

# Precious Inheritance

The enduring legacy of the therapeutic community  
& its role & value in a changing world

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TCs for (maladjusted) children

Democratic TCs

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## Children's TCs - influences

- August Aichorn
- Homer Lane
- W. H. Hunt
- Marjory Franklin
- Norman Glaister
- David Wills

# Notes

*August Aichorn, a contemporary of Freud, famously took control of the juvenile prison system in Vienna and introduced a radical programme which included a significant element of self-governance. Despite almost universal condemnation and dire prophecies, the system worked well and Freud, in the Introduction to Aichorn's biography described it as his greatest achievement. Homer Lane was brought from the Boys' Republic in the USA by a group of British reformers before World War One. He established the Little Commonwealth, a mixed population therapeutic village for boys and girls in trouble with the Courts. Between the wars, Franklin and Glaister - founders of the Planned Environment Therapy Trust supported David Wills in establishing the Hawkspur Camp - a self-build, self-sustaining smallholding community for "troubled" youths. Wills went on to establish and manage a number of similar establishments, effectively designing the template for the early Borstal School experiments.*

## Children's TCs – early exemplars

- Little Commonwealth
- Wallingford Farm Training Colony
- Hawkspur Camp
- Barns Evacuation Hostel
- Bodenham Manor
- Summerhill
- Camphill

# Notes

*The Little Commonwealth flourished for a while but ultimately foundered following a series of allegations (which appear to have been unfounded) regarding Lane's behaviour. W. H. Hunt's Wallingford Farm Training Colony seems to have bridged the early work of the 19th Century Poor Law reformers and later rehabilitation and training models which began to appear in the middle of the 20th Century. David Wills worked at Wallingford and, although he abhorred the corporal punishment and bullying he found there, many of the elements of Wallingford were transported to Hawkspur (perhaps the first community of its kind to completely outlaw corporal punishment). Wills went on to work at Barns ( a centre for "unplaceable" evacuees and Bodenham - an early model for the Borstal system. At this time too, village settlement communities such as Summerhill and Camphill were establishing new ways of learning and living for those unable to manage within the mainstream.*

# Children's TCs - features

- Groups divided into “family” units
- No corporal punishment
- “Shared Responsibility” - limited self-government
- Internal Economy
- “Whole person” view of problems
- Love as therapy

## Democratic TCs - influences

- S. H. Foulkes
- Tom Maine
- Maxwell Jones
- David Clark
- R. D. Laing
- Max Glatt

# Notes

*The immediate post-war period was one of great change and development across Europe generally and the UK in particular. Few of the new generation were prepared to follow in the footsteps of their predecessors and perform the role of custodian of the incurable lunatic. Foulkes, the father of psychoanalytic group therapy explored the dynamic of the group as a healing force both at Northfield and at the Maudsley. Tom Main, Wilfred Bion, Maxwell Jones, Foulkes and Harold Bridger all developed this group approach and experimented with varying degrees of patient control over the healing process at Holmwood Hospital, Northfield. Main coined the term “therapeutic community” around this time and Maxwell Jones went on to further develop the model at the Henderson Hospital. David Clark and others built upon these ideas fusing them with the growing momentum behind radical psychiatry and the democratisation and liberalisation of psychiatric treatment. The Scots psychiatrist, R. D. Laing, moved his community out of the hospital altogether and Max Glatt took the TC methodology and used it with alcohol-misusing prisoners on a wing of HMP Wormwood Scrubs, simultaneously chalking up both the first use of TC methodology in a prison and its first use in the addictions.*

# Democratic TCs – early exemplars

- Northfield
- Henderson
- Fulbourn
- Dingleton
- Horton Rd. & Coney Hill
- Littlemore
- Emiliehoeve

