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# AN ANTHROPOLOGICAL ANALYSIS OF PEPER HAROW THERAPEUTIC COMMUNITY WITH PARTICULAR REFERENCE TO THE USE OF MYTH, RITUAL AND SYMBOL

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Thesis Submitted for the degree of Master of Philosophy in Social Anthropology.

University of Durham

May, 1986

# AN ANTHROPOLOGICAL ANALYSIS OF PEPER HAROW THERAPEUTIC COMMUNITY WITH PARTICULAR REFERENCE TO THE USE OF MYTH, RITUAL AND SYMBOL.

## ABSTRACT

This thesis describes and analyses the treatment world created and sustained by a therapeutic community for emotionally disturbed adolescents. The thesis intends to demonstrate that healing at Peper Harow therapeutic community is a ritual process that contains and frames symbols. The construction of this treatment world of symbols, derived from the wider culture, is analysed in terms of anthropological concepts of myth, ritual and symbol. The thesis concludes that the treatment world is also constituted through the imputation of therapeutic meaning into the social and physical structure of the community by the Director and analyses this process of assertion as an example of charismatic leadership.

IAIN EDGAR

MAY, 1986

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'TO HAVE A GLAD HEART IS A PERPETUAL FEAST.'

PROVERBS: CH.15 VERSE 15

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# I N T R O D U C T I O N

This thesis describes and analyses the social and symbolic system of a therapeutic community for emotionally disturbed adolescents. The community is situated in the South-East of England. The thesis specifically studies the impact of the community's use of myth, ritual and symbol as part of the treatment or therapeutic milieu of the community. Chapter One is a chronological survey of some of the major definitions of what constitutes a therapeutic community. I cross-tabulate these definitions, illustrating correspondences and divergences and I include Peper Harow's philosophy and practice within this illustrative analysis in order to indicate how it compares with the classical definitions of a therapeutic community. In my examination of Peper Harow's theoretical basis I consider the influence of two similar theories to that of the therapeutic community; these are Planned environmental therapy and Milieu therapy and I consider their influence in the evolution of Peper Harow. I set out a typology of therapeutic communities and analyse graphically Peper Harow's incorporation of the three theories of therapeutic community, planned environmental therapy and milieu therapy as well as indicating the community's extraordinary aspects, notably the imaginative leadership. A short history of therapeutic communities is included.

Chapter Two sets the scene for the later analysis of the community. I make an outline description of Peper Harow; introduce my role and method; consider the background of residents and illustrate their background with my first hand experience of a resident's progression into the community from a Northern city.

Chapter Three introduces the theoretical basis of the

thesis. I first consider the overall value of an anthropological approach in the consideration of a therapeutic community, such as Peper Harow. I consider whether Peper Harow constitutes a community. I discuss the relevance of several theories of symbolism to the potential understanding of the Peper Harow community's use of symbolism in therapy. I then specify certain anthropological questions to be asked which include a consideration of the role of metaphor, symbol, liminality and myth in the making of this therapeutic community.

Chapter Four analyses the therapeutic process as exemplified in the community meeting. I analyse the community's creation of a specific, albeit simple 'folk-psychology' for residents to learn. The intensification of learning in these community meetings is understood in terms of the meeting being an example of liminality featuring the partial attainment of communitas. The chapter ends with an overall appreciation of the community's theory of therapy.

Chapter Five analyses the staff role in the community. I consider the staff's background and role, their development, training, supervision and awareness. I present a summary of staff meetings and illustrate their process with an account of typical group dynamics within staff meetings. I consider the Staff/groupwork consultant and Director's role in the community and introduce the Director's concept of focal leadership within the community.

Chapter Six describes the physical and social environment. It looks closely at the design of the girl's bathroom and the design of the educational areas. The particular philosophy of education at Peper Harow is described. Key areas of social life at Peper Harow are examined such as gifts, hairstyles and

linguistic idioms and parts of the daily, weekly and annual pattern of events are described and illustrated.

Chapter Seven concentrates on the symbolic role of food in the community. A summary of the community's use of food symbolism is made followed by a description of the food system. The complex ceremonial of Peper Harow feasts are scrutinised and perceived as linguistic and spatial metaphors for therapy in the community, and as significant rites of passage for residents. The ingestion of cultural order and social values are demonstrated as occurring through the ritual ordering of the food system.

Chapter Eight analyses the mythogenesis of the Director, in particular his making of a 'sacred' treatment world out of the social and physical environment at Peper Harow. His use of history, his interpretation and assertion of the meaning of the physical design and his structuring of calendrical events are examined and are considered as constituting what I term 'the myth of symbolic compensation'. This mythogenesis is cross-culturally examined to locate the healing value of myth in small-scale therapeutic settings.

The Conclusion reviews the question of whether Peper Harow is a therapeutic community and concludes it is, though questioning the lack of democracy in administrative decision-making. The question raised in Chapter Three concerning the role of symbol at Peper Harow in the creation of therapy is reviewed and finally the nature of the Director's charismatic leadership is considered.

The Appendix compares Peper Harow with two other residential healing institutions; these are Daytop, a concept-based therapeutic community in New York, and Kora Koseiin, a Moritist

hospital in Japan. Major differences and similarities are summarised.

Overall the thesis describes and analyses the making of a specific 'treatment world'.

# C H A P T E R  O N E

## DEFINITION AND HISTORY OF THE CONCEPT OF THERAPEUTIC COMMUNITY

There is no single agreed definition of the term 'therapeutic community'. It is both an emotive label and a referent to a distinguishable set of ideas. Clark has described this complexity of meaning:-

> '..... it is both an attitude and a method, a system of treatment and a battlecry, a charm and a password.'
>
> (1965: 47)

Moreover any residential institution can describe itself as a 'therapeutic community'. There is no legislation controlling the use of the term. However several writers have tried to isolate the key concepts and practices that constitute and define the therapeutic community:- Jones (1952), a pioneer of the therapeutic community method and founder of the well-known therapeutic community, the Henderson Hospital; Rapoport (1960), leader of a research team at the Henderson Hospital and author of 'Community as Doctor', a classic study of the therapeutic community method in practice at the Henderson Hospital; Clark (1965), who developed and wrote about the development of a therapeutic community approach at Fulbourn Hospital; Bierenbroodspot (1981), a psychotherapist in a Dutch therapeutic community; Kennard (1983), a clinical psychologist at Rampton Hospital; and most recently Sugarman (1984), an anthropologist who studied Daytop, a concept-based[1] therapeutic community in New York.

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(1) The concept-based therapeutic community is described in this chapter, p.45.

There is considerable agreement about the definition of a therapeutic community among these principal analysts. I shall chart the areas of agreement and disagreement later, see Fig:1. Now I shall introduce chronologically the main analyses of the concept of therapeutic community.

Jones

Jones has developed his theories about therapeutic communities since 1952 when he published "Social Psychiatry: A Study of Therapeutic Communities". He later calls this book "essentially a descriptive account" of a therapeutic community (Jones 1968:IX). By 1968 he had begun to attempt a "theoretical formulation of some of the concepts used in therapeutic community practice" (Jones 1968:IX). He also coined the term "social learning" to describe the distinctive task and character of a therapeutic community (Jones 1968: 69-70). He later developed the concept of "social learning" into its present form:

> "..... two-way communication motivated by some inner need or stress, leading to the overt or covert expression of feeling, and involving cognitive processes and change. The term implies a change in the individual's attitude and/or beliefs as a result of the experience. These changes are incorporated and modify his personality and self-image."
> (Jones 1976: XXVI)

In this definition of social learning Jones has highlighted two social processes. He identifies a) a form of two-way communication, which depends on a non-hierarchical and egalitarian relationship between therapist and resident, and b) the facilitation of the free expression of feelings. In 1968 Jones expressed his view that these two social processes depend, in turn, for their effectiveness upon six underlying aspects of social behaviour. He lists these aspects as 1) Confrontation 2) Feedback 3) Crisis

Theory 4) Living-learning situations 5) Shared decision making 6) Multiple leadership. I will now summarise Jones' six terms.

1) Confrontation. Jones uses the term confrontation to "convey the bringing together which makes social interaction, the expression of feeling and social learning possible" (1968:74). Confrontation then means the rapid social interaction and analysis of events surrounding some problematic situations which occur in the life of the community. This sort of discussion arouses feelings which are then expressed overtly or covertly. This expression of often repressed feelings provides the material for subsequent analysis and the external personality change suggested in the concept of social learning.

2) Feedback. One very important aspect of confrontation is the notion of feedback. Feedback is more clearly defined, in fact, by Kennard.

> Feedback ..... "refers to the practice of reporting back in a meeting something of therapeutic importance that happened elsewhere. A conversation between two people may be 'fed back' to a group, or events in small group meetings may be 'fed back' into the community meeting. This is done in the belief that community members are in the best position to understand and help one another if they are fully informed about each other's feelings and behaviour. This may appear to breach the ethics of confidentiality, but since it is the community as a "whole" that 'treats' the patient rather than the doctor, the principle of confidentiality now extends to the whole community."
> Kennard (1983: 52)

The development of feedback in a therapeutic community is then in sharp contrast to the societal norm, which discourages "tale-telling."

3) Crisis Theory. This is the putting to immediate and therapeutic use of critical, social situations in order to maximise participants learning. This theory was originally formulated by Caplan (1964) and Parad (1971). At Peper Harow typically such situations were bullying, absconding and alcohol abuse by residents. Crisis theory suggests that the key to the successful resolution of problems lies in the participants in the crisis becoming immediately involved in direct, face to face confrontation in which both the backgrounds to the situation and issues raised by it can be faced and fully explored. At Peper Harow the occasion for these confrontations were the community meetings (see Ch.4). Skilful timing is crucial because if the confrontation is delayed the participants will mobilise ego-defences,like projection and rationalisation,in these situations.

4) Living-learning Situation. Jones uses this term to describe less emotionally charged interpersonal situations than the ones referred to under crisis-theory. At Peper Harow the decision as to whether a situation constituted a crisis was made by reference to whether an emergency community meeting was needed or whether the interpersonal situation could wait till the following daily community meeting. As with crisis situations, the living-learning situation, if confronted purposefully by participants and the community, allows individuals to express often difficult feelings, to explore other participants' perspectives in a situation, and to develop more satisfactory strategies for living situations. "Social learning" describes the anticipated learning outcome of both crisis situations and living-learning situations.

5) Shared Decision-Making. Here the aim is to maximise in each individual the sense of personal responsibility when attempting to solve interpersonal issues and crises. Totally shared decision-making is at all levels an ideal that therapeutic communities like the Henderson or Dingleton Hospitals can only aspire to. Both Rapoport (1960:55) and Jones (1976:40-42) describe the restrictions on this ideal. Giving individuals responsibility in a climate of trust and promoting shared feelings, allows them to search out new and more constructive ways of handling personal and interpersonal processes and problems.

6) Multiple Leadership. A corollary of the idea of shared decision-making is Jones' idea of multiple leadership. Jones (1968:33) suggests a therapeutic community needs several skilled groupwork leaders to ensure objectivity in groupwork situations. It also needs residents to develop their own leadership/decision-making faculties. Jones also utilises Berne's (1963: 105-109) three-fold division of leadership into the responsible, the effective and the psychological to demonstrate both the range and the limitations of any one individual's leadership capacities. This last idea paves the way for Jones to stress the importance of individual residents also developing their leadership abilities to the maximum, compatible with "their ability, competence and acceptance by the rest of the group" (1968:35).

Jones has pioneered both the practice and the theoretical development of the therapeutic community concept. Latterly he has concentrated on the application of the concept of social learning in other institutions like schools, as well as in mental hospitals. He has been a consultant for and analyst of

organisations which are developing "open systems" in which his principle of social learning is applied (1982:150). He sees, through this process, the possibility of greatly developed personal and group creativity. Even though Jones himself would now criticise the value of defining a therapeutic community (1982:9), his notion of social learning, with its implicit premises, forms the basis of later definitions of therapeutic communities. Rapoport's well-known study highlights similar themes.

Rapoport

Rapoport's team of sociologists and anthropologists studied the Henderson Hospital, then run by Jones. Their results form the starting point for most, if not all, later discussions of what defines a therapeutic community. See Clark (1965:950); Bierenbroodspot (1980:29); Kennard (1983:8) and Begg (1982:105). Rapoport's team, isolated four principal themes which characterised the beliefs of the hospital's staff. These characteristics are: 1) democratisation, 2) permissiveness, 3) communalism, 4) reality confrontation. I shall critically describe each of these.

1) Democratisation. This theme expresses staff belief in the desirability of maximising the sharing of power in both clinical and administrative procedure. As commented on above, it represents an ideal which is never fully realised, especially as the staff will remain formally responsible for the running of an institution. Rapoport's work (1960: 55-58) summarises the potential benefits and limitations of democratisation. As with Jones' social learning it is considered a prerequisite for creating an open, trusting group climate in which the purposeful

expression of feelings, can be encouraged, and where often habitual anti-authoritarian transferences, by both residents and staff, can be diminished. Morrice[1] writes critically about democratisation, although approving of it in principle. He (1970: 50-52) suggests that paradoxically democratisation needs good leadership. While championing Jones' notion of "multiple leadership", he is aware that inappropriate democratisation creates disorganisation and mismanagement. The task, as he sees it, is to decide who should have what authority when, and proceed accordingly.

Jones himself is aware of yet another difficulty in creating genuine democratisation. He writes (1968: 49-50) that concensus decision-making is "a highly complex social situation" in which the leadership can influence and covertly manipulate the course of events. Yet, whatever the problems of democratisation, Jones, Rapoport and Morrice value it highly as presenting an opportunity for the residents of the therapeutic community to develop their decision-making capacities.

2) Permissiveness. According to Rapoport (1960: 58), permissiveness in a therapeutic community means that the institution formally sanctions and permits an unusual degree of deviant behaviour. The exposing of such behaviour become 'grist to the mill' for the social learning process. Ventilation of feelings and acting-out behaviour can be cathartic in themselves, but Rapoport notes that lasting positive results are "contingent on analysis and insight" (1960:60). Permissivenss in a therapeutic

---

(1) Morrice was Jones' deputy superintendant at Dingleton Hospital, before becoming head of the Ross Clinic in Aberdeen. The Ross Clinic was run as a therapeutic community.

community is not to be equated with recent popular usage of this term to describe "society's lax attitude to sex, violence and social deviance" (Morrice 1979:52). Rather its purpose is as a prerequisite to attaining social learning. Moreover, permissiveness is not absolute, but is defined and made possible by the institution's limit-setting and available sanctions. But again these limits of tolerance are drawn differently from most social contexts. An example would be the therapeutic community's sanctioning of verbal abuse. Yet it must be remembered that the permissiveness in a therapeutic community is balanced by the principle of confrontation. For example, should one resident verbally abuse another, this could provide the opportunity for the community to confront the participants about the nature and meaning of the abuse. It can be seen then that checks and balances operate in the concept of a therapeutic community.

3) Communalism. Rapoport defines the theme of communalism as referring "to the unit's belief that its functioning should be characterised by tight-knit, inter-communicative and intimate sets of relationships, sharing of amenities, informality and 'freeing' communication" (1960:61). Rapoport describes this process as creating a kind of "emotional hothouse", (1960:62) which is particularly valuable for those residents who often have an impoverished external, social milieu and background, and who consequently are often socially alienated. Communalism means an emphasis on participation in group activities which in turn tends to create more "living-learning" situations as individuals are constantly exposed to conscious and unconscious group processes. Morrice (1979:57) comments that spontaneous interaction between staff and residents is often more beneficial therapeutically than formal group interaction. Yet while the

potential benefits of implementing this theme of communalism are several - greater group cohesion, enhanced identification with the community by residents, greater participation in decision-making and more sharing of personal information and skills - there is a danger of abusing an individuals's needs by overidentification with the group. Morrice also comments that some sharing is only superficial and naive, Morrice (1979:58).

4) Reality Confrontation. This is identical with Jones' notion of confrontation as described earlier under "social learning". Confrontation, like the other themes outlined by Rapoport, is in his opinion, a double-edged weapon. Napier and Gershenfeld, writers on groupwork theory, well describe its potential value:

> "The confrontation approach to personal growth is based on the assumption that a person needs to be shaken out of previous patterns, awakened from his lethargy, and made to face his own self-created realities. Because we are encased in defences of our own creation, it is believed that they cannot be smoothed away and that it requires more than gentleness and understanding to grasp the true self from which we have been hiding. Only then will a person have a chance to visualise alternative behavioural patterns that may strengthen and enrich his life."
> (1973: 272-3)

But they then go on to state some of the dangers in the use of reality confrontation. These dangers include its indiscriminate use, and its counterproductive use in certain situations where there is insufficient group support, or where an individual has not yet fully internalised newly gained insight and behaviour. Confrontation then is a very powerful tool in the therapeutic process at a therapeutic community. Viewed from the standpoint of what is seen as normal, social interaction, it is a new and radical form of communication.

Rapoport's study provided the first objective analysis of what constitutes a therapeutic community. The next three writers I will look at develop their ideas from Rapoport's analysis.

Clark

Clark, in his definition of a therapeutic community, (1965:950) substantially builds on Jones' and Rapoport's analysis. For instance, he stresses that a therapeutic community should have less than 100 people for its members to know each other very well. He writes that the regular community meeting is the forum for the "social analysis of events" (1965:950). Clark is here referring to the social processes of feedback and confrontation, and to the practical use of living-learning and crisis situations to achieve "social learning". Clark, like Jones, stresses the importance of democratisation, calling it the "freeing of communication" and the "flattening of the authority pyramid" (1965:950). Clark also highlights three other elements in his definition of therapeutic communities. Firstly, he emphasises the underlying belief in a psychodynamic philosophy of the aetiology and cure of mental illness. Secondly, he stresses "the pursuit of learning experience" (1965:950), in which residents "..... in constant protected situations ..... can try out their ego strengths and learn new ways of coping with difficulties" (1965:950). And thirdly, he talks about role examination, where staff particularly can examine their actual and perceived roles in relation to residents and other staff. A constant issue in therapeutic communities within psychiatric hospitals is the difficulty experienced by new doctors and nurses in coping with the role changes created by working in such a different social environment.

Bierenbroodspot

Bierenbroodspot also builds on the preceeding definitions. He, like Clark, stresses the psychodynamic model of mental illness. He highlights both the explicit use of the latent therapeutic potential of the group, which is implicit in Jones' and Rapoport's work; and he also suggests that the therapeutic community should be "society-orientated" (1980:31). Bierenbroodspot writes that the therapeutic community is pioneering a new social model in areas like democratisation which provides a positive example for other social institutions like schools, hospitals and prisons. He agrees with Jones that the model of a therapeutic community can positively influence a community's attitude towards mental illness, reducing the fear and stigma, and thereby contribute to future prevention (1980:35).

Kennard

In his recent introduction to the theory and practice of a therapeutic community, (1983), Kennard finds seven defining features. First, he writes about the atmosphere. It is "informal and communal" (1983:7). Visitors and newcomers often comment on the seemingly relaxed atmosphere. Staff and residents are casually dressed and on first name terms. Kennard writes about this internal atmosphere:

> "Although informal, the atmosphere may not be relaxed - argument, laughter, tears are all possible - all out there in the open where anyone can see or join in. The newcomer is uneasily aware that some basic and expected boundaries have ceased to operate. Resident and staff are not clearly and immediately distinguishable."
> (1983: 7-8)

In Kennard's description we can see some visible effects of role-blurring and democratisation in a therapeutic community.

Secondly, Kennard emphasises the necessity of regular community meetings in a therapeutic community. He suggests that the community meeting has five functions (1983: 8-9):-

1) It enables the maximum sharing of information.
2) By encouraging the regular sharing of personal and community issues it develops a sense of community.
3) It makes democratisation visible.
4) It enables feedback and confrontation.
5) It acts as a stimulus for residents to change or modify their behaviour.

Kennard then, in his analysis of the functions of the community meeting, clearly reiterates the earlier formulations of Jones and Rapoport.

Thirdly, Kennard writes of the value of the shared practical work of living together in the community. By this, he means cooperation in the daily tasks of cooking, cleaning, shopping and washing. Maintenance work to the building is sometimes done by the residents. Such activities are designed to promote residents' feelings of involvement with the community, and also to encourage the acquisition of practical skills. Moreover the sharing of these tasks can highlight residents' difficulties in interpersonal situations. Kennard (1983:10) further suggests that sharing the community's chores reflects the emphasis which the communities place on such values as social responsibility and good citizenship.

The use of residents as "auxiliary therapists" is Kennard's fourth defining feature of a therapeutic community (1983:10). It is certainly a key feature of this model of therapy that it is not solely the job of medical staff to "cure" sick passive patients, but it is the task of everyone in the community to

assist in the therapy. This includes giving support, encouragement, confrontation, clarification of issues, rule-maintenance and therapeutic goal-setting. Residents can often accept interpretations of their behaviour from their peers, and can gain insight into their own problems through helping others with their problems. Residents often share in the selection of both staff and new residents. Kennard also reiterates Jones' and Rapoport's theme of democratisation as a preferred social model for the management of the therapeutic community.

His fifth key feature is the reiteration of the therapeutic community's reliance on a psychodynamic theory of mental illness.

His final two key features reflect the value base commonly found in these communities. One is the belief in equality between all members of the community whatever their status. The other is the commitment by therapeutic communities to a particular lifestyle and a preferred type of human relationship characterised by openness and concern for others. Kennard suggests this has been derived from the religious convictions of some of the pioneers of therapeutic communities.

Sugarman

Sugarman has recently started to define what he calls a third generation model of the therapeutic community (1984:77). Sugarman's definition attempts to synthesise the theoretical backgrounds of the therapeutic model as they have developed in Britain and the United States. (The United States model is described later in this chapter p.45. ). It extends the range of constituent features of a therapeutic commmunity to 18 structural components. In Fig.1 I chart the degree of correspondence between Sugarman's analysis and those I have so far

KEY TO FIG.1

✓✓✓ EXPLICIT SIMILARITY BETWEEN DEFINITIONS

✓✓ SOME EXPLICIT SIMILARITY BETWEEN DEFINITIONS

✓ IMPLICIT SIMILARITY

o NO SIMILARITY

× OPPOSING DEFINITIONS

FIG.1.

| SUGARMAN | JONES | RAPOPORT | CLARK | BIERENBROODSPOT | KENNARD | PEPER HAROW |
|---|---|---|---|---|---|---|
| 1) BEHAVIOURAL LIMITS AND SANCTIONS | o | x | o | x | o | o |
| 2) POSITIVE PEER PRESSURE | ✓✓✓ | ✓✓✓ | ✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ |
| 3) HELPING EACH OTHER | ✓✓✓ | ✓✓✓ | ✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ |
| 4) CONFRONTATION | ✓✓✓ | ✓✓✓ | ✓ | ✓ | ✓✓✓ | ✓✓✓ |
| 5) STRUCTURES TO FACILITATE EXPRESSION | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ |
| 6) MODELLING | ✓ | ✓ | ✓ | ✓ | ✓ | ✓✓ |

| SUGARMAN | JONES | RAPOPORT | CLARK | BIERENBROODSPOT | KENNARD | PEPER HAROW |
|---|---|---|---|---|---|---|
| 7) CONSTRUCTIVE ACTIVITIES AND ACHIEVEMENTS | o | o | ✓ | o | ✓✓ | ✓✓✓ |
| 8) LIVING IN A SELF-SUFFICIENT GROUP | ✓ | ✓ | ✓ | ✓ | ✓✓ | ✓✓✓ |
| 9) OPEN-SYSTEM COMMUNICATION<br>A) INFORMATION-SHARING | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓✓ | o |
| B) SHARED DECISION MAKING | ✓✓✓ | ✓✓✓ | ✓✓✓ | ✓✓ | ✓✓✓ | o |
| 10) INSULATION FROM OUTSIDE FORCES | x | ✓ | o | x | o | ✓✓✓ |
| 11) PRESSURES USED TO RECRUIT AND HOLD CLIENTS | x | x | x | x | x | x |
| 12) COUNSELLING | o | o | o | o | o | o |

| SUGARMAN | JONES | RAPOPORT | CLARK | BIERENBROODSPOT | KENNARD | PEPER HAROW |
|---|---|---|---|---|---|---|
| 13) EDUCATION AND FORMAL SKILLS TRAINING | o | o | o | o | o | o |
| 14) SUPERVISED COMMUNITY CONTACT | o | o | o | o | o | ✓✓ |
| 15) ORGANIZED RECREATION | o | o | o | o | o | ✓✓✓ |
| 16) PREACHING AND PUBLIC CONFESSION | ✓ | ✓ | o | o | ✓ | ✓✓✓ |
| 17) RITUAL PARTICIPATION | ✓ | ✓ | o | o | o | ✓✓✓ |
| 18) CONCEPT OF A 'HIGHER POWER' | x | x | x | x | o | x |

considered. I shall not develop the comparative analysis of the British and American models at this stage as the American model has had no influence on Peper Harow, and for purposes of comparative analysis I consider the American model specifically in the Appendix.

I shall now summarise Sugarman's analysis and explain my assessment of the degree of correspondence between the analyses considered. I will also indicate the correspondence between the analyses so far considered and Peper Harow's philosophy and practice. The evidence to support the evidence of Peper Harow as a therapeutic community will of course be provided in future chapters, and then summarised in the Conclusion.

Sugarman's Eighteen Structural Components:-

1. Behavioural Limits and Sanctions

Sugarman writes that all therapeutic communities contain implicit or explicit behavioural norms and sanctions. He also writes that all communities in society must have "a set of behaviour norms and limits which members support and a set of contingent sanctions, positive and negative" (1984:79). But in specific therapeutic community terms, there can be a wide difference between interpretations of these norms. The British model of therapeutic communities emphasises "permissiveness" (Rapoport), and the united States model emphasises hierarchical authority and very firm behavioural norms and limits. This variation helps to explain a) the lack of correspondence and b) the opposition shown in the following chart. Rapoport and Bierenbroodspot positively stress permissiveness, and so I chart their opposition to the American model. Jones, Clark and Kennard emphasise permissiveness less, so I chart a lack of

similarity rather than an opposition. Peper Harow, whilst having certain behavioural limits and norms, also emphasises a non-punitive and "permissive" climate, and does not resemble the United States model at all in this respect.

2. Positive Peer Pressure

Positive Peer pressure refers to the explicit norm in a therapeutic community that residents are intended and encouraged to be active as therapeutic agents in the community to the maximum of their potential. Kennard describes residents as "auxiliary therapists" (see earlier), and this notion is implicit in the other definitions that I have considered, although Clark does emphasise less the positive role of the peer group in his analysis. Peer group pressure called peer group therapy is very important at Peper Harow, as we shall see.

3. Helping Each Other

Sugarman suggests that an ethos of "helping each other" has significant rewards for both helper and helped (1977:81). Residents become more aware of each other and of their mutual needs, and realise thereby their own potential for change. All therapeutic communities and writers on therapeutic communities place high value on creating such expectations and realities, (Clark less explicitly so). At Peper Harow I discovered that this injunction to care about each other formed the kernel of therapy.

4. Confrontation

Confrontation has already been defined and discussed. All our writers on therapeutic communities explicitly or implicitly advocate the use of confrontation, although it is not emphasised

by Clark and Bierenbroodspot. Sugarman describes confrontation as an assertive form of social feedback (1984:81). The use of confrontation is prevalent at Peper Harow as we will see in Chapter 4, when the social processes of Peper Harow's community meetings are described.

5. Structures to Facilitate the Expression of Feelings

Such structures in a therapeutic community are typically the encounter groups and community meetings in which residents are permitted and encouraged to express their feelings. All the writers which I have considered agree on giving high priority to this feature of a therapeutic community, as does Peper Harow in its use of community meetings and group meetings.

6. Modelling

The provision of positive role models for residents has not been stressed in previous definitions. However it could be considered implicit in the notion of a positive peer group as shown in Fig.1. The use of positive role models is fully and explicitly developed in the Unites States model of a therapeutic community. At Peper Harow the positive modelling of non-delinquent behaviour by senior residents was considered a very important aspect of Peper Harow's use of peer group therapy.

7. Constructive Activities and Achievements

The provision of constructive activities and achievements is a general feature of all types of residential work settings, not only in therapeutic communities. The recent Barclay report on social work has stated this very clearly (1982:66). Indeed it is a constituent of good parenting and Sugarman recognises that many movements like the Boy Scouts use this method to promote

positive self-identity and skills development (1984:83). Clark and Kennard are the only writers who specifically mention this component of the therapeutic community. Clark mentions the provision of "protected learning experiences" (1965:950), and Kennard writes that residents will share responsibility for the practical chores of living together. Peper Harow places great emphasis on this aspect of therapy, providing an extensive range of opportunities for constructive activity and achievement.

8. Living in a Self-Sufficient Group

Sugarman considers that the therapeutic community is a "deliberately isolated social structure" (1984:84). This is due to its specialised structure and its anticipated social processes. The communalism and permissiveness of therapeutic communities have already been discussed. Rapoport's four themes run counter to general social custom, and his description of social processes in a therapeutic community shows the growth of the individual's involvement with the group, and the individual's contribution or lack of contribution in this self-sufficient system. Sugarman uses the metaphors of a band of explorers, and the crew of a small boat in open sea to demonstrate the dependence of therapeutic community members upon each other. He says that this dependence is literally for survival in some cases. The idea of "living in a self-sufficient group" is not explicit in most analyses of the components of a therapeutic community. Kennard, however does refer to the need for sharing household tasks in his third feature. At Peper Harow, however, this aspect of a therapeutic community is prominent, and residents, as we shall see later, are encouraged to live in a self-sufficient group.

9. Open System Communication

Sugarman divides this into two parts, 1) the sharing of information and 2) the sharing of decision-making authority. These features of a therapeutic community have already been discussed and a high degree of agreement between authors is noted in Fig.1. At Peper Harow however, whatever the portrayed ideal, I found very little sharing of information between staff and residents, and very little shared decision-making. Clearly the age range of the Peper Harow residents is an important factor here.

10. Insulation from Outside Forces

Sugarman is here referring to the practice by some therapeutic communities of insulating themselves from the influence or "contamination" (1984:86) of outside influence. This allows for the intensification of the previously described social processes in the interests of therapy. However Fig.1 shows disagreement among writers about this practice. Both Jones and Bierenbroodspot think that the development of social and educational links with the outside world is desirable. When Rapoport (1960:9-30) writes about the tension between rehabilitation and therapy he says that the social environment necessary in a therapeutic community runs counter to a programme of short-term rehabilitation. Both geographically and socially, Peper Harow was very isolated from outside society, and we shall see, as with the previous definition about open system communication, that the practices at Peper Harow are at variance with the recommendations of some writers on therapeutic communities.

11. Use of Pressure to Recruit and Hold Clients

This is only applicable to the therapeutic model as it has developed in the United States.

12. Counselling

The value of counselling in a therapeutic community is not formally acknowledged by any writer except Sugarman, However, at Peper Harow in the Guru-Guree relationship it was given a high priority, as will be shown in Chapter 4.

13. Education and Formal Skills Training

Sugarman considers that remedial education programmes and skills training in such varied areas as welfare rights, birth control, relaxation and typing are a neglected area in therapeutic communities (1984:88). None of the other writers acknowledge this need. At Peper Harow there is a specialised educational programme and philosophy but little training in "survival" skills, as will be seen in Chapter 4.

14. Supervised Community Contact

Again the other writers do not consider the need to supervise residents' contact with people in the community. But at Peper Harow the very limited opportunities which exist for residents to make external social contacts are closely supervised.

15. Organised Recreation

The need for organised recreation is not mentioned by the other writers on therapeutic communities, though one can suppose that most therapeutic communities will provide some form of organised recreation. At Peper Harow, on every evening and at every weekend various forms of organised recreation were initiated

by the staff.

16. Preaching and Public Confession

None of our writers except Sugarman articulate this feature of a therapeutic community. Yet at Peper Harow I found preaching by the Director in the form of "both the exhortation of others to change and the articulation of the therapeutic community philosophy, beliefs and values" (Sugarman 1984:89). This was a very frequent and very powerful form of communication. Moreover the differences between public confession and the explicit expression of feelings, as advocated by Jones for example, may be very slight.

17. Ritual Participation

Again only Sugarman actually articulates this feature as a part of his definition. Yet all therapeutic communities will be using ritual as defined by Sugarman as "repeated events ..... tend to produce group cohesiveness" (1984:89-90). Jones for instance uses large group ceremonies as part of the planned life of an early therapeutic community. (See his description of Maxwelton, page 43). At Peper Harow the planned, purposeful use of ritual is a major force in the creation of a distinct and therapeutic milieu.

18. Exposure to a "Higher Power" Concept

Sugarman is here referring to the use by Alcoholics Anonymous of a "higher power" concept in their therapeutic philosophy. Sugarman realises most therapeutic communities do not refer to any religious concept, but suggests a) the potential value of such an addition and b) many participants in thereapeutic communities speak of a "transcendent quality to the therapeutic community experience at its best" (Sugarman 1984:90). Kennard

also refers to the religious convictions of many therapeutic community pioneers (1983:14).

My description of Sugarman's analysis completes a) our chronological survey of the main definitions of what constitutes a therapeutic community, and b) our charting of correspondences between these definitions and the philosophy and practice at Peper Harow. Through this charting we have seen that Sugarman offers a broader based definition of a therapeutic community, and this charting has enabled us to see that Peper Harow values and practises some of the constituents of a therapeutic community that are isolated by Sugarman, yet not noted by the other authors. Moreover we see, as yet unproven, apparent variances between Peper Harow's practice and philosophy and that advocated by writers other than Sugarman. This variance is most noticeable in Fig.1 with reference to the following entries:
6) Modelling, 7) Constructive activities and achievements, 10) Insulation from outside forces, 12) Explicit use of counselling, 14) Supervised community contact, 15) Use of organised recreation, 16) Use of preaching and public confession, 17) Ritual participation. With further reference to Fig.1, entry 9) Open system communication, it can be seen that Peper Harow's practice is shown to be at variance with both Sugarman and the other writers.

Some of these variances will be explained by reference to detailed information about practices at Peper Harow which is not available for the therapeutic communities studied by the other writers. However, these contrasts and variances will be used in the conclusion of the thesis to illustrate the extent to which Peper Harow is representative of the culture of a "typical" therapeutic community to which it purports to belong.

## TYPOLOGY OF THERAPEUTIC COMMUNITIES

Mention has already been made of different types of therapeutic communities, such as the United States model. As far back as 1965, Clark recognised two main types of therapeutic community. He identified the general therapeutic community approach, and the therapeutic community proper. Of the first Clark says, "This is a way of looking at the life of patients in any psychiatric institution and restructuring their lives." The second is "a small face to face intensive treatment facility with extensive social restructuring" (1965:948).

Kennard (1983: 15-105) has further developed Clark's two-fold distinction. He suggests that there are four types of therapeutic community:- 1) The institutional, 2) The democratic-analytic, 3) The concept-based and 4) The alternative asylum. I will now summarise Kennard's analysis of these four types.

### 1. The Institutional.

When the therapeutic community approach is adopted in any psychiatric institution, it is termed 'Institutional' by Kennard:

> "..... that is trying to improve the lot of its inmates by offering them opportunities for productive, responsible work, for developing their interests and talents, and above all, opportunities for participating in the day-to-day running of the institution." Kennard (1983:3)

The above innovations usually occur in a part of, or throughout a large psychiatric hospital which has until then maintained a traditional mental hospital regime. The implementation of further elements of the therapeutic community model would be likely to be constrained by the following. Firstly, by the patient population in such hospitals, which usually consists of chronic

psychiatric patients; and secondly, by the use of tranquillizing drugs to control and alleviate the psychotic aspects of patients' behaviour and thought processes. Despite the above two limitations, some use would be made of regular ward or small group meetings to look at day-to-day interpersonal processes; and there would be some delegation by staff to the patients, of decision making and organisation. Work opportunities may be changed from doing repetitive, semi-industrial tasks to more evidently relevant activities relating to domestic work, gardening and creative activities. But therapeutic goal-setting will still largely be in the hands of medical and nursing staff, and patients will normally have limited roles in this area.

Expectations of change therefore are fewer in the larger psychiatric institution. For instance, because of the type of patient and the use of chemotherapy, much less use is made of Rapoport's democratisation and reality-confrontation, or Kennard's peer-group therapy, psychodynamic theory and community meetings, which have been previously mentioned in this chapter. However, as we have seen, there may be a move in this direction which can in itself often invigorate traditional mental hospital regimes. Kennard comments on this possible change:

> "It is this change in the atmosphere of the ward or hospital that some consider to be the most important change, bringing with it new goals and expectations of what can be achieved, greater compassion and tolerance in staff attitudes towards patients, and greater respect for patients' individuality." Kennard (1983:30)

2. The Democratic-Analytic

Kennard's term here applies to the therapeutic community proper, which utilises to the full all the major concepts and

practices already outlined in this chapter.

3. The Concept-Based

As used by Kennard this term applies to a quite independent type of therapeutic community which was started in the United States in 1958. The concept based therapeutic community is only for drug addicts. The first in the United States was called Synanon,and similar communities in Britain are called Phoenix House. Most of the staff are ex-addicts who have gone through the community's own treatment programme, which is, in some respects, similar to the treatment programmes of other types of therapeutic communities. There are regular community meetings, and there is peer-group therapy, the application of psychodynamic theory, and an emphasis on communalism. However, these communities have also formulated a distinct philosophy. It is called the 'concepts', and it offers an explanation of the addict's predicament and of her/his anticipated road to recovery and eventual successful social functioning (See p.241 Appendix). Moreover treatment programmes are hierarchically programmed with 'extensive and demanding limits strictly enforced'(Sugarman: 1984:79).

4. The Alternative Asylum and Anti-psychiatry

Kennard distinguishes a fourth type which represents the extreme application of some of the concepts and practices we have been considering. One example of an alternative asylum was R.D. Laing's Kingsley Hall, which has developed and changed into the present day Arbours Association. Here the mentally distressed individual and/or his immediate or extended family can live in a community with other residents as a support group, and with professional psychotherapeutic help. There is almost a complete absence of norms or expectations, and residents have the

freedom to regress back to a state of infantile dependency before ideally reemerging as more complete people.

Two further treatment models: 1. Planned Environmental Therapy
2. Milieu Therapy.

Peper Harow calls itself a Therapeutic Community, yet two writers at least, describe it differently. Kennard, previously a clinical psychologist, has described it as an example of Planned Environmental Therapy (Kennard: 1983:40). Righton, of the National Institute for Social Work, has called it an example of Milieu Therapy (Righton 1979:11). Melvyn Rose told me in an interview on 19th May 1984 that he consciously used an eclectic theoretical approach when developing Peper Harow. He said also that Planned Environmental Therapy had not been a conscious model for him. However, he said that two of his models were George Lyward at Finchden Manor, and Bruno Bettelheim at the Orthogenic School of the University of Chicago. It is worth noting that Righton associates Lyward with Planned Environmental Therapy, and Bettelheim with Milieu Therapy (Righton: 1979:9).

1. Planned Environmental Therapy. (P.E.T.)

Planned Environmental Therapy was developed by David Wills and Dr. Marjorie Franklin in the 1930's in their work with delinquent boys of sixteen to nineteen. This took place in the 'Q' Camps [1], the first of which was at Hawkspur Green in 1936. In P.E.T. there is much more emphasis on the use of explicit moral concepts, such as the value of love, egalitarianism and non-authoritarianism. Wills was a Quaker and believed in the

(1) 'Q' camps stood for quest or query and were intended to 'demonstrate the benefits of self-government as an educational or therapeutic experience.' Kennard: 1983:39.

fundamental goodness of the child. Kennard summarises this aspect of P.E.T.:

> "Wills' concept of love embraces a number of beliefs; no matter how obnoxious a child's appearance, habits or dispositions, he or she is basically good and worthy of love and affection; punishment should never be used to correct or influence a child's behaviour; the domination of one person by another is abhorrent - relationships should be egalitarian and non-authoritarian; therapy is based on a loving, accepting relationship being established between a child and one or more adults".
> Kennard (1983: 39)

Primary features of P.E.T. include the following. The redemptive power of love is emphasised, providing it to those who have previously been denied love. Shared responsibility in the mode of practical, communal self-government is another integral part of P.E.T. and is seen as more important than psychodynamic insight. Wills is also concerned with the development of good relationships between the "environmental therapist" and the client. Punishment was viewed by Wills as "inimical to a therapeutic purpose". Another important innovation developed by P.E.T. was the use of outside treatment experts which as we shall see, is an integral part of Peper Harow's management and support service. (Ref. 140).

It is clear that P.E.T. and therapeutic community theory have more in common than not. Both Wills (1979:7) and Kennard (1983:8) recognise and utilise the therapeutic value and the opportunity that shared living in an egalitarian and non-authoritarian atmosphere provides. Both sees the planned use of the full social milieu as vital for therapy. But in P.E.T. we can see that the moral basis is more explicit and there is also less emphasis on group dynamics, and more on the therapist's relationship with the client. Kennard suggests that this emphasis

on moral values and on individual treatment may be partly attributable to the difference in treatment programmes for adults and children. He suggests that:-

> "..... in many respects P.E.T. is to maladjusted children what therapeutic communities are to psychiatrically disturbed adults." Kennard (1983:38)

One should also note that P.E.T.'s insistence on egalitarianism and nonauthoritarianism conflicts markedly with the 'concept-based' therapeutic communities' use of hierarchy.

2. Milieu Therapy

I did not hear milieu therapy referred to while I was at Peper Harow. However there is substantial overlap both between Milieu Therapy and Planned Environment Therapy and between Milieu Therapy and Kennard's four types of Therapeutic Community as described earlier in this chapter. Righton (1979:10-11), for example, claims that Milieu Therapy was adopted by Bettelheim's Orthogenic School in Chicago, and I have already noted in this chapter that the Orthogenic School was an important model for the Director of Peper Harow.

Devine (1982:186) claims that Milieu Therapy and Therapeutic Community Theory are often interchanged without a clear understanding of their differences. For example, Visher and O'Sullivan in Devine's article (op cit) describe milieu therapy in such a way that it sounds very similar to previous definitions of Therapeutic Community theory:

> "Milieu therapy may be described as a careful structuring of the social and physical environment of a psychiatric treatment program so that every interaction and activity is therapeutic for the patient. Open communication between staff members and patients is encouraged. These interactions often take place in the context of group activities, group therapy discussions

> community meetings, family therapy sessions and individual relationships with the staff."
> Devine (1982: 182)

Devine considers that:

> "..... the terms therapeutic community, therapeutic milieu or therapeutic environment were used synonymously in England in the 1940's and 1950's."
> Devine (1982: 186)

Devine does however quote Cumming who observes certain differences between milieu therapy and therapeutic community theory, emphasising that milieu therapy aims at re-socialisation.

> "Cumming (1967) maintains that each approach has its distinguishing strategies. Programs which use group techniques to aid patients in understanding and coping with their emotional problems are utilizing a therapeutic approach. By contrast, Cumming describes milieu therapy strategies as those which are aimed at developing social and instrumental skills and competence in patients. Milieu therapy is perceived to be primarily an attempt at resocialisation, and as such, is therapeutic."
> Devine (1982: 187)

Righton (1979) defines milieu therapy differently. He indicates three criteria for milieu therapy:

1. The use of Freudian psychodynamic theory.
2. The development and use of groupwork theory. He refers in particular to the theories of group dynamics used by Kurt Lewin (1951) in the U.S.A., and by Bion (1961) in Britain.
3. The use of the sociology of social organisations as applied to residential establishments.

