Summary. This article uses grounded theory methods to research the history of a therapeutic community and highlights the possibilities of ‘being able to learn’ as an aim for history of medicine research. For this case study, processes of research and learning allow consideration of the ‘dilemma of paternalism’ and the interaction between history, policy and practice. How can students enter into discourses about learning? How could this discourse help to make university systems of administration and assessment provide a more appropriate environment for staff and students to ‘be able to learn’?

Keywords: therapeutic communities; learning; paternalism in archival research; grounded theory; history, policy and practice

For three years, I have been researching the history of a therapeutic community, as part of a studentship which also included cataloguing the archives of that community. This studentship, the first collaboration between the Institute for the History and Work of Therapeutic Environments and the University of Birmingham, was initiated by a group from many disciplines concerned with therapeutic communities and the history of medicine, including practitioners, policy makers, academics, members of the Religious Society of Friends and an archivist. As Simon Szreter, among others, has noted, it is important to recognise the practical use that history of medicine can exert in informing policy.\(^1\) Further, it is essential to find ways in which practice, policy, history and processes of documenting and archiving practice can be made contextually aware of each other and work together.\(^2\)

This research was initiated by, and has provoked discussion between, people working in the disciplines of history, policy, practice and archives. I have had to consider the impact, interaction and expectations of each of these different contexts. Through my efforts to find an appropriate methodology, I have also come, almost unintentionally, to ponder the problematics of paternalism in research. But the most refreshing, and in some ways contentious, aspect of my research is that it has emphasised ‘being able to learn’ as an aim, and as a satisfying outcome, something which I had never fully experienced in university education before.

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\(^1\)Szreter 2009, p. 238.  
\(^2\)Berridge 2003; Labisch 1998; Szreter 2009.

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Therapeutic Environments: Practice and Research

Therapeutic communities are psychodynamically informed planned social environments, which are based on the notion that types of psychological distress or destructive behaviour are caused by the social network in which an individual is embedded and can be treated by a more healthy or constructive social network.\(^3\) Therapeutic environments for children developed at the end of the nineteenth century and the beginning of the twentieth century.\(^4\) Following the two Northfield Experiments, the ‘democratic’ therapeutic community was developed in Britain at Mill Hill and Belmont (later Henderson) hospitals in the 1940s and 1950s, as a response to the neuroses and distress caused by war.\(^5\) The term ‘therapeutic community’ was also applied independently to user-led therapy and rehabilitation for drug addicts at Synanon in the United States, and became known as the ‘concept’ model.\(^6\) Therapeutic communities have been used in a variety of settings including childcare and education, mental health and anti-psychiatry, rehabilitation from drug-abuse, prisons and reform, and social care.\(^7\)

‘McGregor Hall’ Therapeutic Community has been providing residential support and therapy for boys and young men, mostly aged between 16 and 21, since 1969.\(^8\) Like several other such places, it was established by members of the Religious Society of Friends.\(^9\) Inspired by an article by David Wills, one of the pioneers of planned environment therapy, the aim was to provide a less extreme and more appropriate response to the difficulties of the young men they worked with, for whom the only alternatives were likely to have been borstal or a psychiatric institution.\(^10\) ‘McGregor Hall’ is not a ‘Quaker Community’ and there is no obligation for staff or residents to learn or live according to Quaker beliefs. However, Quaker ways of life have been significant in the establishment and maintenance of the therapeutic community. In this respect, Bailey et al. have described their own ethnographic process of considering spirituality along with figurative, literal, theoretical and institutional aspects of their collaborative research into environments of this kind.\(^11\) Equally, while I am not a member of the Religious Society of Friends, understanding Quaker principles has become important to my research.

