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Studying a Therapeutic Community

During June-July 1976 I spent over six weeks living in a therapeutic community (Grove House) of the Richmond Fellowship, as part of a wider project on communal societies. This followed frequent visits to this and other houses, including a week's trial stay at another community, Ember House. The basis of my residence is what has become known as the phenomenological approach. To understand what this means we need to note some problems of sociological research. In order to analyse the dynamics of any social group (whether it be a total community or a group oriented around a limited set of aims, e.g. a classroom, a work-group, and so on) two basic approaches are possible. One is the *formal* means of analysis: this entails questionnaires, attitude measurements, collation of statistical data, etc. The other is the *participatory*. Here the researcher joins the group as an observer so as to gain insights into its structure which formal research may not yield. The possibility that informants may consciously or unconsciously hide much valuable information, or the fact that many changes may occur in the group over even a short period of time are the sort of things the formal approach may not 'catch'. Participant observation assumes that the casual comment over a cup of coffee, observation of an argument between members, subtle signs of help and sympathy, informal means of asserting or undermining authority - that these are as important to one's understanding of the group as any number of statistics or interview schedules.

The participatory approach, while depending primarily on intuition and subjective impressions can help to fill the gap. Most social scientists today would agree that far from contradicting each other the two approaches can be complementary and thus give a fuller and more balanced picture of the group's dynamics.

The Phenomenological approach attemps to go one stage beyond the simple 'classical' form of understanding in a variety of spheres. Originally a method of philosophical analysis the term now designates an approach to social science, ethics and politics, education, psychiatry, the arts.

In the context of participant observation in sociology it means basically that the observer attempts to understand the group he is studying not so much by observing from within but by *experiencing it as a member.* There are two assumptions here. One is that the observer is a member of the group in the fullest (even if not formal) sense of the word; his participaion in its activities is as much part of the group's dynamics as that of more established members. In short it is a delusion for the observer to believe that he is 'merely' observing, that somehow he has an invisible presence. There are no two-way mirrors in social interaction.

The second assumption is perhaps the most typically phenomenological. It concerns the nature of reality. According to phenomenology much of our behaviour is based on what we consider to be reality. Reality is that which we regard as 'out there', 'given', 'externally valid'. In fact, however, at a social and psychological level there is no such thing. As Berger and Luckman argue, reality is that which we create for ourselves and then proceed to see it as having an independent and objective existence. Our social and personal relations are the result of human actions; our beliefs are human-made; our aims and values are of human creation - yet we often tend to see these (and are taught to see these) as 'natural' or 'inevitable', when in fact this is not the case.

In the context of our present discussion this has two implications. One is that as a therapeutic principle, individuals must free themselves from a sense of despair through inability to change reality; they must choose their own aims and attempt to attain them through their own means. The other implication is that individuals relate to the group in terms of their conceptions about the group's reality - what the group exists for, what it is capable of doing, how it is structured, how they each fit into it and use it to attain their private aims. Clearly there is a symbiotic relationship between the individual's perception of that reality which 'governs' his life and his perception of the group's reality.

I felt that these considerations were important to the overall aim of my study, which was to answer the general question of what makes the community a viable social group. This meant using a whole range of methods (of which participants observation is only one) in answering a number of specific questions about the aims of the organisation, its philosophy, the structure of individual houses and of the organisation as a whole, relation to the wider society and so on.

The point of the phenomenological approach is that the researcher must attemp to understand the group's functioning on the basis of his own subjective experience as a group member. (This principle already exists in psychoanalysis, and a classic example of its use in understanding a group is Bettleheim's *The Informed Heart*). The researcher does not simply note what others do. Rather, he needs to reflect critically and self-consciously on his own relation to the group as a whole, his relation to individual members, his own emotions as the group goes through its various ups and downs, his own reactions to even the pettiest of incidents, his own states of mind and body and how these states interact with those of others. It is a process of intro-spection, self-analysis, self-criticism demanding an ability to be honest with oneself and sensitive to one's role and one's emotions. Through understanding himself as a member of the group the researcher hopes to understand better what the group is all about.

The 'classical' participant observer consciously attempts to limit his own personal involvement in the life of the group. The point of the phenomenological approach is to accept this involvement, with all its limitations and pitfalls, and then to increase it self-consciously and critically, and to exploit it to further one's understanding of group processes.