Righton thinks that milieu therapy has been an important influence on the Docker-Drysdales at the Mulberry Bush School, and on Richard Balbernie at the Cotswold Community as well as at Peper Harow. Righton also suggests that it is therapeutic community theory which is unlike both P.E.T. and milieu therapy in its

emphasis on the whole environment as a curative, healing factor. He writes:

> "Individual psychotherapy and the potentialities of small group dynamics are not abandoned, but are seen to subordinate, in the therapeutic process, to the healing influences on residents of the living community and its structure."
> Righton(1979:12)

## The Status of Peper Harow

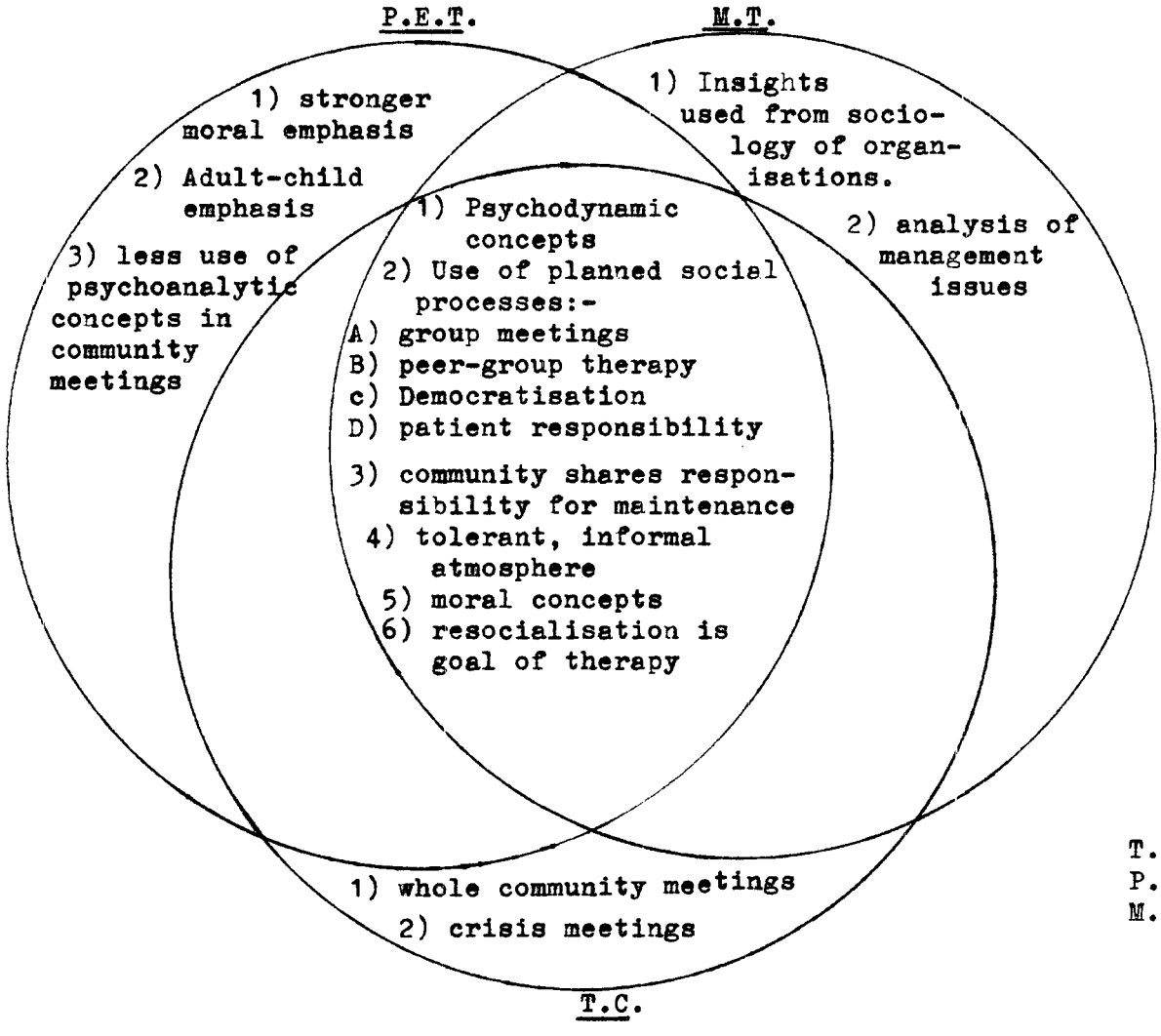
Peper Harow describes itself as a therapeutic community. I have already suggested crucial variance between Peper Harow's theory and practice, and some definitions of what constitutes a therapeutic community. The preceeding section has shown that Peper Harow has been formed out of ideas from therapeutic community theory, P.E.T., and Milieu Therapy. All these three theories are based on Freudian psychodynamic theory, and Peper Harow similarly asserts a psychodynamic approach. In the following two figures I graphically portray a) The degree of identity between the three theories of therapeutic community, P.E.T., and milieu therapy, and b) the adoption of these theories and other therapeutic components by Peper Harow. For these portrayals I draw on Kennard's seven point definition of a therapeutic community in preference to Sugarman's later analysis as Sugarman's analysis also integrates disparate features from the United States model of a therapeutic community.

## GRAPHICAL PORTRAYAL OF THEORETICAL CONVERGENCE

Fig. 2 graphically illustrates the major areas of overlap between the three theories of therapeutic community, planned environmental therapy and milieu therapy as described. Each circle represents one theory's set of ideas and practices. The

DIAGRAM SHOWING THE CONCEPTUAL OVERLAP BETWEEN THE THEORIES OF THE THERAPEUTIC COMMUNITY, PLANNED ENVIRONMENTAL THERAPY AND MILIEU THERAPY.

FIG.2




KEY

T.C. THERAPEUTIC COMMUNITY THEORY
P.E.T. PLANNED ENVIRONMENTAL THERAPY
M.T. MILIEU THERAPY

areas of overlap in the centre represents the common ground between all three theories, for example all three subscribe to the use of psychodynamic theory. Each circle contains an area which does not overlap with any other circle and in this part are indicated features of that particular theory that are not shared with the other theories, for example on the left P.E.T. is shown in the diagram to have a stronger moral emphasis, whilst at the bottom of the therapeutic community circle, this theory alone is shown as involving the use of community meetings at least in so far as the application of Psychodynamic theory in them is concerned. This figure shows the high degree of theoretical convergence between these three theories and their key features.

## GRAPHICAL PORTRAYAL OF PEPER HAROW'S USE OF ADOPTED THEORY

Fig. 3 shows four concentric circles. Its purpose is to illustrate the adoption and usage by Peper Harow of the three theoretical bases of therapeutic community theory, planned Environmental therapy, and milieu therapy, and to further show the individual characteristics of Peper Harow. The inner circle describes the shared characteristics of all three theories as shown in the central part of diagram I, and additionally shows the specific features of therapeutic community theory:- community meetings with a psychodynamic approach, and crisis meetings. The next two concentric circles, coming out from the centre describe the additional features, as in Fig.1, firstly of P.E.T. and secondly of Milieu therapy that are not covered in the shared central circle. Peper Harow's theoretical basis is illustrated in the fourth and outermost circle. It is shown, as we have described, as incorporating <u>all</u> these characteristics of all three theoretical models. Moreover Peper Harow has a number

FIG.3

KEY
P.H. PEPER HAROW - THEORY & PRACTIC
M.T. MILIEU THERAPY
P.E.T. PLANNED ENVIRONMENTAL
T.C. THERAPEUTIC COMMUNITY

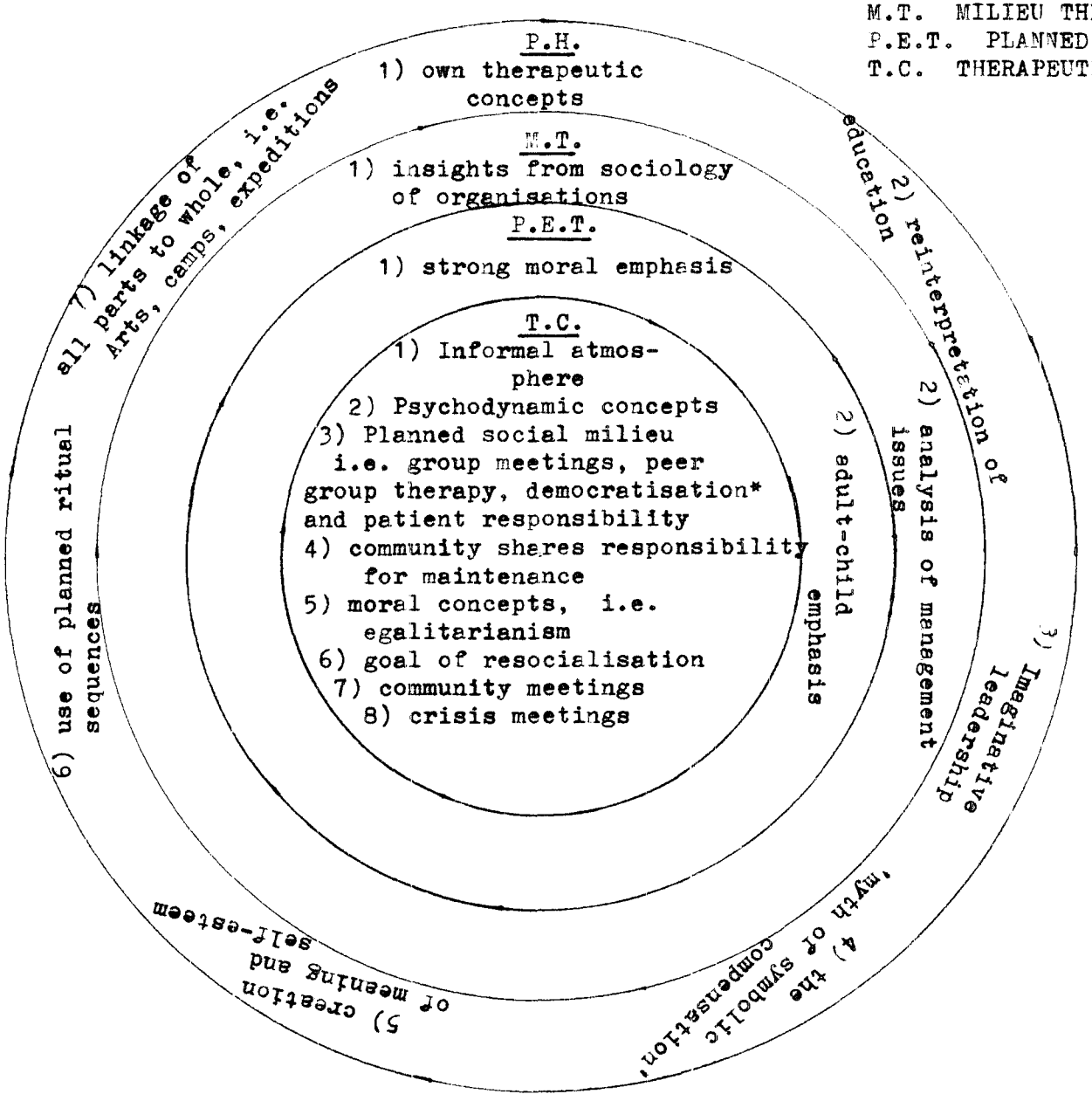



Diagram to show Peper Harow's incorporation of different theoretical perspectives and the community's unique features

* Democratisation: How far Peper Harow actually uses the principle of democratisation will be discussed later.

distinct features not covered by these theoretical models. These will be discussed later but can be briefly enumerated now:- 1) Peper Harow's own set of therapeutic concepts - these (which have been analysed in the section on community meetings in Chapter Four) are 'opening-out', 'containment', 'control', 'understanding' and 'care'. 2) Education: Peper Harow allows residents to delay taking up formal education for a year or more - (ref: p.93). 3) The imaginative style of leadership which has developed the 4) 'myth of symbolic compensation' as I refer to the Director's portrayal of the physical and social milieu as a sufficient psychological substitute for residents' lost early positive experiences. 5) This creation of a symbolic world at Peper Harow can give meaning and self-esteem to residents. 6) This symbolic creation, construction of meaning and ritual ordering is continuous throughout the year, and 7) encompasses the variety of different activities at Peper Harow such as camps and expeditions.

History of Therapeutic Communities

The therapeutic community movement in Britain began during and after the Second World War. Kennard considers that it developed due to the conjunction of several factors:- 1) the insights and efforts of a number of pioneer medical psychiatrists such as Bion, Foulkes, Main and Maxwell-Jones. 2) The use of group therapy started by Bion and Foulkes and 3) the sociological research of such writers as Goffman (1961), Caudill (1958), Stanton & Schwartz (1954) which showed the often negative effects of unexamined social processes in traditional mental hospitals.

I will now look at some of the institutions, particularly

psychiatric hospitals, to show how some of the principles of therapeutic communities were gradually introduced, and by whom. Two hospitals in particular are associated with the development of therapeutic communities:- Northfield and Mill Hill. At Northfield between 1943 and 1946 first Bion, then Foulkes and then Main were in charge of the training wing. At Northfield, Bion found an undisciplined unit and immediately introduced a framework of activities for the men and allowed time for them to discuss discipline issues. He viewed the discipline issue as a common problem and not solely his as the commanding officer. Initial success lasted only a few weeks before both he and his commanding officer were removed. Foulkes then took over, introducing group therapy (Bion: 1961). Main became his C.O. six months later. They enabled patients to organize recreational activities and to take responsibility for their efforts. Slowly patients began to share in hospital management. Problems remained between the main hospital and the therapeutic community part. Kennard writes that Main came to realise that a therapeutic community needed to work with the whole therapeutic system, that is, with the whole hospital. A 'culture of enquiry' (Kennard 1983:46) needed to be fostered in which staff regularly shared and examined their feelings, fantasies and communication patterns and problems. This was felt to be the best way to resolve tension between different parts of a therapeutic system. Main coined the term 'therapeutic community' according to Kennard (1983:50).

Jones

Jones's innovative work began at the effort-syndrome unit of the Maudesley Hospital in London which was evacuated to Mill

Hill public school during the war. Kennard describes effort syndrome as:-

> 'This was a condition in which physical exercise caused people to become breathless and giddy, and to suffer from palpitations and chest pains. Such patients were often convinced that they had a serious heart disease. This was a prevalent condition in wartime .....'
> (1983: 47)

Jones describes the beginning of this unit:-

> 'How did my colleagues and I develop our early concept of a therapeutic community? How did we come to deviate from the strict orthodoxy of the Maudsley Hospital in London? The Second World War acted as a stimulus, and in 1940 I was put in charge of a 100 bed unit to study and treat effort syndrome ..... to have a unit of a 100 soldiers all with a similar syndrome seemed to demand that we discuss the problems with all 100 men at the same time. Was this innovative or merely common sense? There was a common theme; heart disease. We gave them feedback from our physiological researches, in which they were intensely interested. The nursing staff comprised many assistant nurses from all walks of life who were conscripted to help in the war effort. They did not think like most nurses, but reflected their training in art, ballet or acting. We were in London, where the bombing contributed to a high morale and a feeling of closeness and interdependence. Traditional hospital barriers slowly gave way to an intimacy and democracy which might well have been impossible in peacetime. The creativity of this group of 100 patients and staff was remarkable, epitomised by a Christmas season when our unit was transformed into a medieval village-Maxwellton.'
> (1979: 1)

In the above quotation we see how more established patients taught newcomers about heart disease. Thus informed, patients involved themselves in the running of the unit, and this democratisation and reduction of hierarchical control became a key feature of this and later therapeutic communities. Jones also observed the close feelings between staff and patients which developed into the notion of communalism, already discussed. The

creativity of the Christmas we will find repeated when we look closely at Peper Harow.

In 1947 Jones became Director of the Industrial Neurosis unit at the Belmont Hospital, which later became the Henderson Hospital in 1958. At the Henderson Hospital he substantially developed the therapeutic community method as I have already summarised it. Kennard neatly describes the contribution of these pioneers of the therapeutic community:-

> 'If Bion, Foulkes and Main had created a feast of new ideas at Northfield, it was Jones who sat down and produced the recipe that others could follow.' (1983:50)

The development of therapeutic communities since the above mentioned innovations has been considerable. The approach has been used in whole hospitals such as the Cassel community run by Main, and at Dingleton Hospital in the Scottish Borders by Maxwell-Jones. Day hospitals, which are only for outpatients attending on a daily basis, such as the Paddington and Marlborough Hospitals in London were run and developed as therapeutic communities. The Richmond Fellowship now has over forty half-way houses[1] in Britain, several in North America and Australasia and is planning more in India, Israel and Austria: (Richmond Fellowship Silver Jubilee Report:1984:25-27). All the Richmond Fellowship hostels are run as therapeutic communities, and some of their hostels specialise in helping particular client groups such as the homeless, people with drug problems and young people. Prisons have not been immune to therapeutic community ideas and there have been experiments such as the Barlinnie Unit in Glasgow prison. Grendon Underwood prison in Buckinghamshire was designed

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(1) A half-way house is designed for the recovering mentally ill who have left psychiatric hospital but who still need a supportive environment.

and built as a therapeutic community. Similar developments have taken place in many other countries (see Kennard: 1983: 155-157; Devine: 1982:182-190; Kobal:1980:267-268).

Synanon

In the United States a particular type of therapeutic community for drug addicts developed independently from the British experience. It utilized some different concepts and practice, such as a hierarchical work structure and progression for residents through a status structure, as part of the therapy.

Synanon was founded in 1958 by Chuck Dederich, an ex-alcoholic and former executive. He began holding informal group discussions for friends from Alcoholics Anonymous. The apparently beneficial effects of the often verbally aggressive expression of feelings in these meetings led Dederich to develop a residential setting for recovering drug addicts in California. The place was called Synanon and was named after a newcomer who stammered 'synanon', meaning to say 'seminar'. Synanon rapidly developed and gave birth to many 'concept-based' communities as they came to be called. Among them are Daytop in New York State and the many Phoenix houses in Europe.

# C H A P T E R  T W O

## INTRODUCING THE COMMUNITY

### OUTLINE OF PEPER HAROW - Immediate History

Until 1970 and known as Park House, Peper Harow was a senior Jewish Approved* school. In 1970, Application was successfully made under Section 8 of the 1944 Education Act for the establishment of a non-maintained Special School. M. Rose a teacher and housemaster at Park House, became Director. Park House, an approved school, became, over three years, Peper Harow, a therapeutic community and a private, independant, charitable Trust. The new name of the community, derives from the nearby hamlet's name of Peper Harow. The name Peper Harow is itself derived from the Anglo-Saxon Pepera Heargh.

Since 1970 the whole ethos of Peper Harow has therefore changed. It has changed from being a 'typical' Approved School for boys where the emphasis was on containment of disruptive behaviour, and on practical skills training. It became a setting which has been described by a preliminary research study on Peper Harow as:-

> 'an organisation which takes in disturbed and sometimes delinquent boys and girls, provides an environment in which psychic change can take place, and less disturbed boys and girls leave (hopefully).'
>
> Henderson & Jones (1977:8)

Its treatment philosophy is based on psychodynamic theory and the use of therapeutic community theory as already described.

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* Rose told me that for the few years before 1970 there had been only two or three Jewish residents and the school was effectively Jewish in name only. (Interview:19.4.1984)

I have suggested that Peper Harow also draws richly on the separate theoretical bases of both planned environmental therapy and Milieu therapy.

Length of Stay at Peper Harow

The planned length of stay at Peper Harow is between four and five years, which is the time thought to be necessary to bring about the required degree of psychological change in residents. Residents stay at Peper Harow for forty four weeks of the year and the year is divided into three terms. There are three two week holidays at Christmas, Easter and Summer and two one week holidays. During these holiday periods residents go to their family homes, a Children's home, foster placements or when older they can holiday alone or with friends. During each term a resident is allowed two or three weekend leaves.

Male/Female

Between forty-five and fifty boys and girls are resident at any one time. Girls were first introduced into the community in 1980 and now account for nearly half the residents.

Placement of Children

Almost all children at Peper Harow are placed there by a Local Authority, either by the Social Services or Education Department. Most are under Care Orders under the 1969 Children's and Young Persons Act.

Financial

Fees in June 1981 were £16,000 p.a. and are chiefly paid by the local authorities. Income from fees covers running costs such as staff salaries and food. Capital development,such as

rebuilding is funded by the Peper Harow Trust. A full-time Bursar is employed who administers the financial arrangements.

Trustees and Management

> 'There are twelve trustees who are responsible for the administration of the Peper Harow Trust at present. They meet both as a body and often in sub-committees with senior staff where they exercise a management role to which they bring their professional specialist knowledge.'
> (Peper Harow Prospectus).

The Director is responsible to the Trustees. There are three Assistant Directors, one responsible for Clinical matters, one for Education and one for Organisation.

Physical Surroundings of Peper Harow

Peper Harow is a large Georgian House set in several acres of rolling Parkland in Surrey. See attached plan: Fig.4. The house is on four floors. In the Basement are the staff rooms, pottery, music, photography and table-tennis rooms. Here also are the First Aid room and Expedition storerooms, the linen storerooms and the staff and residents' toilets. On the ground floor is a large entrance hall where residents art work is regularly on display. Most of the rooms on this floor are very large indeed. There is the case conference room, the gold room where community meetings are held, the library, the Director's, Bursar's, and secretary's offices, and visitors' toilets. The enormous living-room has a huge stone fireplace where a fire is always alight during term time. There is also the integrated Kitchen/Dining area. On the first floor are the bedrooms. The boys' rooms sleep between three and six, and the four girls' rooms sleep two or more. Girls' and boys' bathrooms and toilets are also on this floor. On the top floor there are three visitors'

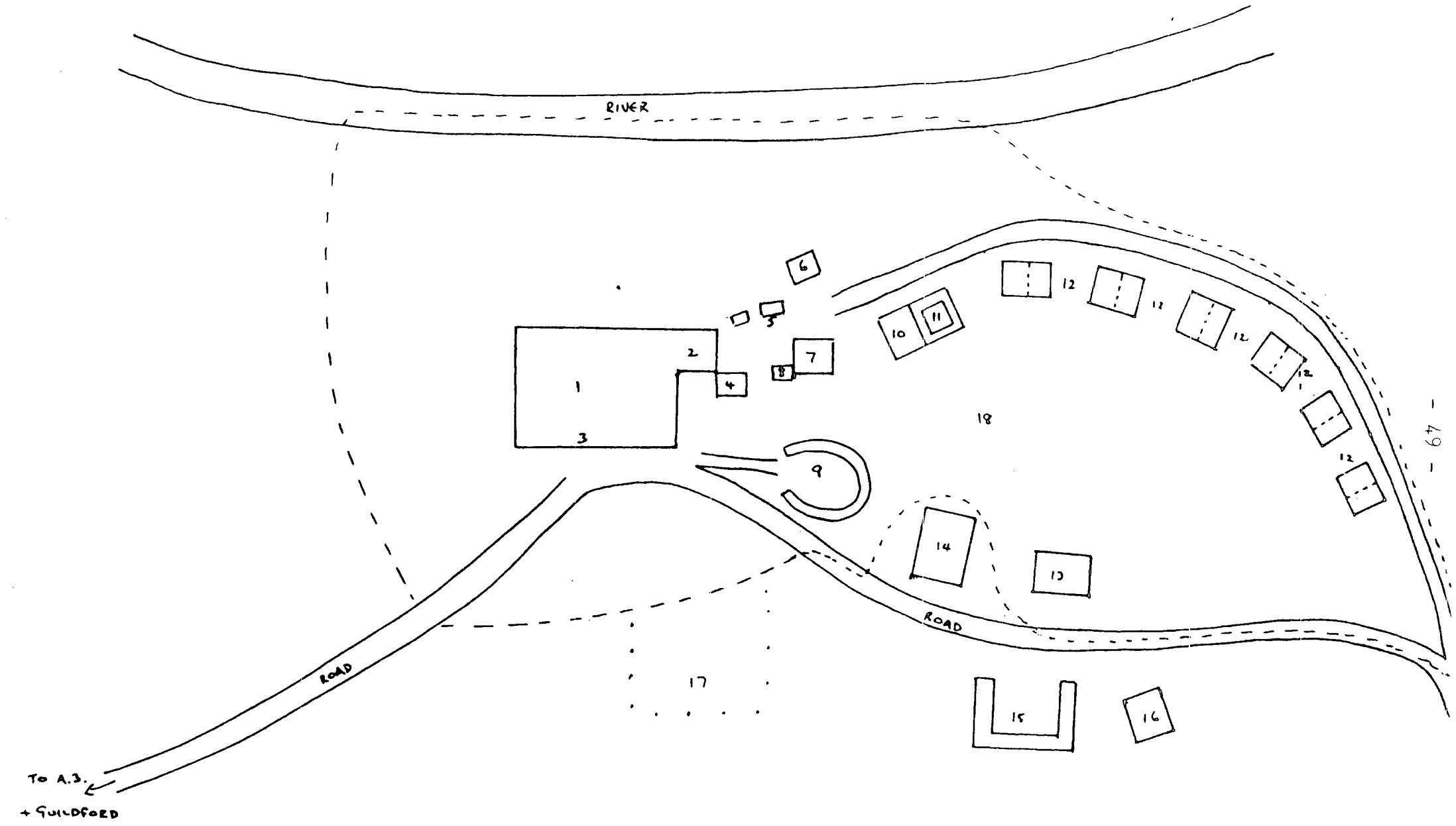


FIG.4 MAP OF PEPER HAROW-APPROX SCALE 1cm to 40m

KEY TO PEPER HAROW MAP.

1) Main building
2) Kitchen/Dining area
3) Entrance
4) Staff house
5) Canoe shed
6) Wey House:Director's house
7) Car workshop
8) Bus garage
9) Coachyard and stables: Arts and Humanities area
10) Gym
11) Swimming Pool
12) Semi-detached Staff houses
13) Staff cottage
14) Church
15) Peper Harow Hamlet:Farmworkers cottages
16) Farmhouse
17) Cricket ground
18) Market Garden, Greenhouse area

----- Grounds of Peper Harow (Boundary Line)

rooms, and four staff flats which have two or three rooms each.

The area immediately around the house is grass with several very large cedar trees. The lawn at the back of the house runs down to a small river. To the side of the main house are garages and storerooms and the original Georgian stables, built in a horse-shoe shape with a cobbled yard in the centre. They now house the Art, foundation and sculpture studios, and the Humanities teaching area. Next to this area is a row of a dozen semi-detached staff houses, and then the hamlet of Peper Harow and a farm.

Evaluation

There has been no completed evaluation research at Peper Harow. Hence there are no hard data on 'success rates' at Peper Harow. The Assistant Director (clinical) had done some personal research and found that over a six year period, 65 residents had left Peper Harow. Of these, 30 had left within two years, eight had left after between two and four years. The remaining 27 had stayed for the anticipated time of 4-5 years. Completion of the 4/5 year period and a planned departure at the end of this time is one basic criteria of a successful placement adopted by Peper Harow. No further details concerning the outcome of residents at Peper Harow is available.

## MY ROLE AND METHOD

I went to Peper Harow in June 1981 to study Peper Harow as a developed example of a therapeutic community, and to gain experience of living and working in a residential situation. My visit was arranged by Newcastle-upon-Tyne Polytechnic who intended me to teach about this particular model of residential

social work on the C.Q.S.W. courses at Newcastle Polytechnic. I spent the entire Summer term of 1981, a total of 11 weeks,at Peper Harow.

There was little discussion of my role before I went and I was allowed to mix freely in the community for a few days. Since the staff group was somewhat depleted at this time and since I offered to help out, I was made into a temporary, voluntary and unpaid member of staff which gave me certain responsibilities unusual for a student. For the first month I stayed in a guest room on the top floor. I was away on camp with the community for two weeks and then stayed with my family in the flat in the grounds of a nearby Anglican convent in Woking.

These responsibilities (or, in the eyes of the residents, powers) were that a) I had keys to the canteen where tobacco and sweets were kept b) I was sometimes responsible for areas of activity such as the swimming pool and the gym and c) I drove Peper Harow vehicles. I didn't however have special responsibility for any residents in the so-called Guru role (Ref: p.127 ) I didn't work on the daily 'coverage' rota in which two staff members were responsible for the overall running of the house. I didn't sleep in at nights, wake residents up in the morning or have full staff status in the discussions in staff meetings. Peper Harow takes four students a year who normally stay for only four to six weeks and never stay during the summer term. Because I was there for eleven weeks, had a partial staff role and went on Summer camp, I didn't fit into any established category. I was perceived by residents as being partly a student and partly a member of staff.

Research Method

My study method was participant observation of the various activities of that term. I also conducted unstructured interviews with certain staff members. I interviewed one senior resident. I have also extensively studied the writings about Peper Harow, principally those of the Director. I listened to residents' case histories at the weekly internal reviews and made notes. Much of my information came out of informal conversation with residents and staff, often over a cup of tea or while playing a game such as chess or draughts. My policy was to make myself available as much as possible for such friendly interaction and to accept any suggestion for activity. So I played football, badminton and table-tennis. I canoed, painted, modelled clay, engaged in creative drama and writing and through these became known to many residents. These activities acted as social ice-breakers, and through them I did my research.

There appears to be a tradition of hospitality at Peper Harow to any visitor or guest. Residents will usually offer to make a cup of tea or coffee and seem genuinely keen to talk about Peper Harow as somewhere they appreciate as their home. Relatives are especially welcomed on Sunday afternoons with tea and cakes made by residents. There is a regular stream of visitors, students, residents social workers and relatives. I was initially welcomed as one of this stream but subsequently developed the particular role described above.

I would introduce myself to residents as someone who had been a social worker and who now was a prospective social work teacher. I received some displaced feelings about residents' attitudes to their social workers. I received some verbal hostility from a group of new girls who after a day or two's

grace spoke to me as they did to most adult staff, i.e. abusively. This constant verbal abuse and apparent rejection I found hard to accept but I came to understand that this behaviour was a problem for everyone living in the community at that time. Each student or long stay visitor has the daily services of a staff member as a supervisor to help them understand both what the therapeutic community is and their own reactions to it.

The turning point of my stay was participating in the two week summer camp. A visitor or student had never been before and there was some apprehension and resentment by fellow camp members before the camp started as to why I should be coming. I found this out only after the camp was finished. My first week was spent with the canoeing camp and the second week with the narrowboat camp. The weather for both was very good and relationships within both parties was also mostly very good, which led to me being perceived by residents as someone who was 'okay', who would take his part in activities and with whom they were happy to spend time, and talk to rather than reject.

One resident I came to know especially well during the canoe camp, having spent the evening sing-songing around the camp fire with him and others. After this I often used to greet him with the words 'its a lap-up' or just 'lap-up'. This was Peper Harow slang used by some residents for everything being good about a) oneself b) our relationship c) Peper Harow as a place to be. The binary opposite of this greeting was 'Yock-up', meaning originally 'sick'. This particular resident said he had invented this slang usage and being permitted and encouraged by him and some others to use this was evidence of my being accepted into the culture. With another resident in the narrow-boat camp I had a more ambivalent relationship which

involved his testing out my authority role. One particular day I spent driving him alone to go for a weightlifting session in a nearby town. We had considerable difficulty finding a suitable gymnasium and afterwards he refused to walk up the muddy towpath towards the approach of the narrow-boat on the grounds of his being phobic about mud on his shoes. He later made fun of my supposedly having believed his fabricated phobia.

I was also perceived as being useful on this second narrow-boat camp as I could drive the transit van alongside the narrow-boat. This meant both of the narrow-boat camp staff could stay on the boat when they wanted, and as one of them was not a driver at that time it would otherwise have meant the senior camp staff member being occupied each day with van driving rather than leading the particular camp.

When I left the community I felt I knew many residents well, especially those residents I had been on camp with and also the more outgoing ones. Many residents I knew less well but was on friendly terms with, greeting each other using first name terms. I had found relationships with the new girls less easy. As mentioned before, I, along with other staff members, received regular abuse from a small group of them. After ten weeks one girl who was very withdrawn asked me my name and who I was, which shows that for her at least I was still almost a complete stranger. At the end of my eleven week stay, several residents asked me to come and work at Peper Harow. I think residents partly saw me as a temporary member of staff and partly as a visiting adult who could be trusted sometimes with personal information and opinions as I would soon be leaving.

Salisbury (1962) has mentioned the need for residents in United States mental hospitals to have 'normal relationships',

where there is no element of authority. Except when obliged to adopt a position of authority I played the role of 'friendly equal' as described by Salisbury. Towards the end of my stay residents were curious as to what I would do with the knowledge I had gained, and when I said it was to teach student social workers, there was general acceptance of the need for social workers to have knowledge about therapeutic communities. Throughout my stay I dressed in jeans, tee-shirts and plimsolls, much as most staff and residents dressed. As we have seen the creation of an 'informal atmosphere' is important for a therapeutic community. Typically, formal staff-resident distinctions are meant to be minimised and the signification of differing roles through dress is avoided. At Peper Harow there was, as indicated, very little difference in dress discernable between staff and residents.

While at Peper Harow I had access to many kinds of staff meeting, principally the staff meetings which were held three times a week, the planning meeting for the humanities and Arts foundation studios and some drama planning meetings. Latterly I was invited to the group leaders meetings. I went to those meetings to which I was invited. Consideration was given to my attending Senior management meetings but this did not happen as it was felt that as other staff members were sometimes discussed in those meetings, such knowledge might hinder my developing a relationship with those members. I attended all community meetings whilst I was there, including several emergency meetings, in all about forty. I did not have access to the small group therapy sessions nor Guru-guree talks, nor trustee meetings.

I kept notes from all the meetings I attended, and about all informal interaction, especially of the processes of community

meetings. I did not take notes in the presence of staff and residents, and they were unaware of this activity. My analysis stems from a later consideration of these notes and discussions about my study with the Director. Subsequently, I have made a study of the 1983 Aggett Study on residents' backgrounds (see below).

## BACKGROUND OF RESIDENTS. THE AGGETT STUDY

A recent unpublished study by Vivienne Aggett, commissioned by the Peper Harow foundation, has yielded the following information based on the 48 residents, 33 boys and 15 girls, who were resident at Peper Harow between Oct. 1982 and Feb. 1983. The information from this study, the only one to date, is summarised below in nine sections:

### 1) Geographical Background

At that time 58% came from London; 82% came from the South-East geographical region; and 18% came from elsewhere in Britain.

### 2) Age on admission to Peper Harow

The following table prepared by Aggett illustrates the spread of ages, and in particular shows the younger average age of entry of the girls.

| Age in Yrs. | 13-14 | 14-15 | 15-16 | 16-17 | |
|---|---|---|---|---|---|
| Girls | 2 | 8 | 5 | 0 | 15 |
| Boys | 0 | 10 | 17 | 6 | 33 |
| | | | | | 48 |

Source:of Table: AGGETT

3) Number of Siblings and Position in the Family

Aggett's study shows that 46% of the residents come from families with more than three children; 42% come from families which include half-siblings; 29% are eldest children; 17% are youngest children; and 12.5% are only children. Problems were reported with other children in 42% of the families. When only the child placed at Peper Harow was reported to have 'problems' the child was not found to occupy any particular position in the family. The study does not define its notion of 'problem'.

4) Parenting/Caring Experiences

Aggett's study shows a wide range of caring backgrounds for the residents. There is a high degree of family breakdown indicated - only eight children had two natural parents still living together, though 39 children have had this experience at some stage in their life. Family breakdown occurred for nine children before they were two years old; for 11 more children before they were six years old. For 10 more children before they were 10; and for a further 10 before they were 16. Nine children had never had any contact with their father. Four children had been adopted soon after birth, two of them within their extended family. Aggett's table illustrates this wide range:-

| Parenting/Caring Experiences | Girls | Boys | All |
|---|---|---|---|
| 2 natural parents (at some stage) | 12 | 27 | 39 |
| adoptive parents " | 1 | 3 | 4 |
| mother only " | 10 | 20 | 30 |
| father only " | 1 | 4 | 5 |
| mother and stepfather " | 4 | 9 | 13 |
| father and stepmother " | 3 | 4 | 7 |
| with relatives " | 2 | 8 | 10 |
| fostering " | 4 | 5 | 9 |
| short-term care " | 2 | 11 | 13 |
| long-term care " | 4 | 7 | 11 |

Source of Table: AGGETT.

5) Parental Problems/Characteristics

High rates of parental violence, ill-health and death were found in this study. 67% of children had experienced violence within the family inflicted by an adult member, though this violence was not necessarily directed at the child. 44% of the children had a parent who had received treatment for mental illness. 23% of the children had experienced the death of one parent, and two girls had experienced the death of two parents. In one of these cases the girl's adoptive father and her natural mother had died within weeks of one another. Evidence of calamitous family relationships is shown by the father of one resident having been killed by his mother; one mother who had killed one of her children as well as being violent to them all and an eight year old boy who had found the body of his sister who had committed suicide.

6) Educational Background.

Details of this part of the study were available for 81% of the children in the study. 33% of this smaller sample had attended five or more schools, 23% had attended residential schools for the maladjusted and 31% had been at special day schools. 50% of this sample had records of truanting from school. Truancy was not defined in the report.

A common misconception about Peper Harow is that all the residents there are exceptionally intelligent. This is not borne out by evidence from this study. I.Q. scores on the Wechsler Intelligence Scale for Children (W.I.S.C.) range from 82 to 145. Out of 38 children tested, 15 fell into the 110-119 I.Q. range on the W.I.S.C., a much greater proportion than in any of the other I.Q. score groups. Aggett sets out her findings in the

following table:

IQ Scores:

WISC full scale scores. Available for 12 girls and 26 boys.

| IQ Score | Girls | Boys | All |
|---|---|---|---|
| 80- 89 | 0 | 1 | 1 |
| 90- 99 | 2 | 2 | 4 |
| 100-109 | 3 | 5 | 8 |
| 110-119 | 5 | 10 | 15 |
| 120-129 | 2 | 4 | 6 |
| 130-139 | 0 | 3 | 3 |
| 140-149 | 0 | 1 | 1 |

Source of Table: AGGETT (unpublished, 1983)

Out of the full sample of 48 boys and girls, 9 boys and 4 girls were said to be underachieving before coming to Peper Harow. Four of these boys were said to be seriously retarded in basic subjects. Aggett reports that twelve boys had very superior abilities and skills whilst 4 girls were of 'high intellectual potential and academic high achievers'(Aggett:1983:7).

7) Previous Interventions/Institutions

The following figures refer to the full sample of 48 children. 23% had been in long-term care ranging in time from one to over twelve years. 29% (14 children) had been in short-term care, that is for less than three months and five of the fourteen had been in short-term care on many occasions. 65% had previously been to child guidance clinics and 4% (2) had received in-patient psychiatric care. 77% had been placed in an assessment centre and two in remand centres. Out of 48 children two girls and one boy had not received any previous alternative institutional or foster care before being placed at Peper Harow.

These figures generally appear to confirm the impression I received whilst at Peper Harow that many children had been through the gamut of residential care facilities before going to Peper Harow.

8) Previous Behaviour Problems

The Aggett study shows that the most common behaviour problems for the 48 children in the study were as follows: - 63% were involved in reported 'aggressive disruptive behaviour', 50% in truanting, 46% in shoplifting and theft and approximately 20% in drug and alcohol abuse. Certain types of problem behaviour was more common in boys, for instance burglary, taking and driving away of cars and fire raising. Girls were more likely to have made suicide attempts and to be sexually at risk. Girls more frequently abused alcohol. It is noteworthy that serious offences were not common though one boy had been charged with attempted murder after assaulting his father, another boy had been charged with sexual assault of a three year old girl and a girl was charged with actual bodily harm. 33% had been charged with offences. Little mention is made in this study of their psychological needs or difficulties. Rather the focus is more on evident behaviour problems. Incomplete records may account for this limitation in data.

9) Illness and Developmental Problems

Incomplete records were a problem here. However two children had had serious illnesses. One had been born with bowel, bladder and kidney abnormalities. Aggett writes of this resident that most of his early schooling had been spent in hospital and there 'had been many medical and pscyhological problems of

management and adjustment' (1983:12). Another boy had come from Pakistan with rickets and had spent his first year in England in hospital.

Conclusions drawn from Aggett Study

Overall the Aggett study confirms many of the impressions I gained of residents during my stay at Peper Harow. It confirms that many children there have had a very disruptive homelife with frequent major changes of residence. It shows that a small minority of residents have had particularly calamitious family backgrounds involving suicide and murder within the family. The report indicates that residents have often been involved in anti-social behaviour before admission to Peper Harow. This is not surprising. However it does also show that residents' known involvement in previous serious offending is slight. Also no child was admitted with a Borstal or Detention Centre record. The report confirms that Peper Harow does not generally accept physically handicapped children.

The study is particularly lacking in information on residents' previous psychological difficulties. It does however show that a high percentage of parents of children at Peper Harow had received medical treatment for psychological problems. It is an important finding that not all children at Peper Harow are highly intelligent, though it is significant that half of the sample are shown to be. A small minority of the children are shown to have below average intelligence. Educational under-achievement is common prior to admission.

The report lacks data concerning residents' ethnic or class backgrounds. Terms used in the Aggett study such as 'violence in the home', (1983:5) 'aggressive disruptive behaviour' and

truancy', (1983:5) are not defined so we do not know for instance the extent of the truanting behaviour. Overall the report is however a valuable addition to understanding the background of residents at Peper Harow. Finally it raises the very interesting question, which I do not intend to pursue in this work, as to how if at all the children that go to Peper Harow actually differ from those going to community schools with education or other establishments such as detention centres.

Case-study

Whilst there is no typical Peper Harow resident, the following examination of the process of becoming a resident for one adolescent will illustrate entrance into this community and the characteristics of this new entrant:-

I first met David (not his real name) in the Spring of 1979 when he was 13 and I was employed as a field social worker in a regional English city. His mother and stepfather came with him to the Social Services Department and asked for help in handling him. The case was allocated to me. The initial problem was an aggressive relationship with his stepfather and the major causes of friction were to do with David's punk dress, love of loud punk music and late homecoming in the evenings. The family lived in a council house in a suburban council estate with relatively low indices of community and individual distress. Both parents were employed and there were no significant financial problems. The household consisted of mother, stepfather, younger brother of 12 and a half-sister of three years by his mother's second marriage. His mother had separated from his father when David was three years old, and later divorced him. Although his father lived locally there was no regular or supportive relationship

between them though David knew where his father lived. In the two years that I knew David he contacted his father twice and only in emergencies when he had run away from his family home. He had not received help from his father on either occasion.

Mother had remarried an old school friend two years later but the stepfather had apparently not taken over the paternal role with David. Field Social Work help was continued for eighteen months after the case was allocated to me. During this time a pattern developed in which every two months or so David would react to his stepfather's attempt to control him. He would run off, get drunk and stay away for the night. Interviews were conducted with the family with a view to opening up the key troublesome issues within the family. A role-play(1) of a threatening interaction between stepfather and David revealed that David responded to aggressive cues from his stepfather. For example, on one occasion after stepfather had asked David to get up from lying on the sofa and David refused, he threw him off and David had then threatened to get a knife. Stepfather then challenged him to do so and so David got one and brandished it about without doing anyone an injury. David then ran away.

Attempts were made to arrange contracts(2) between family members to negotiate acceptable behaviour boundaries for David and also to enable stepfather and David to share mutually enjoyable activities together. These measures would work for a few weeks until another crisis when the contracts would be broken.

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(1) A role-play is a dramatic recreation of an event or situation by the participants or actors, done usually with a view to gain a better understanding of the event or the situation.

(2) A contract is a written or verbal agreement made between family members and aided by, in this case, the social worker.

In July 1980 the hostility between David and his stepfather erupted in an actual fight between them in which they both gained a black eye. At this stage both parents very much wanted a break from the tension and quarrels with David. A placement was then arranged for David in a community school[1] forty miles away. He was placed there for three weeks to allow a cooling-off period. He returned home after this period and was greeted with criticism about his dress by his stepfather, mother being at work, and so he ran off again. Once again he was placed, with parental agreement, in a short-term assessment centre. David was considered a bright child by the Educational Psychologist who found him to have an I.Q. of 135. David was also a keen young scientist. There was little educational criticism of him at school, except for idleness, but his behaviour was often aggressive and defiant to some peers and staff.