For a long time, therapeutic environments have considered how to respond to the potential problems of paternalism, and the role of multi-disciplinary approaches. This has been apparent in their attitude towards history and research. Many histories and descriptions of therapeutic environments have been written collaboratively or individually by practitioners, residents or clients, and many have placed an emphasis on oral history and qualitative descriptions from people with direct personal experience of the milieu.\(^12\) In the early decades of their development, most avoided or resisted academic

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\(^3\) Clark 1964.  
\(^4\) Abramovitz and Bloom 2003; Bridgeland 1971; Wills 1967.  
\(^5\) Harrison 2000; Jones 2004; Thalassis 2007; Jones 1952; Rapport 1960.  
\(^6\) Soyez and Broekaert 2005; Yablonsky 1967.  
\(^7\) Kennard 1998.  
\(^8\) ‘McGregor Hall’ Therapeutic Community Archives (hereafter MH), MH 2005.016, MH 2005.071 and MH 2007.082. These archives are held at the Planned Environment Therapy Trust (PETT) Archive and Study Centre. The anonymised name ‘McGregor Hall’ has been used at the request of the therapeutic community because of the highly sensitive nature of their current work with sexually abused/abusive children and young people.  
\(^9\) Barnes 1969; Bridgeland 1971; Clark 1996; Gobell 1986; Wills 1947; Wills 1967; Wills 1970.  
\(^10\) Wills 1962.  
\(^11\) Bailey et al. 2009, pp. 255–6.  
\(^12\) Millar (ed.) 2000; Shoenberg 1972; Smart 2001; Spandler 2006.
research, whether qualitative, quantitative, historical or contemporary. Academic styles of writing and research were not entirely absent from the therapeutic environment literature, but other styles of writing such as fictional, poetic or personal journal-type accounts were at least equally respected as appropriate mediums.\textsuperscript{13}

Robert Rapoport wrote up the findings of anthropological research at the therapeutic community established by Maxwell Jones at the Social Development Unit at Belmont Hospital in Surrey.\textsuperscript{14} Although Jones himself may have been unsatisfied with the book that Rapoport produced, \textit{Community as Doctor} (1960), the fact that it was positive, published, academic research proved useful in convincing the authorities of the worth of this particular therapeutic community when it was threatened with closure. David Wills, in addition to his practical work in planned environment therapy, was an enthusiastic, although not professionally trained, historian with an academic background in social work. He researched Homer Lane, who created a children’s commonwealth in Dorset.\textsuperscript{15} Wills hoped not only to acknowledge and learn about the work he viewed as setting a precedent for his own work in therapeutic environments for children and young people, but also actively to participate in encouraging a wider sense of community, support and historical validation for therapy based in understanding social environments.\textsuperscript{16} Following the style and effectiveness of William Burroughs in describing drug addiction and its culture, Daytop Therapeutic Community for overcoming substance abuse invited a novelist to become resident in the therapeutic community and write.\textsuperscript{17}

In more recent years, therapeutic communities have focused on how they can work with legislative and policy-making bodies and academic researchers, creating narratives of change and activism in policy through the provision of consistently effective methods backed up by shared standards for practice and good outcomes research.\textsuperscript{18} Adding the dynamic of considering how practice is recorded, and how records themselves are archived, preserved and accessed highlights the importance of considering the past, present and future.\textsuperscript{19}

Even though Nick Manning and David Kennard, among others, have acknowledged that therapeutic communities are now a ‘normal’ part of health care and social work, there is still something atmospherically exceptional about therapeutic communities and other kinds of therapeutic social environments. Nick Crossley used Pierre Bourdieu’s term \textit{illusio} to describe the sense of beliefs, philosophies, attitudes and activism that could be brought into being, maintained and ‘topped-up’ by the milieu of anti-psychiatry therapeutic communities in the 1960s and 1970s, which he called ‘working utopias’.\textsuperscript{20} Crossley does not present \textit{illusio} as a sense of ‘illusion’ but rather as a kind of belief, enthusiasm and meaningfulness, the obverse of ‘disillusionment’. A similar sense of perception, awareness, support and motivation has been articulated by people writing about other therapeutic environment practices, by those attending therapeutic environment conferences or workshops, and others visiting therapeutic environments. The vitality of the research of Erving Goffman and David Rosenhan had seemed out of reach to me.

\textsuperscript{13}Barnes and Berke 2002; Casriel and Amen 1971.
\textsuperscript{14}Rapoport 1960.
\textsuperscript{15}Bazely 1965; Lane 1954; Stinton 2005.
\textsuperscript{16}Wills 1964.
\textsuperscript{17}Casriel and Amen 1971.
\textsuperscript{18}Gatiss and Pooley 2001; Lees et al. (eds) 2003.
\textsuperscript{19}Fees 1998.
\textsuperscript{20}Crossley 1999.
as an undergraduate. Visiting therapeutic environments and the people who had lived and worked in them, I came face-to-face with people who had found practical ways to resolve many of the problems and inequalities highlighted by Goffman and Rosenhan, with just as much vitality.²¹

The ‘Reality’ of History

The ‘research topic’ has been impossible to objectify from the beginning. Before I had even officially registered with the university, I visited the therapeutic community I would be researching. On arrival, the first person I saw was the Director. I knew he was the Director because, as we drove up, he was standing, sweeping and talking with one of the young men outside the building. We parked and got out of the car. The Director came over. He grinned and shook my hand, and winked.

