PhD thesis

Where is the love? A psychoanalytic history of the Cotswold community

Brown, K.

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Where is the Love?

A Psychoanalytic History of the Cotswold Community.

Katherine Emma Brown

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Department of Psychology, Middlesex University

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Abstract – Where is the Love? A Psychoanalytic History of the Cotswold Community.

This thesis presents a historic account of the Cotswold Community (1967-2011), a therapeutic community for adolescent boys who had experienced trauma and disrupted attachments. The research is a case study of a single institution, using archival research and some elements of autoethnography. The thesis examines themes of deprivation and delinquency, therapeutic love and hate, and the roles that men and women working with the boys took. The central question this thesis addresses is about the nature of therapeutic love, argued to be present at the Cotswold Community. The social utility of the psychoanalytic idea's of Winnicott, such as containment, regression and the 'care-cure' to address children's difficulties are explored from a perspective informed by attachment theory.

The thesis begins by exploring the historic context of residential therapeutic childcare, the wider therapeutic community movement and approved school system. This thesis describes, and analyses the model of psychoanalytic treatment at the Cotswold Community developed by Balbernie, and Dockar-Drysdale for children who had been considered difficult to treat therapeutically and required a form of total cover. Delinquency is conceptualized as behaviour stemming from the multiple deprivations the boys had experienced. This relates to wider psychoanalytic discourse about delinquency being the result of privation or deprivation. The treatment model was based on Dockar-Drysdale's understanding of the provision of primary experience, by the men and women working with the boys. Understanding of therapeutic love draws on the work of Fromm. Hate and rage are conceptualized as a state of panic leading to violence stemming from traumatic early life experience. The cure for this is the emotional involvement of the men and women working closest to the boys. This quality of emotional involvement, although complex, has the possibility of being transformative. Understanding this emotional involvement may be of use to the current generation of therapeutic community practitioners working with difficult to reach children.

Word count: 83,117

FOR FAITH

How good it is, that this little human seedling and I encountered each other in the universe (Bertha Pappenheim, in Given-Guttmann, 2001, p.332)

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Introduction: Mapping the Field. (A brief summary)

> *Today, as always, the practical question is how to maintain an environment that is humane enough, and strong enough, to contain both the caregivers and the deprived and delinquent who desperately need care and containment, but will do their best to destroy it when they find it.*
> (C. Winnicott, 1992, p.5)

> *The battle for youth is one with the gloves off.* (Neill, 1985, p.260)

Spencer Millham of the Dartington Social Research Unit stated, "Therapeutic Communities are places notable for the permanent sound of tinkling glass at the end of long drives" (Whitwell, 2002, p.6). This would have been true of the Cotswold Community, where there was certainly the occasional sound of broken glass as part of the soundscape. However, this was not the only aspect of sound making up the landscape of the community. During my time as a residential therapeutic child care worker at the Cotswold Community, there was a song on the radio by the band "Black Eyed Peas" called "Where is the Love?" The boys appeared to really like this song, and some would even sing the words during calmer moments whilst going about their day. The song might have even been included in music lessons at the community school. The song has a catchy, anthemic quality, but it was the lyrics making references to mamas, dramas, and traumas which were particularly apt for boys at the Cotswold Community in the context of their lives, mothers, and traumas:

> What's wrong with the world, mama
> People livin' like they ain't got no mamas
> I think the whole world addicted to the drama
> Only attracted to things that'll bring you trauma…..
> Madness is what you demonstrate
> And that's exactly how anger works and operates
> Man, you gotta have love just to set it straight
> Take control of your mind and meditate
> Let your soul gravitate to the love….
> (Black Eyed Peas, Where is the Love? 2003)

The question this thesis seeks to address is about the nature of therapeutic love, which was argued by Wills (1971) to be, "not a word often heard at the Cotswold Community, but its presence was unmistakeable." (p.152). If it is the case that the presence of therapeutic love is unmistakeable at the community, what is the nature of this love? Does love matter? If so, how and why? And what is the relationship between love and hate? And the relationship between lack of love and delinquency?

What are the wider implications of the example of the Cotswold Community for psychoanalysis and wider discourse about love in residential therapeutic childcare? Is love a viable idea for residential therapeutic childcare? And what are the implications and applications of such ideas, and areas of controversy?

My interest in the Cotswold Community (including the theme of therapeutic love) began as I was a residential therapeutic childcare worker at the Cotswold Community between 2003 and 2005. The Cotswold Community existed within a wider history of the therapeutic community movement, yet this place may not be widely known. The history of therapeutic communities is discussed in the first chapter, which explains therapeutic communities roots in moral treatment, different sorts of therapeutic communities and the international elements of the movement (Kennard, 1998). Also explored in the first chapter is how therapeutic communities for adults also differ from therapeutic communities for children (Stokoe 2003, Ward 2003b). One of the issues highlighted is whether or how the proposed values of the communities are reflected in the lived experiences of those at the communities (Bryt, 1998). Or whether calling an institution a therapeutic community makes it so. The first chapter also describes the approved school system which preceded the Cotswold Community. The community had been an approved school prior to making the transition in 1967 to becoming a therapeutic community under the leadership of Richard Balbernie. Accordingly, approved schools and how they differ from therapeutic communities is explored in this thesis. This includes difficulties those working at the Cotswold Community experienced with staff attitudes when making this transition (Whitwell, 2018). The history of the therapeutic community movement includes many charismatic leaders (Taylor, 2014). The charisma of those at the Cotswold Community and how they delivered their ideas (Lane, 2021) is described. The charisma of the ideas outlived these charismatic leaders, and what follows is an attempt to explore some of these ideas, focusing on therapeutic love. This thesis exists in the current context of provision for children in care, making reference to a 2020 Government report entitled "The Children No One Knows What To Do With." The nature of the boys difficulties, and admissions criteria of the Cotswold Community are explained in the first chapter of this thesis. The first chapter is entitled "A Well Trodden Path", as it was Balbernie's (1969 [Archive list][1]) belief that he was treading a well trodden path, rather than being a pioneer.