During his eight week assessment period a confrontation occurred between David and his stepfather who was visiting him. David, knowing his stepfather would visit, had again dyed his hair another colour. A verbally abusive exchange apparently occurred between them when stepfather arrived. A female member of the establishment's care staff led David upstairs to change into his pyjamas and to prepare for bed. At the top of the narrow stairs a scuffle broke out between this staff member and David. The care staff member was wearing high heels and fell down a flight of stairs seriously injuring her neck.

David was charged with Assault and taken to court which was unusual as it was his first offence. However David had planned

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(1) A community School with education provides residential accomodation with education on the premises for children in need of care and control. They were set up by the Children and Young Persons Act 1969 and took over from the old Approved schools.

to plead not guilty and so a court hearing became essential to try the case. In court David changed his plea to guilty. Eventually the court made a care order on him placing him in the care of the Local Authority until he was 18 years old. By this time he had moved to a family group home specialising in re-habilitating adolescents out of Local Authority care and back to their family home. He stayed in the family group home run by the Local Authority for six months and during this time was suspended from school for threatening a black schoolboy with a sheath knife. He was not rehabilitated home because of his worsening behaviour. For instance he frequently mutilated his face and arms with cuts and crude self-inflicted tattoos. He continued to abuse alcohol and anti-depressant drugs. He involved a girl resident, who had previously been well settled, in this drug related delinquency, and he was subsequently moved to a more distant and more secure short-term assessment centre(1) where he began to abscond and started to steal from people other than relatives for the first time. By this time David, at 15½, had been in six places of residence in fifteen months. A case conference(2) decided that a long-term alternative placement was now needed and one in which his academic potential could eventually be realised as this was regarded as crucial for him to weather his adolescent crisis. Also he needed a 52 week place-ment so that home contact could be kept to a minimum. The

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(1) A short-term Observation and Assessment centre specializes in preparing an assessment report on the child.

(2) A case conference is composed usually of relevant field and residential workers and teachers and where appropriate an Educational Psychologist and/or Psychiatrist, Local Authority solicitor, Police, N.S.P.C.C. social worker, Health visitor and family doctor. The Parents are sometimes invited to attend Reports from key professionals are considered by the conference

case conference decided that a therapeutic community would provide the setting in which he could work out his disturbed feelings in a more constructive and supportive setting. In a therapeutic community the case conference thought that David would look at the reasons for his destructive behaviour, and have the possibility to learn how to cope with himself and his family. At the same time he would be allowed to fulfill his own educational potential. Most community schools are equipped to implement remedial educational programmes only. At this point I stopped being his social worker and went on my placement to Peper Harow.

He received further psychological and psychiatric testing and assessment and was referred to Peper Harow as it alone offered the above opportunities in a 52 week long placement. He was offered a place at Peper Harow and started there in September 1981.

# C H A P T E R  T H R E E

## THEORY

This chapter firstly sets out the anthropological background for the study of Peper Harow as a specific cultural entity, and asks if it can be defined as a community. The second part discusses the possibilities of anthropological approaches to the symbolic order of Peper Harow. The third part considers specific questions to be addressed.

### ANTHROPOLOGICAL BACKGROUND FOR THE STUDY OF PEPER HAROW AS A SPECIFIC CULTURAL ENTITY.

My overall plan was to gain an understanding of the folk model of this community - that is its residents, staff and Director's views of what their therapeutic community was and how it functions. I sought to discover the 'emic' viewpoint or folk model of the society. The method adopted is, according to Geertz (1977: 480) a hermeneutic one in that it led me to add one interpretation upon another, one version given to me by a staff member, one set of perceptions with another until, a whole picture emerges. Moreover at Peper Harow everyone was aware that it was a radical experiment in human living and experience, and all or most participants were consciously evaluating its 'meaning' in some form or another. Research and ongoing evaluation of one kind or another had been part of the philosophy of the place since its inception as a therapeutic community. The Director was involved in publishing through writing and lecturing about the value of this approach to highly disturbed adolescents. In this sense the community was already being

continually and consciously studied and I was an addition to this process of study.

The task of this participant observation study was then first to record the day to day interactions within the community; second, to understand the various interpretations given of the community and third, to connect these two processes to relevant Anthropological theory. The first two stages represented my work whilst I was in the community. The last has been my work since leaving it.

Levi-Strauss (1963: 354-355) has spoken of the three stages of Anthropological study, namely Ethnography, Ethnology and Anthropology. These respectively refer to the observational stage, the conclusions about the particular community, and lastly, the comparative or global stage of analysis. This division reflects my own endeavour first accurately to portray Peper Harow as a community, then to reach satisfactory conclusions about its nature and construction, and finally to relate these conclusions to other small-scale and self contained healing cultures ( see Appendix). Levi-Strauss has commented that in the study of small-scale communities, where:-

'social relations combine to form a whole' (1963: 372)

these communities cannot be studied solely from outside but rather the Anthropologist must make a:-

> 'personal reconstruction of the synthesis characterising them; not merely analyse them ..... he must apprehend them as a whole in the form of a personal experience.' (1963: 373)

One needs then to experience life in a therapeutic community to observe the specialised social processes, described in chapter one, which run counter to our normal everyday experience. The

therapeutic community, moreover, is a particularly intensive living environment. Sugarman, an anthropologist, who studied 'Daytop', a concept-based therapeutic community in New York State, for recovering drug addicts described that community as a 'pressure cooker' (1974: 17).

Anthropology seemed to offer a particularly useful intellectual approach and a rigorous empirical method. Anthropology according to Douglas is the study of societies as a:-

'..... single interacting whole .....' (1972: 514)

Murphy (1979:8) has described the hallmark of Anthropology as the attempt to see societies as totalities. This viewpoint has a similarity with therapeutic community theory which seeks to use the social processes of the whole community as integral to its therapeutic method. Moreover at Peper Harow as we shall see both the physical and social environments are planned for their therapeutic effect. So, while Anthropology studies the interdependence of social processes in small-scale, whole communities, therapeutic communities develop these processes as their therapy.

Rose, the Director of Peper Harow, writes about the importance also of the whole environment or as he calls it the 'context' of a therapeutic community:-

> 'When residential staff list their most important tasks they rarely consider that the creation of atmosphere is important as a factor in its own right and fundamental to the effectiveness of anything else ..... indeed when people think of any kind of therapeutic opportunity be it residential or not, the kinds of questions which tend to spring to their minds are - Do they have psychotherapy groups? How many psychiatrists work there? Do they use drugs? Do their operations include behaviour modification programmes? And perhaps they might enquire about the quality of child care staff, when they know that the place

> is especially for adolescents or children ..... However, I would wish to argue that the context in which they exist is of as great, if not greater, importance. Indeed it might be that the benefits of a psychotherapy group, for instance, could be totally wasted unless the context were of appropriate quality too. I would argue still further, that the context itself can be responsible for psychological change.' (1980: 1)

Therapeutic communities then, see themselves as specialised communities existing to fulfil a primary function, that of promoting psychological growth in those classified as mentally disturbed. They operate by creating a highly detailed and specific atmosphere or context.

Can we then define Peper Harow as a community? My justification for so doing so is fivefold: 1) Residents and staff think of themselves as belonging to a specific healing community. Peper Harow describes itself to the world as a therapeutic community and I am partly accepting actor's definition as did McKeganey (1983: 86) in his discussion of Camphill Rudolf Steiner therapeutic community . 2) As I have shown in chapter one, Peper Harow as representative of a therapeutic community exhibits atypical social processes. Moreover it is both geographically and culturally isolated from mainstream society, which Sugarman noted was usual for a therapeutic community (see Ch.1 ref: p.26). Peper Harow for example strictly controls the access of residents to local towns, and staff are obliged to live in the grounds of Peper Harow. 3) Any set of people seriously endeavouring to live a life of psychodynamic investigation, involving the active sharing and researching of the meaning of present and past action can be expected to possess a sense of separate identity in contradistinction to the world outside the community. 4) Acceptance by staff and residents of a 'way of life' at Peper Harow. This involves certain role

expectations of staff and residents. For example new residents are expected to behave very differently from residents of 4/5 years standing. Staff and residents also clearly accepted the ordering of the daily, weekly and yearly events in the community. The collective celebration at the Summer leaving feast is a good example of this ordering. Life at Peper Harow was partly defined by such events. Distinctive linguistic idioms can also be found at Peper Harow, showing the development of a sense of community identity. 5) Finally the Director's assertion about the symbolic meaning of the physical environment at Peper Harow is also a singular innovation adding to the sense of community.

A therapeutic community is not the only kind of specialised community in Western Industrial society. Other types range from hospitals and prisons to boarding schools. Goffman (1961: 4-5) described five main types of "total" institution, ranging from those designed to care for incapacitated people to the exclusive communities of religious orders. "Total" institutions are characterised by, among other features, incompatibility with family life and'the basic work-payment structure of our society' (Goffman: 1961:11). Peper Harow is a kind of total institution, though I think a more positive example than many, as it shares the general characteristic of not being primarily constituted of family units. In this it contrasts with a generalised community such as a village, which is typically composed of family households.

How does this analysis of Peper Harow measure up to sociological definitions of community? Such definitions are numerous. Hillery (1955: 20) analysed 94 different definitions and found that people were the only common element. Bell and Newby write (1971: 29) however that most definitions of community contain

reference to geographical area, social interaction and common ties. This however remains such a broad definition of community that it does not discriminate the distinctive quality of Peper Harow. Kaufman's definition (1959: 38) is closer to my definition of community at Peper Harow. Kaufman writes that community refers to a mode of living and to shared goals, and as we will see, Peper Harow has a distinctive way of life and definite therapeutic goals.

Barth's analysis of how ethnic groups are defined (1969:10) is useful to consider in this context. Barth suggests that ethnicity is defined not solely by its cultural content but by the maintenance of boundaries between differing ethnic groups. Ethnic boundaries provide 'organizational vessels' (Barth: 1969:14) for the perpetuation of cultural characteristics. Whilst Peper Harow is a therapeutic, not an ethnic community, Barth's emphasis on the importance of boundaries is illuminating. To sustain the community's distinct identity, the flow of personnel, concepts and information between it and the wider society must be regulated, and there must be procedures for the ascription of a distinctive identity within the community. At Peper Harow I found an awareness of a special identity amongst both staff and residents. Staff and residents were aware of being part of a distinct type of therapeutic life, set apart both socially and spatially from mainstream society.

At Peper Harow we have then an unusual and isolated community, a kind of cultural island. In order to understand it we can profitably use an anthropological framework. Murphy has further defined the anthropological task as follows:

> 'It attempts to see societies in their totalities, to analyse and describe their parts, and to understand the relation of the parts to each other and to the whole organization.' (1979:8)

Within anthropology this view is akin, according to Leach, to a structuralist-functionalist viewpoint (1976:3).

## THEORIES OF SYMBOLISM

Part of the purpose of the present thesis is to examine, from an anthropological perspective, the use of symbolism at Peper Harow. Such an examination necessarily entails looking closely at the Director's construction, understanding and communication of symbolic interpretation and meaning at Peper Harow. One quotation from the Director's writing will clearly show his own consideration of the importance of symbolic creation; in the following case Rose is writing about the 'essence of residential therapy' as the recreation at a 'symbolic level of the missing parental care.' Rose continues:-

> 'The many different kinds of physical pleasure, for example, which the infant receives from his loving mother are manifold expressions of the same message that he is loveable. This loving physical care at the roots of a normal child's life initiates the growth of optimism, autonomy and mental health. To recreate this care symbolically in a residential situation, though artifical, is nevertheless an essential form of surrogate experience. It is the essence of residential therapy.' (1983a:14).

I shall be looking more closely in Ch.7 & 8 at the full range of Rose's assertions about symbolism. Here I shall observe how the anthropological literature on symbolism can assist the understanding of the therapeutic process created at Peper Harow.

There are many different views on the nature of symbolism.

Firth identified a symbol as one thing representing or standing for another, and considers that the relationship between the symbol and that symbolised is that of the particular to the general and the concrete to the abstract. A lion then symbolises courage. In this view a symbol is a concrete indication of abstract ideas. Firth (1975: 64) cites Langer who makes the following distinction: a sign signifies an object or a situation whilst a symbol makes us conceive of an idea. The relationship between a symbol and its reference is usually complex and as Jung (1964: 20-21) has noted, there is often an inarticulate even unconscious aspect to our use of symbols:

> 'Thus a word or an image is symbolic when it implies something more than its obvious and immediate meaning. It has a wider unconscious aspect that is never precisely defined or fully explained. Nor can one hope to define or explain it. As the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason. The wheel for instance may lead our thoughts towards the concept of a divine sun.'

A symbol then refers to an abstraction that cannot be fully articulated. Firth (1975: 81) also describes symbols as 'stores of meaning'. He also cites Hauser who speaks of the inexhaustability of meanings in a symbol (1975:72).

Symbols can then be said to reverbrate in the mind. Sechehaye, according to Levi-Strauss (1963:200), describes the use of concrete physical acts, such as the putting of a patient's cheek onto the analyst's breasts to resolve a weaning complex. These acts are seen by Sechehaye as penetrating the 'conscious screen' to carry their message directly to the unconscious. Symbols, for Levi-Strauss, synthesise materials from different domains such as mind and matter and relate these one to another. Symbols can be potent agents of change in both the personal and

social spheres. Symbols, such as national flags and anthems, can be powerful instruments in the creation and maintenance of collective identity (Lewis: 1977:6). Symbols can be transformative and bypass conscious resistance. Hence their potentially valuable use in therapy at Peper Harow.

Rose's theory of symbolic therapy.

At Peper Harow Rose describes the potential for therapeutic interaction between the residents' experience of the milieu at Peper Harow and their developing personal identity and behaviour. The social and physical environment is perceived as effecting individual change. Such an environment does this by a) giving radically different messages so as to shock residents into a new awareness and potential receptivity and b) imparting carefully designed messages of hope, security and self-worth to residents.

As I will show in chapters seven and eight, Rose, in his assertions constructs a symbolic world for treatment. His isolated metaphoric statements such as the association of the water jug with a mother's breast become, if accepted by residents, a perceived reality.(1) Once the resistance of residents to change and involvement in the community is overcome by the provision of the specialised social processes, educational and leisure opportunities, ritualistic events, designed milieu, then a symbolic order can be ingested by residents that gives them the possibility of deep security and meaning. They learn order in the new world they inhabit in contradiction to the

.....

(1) This can be expressed in Leach's terminology as symbol and metaphor becoming sign and metonymy (1976: 13-16)

disorder of the old world.

We will see that the transformation of values is a predominant aim. It is hoped that residents will acquire the values embedded in the intended experience of the milieu at Peper Harow. Residents come to Peper Harow dominated typically by feelings of hopelessness, worthlessness, lack of order, destructiveness and hatred. The intended impact of Peper Harow is to transform this inner experience into its binary opposites of hopefulness, selfworth, sense of order, creativeness and care. Although these states of mind are experienced as feelings they also represent values, values being 'beliefs about what ought to be' (Moffat: 1968:25). Peper Harow then intends the developmental process outlined in Fig:5

FIG.5

Entrance ⟶ Exposure to Peper Harow culture ⟶
acceptance by resident of cultural forms ⟶
Transformation of personal values ⟶ leavetaking.

The entrance of the resident is followed by exposure to the whole culture, and if the resident accepts this culture then he/she can be led to a transformation of personal values and concepts through ingestion of the symbolic world at Peper Harow. The resident then leaves.

It is important to note that Rose derives his symbolic currency from the wider culture. The ideas of feasting, gift-making and the personal and collective celebrations such as birthdays are clearly part of our Western culture and inheritance. We readily understand and are influenced by such symbolic forms, since they are motivated by the structure of the wider society.

Andelson (1980:730) writes that the charismatic[1] leader combines old elements into new patterns and this process of transforming cultural symbols into a therapeutic reality is part of the subject of this thesis.

## SPECIFIC QUESTIONS

This third part of the chapter establishes certain questions that I shall be asking and I draw on certain anthropological theories to answer them. They are: 1) Do Turner's theories of a) liminality b) communitas and structure and c) root metaphors help us to understand social process and social structure at Peper Harow? 2) Does the structuralist theory of binary analysis help us to illuminate the implicit categories of thought existing in the understanding of the therapeutic process at Peper Harow? 3) Is it valuable to perceive the therapeutic definitions of reality observed at Peper Harow as a process of myth creation, involving the ritual ordering of time and space in the annual life-cycle of Peper Harow?

### 1a) Liminality

Turner based his theory of Liminality on Van Gennep's well known study of the Rites of Passage (1960). Van Gennep showed that there was a common structure to rites of passage throughout the world. Turner quotes Van Gennep's definition of these rites of passage as:-

> 'rites which accompany every change of place, state, social position and age.' (1969: 80)

This common structure consists of three stages, that of

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(1) The concept of charisma is considered in more detail in the Conclusion.

separation from the previous social state, the marginal or liminal stage, and the final stage of reaggregation of the individual or group back into a new position or positions in the social structure. We will see that Peper Harow has developed ritual structures to accomplish the first and last stages. These ritual structures are respectively the first interview, and the new person's group, and then the last summer feast for leaving residents. We shall also find at Peper Harow many of the features of liminality which Turner describes, (1977: 37-39) for example:- 1) new rules, language and social processes, 2) permissable regression and reconstruction of the personality, 3) mythogenesis by the Director, 4) a paradoxical state for residents, both elevated and special and yet also outcast and abnormal; very young and adolescent, 5) symbolic inversion, 6) dramatic performances, 7) the dramatisation of community problems through crisis community meetings, 8) the blurring of work/play categories, 9) new ways of acting and 10) the creation and combination of symbols. Turner asks:-

> 'Whatever happened to liminality in post-tribal societies?' (1977: 39)

Here at Peper Harow we can observe its usage in a therapeutic culture rather than in a tribal society.

1b) Communitas and Structure

I shall consider how far Peper Harow can be considered as an example of communitas, in its attempt to create relationships between whole individuals unaffected by role and status considerations. Turner contrasts communitas with structured situations wherein individuals are constrained and defined within a network of common rules, expectations and status

differences. Many of the redesigned social processes generally found in therapeutic communities and in particular at Peper Harow seem to be excellent examples of 'communitas'. For example:- democratisation, reality-confrontation, permissiveness, communalism, peer-group therapy, informality. Moreover, according to Turner (1969: 97) communitas is commonly found among marginal groups such as the early Franciscans, hippies and some millenarian groups. Adolescents at Peper Harow are marginal. They have been extruded from mainstream society. They no longer live in their families or participate in the common educational process, and have usually been rejected from previous residential settings on account of their deviant behaviour. Communitas is a notion already used in the analysis of therapeutic communities. Almond (1974) in his cross-cultural study of healing communities uses Turner's notion of communitas to help define the ideal state to which therapeutic communities aspire. Almond writes (1974: XXIV) that no therapeutic community achieves this ideal completely and constraints on communitas at Peper Harow will be shown.

1c) Root metaphors

How can Turner's idea of root metaphor help our understanding of social process at Peper Harow? A root metaphor is similar in potency to a symbol. But whereas a symbol stands for something else and is capable of profound suggestion, a metaphor of itself metamorphoses. It changes, transforms, illuminates. Turner quotes Black:-

> 'Metaphor is our means of effecting instantaneous fusion of two separate realms of experience into one illuminating, iconic, encapsulating image.' (1974: 25)

A root metaphor is a kind of essential metaphor, one in which a person or group seeks to visually summarise the meaning of a whole situation. Root metaphors are often derived from common experience and should, according to Turner, be chosen:-

> 'carefully for their appropriateness and potential fruitfulness.'
> (1974: 25)

Again Turner quotes Black for his definition, this time of a root metaphor:-

> '..... is a systematic repertoire of ideas by means of which a given thinker describes, by analogical extension (1), some domain to which those ideas do not immediately and literally apply.' (1974: 26)

Turner writes that conditions of liminality and communitas are fertile ground for the production of root metaphors. At Peper Harow Rose, the Director, emphatically stated, in a community meeting, that Peper Harow is 'a feast in a desert, and still the kids kick the tables over.' Feasts, as we shall see, are accorded great significance at Peper Harow and I shall suggest that the feast is a suitable root metaphor for our understanding of Peper Harow.

## 2) Binary Analysis

Binary analysis is an important method of analysis in Structuralist theory. Fox (1975: 99) writes that structural analysis has greatly relied on this method. Binary analysis is a way of reducing and organizing the cultural complexity that confronts anthropologists when analysing or comparing societies.

.....

(1) Original in Italics

Structural analysis, such as in Levi-Strauss's Story of Adswal (1976: 146), posits certain structured logical features underlying cultural activity and conceptualisation. These are deemed to be universal to all cultures. In the 'Mythologies' Levi-Strauss seeks to establish a framework of 'laws' determining mythical creation in human society (1970: 10). Part of this logical structure is the analogous sequence of paired oppositions. Among the most commonly found sets are:- heaven; earth; raw: cooked; sacred:profane; and male:female. These binary oppositions are connected into a system by the principle of analogy (Leach: 1970: 27).

For example Needham (1979:66) suggests that these oppositions:-

> '..... need not be connected by qualitative resemblances between individual terms, but instead they are connected as homologues (a:c and b:c) in a classification by analogy .....'

Such constructions purporting to reflect the universal features of human understanding are open to criticism about their usefulness. Sperber writes that such anthropology is in danger of having: -

> 'constructed a structural model without an object' (1975: 68)

Leach also questions the usefulness of the approach of binary analysis (1970: 53) and Douglas is critical of Levi-Strauss's reliance on binary analysis (1975: 250). Maybury-Lewis (1970:158) comments on the difficulty of evaluating binary classifications. Certainly anthropology can use binary analysis to organise cultural phenomena into an identifiable pattern or formal model. Yet the conclusions drawn can vary. Needham writes (1979: 58-59)

that the only test of a successful model is:-

> 'the degree of success in rendering social facts coherent and intelligible.'

I shall show, using binary analysis, how a system of therapeutic assumptions at Peper Harow is expressed in food metaphors. I will also present a table which aims to show the correspondence symbolised in spatial and temporal terms between a resident's career through Peper Harow and his/her passage through the Summer feast of 1981 (ref: p.201).

## 3. Myth-making and Ritual at Peper Harow

I shall be asking if it is valuable to perceive the therapeutic definition of reality observed at Peper Harow as a process of mythical creation, involving the ritual ordering of time and space in the annual life-cycle of Peper Harow. We have seen in chapter one how therapeutic community theory emphasises the therapeutic potential of all social interaction ocurring in the community throughout the twenty-four hours. There is then in any functioning therapeutic community an awareness that all social encounters carry an additional potential meaning, that of 'therapy'. I am suggesting that it may be helpful to analyse this 'extra' meaning as being an example of mythogenesis. I am using the term 'myth' not to denigrate the idea of constructing a 'therapeutic' environment but rather to stress the importance of residents and staff and Director's belief in it. I am basing my use of the term 'myth' on Leach's definition of myth as being:-

> 'a sacred tale .... divinely true for those who believe and a fairy-tale for those who do not' (1970: 54)

Lewis (1976: 120) similarly describes myths as 'sacred tales'. If instead of 'divinely' in Leach's definition we substitute 'therapeutically' we have a notion of myth as being 'therapeutically' true if it is believed. I shall suggest an analogy between primitive societies such as the Tikopian Islanders (Firth: 1936) wherein all aspects of life are impregnated with a 'sacred' meaning through their relationship with unseen powers, and Peper Harow as a particular therapeutic community in which all aspects of life within the community, from the material surroundings to the social processes, are imbued with an unseen 'therapeutic' meaning. Moreover this 'therapeutic' meaning is, as we shall see, dependent on continual assertion by Rose. I shall also suggest that this mythogenesis by the Director is part of the explanation of both the special intensity of life in this therapeutic community, and the positive sensation of specialness felt by residents themselves due to their presence at Peper Harow. Almond has described the importance of this sense of 'specialness' in his cross-cultural study of healing communities (1974: XXV), and Levi-Strauss has written of how cultural identity needs the community to feel special and original:-

> 'in order for a culture to be really itself and to produce something, the culture and its members must be conscious of their originality, even to some extent of their superiority over others.' (1978: 20).

The 'sacred' tale told at Peper Harow has several elements to it:- a) Rose's interpretation of the history of Peper Harow. b) The 'therapeutic meaning' of the decor, called by myself the 'myth of symbolic compensation'. c) The calendrical structuring of events at Peper Harow.

The term ritual has been used to describe many types of human activity from cleaning teeth and shaking hands to the coronation of Kings and the invocation of Gods. Goody (1977: 35) reviews many of the definitions of ritual. Colijn a Dutch anthropologist, has, in his recent study (1984) of rituals of transition in a Dutch therapeutic community, summarised the importance of ritual in understanding a community's structure and process. He writes:-

> 'Ritual is an important social device to structure experience and emotion ..... the ritual procedure, the prescribed roles, the values propagated, the conflicts acted out, all together give the participants information about the ways they are interrelated, and the way their culture is structured.' (1984: 3).

I have already introduced (p.78-79) the role of ritual process in the demarcation of the stages of the life-cycle. In this thesis I shall adopt Myerhoff's working definition of ritual:-

> 'Ritual is an act or action intentionally conducted by a group of people employing one or more symbols in a repetitive, formal, precise, highly stylised fashion.' (1977: 199)

The aim of ritual for Myerhoff is to persuade, and ritual accomplishes this by its use of symbols. Myerhoff similarily makes this point about the power of symbols:-

> 'They (symbols) have significance far beyond the information transmitted. They may accomplish tasks, accompany routine and instrumental procedures, but they always go beyond them, endowing some larger meaning to activities they are associated with.' (1977: 200)

I plan to show that healing at Peper Harow is intended to be the outcome of a ritual process that contains and frames symbols.

Diagrammatic outline of Peper Harow

This diagram, Fig.6, is a visual plan of the main part of my thesis. It outlines the main areas of Peper Harow that will be considered and in its overall form it illustrates the idea of Peper Harow as a self-contained community. At the top of the main circle is the section entitled History and Principles, which have already been set out. Next, leading us into the main circle, is the process of recruitment and admission of residents. This section occurs at the beginning of chapter four. Moving from the centre of the diagram outwards, I first analyse the therapeutic process occurring in community meetings:- that is a) 'opening-up' b) 'containment' c) 'control' d) 'understanding' and e) 'care'. The community meeting is located in the centre of the diagram as it is to here that information and issues from all other parts of the community are 'feedback' and discussed. Hence the diagram is dynamic once the idea of feedback to the centre and between the parts is recognized. The notion of feedback has already been discussed in chapter one. The two concentric circles around the inner one of the community meetings represent the two other central therapeutic areas of the community's life - that of the small-group therapy session and the Guru-Guree relationship. I consider these additional areas central as it is to them as well as to the actual community meetings that all other events in the community are 'feedback', and it is in them that the specialized social processes, such as democratisation, peer-group therapy and reality-confrontation, vital to a therapeutic community can be observed. Also in chapter four I describe the typical stages of development that a resident progresses through. In the

# PEPER HAROW
## DIAGRAMATIC OUTLINE

FIG.6

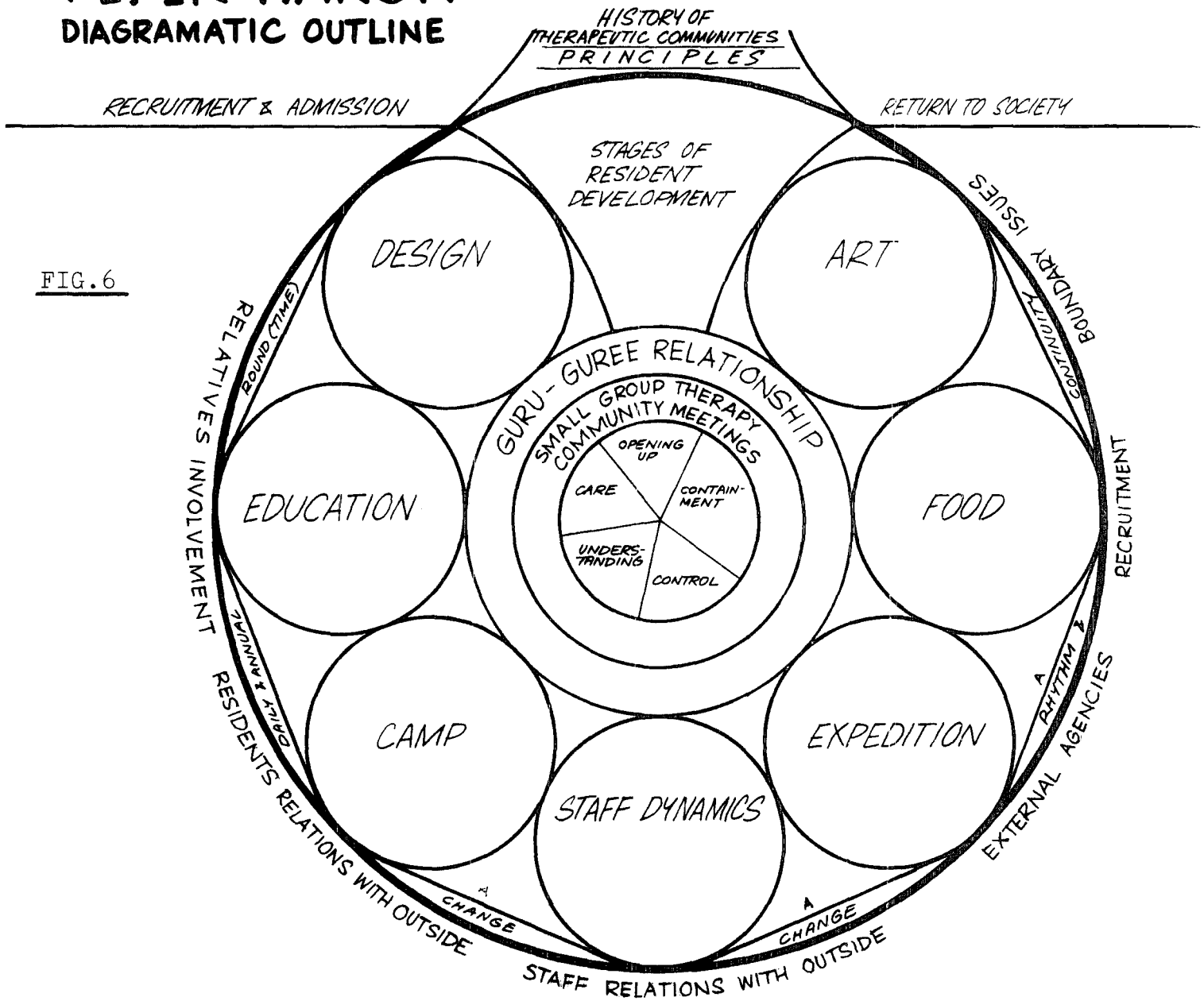

diagram this is shown by the mushroom shape growing out of the inner therapeutic circles previously mentioned.

I then describe the activities within each circle. Chapter five looks at the role of the staff in the community. Chapter six looks at key aspects of the design of the physical and social process, in particular the role of physical design, education, camp and expeditions. Chapter seven concentrates on the significant use of food in the anticipated therapeutic process. Chapter eight continues by analysing the sequence of secular rituals observed at Peper Harow. This section is indicated in the diagram by the wavy line (A) just within the outside circle. The outside circle itself represents the boundary between Peper Harow and the external community. The various aspects indicated outside this circle such as recruitment, external agencies and staff relations with the external community, I do not describe as I consider them outside the scope of this thesis. However, on the diagram they show important areas of interaction across the boundaries of Peper Harow. The residents during their stay at Peper Harow have been contained within the community of Peper Harow, shown by this large circle. Typically, after four or five years they leave the community to return and live in the wider society. Their movement into and through the community is shown in the diagram by the arrow leading them in and by the arrow, on the top right of the diagram, eventually leading them out of the community.

# C H A P T E R  F O U R

## THE THERAPEUTIC PROCESS

In the next four chapters I shall look at the therapeutic process as outlined in my map. I hope thereby to give an explanation of the most important terms in that map. I shall begin chronologically with the recruitment and subsequent admission of residents to Peper Harow.

### Director's Criteria for Admission.

The Director has described the criteria as follows - emphasing the importance of personal characteristics and attitudes rather than intelligence:-

> 'Defining who is suitable for interview is, at one level, simple. To contain the severe behaviour problems of our most grossly misbehaving boys and to maintain a psychotherapeutic committment requires a very strong peer group. Thus, a newcomer must be able to become part of a group, must be able to recognize and appreciate its values and be powerfully motivated to find a way to share these. Accordingly, at an interview we look, in a comparative way, at the levels of awareness, insight and motivation of each boy. Is he aware of the seriousness of his predicament and the possible reality consequences for the future?
>
> Does he have some idea of how he among all the adolescents in town, has come to be in this predicament? What is he prepared to do for himself to try and take advantage of the opportunity for help? Motivation, capacity to change and some insight are then the prime requirements.'
> (1979: 7).

### The Admission Process.

When a local authority refers a child to Peper Harow for placement, Peper Harow first requests social, educational and psychiatric reports on the child. If the adolescent is thought

likely to benefit, Peper Harow invites them to an interview. They are first shown around by residents. Rose describes the involvement of residents in the selection of new residents:-

> 'For a start, each boy and his social worker and perhaps parents, are met by not only the adult member of staff who would be responsible for him if he were to come, but also by two specially selected boys, who would also be involved in the interview and in the decision as to whether or not we should offer a place. The quality of the boy's involvement is extremely sophisticated and of essential value. One of them is likely to have been in the community for at least three years. His colleague, however, may have only been at Peper Harow for a year or two - it might be his first interview since he himself was interviewed. Reaching a position where you are asked 'to do an interview' indicates status and is regarded by the other boys as real acknowledgement of commitment to the community's lifestyle.'
> (1979: 8)

I often heard residents talk about both their own interviews and 'doing an interview' on an applicant. Residents,noted from their tone of voice when speaking about interviews, took considerable pride in their role in selecting new residents.

I was able to attend an interview because, in this instance, I had also been the applicant's previous social worker (see case study - chapter two). In this interview I observed that the boys' opinion about the suitability of the applicant was important, even crucial, to the result. Normally students and visitors are not permitted to observe interviews.

The participation of residents in the selection process is common in therapeutic communities as has already been noted. For example Whiteley, the medical Director of the Henderson Hospital, writes:-

> 'One of the most significant and far reaching developments at Henderson Hospital in the post Maxwell Jones era was the institution of a selection group for prospective patients wherein present patients and present staff in a group setting select on the principle of one man one vote irrespective of status ..... It is a co-operative working group in which it is spelled out to the candidate how we work, what expectations we would have of him, and what expectations he must have of all of us. He makes a verbal contract with us and we with him.'
> (1979: 21)

At Peper Harow the applicant is interviewed by the two residents and a member of staff who will, if the applicant is accepted, be the child's keyworker or Guru[1] at Peper Harow. The interview I attended began with a detailed life review of the applicant, inviting him to comment on the events of his life and the feelings associated with them. The aim of this process was to assess what level of insight the applicant had into himself and his level of commitment to tackling his problems. A decision was also made straight after the interview whether to accept the applicant. The two residents fully participated in the decision, even appearing, as I have already commented, to tip the balance in favour of this boy's admission on this occasion. If offered a place the residents have to go away and say that they want to come to Peper Harow. They have to write a letter to this effect and this letter is said to be evidence of their commitment. I heard that their letter was occasionally referred to by staff if their commitment publically waned.

Rose has described the interview process as follows:-

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(1) Guru is the Peper Harow term for the worker who has special responsibility for a particular resident throughout their stay. This role is usually known in residential child care practice as that of the Primary or keyworker. See a fuller description of the Guru role later in this chapter. (ref: p.127 ).

> 'It will be explained that he has been offered a place because of what was written about him ..... we would offer a place to him if, at the end of the interview, we honestly felt we could help him, but he would not be able to come unless he himself wished it and wrote to us to say so ..... He is asked again and again about the feelings he has for those in his family and often he is staggered with new insights that may be quite frightening, but which he allows himself to perceive because of the new situation. His life is treated very seriously and the unspoken demand is for him to be prepared to treat it as seriously. The unspoken contract for a place at Peper Harow is of mutual engagement in the task of changing his life.'
> (1980: 28-29)

The successful applicant has now become a resident engaged in this task of change.

Before introducing the main subject of the therapeutic process in community meetings, I shall outline an ideal-type progression of a resident through the whole experience of Peper Harow. This progression is included in the outline map of Peper Harow and is described there as 'stages of involvement', graphically leading into the three inner concentric circles.

This analysis into stages of identification is based on information received from the staff and residents at Peper Harow. Whilst the ingredients of the analysis are from Peper Harow, its structure is my own. As already noted, the anticipated stay for residents is between four and five years. It is the stated view of the community that it takes this length of time for the anticipated processes of psychological change to take place, given the degree of disturbance and the character of those adolescents admitted.

## STAGES OF INVOLVEMENT

### First Stage

The First Stage lasts about a year to eighteen months.

During this time residents are expected to absorb the culture, norms and values of the community. They are not expected to "give" anything to the community, for example, speaking in community meetings, although they can if they wish. It is understood by the community that all they can probably do is to 'take in' from the community, to relax, to learn to trust adults as consistent carers, possibly for the first time. What they tend to give out during this period is their pain and hatred, their disturbance. They act this out by absconding, by verbal and physical abuse of staff and the peer group, by damaging the building, by stealing from each other and by throwing gammies (this is Peper Harow slang for an uncontrolled emotional explosion). They are free to 'doss' around for much of the day. They are not allowed to be involved in formal educational programmes as they are understood by Peper Harow to need first to be integrated into the culture and begin working on their own problems.

Almond (1974: 301-306) in his cross-cultural study of small-scale healing communities describes this first stage as that of <u>imitation</u>, when the attention of the usually inwardly focused new resident is shifted outwards by the group processes in the community. This process is aided by what he calls attention-saturation, that is the way the healing community attracts and even captures a newcomer's attention. At Peper Harow this is done by the whole impact of the physical and social environment, and includes the use of uncommon social processes as for instance the community meetings, the variety of recreational and informal educational opportunities, the collective ceremonies and the preparations for them, such as the feasts and camps and, ironically, the absence of enforced education. Once the newcomer's attention is caught, they are shown what is expected

of them by watching other residents, and imitative behaviour is rewarded.(1)

Second Stage

This describes the period which begins after eighteen months of residence and extends up to about three years of residence. It is the period when the resident has joined, accepted and understood the community and is able to take advantage of its ego-nurturing opportunities - therapeutic, recreational and educational. He or she will be beginning to internalise the norms of this therapeutic community and will be regarding it as 'home'. Almond describes (1974: 306-307) this as the stage of identification in which the desired behaviour is socially reinforced by a cohesive large group that has clear behaviour norms. At Peper Harow residents gain status with peers by such visible identification which is expressed in their commitment and contribution to the community.

Third Stage

In the last year or two the resident is expected to participate in co-leading both within community meetings and outside in the therapeutic community. Co-leading may mean physically holding down a younger resident when he or she is having a 'gammie' or helping or challenging another resident to "open-up" in a community meeting. He should not view such responsibility as a way to leave early by conforming, as might happen in a penal institution, but rather as someone who is learning effectively to deal with their own issues with community support. He may be achieving educationally, possibly 'O' and 'A' level standard. He, and no girls were yet in this

(1) see Daytop Appendix - 'Act as if'.

position, will still have plenty of problems and need to draw from the therapeutic stock of the community. They will however have identified fully with the community's values and this will be shown, for example, in the proud way these residents would show visitors around the community.

Almond describes (1974: 309-315) his third stage as that of integration, which barely applies to Peper Harow, except perhaps in its omission. He particularly uses the term integration to describe healing communities, such as Synanon and psychodrama workshops, in which the resident can become a staff member, or become fully incorporated into the healing cult, such as with the Zar cult in Ethiopia. This incorporation, also described by Crapanzano (1973: 218) refering to the Hamadsha cult of Morocco, involves a permanent change in self-identity and social position. Whilst Peper Harow does offer ex-residents temporary visitors' accomodation and occasionally financial help for education, it doesn't, nor does it plan to, offer a long-term lifestyle to residents.

The division into three stages that I have made is an abstraction of what is in reality a continuous development. Not all residents fulfil these expectations in the way described, but this was the ideal presented to residents by staff when residents were encouraged to 'work' more on themselves, as in the community meetings.

I shall now continue by looking at the centre of the map, and the remainder of this chapter will deal with the three inner circles, which I have generally entitled the 'therapeutic process'. I will talk about the community meetings at some length. Firstly I will describe the practical organization and running of such meetings. Secondly I will use the community

meetings to illustrate the five aspects of the therapeutic process which are labelled as 'opening up', 'containment', 'control', 'understanding' and 'care' at the centre of my map.

Introduction to Community Meetings

Community meetings can be seen as the centre of the community's life, and of the therapeutic process. Hence their place in the map is central as the characteristics of Peper Harow as a therapeutic community are most clearly illustrated in the community meeting. The community meeting in a therapeutic community is the place to which all other interactions within the community can be referred and there argued about and discussed. Many times I heard residents say 'take it to the community meeting',referring to some issue or problem. Here anyone can say anything and bring up any issue in the community. Here is the regular opportunity for the way of living in the community to be discussed and changed, and here the large group can be used for therapeutic effect. In short, the various principles that define a therapeutic community can best be observed in the community meetings.

1) Description of Environment

Community meetings took place in the 'gold room'. This was a very large rectangular room with an eighteenth century decorated ceiling and long windows with plastic glass looking out onto lawns. The room was named on account of the gold leaf work on the ornamented ceiling. The plastic 'glass' was to avoid replacement if residents tried to break windows. The large chandeliers had been designed by a previous member of staff and the carpet was specially designed to reflect part of the ceiling's pattern. Residents and staff sat on foam easy chairs with a

solid back and base but without arms. During the community meetings and the emergency community meetings, the chairs were all lined up against the four walls and there was just room for 70 people to sit in them. When not used for community meetings, the chairs were lined up across the room, especially for evening television viewing, for which a television was brought in. There was no other furniture in the room, and the only ornaments were ashtrays, either pottery or metal, the former being made by Peper Harow residents.

2) Attendance

Attendance at community meetings was compulsory for all residents and almost all staff. Residents would be carried to meetings by other residents if they did not wish to go and meetings only started when all residents were there. All staff on duty attended meetings. Part-time Art and Music staff on duty attended meetings when working at Peper Harow. The assistant Domestic Bursar attended. Staff not attending meetings were the Consultant(1), the Bursar, the two female Matron/Domestics and the estate groundsmen. Visitors and visiting ex-residents almost always came to the meetings whilst I was there. The same attendance pattern was followed at emergency community meetings, except that only staff on duty were expected to attend. Thus if the emergency community meeting occurred at the weekend or at night only a handful of staff would be available to attend.

3) Times

Community meetings take place every day between Monday and

(1) Consultant refers to the Staff Consultant, Penny Jones, rather than to the Medical Consultant employed by Peper Harow.

Friday and last for one hour. On three days they are held between 9 and 10 and on two days between 10.15 and 11.15 a.m. The latter times were in order to accommodate the Director's other regular commitments. They did not take place at weekends. However, if there were any serious behaviour problems, such as fighting or multiple absconding by residents in the community, the senior member of staff on duty could and often did call an emergency community meeting. The emergency community meeting could be called at any time of day or night and could last as long as the senior staff members wished, several hours if need be. I attended 40 community meetings and several emergency ones. The Director told me (Interview 19.5.1984) that residents had a right to call a community meeting if 15 of them signed a piece of paper requesting one. I did not observe this.

4. Punctuality

Punctuality was a feature of meetings at Peper Harow. Almost always staff and residents would be seated a few minutes before the meeting began. There was some tension involved in being late as finding a space to sit down in might be difficult, as there were only just enough chairs, and then the latecomer was dependent on someone voluntarily making room. The Director and assistant Director (1) (clinical) would come in "on the dot" and sit at different ends of the room right in the middle of the shorter sides of the rectangle. Places would have been left for them and their positioning was powerful in terms of their leadership role in the meeting. Staff sat amongst residents and because the chairs had no arms and all looked alike, it was almost impossible for anyone regularly to sit in exactly the

(1) The assistant director (clinical) had responsibility for the therapeutic development of residents.

same chair, though it was possible to sit in the same area.