The ‘reality’ of the history I was researching, and its relevance to current practice, counted more as a motivation for research, to begin with, than academic theory and culture. Although this was a studentship and I had been given the research topic, it was clear that my research could not be the main concern of the people living and working in the therapeutic community, even though many of them had helped to construct, and move, the records and documents which, now in boxes, filled the room back at the archive that was called my office.

This room had been used for many different purposes. The building where the archive was established had been part of New Barns, another therapeutic environment for children, traumatically closed in 1995. The archive, library and study centre had been created while the school was still open, and the archivist, like many of the other people who still work at New Barns, had worked at the school. Among the others, the man who had been the principal of New Barns remained, working as the Executive Director of the Planned Environment Therapy Trust. A sense of the urgency of encouraging good historical study of therapeutic communities and other therapeutic environments was tangible.

Throughout the research I have been responding, incidentally and deliberately, to the question of ‘what does a historian of medicine do?’ My responses have of course been learnt from, and moderated by, my awareness of other people concerned with the history of medicine. This awareness has been built up through reading books and journal articles; attending seminars, workshops and conferences; and meeting historians of medicine at the university, at the archive, at postgraduate training sessions at the Wellcome Centre for the History of Medicine at University College London and through history of medicine research student groups and conferences. However, for much of the time I have been researching, the sense of history of medicine as an academic culture has felt slightly detached from the approach to learning and research my supervisor, the archivist at the Planned Environment Therapy Trust (PETT) Archive and Study Centre, encouraged me to develop, based on methods and attitudes actively developed in therapeutic environments. This difference or detachment has been productive in some ways, pushing me to consider how ‘being able to learn’ became the aim of my research and

²¹Goffman 1991; Rosenhan 1973.
how this has shaped my responses to the history of medicine culture and the expectations of the university.

The research methods my supervisor at the archive advised me to use were based on hermeneutics and grounded theory.\textsuperscript{22} He encouraged me to make use of my lack of awareness, and therefore lack of preconceptions, about therapeutic communities and the Religious Society of Friends by reading through the archive documents before doing a literature review. In this way, I could learn how the people who had created the archives had documented and defined the therapeutic community and Quakerism for themselves. As a result, I developed personal knowledge and experience of the fluidity and definition of what a therapeutic community and methods for exploring a therapeutic environment could be. I also became aware of the sensitivities of different people involved in therapeutic environment work towards certain uses of language. As a result, when I did write a literature review, I found a context, rather than a definition, for the archive material, and could balance theories and opinions with my own experience, and with the opinions of others, beyond what had been documented in the literature.

The method of research and writing which developed from getting to know people who have lived and worked in therapeutic environments, and from working at the Planned Environment Therapy Trust Archive and Study Centre, an atmosphere informed by therapeutic environment attitudes, helped me to engage with the ‘dilemma of paternalism’ in archival research, as discussed by Jonathan Toms.\textsuperscript{23} I met Jonathan Toms at the PETT Archive and Study Centre. Because he was researching a similar topic, our visits often coincided, and we discussed our work and therapeutic environments and history of medicine more generally. At the time when Jonathan Toms first raised the question of paternalism and the archive, I had little to say.