130

Clearly this is easier said than done. To be oneself and to observe onself from within and from above all at the same time is no easy task. Our own sensitivities, prejudices, distorted perceptions, defence mechanisms, our identification with or rejection of the group as a whole or individuals in it will inevitably limit our ability to execute such a task. At any rate since one has a particular role in the group one's perceptions of it are inevitably bound to that role; to penetrate the perceptions of reality as held by other group members from the perspectives of their respecitve roles requires a mental and emotional juggling act of no mean proportions. Finally, the observer must realise that he, no less than those he observes, has his own perceptions of reality which he takes for granted and which influence his understanding of others' perceptions and of his own role in the group.

One means of overcoming its limitations is by using the other approaches too so as to compare, substantiate and complement your findings. Another possibility is doing the research with others (so as both to 'pool' your respective interpretations and to communicate your observations of each other) and in all events by getting feedback on oneself from the other members of the group. (For this reason anyone adopting the phenomenological approach to participant observation will never disguise his role in the group as is sometimes done in the 'classical' observation set up).

A theraputic community is perhaps the ideal setting for this type of participation since expression of emotion, self-analysis, openness and honesty are (ideally) the group's basic operating principles. With all these considerations in mind I embarked on the aforementioned project. What I will now relate are some of my experiences and conclusions based on this type of analysis.

The Richmond Fellowship is a charity founded in 1959. It has 27 half-way houses or therapeutic communities in this country, chiefly for people who have been hospitalised for psychiatric reasons and have now left hospital but are still under emotional stress. They are not yet ready to lead independent - which often means isolated - lives. The aim of the house is to provide a caring atmosphere in a loosely structured group. Residents are encouraged to discuss their emotional aims, problems, and desires with both staff and other residents. The residents themselves have responsibility for the running of the house. This is an opportunity both to learn some basics about cooking, cleaning etc., and to learn individual responsibility (as opposed to the dependence which characterises most hospitalisation). Residents are encouraged to seek employment or voluntary service in the area and weekly discussions are held on the difficulties of doing this such as psychological barriers, employers' prejudices, the unemployment situation. Group meetings are also held to discuss household matters, to clear tensions, to plan activities, to provide information. The staff are meant to serve more as guides and encouragers than as supervisors although they are expected to ensure that guidelines, as developed at headquarters, are adhered to.

There are few rules, but those that there are must be observed - no violence, theft, sex or drugtaking on the premises. Attendance at the weekly groupmeetings is compulsory. In addition there are a number of expectations - participation in work

groups, attempting to find employment, readiness to help others and to be helped by them - in short, to use the house to maximum advantage to oneself and to the house as a whole, and not just as a convenient place to sleep.

The most significant element of my own life in the house was my total lack of status. Much as the house aspires to be democratic and unstructured, no attempt is made to remove role-distinction altogether. On the contrary, the aims of the house (so its philosophy argues) can be achieved best by recognising different roles while achieving a free and easy relationship between them. There are three roles in every house - staff, residents, and students (who act as quasi-staff). My own 'role' was rather unique - that of having none at all. This was my own choice. I wanted to be considered as staff by the staff and as resident by the residents. In this way, I believed, I would have access to both groups especially since I assumed in advance that
inevitably barriers between them did exist. So I did not ask for keys to the office or access to files, yet I did attend staff meetings, while simultaneously participating in the residents various activities and attempting to be privy to their own discussions. Such involvement with both major groups of the house proved invaluable but there was a price to pay which was in itself highly instructive.

Having no role or status in the house means that you feel perpetually vulnerable, especially since you are a guest - the house owes you nothing. Hence my first feeling was that I had to proceed with extreme caution. I had to be careful not to make a tactless comment or ask a tactless question. My initial susceptibilities here were intensified by my knowledge tht the residents were all people suffering from emotional strain. I had already learnt a lesson in this regard in my week at Ember House. Knowing then that I only had a week at my disposal I had tried too hard to learn as much as I could as quickly as possible. This had on at least one occasion caused a major flare-up in the house. In Grove House I now knew that I had six weeks, so I could take things slowly. I felt quite certain that after a short while I would feel less vulnerable and would be more accepted. On my first day small group discussions were held. 4-5 people in each group talk very frankly about themselves. I felt I could not attend as it might seem an intrusion, and would either create resentments or suppress discussion. So I sat in my room writing. To my surprise someone, who could see me through the window from his small group, came over to invite me to join in. I naturally felt very pleased. The discussion turned out to be fairly innocuous. The following week, now more confident about my place in the house, I simply walked into the same small group - only to be asked to leave because someone wanted to talk intimately to his friends. This was a shock to me, until I realised that in fact one's vulnerability does not decrease but increases as time goes on. At first you are treated as a guest, which in any community is a privileged position. Hence I was invited to the earlier group meetings. By the time a week had passed there was no need to be as polite to me, so I could be ejected from the meetings. If I had been staff or resident I would have had an automatic right to join in, but not as a person of no definable status.
This non-role position dogged me throughout my stay at Grove House. In any human group, no matter how formal or informal, there is a degree of expression of feeling and