5) Opening the meeting

Meetings began when the Director and Assistant Director sat down. They always began in silence, and anyone was free to speak first. Most of the meetings I attended were begun by residents who wanted to say something such as 'Someone has stolen my .....' or 'I shan't be here tomorrow because .....', or 'Don't you (to someone) think you should say something about what happened last night?'

6) Leadership in Community Meetings

There was no doubting the imaginative nature of Melvyn Rose's leadership in the community meetings. I noticed a considerable difference in style between the period before camp when Melvyn was in the community meeting and the following month when he was on holiday. Two aspects of his leadership in community meetings struck me forcibly. One was the sense of urgency when Rose was in the meetings. The constant emphasis by him on the need to work now on oneself: that now was the time both for oneself and for others; especially for instance when younger and more vulnerable residents were absconding, thereby endangering their futures given the kind of 'scenes' outside in which they would probably involve themselves. For instance he held the view that it was in part the community's responsibility that two girl's had left because a)'we' secretly wanted them to go as they were so uncomfortable to live with and b) 'we' hadn't loved them enough or 'we' were too involved in the task of repressing uncomfortable psychic contents to care properly for them. One boy asked Rose what would happen if someone had tricked Rose

in his/her interview and so wasn't really going to try to change whilst they were at Peper Harow. Rose replied that 'he' would go to 'hell' for 10,000 years. That boy was later sent to a secure unit in London where he had very bleak prospects indeed. This ability to summarize situations in vivid pictorial forms was an imaginative gift which I experienced as powerful and persuasive in the community meeting context, and given the quality of silence of residents and staff when Rose spoke in this way, I believe my response was typical. This ability to think in 'primary, visual images' can be a feature of leadership style in liminal zones, according to Turner (1969: 133) in his analysis of St. Francis and the Franciscans. An example of such imaginative ability was when Rose suggested that Peper Harow was, for the residents, like "a banquet in a desert and even then do they tip over the tables?" This metaphor for Peper Harow came in response to a boy talking about his natural expectation of what life would give him now that his natural and adoptive families had failed him. Melvyn spoke in reply of Peper Harow as being a 3rd or 4th chance. Such an understanding may have dangers. Shortly before camp Melvyn continually re-iterated a theme that the residents were having murderous fantasies about him, I presume these to be displaced father projections. This accusation was hotly denied by the residents, especially the senior boys who asked for the kind father aspect to be more prominent, but seemingly to no avail. Melvyn later told me that a properly functioning staff group would have "automatically" and intuitively adopted a more mothering stance to compensate for his strong paternal influence at that time.However, this idea was not formally communicated to staff.

This last incident shows that Rose and the residents some-

times disagreed over what were the immediate, key issues in the community. Moreover, in community meetings Rose would often speak for long periods, summing up for instance what was happening in the community. I noticed he would speak for fifteen or twenty minutes on occasions. Sometimes he harangued residents for not, for example, 'working' on themselves enough, or for not taking advantage of the opportunity of being at Peper Harow, or on another occasion for not having lit the hall fire which he said showed a lack of regard for community values. I felt there was considerable anger directedby Rose at residents on some of these occasions. One particular incident occured at the end of a community meeting when a female resident told Rose to 'fuck off' as she was leaving the gold room. Rose immediately recalled all the staff and residents. Rose waited until all had sat down. Whilst waiting Rose sat upright, with tightly clenched fists. He looked very angry. When everyone was seated he very forcibly told residents that he was giving them his 'life' and that he was not going to be told to 'fuck off' by someone who so clearly needed his help. This 'telling-off' lasted a considerable time, perhaps fifteen to twenty minutes, and I do not recall anyone else speaking.

This last incident when a resident told Rose to 'fuck off' illustrates his very powerful position in the community meeting and his ability forcibly to control the mood, content and direction of discussion. Certainly there is some evidence that Rose's interpretation of events was not identical with residents, and that Rose's imaginative ability to summarize situations in pictorial terms, and the sense of urgency he communicated about the need to 'work now' were balanced by a marked sensitivity to criticism, a tendency to harangue residents in community meetings,

and a strategy of interpreting, at least on occasions, residents' criticisms and concerns in terms of transference upon himself as the focal leader of the community. This range of communication by Rose in community meetings includes what Sugarman describes as "preaching"(see Chapter One).

7) Types of Issues in Community Meetings

a) Staff/residents

Staff/resident relationships at Peper Harow were intended to be characterised by democratisation and co-operation (see democratisation - Chapter One) rather than by authoritarianism. However there was considerable resentment, emotion and fantasy expressed by residents towards the staff, especially by older residents who might be aged 20 or 21. This resentment was articulated in community meetings. Discussion about the resentment occured after the Summer camp when more general questions of authority were discussed. Rose raised the question as to who had authority and what was it? He asked whatsize residents thought their 'staff' was, thereby intending to emphasise that everyone had some degree of authority especially over their own person.

Although residents were encouraged to 'open up' and verbalise their thoughts and feelings in the community meetings, it should be noted that staff at Peper Harow tended to reveal themselves only in staff meetings, and for them there remained an element of defensiveness in community meetings. For staff then, community meetings were frontstage, to use Goffman's theatrical distinction (1959: 109-115), and staff meetings backstage with regard to discussion of staff issues. For residents community meetings were intended to be both front and backstage.

McKeganey (1983: 100) has used this distinction of Goffman's to show how staff restrict residents in a Rudolf Steiner[1] therapeutic community from participating in certain discussions regarding the therapeutic meaning of everyday life.

The difference in role expectations between staff and residents is one crucial curtailment on the implementation of the therapeutic community ideal of 'democratisation' and the attainment of genuine 'communitas'.

b) Bullying

Bullying was a key issue in the community during the term, though the word bullying was seldom used. I use it to refer to physical, verbal and emotional intimidation by one person to another. Bullying had much to do with the new girls establishing their place and specific culture within Peper Harow. They had no female senior group to lead, guide and contain them so there was much 'bullying' inflicted by one group of girls who 'tormented' another set. This behaviour was taken up with them in community meetings several times. The two girls who bullied the most were told in community meetings to sit separately and the implications of their action were discussed by staff and residents. Near the end of the term the most vocal one was able, even if not wholeheartedly, to apologize for her verbal violence at that time and ask for love from others in the community. Several times the suffering behind her anger was shown in tears or by her acute silence in meetings.

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(1) The Rudolf Steiner communities are a world-wide network of communities offering residential therapeutic care for mentally handicapped children and adults. They are based on the work of the Austrian Philosopher and Teacher, Rudolf Steiner (1861-1925). The study referred to was made at the Camphill Centre, near Aberdeen.

c) Exclusive relationships

Very close relationships between two or more people were judged by the community on the criteria of whether the participants were still fully open to the healing, growthful and transforming qualities of the community. Several relationships were defined by staff as 'non-therapeutic'. Certain male/female pairings were often viewed like this in community meetings and those people warned about what they were doing by wholly or partly cutting themselves off from other participants in the community. They were thought to be making a defence against receiving negative feedback from the community. Rose describes this process:-

> 'Here is an example of resistance. An intense friendship with another person who has similar problems suddenly mushrooms into being. The series of intimate conversations which occur may indeed be about their problems, but all they actually achieve is a sense of sympathy for their blind resistance to perceiving what they should do to change. They offer each other solace but not help. Their conscious intention is positive, but their unconscious motivation is to resist feeling a part of the community. They exclude themselves. Experience has taught all the boys that under those excluded circumstances, those who withdraw feel that they have been rejected and the community, in turn, feels that it has been rejected and a breakdown in the actual placement is then likely to occur. Therefore, immense efforts are made by boys in their small groups and in the community meetings to try and control what Lyward called 'pairing off'.
>
> (Rose: 1980a: 14)

Two particular issues related to the issue of exclusive relationships have confronted Peper Harow. These are:- d) 'punk' sub culture and e) sexual activity between residents.

d) 'Punk' sub culture

Rose told me that in the recent past there had been

difficulty with a group of 'Punks'. 'Punks' conform to a popular teenage 'culture' which sports among other things:- the wearing of heavy boots, dog collars, large safety pins, heavy ornaments,dyed hair and flamboyant hair styles, such as the Mohican. They have their own 'Punk' pop music. Rose said Peper Harow had 'failed' with most of these 'punk' residents as they had created a separate and delinquent sub culture that had been impervious to the community's 'therapeutic influence'. The synanon 'concept-based' therapeutic communities have a similar idea that such extravagant 'images' that residents adopt are really a defence against being who they really are (Kennard: 1983:71).

e) Sexual Activity between Residents

1981 was the first year that girls had been at Peper Harow. Staff had attempted to admit only girls who were not thought likely to be sexually promiscuous. A rule was instituted early in 1981 that boys could not go into girls bedrooms after 10.00p.m., or they would leave the community the next day. There was no explicit policy that I heard of about sexual activity between residents and sexual behaviour is an issue that will no doubt have confronted Peper Harow since I left. Some therapeutic communities such as the 'concept' based ones, specifically prohibit sexual relations between residents even for adults.

f) "Stealing" and "Shitting".

"Stealing" was a concept greatly developed in Peper Harow community meetings. Stealing was defined as any activity that prevented either the individual's or the community's growth. Stealing community meeting time to only play at self-change could

be stealing. Being quiet in a community meeting, if by a senior boy, could be stealing by not participating. People who were leaving might be stealing part of other people's 'good'. Literally stealing clothes and other items was quite common. "Shitting" was regarded by the community in the colloquial sense of giving out one's bad 'bits' onto other people, i.e. giving them verbal, undeserved abuse.

8) A Particular Community Meeting

I describe this meeting to show the kind of issues discussed in a community meeting and to demonstrate the 'feel' of such a meeting. It was a particularly productive meeting when several residents expressed issues which were emotionally significant for them.

This community meeting took place on 20.7.1981. There had been a late night emergency meeting the night before because one person had come back drunk after leave, beaten up a telephone kiosk, damaged his own fist and then caused uproar in the bedrooms. The following morning there was an urgent demand by his peers for him to explain his actions. They had been inconvenienced by having to get up for a late night emergency meeting; he was, however, hungover and didn't want to talk. He was encouraged and coerced and even threatened by his peers to open up about what had happened over his weekend. So he spoke eventually of his girl friend ending with him as he wouldn't be leaving Peper Harow for two years. Then his brother had said that he (his brother) wanted to kill him because of his jealousy over his being able to go water ski-ing while at Peper Harow. Then his family, which was of Pakistani origin, had played on his guilt over his not helping them. He had wanted to leave home

on the Saturday, but had been prevailed upon to stay until Sunday, had got drunk, been violent on the bus and in the 'phonebox. Whilst the assistant Director pointed out that he had not been able to handle, admittedly very difficult, feelings, the senior resident in the community thought this approach hard, but did think that the resident in question hadn't spent time preparing for what he probably knew would be a very difficult weekend, i.e. he hadn't used the community meetings, and had instead been getting angry with people during the previous week. The assistant Director pointed out that all the residents had both the capacity and the obligation to learn to manage their feelings, with the community's support.

Another boy was then asked about his having not kept his hospital appointment and having used the money to stay out late. He sounded depressed, sullen and angry and said he felt bad about someone physically excreting on the gold room carpet again. He said he had violent feelings like the first person, but something stopped him from acting them out. The assistant Director talked about the difference between feeling something and acting it out.

A third boy was asked if his coming home to Peper Harow late was significant for him. He initially said he thought not, but then said he just hadn't wanted to come back; he had also had emotional problems with his brother and felt (he was leaving at the end of the term) that he was being pushed out by the community. He felt bullied by two of the young girls, by his past and by the community. A fourth boy was asked by the Assistant Director about his weekend running away. This boy was currently involved in a triangular relationship between three 'punk' residents. He(a), another boy(b), and a young girl(c) were involved. So he(a) spoke of his absconding being due to

his being 'fed up' with the other two in the triangle. He (a) couldn't speak to the other boy. Another resident challenged him about his trying to take the girl away with him, so he denied having written her a note (a member of staff later took up the way in which he seemed to instinctively deny something that had really happened). He then agreed, but tried to redefine the note's intention by saying it had said 'maybe he would meet her at .....'. He was challenged then about his leaving and having fantasies about what he would do with her. He replied that he was mainly thinking about himself.

The other boy in the triangle was then asked what he thought. He had recently dyed his hair black,and looking down at the ground he said he felt like a thief towards the other boys's (a) relationship with the girl. The first boy(a) in the triangle was then challenged by a staff member as to whether the second boy's (b) envy of him and his relationship and feelings of being a thief with the girl had been part of his fantasy picture of their relationship. He said no.

Another boy (d) who had previously had a relationship with the girl was asked by a staff member if he could empathise with these feelings as he (d) had recently had to struggle with them. He (d), smiling, said he had tried to organise a 'whipround' for money for the first boy (a) to get away by train. He (d) was asked why he had tried to collect the money. A staff member felt that (d) was being 'held up' by his feelings of having helped another girl (e) previously in a suicide attempt. (D) said that about both these girls (c) and (e) he felt that if he couldn't have them he (d) wanted no-one to have them. (D) said that he didn't like these feelings, however, and the Assistant Director thought it important that (d) had said so.

The above description of a community meeting illustrates several things. It shows how the peer group can challenge residents to express their interpersonal difficulties. It also shows how some residents are able to use the community meeting as a forum of preparation for anticipated difficult situations, such as home visits. It further shows how both staff and residents can enable others to speak in community meetings. It also illustrates how residents were challenged and encouraged to empathise with each other's predicaments and feelings. In the 'punk' love triangle one can see how a boy came to distinguish his fantasy and the reality of the situation as presented to him by another resident.

I will now examine the five aspects of 'therapy' referred to on p.96 and I will again use the community meeting to demonstrate their application in the therapeutic community.

## ASPECTS OF THERAPY IN COMMUNITY MEETINGS

I have made this division into the five aspects of therapy for residents from statements made in community meetings, principally by the Director and Assistant Director, but also occasionally from residents. This is the developmental path often vigorously outlined by staff and residents. As such it composed the model for psychological development and integration available for residents. These concepts and their application can be described as a 'folk psychology' (Weiss: 1977:10) for this specific community. It is seen to reflect an image of acceptable and worthy human development. Married to this folk psychology were particular notions from Freudian psychology which were frequently used as interpretative devices in the meetings. These were the Oedipus complex, the transference relationship

and regression. The therapeutic process is seen to comprise five aspects. As well as looking at the five aspects of therapy portrayed, I shall simultaneously analyse the broader meaning of these terms, such as 'control' and 'understanding' within the community, and especially the community meetings.

i) 'Opening Up'

It was expected that new residents during the first year or eighteen months should begin to "open up" and reveal in community meetings and in other pertinent therapeutic situations their inner life especially their difficulties, and feelings about their past and present situations. New residents learnt how to "open up" by "modelling" their behaviour on that of more experienced residents.(1) They were encouraged to share their inner fantasy life. This also exemplifies the use of the principle of permissiveness referred to in Chapter One (ref: p.11 ). Such 'permissiveness' is in contrast to most social situations which are characterised, according to Goffman (1959:56), by the actors' tendency to conceal personality attributes incompatible with their idealised self in its public presentation.

Moreover this process of articulating hidden emotion is called abreaction in psychoanalysis, and describes the process, which is also akin to catharsis, whereby a neurosis is resolved by reviving forgotten or repressed ideas of the event which first caused it. Levi-Strauss (1963:198) has described the role of expression by the sick person cured by the shaman in the 'effectiveness of symbols'.

ii) 'Containment'

Containment is another aspect of expected therapeutic development and refers to the idea, often expressed in community

(1) "Modelling" is described in Chapter One

meetings, that the residents had to learn to 'contain' their feelings by becoming able to vocalise them, and share them with others. It was assumed that such containment would enable the peer group to provide adequate support and encouragement. Certainly it was a feature of the meetings I attended that if a resident became particularly distressed in a meeting, then afterwards he or she would always be comforted by other residents and/or a member of staff, particularly his or her individual staff member. An example of this support was when, on the day of the Royal wedding, one of the boys was talking of desperately wanting a relationship with one of the girls at Peper Harow and his intense jealousy of all particularly close relationships in the community. After this meeting I saw him with two of the girls, for what was in my estimation at least, the first time.

'Containment' was also implicit in the spatial ordering of the community meeting. The large circle of staff and residents sitting tightly together, offered a physical model of containment. The distressed resident could verbalise strong emotions which the large group 'contained' within the circle. This process of containing emotions in the group meant that group members also involved and identified with the emotions of the distressed resident, offering advice and encouragement, and on occasion Freudian-based psychonalaytic interpretations. This process of 'containing' another's distress metaphorically resembles what passes between mother and infant. Dr. Burke, Director of the Arbours Centre, a therapeutic community of the antipsychiatry type in London, refers to Dr. Segal who has linked what happens in therapy to what passes between mother and infant:-

> 'When an infant has an intolerable anxiety, he deals with it by projecting it onto the mother. The mother's response is to acknowledge this anxiety and do whatever is necessary to relieve the infant's distress. The infant's perception is that he has projected something intolerable into his object, but the object was capable of containing it and dealing with it. He can then reintroject not only the original anxiety, but an anxiety modified by having been contained. He also reintrojects an object capable of containing and dealing with anxiety. The containment of the anxiety by an internal object capable of understanding is the beginning of mental stability.'
> Burke (1982: 252)

The large group meeting then symbolically 'contains' disruptive emotions in residents. It can become the transference object. Rose writes about the symbolic importance of sitting in a circle as a group:-

> 'We sit in a shape as near to a circle as the room will allow, because of the sense it gives to the participants of their unity as a group. Among other factors such symbolic unity also creates a sense of control as well as maximising the manifold forms of verbal and unspoken communication.' (1980: 16)

Rose's understanding and use of symbol is considered in Chapter Seven and Eight.

iii) 'Control'

In this section on 'control' I shall look first at the overall institution of social sanctions at Peper Harow before observing how the notion of 'control', as the third aspect of therapy in the resident's developmental path, is described by the Director.

Central to 'control' at Peper Harow are two notions which are exemplified in the community meetings. They are a) the absence of rules; b) the positive use of the peer-group. Although both of these aspects is vital in every part of the life of the

community, I will discuss them here and demonstrate their use specifically in community meetings.

A) Absence of Rules

The formal ideology of Peper Harow is that there are only three rules. Rules are defined as being imposed by management and obedience to them by residents is obligatory. All other aspects of the community's life is negotiated by agreement within the community meeting. The rules are 1)every resident must attend every community meeting unless absent from the community or sick, 2)no drugs including alcohol are allowed in the community whatever the residents' age, 3)male residents must not be in the female residents' bedroom after 10.00 p.m. This rule was made while I was there and at that time the converse, (female residents being in male residents bedrooms after 10.00 p.m.), did not apply. Failure to observe these rules, especially the last one would necessitate leaving the community.

Agreements covered all aspects of the life of the home. Times to do certain things, the opportunities for discussion available at Peper Harow were all meant to have been decided by agreement. It is a difficult area for me effectively to comment upon as the community was nearly eleven years old and many 'agreements' had already been made. Thus I rarely heard the actual arrangements of the day being discussed in community meetings. Nonetheless I can offer one example. At a community meeting a resident brought up the question of being allowed to play squash at the local courts. Some months before, money had been stolen from a club member by someone from Peper Harow. The thief had never been discovered and as a consequence trips to play squash had been stopped. Discussion took place about this

question, and since it was still not known who had taken the money and many residents wanted to play squash, it was agreed by the meeting to restart squash trips. "Agreed by the meeting" here meant that residents wished it and staff, especially the Director, did not oppose it.

It seems possible to me, on the limited evidence I possess, that the making of 'agreements' about expected behavioural patterns by residents could only be negotiated within an acceptance of the totality of the way of life at Peper Harow, whether this meant getting up at 7.30 a.m. and going to bed at 10.00p.m. or going on Summer camp and weekend outings. Since Peper Harow's ideology is that each aspect of life at Peper Harow was meant to be therapeutic and meaningful in its intention, to disagree and to challenge it meant to fail to understand its value. Each activity could be then referred back to a therapeutic principle and so usually made unassailable. For instance, social outings to cinemas, theatres and art galleries were almost always done in groups, rarely alone, and this was because of the value attached to group membership, thereby fostering an atmosphere of 'communalism'. (see earlier definition by Rapoport ref: p.12). Residents were told by the Director that every opportunity given at Peper Harow was not an opportunity for enjoyment as such,but for working towards solving residents' problems. This then may be the reason why 'agreements' were so rarely questioned in community meetings while I was there.

Residents then accepted a very complex set of assumptions and conventions which were the 'rules' of the house. Residents were expected to behave in certain ways, such as accepting the prearranged times for meals as these 'agreements' had become a fixed and accepted code of behaviour. There is an analogy

between the institutionalisation of charismatic authority as Weber (1947: 364-71) originally described it, and the institutionalisation of the originally negotiated agreements into conventional ways of behaving.

Moreover it was implicit to Peper Harow's therapeutic culture that residents had to accept the way of life at Peper Harow if they were to benefit from it. As Burridge has commented in relation to membership of millenarian movements in the South Sea Islands:-

'To become it is first necessary to belong.' (1969: 46)

However, it was true that there were no individual punishments, no detention, no drills, no secure units, no control through the use of tranquillising drugs, no early to bed, and no cancelled leave due to bad behaviour. If residents could not handle a resource such as the swimming pool in a sufficiently responsible way, then it would close for everyone for the Summer and this had happened. If the residents could not behave satisfactorily according to the various agreements, it might prove necessary to cancel a coming home leave, as the residents then would not be considered by staff as able positively to handle the freedoms and responsibilities entailed. If an individual resident was not allowed to take a home leave this was not formulated by staff as a punishment. Rather it was again because the resident was not expected to benefit from the opportunity. Whilst I was there, an individual even had to forgo his weekend visitors because of the 'state of the community' and he appeared to accept this. The forum for the discussion of these issues was the community meeting.

A lack of rules is also a feature of liminal periods.

Burridge writes about the lack of rules in transitional states:-

> 'the transient is separated off, placed apart until he can be inducted into a new set of rules. And this suspension of the human condition, a situation of 'no rules', appears as a necessary stage in the progression from old rules to 'new rules'.
> (1969: 166)

B) Use of the Peer Group

This is the second major form of control intended at Peper Harow. The peer group has been described in the Peper Harow prospectus as the 'main therapeutic resource' and it:-

> 'offers containment of extreme behaviour in a powerful way by confronting individuals about unacceptable behaviour. Almost no newcomer has had any experience of his behaviour being questioned by a total group of his peers, so he is prevented from using his habitual anti-social responses to justify and maintain inappropriate reactions.'
> (no year or page nos).

Such confrontation by peers is an example of the use by the community of the group's latent qualities as described by Bierenbroodspot (ref: p.15 ). However, for the peer group to be 'therapeutic', it has to promote positive 'adult' values such as eventual self-regulation, commitment to growth and care for others. If instead it supports, as often happens in residential establishments, activities such as a collusive resistance to change, flight from reality, undue egoism or delinquent values, then such a peer group would be an anti-therapeutic resource. Rose has described the peer group thus:-

> 'Nothing is more powerful, Lyward[1] recognised, in adolescence than one's peer group. For a time, it takes over from even the best of families, as

(1) Lyward - A psychotherapist for adolescents who ran a pioneer residential establishment for adolescents. Described by M. Burns (1956) in 'Mr. Lywards answer'. Hamish Hamilton, London.

> the formulator of life-style and personal attitude. Thus, if it is permanently orientated towards creativity, its individual members are also inevitably involved in a force that counterbalances their negative personal orientation.'
> (1983: 3)

My observations were that male residents, especially senior residents, offered considerable physical and emotional support to one another when in crisis in community meetings. Also, it was commonplace in community meetings for residents to challenge other residents to explain some event, and also to encourage them 'to work on their problem'. In this sense I saw considerable evidence of the therapeutic influence of the peer group among the boys. The girls were in their first year and had not had time to build up a positive peer group ethos. Hence there was much verbal and even physical aggression and confrontation amongst them in community meetings.

After this consideration of the exercise of control at Peper Harow, I shall now discuss the use of 'control' as the third aspect of therapy identified for residents in community meetings. Director, staff and residents identified "control" as the process through which the resident became aware of and able to use choice. This meant learning to choose with community support from among the creative opportunities at Peper Harow instead of compulsorily selecting destructive actions. As one boy told me, he still had all his violent thoughts about people, but now did not act on them. Many residents were at this stage and they were learning to live with difficult emotions and learning how to avoid acting them out whenever they felt threatened. It was frequently stated by the Director or other staff in community meetings that there was a world of difference between for instance, wanting to steal something and actually

doing it, and that there was a much greater chance of understanding the deeper dynamic reason for their negative thoughts if the destructive behaviour could be contained, and so 'controlled' with the help of the peer group.

iv) 'Understanding'

In community meetings 'understanding' meant the application of previously stated psycho-dynamic theory. Thus when an individual was seen to discover the mainsprings of his neurotic, destructive and compulsive behaviour and undergo a corrective emotional experience this would be recognized as 'understanding'. It almost always involved the Director, staff and the peer group relating his or her present behaviour to early life experiences in his or her distorted family life and relationships. Deep hurts, fears and anxieties born out of parental rejection and ill-treatment were then rediscovered. An example of relating present behaviour to family history was when two boys were coming home to Peper Harow late. They were both drunk and one of them attempted to steal the cash box from a fish and chip shop. Attention could easily have focussed on the main character in the incident only, that is the boy who had actually tried to commit the crime. However, when the other boy, who was a relative newcomer, was asked what kind of weekend he had had; he said average. With encouragement, he went on to speak of his yearly phone call with his mother in Australia which he had had that weekend. This was now the sixth or seventh year of these annual telephone calls. This time he had felt, he said, more distant from her. They had chatted about the weather. She had asked him to go out to Australia. He had said that he could not leave Peper Harow for so long (his keyworker interspersed at

this point that maybe it was not true that he could not leave Peper Harow for so long). In fact he had been very upset after his phone call and his collaboration in the crime was seen as a result of his distress.

Another example of present behaviour relating back to previous life events was during the second meeting after the Director's absence on a four week holiday. The loss of the 'father figure' (the Director) was expected to be an issue that the community would want to discuss. One girl brought up the issue of other girls, and one in particular, bullying her. The other girl was challenged by the community about her aggression and the need for everyone to feel secure, especially at bedtime. The bullying girl was challenged that her fear was to do with what would happen if her nicer side were allowed out. Then when one of the boys was asked about his being up the night before, he said he had fantasised someone in his room at night and had got up. From this he was enabled to talk about his feelings around the trauma of his parents separation, his father's attempt to forcibly take him back, and about how his father had then been told never to come back. At this point the resident mentioned a dream he had had the night before about Merlin and a cave. The dream was not used for interpretation.

Residents who had been at Peper Harow more than a couple of years were often well able to link their present actions with their past. One spoke of his intense feelings of exclusion from relationships being due to his mother not having cared for him. The oldest resident was able fully to discuss in the meeting his oedipal concern for his mother, who had experienced a violent separation from her husband, the boy's father. Another learnt about distinguishing fantasy from reality over what exactly had

been his conscious or unconscious complicity in his sister's suicide.

Rose has written on the subject of understanding one's past through salient present events:-

> 'Yet such confrontation with the past is an essential step for severely disturbed young people if they are to progress towards emotional health, and intellectual and psychological normality. They have to acknowledge what has happened to them and recognize how their behaviour is related to their response to the past, before they can appreciate the different reality of the present.'
> (1980:2)

Rose also gives an example:-

> 'Some years ago, I knew a timid and mild mannered boy called Tommy, who could never speak in his therapy group and found even the answering of direct questions pretty impossible, but secretly around the community, he could be seen tormenting flies, chopping worms in half. If one accepts an early premise of this paper that such behaviour is a vicious circle of playing, or acting, feelings that have existed buried for a long time, one will not be surprised that Tommy was eventually able to express in his group the re-evoked memories of a time in his life when he was learning to walk and of how his father used to call to him across the room, apparently to teach him to take his first tottering steps. We learned of how, as he did so, father would kick his legs from under him; how he was, on several occasions, wired by his legs to the clothes line and it became apparent how closely related Tommy's own bullying behaviour was to the bullied child within him.'
> (1980: 12)

As we will see at the end of this chapter Rose is here graphicaly describing Peper Harow's commitment to a psychodynamic view of the causation of mental disturbance and of its treatment.

'Understanding' on the Community Level

'Understanding' operated on a community level also. There was an assumption that each person experienced everyone else,

that every person's experience was significant for everybody and that it was therefore important for the community to consider each others' experience. The reality conveyed to residents was that the emotional and mental life were in a deep sense common to everyone. The intensely felt singular emotion, be it anger, fear, sexual desire, jealousy, hatred, despair and the reasons for it, were meant to be experienced as being relevant to each member. The intention is that residents were helped to perceive and empathise and link up each other's emotion's to their own feelings, especially as most of them had, for instance, felt the loss of parental love and constancy. This process of mutual learning and identification ideally led into a common caring; not out of duty, but out of an awareness that at the deeper levels of the personality we share a common life 'a community', an idea espoused by many philosophical and religious systems.

Hence in community meetings there was a constant search for clues, linking threads between people's individual action's and thoughts and the present concern of the community. In one meeting there was discussion to try and see the common thread in the dynamic life of the community between a girl having her zip stolen, a boy hitting another boy and a girl going to the night worker for support as she was in fear of attack. During the last meeting, prior to five of the senior boys leaving, there was constant talk about clothes and belongings being stolen and this was attributed to people's strong semi-conscious feelings about what the leaving people were taking with them, and whether they were stealing anything literally or metaphorically by going. This led onto residents feelings about the collapse of the community when certain people left, and the effect on members who

then became more senior and took more responsibility within the community (see earlier in this chapter: Stages of Involvement).

v) 'Care'

The idea of 'care' outlined above applied to both individuals and collectively to the community. At Peper Harow the end result of 'understanding' was seen to be the residents' acquisition of the ability to care positively for oneself and others. Such an ability to care about others is expressed behaviourally as I have shown under the definition of 'peer group therapy'. I consider that this ability to care about others before oneself is a form of positive self forgetfulness, that in the Appendix I compare with similar states of mind aimed for in other healing communities. The fifth aspect of Peper Harow's intended therapeutic process for residents is closely linked to the community's idea of 'understanding' i.e. aspect four, as the aim of the therapeutic community is essentially to create a positive self-image at the roots of the personality that will be renewable and stable through future challenges. Bettelheim describes this aim:-

> 'The most important task of therapy is not to have the patient gain insight into his unconscious, but to restore him to a high degree of justified self-esteem.'
>
> (1974: 19)

It was a constant refrain at Peper Harow that the need fully to care about onself is linked with the understanding that this could only be done by caring about each other equally. The whole life of the community revolved around the creation of this ethos, especially in the many uses of peer group therapy.

The centrality of this notion of 'care' at Peper Harow allows

us to view 'care' as an axiomatic symbol in the sense that Myerhoff defined this term (1977:210). Myerhoff identified 'Being-a-Jew' and 'learning' as axiomatic symbols in her analysis of a Jewish old people's graduation ceremony. 'Axiomatic' symbols are those which a community considers self-evidently good; Peper Harow considered 'care' in this way. Peper Harow considered 'care' as both the means and the end of the therapeutic life at Peper Harow.

## STATUS OF THE FIVE ASPECTS OF THE THERAPEUTIC PROCESS

These five aspects of the therapeutic process discernable at Peper Harow constitute the ideological core of the community's 'folk psychology', which was the particular belief system outlined to residents in community meetings and advocated by staff and the Director as leading to a successful therapeutic outcome for residents. The relative simplicity of such a therapeutic understanding has been noted before with respect to other therapeutic communities. Kennard refers to the Syanon communities for drug addicts where the community has certain 'concepts' to explain both the causes of drug addiction and its cure:-

> 'The availability of simple, direct concepts, rather than the more tentative or complex theories which professionals tend to use (such as psychoanalysis) helps residents to experience a sense of mastery over their previously helpless situation. Being able to understand and explain to others how one's difficulties were caused is of considerable value in motivating someone for the effort that personal change involves. Indeed it is probably one of the key elements in all self help movements and in many religions too.'
> (1983: 69)

At the centre then of this therapeutic community's explicit therapeutic process we find the idea of the importance of 'care'. It may appear surprising that such a radical community as Peper Harow should rely implicitly or explicitly on traditional sources of wisdom and insight as the idea of caring for others connotes in our society. It is after all the second most important Christian commandment! Moreover these other 'therapeutic ideas' such as the importance of 'control' and 'containment' for example stripped of their appeal in the community meeting appear very homespun and wellknown. One could easily expect to hear such ideas, even if they are not formulated into a therapeutic process, prevalent in many residential settings such as community schools, mental hospitals and even prisons. People everywhere are after all exhorted to care about others, to contain or 'bottle' up difficult emotions, to 'open up' or to 'get things off your chest'. Why then is the banal perceived as "wisdom" and the commonplace treated as if it is akin to sacred instruction? The answer lies, I think, in Turner's idea of liminality already outlined in the third chapter. The community meeting can be seen as having a sacred quality as providing the chief way of access to the redemptive powers, located in the participation by residents in the five elements of the therapeutic process.

We can see several of the characteristics of liminality, as described by Turner (1969: 83-95), present in the community meetings. We are dealing in the community meeting with the intended refashioning of the whole personality. Turner describes the 'wisdom ..... imparted in sacred liminality' as not merely 'an aggregate of words and sentences: it refashions the very being of the neophite' (1969: 89). Residents come to Peper Harow with the explicit intention of changing themselves and the centre

of this change is located in the 'gold room' in the community meeting. The 'gold room' is a space apart from most everyday activities and in its symbolic naming and separateness is suited to be a liminal zone. In these meetings we see an intensification of the elements of therapeutic communities so far described, such as democratisation, permissiveness, confrontation and communalism. Whilst these elements are meant to be present throughout the community they are particularly focussed in the processes of the meeting itself. Democratisation is intended but only partly achieved. It is compromised by the staff having different norms about self-disclosure. The Director's leadership can be seen as anti-democratic and intimidating to both other staff and residents; however it is also characteristic of liminality in its fertile production of symbolic images that I will argue embraces residents' need for form and coherence in their lives. Permissiveness is the principle underlying the first aspect of the therapeutic process. 'Opening up' and confrontation describes a powerful method of achieving this. Communalism is descriptive of the principle of 'communitas' as Turner describes it:-

> '.....we see communitas rather as a relationship between persons, as I-Thou relationship in Buber's terms or a We, the essence of which is its immediancy and spontaneity.'
> (1974: 251)

Both communalism and communitas aim for the creation of intimate, affective relationships. Moreover in liminal settings we find appeals to a generic identity of all individuals in the group as was affirmed at Peper Harow in the fourth and fifth aspects of the therapeutic process.

The resident is, as in liminality (1969: 89-90) made a

tabula rasa, in which:-

> 'is inscribed the knowledge and wisdom of the group, in those respects that pertain to the new status.'

The transmitted wisdom at Peper Harow is the wisdom of learning to live well in this society by following and incorporating the aspects of the therapeutic process. The ingestion of this wisdom leads to new status both in the therapeutic community, as we saw earlier in this chapter, and hopefully upon return to wider society, as no longer a marginalised member of society but as structually elevated through successful participation in this lengthy therapeutic process. In the community meetings the aspect of 'opening up' is effectively an emotional stripping out of the past, preparing the resident for this new 'knowledge' - that is the 'folk psychology' of the community.

If then the community meetings can be perceived as periods of intense liminality this answers our question as to how the banal becomes wise, for as Turner writes:-

> 'The powers that shape the neophytes in liminality for the incumbency of new status are felt, in rites all over the world, to be more than human powers, though they are invoked and channelled by the representatives of the community.'
> (1969: 92)

There is then a making sacred of the therapeutic process in community meetings, through the institutionalisation of liminality.

## GROUP THERAPY

I have dealt at length with the large group process in the community meetings. However, as I outlined in the map, group therapy also formally occurred in weekly small groups. There

were six groups that met weekly but as I was not at all involved in these I have no data to work with. They did however last for 1½hours a week and were led by two staff members, usually one of each sex. I did have access to supervision meetings for the group leaders and I discuss these in the next chapter on staff. Here I will only observe that one of the small therapy groups was called the 'Neweens Group' and was for the induction of new residents into Peper Harow. New residents joined it for six months. Two staff led it and there were always two senior residents members of it. It was designed to help familiarise new residents to the way of life at Peper Harow. As such it is part of the ritual structure incorporating new residents into the way of life at Peper Harow.

## GURU-GUREE RELATIONSHIP

This relationship is the third part, after community meetings and group therapy, of the overall therapeutic process that I am describing at Peper Harow. It constitutes the third inner circle in my outline map. The term Guru refers to the staff member in his/her role of keyworker to individual residents, called Gurees. Guru is a Sanskrit term for teacher or wise leader and Guree is a Peper Harow term used to describe the resident in his/her complimentary role to the Guru.(1) Rose told me (Interview 19.5.84) that he coined this usage to avoid using an 'institutional' sounding term for this professional relationship, such as keyworker, primary worker or social worker. The resident might also, he said, be familiar with a title such

(1) In fact, in Sanskrit, this person is called a chela rather than a Guree.

as keyworker and the idea at Peper Harow was not to replicate previous experiences for residents that may have been bad. Rose told me he chose the term Guru partly to express the quality of devotion anticipated between Gurees and Gurus.

Each staff member is Guru to three or four residents (Gurees) and usually remains the Guru for a resident for the whole of his/her four or five year stay. Gurus(staff) are expected to see their Gurees(residents) at least weekly for a talk, called a 'guru-talk', which was often held sitting at the tables in the dining room. At any one time there would often be two or three 'Guru-talks' going on and other residents always respected the privacy of these conversations by not sitting near them or interrupting them. I was not able to participate in any 'Guru-talks'.

The task of the Guru, as described to me by several staff members is to develop a particularly close and lasting relationship with their Gurees. Gurees' personal difficulties were expected to be discussed with Gurus. Gurus invite their Gurees home on regular occasions, such as the Guree's birthday, and at Christmas. They take Gurees out for meals. This social aspect of the relationship was felt to be important by both residents and staff. Competition and jealousy over the Guru-relationship was often voiced in community meetings, especially between Gurees who had to share the attention of their Guru. One resident without a reliable family spoke movingly of going to his Guru's home and of how this made him feel his Guru to be more of a person and less a 'bunch of keys'. The Guru had also to deal with the possible transference of parental images onto him/her from the Guree. Gurus had also the formal responsibility to liase with their Guree's family and Social Services agent.

They were responsible for relevant planning, decision-making, advocacy and report-writing duties. They would, for instance, decide if a Guree should go on a home leave or not. A Guru also made at least one visit to a Guree's family early on in the Gurees stay at Peper Harow.

However difficult the relationship between a Guru and a Guree became, there was no option of changing Gurus. When a Guru was away on holiday, a temporary Guru was appointed for each Guree. Even at the interview, the future resident's Guru would be present and since a staff member was expected to stay 4/5 years and began to receive Gurees after his/her first term, it was hoped that there would be only one Guru for a resident's full stay at Peper Harow.

So far this chapter has analysed the therapeutic process as observed primarily in the community meetings. To conclude the chapter I shall summarise the theory of therapy explicitly and implicitly adopted at Peper Harow.

## THEORY OF THERAPY

Not all writers on therapeutic communities define a theory of therapy (e.g. Almond: 1974: XXVI). Peper Harow's[1] theory of therapy has been summarized by Henderson and Jones (1977:12) as involving an organization that:-

> 'takes in disturbed and sometimes delinquent boys, provides an environment in which psychic change can take place, and less disturbed boys leave (hopefully). The process of 'conversion' defines the primary task of the organization.'

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(1) Rose (Interview:19.5.84) described the therapeutic tasks a resident needed to do at Peper Harow as: a) become a person in their own right, b)be able to look forward to having a good life and c) have an enthusiasm for relations with the opposite sex.

At Peper Harow no attempt is made to restore previously successful social functioning and role performance. Residents are after all children whose recent behaviour has been disturbed and delinquent. The aim of therapy is treatment rather than rehabilitation as Rapoport defines these terms (1960:28). The distinction between treatment and rehabilitation is perceived at Peper Harow as distinguishing the old Approved/Community School regime from the therapeutic community. Community schools are perceived as solely fitting individuals to the demands of the existing social system, whilst a therapeutic community aims to change or modify the

> 'Individual personality towards better intra-psychic integration.'
> (Rapoport:1960:28)

It is assumed at Peper Harow that enhanced and successful role performance will be entailed by the accomplishment of the treatment. Therefore treatment at Peper Harow equals acceptance of the way of life at Peper Harow equals rehabilitation into the world.

Whilst the focus of illness is the individual,[1] causation of illness is located in the individual's pathological interaction with significant others. Kennard writes that the psychodynamic views:-

> '..... of psychological symptoms such as anxiety or depression, or disorders of behaviour such as delinquency and self-destructive acts, is that they are the outward expression of emotional conflicts and tensions in an individual's relations with others.'
> (1983: 12)

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(1) Delinquency at Peper Harow is, for example, perceived as being a personal psychological problem. (see Henderson & Jones: 1977:11).

This view states then the psychodynamic or interactional model of mental illness. Bierenbroodspot expresses clearly the essence of this theory of therapy:-

> '..... psychodynamic-orientated psychotherapists see mental illness (with the exception of obvious brain damage) as a result of opposing inner forces, laid down in a certain psychic structure, in which expectations of the present and the ego-orientation in reality are influenced by traumatic events of the past and present. The resulting distortions of reality perceptions can only be removed if the patient becomes aware of them. By encouraging him to express his feelings and inner thoughts he is enabled to become aware of the distorting effect of certain feelings, expectations etc., especially when he notices that the reactions of others are different from what he had anticipated on the basis of his earlier experiences. This leads to a new orientation to reality. The phenomenon is well-known in psycho-analysis as the 'corrective emotional experience.'
>
> (1980: 31-32)

The aim of a therapeutic community is then to enable individuals to become aware of such traumatic events and to develop such a new 'orientation to reality' as Bierenbroodspot describes. Henderson and Jones (1977:10) use Ezriel's term 'catastrophic relationship' to describe this traumatic relationship which remains unconscious until brought out into the open by the 'freeze/thaw' process of community confrontation matched by peer-group support.

We have seen that Peper Harow has many elements to its therapeutic process. These are

1) Rapoport's four themes - illustrated especially in the community meetings.
2) Group support, called peer-group therapy in the community.
3) The previously described 'folk psychology'.
4) Freudian insights - use of oedipus complex and the transference relationship as interpretative devices.

5) The idea of therapy as learning. This involves the resident in a process of learning about self and others, and how to develop satisfactory relationships with others. (Kennard: 1983:12)

6) Catharsis. The aim of therapeutic communities is to create the optimum conditions for catharsis and subsequent corrective emotional experiences. This is similar to Leighton's third stage of his cross-cultural analysis of processes (1968: 1178) in which the patient is 'softened-up' by an intense emotional experience. This is the stage when a receptivity to the 'treatment myth' is made. Crapanzano discusses the value (1973:222) of catharsis in treatment suggesting that its resolution of unconscious conflict is likely to be only temporary unless it is followed by a 'highly structured-ritualised-resolution of symbolically expressed conflict'. Crapanzano then draws on Levi-Strauss's idea of a 'social myth', as I do, to explain the resulting 'cure' - that is the symbolic restructuring of the resident's psychic reality. I intend later to show how myth, ritual and symbol have been developed by this community to create a treatment world which compensates, animates and orders the emotional and mental chaos of the new resident.