I was deep in the archives, attempting to untangle more than 40 years and over a thousand individual shifting definitions of therapeutic community among pages of publicity material, records of management squabbles and case histories containing descriptions of terrible human experiences. Very aware of being an ‘unintended’ reader, I felt uncomfortable taking on the responsibility of holding and reading these documents, let alone considering ‘speaking for’ the real people and experiences that had been recorded in, or missed out of, the archives.\textsuperscript{24} To begin with, the majority of people involved with much therapeutic environment work, and certainly the work of ‘McGregor Hall’ Therapeutic Community, are still alive and able to speak for themselves and document their own perceptions of history, and have many forums in which to do so.\textsuperscript{25}

Jonathan Toms’s point is not merely to dismiss paternalism, but to acknowledge that it is an issue in the study of history of medicine, and that it is essential to engage with it even if it may never be ‘resolved’.\textsuperscript{26} Although I was not initially aware of it, and even if my research method has not found a solution to the problem of paternalism in research, it has engaged with these issues in a way, which, as I believe, differs from the methods of many historians of medicine. I learnt from the archives which themes and discourses to focus on. The authority of those archives to present definitions and articulations of

\textsuperscript{22}Glaser and Strauss 1966; Ricoeur 1981.\textsuperscript{23}Toms 2009, p. 610.\textsuperscript{24}Steedman 2001, p. 75.\textsuperscript{25}Including Radio TC International and the Therapeutic Community Open-Forum.\textsuperscript{26}Toms 2009, p. 610.
therapeutic community practice and the Quaker way of life was not competing with or moderated by any sense of my own authority on those topics, because it was my forum for learning and considering that authority in the first place.

From studying the archives of the ‘McGregor Hall’, I was able to develop a theoretical approach to my research, and to write up my thesis, based on some of the attitudes and modes of management that had been learnt in the work of the therapeutic community throughout its history. I had to respect that the archive was already the most thoroughly documented account of the history of the ‘McGregor Hall’, and that my thesis could only present what I had been able to learn from the research. I was grateful to the lecturers at the Wellcome Trust postgraduate student training sessions for speaking openly about their personal approaches to research and writing. However, their certainty about the importance of conformity to certain procedures in academic culture highlighted a tension between perceived expectations and my efforts to develop research methods that were appropriate to my own research material, and academically, rather than resisting taking a pre-learnt structure for the research and expecting the archive material to conform to it. Was my research ‘history of medicine’ at all?

I was surprised when, at a review presentation at the end of the first year, some members of the university were dissatisfied by my honest, but enthusiastic, account of how confused I was. I had catalogued the archives of the therapeutic community and done a great deal of raw research, and perhaps become more used to therapeutic environment attitudes towards learning. I was shocked to realise that many people concerned with history of medicine research within the university were not interested in the fact that I had to learn in this way. Coping with confusion while in the process of considering a variety of possibilities before coming to an understanding of the subtleties of a research topic is something the majority of history of medicine research students encounter. As an undergraduate in a social anthropology department, it had been clear that engaging with notions of self-reflexivity, social relativism and hermeneutics had been encouraged. Now, in history of medicine, was I already supposed to know what I should know, or was I being given an opportunity to learn something completely new?

Because the research topic was given to me as a studentship, the question has never been whether this topic should be studied, but why it had been considered important. While it had seemed at first to be a question of working ‘for’ or ‘with’ the therapeutic community to preserve its archives and make its history more accessible, it became clear that none of the staff or residents had initiated this project. Rather, the idea of a student cataloguing the archives and researching the history had been recommended to the trustees by a member of the management team. The anxiety Carolyn Steedman describes about wanting to do justice to the people whose activities are documented in archives was intensified by the fact that I had met many of those people, and had found their work exciting, comforting and gratifying.27 Attempting to write a history in which most of the participants are alive, I opted for and sought ethnographic attitudes of respect and appropriateness for the people I was researching, rather than professional detachment. Although it was inappropriate for this specific topic, I came to feel that collaborative research could be an excellent method for understanding the history of therapeutic environments.28

27 Stedman 2001, p. 18. 28 Fielding 2004.
Conclusion

After three years, it seems that, although the research I have done and the thesis I have written may not be particularly far-reaching, the work has had a positive impact in the therapeutic community, the PETT Archive and Study Centre, the History of Medicine Unit at the University of Birmingham, and the building and maintaining of connections between them. While what I learnt did not always lead to a more flexible and collaborative relationship with the university, what I have been able to learn from considering ‘McGregor Hall’ Therapeutic Community’s history continues to inform my research.

Multi-disciplinary, non-hierarchical discussion has been recognised as useful in therapeutic community work, and elsewhere. But it remains unclear to me what opportunities there are, from the student’s point of view, to explore the relevance of this mode of understanding. Are students able to learn, and put learning into practice through discourse within university systems of teaching administration and assessment?

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