# Notes

*Hollymoor Hospital, Northfield was used during World War Two by the Ministry of Defence for the treatment of soldiers suffering mental breakdown. It was here that Jones introduced his “democratic therapy” and where Foulkes, Bion and Bridger developed their ideas about groupwork. Jones subsequently pulled together these threads in the transformation of the Henderson into a therapeutic community. David Clark, much inspired by Foulkes - with whom he worked at the Maudsley - set up a similar TC at Fulbourne. Sometime before this (1948) George Bell had unlocked all the wards at Dingleton Hospital a process echoed by Bertram Mandelbrote at Horton Road and Coney Hill where, like Jones, he commenced a programme of socialisation which later became described as “care in the community”. Mandelbrote subsequently moved to Littlemore Hospital, Oxford where he established a TC for alcoholics (and, later, drug users); initially as a democratic TC (using the Maxwell Jones model) and later as a hierarchical TC. This process was paralleled by Martien Kooyman in the establishment of a TC in a farmhouse - Emiliehoeve - on the grounds of a psychiatric hospital in The Hague. Jones moved to the USA where, with Denny Briggs and others, he began a series of experiments using TC methodology - often with striking success - within the prison system. Jones returned to Scotland in the 1960s and completed the process begun at Dingleton by Bell; turning the entire hospital into a therapeutic community.*

## Democratic TCs - features

- Use of role models
- No corporal punishment
- “Shared Responsibility” - limited self government
- Internal Economy
- “Whole person” view of problems
- Love as therapy

# Drug-free TCs - influences

- C. E Dederich
- David Deitch
- Mitch Rosenthal
- Griffith Edwards
- Ian Christie
- Martien Kooyman
- Bertram Mandelbrote

# Notes

*Charles “Chuck” Dederich established Synanon in a waterfront hotel in Santa Monica in 1958. The process had begun with Dederich holding Wednesday night meetings in his apartment for fellow Alcoholics Anonymous members and a number of recovering heroin users who had been barred from AA meetings. Dederich invented the “Game” (later called “encounter groups” by Carl Rogers who, like Maslow, Bratter, Yablonsky and others, visited Synanon in this early period). The Game was a process whereby the individual’s story could be challenged by other group members; a process specifically disallowed by AA. David Deitch, an early graduate of Synanon was hired by New York City to establish Daytop (Drug Addicts Treated on Probation) using senior Synanon residents. Mitchell Rosenthal, who had been using a similar approach in the treatment of addicted military personnel was also recruited to establish Phoenix House, New York. Both Griffith Edwards (who had run a Maxwell Jones model TC for alcoholics as part of his work at the Maudsley), Ian Christie and Martien Kooyman were all influenced by these two developments and established US-style hierarchical TCs in Europe (Phoenix House, Alpha House and Emiliehoeve respectively) with both logistical and practical assistance from the New York TCs. The practical assistance was in the form of a loan of senior residents, a practice which characterised the subsequent development of European TCs.*

# Drug-free TCs – early exemplars

- Synanon
- Daytop and Phoenix
- Alpha House
- Phoenix House
- Emiliehoeve
- Synanon Haus

## Drug-free TCs - features

- Groups divided into “departments”
- No corporal punishment
- “Shared Responsibility” - limited self government
- Internal Economy
- “Whole person” view of problems
- Love as therapy

# Notes

*Synanon House subsequently deteriorated into a cult-like closed community with Dederich eventually being brought before the courts on charges of intimidation. Paradoxically, it was Synanon's dismissive attitude towards the US TCs which had adopted the Synanon methodology which protected this second generation from any fall out. Phoenix and Daytop went on to become among America's largest and most successful providers of residential treatment; inspiring a host of TCs across the continent. Other Synanon graduates also began to develop TCs such as Amity Foundation. In Europe, Emiliehoeve and Phoenix House in particular continued the tradition of logistical/practical mentoring to help found TCs across Europe - De Kiem and De Spiegel in Belgium, Vallmotorp in Sweden, Kethea in Greece, Coolmine in Ireland etc. Ceis in Italy and Proyecto Hombre in Spain were developed partly through this route and partly through the establishment of a series of summer schools bringing together leading figures of the two TC traditions - Maxwell Jones, Harold Bridger, George De Leon, Donald Ottenburg etc. A very different route marked the establishment of Synanon Haus in Germany. This development began when a doctor "prescribed" Lew Yablonsky's book about Synanon (The Tunnel Back) to a drug using couple. The couple subsequently detoxified and drove to Berlin with their copy of the book which they used to establish a large and successful TC almost single-handed.*

## Drug-free TCs – fault-lines

- Alcoholics Anonymous
- R. D. Laing and the commune movement
- Psychiatry and the democratic TCs
- Christian pastoral communities (Geel)
- “Mixed economy” communities