# C H A P T E R  F I V E

## THE STAFF

In this chapter I shall consider the following:-

1) The staff backgrounds and staff roles.
2) The staff development programme.
3) The role of the non-medical consultant.
4) The Director.
5) The structure, composition and function of the various staff meetings. This will include examples of issues discussed in some of the meetings which I observed.

### 1) STAFF BACKGROUNDS AND ROLES

The professional staff establishment consisted of the Director and nineteen teaching staff. There was also a management and groupwork consultant and, in 1981, an unfilled vacancy for a part-time Consultant Psychiatrist. There were three assistant Directors with separate responsibilities for the Clinical, Organisational and Educational aspects of the Establishment. There was also a head of the Creative Arts section. Basic grade teaching staff were paid, in June 1981, on Burnham Scale Two with an additional payment of £3000 in recognition of both the amount of overtime customarily worked and the specialised nature of the educational work at Peper Harow. This is a relatively high salary compared with Local Authority Residential Child Care salaries. Professional staff received eight weeks holiday per year in three two week periods and two one-week periods. In addition to the Professional

staff there was a full-time and a part-time Bursar, two female domestic staff (one part-time) and several Estate groundsmen and two full-time secretaries.

The Peper Harow prospectus states that staff at Peper Harow were appointed for their 'flexibility, commitment and emotional stability' as well as for their educational qualifications and creative abilities. Most staff were both graduates and qualified teachers. Several teachers had previously been in promoted posts, such as departmental heads, in state schools prior to coming to Peper Harow. Several were Art teachers, reflecting the original bias in Peper Harow's educational planning and two teachers were trained as Art therapists. One teacher was also a qualified educational psychologist and another was a qualified social worker, although neither were specifically employed in that capacity. Most of the staff were in their twenties and thirties and two-thirds were married with families. There were six female staff, none of whom were employed in a senior capacity. It was Peper Harow policy to employ more female staff in the future when it was anticipated the number of female residents would rise to half the total number of residents. Residents were involved in the recruitment of staff.

The staff duties were broad-based and quite unlike the work many of them had experienced previously in schools. Staff were employed to implement the therapeutic community philosophy subscribed to by Peper Harow as outlined in Chapter One, and exemplified in Chapter Four. The in-house training which staff received is described in the next section. Staff were employed in four main areas:- a) Casework b) Formal and informal groupwork c) Teaching d) Administrative tasks.

a) Casework was performed by staff members in their role as

'Guru'. b) Formal groupwork denotes the staff role in community meetings and the small therapy groups; informal groupwork consisted of staff exercising their leadership and therapeutic roles in the many activities of Peper Harow. Examples of these activities are the camps and expeditions, feast preparations, town outings, taking residents to appointments and supervising the daily activity of residents. This was called 'coverage'. The span of roles was deliberately contrived to aid staff identification with the therapeutic community and to help residents have as extensive and meaningful relationship with staff as possible. c) Although almost all staff were qualified teachers this aspect of their work was not predominant. On average they taught for six or seven hours a week out of an average working week of sixty or seventy hours. d) All except new staff had an administrative role. Examples were the organization of the library, cleaning stores, expedition equipment and first aid room.

Staff accommodation consisted of a row of twelve semi-detached houses within the grounds of Peper Harow (see Fig.4). Single staff had a variety of accommodation provided. Several lived on the top floor of the main house, whilst two lived in the grounds, one in a flat and another in part of a cottage. It was a part of the philosophy behind making Peper Harow a 'Home' for the residents that all teaching staff should live within the grounds.

Staff were expected to stay for four to five years, and to see one intake of gurees through their planned stay at Peper Harow. Staff turnover seemed low. Whilst no figures were available, in discussion with staff I found that at least three staff had been at Peper Harow for more than five years. Several

had been there for at least two to three years. Staff seemed mostly to accept the expectation that they would stay for four to five years.

2) STAFF DEVELOPMENT (a) Training and Supervision

It was a feature of the staff group that prior to coming to Peper Harow, few staff had had residential work experience or specific training in work with disturbed adolescents. Yet within a year they were expected to take on the Guru role and that of a small group leader and overall to participate in the previously defined therapeutic processes at Peper Harow. Moreover, there was, in practice, little formal supervision in the sense practised in Social Services. Staff were not allocated to an assistant Director for regular professional support and supervision of their Gurees, although there was a 'new staff' group which met daily with an Assistant Director for the staff member's first term. Instead they were accountable to and received immediate advice from the Assistant Director (clinical) about their Gurees. This supervision was very much a'crisis service' due to the Assistant Director's other responsibilities and his own acknowledged lack of special training in the supervision of therapy.

However, there was much to compensate for the Assistant Director's lack of professional training. An N.H.S. Consultant Psychiatrist(1) had recently been employed to perform the professional supervision of individual staff members work with residents. Staff expressed a definite need for this individual casework support and guidance when dealing with very disturbed and worrying adolescents.

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(1) Sadly, this person was seriously injured in a road accident and because of this had resigned.

There was in fact an alternative training and support system, given the expressed lack of any external training course which would be competent to prepare staff to work in a therapeutic community such as Peper Harow.(1) It consisted of (a) staff meetings, (b) case conferences, (c) group leaders meetings, (d) humanities and foundation meetings, (e) use of a consultant. Each of these aspects of training will be discussed later in this chapter. It was also intended that all the various staff meetings at Peper Harow should have an educational ethos. By educational ethos I mean the idea that the development of staff's personal awareness and self-knowledge of themselves both as individuals and as group members in the community would necessarily lead onto more therapeutic work with residents.

b) Self awareness within the staff group.

Sensitivity training for staff was based on a T-group model, as outlined for example by Smith (1980: 8-30). Several elements were highlighted at Peper Harow:- There was group recognition and understanding of the 'shadow' personality,to use Jung's term (1959: 8-11), to denote the inferior person in each individual. Hence, in all staff meetings,staff were ready to reveal thoughts and desires usually hidden and denied. Envy in relationships at Peper Harow was admitted and discussed - for example, staff relationships with residents, with other staff, with the Director, and with member's own families. There was a norm developed whereby staff could openly express their feelings, however silly or egocentric these feelings were or appeared to be. Often, following a member's self-disclosure

(1) The Association of Therapeutic Communities has for a number of years been trying to establish such a course.

of personal feeling, other staff would volunteer similar feelings so as not to leave the original member feeling vulnerable. A high value was placed on self-disclosure which was assumed to lead to personal insight (Smith: 1980:12). There was also a concentration on the exploration of the 'here and now' feelings of staff and on giving and receiving feedback as it is defined in Chapter One. Leadership style was democratic with high levels of both emotional stimulation and meaning attribution (Smith: 1980: 88-90).

c) Group Dynamics

T-group style staff meetings were intended experientially to teach staff about typical interpersonal processes occurring in groups. There was considerable emphasis placed on exploring issues of power and sexuality influencing staff interaction at Peper Harow. This learning process was facilitated by the groupwork consultant and replicated the learning that residents underwent in community meetings. For instance staff were encouraged to look at issues of transference amongst the staff group, and how they shared common problems such as envy and insecurity on occasions. They were encouraged to care about each other in the same way that residents were in stage five of the residents therapeutic process effected in the community meeting.

d) Interaction between staff and residents.

Staff were encouraged by both the Director and the groupwork consultant to understand that staff concerns, both conscious and unconscious, were necessarily and meaningfully interrelated to residents' concerns. Examples of this inter-

relation were the feelings of the staff group when sexual issues came up in the community, such as homosexual and heterosexual relationships between the residents. Staff agreed that such issues could only be adequately faced and successfully worked through if staff had previously been able to face their own conscious and unconscious preoccupations, fears and fantasies in such areas. Again the main forum for self-expression and learning was the staff meetings, although it was quite acceptable for these issues to be focused upon in other meetings as well. More than once staff would comment on similarities between the prevailing dynamic issues in staff meetings and community meetings.

e) Management of stress among staff

Staff worked long hours during term-time. Duty rotas included working one weekend in three and, often until eleven o'clock, two or three evenings each week. The number and extent of the roles played by staff, although very fulfilling, presupposed a major commitment to the work. Most teaching members of staff had at least one special area of responsibility in addition to their teaching, therapeutic and residential work roles, for instance, the camp store, library, surgery or hardware store.

Hood, a social worker, (1985: 18) has described the inherent demands on staff imposed by working in a therapeutic community for adolescents aged 13-21, where the emphasis is on combining psychotherapy and educational provision. She writes that for such a staff member the long working hours, the shift system and residence within the grounds of the community lead to unclear divisions between work and leisure which can

generate personal and professional role conflict. Moreover being in an employment which is a 'learning process' (Hood: 1985: 18) for staff means they may have:-

> 'to give up their own defences and discover more about themselves in order to use support profitably.' (Hood: 1985:18)

Work at Peper Harow also means dealing with a particularly demanding resident group - adolescents with severe social and emotional difficulties, and having frequently to participate in and respond to crises and 'living-learning' situations (see Jones in Chapter One). Moreover Hood comments on society's possible ambivalence towards the provision of a rich material environment for delinquent adolescents even though it can be justified in terms of 'emotional nurturing.' Such societal and parental ambivalence can generate further personal and professional role conflict for staff. (Hood: 1985: 32).

Given the demands and pressures of working at Peper Harow, staff understood that the ego's normal reliance and capability to adapt to unconscious forces would be shaken and sometimes changed. Hence 'bizarre' occurrences among staff were possible, incidence of high anxiety, identity crises and the delinquent acting out of feelings, did happen at Peper Harow during my stay. Such events were carefully discussed in staff meetings. Living at Peper Harow reminded me of what it would be like to live in a psychological nuclear reactor and Sugarman, referring to Daytop therapeutic community, described Daytop as a pressure cooker (1974:17). The high stress on staff's personal integration has been discussed by Bettelheim (1974: 359-60).

3) ROLE OF NON-MEDICAL CONSULTANT

Penny Jones was appointed as a (non-medical) consultant to Peper Harow, following her involvement in the contentious

research project, financed by the Leverhulme Trust, which came to an end before completion in 1979. She was appointed as consultant to all hierarchical levels at Peper Harow extending from trustees to individual staff members. She described her four main tasks as a) management consultancy to senior staff meetings b) adviser and enabler in group dynamics especially in staff meetings c) adviser in the development of staff training and personal learning processes d) personal and professional role consultancy for staff members.

## 4) THE DIRECTOR

### The Professional Career of Rose

Melvyn Rose has been the Director of Peper Harow since its inception as a therapeutic community in 1970. Prior to then he had since November 1965 been a Teacher/Housemaster at the old Park House Approved School. Originally trained as a teacher, Melvyn did the Advanced course in Residential Child Care at Newcastle-upon-Tyne University, whilst he was a teacher/housemaster at Park House. Before going to Park House he was employed at Wellesley Nautical School for Adolescents at Blyth. This is a Community School for adolescent boys with a history of delinquency. The school has a naval tradition. Rose attributes the development of his ideas about therapeutic communities to his experience of the innovative residential Child care practice of George Lyward at Finchden Manor (described by Burns:1956). The writings of Bettelheim and his work at the Orthogenic School of the University of Chicago he also considered influential. The Orthogenic School of the University of Chicago is a Therapeutic Community for emotionally disturbed

Adolescents (Bettelheim: 1974).

Rose's concept of 'focal leadership'

Rose's role in community meetings has already been discussed (Ref: p.99 ) and his skills in mythogenesis will be considered in Chapter Eight. I shall now note his own perception of the psychological aspects of his leadership role.

> 'So we come to the second ingredient to which I referred earlier - that of charismatic leadership. My proposal was that this is an essential ingredient yet there has been so much experience of the problems it produces, that charismatic leadership is often sneeringly dismissed as something negative. Even the great figures like August Aichorn, Makarenko and A.S. Neill have first been over-idealised as people possessing some kind of personal magic and then dismissed as having nothing to teach us about the role of the leader of the group, on the continued assumption that their success was magical, rather than based on their skilled operation of the permanent dynamic relationships that exist in any residential group. My own view is that a therapeutic community's very survival - especially one for adolescents - may depend on a central figure functioning as a focus for the group's transference phenomena. Just as an individual in analysis clarifies his own attitude and behaviour through testing them out on the analyst - so does the group clarify its group identity by expressing and coming to understand its many faceted attitudes towards its focal leader.' (1983: 23-24)

Rose here explains and justifies his central role in the community, shown for example in his role in community meetings.

Focal Leadership and the Staff Group

In the same article Rose considers the relationship between focal leadership and the staff group:-

> 'Although there is considerable stress for such a therapeutic leader, perhaps the biggest problem after this, yet linked with it, is that of the staff who, because of the dyadically focused symbolic relationship between leader and residents, are left as a third group. This group, in its unconscious search for an identity, can easily find itself in competition for the leader's attention, caught up in the resident's despairing, paranoid moods and baffled and trapped by such feelings, which are contrary to their relatively mature emotional position. They feel infantalised, impotent, and frustrated.'
> (1983: 24)

This tension between the idea of 'focal' leadership and a shared leadership between staff and Director had been a significant issue at Peper Harow before my stay. A shared authority between staff, Director and residents is certainly more in line with the theory of therapeutic communities as we saw in Chapter One. There is an unpublished and unavailable research report, compiled over three years and financed by the Leverhulme Trust, which whilst recognising the creative and innovative work of Rose, was apparently critical of the degree of 'focal leadership' at Peper Harow, and the lack of shared authority with the staff. This research finding led to the appointment of Penny Jones as staff/group consultant.

Rose's relationship with the residents.

It is not difficult to explain resident transference relationship with the Director when we consider resident backgrounds, their lack of a stable relationship with a parent, and their frequent change of residence. That such an attachment existed was I think felt by everyone who worked at Peper Harow. A particular example of transference onto the Director is given in Henderson and Jone's 'first working note' (1977: 17-18). Rose's performance in community meetings and the silence and

general acceptance with which his interpretations and comments were made is further evidence of the acceptance of his central role in the community. Rose fostered his role with the residents. I remember one new girl being very touched when she received a birthday card from Rose. She told me he sent them to all residents. It was an accepted feature of planning for the annual camps that all the residents who were to leave at the end of the term would be on a camp with Rose so as, I heard it described by staff, 'the resident could work through their transference with Melvyn.'

This concept of transference could be used by Rose on occasions to prevent criticism of himself by residents. This is shown on p.102 and also by another example when an older resident in a community meeting complained that 'he was pissed off' with 'Melvyn'. Rose interpretated this resident's criticism of himself as being due to the resident's earlier experience of being beaten by his dad. Rose made the assumption, perhaps appropriate in this case, that personal criticism of himself was inevitably the result of the resident's projection.

## 5) STAFF MEETING

I shall now give a summary of the composition and function of the staff meetings, especially those I attended.(1) I then give examples of the issues and processes occurring in some of them.

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(1) The information about staff meetings is correct only for June 1981.

| Identity | Frequency | Composition |
|---|---|---|
| 1. Trustees | Monthly | Trustees, Director and Consultant |
| 2. Senior Staff | Weekly | Director, Assistant Directors, Bursar and Consultant |
| 3. Clinical Management | Weekly | Director, Assistant Director (Clinical) and Consultant |
| 4. Group Leader | Weekly | All Group Leaders, Director and Consultant |
| 5. Staff Management | Monthly | Director, Assistant Directors, Bursar, Consultant, Member of Trustees who was also Personnel Manager for Unilever. |
| 6. Arts and Education | Weekly | Assistant Director, Heads of Arts and teacher with special responsibility and Consultant. |
| 7. Arts and Education | Monthly | Same and Director |
| 8. Foundation | Weekly | All staff working in foundation studio and Head of Creative Arts. |
| 9. Humanities | Weekly | All staff working in Humanities and Head of Education and Consultant |
| 10. Drama | Weekly | 3 drama group leaders |
| 11. Staff Meetings | 3 times weekly | All staff, Director and Consultant. |
| 12. Case Conference | Weekly 1½ hours | All staff, Director and Consultant |
| 13. Succession Planning | Weekly | Director, Assistant Director, prospective Assistant Directors, Consultant. |
| 14. Womens Group | Weekly | All female staff |
| 15. Occasional meetings to discuss special events such as expeditions and feats - composition - those concerned. | | |

I shall further describe the function and content of these meetings.

1. Trustees

The Trustees meet to formulate and ultimately decide the

overall direction of Peper Harow - typical issues include finance, fund raising, introduction of girls, development of a second Peper Harow. The Director is accountable to the Trustees. It was planned to increase staff involvement with the Trustees by allowing them to attend regularly on a rotational basis.

2. Senior staff Meeting

This meeting is responsible for all the day to day management of the community. I did not attend it.

3. Clinical management meeting.

This newly established meeting was to enhance communication about clinical matters between the Directors and the Assistant Director (clinical). I did not attend these meetings.

It is noteworthy that the decisions of these first three management meetings were not made available to other staff or to the residents. This could be seen as countering the principle of democratisation discussed earlier in Chapter One.

4. Group Leaders' Meetings

I attended three of these meetings. They were composed of all the leaders of the small therapy groups for the residents. The Director and Consultant also attended and the meeting took place in the Director's office. The meeting looked in turn at the development of each of the six therapy groups and the work of their group leaders. The task of this meeting had developed through the Consultant's influence. I shall describe the main concerns of the meetings I attended.

1st. Meeting - The small group being discussed had three co-leaders and one was leaving to help start a new group. This group was briefly discussed. The consultant,Penny Jones,

intervened and commented that whilst the departing leader was talking analytically, the other two seemed excited, like children, when talking about the group. This comment prompted a discussion by the other two group leaders about their possible sexual fantasies for each other. The female group leader spoke of taking the question of sexual fantasies "on board". Comment was made, by one member of the meeting, that recently she and her male co-leader had been together "on board" moving the Peper Harow narrow boat in preparation for summer camp. The male co-leader was pressed by the Director to speak his thoughts, but evidently it was becoming difficult for him to speak without becoming confused. The Director pointed out that at this moment, fantasy and reality were becoming confused for him. This confusion reflected, the Director said, the mental state the residents would be in. They might be projecting such sexual and parental fantasies onto this male-female pair of co-leaders. Staff could become aware of the potential levels in their relationships in the safety of this meeting.

Second meeting

The relationship between two other co-leaders was discussed. Particularly how the senior co-leader would suppress personal anxiety and stress in the interests of task completion, which possibly left the other co-leader with additional anxiety as a consequence. The other co-leader then talked about how he let the senior co-leader dominate proceedings in the group meetings. (After this meeting, the junior co-leader told me that through discussions with the non-medical consultant at Peper Harow, he had realised that as an art teacher he had developed the feminine, intuitive side of his nature, but was now learning to value more

the masculine, assertive side).

Third meeting.

Partnership between a female co-leader and a male co-leader was discussed. The female co-leader was seen as more assertive and confrontative and the male co-leader was, by spontaneous role allocation, allowed to be less confrontative which suited his nature. The group questioned whether this presently sucessful balance was good for the individual leader's growth.

5. Staff Management Meetings

This meeting occurred monthly and discussed anything to do with the management of members of staff, either individually or structurally, i.e. staff secondment programmes, new appointments and staff training programmes. I did not attend these meetings of the staff management.

6.& Arts and Education
7.

These were the planning meetings for the Art and Education areas of Peper Harow. The monthly meeting was to communicate the results of the weekly Arts and Education meeting with the Director. I did not attend these meetings.

8. Foundation studio meeting

This meeting was to discuss the running of the foundation studio. The work of the foundation studio is described in Chapter Six (Ref: 162). I regularly attended these meetings. Early in the term the need to clarify leadership roles, following the departure of the person responsible for the studio was discussed and also the question of what authority the foundation meeting had in relation to the Arts and Education meeting. At another meeting, discussion focused on identifying

what were legitimate activites for the foundation studio and which activities were to be encouraged. For instance the meeting felt that one boy's keeping a mouse in a cage in the foundation studio was not part of the studio's work, whilst dyeing cotton t-shirts was. Many meetings were concerned with the artistic preparations for the summer feast, and also for the opening of the new 3D (sculpture) studio. Unlike the humanities (the next meeting to be discussed) interpersonal psychodynamic issues did not predominate. The group work consultant (non-medical) was not present at the meeting, which may have been the reason for the absence of a focus upon interpersonal issues.

9. Humanities Meeting.

The humanities meeting was responsible for three activities - drama, creative writing and playreading. In contrast to the foundation studio meetings, the groupwork consultant, Penny Jones, was present and interpersonal issues relating to the staff present were frequently discussed. Issues discussed revolved mainly around questions of gender and authority. I attended several meetings. An early meeting discussed whether two female staff could open the drama session given that there was a particularly violent boy who was an actual threat to female staff. Here Jones discouraged the female staff from feeling that they could not cope. She also tried to prevent the male staff from feeling that only they could cope and, therefore, had to 'protect' the female staff from this male resident, thereby avoiding their own feelings of anxiety in such threatening situations. At a later meeting of this group which again discussed the question of how this boy's violence should be dealt with, the consultant suggested that it was appropriate to refer

this question to the general staff meeting.

10. Drama Meeting.

I attended some early meetings held to plan the drama sessions as part of the humanities programme of activities. Psychodynamic issues relating to the staff involved in planning the drama sessions were explored in these meetings. While I was there, male and female staff roles with residents were discussed; the implications of present staff numbers for doing drama workshops; the meaning of drama activity for the residents, and whether or not it was voyeurism that made them attend drama sessions.

11. Staff Meetings.

There were three one hour meetings each week which all teaching staff attended, except the one on house duty, and the domestic bursar. The Friday meeting was intended to discuss the development of the daily community meetings, but it seldom did, because of the urgency of other issues brought up at staff meetings. (There seemed in fact little planning or review of community meetings). I attended all the staff meetings, first as an observer and latterly as a participant. I shall give a partial summary of some of the events of some meetings occurring in the second half of the term's staff meetings to illustrate the T-group style of these meetings.

The first meeting was dominated by members description of their physical exhaustion following summer camp. One member vented anger and anxiety, and fears of 'drowning' with overwork. He had, in fact begun by talking about his concern for his guree, but he had ended by talking about his own feelings of not coping with the demands of work. Again the groupwork consultant tried to prevent this person from being the only discloser of anxieties which were also

felt by other members of the group. She then stressed the importance of not blocking emotions and said that once such feelings were expressed in a safe group, one could discover that it was 'okay' to have feelings such as being temporarily overwhelmed by work stress.

At the next meeting there was a confrontation between three staff members who had been on a difficult camp which appeared to be an attack on the lack of leadership by the most experienced staff members on that occasion. This confrontation was evidently a very painful experience for the leader. The aim of the discussion was to prevent the feelings of the participants from going 'underground' which might later produce bitterness and poor working relationships. During the meeting the two aggrieved co-leaders were able to accept both their own responsibility for the problems during the camp, and their dissatisfaction with that camp leadership on such issues as the lack of shared communal meals and the lack of group involvement in other activities. They also heard some of the reasons why the supposed leader felt that in fact he was no expert in 'that' type of camp.

At another meeting some staff members discussed their feelings of loss with the disappearance of the close, almost familiar relationship that had temporarily grown up between group leaders during the camp. This discussion again mirrored the residents' feelings of having lost those close camp relationships following their reintegration into the larger group at Peper Harow.

At the next meeting there was an emotive discussion on what it was appropriate for members of staff, especially female members, to give to students. 'Giving' was seen as having both literal and emotional connotations. Two female members were now giving residents

sweets at bed-time, having assumed the authority to do this. Various feelings about such 'giving' and its symbolic meaning both for the staff and residents, were aired.

The following meeting began with three male members wanting to talk about future relationships between teaching staff and the trustees, a subject always delayed. The consultant pointed out that no female staff had spoken yet. It then came tumbling out that at least two female members involved in 'sweetie giving' were feeling seriously threatened by the events of the previous meeting. The consultant pointed out that the meeting cannot speak with one voice if such important issues are in the way.The two female members felt that the previous meeting had taken away part of their authority with residents and they felt both personally and professionally undermined by the staff group's criticisms of their way of acting. Certainly different views were later expressed about this practice of giving sweets to residents at bedtime, and some were highly critical. The question of what authority women had at Peper Harow and how they derived it was also raised.

12. Case Conference.

The purpose of this meeting was always to discuss two residents in depth for approximately ¾ hour each. It was a prelude to the external case conference to which representatives of the referring agencies would come and discuss the resident's progress with the Assistant Director (clinical) and Guru. A resumé of the resident's previous home and family background was given, which was the way for new staff to learn residents case histories. There was usually a case conference on each resident every six months. The resident was not present during

any part of this 'internal' case conference, though usually they would know of its occurence. Gurus would present a report on the resident's progress and other members would give their comments. These internal case reviews did not formulate any treatment plans nor specify particular behaviours to modify. Instead key areas for the resident's future development would be noted. This would include things like a readiness to start education, or to leave the community or go on an expedition. I found this intuitive type of collective thought a contrast, for instance, to the very detailed behavioural assessment and review conducted at Aycliffe School in County Durham, whose Principal Masoud Hoghughi has developed the well-known Problem Profile Assessment (1980). Peper Harow's approach meant, for instance, that new staff would have to 'feel' how to treat a particular resident and if necessary seek advice from the Assistant Director (clinical) rather than have recourse to a written treatment plan.

13. Succession Planning

I did not attend succession planning meetings, nor did residents know of their existence. Succession planning refers to two things. Firstly, the three Assistant Directors' intentions of leaving within the next year were discussed. Secondly, the three prospective Assistant Directors' who had been internally promoted, were preparing for their future roles and for changes in those roles which were currently being considered. Hence they were being involved in the development of their future roles, and, in this and other staff meetings, they were sharing feelings about their personal and structural development. There were a lot of feelings among the rest of the staff about

these succession planning meetings, some of which were expressed in staff meetings. There were some rivalrous comments and there was criticism of the exclusion of female members from present and anticipated hierarchical authority and promotion. Staff meetings considered the reasons for this conscious or unconscious exclusion of women from promotion.

14. Women's Group.

I did not attend meetings of the women's group. It was generally considered to be an 'illegitimate' group having evolved from earlier Peper Harow history. It was seen as having 'subversive' origins but also as now fulfilling the special needs of female staff working at Peper Harow, especially with the recent introduction of female residents to Peper Harow. Entry of female residents had extended the female staff member's role at Peper Harow. Previously the female staff hadn't slept in at night nor had they gone into male resident's bedrooms after 10.00 p.m. nor woken residents up early in the morning. Now however they had an equal role with male members of staff. I was told by a female informant that the main issue discussed in the meetings was women's assertiveness both personally and as regards promotion at Peper Harow. The issue of women's assertiveness was felt by this meeting to be a reflection of gender steroetyping and socialisation in contemporary western society. The consultant did not attend these meetings.

CONCLUSION

At Peper Harow two types of staff meeting can be identified. Those with an emphasis on an instrumental function where the task of the meeting is the management of an aspect of Peper Harow,

such as at the foundation meeting and the case conference; and those meetings where the instrumental function is explicitly combined with an expressive function, in that part of the stated task of such meetings is to focus on the interpersonal issues and feelings of the staff members present. The latter type, such as the weekly staff and humanities meetings, embody elements such as an emphasis on confrontation, permissiveness and self-disclosure which are characteristic of therapeutic communities in general. Moreover, the 'folk psychology' that I found articulated in the community meetings is similarily present in those staff meetings which have an expressive function. Apart from the women's meeting and the drama meeting the groupwork consultant was present in those meetings characterised by an emphasis on the expressive function of communication.

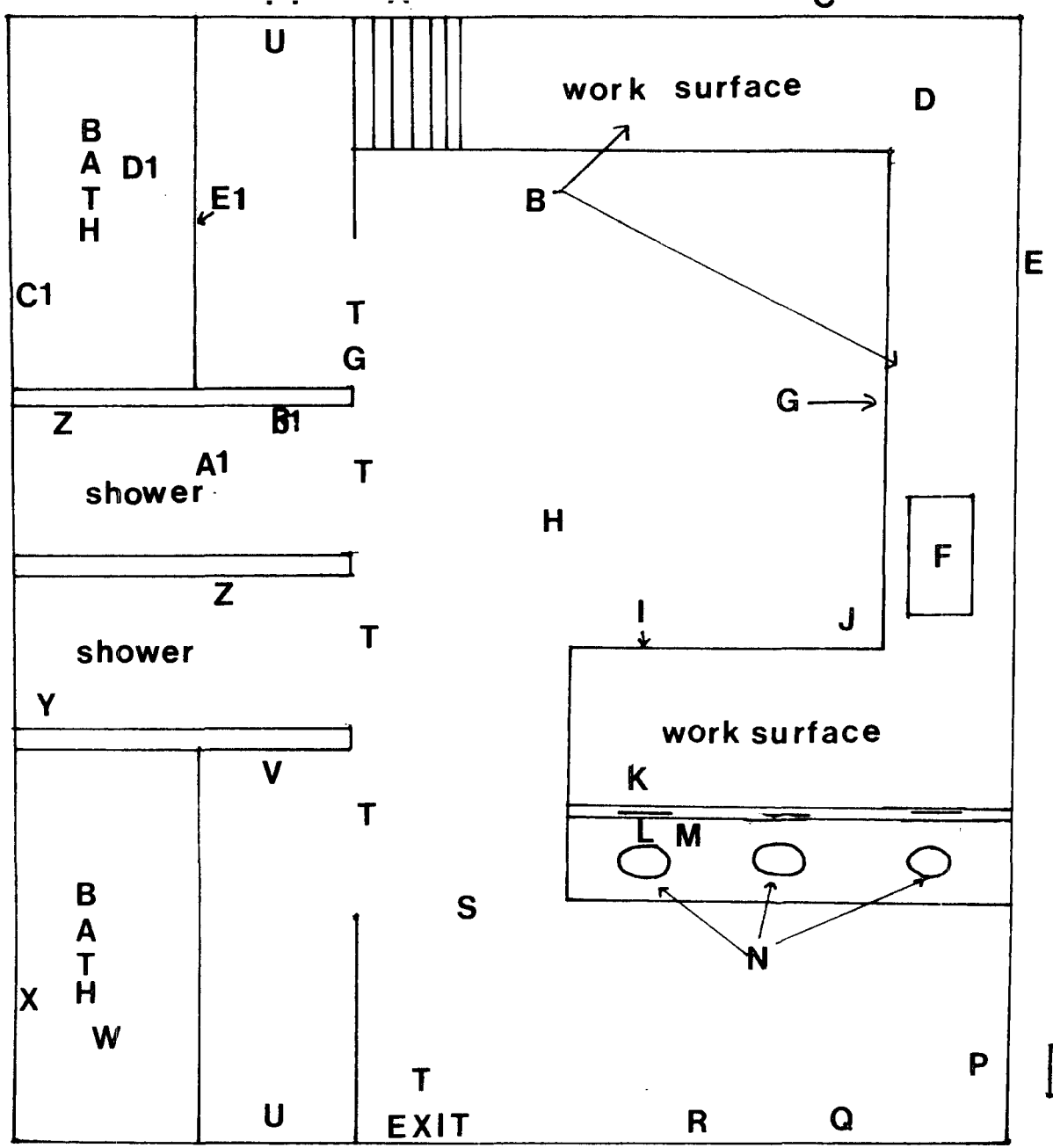
# C H A P T E R  S I X

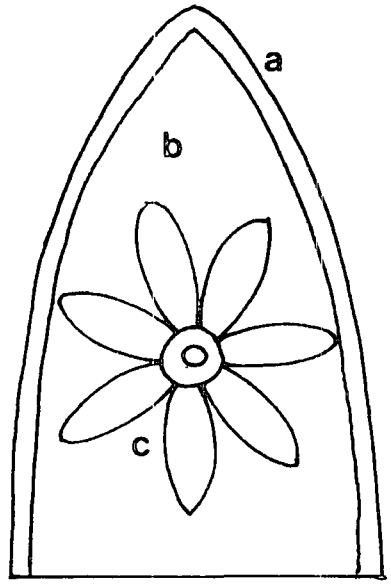
## A DESCRIPTION OF PHYSICAL AND SOCIAL FEATURES OF PEPER HAROW

The design of both the physical and social environment are integral features of this therapeutic community. Rose writes that 'the material provision for adolescents is as essential as the operating theatre's technology to a surgeon' (1983a: 16). Bettelheim writes of design:-

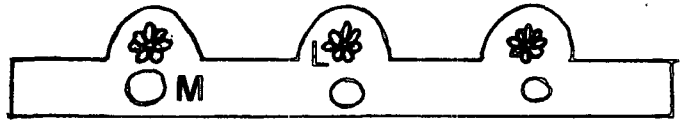
> 'When planning a mental institution one must realise that mental patients can see one object as safe, and another as personifying persecution or despair. Irrespective of how the rest of us view the object, everything becomes a symbol. Most of the patient's mental energy goes into ruminating on the hidden meaning of each colour, each object, and its placement; what it tells him about the institution's intentions and his future. Everything has its private meanings and secret messages which he tries to decipher ..... This is even more true for the emotionally disturbed children.'
> (1974: 99)

The creation of a specialised and intentionally therapeutic milieu at Peper Harow had been largely finished by the time I was there; I understand that residents were included in this planning, by membership, for instance, of the planning committees for the redesign of the cooking and eating areas and the girl's bathrooms. In this chapter I plan to describe some of the physical environment and some areas of social interaction. This account will complete the description of the main circles, representing aspects of Peper Harow, set out in the outline map of Peper Harow (p.87). I will first look at the physical dimension, by which I mean the way in which the environment reflects the principles of the therapeutic community.




floral design above mirrors




shape above basins

FIG.7 **PEPER HAROW — GIRLS BATHROOM** approx. to scale

Key to Figure

A) Fixed wooden clothes rest.
B) Ironing board.
C) Lined brown and white hessian wallpaper.
D) Formica set in a wooden surround.
E) Tiles, above work surface, in white and brown.
F) Washbasin.
G) Storage space under work surface.
H) Linoleum floorcovering in light grey and yellow lined.
I) Washing machines, under work surface.
J) Spindryer, under work surface.
K) Brown and grey pitted tiles above the work surface.
L) Mirrors.
M) Arch design above the mirrors - see Fig:7
N) Washbasins.
P) White shutters, picked out with green rectangular designs.
Q) Coat hooks.
R) Thick green line in place of picture rail (same green as on shutters and arch above mirrors).
S) Spotlit room.
T) All doors yellow.
U) Wooden seat.
V) Mirror.
W) Yellow bath unit.
X) Brown tile surround.
Y) Light grey base to shower unit.
Z) Brown tiles.
A1) Light yellow base to shower.
B1) Grey hessian wallpaper.
C1) Grey pitted tiles
D1) White bath unit.
E1) Light green panel surround to bath.
F1) Very light brown hessian wallpaper
G1) Special door locks maximised residents privacy yet allowed access.

---

a) White painted surround to arch, with green line running through the middle of the white.
b) Brown painted.
c) White petals, with the same green line.

---

The girls' toilets which were next to the bathroom were decorated with similar coloured fittings and furnishings.

Girls' Bathroom

The girls' bathroom area was adjacent to the girls' bedroom on the first floor. It combined washing, showering, bathing, clothes washing, and ironing facilities in the one area; see Fig. 7. Toilet facilities were situated next to the bathroom. The bathroom area provided space for the girls to perform various tasks and to converse with each other. Its design incorporated:- 1) An aesthetic and emotional impact. Bettelheim describes the great importance of bathroom design in milieu therapy (1974: 166-167). 2) Recognition of the need for female residents to have a separate space apart from male residents. 3) Awareness of the potential delinquent uses to which the bathroom might be put, such as flooding. Overall the aim seemed to be to enable the girls to feel good, to feel female, and to feel part of a positive female group. This was in recognition of the damage done to self-esteem and body image in early years.

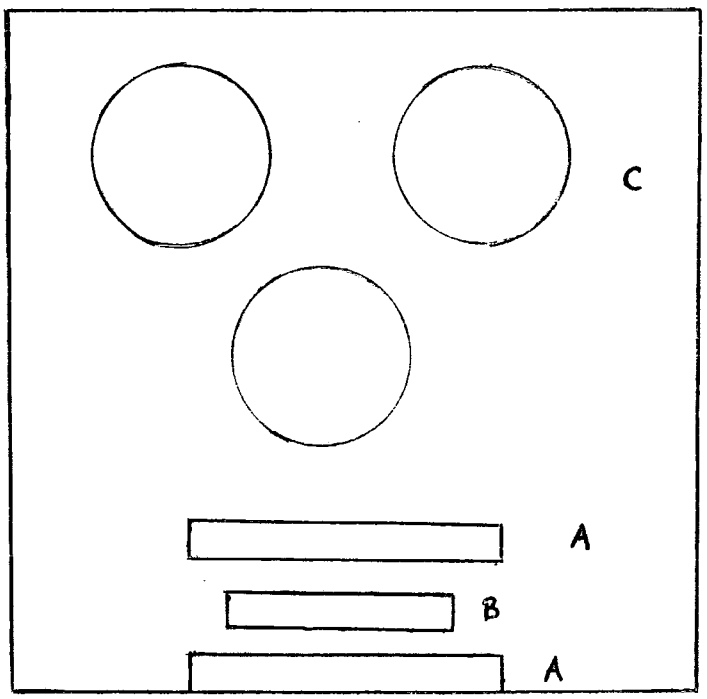
Library

The design of the library was traditional. Deep green leather armchairs, dark wooden shelves, partitioned double desks, discreet lighting and a circular staircase leading up to another floor with bookshelves, combined to give the feeling of a traditional library atmosphere. It was intended to impart the pleasure of reading, study and books. A magazine rack was placed at the door and a bookshelf of popular books stood next to it. This arrangement was to encourage entry into the library for those residents to whom books had come to symbolise their own failure in the educational system and who viewed any library with suspicion and hostility.

Humanities Section

This particular Educational department was located in the old Georgian stable along with the Art studios. The humanities room was deliberately furnished unlike a traditional classroom, see Fig.8. The furnishings of 'A' were composed of 'Habitat style' easy chairs and item 'B' was a low coffee table. At 'C' were small circular tables with chairs.

FIG: 8 NOT TO SCALE




Director's Office

Rose had a distinctive 'front' at Peper Harow to use Goffman's term (1959:32). The decoration and spatial arrangements of his office accommodation were in contrast to other management offices. The Director's office in an institution is important. Bettelheim writes that he learned the hard way that the Director's office:-

'symbolised the institution's spirit.' (1974:92)

As with many features of Peper Harow's design it would be possible to describe Rose's office furnishings in terms of luxurious fittings and even ostentatious display. This type of description would lose the point of the explicit purpose of the design of all the furnishings at Peper Harow - which was to communicate emotional nourishment to residents and to enhance their self-esteem. Rooms at Peper Harow were designed to be welcoming,and to encourage residents' involvement in the activities of the room.

Rose's room was partly for entertainment of visitors, social workers, prospective residents, and officials. To this end it had two large settees and two soft chairs facing each other. There were several fine paintings on the walls and pieces of pottery fashioned by residents. On the central coffee table was a remarkable sculpture of a community meeting made by a resident. In one corner Rose had a desk and there were shelves with books on child-care.

Bedrooms

There were between three and eight beds in each bedroom. In contrast with the rest of the house, residents could design their bed space as they wished. Arrays of pictures, sculptures, posters and many ornaments including animal skulls, charms and stuffed animals adorned these areas. One resident surrounded his bed area with chains which the community interpreted as 'symbolising' his defensive attitude to the community. Hi-fi sets abounded as did old easy chairs. For residents to feel secure at night was felt to be important, and low lights remained on in the bedrooms. Henderson and Jones describe the use of residents' bedrooms in their first working note:-

> 'The therapeutic principle also underlies the selection of boys for sharing bedrooms. Careful thought is given to a variety of senior, responsible boys who may be stretched to contain new boys prone to acting out, along with a middle group who follow either lead, given the right or wrong stimulation.' (1977:26)

Art

Art as therapy for residents has always been highly valued at Peper Harow. There are three art studios all of which are situated in the converted stables area.

1) Foundation Studio

The head of art described the studio in the following way:-

> 'It is a foundation studio. It should hold onto its roots in trying to restore to the individual who uses it what was important for him or her in the earliest years of their lives: mother, nourishment through play and exploration of the elements; earth, air, fire and water.'
> (The foundation studio - A longer look)

The foundation studio grew out of observations that residents were independently choosing pre-school 'nursery' toys and materials, like lego, to play with. From this awareness developed the idea of deliberately and consciously providing a play/art area for all residents, especially new ones, where they could, if they chose, regress, experiment and begin to relearn through 'play' in an informal environment. By 'relearn' here it was intended that residents would both rediscover themselves as potentially educable, and they would rediscover that education could be creative and enjoyable, both of which concepts had usually been lost early in life. It is then a pre-education studio where residents can come on a completely voluntary basis for long periods of time and 'play' with various materials. Residents can paint, sew, weave, do woodwork, dye, make models etc. Staff are always available to encourage and assist residents.

There are old easy chairs to sit on; art/picture books to look at and coffee can be made by staff and residents whenever wished.

After experiencing the foundation studio, residents would often go on and use the:-

2) Art studio and 3) The 3D Studio

Next to the foundation studio was a formal Art studio for drawing and painting lessons. A 3D studio for sculpture opened in August 1981. The Art department was responsible for making the decorations for the feasts; see below (ref. p.188 ).

Pottery, Music and Photography Room

In the basement of the main house there was a room for each of these activities, to which all residents had access.

Education

Education is being described separately from Art because although Art was clearly seen as part of education, and several residents took Art 'O' and 'A' levels, there were separate Heads of Education and Creative Arts.

It was axiomatic at Peper Harow that all aspects of life were educational in the sense of promoting the art of living well. Formal education itself seemed to have a relatively small place in the scheme of things at Peper Harow and often seemed to be away from the mainstream of community life and therapy such as the community meetings, small therapy groups and Guru-Guree talks. Classes, generally held in the library or Humanities area, were usually of two or three residents only.

The marginal role allowed for formal education originated in the development of Peper Harow. The Head of Education told

me that during the first few years there was no real expectation that residents would be able to take public examinations. There was more concentration a) on learning how to first cope with relationships, b) art and humanities for personal development rather than examination. However, several years ago, one or two residents began reading Greek plays in an interested teacher's flat and they became aware that they could take 'O' and 'A' level examinations in Greek. Now many residents have taken several 'O' and 'A' levels successfully, mainly in the arts and humanities field. It is now accepted that residents at Peper Harow are capable of achieving exam successes. Science teaching was planned to start in 1982. Three out of five residents who left at the end of the term were going on to University. One senior resident was doing a course at the local technical college.

To sum up, it is considered important at Peper Harow that no new residents can start classes for at least a year and often up to two years. Many residents have come from a previous history of educational breakdown as well as domestic trauma. The intention is to allow the resident to adjust to living at Peper Harow and to experience time to play and to become re-interested in doing and learning things, probably through the opportunities in the foundation studio and the humanities section. It is hoped that such experience will lead them to develop a positive attitude towards beginning formal education again.

## The Relationship of Education to Statutory Requirements

Rose told me (19-5-84) that the local Education authority Inspectors accepted the special Education Provision of Peper Harow as being appropriate to residents' needs. Community

meetings could, for instance,be seen as part of learning about language use.

Religious Education

Again Rose told me (19-5-84) that the Educational Inspectors accepted his argument that the community meeting had a'sacred' aspect and had some of the essential features of religious education, such as the emphasis on learning to care and relate to others, the development of a contemplative and reflective attitude, and getting in touch with themselves. Moreover Sunday morning was always kept free for residents to attend worship outside of Peper Harow, if they wished.

Humanities

The design of the humanities room has already been mentioned (ref: p. 160 ). There were three sessions a week which took place at arranged times in contrast to the informal arrangements in the foundation studio. The three sessions were of drama, creative writing, and playreading. I was able to go to the first two sessions. By no means did all residents go to humanities sessions. Sessions usually began with staff making residents coffee and discussing the plans for the session. The staff were at this time discussing the meaning of the drama sessions, particularly the staff role. Emphasis in these sessions was on helping residents to expand their personal awareness. Sessions consisted of various guided fantasy/physical action sequences and short action dramas such as rescuing a trapped crew member from a submerged submarine. Psychodrama was not formally used. The creative writing sessions were opportunities for individual work. A magazine with residents' contributions in it was produced at the end of each Summer term.