a degree of non-expression, or inhibition.

In a therapeutic community the tendency is to express feelings quite openly. If you cannot or will not say what you think, your life in the community is pointless (or there is something wrong with the community). That was precisely my problem as a person of no status in Grove House. Two examples will suffice.

There is a rosta for residents washing up after the evening meal. I joined this rosta. The staff member on duty in the evening also helps, and I often chipped in as if I were staff too. I found, however, that residents sometimes did not do their turn and felt somewhat angry at this, not so much because of the extra effort demanded of those who did wash up but because of the principle. I felt angry too at staff, for not doing anything about it. The same applied to cleaning groups in the mornings. Yet I felt that I could not openly critcise the residents when I believed they were at fault. I could, however, ask the staff why nothing was done about it, and was told that the situation would be corrected - which it sometimes wasn't. I hesitated to show my resentments simply because I was afraid to antagonise anyone in the house. This was perhaps the crux of the problem. Being totally dependent on others for their co-operation I was perhaps afraid to alienate them. Unless they would respond to my questions, allow me to express views, let me listen to their discussions (those of staff and residents alike), there was no point in my being in the house. Display of hostility towards them would jeopardise the entire enterprise, and I therefore had to bury my feelings on many occasions.

A second example occurred when a prospective resident came for an assesment - an opportunity for the group as a whole to get to know him and decide whether to accept him or not. One of the residents began to question him thoroughly and determinedly on what seemed to me to be totally irrelevant aspects of his childhood. This went on and on, and I felt like shutting him up since it seemed to me to be more an ego trip for him than a proper assessment. I subsequently discovered that the staff member present felt the same way. (By the way I was flabbergasted later to hear a female resident tell the persistent questioner how pointed and relevant his questioning had been.) But this staff member had said nothing. I thought perhaps he felt that he should not in any way dominate the discussion, but I could not get a clear answer. The general question that arises is - why are staff not prepared to confront residents on issues? Can it be that they too fear the alienation of residents? Unlike me, they live in the house for a lengthy period, even years. Perhaps they feel it easier to play it cool, close their eyes, even when they sense something wrong; perhaps too, quite naturally, they do not wish to develop bad relations with any residents; and quite possibly they are afraid of asserting their authority since it would be against their ethos.

Another problem related to this personal insecurity in the house is the matter of confidentiality. In the house there is, in principle, no confidentiality. If a resident tells a staff member something, they may decide between them to keep it confidential from other residents. But a staff member will never agree to a resident saying 'I will tell you something but only if you promise not to tell anyone'. Similarly anything said

publicly may be brought up again in any other context. Once a resident was complaining of having lost some magazines he had brought. (There were four or five of us present). He then announced that he wouldn't be surprised if a certain staff member had stolen them. I suggested that he should take it up with the staff member directly, both to satisfy himself and to be fair to him. He didn't and by rights I should have told the staff member concerned - and probably all the staff, since this was a patent way of subverting confidence in them. But I didn't because it would have seemed like 'tittle tattle'. The result could have been a blow up for which I would have been responsible (I had already done it once in Ember House) and loss of confidence by the residents in me. In thinking about it I justified my silence on the grounds that 'its best for residents to work these things out for themselves', although honesty prevented me from saying this with much conviction.

I have no doubt that my hesitations here were a result of my ambivalent status in the house, but no one else took the matter up either, so it is legitimate to ask just how free full members of the house feel to 'expose' themselves and others.

