Special Section
The Therapeutic Community in the 21st Century

INTRODUCTION

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Guest Editors

The practice of psychiatry in the United States today is driven by the burgeoning knowledge about the biology of the brain. As beneficial as this knowledge is, a primary focus on psychopharmacology in training programs can lead young practitioners to believe that helping troubled and troubling human beings is somehow more straightforward and simple than it actually is in practice. Young psychiatrists and other mental health practitioners new to the field can find themselves overwhelmed in the face of the enormous complexity of judgment and discretion demanded of them when they actually are confronted with an individual mired in misery, a criminal offender with a terribly traumatic history, or a family that is tearing itself apart. In our fast-paced world of the "managed care" environment, it is relatively easy to be lulled into the notion that the way psychiatry is practiced now is the way it always has been and the way it needs to be.

The principles that guide the democratic therapeutic community—as distinguished from "concept therapeutic communities" so common in the United States for the treatment of substance abuse—are rooted in Moral Treatment of the 18th century and the fundamental ideals of the Enlightenment—apparent in both the U.S and the U.K. In this special section of papers on the therapeutic community we wish to remind our professional community of this rich heritage, which is otherwise forgotten, denied, or ignored. A wide range of settings including residential treatment settings for children or adults, acute care inpatient units, substance abuse programs, domestic violence shelters, homeless shelters, group homes, day hospitals, and intensive outpatient programs all have an opportunity to create environments that are intrinsically humane, as well as healing and health promoting. In an era of tightening

budgets and bottom-line focus, finding methods to aid recovery from overwhelming experiences that are environmental and not solely dependent on expensive individual forms of treatment are even more critical than ever.

Although the movement in the last few decades has been away from institutional types of care and toward community placement, many people in the social services have come to believe that a certain level of institutional care is not only inevitable but important, that until there is some form of radical change in the way our societies are constructed, the ideal of community placement will fall short of a reality that is far too often characterized by disenfranchised, alienated, wounded people living in boarding homes or other unhelpful situations, repeatedly hospitalized for brief periods with little change or improvement over time. This is especially true for those who are labeled with "personality disorders." These clients frequently place great strains on the present mental health care system because they demand time, attention, investment of resources, and because they require skillful interventions. However, once the underlying reasons for these disorders become visible—very frequently a past history of physical or sexual abuse and neglect—it becomes possible to pursue forms of treatment that can further personality change and growth so that people who have previously been a burden on an overly-taxed system can become contributing and productive citizens.

Such fundamental change, however, does not come without a cost. Until we collectively decide to stop promoting the conditions that allow children to be abused, neglected, and otherwise violated, and adults to be repeatedly exposed to interpersonal violence, we will continue to be confronted with the refugees of our own domestic warfare. The ideas of the therapeutic community based on several hundred years of psychiatric endeavor, represent a vital attempt to provide environments that are deliberately designed and operated to counter the devastating effects of this warfare. In the United States, in the United Kingdom, and in other parts of the world, the therapeutic community impulse furthered the idea that a community created in the "reverse image" of a society at large can be therapeutic for the casualties of that society (1).

The therapeutic community is in many ways a subversive idea in that the goal of the TC is not to maintain an unhappy status quo but to create the "heat" that generates change. This change is generated largely through the democratically informed interactions between staff and clients and clients with each other. And today, the institutionally-based practice of this "deep democracy" is itself a subversive notion in that it seeks to subvert the militaristic, hierarchical, and frequently

punitive and retributive control structures that typically characterize most of our social systems and replace them with an environment offering different styles of relating that seek to avoid the repeating of past traumas.

In fostering such subversion, we have gathered together a variety of eminent authors in the TC field. All except one are from the United Kingdom where the National Health Services has grasped the notion that the treatment of people who have had their personalities and development altered by unjust and abusive environments often require intensive and long-term forms of treatment (2). In the first article, Dr. Stuart Whiteley, (Director of the Henderson Hospital from 1966–1988) describes the history of the therapeutic community concepts. Henderson Hospital's present Director, Dr. Kingsley Norton, and the developer of the Sanctuary Model of inpatient treatment in the U.S., Dr. Sandra L. Bloom, present details of the way a therapeutic community and its cousin, the therapeutic milieu, actually function in practice in the second paper. In the third paper, Dr. Rex Haigh and researcher Sarah Tucker describe an action research based system of standardization, peer-review, and audit, with its principles and methods based on therapeutic community practice, called "Community of Communities." The fourth paper by the research group of Jan Lees, Nick Manning and Barbara Rawlings reviews the existing research on the methods and outcomes of the therapeutic community. Dr. David Kennard finishes the section by describing the various ways that therapeutic community principles are being applied in different settings. We hope that the reader may derive something of worth from our "special," albeit transient, U.S./U.K. relationship!

REFERENCES

1. Kennard, D: An Introduction to Therapeutic Communities. London, Karnac Books, p. 34, 1988.
2. National Institute for Mental Health & Department of Health: Personality Disorder: No longer a diagnosis of exclusion. London, Department of Health, 2003.