I shall now go on and describe some of the social features of the community:-

Dress

Earlier I said that there was little differentiation between staff and residents in their dress. I have also commented (ref: p.104) on a previous 'Punk' subgroup of residents whose clothing and ornamentation was considered by the community to be a powerful factor in their inability to be socialised into an acceptance of Peper Harow culture and therapy.

Uniformity of dress between staff and residents was most evident between male staff and residents. Female staff would on occasions wear dresses whilst female residents rarely, if ever, wore these, preferring typically jeans and tee-shirts. Rose on occasions wore a suit. It was Summertime when I was there and some residents went barefoot, though staff never did unless for sporting purposes. This apparently marked a boundary between staff and resident roles expressed in dress. Residents could buy their own clothes. Each had a clothing allowance per quarter year and they were given cash to buy the clothes that they wished. Clothing was rarely an issue brought up in community meetings while I was there, with the exception of the topic of clothes being stolen, (ref: P.105) which happened quite frequently. Particular attitudes to dress are quite common in therapeutic communities. For example the concept-based communities require residents to dress conventionally so as to avoid hiding themselves behind a false and defensive mask (Kennard: 1983:71).

Hairstyles

Hairstyles of residents was however an issue. Some residents dyed their hair bright colours and some, both male and female, had extravagant hairstyles, such as the mohican or partly shaved head. These hairstyles are consistent with a part of contemporary adolescent culture. However whilst residents were formally permitted to do what they wished to their hair, it was made an issue, while I was there, by the director in one community meeting. Rose interpretated one resident's mohican haircut as self-mutilation. This was I think influenced by Rose's previous experience with 'punks'. It is significant that here is an instance of Peper Harow norms being less tolerant than that of wider society.

Hairstyle has then a symbolic meaning at Peper Harow. It was perceived at least by the Director, as symbolic of conformity or deviance to Peper Harow therapeutic norms. Hair, as Leach has shown (1967: 77-108) is commonly used in societies as a public symbol.

Gifts

Mauss has written of the universal significance of gift making in society. He writes that giving necessitates giving a part of oneself; we associate and remember a person through their gifts (1954: 45). Moreover gifts can symbolise both the actual state and the future potential of the relationship; gifts are intended to create 'friendly feelings' (Mauss: 1954:18). Gifts in our society generally appear voluntary but can be interpretated as indicative of a non-market contractual relationship existing between people, especially close family members.

The gift is a major theme at Peper Harow, as it is in every

society. I will consider three kinds of gift here; a) gifts between Guru and Guree, notably birthday and Christmas gifts; b) parting gifts from the community; c) what intangible gifts the community gives to the resident and vice versa.

a) Gifts between Guru and Guree have great emotional significance attached to them by residents, and great care was taken in their selection by Gurus. One resident told me how much the gift of a guitar had meant to him when he had first arrived. He had spent considerable time playing this guitar and clearly the gift had contributed to his attachment to the community. I twice heard of residents destroying the gift their Guru had given them, showing its importance to them more negatively.

b) Parting gifts are given from the community to the departing resident at the end of the feast. In economic value they were worth up to £100 in 1981 and are paid for by staff and residents. Examples I saw were gifts of a bicycle or books.

c) What the community gives the resident and vice versa. This is intangible. The resident is 'obliged' to give him/herself to the community in the implicit first contract at interview. Giving can mean giving 'out' to the community inner feelings of suffering, hatred and loss etc. and then by giving 'in' to the community's care, support, fellowship, nurturance and insight, the resident can give 'up' their false and distorted self-image. The community intends to give the resident the opportunity for maximum personal growth. The concept of 'giving' is then used metaphorically by the community to project to residents a clear image of reciprocal obligations and expectations between itself and the residents.

Framing

Residents commonly have their best pictures very pro-

fessionally framed and displayed throughout the ground floor of Peper Harow. This framing celebrates the artistic abilities of residents. Framing individual residents' pictures emphasises the appreciation of the resident as unique, and as a valued creator. Bettelheim writes that when a resident feels he is:-

> 'respected as an unique individual, he can afford to let down his defenses.'
> (1974: 99)

Many of the framed pictures were in the main corridors. This may have been to emphasise residents' continuing identity during transition periods. Bettelheim makes the point that:-

> 'Psychotherapy is a period of transition, and the stay in a mental institution should be a transitional period where one moves from a stage of disorganisation to one of higher development. This makes all aspects of transition very important; so a mental institution should pay particular attention to places of transition such as corridors and stairhalls.'
> (1974: 106)

## Language at Peper Harow

A community's linguistic idioms both create and reflect its understanding of the world that it experiences. James (1983) has skilfully explored this theme in her Doctoral thesis on the way adolescents in a North of England mining community use language, for instance by their use of outlandish names for the sweets that they typically buy, to take control of their part of the socialisation process.

During my stay at Peper Harow I identified four linguistic idioms particular to Peper Harow. They were:-

1) Guru-Guree, was an officially recognised term in general usage to describe the relationship between a staff member and the

resident for whom he/she had special responsibility (ref:p 127 ).

2) Gammie, was Peper Harow slang for a violent emotional and/or physical outburst by a resident. It was in common use by staff and residents and no-one knew its origin.

3) Neweens group, was slang for the new residents' weekly group. Both staff and residents used it.

4) Yock-up and Lap-up were subjective terms to denote bad and good experiences respectively. Their usage has been described further in Chapter Two (ref: p. 54 ) and will be used in analysis in Chapter Seven (ref: p.192 ). At least several residents used the term yock-up and lap-up. A male resident told me he had invented it on the Summer camp the year before. Rose confirmed that this resident had made it up.

Rose told me that nicknames for residents were not allowed, as they took residents away from their 'real' selves. I noted few uses of nicknames and this was not an issue while I was there. Christian names were used by staff and residents to each other.

Gardens

Peper Harow has a large area available for vegetable gardening. This is part of area 18 on the map on page 49 . This garden area was hardly used by residents for growing food whilst I was there. Nor was this activity incorporated into the practised therapy. Yet Rose indicates as quoted on page (Rose: 1977: 13-14)that gardening was intended as a therapeutic activity. Other therapeutic community pioneers have used gardening and agriculture within the overall therapeutic plan. Homer Lane, an American Pioneer, who set up the 'little

Commonwealth' earlier in this century in Britain, paid his delinquent teenagers to do farm work and then charged them for food, shelter and clothing (Kennard: 1983: 37). This example shows that Peper Harow's selection of what activities are to be perceived as therapeutic is not always identical with those of other therapeutic communities catering for adolescents. It raises the fundamental question, as to why some activities and social interactions are regarded at Peper Harow or in any Therapeutic community as 'therapeutic'.
I offer answers to this question, at least with respect to Peper Harow, in Chapters 7 and 8 in my analysis of Rose's mythogenesis.

Summer Camp

Camp takes place near the end of the summer term. It lasts for two weeks which are divided into two single weeks. Each week there are seven separate camps. In 1981 there were separate cycling, walking, climbing, sailing, narrow boating, canoeing camps and a base-camp. Members of the base camp go on daily outings and activities. Residents can indicate their first and second choice of camp, but considerable care and planning goes into getting a workable balance of residents in each camp. Each camp has either two or three staff who run it. As mentioned before, at the end of the first week's camp, all the various activity camps collect together at the base camp and feast together before separating into new groups for the second week. The first camp I went on in 1981 was a canoeing week in South Wales. The second week I spent on a narrowboat which we navigated down the Shropshire Union Canal from Middlewich in Cheshire to near Birmingham.

Camp was not considered a holiday, at least by the Director, though it could be enjoyed by staff and residents if the group went well. Nor was it a simple Outward Bound exercise with its emphasis more on physical challenge, though it could also be that. Rather, it was an exercise in experiencing small and intensive group living situations. It was meant, I heard from staff, to reveal residents' interpersonal living difficulties in a setting that could help resolve them. To some extent camps seemed to create temporary very tight-knit groups, which were felt to be reminiscent of "families" and this accounted for the feeling of loss sometimes amongst both staff and residents afterwards. It was often then an emotional challenge for the residents to manage the small intense group living situation and the need to work together to make the week a successful experience. The therapeutic process described in Chapter Four (Ps. 109-123) was intended to motivate residents to learn to live well together. I understand that before the Summer camp in which I participated, some residents had felt considerable anxiety about the physical and emotional demands of the experience, especially the girls for whom it was their first camp.

There were no "treatment-plans" for residents in camp though often "exclusive relationships" (ref: 104) existing at Peper Harow were deliberately split up for camp. Hence, two young girls who together at Peper Harow were very aggressive in the community, were not allowed to be at the same camps. Each camp was run by the staff member responsible according to his own initiative. The general objective of camps was to allow residents to experience good living - working relationships with other residents and staff, as well as to try out new activities and develop different skills. 'Reality confrontation'

(Rapoport: ref: p.13) continued in camp in that it was permissible for residents and staff to speak freely to each other whilst away. However, there were no small-scale community meetings, nor were there any attempts at therapy groups. The daily task and journey for each group was laid down in advance, though hour to hour decisions could be made by anyone, for example, where to stop for lunch. The special food in camp is noted in Chapter 7 (ref: p.184 ) as is the feast to mark the changeover into new groups for the second week. The changeover feast was viewed as a celebration of the camp and a reunion to facilitate the transition from one small group to another.

Whilst the two camps I went on were relatively harmonious experiences and a pleasure to participate in, this was not the case with some other camps where considerable problems of management and relationships were experienced. The learning, experience and difficulties encountered on summer camp were fed back into community meetings, small-group meetings and Guru-Guree talks. This feedback process also occurred in the preparation and aftermath of expeditions.

Expeditions

Expeditions take place twice a year, in the autumn and in the spring. Expeditions I have been told about included a week to ten day trek across Scottish mountains and canoeing in fast rivers in Wales. Only older and more experienced community members participate and there is a programme of training, such as night hikes before them. Rose describes part of an expedition in Chapter 8 (ref: p.209 - 10).

Birthdays

On a resident's birthday, when their cake was brought in, all the residents banged spoons loudly on the table, in place of singing Happy Birthday.

Weekends

I worked five weekends. Weekends were different from weekdays at Peper Harow. There were no community meetings. After breakfast on Saturday, the weekend team of five staff met with residents and discussed a) the weekend activities, b) the house-cleaning rota.

a) residents were able to choose the desired activities within limits of staff acceptance and physical availability. Examples of weekend activities were cinema, theatre, Art gallery, fishing outings. Trips to the seaside, especially for water skiing were popular. There was also a regular Saturday afternoon trip to Guildford for shopping. Always activities were group-based. There had to be a sufficient group interested to make it a viable activity.

b) Most the rest of Saturday morning was spent by residents and staff cleaning the house. The rota was drawn up by a senior resident.

Weekday trips

There was also a regular shopping trip to Guildford on a Thursday afternoon.

Daily, weekly and Annual pattern of events.

Fig.9 illustrates the sequence or calendar of events at Peper Harow. All the features of the daily and weekly sequence

have now been described and the remaining features of the annual sequence, such as the feasts will be described as part of Chapters 7 & 8. This patterning of events, especially the annual sequence, forms a significant feature of Peper Harow's identity as we see in Chapter 8. This patterning is referred to on the diagrammatic outline (ref: p.87 ) by the wavy line (A).

All the main circles in the outline map have now been described with the exception of 'food' which is the subject of the following chapter.

FIG. 9

## DAILY WEEKLY AND ANNUAL PATTERN OF EVENTS

### ANNUAL

| | | | | | |
|---|---|---|---|---|---|
| Expedition | Dragon night | Christmas Feast | Easter | Camp Feast | Summer Feast |

### WEEKLY

| | | | | | | |
|---|---|---|---|---|---|---|
| Community meeting(C.M.) | C.M. | Small group | C.M. | Town trip | Friday night tea and cakes housecleaning outings. | Weekend rituals: Sunday lunch, Visitors Sunday tea |

### DAILY

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Getting-up | breakfast | community meeting | Guru-talk or small group | lunch | humanities | tea | evening activities | bed |

# CHAPTER SEVEN

## THE SYMBOLIC USE OF FOOD IN EFFECTING THE THERAPEUTIC PROCESS.

I will begin a discussion of the food system by setting out Rose's interpretation of the importance of the milieu in general, and of food in particular. We have already seen (ref. p.74) how Rose saw the essence of residential therapy as recreating at a symbolic level the missing parental care. The creation of a symbolic and emotionally compensatory range of experience is designed to influence the disturbed adolescent at a subliminal level, as will be seen. This symbolic code is thought to be able to avoid conscious resistance on the part of the adolescent, due to its subliminal impact. As has been noted earlier (ref. p.70) the context and creation of atmosphere are thought to be capable of causing positive psychological change. Essentially the task at Peper Harow is seen as the profound change and enrichment of the personality.

> Thus a residential experience should be healing and engrowthful and educational and integrative

according to Rose (1983a)

> it should have this effect at the deepest levels of a personality so that the profoundest emotional resources, which in normal adulthood are strong enough to cope with life's problems are rekindled, regenerated and managed.

So for Rose the design of the whole environment is consciously a form of communication to the deepest layer of the individual's psyche.

> The therapeutic community's design in every aspect should be to provide enough nourishment to reassure even the insatiable that within their own damaged and hurt personalities can

> still be found the very source of growth and creativity.
> (1983a:17).

The particular example of physical design that I shall consider in this chapter is his description and evaluation of the design of the eating/dining area. Rose describes the whole atmosphere of this area as reproducing at a 'symbolic level' the missed good feeding experience that the fortunate infant receives (1977:13). He writes about how the decor and equipment for this area were chosen always remembering the unconscious implications for the profoundly deprived adolescent residents living at Peper Harow. Rose asks the question in his writing:-

> well if the kids really needed the babyhood feeding experience in itself, how can we possibly manage? I have already discussed the cartoon idea of 50 wet nurses with 50 hunky teenagers. To be serious, the main reason why such a picture is absurd, is not because our adolescents are babies in reality - it is only their emotions that are infantile, it is their emotions which need the babies good experiences in order to grow up. Their size and the changing attitudes and a dozen other problems however make a real woman as a surrogate mother the irrelevant answer ..... instead of the often sentimental talk about homely mother earth figures in the institution's kitchen, we have to look closely at a baby's actual interactions to discover what answers we could provide for his paradoxical need. All the baby's senses are at work and not just the taste mechanism. His oral sensation is not concerned merely with taste and swallowing; it is also experiencing textures of teat, nipple and of regurgitation and of the napkin that wipes his dribble away; the sound of mother's heart next to his ear, more or less peaceful and thence his response; her hand rubbing or patting to bring up wind; the soothing or irritating quality of her voice in all these exchanges. What I am saying is not news, of course, but to remind us of how complex the feeding situation really is and also how manifold are the messages which the baby is receiving and in how many different physical forms security or insecurity is being reinforced .....
> for all the caveats, to which we only have time to refer, we decided that our design had to counteract

the profoundest suspicion about the quality of the food - what had happened to it before it arrived in front of one - thus the kitchen/dining area would be on an open plan.

The food would arrive in the kitchen, be prepared, cooked and served all within the view of prospective eaters and by those same eaters whose turn it was to cook. The washing up areas would also be within their view. They would maintain the kitchen gardens on the same principle and from seed to the preparation table the food would be recogniseably good and in recogniseable sequence.

Every item in the kitchen - and think how many there are - was assessed in terms of efficiency; they had to do the job they were supposed to do, or the feeling in the boy using them would be one of betrayal, associated with his past earlier experiences. They would also be assessed in terms of appearance - did it look good enough to make an impression on kids whose sensitive response was dulled by traumatic experience - an impression of quality of warmth? Does it look strong enough not to require testing out by our occasionally grumpy Hercules? It would be assessed in terms of feel, the strong texture of a glazed tile, the silky sophistication of stove enamel, the chunky solidity of extra heavy stainless steel. In the end we agreed with Bettelheim's comments in a 'Home for the Heart' that the cutlery and crockery should not be institutionalised, but of a very high standard, offering very satisfying feelings when used. We would have glasses at the meal table at main meals, not imitation plastic glass. We would have fish knives when we had fish, bread knives, cups and saucers. Of course, we spent many many months finding exactly the right tableware and months more waiting for delivery. It would have been easy to have gone for nearly right, except that we were determined if the principle was right then we really had to see it through, irrespective of effort or cost so our table tops were finally made by Robert Thomson, the mouse man, the only firm in the country that produced seasoned, sold English oak, two inches thick, which includes adzed surface. Running ones fingers across the rippling surface as one sits at the table is a pleasureable experience indeed! Seats while designed as benches in order to include the principle of sharing are also upholstered in pure wool; yet again, in a very original weave to obtain individuality while also producing a unique tactile pleasure of their own. The full length curtains are floodlit to bring out the rich colours. They and the carpetted floor, the hessian covered walls and the sound proofed ceiling, produce a low and calming noise level. The servery is spotlit so that even the most ordinary food looks mouthwatering.

(Rose 1977: 13-14)

This quotation from Rose's writings amply shows how he regards the whole eating environment as being constructed to compensate emotionally for the lost good experience of the early years of life. The environment itself is seen as 'therapeutic', as symbolically compensating for early deprivation. This I call the 'myth of symbolic compensation'. It is part of the healing myth at Peper Harow. Thus the whole physical and social environment becomes a potential part of the healing process. Acts such as cooking and eating can then be seen as ritual sequences validated by the 'myth of symbolic compensation'. I use the term 'myth' not to denigrate the idea of environment therapy but rather to stress the importance of an articulated set of concepts which hold conviction for residents, staff and Director.

## The Food System

The food system can be seen as a set of units comprising a whole and I will therefore describe the whole eating process, from menu planning to washing up. Particular aspects such as the use of food at weekends, feasts, camps, and the place of alcohol will also be considered.

'Good' food is an important part of the therapy at Peper Harow. It was considered as a symbol of the good mothering that so many of the residents had missed. Therefore the important place that food provision had in the overall life of Peper Harow was the result of a fundamental decision taken at management level. The actual planning of menus was done largely by the assistant domestic bursar with the help of any interested residents. For instance residents had asked for more curries and this had been arranged. On a daily basis, whatever food

had been provided for that day the cooks could use in any way they wished. Steak, for example, could be cooked in any way the cooks chose.

Overall budgeting was in the control of the bursar, and the assistant domestic bursar had to plan menus within these limits. A lot of interest was generated in both the use of and the cost of food at Peper Harow so I asked the bursar to calculate the daily cost of food per resident per day to include feasts and all food costs. This proved to work out at £2 per day per resident. Staff ate free as it was considered that mealtimes when on duty were part of their work, and visitors were not charged for meals. So the £2 a day included the cost of feeding staff and visitors. Ordering was done by the assistant domestic bursar. Storage was in three larders, adjacent to the kitchen area. The first one, which was usually open, contained supplies of basic items such as milk, sugar and jam.

Cooking was done principally by residents. Two or three residents per day were allocated to cooking duties, under the supervision of and with the help of the two staff on general duty for that day. The ingredients for cooking were always of good quality. I noticed plenty of fresh vegetables, fruit, meat, fish and eggs. There was sometimes a choice of main course and a vegetarian alternative. There would be a sweet course and always a fruit bowl. The food was cooked in first class and durable cooking equipment. The kitchen area will be described later. The period of cooking provides a social occasion for residents to come in and talk to the cooks and all the staff on duty. There were few problems with residents being reluctant to cook while I was there.

Serving is done by residents and a staff member on 'coverage'.(1) The serving area was deliberately spotlit so as to make the food appear more mouthwatering. Residents and staff queued up together before being served and this was another occasion for conversations to crop up. Whilst I was there the process of serving food by residents to other residents always appeared to go smoothly.

Residents and staff ate together at long wooden tables and sat on woollen covered benches. Tables and benches were deliberately arranged to facilitate easy communication and a lack of rigid seating positions. The tables were always laid with tablecloths and had flower arrangements on them. Table places were set by residents also on a rota basis. Eating together was considered very important and residents were expected to attend meals even if they didn't want to eat. Not attending at mealtimes could be a subject for discussion in one of the therapy groups or in the community meetings. I noticed a lot of uneaten food on residents' plates. Eating at Peper Harow was generally a relaxed experience, and only occasionally was it the time for problematic behaviour to emerge. Many times I noticed that residents would offer to serve visitors with coffee and tea after the meal and this civility was remarked upon by visitors.

Residents emptied the plates of wasted food into a bin. Residents on cleaning and washing up duties cleared the tables etc. No cooked food was used again, rather it was left out until the next meal and any resident could help themselves to it. There was no formal end to a meal time, some people

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(1) 'Coverage' refers to the two staff members, on a rota basis who each day have general responsibility for the running of the house.

began when the meal was served and the meal ended when everyone had finished.

An important area for social interaction at Peper Harow was the Buttery. This was a small area adjacent to the kitchen which was open day and night. It was stocked with ample supplies of tea, coffee, cocoa, milk, bread and a great variety of spreads and jams. Residents had voted to have additional spreads rather than a supply of biscuits. The Buttery was a centre for informal contact and refreshment. If someone wished to meet and talk with others, the Buttery was the place to go, and as it was rather small, social discourse often spread onto the end tables of the dining room. However since this was the only place in Peper Harow where liquid refreshment could be obtained, except in the secretary's office, both staff and residents would regularly come to the Buttery. Prior to the provision of the Buttery there was a locked food store that was repeatedly broken into at night. Since the establishment of the Buttery these break-ins had ceased. Bettelheim found in his Orthogenic school in Chicago that round the clock availability of basic food snacks relieved residents of one of their most deep rooted fears, that of going hungry. (1950: 170).

At weekends the food was extra special. There were several regular features such as a late Sunday breakfast which was more of a mixed grill. Special tea and cakes were served twice during weekends, at 9.30 a.m. on Friday evenings and on Sunday afternoons. Tea consisted of shop bought cakes and were linked to the ritual of Friday evening talks by the Director, although recently these talks had been discontinued for reasons I did not fully discover. The Sunday afternoon residents spent

considerable time making cakes for their family and friends who usually visited at this time. If tension in the community was high, I heard senior staff advise the provision of extra special food at Weekends. Residents' birthdays have been described. (p.174)

There were three regular feasts during the year at Peper Harow. Feasts occurred at Christmas, at the end of the summer term and at the change over on summer camp. Feasts had a special importance at Peper Harow, as they also do in many non-Western cultures.(1) They were focal points in the therapeutic and ritual process at Peper Harow. They marked progress and transition for both individuals and the community. They were occasions for heightened symbolic interaction between participants.

I was present at the 1981 summer feast and at the camp change-over feast and visited Peper Harow just before the 1981 Christmas feast. The end of term summer feast included an abundance of sea food like lobster, salmon, trout, eel and mackerel. A lamb was also barbecued outside and coca cola served. The camp change-over feast took place between the first and second week of camp. The community had been split into seven groups during the first week and then collected together to feast for a few hours in a field before separating into seven different groups for the second week. The feast consisted of barbecued whole pig and lamb and tables covered with various accompanying foods including strawberries and soft drinks. Rose, the Director, describes a menu for one of the Christmas feasts

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(1) Anthropologists have often found feasts focal points in a community's process. Feasting for the Kangu, for instance, is both the occasion for the propagation of the community's values and the resolution of conflicts (Burridge:1957:765).

> Ogen melon with parma ham, followed by a veloute d'Asperge, made with asparagus from our gardens. The fish course was smoked salmon and was separated form the roast duck and orange sauce with its chestnut barquettes and potatoes by champagne sorbet. In turn, the entree was followed by Christmas pudding, brought in decorated with holly and flaming in brandy, of course together with real rum butter and accompanied by mince pies and cream. The cheeseboard was brought around after that while coffee and cream was served. There were beautiful receptacles on the table which had been especially made to go among the sculptural, thematic decorations and candles and these contained frosted black grapes and home made sweets and chocolate. The correct cutlery and glassware was laid appropriate at such a banquet, the crockery had been brought out of store - a different design of that of everyday use. Two kinds of wine were served. Although, of course, every attempt was made to buy these costly ingredients as cheaply as possible, quality was not sacrified to cost, nor to inferior cooking or presentation, the standard of which would have done credit to a very sophisticated restaurant.
>
> (1980: 36)

Day to day food on camp had four special characteristics:- 1) compared to the very high quality of Peper Harow food there was a very high proportion of 'Junk food' especially mars bars and hamburger type meals. This change from 'good' food to 'junk' food on camp can be seen as a symbolic inversion of normal diet. Symbolic inversion, according to Needham (1979: 41) is often used to demarcate an event and describe its special significance. 2) Sometimes meals were eaten in cafes or restaurants during camp, especially on the day or days when on an outing to a town. 3) Camp food budgets were high. On one night during the first camp an especially large consignment of T-bone steaks[1] was delivered by Peper Harow transport. 4) Storage of food was often done by residents. For instance

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(1) Clearly T-bone steaks are not junk food; however there was still a high proportion of junk food.

in the canoe camp, each member of the camp staff and residents took an equal share of the food in their canoes.

Alcohol was not allowed at Peper Harow. Residents were not thought to be able to control their use of it. However on certain occasions its use was legitimised. For instance on camps, most evenings if possible camp members would go to a pub and drink up to 3 pints of beer, another symbolic inversion of normal Peper Harow practice. Again at some feasts, notably Christmas, weekend outings from Peper Harow and on occasions when residents' key workers took them out, alcohol was permitted. There is controlled and occasional usage which was legitimised.

The design at Peper Harow, as noted previously, of both the physical milieu and the social processes operating there, are integral features of this therapeutic community. A continuing attempt is made at Peper Harow to understand the emotional impact that various aspects of the physical environment make upon the conscious and unconscious mind of a disturbed adolescent. Rose (1983:b:28) said:-

> Nothing speaks more plainly of the human reality behind the therapeutic programmes than the physical material environment.

The Kitchen/Dining area is illustrated in Fig:10. (A) is the Buttery already described; (B) is the kitchen area; (C) the dining area; (D) the oak tables made of two inch thick oak with an adzed surface; (E) the woollen covered benches; (F) the many pictures by residents hung on the walls and expensively framed; (G) the curtains in woollen fabric which residents would sometimes curl up in while queueing for food; (H) the spotlights to make the food look mouthwatering;

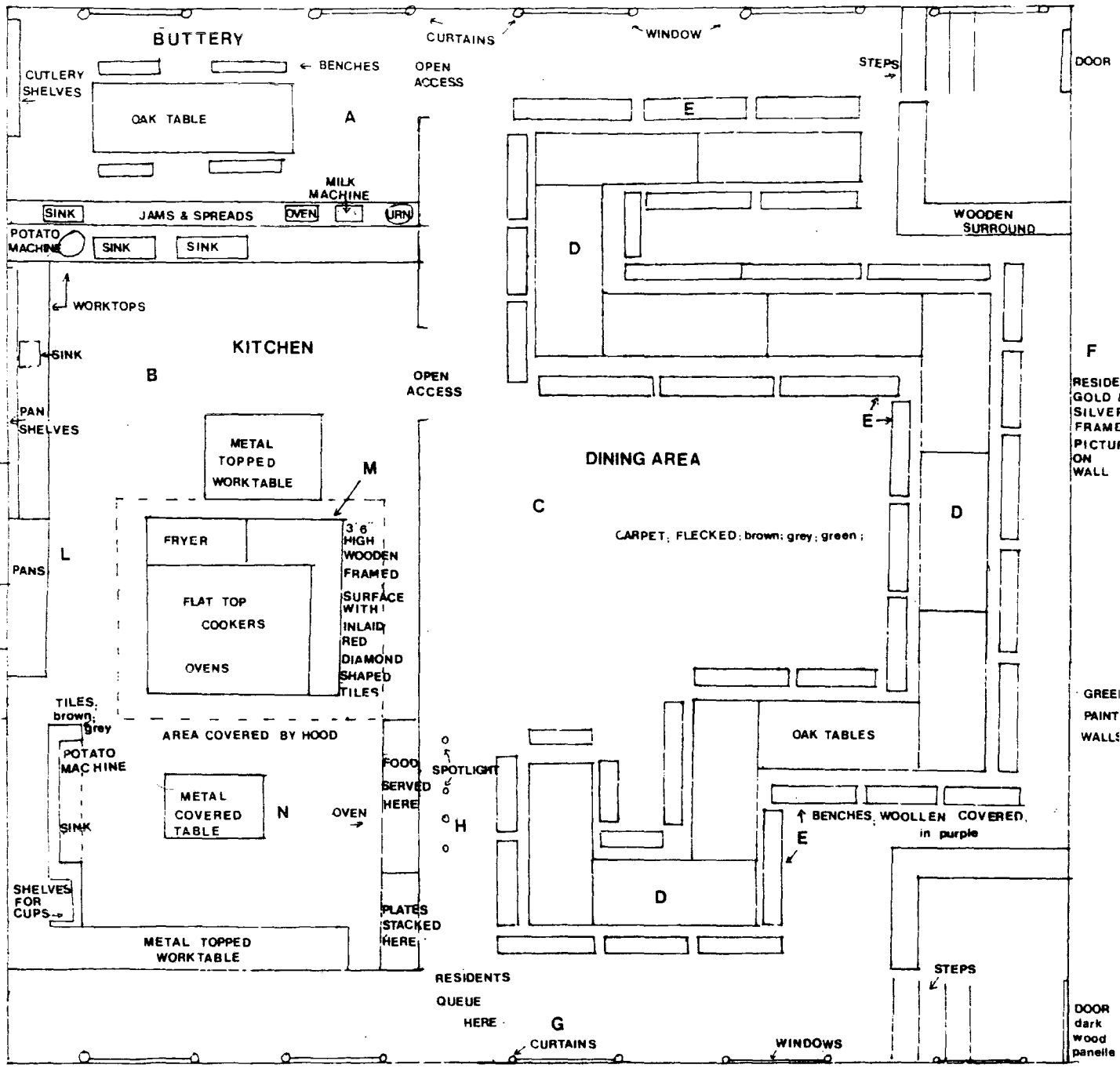


FIG:10 . PEPER HAROW COOKING AND EATING AREA

APPROX: TO SCALE

(L) the storage area for the pans etc. all chosen for their special durability and associated meaning (p.179) (M) the raised surround by the cooker that residents would often sit on or lean against. It was the central point of the kitchen area. The area marked (N) was also a central area for conversation and here much of the time consuming food preparation was done. Note also the layout of the tables designed to give the maximum opportunity for easy conversation at meal times and lack of rigidity to personal seating patterns. The easy and open access between the cooking and eating areas also represents the attempt to prevent negative fantasies about the origin and the cooking of the food. Commonly, adolescent residents in care can have fantasies about being poisoned.

Feasts

The dates of the feasts have already been described. I shall now describe in more detail the summer feast at which I was present.

Summer Feast 1981. This was on the last evening of the summer term. Preparation for it began about a month before. Feasts consisted of (a) art decoration and (b) food. The theme for the feast was decided by the Director. This year it was Superman and Superwoman, to celebrate the entry of female residents to Peper Harow. Interested staff and residents made very large Superman and Superwoman effigies and these were hung up at each end of the gold room. This was the large room where community meetings took place. The rest of the wall area was covered with black paper on which space themes had been painted. Dry ice in one corner gave off smoke all evening to add to the effect.

I have already described the food for this feast. However, it was the staff who largely prepared the food for the feasts. This is a reversal of the normal practice and marked it off as a special occasion. All residents, staff and staff families were invited. My family and I were also invited. Guests were received by very young residents in the entrance hall and given sherry. Residents appeared dressed in their best clothes and acted with restraint, dignity and hospitality. There was an air of ceremonial about the proceedings. Guests helped themselves to food and the meal was eaten sitting on the lawn outside the Gold room.

A musical evening followed the meal. Residents under the tutorage of a staff member gave various performances which were enthusiastically received by other residents. Part of the function of the feast was to be a farewell ceremony for leaving residents. This year five residents were leaving and each was given by the community a gift of their choice of up to about £50 - £100. One received a bike, another books. Each leaving resident then had an opportunity to make a speech. All did so, however briefly, to the accompaniment of much cheering by other residents. The Director then spoke of the past year at Peper Harow, its development and made a toast celebrating the eleventh completed year of Peper Harow. He spoke of how the feast and its abundance of food symbolised the limitless opportunities for residents successfully leaving Peper Harow. He also said that the life they were sharing and exploring at Peper Harow was as important for society as the negotiations in which diplomats were engaged. His speech seemed very well received by residents.

How then are we to understand the symbolic use of food at Peper Harow? We have seen examples of Rose's mythogenesis, at least in his writing. Did Rose continually stress to residents such interpretations of the environment? He certainly did to visitors, such as myself. On occasions I heard him point out aspects of the environment and their 'meaning' for residents. Rose's symbolic interpretation of the feast is an example of this. Often in one way or another Rose would point out to residents that they were living in the best possible environment because they were the best possible young people. Rose told me (interview: 19.5.1984) that once when the new kitchens had been completed residents had accused him of 'showing off' the kitchens to visitors, and he had replied that it was 'the best kitchen in the world because they were the best people in the world'. Moreover since the effects of the physical design were partly intended to be subliminal one can pose the question as to the necessity of the residents awareness of the intended impact. Were they unaware, however, verification of the symbolic effects of physical design would be much more difficult.

Rose used food metaphors to express the therapeutic intentions of Peper Harow. In one community meeting he equated 'feasting' with 'therapy'. He described Peper Harow as a 'feast' in a desert and still they kick the tables over'. Famine, as the opposite of feasting well describes the state of adolescents who feel unable to eat the feast due either to not feeling good enough to accept it, or to their 'conditioned response of rejecting other peoples loving them.' (Rose:1980). The latter are the residents who symbolically kick over the tables. Rose then homologously equates the opposites of feasting and famine

with therapy and not therapy. These can be shown as:-

| Feasting | Famine |
|---|---|
| Therapy | Not therapy |

Rose further described Peper Harow and its therapeutic process using the opposition of sickness and health. In a community meeting Rose quoted Lyward, an early pioneer in residential child care with adolescents, who had frequently challenged residents with the words 'are you for sickness or health?' When Rose used this opposition he was challenging residents as to their commitment to the personal developmental model outlined in the analysis of the therapeutic process observed in the community meetings. Whilst eating at meals was not insisted on, coming to the table during the mealtime was, as it represented residents' participation in the community without which they could gain no therapeutic benefit. We have then a series of oppositions made by Rose connected by homology and analogy:-

| Feasting | Famine |
|---|---|
| Therapy | Not therapy |
| Health | Sickness |
| Coming to the table | Not coming to the table |
| Communal participation | Withdrawal from the community |

Whilst eating was not itself insisted on, any food eaten had to be Peper Harow food, cooked by the community. One resident who only ate muesli was consequently considered by the staff not to be symbolically participating in the community life. So to the Director's sequence of binary classification we can add the staff's opposition of:-

Eating Peper Harow food  Not eating Peper Harow food

We can now see the beginnings of a 'classificatory current', to use a term taken from Dumezil and quoted by Needham (1979:67), significantly connecting therapy and eating at Peper Harow, and crystallised in my identification of Rose's 'myth of symbolic compensation' (see Chapter 8). Such identification of analogies was reflected in resident's slang usage. It was noticeable that one of the key slang usages described earlier was 'lap-up' and 'yock-up'. Feeling good at Peper Harow was metaphorically described by residents as the state of 'lap-up' with its connotations of eating well and easily. Feeling bad about oneself at Peper Harow was described as a 'yock-up' referring to being sick. Rose himself did not use this slang, which was developed by some of the residents. However there is a clear equivalence between Rose's image of Peper Harow as a 'feast' and resident's metaphor of the place as a 'lap-up'. I suggest a further equation between 'yock-up', or the throwing up of the sick parts, and the cathartic self-disclosure of repressed life experience. As described in the account of the therapeutic process in Chapter Four, this cathartic self-disclosure has to be done before the resident can learn to feed again and so grow. So as well as the opposition between 'lap-up' and 'yock up' there can be identified a further opposition in time, implied by the identification of these metaphors with the whole therapeutic process. That is, 'yock-up' can be equated with the beginning of therapy at Peper Harow, and 'lap-up' with the completion of the therapeutic process. Added to our previous list of oppositions then is:-

Residents' perception  Yock-up  lap-up

and as a separate offshoot of this major table of binary oppositions we have the equation of the residents metaphorical conceptualisation of therapy in their idiomatic language use with the anticipated therapeutic process in time. We have a series of oppositions which can be expressed as:-

| | |
|---|---|
| Yock-up | Lap-up |
| Not therapy | Therapy |
| Previous experience before Peper Harow | Completed experience at Peper Harow |

Implicit in this community is another opposition. We have seen already that therapy at Peper Harow is dependent on residents' acceptance of its therapeutic culture as outlined in its folk psychology and described by the term 'myth of symbolic compensation'. This is the redemptive process offered at Peper Harow. Burridge comments in relation to membership of millenarian movements in the South Sea Islands:-

> to become it is first necessary to belong (1969: 46)

and such participation is the case with residents at Peper Harow. We can add to the original list of opposites then the implicit opposition:-

| | |
|---|---|
| Participation in redemptive myth | Rejection of redemptive myth |

The major table of opposites that are used to structure possible experience at Peper Harow are then:-

| | | |
|---|---|---|
| Director's oppositions | Feasting | Famine |
| | Therapy | Not therapy |
| | Health | Sickness |
| | Coming to the table | Not coming to the table |
| | Communal participation | Withdrawal from the community |
| Staffs' opposition | Eating | Not eating |
| Residents' opposition | Lap-up | Yock-up |
| Implicit opposition | Participation in redemptive myth | Rejection of redemptive myth |

There is a subsidiary table of oppositions identifying by analogy residents metaphorical language use with the therapeutic process over time:-

| | |
|---|---|
| Lap-up | Yock-up |
| Therapy | Not therapy |
| Completed experience at Peper Harow | Previous experience before Peper Harow |

We can see in both these tables of oppositions the integral use of food metaphors to express the system of therapeutic assumptions made at Peper Harow. Other examples of residents' explicit involvement in this classificatory sequence can be offered. There were frequent examples of residents' respect and care for the eating environment. The tables referred to earlier

by Rose were certainly well looked after; it was the residents who would quietly tell guests to use mats on the tables when using a coffee cup. One resident referred to the milk machine, perhaps in satire, as 'Melvyn's breast'.

Figure 11 illustrates an overview of the daily, weekly and annual food sequences. In a) the daily food sequence shows the distinction between the three daily meals, the cooked and uncooked parts of breakfast, and the continuous availability of food in the buttery. B) shows the weekly sequence with its special features such as weekend food and the planned use of food for ameliorating difficult times in the community. The annual food sequence c) shows a pattern of celebratory eating in feasts and the food inversions of camp.

The ordering of food has been recognized by Bettelheim as being crucial in learning to order oneself. In the following example Bettelheim describes an autistic girl, Grace, who was nine when she came to the Orthogenic school, a therapeutic community in Chicago for emotionally disturbed adolescents, and who was totally disorientated, even with regard to time, space, and her own identity:-

> Grace first learned to relate to others around eating. Progress in other areas of socialization also began around food or around eating. She learned to organize her life only after she had learned to organize her possessions; and she learned to be orderly about these things only after she had learned to be orderly about what was still of paramount importance to her, food.
> (1950: 186)

Bettelheim (1974:159) and Rose (Interview: 19.5.1984) both agree that mentally ill people are:-

Fig: 11

## An Overview of the Food System

### a) DAILY FOOD SEQUENCE

| Breakfast | Lunch | Tea |
|---|---|---|
| ..... | ..... | ..... |
| cold + cooked | cooked + sweet | cooked |

Buttery continuous ——————→ tea, coffee, milk, bread, jam various spreads and left-over meals.

### b) WEEKLY FOOD SEQUENCE

Daily meals ..... Exceptional foods ..... Friday, Evening Tea + Cakes

Buttery available

dependant on state of community

Saturday, as per weekday ..... Sunday, Late Breakfast (special) Light lunch. Afternoon tea + tea + cakes for visitors. Evening Meal.

### c) ANNUAL FOOD SEQUENCE

Expedition food ..... Bonfire night food (described in next chapter).

Christmas feast ..... Easter celebration ..... Camp food ...

Camp changeover feast. End of Summer Term feast .....

> very confused literally, about what end of their body is up; which end of the digestive tract serves what function. Physiologic function, intake and elimination, are often inextricably interwoven in their minds.
>
> (Bettelheim: 1974: 159)

Hence the importance to Rose of ordering the process of eating, and of defining one area only, the kitchen/dining area, where residents and staff could eat. Rose told me this ordering aided the resident to establish the basic boundaries to which Bettelheim refers.

Figure 5 on P.65 showed one model of the anticipated movement and change of a resident through Peper Harow. Fig.12 illustrates the planned development in a different way.

Fig.12

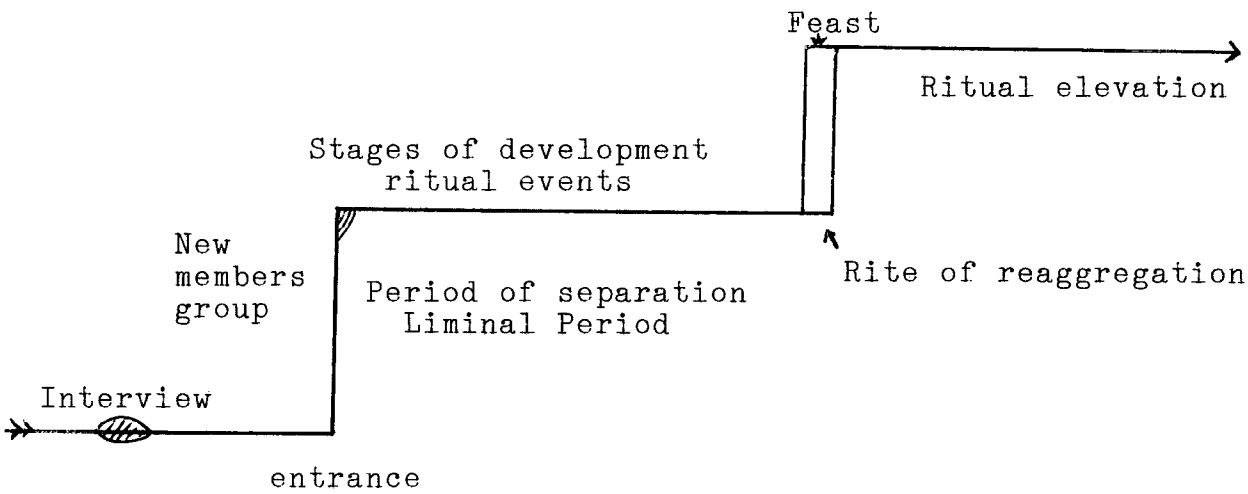


Figure:12 illustrates the intended process of change at Peper Harow. Entrance to Peper Harow itself is not defined by any rite of passage except that of the initial interview and the joining a new persons group. The expected stages of

development there have been outlined. The feast ritually elevates those who have previously been socially inferior. And the whole process is a passage from social inferiority, from being effectively secluded from society, to structural elevation exemplified by many leaving residents' progress to college and university (3 out of 5 leaving the year I was there). Moreover, in so far as residents, even from the interview are 'fed' information by residents and staff about various points on the way such as feast, camps, and expeditions, the end of the therapeutic process can be said to be suggested from the beginning of the residents' stay. The leaving feast for instance fulfilled the hopes of the applicant first kindled in the interview, that Peper Harow could transform him or herself with their full cooperation. The intervening feasts, celebrating as at mid-summer camp the change over of small groups, and other ritualistic events, all become part of a syntagmatic chain, to use Levi-Strauss' terminology,or metonymic set. Each part of this chain then stands for the whole, and each is a partial transformation of each other. Figure 10 illustrated the daily, weekly and annual food patterns.This elaborate food/ meal patterning system is a way of attaching residents to the culture at Peper Harow. As Douglas writes:-

> Admission to even the simplest meal incorporates our guest unwittingly into the pattern of solid Sunday dinners, Christmases, and the gamut of life-cycle celebrations.
>
> (1975: 258)

By eating the resident becomes culturally incorporated. The elements of each ritual celebration at Peper Harow be it the feasts, food, meal patterns, birthday celebrations etc. are then able to be considered as transformations of each other embodying

the outlined values and operating subliminally. Adopting Turner's theory of liminality[1] (1969: 80-82) we can view the whole experience of Peper Harow for a resident as a mythical time and experience outside of normal society. First, as in Turner's theory, there is a separation on entrance to Peper Harow from the rest of society. The main rite of separation is the interview. The time spent at Peper Harow is a liminal or marginal period. This lasts four to five years and can be represented as an extended initiation experience into the task of learning to live well in adult society. It is separated from normal society in many aspects. These being 1) the previously defined operation of therapeutic community principles, 2) the specially structured social and physical environment, 3) the use of the peer group and emphasis on group activities, 4) the special form of education at Peper Harow. Lastly, there is the period of reaggregation to society. The rite of reaggregation or rite of passage is the Summer leaving feast. It is a ritual elevation of residents. Peper Harow is then a marginal period for residents as is adolescence itself in a more general sense as being the period between childhood and adulthood. James (1983: 175) similarly argues that adolescence itself can be viewed as a liminal period, and she too bases her argument on Turner's work.