Another point worth considering is the matter of life in the house as a life-style. Unlike a normal job, which could be separated from the rest of ones life, this job is, in a sense, a way of life, both because staff are usually resident in their work-place and also because of the emotional strain on them during work-hours. On the one hand, one must accept work in the house as a way of life; on the other, to become totally submerged in ones work is to impose on oneself an intolerable strain and to limit ones horizons regarding work itself. In the first few days I was around from 9 a.m. till late at night, but then felt it was just a bit too much. Much as I wanted to be in on all the discussions and meetings I found that unless I took a break for an hour or two at a time (without recourse to formal shifts) I would feel tense and irritable. A tremendous amount of discussion revolves around personal problems and with the best will in the world, one cannot be over engrossed in them (whether they be one's own or those of others).

Yet I did feel fairly strongly too the 'way of life' argument. Here my own personal circumstances were important. When I went to Ember House, even though it was only for a week, I had great guilt feelings because of family obligations. I went home about three times in that week and felt divided between Ember House and home; being thus comfortable in neither. Grove House was a different state of affairs. Because of personal circumstances I went to Grove with an easy mind. I felt able to submerge myself in the life of the house without feeling tugged away from it. Naturally the all -round friendliness I met made this even eaiser. I could thus find that as time went on I began to identify with the house. An indication of this is the anxiety one feels on leaving for a short time and then returning. I began to feel that if I left I might miss out on something; on return I would go immediately to the 'communications book' (where people are free to make any comment they feel like - and do!) to see what had been happening. This was to me a clear index of degree of identification with the house. (This particular point shows us too the danger of using only one's own perspective to understand those of others. Since I consider myself to be 'normal' or

'stable' I do not face many of the anxieties residents do. One resident told me how she always wanted to come back after weekends with her parents, because she looked forward to seeing her friends again. But at the same time she was afraid to come back because at home her parents spoilt her while in the house she had to be responsible to herself and to others, and she found this extremely difficult to cope with. It is unlikely that I could have understood this point directly through my own experience.)

Yet involving oneself in a way of life has its complications, since one needs to give expression, even in the framework of one's work, to one's private interests. Clearly also where you have some twenty people living very much on top of each other a considerable amount of give and take is necessary.

One example - a former student came for lunch one day. It turned out that he, like me, is an ex-South African. This was soon after the Soweto riots, and he and I were both glad of the opportunity to let off steam on the subject. I was glad that residents had earlier asked me about South Africa, but this is not the same as informed discussion. I had felt frustrated until then about not having someone to talk to, and the inability of the residents to respond to my need had created a degree of · resentment on my part, even though they could in no way be blamed.

During this discussion over lunch all the others present had been silent, which I had interpreted as interest on their part. Afterwards, a staff member present told me that there had been resentment by residents at the fact that we had been so involved in a discussion which, however interesting, was in no way related to *them;* further, I had 'grabbed' this former student away from the residents, thus denying them the opportunity to talk to him about themselves.

We can learn from this something I have since noticed in other situations - that members resent any one individual imposing his own interest too much on the others, even if this is of direct therapeutic value to that individual. Another consideration is the importance of 'sandwich' roles which I shall discuss later.

A further point I noticed was my reaction to people's comments to me when the time for my leaving drew near. A number of residents told me how sorry they were that I was to leave; some said they wished I would stay on as staff ('you'd be much better than *them*'). This of course was very satisfying to my ego until I began to relfect on it somewhat deeper. For one thing what price had I paid to get these comments? I had deliberately avoided antagonising residents in any way; if *everyone* avoided antagonising everyone else there would be no basis for the community. I was in the position of grandparents, while the staff, who bore the brunt of criticism, were in the position of parents. One has pleasure without responsibility; the other has to accept both, which involves pain too. I also realised that this was said to and about nearly every student that came. Does this mean that persons like myself who play a 'sandwich' role are a necessary part of the community? Do we help residents to

express themselves in a way they could not do with staff? But are we not then cushioning the potential impact of staff-resident interaction, thus helping them to avoid direct confrontation? This role has obviously both a positive and a negative function.

The point was made clearer by my reflecting on what it *would* be like to be staff (especially since I am vaguely toying with the idea anyway). I know I got on well with residents as a 'non-roler', but how would I fare once I took on a role of authority? Would I freely express my thoughts, feelings and opinions? Would I be so chummy with the residents? Would I have the patience to handle difficult problems delicately? How would I react to criticism?

I have no doubt that these anxieties are felt by most staff, and this provided a valuable insight into the tensions inherent in a staff role.