# Notes

*Inevitably, the development of drug-free TCs in Europe has not followed a single simple path. Other influences have impinged upon the story. In a number of East European countries (where the notion of democratic TCs was considered bourgeois and therefore intrinsically suspect) TCs such as Magdalena in Czechia and Monar in Poland, arrived at a similar structure through an adaptation of the collective farm structure heavily influenced by the behaviourist traditions; particularly the legacy of Pavlov. Some were influenced by the “anti-psychiatry” approach of Laing and (to a lesser extent) Basaglia; creating essentially anarchist communes. Still others grew out of Christian missionary initiatives and were built around a traditional Christian pastoral monastic model best exemplified by Geel, the healing village in Belgium. From this tradition sprang large village TCs like San Patrignano in Italy. Others reverted to a more traditional Alcoholics Anonymous structure whilst still others (generally springing from the Christian tradition) used mixed population communities where many community members did not have drug or alcohol problems and usually volunteered to be community members. Interestingly, this approach has echoes of the use of “lifestylers” and “squares” in the early Synanon though perhaps even more significantly in the European context, it is also reminiscent of a European tradition stretching back to the Middle Ages in Geel and taking in both Lane’s Little Commonwealth and Wills’ Hawkspur Camp.*

# Common Threads

- Structured programme of activity
- Limited self-governance
- Tough discipline
- Moving “out from under” larger bureaucracies
- Humanitarian belief in the self-healing power of the community
- Love

## TCs & AA/NA - Similarities/Disimilarities

- TCs grew out of the AA movement
- Residential settings are more intensive
- Work programmes (early heroin users)
- Cross Talking - Encounter Groups
- Goal Setting
- Recovery - a finite journey or a lifetime?