## The Feast as Root Metaphor

Rose describes Peper Harow as 'a feast in the desert and still they kick the tables over' and also he describes the many

(1) Colijn (1984), an Anthropologist working in a Dutch therapeutic community, has recently adopted Van Genney/Turner's work on rituals of transition to throw light on the problem of transition.

opportunities at Peper Harow as 'the good food' of Peper Harow. This is using the feast as a metaphor for the abundant and good things offered by Peper Harow. Turner advises picking root metaphors 'carefully, for their appropriateness and potential fruitfulness'. As has been seen great importance is given to feasting at Peper Harow, and in a structural analysis given earlier of the binary opposition between 'lap-up' and 'yock up', an equivalence is noted between feasting and the whole aim of the therapy at Peper Harow.

The feast is a celebration in which the performers and the listeners are the same people. As Leach (1975:45) says 'we engage in rituals to transmit collective messages to ourselves'. In the Summer feast of 1981 it was an occasion for the Director to affirm the importance of the work of Peper Harow. Moreover in spatial terms the movement of a person during the feast represents metaphorically the whole process of change already described in Figure 3. The new entrant to the feast enters through the hall and is received by young residents. (This is equivalent to residents showing the applicant around and entry to the new members group). They collect the food of the feast in the Gold room. The food is sea food, described later by the Director as symbolising 'the limitless opportunities outside for those leaving Peper Harow well.' The seafood can represent unconscious life, caught and transformed in cooking and by decoration. The natural subconscious life of the residents, full of as yet unresolved psychological issues are changed/cooked in the ongoing therapeutic processes occurring primarily in the community meetings held in the same Gold room when the feast is laid out. The cultural and therapeutic processes operating in the community meeting take these residents'

as yet unconscious difficulties and transforms them into understanding and insight, in the same way that seafood is cooked and transformed into superlatively edible food. Superlative can also metaphorically refer to the movement of a previously delinquent resident into potential university entrant. The feast is eaten out on the lawn, in small groups, representing also the group work undertaken on camps and expeditions outside Peper Harow. Thencome the music, speeches and gift giving which celebrate the ritual elevation of the structurally inferior.

Structural Equivalence

| Feast | Peper Harow experiences |
|---|---|
| Entrance to feast | Entrance to Peper Harow |
| Reception by young residents | Reception by young residents/ new persons group |
| Sea-food | Limitless opportunities |
| Fish | Unconscious mind, seething with unilluminated issues |
| Cooked fish | Transformed psychological processes (in the Gold room) |
| Eating outside | Importance of small group experience on camps, expeditions away from Peper Harow |
| Music | Celebration of structural elevation |
| Gifts | affirmation and creation of |
| Speeches | community values |
| Whole feast is rite of passage from liminality to structured society | Peper Harow is an extended liminal period, rite of passage through adolescence to adulthood. |

Finally there is an equivalence between the whole feast as a rite of passage from liminality to structured society and Peper Harow as an extended liminal period, a rite of passage throughout adolescence to adulthood. The feast is then a potentially fertile root metaphor, giving insight to Rose's method for structuring adolescent experience.

Turner (1974: 55-56) views rituals as socially creative and transformative events. He describes the referents of ritual symbols as being either physiological phenomena, such as eating, or normative values such as those attached at Peper Harow to the community, the individual,wholeness, abundance, order. He calls these two kinds of phenomena the 'orectic' pole and the 'normative' or 'ideological' pole. He asserts that the drama of ritual action, i.e. at Peper Harow feasting, singing, music making, gift making and speeches, causes an exchange between the orectic and normative poles in which the 'biological reference are enobled and the normative reference are charged with emotional significance.' In this sense the positive values at Peper Harow are affirmed and can be incorporated by the participants of the ritual. As Turner said there is an interpenetration between the individual and society. Turner thinks this is akin to a sublimation process, and causes genuine personal transformation and can even be said 'to create society'. The Peper Harow feast is just such a creative ritual, exemplifying the 'good food' of Peper Harow.

# C H A P T E R  E I G H T

## THE MYTH OF SYMBOLIC COMPENSATION

At the end of Chapter Three (ref: 83-84) I introduced the idea of Rose's mythogenesis as being an essential aspect of the treatment world at Peper Harow. I suggested that Rose had impregnated all aspects of living at Peper Harow with a therapeutic 'meaning' which is dependent on his continuous assertion to residents. It is akin to 'sacred' reality. By making all parts of the environment which are experienced by residents, parts of the Peper Harow reality, Rose creates a 'whole' culture that offers residents the opportunity to be part of something complete, in contrast to the fractured realities which they have previously experienced. Crick speaks of culture as the 'creation of meaning' (1976:88), and this creation of a meaningful context in therapeutic terms is precisely what we will see Rose achieving in his 'myth of symbolic compensation' (my term). I shall now present the three elements of the 'sacred' tale told by Rose to residents:- a) Rose's interpretation of the history of Peper Harow. b) His assertion as to the 'therapeutic meaning' of the environment. c) The calendrical structuring of events at Peper Harow. These three parts together constitute what I term the 'myth of symbolic compensation'. This will be followed by a short section on the role of myth in therapy, which in turn is followed by the Conclusion to the thesis.

### A) Rose's interpretation of the History of Peper Harow

During 1970, the Approved School of Park House changed over

a period of time into the present-day therapeutic community of Peper Harow. The new name was based on the Anglo-Saxon place-name of Pepera Heargh. The change of name was intended to symbolise a change of identity. By its new name Rose wanted to indicate a community with ancient and historical roots which would symbolise the residents' collective and individual search for inner growth and selfhood. The new name would indicate to residents that this was a physical and psychological place where deep roots could be found. These historical roots would compensate for the inner turmoil and lack of inner 'roots' felt by so many residents. Rapoport notes this feeling of lack of roots by patients at the Henderson Hospital, a therapeutic community for the adult mentally ill. (1960:62).

The change of name is significant for another reason. A part of the therapeutic aim at Peper Harow is to enable residents to regress safely, to rediscover and work through their earlier repressed traumas by the process of abreaction. The sense of historical continuity and security connoted and evoked by the change of name and the recounting of the historical allusions of the place-name Pepera Heargh to residents by Rose, gives a sense of security to residents in their personal confrontation with their past. The intended message incorporated in the change of name at Peper Harow is that the past is safe and successfully and fully incorporated into the present at Peper Harow.

It is helpful to see Rose's account of the changeover from Park House into Peper Harow as a mythical charter, Malinowski's term to describe myths of origin (1954:116). A myth of origin for a 'primitive people' describes the first ancestors of the people, and declares the legal basis of title to the land.

Malinowski writes that it:-

> 'conveys, expresses and strengthens the fundamental fact of local unity and of the kinship unity of the group of people descendant from a common ancestress ..... the story of origin literally contains the legal charter of the community.'
>
> (1954: 116)

At Peper Harow the legal basis of ownership is established separately. However the 'story of origin' of the community as told by Rose to staff, residents and visitors is a prime example of Rose's mythogenesis, that is his ability to originate myth, in the interests of community unity and therapeutic ambition. His mythogenesis is not the creation of a false history but a selective recounting of events which hold a symbolic significance for the present.

Rose told me that the first two years of the new community were a time of great upheaval and battle. All the staff, except one, left for one reason or another, to be replaced by more 'suitable' staff. The furnishings of the house were inadequate, as Rose describes it:-

> When we began the Peper Harow venture ten years ago, the great house was an empty shell. Its uninspired paintwork was chipped and tattered. The uncarpeted floorboards looked exhausted by their struggle to survive. The most enormous polishing produced an optimistic shine for only half a morning. The huge walls and twenty-foot high ceilings echoed in the uninhabited house and proclaimed the message, 'this is the empty shell of what was once a great place'. In its day, this produced the very best for its aristocratic inhabitants, but now they have gone and their worthless remains are good enough for you, outcast failures.
>
> (1980: 39)

We will see that Rose's story of origin, with the symbolic significance embedded in the change of name, is one part of the

overall 'myth of symbolic compensation'.

B) The 'Therapeutic Meaning' of the Physical Environment.

I shall quote at length from Rose's writings as they contain the major evidence as to the existence of this part of the'myth of symbolic compensation'. I have shown in Chapter 7 the way in which Rose describes to residents how every aspect of the Kitchen/dining environment was designed symbolically to replicate the whole complex feeding experience that the fortunate infant experiences. By this means Rose charges the physical environment with a potentially powerful emotional meaning for residents. Even the curtains in the dining room are conceived for their emotional impact:-

> The lined wool curtains that hang on the windows of the dining room, were chosen for their weave ... for it was borne in mind that the boys queueing at the servery for their meals would behave much as they often do - faces are rubbed against the curtains - indeed, they often envelope themselves totally in the curtains, reminding one of a baby in its blanket in its cot. So the same re-enaction of a past need is being met by current good experience which can occur before every meal - three times a day, seven days a week, three hundred and sixty five days a year.
> (Rose: 1980:9)

Here we see in Rose's writing the imputation of therapeutic meaning into every warp and weave, every cranny and crevice of Peper Harow. Residents were told of these meanings by Rose and they could observe the obvious quality of decor and furnishing.

Rose is not alone in appreciating the importance of the physical design of a therapeutic community. Kennard writes of this awareness in the moral therapy movement of the C19 (1983:22). Bettelheim, the founder of the Orthogenic School of the University of Chicago which is a pioneer therapeutic community for severely disturbed adolescents, similarly writes of the

importance of design:-

> When planning a mental institution one must realise that mental patients can see one object as safe, and another as personifying persecution or despair. Irrespective of how the rest of us view the object, everything becomes a symbol. Most of the patient's mental energy goes into ruminating on the hidden meaning of each colour, each object, and its placement; what it tells him about the institution's intentions and his future. Everything has its private meanings and secret messages which he tries to decipher ..... This is even more true for the emotionally disturbed children.
>
> (1974: 99)

The eating/dining areas have had particular care paid to their psychological and emotional impact on the residents. However, all parts of the house and the environment are similarily planned, even the toilets.

> Everything must reinforce the message of care if the roots of each resident's self are to be revived. Thus when we designed the separate areas of lavatories, showers, bathrooms and laundry facilities for the boys and girls, we made sure that, firstly, both were of exactly the same high quality, but secondly, that the colour schemes and different layouts would make a statement about the differences of identity. Within each area, each separate lavatory and bathroom also has its individual colour scheme. The overall feeling in each lavatory is intended to be one of individuality. They should have a sense of safety, privacy and that their physical functioning, even in this private area is still valued as highly as anything shared publically by everyone.
>
> (Rose 1983b: 30)

Even in the first visit to Peper Harow by an applicant, and in their interview, the impact of the Peper Harow environment is anticipated to encourage change in the applicant and to foster their belief in its possibility. Rose writes of this first visit:-

> Therefore, at Peper Harow, a potential new boy, attending his interview is shown around with immense personal commitment by other boys - so are his parents and social worker. By this action alone, an impression begins to be created that this place belongs to the boys rather than just to the adults. Under such circumstances the new boy's emotional eyes unaccustomedly widen. What does he make of the undoubtedly beautiful surroundings so obviously cared for, or they could not be maintained in such excellent condition? All such details, even the serious attention to the boys' pictures indicated by the expensive way in which they are framed, tells him much about how the adults view the adolescent. He must find out whether there is really hope for him after all. But how to find out? What questions to ask? .....
>
> Although part of the eye-opening shock can be defined as the overall atmosphere of the community which has been built up over many years, as well as being of value in order to make the newcomer think about what he is committing himself to, it will also, of itself, from the start, begin to generate emotional nourishment, clarification of emotional confusion and, in other words, will offer to the new boy, a living demonstration of the context in which psychological healing, change and growth can occur. Such very recognition and experience is the actual beginning of the process of change for that new boy.
>
> (1980: 26-7)

Rose has created and sustained by his leadership and assertion a special 'therapeutic' meaning in the physical context of life at Peper Harow. This set of assertions has been supplemented by his prevalent usage of mythological motifs during collective ceremonials throughout the annual life-cycle there.

## C. The Calendrical Structuring of Events.

The mythogensis of Rose is also employed in the Calendrical structuring of time at Peper Harow. The annual patterning of major events has been set out in Fig. 9 on p.176 and the relevant part is replicated here and described as Fig. 13.

Fig. 13

Expedition ..... Dragon night ..... Christmas Feast ....
Easter ..... Summer Camps ..... Summer leaving Feast.

In Rose's writings we will see how he describes these events in a vividly imaginative way, reading into the experience for the residents an additional level of meaning through the incorporation of mythological components, or motifs. This specially created symbolic world does not only occur in the confines of Peper Harow house. The principle of individually designed experiences animates the theory behind camps and expeditions. Rose has written about one expedition using the term fantasy, rather than symbolic world.

> Many years ago, I took a mountain expedition to Scotland. The expedition itself bore in mind the adolescent boy's needs to test out his physical strength and show that he can find it mete for his emerging adult identity, so that he can feel increasing confidence in his ability to take on what he feels to be a superhuman task and yet manage it. I used to take great care, throughout the preparatory training to talk about mountains, so that they became a magic place into which the imagination could allow the boys to step together, as a group, into a shared fantasy. Thus, when passing along the lonely shores of Loch Etive, for example, they could almost experience the eerie sensation of being among the ghosts of those dispossessed children of the ageless Highlands, whose ruined bothies and crofts are now only stoney mounds beneath the bracken and heather. We would talk of the bloodthirsty history of that land and of the faithless Lords of the Land. Thus, seated around our campfire at night, in the stillness, broken only by the crackling driftwood, the boys allowed themselves to experience, on behalf of those whose mysterious land they were sharing, many of the feelings which, in reality and also fantasy, applied to their own familial experiences:-

> From the long sheiling of the misty island,
> Mountains divide us and the waste of seas,
> Yet still the blood is strong, the heart is Highland
> And we in dreams behold the Hebrides,
> Fair these broad meads, these hoary woods are grand;
> But we are exiles from our Father's land.
>
> Thus the banished settler in Far Canada and now the dispossessed adolescent. And the hopeful Hebrides of their imagination - a catalyst for renaissance. Although the atmosphere felt like magic in which each knew that the whole group was responding to the situation with a similarly heightened sensitivity, it was not magic, but the worker's recognition of the need for that atmosphere and his skill in knowing what experiences would produce it.
>
> (1980: 22)

Here Rose seems to be allowing residents to encounter imaginatively their own buried traumas of parental loss and dispossession, through the medium of mythical identification with past events. Rose describes their bonfire night as Dragon night. In the following extract he again paints a vivid picture of the event but does not describe anticipated implicit meaning as he does with the expedition to Scotland:-

> Our Bonfire Night consists of a torchlight procession from the House to a point overlooking the River. The torches are hurled, flaming into the immense edifice and as it rears sixty feet into the air, the barbeque begins to produce its food under the nearby cedar tree. As this supply wanes, so everyone wanders back to the fire-warmed entrance halls of the House, attracted by a further sweet course of toffee-apples, home-made fudge and so forth. Then on the Terrace before the open door, traditional games of apple-bobbing, pillow fighting on a greasy pole and slapstick-humoured, obstacle races take place. All the Staff's families are also there, so you can imagine the potential for hysteria. But, while two or three staff officiate, the rest move around, apparently casually. Thus the boys whose difficulties with fire are known, seem by chance, always to be engaged in shared activity, or conversation with a Member of Staff. One boy, whose sudden and deepening depression was worrying us and who normally would have been utterly caught up in the excitement, quietly wandered upstairs. Discreetly a Member of Staff followed and persuaded him to come

> down. Another, pre-arrangedly, met him in the Front Hall, animatedly engaged him in conversation and led him to the bonfire. At the fire, someone else brought him a hot dog, reminded him of the other food in the Front Hall and raced him first to the sweets and then, with only the mildest protest by now, got him into one of the group games.
> (Rose: 1983b: 32)

A great deal of attention is given at Peper Harow to feasts as important communal events. A theme or motif is chosen well before the date and preparations for the feast can last weeks. A part of the house is usually transformed into a fantasy world. Rose describes one such feast:-

> One Christmas we chose as the motive for our feast decorations "the ice-cave". The idea was that despite the chilly surroundings we could together generate immense warmth. The tables were covered with fresh linen and then loaded with an amazing array of cutlery and glittering glass for each place. Enormous colourful decorations and bowls of fruit filled all the rest of the candlelit space. The whole vast area itself had an internal shell built of chicken wire, covered with kitchen foil and at one end, a cateract of foil constructed in place of the 12 foot high window, ran a stream of water which passed through the centre of the room to turn a 10 foot high waterwheel as though part of the mill, before going out of the opposite window.Many of the boys were involved in this crazy inspiration. The atmosphere during construction was often hysterical. The same quality of excitement perhaps previously experienced when taking away and driving stolen cars. At one point the whole wired structure omitted blue flame as it was electrified by one megalomaniac adolescent. But in the end the whole community gathered in the cave together, utterly amazed at what they had done and aware that the intensely enjoyable memory of that occasion would last for ever.

Rose continues to describe that feast

> as an extravagant gesture yet engaged in by boys whose movement is more usually constrained than comfortable and free. For all the familiar hysterical and perhaps delinquent excitements involved these had been harnessed and redirected towards a recognition and involvement of the creative individual and communal talents. Perhaps the implication behind such an occasion is to suggest that as part of this group each boy would in the end be able to find a way to carry his own inner resources into something creative.
> (1980: 37)

Easter was celebrated with egg-rolling. However, regarding this and the Summer Camp I have found no written description by Rose. I was present at the 1981 Summer feast as described in Chapter 7 page 184.

Every Friday evening Rose would talk to the residents and often he would tell them stories and relate the implicit meaning of the environment that I have been describing so far in this chapter. Although the practice of his Friday night talks had ceased by the time I stayed in the community, Rose has written about the imaginative quality of this event:-

> I got the Front Hall fire lit for the first time in thirty years - had it redecorated and furnished so that it seemed friendly and homely compared with the rest of the barracks of a house. And in this scenario, I made up stories and read poems, and extracts from literature like Beowolf, for instance. Apart from the experience of being read to by 'Dad' - which no-one had been fortunate enough to have known - the subjects I chose couldn't help but demand identification. The front hall was Heorot, with the warriors lounging around the fire, on the benches and on the floor. Their story-teller was many central things to them, war lord, father and so forth. The Hall was full of smoke as its archetypal one had been and it was easy and a pleasure for those boys to identify with the warriors of old and - most important of all - with their values of loyalty, obedience, of honour!
>
> (1983s: 33)

In all these calendrical events we see opportunities for residents to identify with mythical, transpersonal themes which have the value of being potentially safe mediums for the abreaction of past traumas, especially when these traumas are carefully handled by the worker. According to Jung (1951:102) such identification with mythical themes allows individuals to gain access to psychological enrichment through connection with the archetypal contents of the unconscious. Such an assertion however raises the general question of the role of myth in therapy.

## THE ROLE OF MYTH IN THERAPY.

What then is the role of myth in therapy, both in general, and at Peper Harow? Several anthropologists have considered this: Reynolds (1976) has written about the value of myth in psychotherapeutic practice in a residential setting. He studied Morita therapy, a Japanese hospital based therapy for neurotic sufferers, based to some extent on the principles of Zen Buddhism. Reynolds sets out the various parts of the Morita myth, justifying his use of the term 'myth' as:

> It is truly a myth in the sense that it is based on essentially untestable premises that are held as beliefs by some group as part of its world view.
>
> (1976: 208)

and later in his summary, he writes that 'myth' is a common constituent of psychiatry:-

> ..... like other forms of psychiatric treatment, it contains a myth that organizes and instructs and offers hope.
>
> (1976: 219)

Leighton in his analysis of the general characteristics of psychotherapeutic systems writes that the treatment myth is always of central importance. He writes

> I would suggest that the myth is central - that is the belief in a doctrine - but its function seems the point of interest rather than its context. The content varies widely from one cultural group to another, but there is always a myth and it always has a feature role in the induction of change. The participants always believe the content and stress its importance, but to the comparative observer this seems less important than the existence of the belief and the manner in which it functions.
> (1968: 1178)

Leighton isolates three aspects to the dramatic myth and suggests that a treatment myth provides a conceptual framework with which to understand:-

> the phonomena of life, the characteristics of illness, and the rationale of treatment.
> (1968: 1178)

Moreover the patient is continually exposed to this understanding as are residents at Peper Harow.

Levi-Strauss (1968: 197-80) has also written of the value of curative mythmaking. He compares shamanism and psychoanalysis. He suggests that in the latter the analyst constructs an individual myth with elements drawn from the patient's past, whilst the shaman ritually integrates the threatening, alien experience of sickness into a coherent mythic system which provides a language or meaningful context in which to understand and so cure the patient's sickness. Levi-Strauss considers that the mythmaking activities of the shaman and analyst are similar. Peper Harow can be seen to offer residents both an individual and cosmological myth, in Levi-Strauss's sense, with which to

locate and understand themselves in the world. I have earlier discussed Peper Harow's use of Freudian concepts and interpretations and the community's 'folk psychology' which form the basis for individual residents' self-understanding. I have however developed the idea of the Peper Harow environment, including the annual cycle of ceremonies, as offering the 'therapeutic' myth with which residents can identify.

Geertz has written of the value in suffering being made intelligible through the provision of a cultural context. In speaking (1966: 20) of the value of Navaho 'sings' in curative rituals, he writes of the importance of suffering being made meaningful:-

> The symbol of 'sing' focuses on human suffering and attempts to cope with it by placing it in a meaningful context, providing a mode of action through which it can be expressed, being expressed understood, and being understood endured.

## The 'Meaning' of Myth at Peper Harow

Within anthropology numerous ways of analysing myths have been discussed. Some are useful in our consideration of the role of myth at Peper Harow. Kaberry (1957) surveys the field of mythical analysis. She writes

> myths are no longer badly recorded history, or figments of a prelogical mentality or disease of language nor a first attempt at scientific explanation of nature and creation.

She considers the functionalist views of Durkheim and Radcliffe-Brown which argue that myth is chiefly related to present social structure and the need to legitimatise power and authority and key values in society. Later Kaberry (1957:40)

takes us closer to the value of myth so far outlined at Peper Harow when she describes myths as a:-

> way of thinking, about reality in symbolic terms - history, legend, place, thing, person assumes a mythological character in so far as it endows the present with significance, creates a sense of ordered and meaningful relationships for the individual, the group or the community.

The value of myth for Kaberry lies in its integrating quality, in its ability to integrate 'different levels or orders of experience in symbolic terms'. Kaberry thinks that all people have their myths and that the 'mythopoeic mode of thought is a universal feature of human life.' (1957: 49)

The integration of disparate experience is evidently essential for the young residents at Peper Harow. Geertz, (1966: 13) when writing of people without a cultural pattern, could just as easily have been writing of residents who have only just arrived at Peper Harow, usually following a history of calamitious family relationships and unsuccessful placement by social services in residential care.

> ..... without the assistance of a cultural pattern, he would be functionally incomplete ..... a kind of formless monster with neither sense of direction nor power of social control, a chaos of spasmodic impulses and vague emotions. (1966: 13)

Myths thus integrate disparate phenomena for people, allowing them to move effortlessly from one conceptual level to another, as Rose does in his 'myth of symbolic compensation.' Levi-Strauss expresses this integrating feature of myth as the ability to:-

> equate significant contrasts found in different planes: geographical meterological, zoological, botanical, technical, economic, social, ritual religious and philosophical.
> (1966: 93)

Hawkes, in considering Levi-Strauss's contribution to understanding the "savage" mind envisages:-

> the savage, or better, the 'multi-conscious' mind, able and willing to respond to an environment on more than one level simultaneously, and constructing in the process an elaborate and to us bewilderingly complex 'world picture'.
> (1977: 52)

Myths, like symbols, can then have a range of 'meanings' or interpretations given them (Kirk 1971:83). At Peper Harow the 'myth of symbolic compensation', I contend, permeates every aspect of life there, and thus enhances and intensifies its 'meaning'. Such mythogenesis partly creates the sense of specialness, referred to earlier, in life there. The collective ceremonies incorporating mythical elements, such as the feasts and other calendrical events, function to bind the community closer together and the acceptance of Rose's 'world-view' of Peper Harow emphasises his authority. His account of origin provides a charter and identity for the communtiy. Rose has constructed a symbolic and compensatory ambience through his mythogenesis. Rose's mythogenesis can be compared to Levi-Strauss's concept of the 'Bricoleur' and 'Bricolage'. Moore and Myerhoff use the idea of 'bricolage' to explain the identify formation of a micro-culture in New York. In referring to a Jewish old people's day centre in New York they write of:-

> the process through which myths are constructed in pre-literate societies. Odds and ends, fragments offered up by chance and the environment - almost anything will do - are taken up by a group and incorporated into a tale, used by a people to explain themselves and their world. No intrinsic order or system has dictated the employment ..... cultures are, after all, collective untidy assemblages, authenticated by belief and agreement, focused only in a crisis, systematised after the fact. (1978: 10)

We have seen how the 'myth of symbolic compensation' animates the whole physical and social environment at Peper Harow, and this animation is exemplified in Rose's Friday night talks. Levi-Strauss however thinks that myths mediate unresolvable structural opposition. Could it be that, following Levi-Strauss's characterisation of myths as 'machines for the suppression of time', myth at Peper Harow similarly mediates opposition but in this case in the interests not only of social integrity and coherence but therapy itself? Rose speaks of Peper Harow providing its residents, over five years, the good, nurturing experience that the fortunate child receives in twenty years. The myth of symbolic compensation glosses over and attempts to redeem for residents the temporal reality of their unfulfilling early life-experience, and the eventual necessity of facing a world full of discouraging circumstances for young people. The various features of the myth at Peper Harow can then be seen as mediating the opposition between an unwelcome past and a daunting future in the animation of the whole present.

# CONCLUSION

The conclusion to the thesis is in four sections. A) A review of the notion of Peper Harow as a therapeutic community, with reference to the cross-tabulation of different definitions of a therapeutic community illustrated in Figure 1 Ref: 19-21. B) A summary of the role of the Peper Harow symbolic treatment world. C) A discussion of Rose as a charismatic leader. D) Reflections on the potential value of the thesis.

## A) What sort of therapeutic community is Peper Harow?

On p.17 I illustrated certain variations between Peper Harow and the main analyses of what constitutes a therapeutic community. It was argued that Sugarman comes closer than other analysts to isolating the principal features of the type of therapeutic community found at Peper Harow. These features included the role of (6) modelling, 7) constructive activities 8) living in a self-sufficient group 14) supervised community contact and counselling. I will now consider these aspects at Peper Harow.

6) Modelling as a therapeutic technique is well established at Peper Harow in the use made of the peer-group, as exemplified in community meetings. It is also illustrated in the progression of a resident through the three stages of a successful career at Peper Harow (Ref: p.92).

7) Constructive activities and achievements. In Chapter Six we saw the wide range of such activities offered to residents.

8) Living in a self-sufficient group, and 14) supervised community contact. We have seen how almost all the life of Peper Harow is based on group participation, with very little contact with the

outside world.

12) Counselling. The use made of counselling is exemplified in the Guru-Guree role.

The other features of a therapeutic community that Sugarman suggests and which Peper Harow implements, but which are not supported or at least stressed by the other analysts are:- 10) Insulation from outside forces, 16) preaching and 17) ritual participation. Regarding these:-

10) Insulation from outside forces. We saw in Fig. 1 that neither Jones nor Bierenbroodspot supported this idea. However both Sugarman and Rose clearly think this insulation is important to build up the intensity of the group living experience.

16) Preaching and public confession. As we saw in my account of leadership in community meetings, and later in Chapter Seven and Eight, Rose's assertions as to the treatment philosophy at Peper Harow are crucial to Peper Harow's present identity. Moreover, the first stage of the folk psychology, that of 'opening up' described in Chapter Three, is identical to confession.

17) Ritual participation. My analysis of residents' participation in the calendrical structuring of events described and asserted by Rose clearly shows the high valuation given to this element of a therapeutic community.

In Fig. 1 I illustrated the significant variation between Peper Harow and all the analysts with regard to element No.9, that of open-system communication:-

9) Open system communication. At Peper Harow I found that whilst there was shared discussion about matters of therapy and therapeutic communication, especially in community meetings, residents had little control over decision-making regarding the administration and development of Peper Harow. Residents had, however, some say regarding the recruitment of staff and residents and in the design of parts of the physical environment (Ref: 89 & 156). In Chapter Six I described a hierarchical system of management with little commitment to the sharing of information and decision-making throughout the community. We have seen how the ideal of democratisation (Ref: p.125) has in practice been significantly curtailed. However all our analysts of therapeutic communities wrote about communities for adult residents, not for children and adolescents, and it is an open question as to how far these ideals of democratisation and communalism should anyway be modified with regard to the treatment of children and adolescents. Moreover Rose's concept of focal leadership (ref: p.142) is an argument for the concentration of power, at least 'power' in matters of therapy, in the director's hands.

Peper Harow is clearly both in its practice and philosophy an example of a therapeutic community, but one with an important and contentious modification with respect to the ideal of democratisation. The concept of focal leadership is presented by Rose as an important therapeutic resource, and I have shown in Chapters Seven and Eight the importance for the community of his mythogenesis and assertion of a 'Peper Harow' treatment world.

B. The Role of the Peper Harow Symbolic Treatment World.

In the second section of Chapter Three I outlined how theories of symbolism can help in our understanding of treatment at Peper Harow. Many theorists, Jung, Firth and Turner among them, have pointed out the complexity of the symbol's referent. It is the potential depth of reference that gives symbolism its power. I have sought to show how Rose has asserted and constructed, both in statements in community meetings and in his writings, a symbolic treatment world at Peper Harow, much as the bricoleur does. Part of this treatment world I have termed the 'myth of symbolic compensation'. Once residents' resistance to the community is overcome, they can ingest and incorporate this symbolic treatment world.

This thesis has deliberately not attempted to assess in detail the effectiveness of the treatment world it describes. There is however considerable evidence of the incorporation of this treatment world by residents. This is shown by the use of linguistic idioms in the community such as 'yock-up' and 'lap-up', the care shown the physical environment by residents, the many instances of the adoption and demonstration of the 'caring' idiom by residents (i.e. p. 122-23) and the successful completion of the many calendrical events referred to in Chapters Seven and Eight.

Ortner (1975: 135) suggests the anthropologist should ask three questions in a symbolic or cultural analysis. 1) What are the problematic realities of the culture to which the symbolic construction under analysis is addressing itself? - what is it a model of? 2) What orientation is it engendering twoards those realities - what is it a model for? and 3) How does it accomplish its task in a powerful and convincing way?

First my thesis is that the symbolic world of Peper Harow is designed a) to attract residents whose habitual response to institutionalised care is one of rejection; b) it aims to provide a highly stimulating, rewarding and nurturing environment which will counteract early deprivation. 'The myth of symbolic compensation' is the explicit portrayal by the Director of this anticipated, albeit assumed, reality. Second, the processes outlined are designed to foster social integration and identification with the community by the residents. Lastly it seeks to accomplish this by its ritual patterning of daily life sequences as illustrated by the food system and by the imagist mode of thinking of its Director. This highly developed ritual patterning and consciousness reflects the need, as Moore and Myerhoff show, for order, form, repetition, connection and predictability in the social order:-

> All collective ceremony can be interpreted as a cultural statement about cultural order as against a cultural void. As Kenneth Burke has remarked, cultures are built on the edge of the abyss.
>
> (1977: 16)

Nowhere is this abyss more evident than in a therapeutic community, where, as Henderson and Jones (1977: 10) write whilst analysing Peper Harow:-

> A therapeutic community however is designed to excavate the catastrophic relationship - according to Ezriel the most potent dynamic in disturbed behaviour. Bringing unconscious fears into consciousness is a frightening and turbulent process.

The ritual and dramatic ordering of the whole environment at Peper Harow is par excellence a specific cultural construction made to both display and create meaning and order despite the

everpresent threat of personal and interpersonal chaos.

C) Discussion of Rose as charismatic leader.

Weber's (1947: 358) original formulation of the meaning of charisma allows the possibility of including non-religious leaders, where they possess '... at least specifically exceptional powers or qualities'. Tucker (1968: 731-3) reviews the question of the applicability of Weber's concept of charisma to non-religious domains and concludes that it meets a vital need in the analysis of contemporary forms of secularised society.

Tucker isolates four aspects of charisma:- 1) social movement, 2) situation, 3) confidence, 4) signs. I shall consider each of these aspects of charisma in relation to Rose's leadership at Peper Harow. 1) Charisma emerges typically within social movements for change. I don't intend to argue here whether therapeutic communities in general or Peper Harow in particular constitute a social movement, although some writers do:- Almond (1974: 379-387); Bierenbroodspot (1980: 35) and Jones (1976). 2) Charismatic leadership needs a situation of distress to be felt by potential followers. I suggest (ref: p. 143-4) that such a situation exists (described in relation to transference) and our consideration of resident's backgrounds gives proof of their psychological distress. Moreover Tucker (1968: 745) writes that 'a charisma-hunger' is particularly found in those without a clear personal identity and seeking '..... safety, identity and rituals'. We saw (ref: 215) how I compare Peper Harow's residents with those people without a cultural pattern, clearly asserting the resident's need for cultural meaning and identity.

3). Confidence, real or apparent, in one's own ability even destiny, is Tucker writes, a prerequisite for the charismatic leader. Rose's confidence in his own leadership is demonstrated in his writings on focal leadership and my account of his leadership behaviour in community meetings. 4). Weber (1947: 359) writes that the perpetuation of charismatic leadership demands proofs of the leader's exceptional powers or abilities and Tucker reiterates this key point. Weber showed how an analysis of charismatic leadership must consider the response of the followers and not just the manifestation of the 'gifts' (charisma). I argue in this thesis that the ongoing assertions by Rose of his symbolic treatment world constitute original 'proofs' of charisma.

Accordingly I consider it is appropriate to call Rose's leadership style charismatic, original and also contentious.

D) Value of this Study

This thesis describes and analyses the symbolic world of treatment created and sustained by a charismatic leader in a therapeutic community. I propose that Rose is asserting and manipulating, in the interests of therapy, a structure of symbols that residents can identify with out of their need for form and order. I also suggest an equivalence between the structuring of symbols in the functioning of the small-scale non-Western societies often studied by anthropologists, and the construction in Britain of a 'therapeutic' culture by Rose.

An important qualification needs however to be added. Rose uses the symbolic currency of the Western world. He does not invent the idea of feasting or 'caring' nor the symbols of Superman and the phoenix. The collective ceremonials of

Christmastime and Easter and the tradition of giving gifts on Birthdays, for instance, are accepted customs of this Western society. Peper Harow does not finally exist in a cultural vacuum. It is part of a wider society. However Rose does fashion these ideas and symbols into the Peper Harow treatment world. He forms through mythogenesis a cognitive system out of contemporary cultural ingredients. It is this systematic and convincing transformation of symbols from the realm of community identity to that of therapeutic endeavour that makes Peper Harow therapeutic community a valuable field of study to both anthropologists and those interested in the residential care of deprived and mentally disturbed individuals.

## POSTSCRIPT

Rose left Peper Harow at Easter 1983 and became the Professional Executive Director of a new organisation called the Peper Harow Foundation. This foundation has been established in London with the purpose of developing another Therapeutic community, this time for younger children, along similar lines to the present Peper Harow.

Following Rose's departure from Peper Harow the community has gone through a turbulent period. As I understand,(1) the succeeding Director left the community precipitously after only six months and many residents permanently absconded around this time. The community was salvaged by the appointment of two co-directors, one of whom was P. Jones, the previous groupwork/staff consultant and the other had previously been an Assistant

(1) Information received from M. Rose, P. Jones and other staff members.

Director. The community has since then maintained a resident population of approximately 30 instead of the previous 45-50.

# APPENDIX

## Comparisons.

This appendix compares Peper Harow with two other small-scale residential healing institutions, Daytop, a 'concept-based' therapeutic community in New York, studied by Sugarman (1974), and Kora Koseiin, a Moritist hospital in Japan, studied by Reynolds (1976).

The comparison will help define both Peper Harow's individuality and its similarity to other healing communities. The comparison will make a small contribution to our understanding of what is 'therapeutic' about a therapeutic community.

The reasons for choosing Daytop and Kora Koseiin are that both have been well-studied by anthropologists, and both have been analysed in relation to the larger social setting. Daytop is an example of a concept-based type of therapeutic community but it has many general features in common with Peper Harow. Kora Koseiin hospital is an example of an original Japanese therapy for a particular neurosis called shinkeishitsu. It was started early this century by one man called Morita. It also provides a small-scale residential setting which places great emphasis on Education as a key element of the therapy. In all three communities "learning to live again" is a common feature, and in all three settings the special social system and learning of certain core concepts constitutes a substantial part of the anticipated therapeutic process. I will now briefly outline the main features of Daytop and Kora Koseiin:

Daytop

Daytop therapeutic community in New York began in 1963 and was modelled on the Synanon community in California. It is an example of a 'Concept-based' therapeutic community. The main elements of this type of therapeutic community were set out in Chapter One and a brief history of Synanon was described in Chapter Two. Sugarman studied Daytop between 1967 and 1968. At that time it consisted of a hundred staff and residents. Residents stayed for a maximum of twenty-four months. It claimed an overall success rate of 35% with addicts who on average had five years drug addiction prior to coming to Daytop (Sugarman: 1974: 6-7). As indicated in Chapter One, Concept-based therapeutic communities share the general features of therapeutic communities as defined by Rapoport (1960), Kennard (1983) and others. There are however, certain differences, such as staff recruitment, use of rigid work hierarchies and different core concepts. These differences are shown in Fig.14 and will be discussed in relation to that figure later in this appendix.

Morita Therapy

First I shall outline Morita therapy itself. Professor Morita began his method of therapy in 1917. His treatment method is applicable only to one type of very prevalent Japanese neurosis, called Shinkeishitsu, Reynolds describes this neurosis:

> 'His (Morita's) form of psychotherapy was designed to treat a neurosis found commonly among the Japanese and characterised by interpersonally orientated symptoms such as obsessive shyness, oversensitivity, and feelings of inferiority.'
> (1976:4)

FIG.14

| PEPER HAROW | DAYTOP | KORA KOSEIIN |
|---|---|---|
| 1) Background Philosophy<br>Implicit<br>A) Christian Ethos, i.e. concept of care | A) Christian roots, implicit, via C19. Oxford group and Alcoholics Anonomous | A) Zen Buddhist, though extent disputed; i.e. Use of concept of Acceptance of suffering |
| 2) Theoretical Background<br>A) Therapeutic community theory, i.e.<br>peer-group therapy<br>communalism<br>democratisation<br>permissiveness<br>reality-confrontation<br>psychodynamic theory<br>concept of 'social learning'<br>24hr. therapy<br>Community meetings<br>B) Planned Environmental therapy<br>C) Milieu therapy | A) Therapeutic community theory i.e.<br>peer-group therapy<br>communalism<br>permissiveness<br>reality-confrontation<br>psychodynamic theory<br>community meetings<br>24 hour therapy | A) Therapy based on Moritist teachings. i.e.<br>re-education of patients attitudes to living.<br>acceptance of suffering<br>creation of familial environment<br>24 hour therapy |
| 3) Aims of Therapy<br>A) Become person in their own right<br>B) Not be dependant on parents<br>C) Be able to look forward to having a good life<br>D) Be able to have satisfactory relations with opposite sex<br>E) Be able to care about self and others (positive self forgetfulness) | A) Abstinence from Drug use<br>B) Absence of criminal activity<br>C) Have ability to establish and maintain close, stable relationships<br>D) Gain regular work or further study | A) Achieve optimum self-functioning i.e. a positive self forgetfulness and an acceptance of the flow of life experiences.<br>B) Gain acceptance of life as suffering<br>C) Gain understanding and acceptance of Moritist principles<br>D) Develop outward attention<br>E) Emphasis on controlling behaviour, rather than feelings. |

FIG. 14

| PEPER HAROW | DAYTOP | KORA KOSEIIN |
|---|---|---|
| 4) Core Concepts<br>A) in community meetings:-<br>a) opening-up<br>b) containment<br>c) lack of rules and use of peer-group<br>d) Understanding:-<br>a) Freudian concepts<br>b) Individual's identity with the the community<br>e) Care for others, positive self-forgetfulness | A) Roller coasters<br>B) Onion<br>C) Community wheel<br>D) 'Act as if' | A) In Kowa lectures learn about:-<br>1) Behaviour control<br>2) Importance of work as therapy<br>3) Origin and meaning of neurosis |
| 5) Causation<br>A) Early life experience | A) Early life experience<br>B) Adult failure to take responsibility | A) Cultural predeterminants<br>B) Causation not important |
| 6) Authority and Control<br>A) Formal hierarchical authority<br>B) Control of 'way of life'<br>C) Limited democratisation<br>D) Use of peer-group therapy | A) Formal hierarchical authority<br>B) Control of 'way of life'<br>C) Limited democratisation<br>D) Use of peer-group therapy<br>E) Ex-addicts as staff | A) Professional hierarchy - Doctor nurse, work-therapist and senior patient.<br>B) Authority of Moritist therapy and teaching<br>C) Residents' prior acceptance of Moritist teaching and therapeutic beliefs<br>D) Ex-sufferers of neurosis as staff |

FIG.14

| PEPER HAROW | DAYTOP | KORA KOSEIIN |
| --- | --- | --- |
| 7) Additional Therapeutic Ingredients<br>A) 'Myth of Symbolic Compensation' i.e. specially designed physical milieu<br>B) Planned physical, social and recreational opportunities i.e. art, education, camps expeditions.<br>C) Use of annual, weekly and daily ritual structure to order living.<br>D) Guru-Guree relationship | A) Taking specific roles and responsibilities<br>B) Educational seminars<br>C) Marathon encounter groups<br>D) Use of symbolism<br>E) Social, physical opportunities | A) Bedrest<br>B) Diary<br>C) Post-therapeutic involvement |

The etiology of shinkeishitsu neurosis lies in human nature according to Morita therapists. Some individuals have both a strong desire to live and a hypocondriachal tendency involving heightened self-centredness or shyness. A precipitating incident causes these individuals to become fixated on a problem or issue leading to a neurosis. Often the individual attempts to will away the discomforting idea but this leads only to it becoming embedded further. The reasons for the problem are not important in Morita therapy, what matters is learning to live constructively with the problem.