The matter of 'sympathy' and demanding responsibility from residents indicates one of the ambivalences of staff roles. Just how much can one demand from residents? The aim of the house is to create a learning atmosphere on the road to full personal responsibility. Sometimes residents shrink away from such responsibility. They may claim that they are 'too sick' to wash up or cannot do something because they are 'only patients here'. At times I found myself being sympathetic, but at other times felt that this was just an excuse to escape responsibility. Apart from my own feelings of vulnerability in the community, my total lack of experience left me confused as to how to react. I felt that responsibility means doing something necessary *even if you don't feel up to it.* By accepting excuses for non-action you are thus re-inforcing lack of responsibility, but on the other hand I had guilt feelings about not being sufficiently sympathetic. Staff quite possibly feel the same confusion; they may be tempted to opt out by letting residents opt out; and residents may well sense and be tempted to exploit this confusion in the minds of staff. It also goes to prove that perhaps the most important single requirement for a good staff member is not so much formal knowledge but the development of sensibility, an ability to discriminate between situations, an intuition of mood and grasp of which reaction to choose among the many possible in every situation. My impressioon was that most staff members, especially the more experienced ones, had acquired these qualities (supported by in-service training).

Another point worth considering, that of the possibility of non-residents feeling superior to residents and imposing their own values on them, can be found in the matter of cleaning up in the mornings. One occasion I cleaned up the lounge - far more thoroughly, I believed, than any resident had done or was likely to do. This gave me a feeling of satisfaction - both in cleaning up well and in knowing I was doing it better than others. Then one day I say a resident doing the job far more diligently than I had ever done and without any panic or ballyhoo, that is, she seemed to do it with ease and efficiency. This was rather a jolt not so much to my confidence but to my preconcieved and perhaps partly justifiable notion that anything they could do I could do better. The problem that is worth investigating in this regard is this - do staff have

136

feelings of disdain for residents or simply underestimate them, and do they tend to see situations through their own eyes - intellecutally, culturally, emotionally - without recognising that residents (many of whom I found to be highly intelligent) many well see the the same situations entirely differently; in short do we interpret situations in terms of our own needs and experiences and self-images and ignore those of others, and what are the consequences of this for staff-resident relations?

Finally, we can look at the matter of trust within the community. On my first day I brought with me a fair amount of cash since I did not know when I would next be home. I didn't know whether to lock my room or not, but didn't get round to asking about it. That night at a house- meeting a resident alleged that someone had entered his room and stolen his watch. (No-one was convinced). He demanded the right to lock his room. The warden was adamantly opposed, both on the grounds of safety - there might be fire, or people might over-dose themselves - and on the grounds of trust. It was impossible to build a community, he argued, if people lived in an atmosphere of mutual suspicion. I was impressed by these arguments until I realised that they applied to me as much as anyone else. In the end I didn't lock the room ever, but if I went away for a weekend I took my money with me (in the house I hardly needed to spend any). I felt that if my own feelings had any general meaning then the warden was right: you cannot relate to people with ease - and this is what living in a therapeutic community is all about - if somehow you don't trust them. But if you have a community which, like this one, is based ultimately on private goals and not on the attainment of some wider moral ends (as in say a religious community) then a degree of non-trust is inevitable. This is an indication of the type of problem involved in building a communal spirit on non-communal goals.

My final feelings on leaving the house were ambivalent. On the one hand I was grateful to all the members for having received me so warmly, which was both personally gratifying and academically helpful. I also felt that a continued period in the community would help me even more in my studies.

On the other hand, I felt I had reached the end of my ability to maintain an undefined role in the community. I would either have to become a staff-member or a resident, since even though I could now see more clearly than before the tensions and ambivalences of each of those roles, they were preferable to those of my present 'role'. As a final ambivalence I have now chosen to do the same thing for a short period in other therapeutic communities.

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   (Includes discussion of student in therapeutic community.)
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Growth

If I take the vow
Of Poverty, Chastity and Obedience,
I shall be telling the world
I am not in the race
For Wealth, Love and Freedom.

And I shall be telling myself.

I shall not be seeking, searching,
Trying, trying not to try
To reach the greener grass: over there.

I shall stay still, stay quiet,
Growing parsnips and roses
In the monastery garden.

If I say that my growth
Did not end at twenty-one
But goes on at forty, sixty, eighty,
I may take the vow
Of wealth, Love and Freedom:
Wealth not of gold but of living,
Love that is both lust and caring,
Freedom to break with the past and create.