# Hawkspur Community



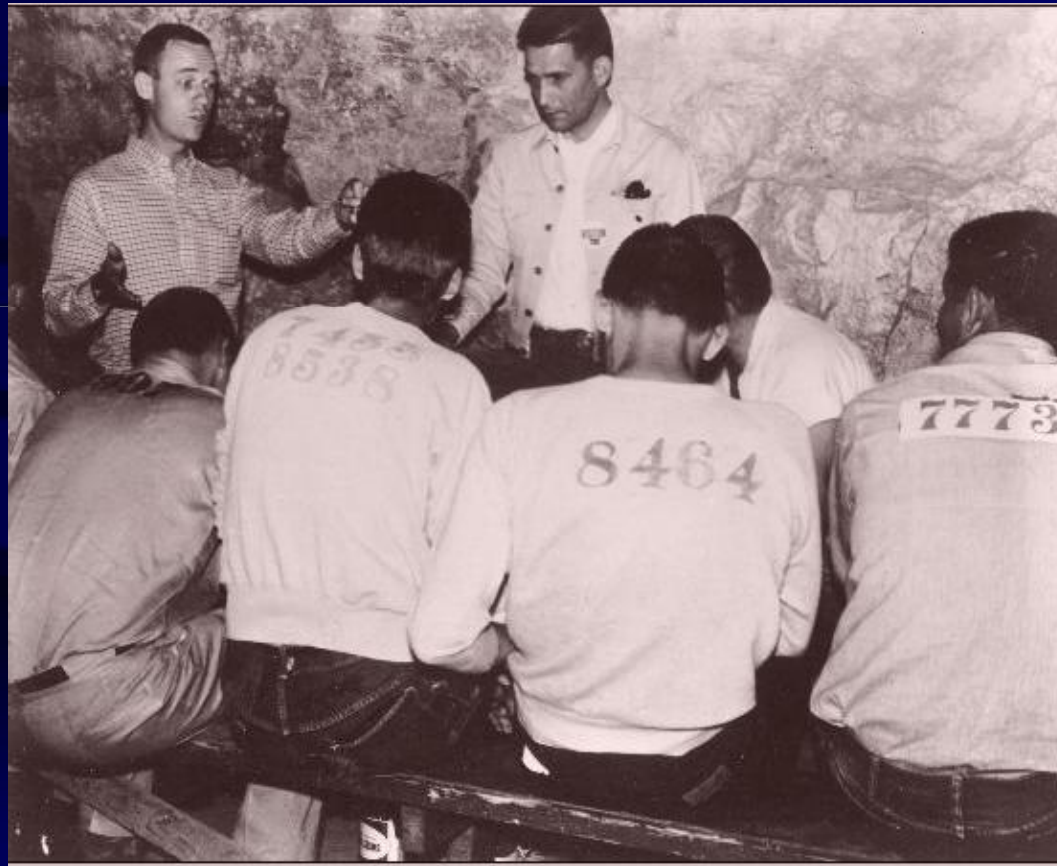
# Hawkspur Community



# Synanon Community



# Synanon Community



# Synanon Community



# Synanon Community



# Notes

*These pictures of Hawkspur Camp and the early Synanon are strikingly similar. They tell their own story in many ways. It is perhaps worth noting that the photograph of the Synanon kitchen department shows black and white young people working together - a situation virtually unthinkable in any other American institution at that time. Significantly, all three traditions were built upon a central belief in the inherent goodness of people and their overwhelming desire to "live right". All three types of community believed (and still do believe) that this basic instinct to care for each other can be harnessed within a therapeutic environment and can deliver change which cannot be matched by the application of external influences. They are therefore essentially self-help learning environments where the power of the group is directed towards achieving individual change. There has been a rebirth of interest in TCs and other self-help modalities in the past decade as providers, politicians, carers and even users themselves have grown increasingly disenchanted by the apparent failure of substitute prescribing to deliver abstinence goals. TCs have become increasingly deployed across Europe for special populations; notably prison populations, dual diagnosis patients etc. However, the notion that TC interventions are too expensive to be countenanced for use with less damaged populations is being increasingly challenged as the long-term costs of substitute prescribing are better understood.*

# TCs and Addiction Theories

- Temperance and Moral Models – born out of the temperance movement – the devil in the bottle
- The Disease Model – inspired by Rush and Trotter in the 19<sup>th</sup> Century & championed by Jellinek as the *raison d'être* of AA – the devil in the drinker
- Characterological Models - consider early trauma and abnormal personality factors to be at the root of addictive behaviour.
- Behavioral Models – are based around the central principle that behaviours are learned rather than genetically inherited or biologically determined.