Morita therapy began with Professor Morita treating shinkeishitsu sufferers in his own home. It was based on his reflection upon the self cure of his own shinkeishitsu neurotic condition. Morita therapy consists of a four stage process each stage lasts approximately one week and the whole cure one month. First there is absolute bed rest for one week. Bed rest is designed to break the sufferers spiral of obsessive attention to his/her problem. Reynolds describes this first stage of therapy:-

> 'By obeying the instructions to accept his feelings and thoughts as they are the patient reduces his perfectionist's struggle against them, facilitating the breakdown of the vicious cycle of attention fixation and oversensitivity. Again, the patient learns through his own experience that inactivity and withdrawal run counter to his nature ..... the ennui of bed rest motivates the patient naturally to desire activity and work. And it is work that will dominate the remainder of the treatment process.' (1976: 29)

The second stage of therapy consists of light work, such as washing and cleaning. During this time the patient learns and is taught the Moritist world view. This is based on Zen Buddhist

Philosophy and involves acceptance of suffering as a continuous feature of human life. Acceptance of suffering leads to non-attachment to feeling-states and an emphasis rather on task completion and the maintenance of work behaviour, however the individual is suffering. The patient begins to go to 'Kowa' lecturers, which explain Morita's world view, and keeps a diary which is commented on daily by a Morita therapist. The Third stage consists of harder work, and such absorption in work as well as being beneficial to the community, allows the individual to lose his self-centredness. The last stage consists of the patient beginning to readapt to leaving the hospital community. The patient begins to take on outside responsibilities again and receives privileges such as visiting outside the community.

Kora Koseiin Hospital

Kora Koseiin hospital was founded in 1938. At the time of Reynold's study the maximum patient population was 24 and there were seven staff. The staff consists of four doctors, specially trained in Morita therapy, two nurses and a work therapist. The Medical Director, work therapist and both nurses had themselves experienced neurosis. Reynolds made a detailed role analysis of the social structure of this hospital. He writes that the patient role is that of a student, the hospital ethos is educational and the Doctor/therapist role is that of educator. Learning, gaining insight and acceptance of Moritist principles as regards suffering and work constitute treatment. These attitudes are induced in the weekly 'kowa' lectures given by the Medical Director, Dr. Kora. Such emphasis on Education continues after discharge through outpatient clinics and Morita magazines. Whilst there are clear role divisions in the

hospital these divisions are mediated by the shared experience of neurotic suffering by most staff and all the patients. Staff and residents mix informally, play recreational games together. Many ritual gestures of normal Japanese society, such as bowing to superiors, are absent. Patients freely choose to go to a Morita hospital. The work therapist is an ex-patient and is described as a 'living example of ..... following Moritist principles.' (Reynolds: 1976: 66)

Comparison

The comparison between Peper Harow, Daytop and Kora koseiin is illustrated in Fig. 14. Here seven aspects are broadly considered. 1) Background Philosophy; 2) Theoretical Background 3) Aims of Therapy 4) Core Concepts 5) Causation 6) Authority and Control 7) Additional Therapeutic Ingredients.

1) Background Philosophy.

All three communities have implicit or explicit roots in a religious tradition of wisdom. At Peper Harow the core concept of altruism is identical to Christian teaching. Kennard comments (1983: 81) that Synanon was founded by Dederich who was a member of Alcoholics Anonymous which itself was started by the Oxford group, a Christian Religious movement dating from the last century. Moreover Sugarman concludes his analysis of Daytop by writing that its success and fascination for people lies in it having successfully combined two fundamental and usually contradictory values in Western Society - that of altruism and the protestant ethic:-

> 'To have brought together again the emphasis on mastery of one's own life situation and the value of altruism is a remarkable achievement. It is an achievement of profoundly important implications,

> which explains to a significiant extent the fascination that Synanon, Daytop, et al. have exercised over many visitors.'
> (1974: 131)

He also writes that Daytop, as does Peper Harow, practices a way of communal living based on honesty in personal relations, as well as concern for others. He suggests that such a concept is:-

> '..... much preached in Western civilization, but seldom practised, a concept that has seldom been institutionalised anywhere as successfully as it has been in these communities of the concept.'
> (1974: 132)

Reynolds considers that Morita therapy is strongly influenced by Zen Buddhist teaching, as in its attitude towards the acceptance of suffering. However Morita himself denied the influence of Zen Buddhism (1976: 141). Yet Reynolds writes that the Medical Directors of the two largest Moritist hospitals 'placed strong emphasis on the relationship between Morita theory and Zen Buddhism.' The question of Zen Buddhism's influence on Morita therapy is then a matter of debate. (1976: 46). What is reasonably clear is that however much the founder of a therapeutic movement, or community wishes to emphasise the originality of their creation, some of its essential concepts are derived explicitly or implicitly from their cultural traditions. Indeed it would perhaps be surprising if this were not the case given that patients' difficulties in living stem from their experience of living in that selfsame culture.

2) Theoretical Basis

Fig. 2. sets out the main elements of therapeutic community theory, not forgetting the contribution that planned environmental

therapy and milieu therapy may have made to Peper Harow. Daytop and Peper Harow have adopted all the main elements of therapeutic community theory except democratisation which is curtailed by Daytop's emphasis on hierarchical control. Additionally Daytop sees work as an essential part of the treatment programme. Work provides structure to residents whose lives have previously been disorganised. It is part of an eleborate status system which allows Daytop residents to be promoted, if successful, through various work grades to staff positions and even eventually Director (Sugarman: 1974: 53). Frequent change of work also develops residents' tolerance of stress (1974:39)

Morita's theory is based on his own introspection. It has no formal commitment to any other psychological theory, though as I have mentioned Reynolds and others consider it closely connected to Zen Buddhist thought. Reynolds summarises Morita therapy thus:-

> 'Morita therapists view the neurotic as a person with a particularly strong need to live a full life , perfectionist tendencies, and extreme self-consciousness - a person not unlike many Western adolescents. This person encounters some unpleasant event that focuses his attention on a particular problem ..... he becomes caught in a spiral of attention and sensitivity which produces a sort of obsessive self-consciousness ..... He is immobolised by the storm of counter conflicts and pressures raging within his psyche.'
> (1976: 9-10)

By way of comparison with the theoretical features of Peper Harow, we can say that Morita therapy only uses the features of therapeutic community theory in a very limited way. For instance, group therapy is almost non-existent. In the 'Kowa' lecture Reynolds writes that there is almost no patient to patient exchange; (1976: 88); rather it is a lecture format.

Morita therapy does not use democratisation of decision-making as part of its therapy; instead Morita therapy relies considerably on the authority of the Medical staff and their knowledge of their therapeutic method. Kora Koseiin, as a typical Morita hospital, tries to develop a familial atmosphere with staff living in the hospital and ideally spending time with patients in working together at the physical tasks which constitute part of the therapy. Kora Koseiin has perhaps a different notion of 'communalism' from the one employed in therapeutic communities. Morita therapy does aim to enable patients to develop easier patterns of interpersonal relationship within the hospital through understanding that their previous social withdrawal was unnatural, and enables patients to share their experience of illness with other patients. However the creation of specialised tight-knit groups to maximise social interaction, as Rapoport defines communalism, is not a major therapeutic goal at Kora Koseiin. Nor do reality-confrontation and permissiveness figure in the therapy. However with regard to Kennard's analysis (1983: 7-14) of seven main elements to therapeutic community theory there is some resemblance between Morita therapy and T.C. theory. For instance Reynolds notes the informality of life at Kora Koseiin (1976: 85). He comments on the shared work done by staff and patients and informal contact between doctor and patients (1976: 27), and there is an attempt to use all aspects of the daily life as part of the therapy, for instance by the use of patients keeping a diary that staff can comment on. As in a therapeutic community there is a minimum of privacy in the interests of therapy so also in Kora Koseiin. For example, through the medium of the diary staff supposedly have access to

a patient's private thoughts, and are free to comment on them as a reflection of their therapeutic progress. In our three communities there is also a common understanding that therapy is essentially a process of learning that occurs continually throughout the resident's stay.

3. Aims of Therapy

The listing of aims in Fig.14 is taken from Rose's statements (Interview: 19.5.84) for Peper Harow, Kennard's summary of a concept-based therapeutic community's aims (1983: 102-103), and my own distillation of Moritist aims from Reynolds' work (1976). With regard to therapeutic aims at Peper Harow I have used Rose's verbally stated aims (ref: p.129). Throughout all three residential establishments there is a common emphasis, when defining aims, on the patient or resident learning appropriate attitudes and attachments. At Peper Harow a resident should develop detachment from parents and satisfying attachment to the opposite sex, and an appropriate relationship to self and others. Daytop has more behaviourally specific aims including detachment from undesirable activities such as drug abuse and criminality. However it has a similar emphasis to Peper Harow on the ability to form satisfying relationships with others, whilst at Kora Koseiin the emphasis is on the development of a right attitude to living oneself, rather than such a concern with others and one's relationship with them. All three therapies seek to inculcate certain values about the self in relation to the world. Both Rose's concept of a resident 'becoming a person in his own right' and the Moritist principle of 'acceptance' are complex notions to communicate fully and to verify. The Moritist aim of learning to live in

harmony with events, partly through non-attachment to suffering is based on that therapy's goal not of removing patients' symptoms, but rather of 'living actively with them' (Reynolds: 1976: 208 and 221), which is directly counter to therapeutic goals in the west, usually based on the intent to remove symptoms.

We can see a common thread as well as significant differences between these three residential therapies. In common they all seek to teach certain attitudes to living. Moreover all encourage an attitude to the self that can be described as positive self-forgetfulness. At Peper Harow residents are taught to think about others. At Daytop residents are similarly encouraged to consider others as an essential part of their own development. At Kora Koseiin residents are similarly taught 'self-forgetfulness' (Reynolds: 1976: 169) not in order to care for others but rather to avoid neurotic self-obsession.

## 4. Core Concepts

The idea that teaching residents certain clear concepts with which they can understand their predicament and actively seek a possible way out has been introduced in Chapter Four. We saw there that Peper Harow taught its residents certain key concepts, as outlined in Fig. 14. Concept-based therapeutic communities, such as Daytop, are so named because they regard certain concepts as basic to their therapy. Kennard describes these central concepts (1983: 69-72) and suggests they can be grouped into three sorts:-

> '..... those which explain the nature of the addict's problems, those which demonstrate how therapy works, and those which underline how he ought (and ought not) to conduct himself in the community.' (1983: 70)

Some examples are (A) 'the roller coaster' which illustrates the destructive cycle of the drug addict's life course prior to entry to the community; (B) 'the onion' which illustrates the resident's defensive mechanism's; (C) 'the community wheel' which shows the slow involvement of the resident in the community; and (D) 'Act as if' which encourages residents to contain difficult feelings and 'act' reasonably. In the Kora Koseiin section I have repeated some key Moritist concepts. It is noteworthy that all three systems of therapy require that residents in the initial stages of therapy hide their feelings. This is a stage in developing self-control.

Leighton (168: 1178) has suggested (in his analysis of the general characteristics of psychotherapeutic systems) that there is always a 'treatment myth' which has certain functions:

> 'a) it provides a general orientation with regard to the phenomena of life, the characteristics of illness, and the rationale of treatment.
> b) It is worked over during the course of the treatment, producing an increased acquaintance on the part of the patient with this explanatory framework.
> c) The ceremonial itself, or some parts of it, constitutes a symbolic re-enactment of something which went wrong in the past and which is now being set right, and which is comprehensible in the setting of the myth.'
>
> (1968: 1178)

In our three examples it is clear that their core concepts function as parts (a) and (b) of the above treatment myth.

5) Causation

Both Peper Harow and Daytop consider the causes of the resident's behaviour to lie in their early life experience. However Daytop stresses that however determined the resident's drug problem the most important factor in his condition is his/her failure to take responsibility for his/her behaviour. Reynold's, in his study of Kora Koseiin, considers the cultural predeterminants of shinkeishitsu neurosis, such as Japanese child-rearing methods. He states however, that in Morita therapy the cause of the neurosis is consideredas completely unimportant. All the emphasis is on learning to live with it.

6. Authority and Control

In Fig. 14 we can see that whilst both Peper Harow and Daytop espouse some degree of democratic control there are definite limitations on such democracy in practice. In both communities there is significant control exercised through the formal, hierarchical authority of staff and director. In both communities the 'way of life' is determined by the staff. The 'way of life' is the accumulation of the structure of living, the norms and beliefs of the community, sanctions and designated therapeutic activities. Control is also exercised by the peer-group operating to enforce the communities' 'agreed' norms of behaviour. In Kora Koseiin there is a clear professional hierarchy of doctor, nurse, work-therapist and senior patients. Authority is contained in Morita's teaching and the Professional's knowledge and training. In all three communities there is a hierarchical authority. In the two therapeutic communities there is some democratisation in areas of decision-making, notably that of therapy. All three communities depend on residents'

acceptance of the norms and therapeutic beliefs of the community, and have means to achieve this through, for instance, the role of senior residents (called peer-group therapy in the therapeutic communities) as transmitters of 'the way of life'. At Kora Koseiin residents have usually read at least one book about Morita therapy prior to entry. In Daytop and Kora Koseiin the fact that most staff members have previously been sufferers of either drug addiction or shinkeishitsu neurosis emphasises the successful nature of the therapeutic culture and gives additional authority to staff members' teaching.

7) Additional Therapeutic Ingredients

This section is designed to indicate additional areas of intentional therapeutic activity in the three communities. Most items in this section have already been referred to. At Daytop, the term symbolism refers both to the use of a) a special chair for residents to sit in during times of crisis such as prior to self discharge or readmittance and b) the use of haircuts to publicly discipline deviants. The use of actual haircuts has now stopped, but when a resident is admonished formally by staff, this is still referred to as a 'haircut'. 'Marathon encounter groups' can last from between twenty-four to forty-eight hours. Educational seminars are resident-led general topic discussion groups to develop residents' confidence. Post therapeutic activities for ex-residents of Kora Koseiin include newsletters and ex-patient meetings.

Summary

In our comparative analysis, major similarities and

differences have emerged. Similarities include: A) The implicit or explicit dependence of the therapy upon its cultural background. B) The use of a structured twenty-four hour day as part of the therapy. C) Therapy as essentially a learning process. D) Some similarity in the communities' use and design of the social structure i.e. an informal close-knit atmosphere. E) The need for residents to accept the community's cultural norms and 'way of life' and the use of senior residents to aid this process of acceptance. F) The therapeutic value of self-forgetfulness. G) The insistence on residents consciously pretending to conform to community values as a necessary step to actual identification. H) Each community has a set of core concepts with which to explain the residents' predicament and treatment. Leighton calls this set of concepts a 'treatment myth'.

Differences include: A) The cultural background. B) The role of symptoms. C) The use of medical hierarchy. D) Many of the individual features of the three communities.

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# Myth at Peper Harow

*Iain Edgar*

*ABSTRACT:* This paper explores the use of myth-making or mythogenesis in the construction of a "therapeutic" environment. It highlights three aspects of this process: 1) the re-interpretation of the community's history 2) the imputation of meaning to the physical environment and 3) the calendrical structuring of events at Peper Harow. This interpretation is then located within a comparative anthropological framework which seeks to explain the value and use of myth in therapeutic settings.

This paper explores the myth-making ability of the founder and Director, from 1970 to 1982, of Peper Harow therapeutic community for emotionally disturbed adolescents in Surrey. The paper shows how Rose constructed and sustained a mythological creation in the interests of "therapy". Rose's mythogenesis is then located within a comparative anthropological framework which seeks to understand the role of mythical construction within the therapeutic process of various healing communities. The myth that has been made at Peper Harow I call "the myth of symbolic compensation". Rose is the teller of the myth and the male and female adolescent residents are the audience. The "myth" was both told to residents during the weekday community meetings and at the Friday night talks. It was also written down in Rose's papers.

The background of the "myth" is the theory of the therapeutic community as defined by Jones (1952), Rapoport (1960), Clark (1965) and Bierenbroodspot (1980). This theory emphasises the therapeutic potential of all social interaction occurring in a therapeutic community throughout the twenty-four hours. This theory also stresses the therapeutic nature of the specialised social processes of a therapeutic community, such as the daily community meetings which discuss, in a democratic and confrontative way, issues which arise from living together. There is, then, in any functioning therapeutic community, an awareness that all social encounters carry an additional potential meaning, that of "therapy". They are "social learning" (1979 p.7) situations, to quote Jones, an important pioneer of therapeutic communities. I use the term "myth" not to denigrate the idea of constructing a "therapeutic" environment but rather to

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stress the importance of residents' and staff and Director's belief in it. I am basing my use of the term "myth" on Leach's definition of myth as being:

> a sacred tale ..... divinely true for those who believe and a fairy-tale for those who do not. (1970 p.54).

If instead of "divinely" in the above quotation we substitute "therapeutically" we have a notion of myth as being "therapeutically" true if it is believed. I shall suggest an analogy between primitive societies such as the Tikopian Islanders (Firth 1936) wherein all aspects of life are impregnated with a "sacred" meaning through their relationship with unseen powers, and Peper Harow as a particular therapeutic community in which all aspects of life within the community, from the material surroundings to the social processes, are imbued with an unseen "therapeutic" meaning. Moreover this "therapeutic" meaning is, as we shall see, dependent on continual assertion by Rose. I also suggest that this mythogenesis by the Director is part of the explanation of both the special intensity of life in this therapeutic community, and the positive sensation of specialness felt by residents themselves due to their presence at Peper Harow. Almond has described the importance of this sense of "specialness" in his cross-cultural study of healing communities (1974 p.25), and Levi-Strauss has written of how cultural identity needs the community to feel special and original:

> in order for a culture to be really itself and to produce something, the culture and its members must be conscious of their originality, even to some extent of their superiority over others (1978 p.20).

The "sacred" tale told at Peper Harow has several elements to it: 1) Rose's interpretation of the history of Peper Harow; 2) The 'therapeutic meaning' of the decor, called by myself the 'myth of symbolic compensation'; 3) The calendrical structuring of events at Peper Harow.

### 1) *Rose's Interpretation of the History of Peper Harow*

In 1970, the Approved School of Park House changed over a period of time into the present-day therapeutic community of Peper Harow. The new name was based on the Anglo-Saxon place-name of Pepera Heargh. The change of name was intended to symbolise a change of identity. Rose wanted to indicate by its new name a community with ancient and historical roots which would symbolise the residents' collective and individual search for inner growth and selfhood. The new name would indicate to residents that this was a physical and psychological place where deep roots could be found. These historical roots would compensate for the inner turmoil and lack of inner "roots" felt by so many residents. Rapoport notes this feeling of lack of roots by patients at the Henderson Hospital, a therapeutic community for the adult mentally ill (1960 p.62).

The change of name is significant for another reason as well. A part of the therapeutic aim at Peper Harow is to enable residents to regress safely, to rediscover and re-enact their earlier repressed traumas. The sense of historical continuity and security connoted and evoked by the change of name and the recounting of the historical allusions of the place-name Pepera Heargh, to residents by Rose, gives a sense of security to residents in their personal confrontation with their past. The intended message at Peper Harow, incorporated in the change of name, is that the past is safe and successfully and fully incorporated into the present at Peper Harow.

It is helpful to see Rose's account of this changeover from Park House into Peper Harow as a "Charter Myth". This is Malinowski's term to describe myths of origin. (1954 p.116) A myth of origin for a "primitive people" describes the first ancestors of the people, and declares the legal basis of land ancestry. Malinowski writes that it:

> conveys, expresses and strengthens the fundamental fact of local unity and of the kinship unity of the group of people descendant from a common ancestress ..... the story of origin literally contains the legal charter of the community (1954 p.116).

At Peper Harow the legal basis of ownership is established separately. However the "story of origin" of the community as told by Rose to staff, residents and visitors is a prime example of Rose's mythogenesis, that is, in the interest of community unity his ability to originate myth. Rose told me that the first two years of the new community were a time of great upheaval and battle. All the staff, except one, left for one reason or another, to be replaced by more "suitable" staff. The furnishings of the house were inadequate, as Rose describes it:

> When we began the Peper Harow venture ten years ago, the great house was an empty shell. Its uninspired paintwork was chipped and tattered. The uncarpeted floorboards looked exhausted by their struggle to survive. The most enormous polishing produced an optimistic shine for only half a morning. The huge walls and twenty-foot high ceilings echoed in the uninhabited house and proclaimed the message, 'this is the empty shell of what was once a great place'. In its day, this produced the very best for its aristocratic inhabitants, but now they have gone and their worthless remains are good enough for you, outcast failures (1980 p.39).

Rose is here comparing the contrast behind the physical inheritance from Park House with the later design of the physical milieu of the therapeutic community of Peper Harow.

We will see that Rose's story of origin, with the symbolic significance embedded in the change of name, is one part of the overall "myth of symbolic compensation".

### 2) *The myth of symbolic compensation*

I shall quote at length from Rose's writings as they contain the major evidence as to the existence of this myth. Rose considers that the physical

environment itself can be part of the therapeutic process. Indeed in the following quotation he states that the environment can symbolically compensate for early parental deprivation. He writes:

> The many different kinds of physical pleasure, for example, which the infant receives from his loving mother are manifold expressions of the same message that he is loveable. This loving physical care at the roots of a normal child's life intitiates the growth of optimism, autonomy and mental health. To recreate this care symbolically in a residential situation, though artificial, is nevertheless an essential form of surrogate experience. *It is the essence of residential therapy (1983 p.14). (my italics).*

This symbolic and emotionally compensatory range of experience is designed to influence the disturbed adolescent at a subliminal level. Rose writes:

> Essentially the task at Peper Harow is seen as the profound change and enrichment of the personality. Thus it (a residential experience) should be healing and growthful and educative and integrative. It should have this effect at the deepest level of the personality so that the profoundest emotional resources, which in normal adulthood are strong enough to cope with life's problems, are rekindled, regenerated and nourished.

Rose exposes a Jungian approach to the personality:

> Sometimes I think that at Peper Harow we stumble towards a lifestyle which might well have appealed to Jung, for it does contain some group potential for emotional security that is resonant of a primitive tribe and thus of long and well understood general human experience of how to manage emotional problems. I feel that our deliberate aim is to evolve a life and a style of living in which the sum of the total experience allows the members of the community, individually and as a group, to be constantly sensitive to their unconscious worlds. We set out with the ideas that if every aspect of the community could be designed to further the creation of an involvement which becomes a force for change in its own right then the unconscious world could be made more manifest as a priceless resource (1979 p.14).

The most complete example of Rose's mythogenesis is in his description and evaluation of the design of the eating/dining area. Rose describes the whole atmosphere of this area as replicating at a "symbolic level" the missed good feeding experience that the fortunate *infant* received (1977 p.13). He writes about how the decor and equipment for this area were chosen bearing in mind always the unconscious implications for the profoundly deprived adolescent residents living at Peper Harow. Rose asks the question in his writing:

> well if the kids really needed the babyhood feeding experience in itself, how can we possibly manage? I have already discussed the cartoon idea of 50 wet nurses with 50 hunky teenagers. To be serious, the main reason why such a picture is absurd, is not because our adolescents are babies in reality - it is only their emotions that are infantile, it is their emotions which need the baby's good experiences in order to grow up. Their size and the changing attitudes and a dozen other problems however make a real woman as a surrogate mother the irrelevant answer ..... instead of the often sentimental talk about homely mother earth figures in the institution's kitchen, we have to look closely at baby's actual interactions to discover what answers we could provide for his paradoxical need. All the baby's senses are at work and not just the taste mechanism. His oral sensation is not concerned merely with taste and swallowing; it is also experiencing textures of breast, nipple and of regurgitation and of the napkin that wipes his dribble away; the sound of mother's heart next to his ear, more or less peaceful and thence his response; her hand rubbing or patting to bring up wind; the soothing or irritating quality of voice in all these exchanges.

> What I am saying is not news, of course, but to remind us of how complex the feeding situation really is and also how manifold are the messages which the baby is receiving and in how many different physical forms security or insecurity is being reinforced ..... for all the caveats, to which we only have time to refer, we decided that our design had to counteract the profoundest suspicion about quality of the food - what had happened to it before it arrived in front of one - thus the kitchen/dining area would be on an open plan. The food would arrive in the kitchen, be prepared, cooked and served all within the view of prospective eaters and by those same eaters whose turn it was to cook. The washing up areas would also be within their view. They would maintain the kitchen gardens on the same principle and from seed to the preparation table the food would be recogniseably good and in recogniseable sequence.
> Every item in the kitchen - and think how many there are - was assessed in terms of efficiency; they had to do the job they were supposed to do, or the feeling in the boy using them would be one of betrayal, associated with his past earlier experiences. They would also be assessed in terms of appearance - did it look good enough to make an impression on kids whose sensitive response was dulled by traumatic experience - an impression of quality of warmth? Does it look strong enough not to require testing out by our occasionally grumpy Hercules? It would be assessed in terms of feel, the strong texture of a glazed tile, the silky sophistication of stove enamel, the chunky solidity of extra heavy stainless steel. In the end we agreed with Bettelheim's comments in a "Home for the Heart" that the cutlery and crockery should not be institutionalised, but of a very high standard, offering very satisfying feelings when used. We would have glasses at the meal table at main meals, not imitation plastic glass. We would have fish knives when we had fish, bread knives, cups and saucers. Of course, we spent many many months finding exactly the right tableware and months more waiting for delivery. It would have been easy to have gone for nearly right, except that we were determined if the principle was right then we really had to see it through, irrespective of effort or cost so our table tops were finally made by Robert Thomson, the Mouse Man, the only firm in the country that produced seasoned, solid English oak, two inches thick, which includes adzed surface. Running one's fingers across the rippling surface as one sits at the table is a pleasureable experience indeed! Seats, while designed as benches in order to include the principle of sharing are also upholstered in pure wool; yet again, in a very original weave to obtain individuality while also producing a unique tactile pleasure of their own. The full length curtains are floodlit to bring out the rich colours. They and the carpeted floor, the hessian covered walls and the sound proofed ceiling, produce a low and calming noise level. The servery is spotlit so that even the most ordinary food looks mouthwatering (Rose 1977 p.13-14).

Rose here details how every aspect of the kitchen/dining environment was designed to symbolically replicate the whole complex feeding experience that the fortunate infant experiences. By this means Rose charges the physical environment with a potentially powerful emotional meaning for residents. Even the curtains in the dining room are similarly conceived for their emotional impact:

> The lined wool curtains that hang on the windows of the dining room, were chosen for their weave, .... for it was borne in mind that the boys queueing at the servery for their meals would behave much as they often do - faces are rubbed against the curtains - indeed, they often envelope themselves totally in the curtains, reminding one of a baby in its blanket in its cot. So the same re-enaction of a past need is being met by current good experience which can occur before every meal - three times a day, seven days a week, three hundred and sixty five days a year (Rose: 1980 p.9).

Here we see in Rose's writing the imputation of therapeutic meaning into every warp and weave, every cranny and crevice of Peper Harow. Residents were told of these meanings by Rose and they could observe the obvious quality of decor and furnishing.

Rose is not alone in appreciating the importance of the physical design of a therapeutic community. Kennard writes of this awareness in the moral therapy movement of the 19th century (1983 p.22). Bettelheim, the founder of the Orthogenic School of the University of Chicago which is a pioneer therapeutic community for severely disturbed adolescents, similarly writes of the importance of design:

> When planning a mental institution one must realise that mental patients can see one as safe, and another as personifying persecution or despair. Irrespective of how the rest of us view the object, everything becomes a symbol. Most of the patient's mental energy goes into ruminating on the hidden meaning of each colour, each object, and its placement; what it tells him about the institution's intentions and his future. Everything has its private meanings and secret messages which he tries to decipher ..... This is even more true for the emotionally disturbed children (1974 p.99).

The eating/dining areas have had particular care paid to their psychological and emotional impact on the residents. However, all parts of the house and the environment are similarly planned, even the toilets.

> Everything must reinforce the message of care if the roots of each resident's self are to be revived. Thus when we designed the separate areas of lavatories, showers, bathroom and laundry facilities for the boys and girls, we made sure that, firstly, both were of exactly the same high quality, but secondly, that the colour schemes and different layouts would make a statement about the differences of identity. Within each area, each separate lavatory and bathroom also has its individual colour scheme. The overall feeling in each lavatory is intended to be one of individuality. They should have a sense of safety, privacy and that their physical functioning, even in this private area is still valued as highly as anything shared publicly by everyone (Rose 1983 p.30).

Even in the first visit to Peper Harow by an applicant, and in their interview, the impact of the Peper Harow environment is anticipated to encourage change in the applicant and to foster their belief in its possibility. Rose writes of this:

> Therefore, at Peper Harow, a potential new boy, attending his interview is shown around with immense personal commitment by other boys - so are his parents and social worker. By this action alone, an impression begins to be created that this place belongs to the boys rather than just to the adults. Under such circumstances the new boy's emotional eyes unaccustomedly widen. What does he make of the undoubtedly beautiful surroundings so obviously cared for, or they could not be maintained in such excellent condition? All such details, even the serious attention to the boys' pictures indicated by the expensive way in which they are framed, tells him much about how the adults view the adolescent. He must find out whether there is really hope for him after all. But how to find out? What questions to ask?.....
>
> Although part of the eye-opening shock can be defined as the overall atmosphere of the community which has been built up over many years, as well as being of value in order to make the newcomer think about what he is commiting himself to, it will also, of itself, from the start, begin to generate emotional nourishment, clarification of emotional confusion and, in other words, will offer to the new boy, a living demonstration of the context in which psychological healing, change and growth can occur. Such very recognition and experience is the actual beginning of the process of change for that new boy (1980 p. 26-7).

Rose has created and sustained by his leadership and assertation a special "therapeutic" meaning in the physical context of life at Peper

Harow. This has been supplemented by his prevalent usage of mythological motifs during collective ceremonials throughout the annual life-cycle there.

3) *The Calendrical Structuring of Events.*

The mythogenesis of Rose is also employed in the calendrical structuring of time at Peper Harow. The annual patterning of major events is set out in Fig. 1:-

*Fig. 1*

Expedition
Dragon Night
Christmas Feast
Easter
Summer Camps
Summer Leaving Feast.

In Rose's writings we will see how he describes these events in a vividly imaginative way, reading into the experience for the residents an additional level of meaning through the incorporation of mythological components, or motifs. Not only does this specially created symbolic world occur in the confines of Peper Harow house but also the principle of individually designed experiences animates the theory behind camps and expeditions. Rose has written about one expedition using the term fantasy, rather than symbolic world:

> Many years ago, I took a mountain expedition to Scotland. The expedition itself bore in mind the adolescent boy's needs to test out his physical strength and show that he can find it mete for his emerging adult identity, so that he can feel increasing confidence in his ability to take on what he feels to be a superhuman task and yet manage it. I used to take great care, throughout the preparatory training to talk about the mountains, so that they became a magic place into which the imagination could allow the boys to step together, as a group, into a shared fantasy. Thus, when passing along the lonely shores of Loch Etive, for example, they could almost experience the eerie sensation of being among the ghosts of those dispossessed children of the ageless Highlands, whose ruined bothies and crofts are now only stoney mounds beneath the bracken and heather. We would talk of the blood-thirsty history of that land and of the faithless Lords of the Land. Thus, seated around our campfire at night, in the stillness, broken only by the crackling driftwood, the boys allowed themselves to experience, on behalf of those whose mysterious land they were sharing, many of the feelings which, in reality and also fantasy, applied to their own familial experiences:-
>
> From the long sheiling of the misty island,
> Mountains divide us and the waste of seas,
> Yet still the blood is strong, the heart is Highland
> And we in dreams behold the Hebrides,
> Fair these broad meads, these hoary woods are grand;
> But we are exiles from our Father's land.

> Thus the banished settler in Far Canada and now the dispossessed adolescent. And the hopeful Hebrides of their imagination - a catalyst for renaissance. Although the atmosphere felt like magic in which each knew that the whole group was responding to the situation with a similarly heightened sensitivity, it was not magic, but the worker's recognition of the need for that atmosphere and his skill in knowing what experiences would produce it (1980 p.22).

Here Rose seems to be allowing residents to imaginatively encounter their own buried traumas of parental loss and dispossession, through the medium of mythical identification with past events. Rose describes their bonfire night also as Dragon night. In the following extract he again paints a vivid picture of the event but does not describe anticipated implicit meaning as he does with the expedition to Scotland:

> Our Bonfire Night consists of a torchlight procession from the House to a point overlooking the River. The torches are hurled, flaming into the imense edifice and as it rears sixty feet into the air, the barbeque begins to produce its food under the nearby cedar tree. As this supply wanes, so everyone wanders back to the fire-warmed entrance halls of the House, attracted by a further sweet course of toffee-apples, home-made fudge and so forth. Then on the Terrace before the open door, traditional games of apple-bobbing, pillow fighting on a greasy pole and slapstick-humoured, obstacle races take place. All the Staff's families are also there, so you can imagine the potential for hysteria. But, while two or three staff officiate, the rest move around, apparently casually. Thus the boys whose difficulties with fire are known, seem by chance, always to be engaged in shared activity, or conversation with a Member of Staff. One boy, whose sudden and deepening depression was worrying us and who normally would have been utterly caught up in the excitement, quietly wandered upstairs. Discretely a Member of Staff followed and persuaded him to come down. Another, pre-arrangedly, met him in the Front Hall, animatedly engaged him in conversation and led him to the bonfire. At the fire, someone else brought him a hot dog, reminded him of the other food in the Front Hall and raced him first to the sweets and then, with only the mildest protest by now, got him into one of the group games (Rose 1983 p.12).

A great deal of attention is given at Peper Harow to feasts as important communal events. A theme or motif is chosen well before the date and preparations for the feast can last weeks. Commonly a part of the house is transformed into a fantasy world. Rose describes one such feast:

> One Christmas we chose as the motive for our feast decorations "the ice-cave". The idea was that despite the chilly surroundings we could together generate immense warmth. The tables were covered with fresh linen and then loaded with an amazing array of cutlery and glittering glass for each place. Enormous colourful decorations and bowls of fruit filled all the rest of the candlelit space. The whole vast area itself had an internal shell built of chicken wire, covered with kitchen foil and at one end, a cateract of foil constructed in place of the 12 foot high window, ran a stream of water which passed through the centre of the room to turn a 10 foot high waterwheel as though part of the mill, before going out of the opposite window. Many of the boys were involved in this crazy inspiration. The atmosphere during construction was often hysterical. The same quality of excitement perhaps previously experienced when taking away and driving stolen cars. At one point the whole wired structure emitted blue flame as it was electrified by one megalomaniac adolescent. But in the end the whole community gathered in the cave together, utterly amazed at what they had done and aware that the intensely enjoyable memory of that occasion would last for ever.

Rose continues to describe that feast

> as an extravagant gesture yet engaged in by boys whose movement is more usually constrained than comfortable and free. For all the familiar hysterical and perhaps delinquent excitements involved these had been harnessed and redirected towards a recognition and

> involvement of the creative individual and communal talents. Perhaps the implication behind such an occasion is to suggest that as part of this group each boy would in the end be able to find a way to carry his own inner resources into something creative (1980 p.37).

Easter was celebrated with egg-rolling. However as regards this and the Summer Camp I have found no written description by Rose. I was present at the 1981 Summer feast. This was on the last evening of the Summer Term. Preparation for it began about a month before. Feasts especially consisted of a) art decoration and b) special food. The theme or motifs for this feast, as all others, was decided by Rose. On that occasion it was to be Superman and Superwoman so as to celebrate the entry of female residents to Peper Harow. Interested staff and residents made very large Superman and Superwoman effigies and these were hung at either end of a very large room. The rest of the wall area was covered with black paper on which space themes had been painted. Dry ice in one corner gave off smoke all evening to add to the effect. There was an abundance of sea food which Rose in his speech at the end of the feast spoke of as symbolising the limitless opportunities for residents successfully leaving Peper Harow.

Every Friday evening Rose would talk to the residents and often he would tell them stories, or relate the implicit meaning of the environment, that I have described as the "myth of symbolic compensation", at Peper Harow to them. Although this practice of his Friday night talks had ceased by the time I stayed in the community, Rose has written about the imaginative quality of this event:

> I got the Front Hall fire lit for the first time in thirty years - had it redecorated and furnished so that it seemed friendly and homely compared with the rest of the barracks of a house. And in this scenario, I made up stories and read poems, and extracts from literature like Beowolf, for instance. Apart from the experience of being read to by 'Dad' -which no-one had been fortunate enough to have known - the subjects I chose couldn't help but demand identification. The front hall was Heorot, with the warriors lounging around the fire, on the benches and on the floor. Their story-teller was many central things to them, war lord, father and so forth. The Hall was full of smoke as its archetypal one had been and it was easy and a pleasure for those boys to identify with the warriors of old and - most important of all - with their values of loyalty, obedience, of honour! (1983a p.33).

In all these calendrical events we see opportunities for residents to identify with mythical, transpersonal themes which have the value of being potentially safe media for the abreaction of past traumas, especially when these traumas are carefully handled by the worker. Such identification with mythical themes allows, according to Jung, (1951 p.102) for individuals to gain access to psychological enrichment through connection with the archetypal contents of the unconscious. Such an assertion, however, raises the general question of the role of myth in therapy.

What then is the role of myth in therapy, both in general, and at Peper Harow? Several anthropologists have considered this, for example, Reynolds (1976) has written about the value of myth in psychothera-

peutic practice in a residential setting. He studied Morita therapy, a Japanese hospital based therapy for neurotic sufferers, based to some extent on the principles of Zen Buddhism. Reynolds sets out the various parts of the Morita myth, justifying his use of the term "myth" as:

> It is truly a myth in the sense that it is based on essentially untestable premises that are held as beliefs by some group as part of its world view (1976 p.208).

and later in his summary, he writes that "myth" is a common constituent of psychiatry:

> ..... like other forms of psychiatric treatment, it contains a myth that organizes and instructs and offers hope (1976 p.219).

Leighton writes, in his analysis of the general characteristics of psychotherapeutic systems, that the treatment myth is always of central importance. He states:

> I would suggest that the myth is central - that is the belief in a doctrine - but its function seems the point of interest rather than its content. The content varies widely from one cultural group to another, but there is always a myth and it always has a feature role in induction of change. The participants always believe the content and stress its importance, but to the comparative observer this seems less important than the existence of the belief and the manner in which it functions (1968 p.1178).

Leighton isolates three aspects to the dramatic myth and suggests that a treatment myth provides a conceptual framework with which to understand:

> the phenomena of life, the characteristics of illness, and the rationale of treatment (1968 p.1178).

Moreover the patient is continually exposed to this understanding as are residents at Peper Harow.

Levi-Strauss has also written of the value of curative myth-making. He (1968 p.197-80) compares shamanism and psychoanalysis. He suggests that in the latter the analyst constructs an individual myth with elements drawn from the patients past, whilst the shaman ritually integrates the threatening, alien experience of sickness into a coherent, mythic system which provides a language or meaningful context in which to understand and so cure the patient's sickness. Levi-Strauss considers that the myth-making activities of the shaman and analyst are similar. Peper Harow can be seen to offer residents both an individual and cosmological myth, in Levi-Strauss's sense, with which to locate and understand themselves in the world. I have not here discussed Peper Harow's use of Freudian concepts and interpretations which form the basis for individual residents' self-understanding. I have, however, developed the idea of the Peper Harow environment, including the annual cycle of ceremonies, as offering as "therapeutic" myth with which residents can identify.

Geertz has also written of the value in suffering being made intelligible through the provision of a cultural context. In speaking (1966 p.20) of the value of Navaho "sings" in curative rituals, he writes of the importance of suffering being made meaningful:

> The symbol of "sing" focuses on human suffering and attempts to cope with it by placing it in a meaningful context, providing a mode of action through which it can be expressed, being expressed understood, and being understood endured.

*The 'Meaning' of Myth at Peper Harow*

Within anthropology numerous ways of analysing myths have been discussed, some of which are useful in our consideration of the role of myth at Peper Harow. Kaberry (1957) surveys the field of mythical analysis. She writes:

> myths are no longer badly recorded history, or figments of a prelogical mentality or disease of language nor a first attempt at scientific explanation of nature and creation.

She considers the functionalist views of Durkheim and Radcliffe-Brown which argue that myth is chiefly related to present social structure and the need to legitimatise power and authority and key values in society. Later Kaberry (1957 p.49) takes us closer to the value of myth so far outlined at Peper Harow when she describes myths as a

> way of thinking about reality in symbolic terms - history, legend, place, thing, person assumes a mythological character in so far as it endows the present with significance, creates a sense of ordered and meaningful relationships for the individual, the group or the community.

The value of myth for Kaberry lies in its integrating quality, in its ability to integrate "different levels or orders of experience in symbolic terms". Kaberry thinks that all people have their myths and that the "mythopoeic mode of thought is a universal feature of human life" (1957 p.49).

The integration of disparate experience is evidently essential for the young residents at Peper Harow, Geertz, when writing of people without a cultural pattern, could just as easily have been writing of residents who have only just arrived at Peper Harow following usually a history of calamitious family relationships and unsuccessful placement by social services in residential care.

> ..... without the assistance of a cultural pattern, he would be functionally incomplete ..... a kind of formless monster with neither sense of direction nor power of social control, a chaos of spasmodic impulses and vague emotions (1966 p.13).

Myths then integrate disparate phenomena for people as they allow people to move effortlessly from one conceptual level to another, as Rose does in his "myth of symbolic compensation" or in his imaginative characterisation of a mountain expedition. Levi-Strauss expresses this integrating feature of myth as the ability to:

> equate significant contrasts found in different planes: geographical meterological, zoological, botanical, technical, economic, social, ritual, religious and philosophical (1972 p.93).

Hawkes, in considering Levi-Strauss's contribution to understanding the "savage" mind writes that:-

> the savage or better, the "multi-conscious" mind, able and willing to respond to an environment on more than one level simultaneously and constructing in the process an elaborate and to us bewilderingly complex "world picture" (1977 p.52).

Myths, like symbols, can then have a range of "meanings" or interpretations given them (Kirk 1971 p.83). At Peper Harow, the "myth of symbolic compensation', I contend, permeates every aspect of life and this enhances and intensifies the 'meaning' of life there. This mythogenesis partly creates the sense of specialness, referred to earlier. The collective ceremonies incorporating mythical elements, such as in the feasts and other calendrical events, function to bind the community closer together and the acceptance of Rose's "world-view" of Peper Harow emphasises his authority. His account of origin provides a charter and identity for the community. Rose has constructed, in my view, a symbolic and compensatory ambience through his mythogenesis. Rose's mythogenesis can be compared to Levi-Strauss's concept of the 'Bricoleur' and 'Bricolage'. Moore and Myerhoff use the idea of "bricolage" to explain the identity formation of a micro-culture in New York. In referring to a Jewish old people's day centre in New York they write of:-

> the process through which myths are constructed in pre-literate societies. Odds and ends, fragments offered up by chance and the environment - almost anything will do - are taken up by a group and incorporated into a tale, used by a people to explain themselves and their world. No intrinsic order or system has dictated the employment ..... cultures are, after all, collective untidy assemblages, authenticated by belief and agreement, focused only in a crisis, systematised after the fact. (1978: 10)

We have seen how the "myth of symbolic compensation" animates the whole physical and social environment at Peper Harow, and this is exemplified in Rose's Friday night talks. Levi-Strauss however thinks that myths mediate unresolvable structural opposition. Could it be that as Levi-Strauss characterises myths as being 'machines for the suppression of time', myth at Peper Harow similarly mediates opposition but in this case in the interests not only of social integrity and coherence but therapy also? Rose speaks of Peper Harow as providing for their residents in five years the good, nurturing experience that the fortunate child received in twenty years. The myth of symbolic compensation glosses over and attempts to redeem for residents the temporal reality of their unfulfilling early life-experience, and their eventually having to face a world with discouraging circumstances for young people. The various features of the myth at Peper Harow can then be seen as mediating the opposition between an unwelcome past and a daunting future in the animation of the whole present.

## *Postscript*

Rose left Peper Harow at Easter 1983 and became the Professional Executive Director of a new organization called The Peper Harow Foundation. This foundation has been established in London with the

purpose of developing another therapeutic community on similar lines to the present Peper Harow.

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