

The Therapeutic Community

Two developments anticipated some of the basic ideas of the therapeutic community:-

- 1) 19th Cent. - moral treatment – belief in treating the mentally ill in a humane and dignified way, creating an intimate family-like atmosphere, need for kindness and tolerance. Faded with the rise of the large asylum and shift towards a biological view of mental illness
- 2) Planned Environmental Therapy. In 1913 an American, Homer Lane, invited to England to open a community for delinquent and disturbed adolescents: used self-government as the basis for running the community. Influenced, A.S. Neill, Wills and others. Wills developed “Planned Environment Therapy”, including the principles that punishment should never be used to correct a child’s behaviour, all relationships should be egalitarian and non-authoritarian, and therapy should be based on a loving, accepting relationship between child and adults.

So the idea of an egalitarian community in which change is brought about through caring, personal relationships, is not new as a way of responding to societies disturbed and deviant members.

Therapeutic Community:- given name by Tom Main in 1946. He described the development at Northfield.

“An attempt to use the hospital not as an organisation run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of full participation of all the members in the daily life and the eventual aim of the resocialisation of the neurotic individual for life in ordinary society.”

At same time Maxwell Jones was developing his ideas in London.

Basic idea:- patient involvement. Both experiments were showing that patients could be helped more fully when professionals were willing to become less hierarchical and patients were allowed to become involved in helping each other as part of a hospital community.

From its early days as a radical movement, the Therapeutic Community has evolved to become an established method.

Important influences and ideas:-

1). **Psychoanalysis**

a) The creation of a free space within a structured boundary.

Structure:- place, staff, time of meetings, roles, rules. Within this structure the individual is free to act as he wishes. Talk, silence, actions.

b) Transference. Others may be seen as an authority figure, or seen as father, mother, brother, sister, etc. Or may replicate patterns of relationships – whole family relationships. Community and whole transference's.

c) Defence mechanisms

d) Counter-transference

2) **Theories of group functioning**

Bion – basic assumption functioning

Foulkes: group matrix, role of group conductor.

3). **Studies of Organisations and Social Systems**

- The finding that traditionally run institutions are harmful to patients social and psychological well-being.

Goffman : Asylums

Barton : Institutional Neurosis

- Clinical findings that staff behaviour and expectations have a powerful impact on patient's level of functioning.

Stanton and Schwartz – covert disagreements within staff group can result in collective disturbance among the patients.

- Finding that the unconscious group dynamics within the staff team can have a powerful impact on individual staff members and the organisation as a whole.

Menzies:- defences against anxiety.

- Main:- staff dynamics around patients regarded as “special” by staff. These patients can split staff into those who feel she is just playing up and needs a firm approach, and those who feel she is misjudged and misunderstood. Each side see the other as misguided. Main’s solution:- to set up a staff discussion group.

Systems Theory

The individual can be seen as part of a system. So – view that mental illness is located not primarily in the individual but in the network of relationships of which he is a part.

Relates to Foukes:- the neurotic is someone who has become isolated from his social network “the deepest reason why patients can reinforce each others’ normal reactions and wear down and correct each other’s neurotic reactions is that collectively they constitute the norm from which individually they deviate”. Through group participation the disturbed individual gradually moves from his isolated position and ideosyncratic norms towards the healthier, collective norm of the group.

In Practice

Four principles:-

- 1) “Democratisation – each member of the community should share equally in the exercise of power in decision-making about community affairs – therapeutic and administrative.
- 2) “Permissiveness – belief that all members should tolerate from each other a wide degree of behaviour that might be distressing or deviant in terms of usual norms.
- 3) “Reality Confrontation” - belief that patients should be continuously presented with interpretations of their behaviour, as it is seen by most others – to oppose tendencies towards denial, distortion, withdrawal or other mechanisms that interfere with the capacity to relate.
- 4) “Communalism” – belief that the therapeutic community should be characterised by a tight-knit set of relationships, sharing of amenities, informality, and freeing up of communication.

An important underlying principle:- all involved are encouraged to be curious about themselves, each other, the staff, the management structure, psychological processes, the group process, the institution, etc. "the culture of enquiry." Understanding is owned by all, not seen as only present in professionals.

For many patients, the process of emotional development has gone seriously wrong with abuse, trauma, neglect, deprivation, and loss leading to disturbances in relationships. Therapeutic communities can facilitate emotional development, where things that went wrong can be re-experienced and worked at.

Processes:-

- attachment (primary bond, losses as growth). Feeling of belonging.
- containment (maternal and paternal holding), safety in groups, support, rules and boundaries.
- communication (play, speech, others as separate).
Openness.
- agency (establishing self as the seat of action).
Empowerment democracy, votes, decisions.
- Involvement (finding a place among others). Community meeting, agenda, and structure, reality confrontation.