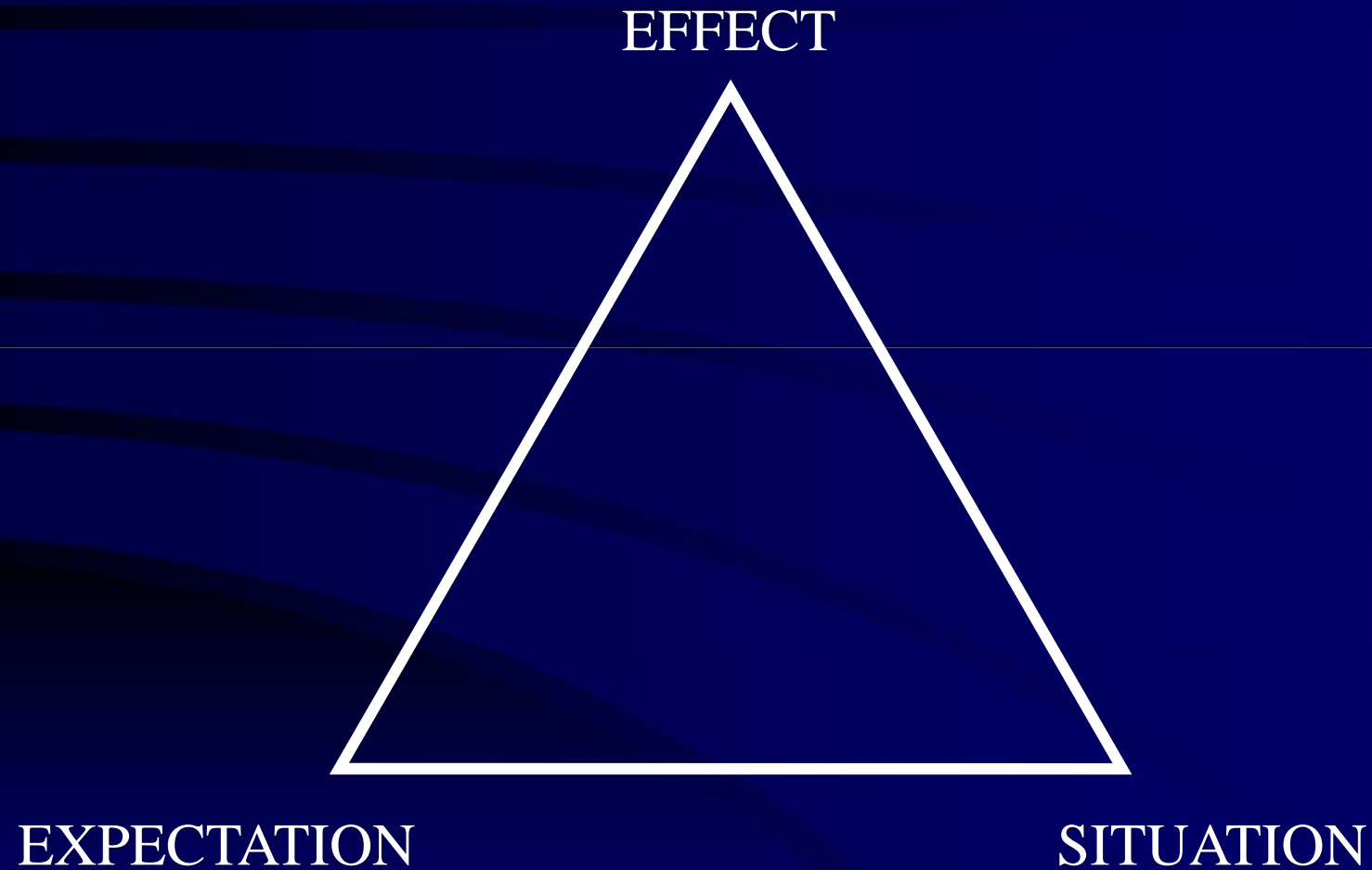
# Notes

*Born out of the second phase of the Temperance Movement, the temperance and moral models considered alcohol to be intrinsically “evil” and debasing. Debasement and salvation become a very integral part of the literature offered within Temperance tracts, books and newspapers. Interventions were always abstinence-based with an emphasis on prayer and contemplation (and hard labour). The disease model enjoyed its heyday in the years after the collapse of Prohibition in the USA when the moral model became politically untenable and saw alcoholics and non-alcoholics as biologically different - with alcoholics being “allergic” to drink. Characterological models are historically characterised by the search for the “addictive personality”. They have enjoyed a resurgence as a result of the interest in dual diagnosis. Major theorists include Khantzian - who argued that addiction is the result of specific personality deficits creating a “hole” which becomes filled by the drug experience - and Wurmser - who argues that the roots lie in early trauma with the addict self-medicating the pain, guilt and rage. Finally, the Behavioural Models focus on classical and operant conditioning, social learning, and cognitive-behavioural principles. The principle belief - that learned behaviours can be unlearned, owes much to the work of Pavlov and Skinner. Approaches include Albert Ellis’s Rational Emotive Therapy, Marlatt’s Relapse Prevention and various other cognitive behavioural approaches. These approaches concentrate on the “here and now” - Act as if, think as if, be as if, be!*

# TCs and the Bio-psychosocial Model

- Emerges in the late 1970s in response to general dissatisfaction within the field with the lack of utility in the existing uni-dimensional models.
- Multi-dimensional models were developed by theorist practitioners such as Zinberg and Engels.
- Bio-psychosocial models see drug or alcohol misuse as the result of complex interaction between the drug, the social situation and the psychic health of the individual.
- This is the *Drug, Set and Setting* of Zinberg's work.
- This brings together a number of preceding theories – disease model, behavioural theories, socio-economic, characterological etc.

# Drug, Set and Setting



## Drug, Set and Setting - what should treatment achieve?

- *Drug* - reduce or eliminate drug use
- *Set* - improve self-esteem and encourage resilience
- *Setting* - encourage changed environments, communities, activities etc.
- Therapeutic Communities are the only intervention to systematically offer these three interventions

## Therapeutic Communities - the popular criticisms

- No-one completes the programme
- It's OK but it just costs too much
- MMT/ORT is the only evidence-based treatment: there is no evidence for therapeutic communities

# Retention in Treatment 1

- Low retention is NOT the same as poor treatment outcome
- Retention and compliance is an issue for many drug treatment interventions
- A survey of 3 methadone maintenance projects in Texas (Simpson, Joe & Rowan-Szal)
- Two-thirds dropped out in the first 12 months
- One third dropped out in the first 12 weeks
- D'Ippoliti et al. surveyed over 1,500 addicts assigned either to MMT or naltrexone detox
- 60% of the MMT group had dropped out of treatment in the first 12 months
- Morris & Schultz estimated retention was around 50% for diabetes, hypertension, asthma etc.

