality of the life and work of the unit? Do they have an ultimate archival safe haven? The second is 'live and ongoing archiving' (Ward, 1998): Regularly examining and setting aside samples of the full range of public documentation and ephemera produced by the unit in its daily running, from handbooks and rotas to memos and community newsletters, preferably augmented by periodical sampling of the everyday life in video, audio, drawing and other means of recording, perhaps by the young people themselves. Ensuring that these are saved and looked after, and ultimately placed in an archive where they can be available, as appropriate, for research and education. In other words: creating a memory bank of the community and for the profession, laying a foundation.

David Clark has remarked with some seriousness that "the proper therapeutic community person is unaware that anything happened before yesterday." (Clark, 1997a). In a political and media culture which thrives on short term memory and change, history - and the founded analysis and accountability it requires - is a radical challenge. The radical turn for the therapeutic community today is precisely to be a culture of enquiry: challenging the traditions of ahistoricity within itself, challenging the mask of history which hangs over the traditions which impact on the work, pro and con; and establishing a founded identity which the winds of ignorance and change can not so easily wipe away.

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