## Retention in Treatment 2

- Retention in treatment consistently improves outcomes
- This is true for almost all types of treatment intervention
- Not true in long-term MMT
- Australian research of drop-outs from therapeutic communities estimated engagement was *as important* as time in treatment
- Those with higher status attainment had consistently better outcomes
- Various studies indicate that retention can be improved
- Improving retention is worth aiming for
- Treatment WORKS - when people stay around long enough for it to have an impact on them

# TCs & Recovery – they cost too much

- Surprisingly few studies actually exist
- Of those that do, most study outcomes over too short a time period
- Many fail to compare like with like (housing as an example).
- Many assume that the populations are the same.
- But residential populations are consistently more damaged – lower prognosis but higher savings
- Few studies include after-care savings (Berg)
- Few studies include in-treatment savings (Pitts and Yates)
- Those studies which take these elements into account consistently report better cost benefits from residential services

# Seven Cost Comparison Studies

Author	Other ID	TC vs Other	Exclusions	Time (M)	Baseline	Housing	Notes
Flynn	DATOS	Y	Cocaine only	24	Y	x	More cost benefits from residential services
French	1999	Y	MICA only	24	N	Y?	Residential options marginally less expensive
French	2000	Y	N/A	9	Y	Y	More cost benefits from residential services
Godfrey	NTORS	Y	N/A	24	N	N	No modality-based costs but residential costs significantly higher
Healey	NTORS	Y	N/A	24	N	N	No modality-based costs but residential costs significantly higher
Schackmann	N/A	Y	Adolescents only	6	N	N	Broadly similar costs but residential services produced better results
Zavala	N/A	Y	Adolescents only	12	N	N	Annual unit costs higher but treatment episode costs lower

# TCs & Recovery - the evidence 1

- The dominance of medicine in addiction treatment
- Addiction as an infection & the individualisation of treatment
- RCT as the “gold standard” - but not the only fruit
- Where treatment as usual (or no treatment) is not acceptable
- Where the intervention is complex with many variables
- Where the *weight* of outcome studies is compelling
- eg. De Leon – 5,000 admissions in USA (1969-2000) and have been followed 1-12 years post-treatment.
- All show strong correlation in improvements over time in treatment
- Alternatives include: exploring internal elements; using an on/off switch; arguing for a different frame of reference (eg. Education).

# TCs & Recovery – evidence 2

Element	Description
Peer Tutoring	TC mutual self-help grounded in peers as role models and mentors.
Therapeutic Alliance	Affiliation and participation in the programme depends upon the relationship between the individual and the Community.
Motivational enhancement	Various forms of group process focus individuals on problem identification and encourage desire to change.
Behavior modification	TC system of verbal correctives and affirmations as well as social sanctions and privileges for facilitating behavioral change.
Goal Attainment	The program plan focuses on incremental learning, defined by specific stage and phase outcomes gradually leading to program completion.
Therapeutic Alliance	Affiliation and participation in the program depends upon the relationship between the individual and the Community.

## TCs & Recovery – evidence 3

- Don't be ashamed of belief
- All research starts with a belief / curiosity
- Research is the systematic testing of belief
- Some will believe that in a certain set of circumstances, the worst will happen
- Some will believe that in a certain set of circumstances anything is possible
- Ask yourself which belief you would prefer
- Evidence-based practice or practice-based evidence?

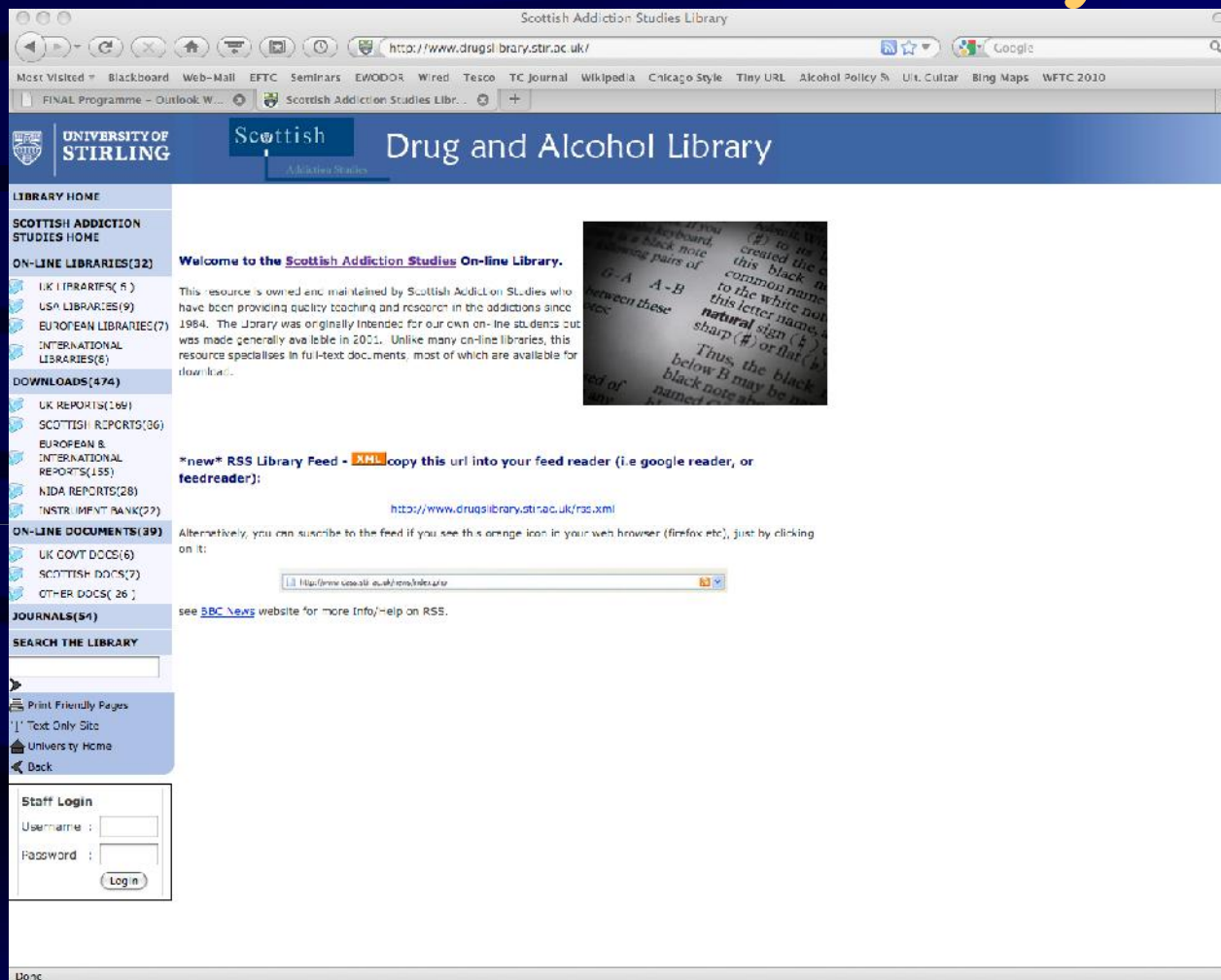
# Therapeutic Communities Today

- Not all therapeutic communities are truly therapeutic communities
- TC methodology is a specific approach which has at its core the use of the community as the central change element
- The purposive use of the community to assist the individual to use the community to change the individual
- A delicate balance between the rigidity of the structure and the fluidity of the group
- We should be extremely careful in adding enhancements – some of which may be anti-TC

# TCs – a methodology for the future

- TCs are schools not treatment services
- But TCs can position themselves as a bridge-head between treatment and the recovery movement
- An emphasis on working with more damaged populations
- An emphasis on after-care – AA & NA in re-entry
- Return of the Square
- Cross fertilisation (without lack of fidelity)
- A more robust defence of the TC against the 3 criticisms

# Sources - SAS Library



<http://www.drugslibrary.stir.ac.uk>