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[1] Texts cited or quoted from the archived materials are differentiated from other references in the main reference section by [Archive list] next to where they are cited in the text.

Chapter two of this thesis concerns therapeutic love. Chapter two starts with a discussion noting the current discourse about the place of love in psychoanalysis and residential therapeutic childcare. How Balbernie and Dockar-Drysdale's understanding of the nature of therapeutic love can contribute to understanding of hate, rage, panic, and the management of violence is explored within the wider context of psychoanalytic understanding of love and hate. The contribution that the individual example of the Cotswold Community can make to our understanding of professional love draws on the work of Fromm (1957) and can define love as a particular quality of emotional involvement. Sometimes this love has to be unspoken, as to utter such as word might involve all sorts of problems and sensitivities. Chapter two ends with a discussion about the social context of therapeutic love, and whether this is valued, understood or even feared as being perverse.

The need for research into residential therapeutic childcare and therapeutic communities and methodologies is discussed in chapter three. Beedell (1970) argued that, "Residential work is clearly an underdeveloped area of study and practice"(p.165), furthermore that, "residential work deserves our serious consideration as a field of action of study, and economic and human investment" (p.166). How this fits into the wider history of psychoanalysis where there has been a tendency to consider residential therapeutic work with children "not psychoanalysis" is explored in chapter three. The literature review explores a particular genre of literature described as, "the literature of dysfunction" (Beedell, 1970, p.164)[2]. The main authors this thesis draws from are Richard Balbernie (Principal of the Community from 1967 until 1988). Barbara Dockar-Drysdale (Therapeutic Consultant 1967 until 1991). Isabel Menzies-Lyth (external institutional consultant employed by the Tavistock Institute of Human Relations 1970 until 1981), and John Whitwell (worked at the community from 1972 until 1999, from 1985 as Principal). This thesis also addresses issues about researcher reflexivity, and contains some the joys and idiosyncrasies of archival research. Ethical considerations, and research processes are also explored in chapter three.

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2   Beedell citing Professor Kathleen Jones of the Association of Social Workers, 1967

Chapter four of this thesis presents the main findings. Firstly is a descriptive section about the Cotswold Community, including the nature of the boy's disturbance. The staff working with the boys are also described, as well as the nature of their roles and the training they were offered. The training offered to Cotswold Community residential therapeutic childcare workers can be conceived as an introduction to certain psychoanalytic theories, especially Winnicott's for residential therapeutic childcare practitioners. Further exploration of the ethos at the Cotswold Community is provided and touches upon themes of hierarchy, authority, and democracy. A description of day to day life is also provided in order to establish how theory was put into practice, and how the physical environment contributed to the therapeutic process. This includes the process of the community farm becoming a therapeutic resource, and how the richness of the land the community stood on made it vulnerable to acquisition.

The fourth chapter of this thesis then goes on to discuss deprivation and delinquency. It begins with an account of Winnicott's and Bowlby's theories about delinquency and it's roots in deprivation. This relates to wider discussion about whether adolescents who become delinquent are "mad", "bad" or "sad". The thesis explores Balbernie's (2011) argument that survival depends on knowing what is damaged, what the treatment is, who the treatment is suitable for and what is considered a successful outcome of treatment. Winnicott's influence on the community through consultancy with Dockar-Drysdale is evident in practices such as use of transitional objects in the therapy, and the overall ethos providing a 'care-cure' and provision of primary experience.

Themes of love and hate are explored in the final section of chapter four in relation to what love means in therapeutic relationships, and draws from the work of Fromm (1957) which influenced therapeutic community movement (Winship, 2013). The thesis develops ideas about how understanding the causes of violence can contribute to its management. The feelings evoked in staff, and the need for clear roles and boundaries to help overcome extreme ambivalence arising in therapeutic relationships are explored. The issue of how professional care differs from, but has similarities to the love of ordinarily devoted parents is discussed. This understanding fits with wider social discourse about love and hate, including consideration of instances where love and hate are absent. This thesis and conceptualizes love as a

verb, a doing word, which is to do with becoming emotionally involved in the work with the boys.

Chapter five of this thesis explores the roles that men and women took in terms of the treatment at the Cotswold Community. It discusses the need the boys had for positive male role models, and how early life experience of the boys might have exposed them to problematic or absent forms of masculinity. Addressed is the idea that the maternal care they received had implications for therapeutic relationships with female workers at the community, and gender balance in the teams working with the boys. These themes also relate to wider issues about the nature of the therapeutic endeavour, what it means to be raising boys, and the role of men and women involved in these highly complex and emotionally charged therapeutic relationships.

Love is mentioned by Wills (1971) as being unspoken, but unmistakeable at the Cotswold Community. Love is concluded to be a particular quality of emotional involvement between staff and boys including the whole milieu of the environment, and is argued to be transformative (C. Winnicott, 1964). The legacy of the Cotswold Community is personal to the individuals involved, but must be seen in the context of the aim of treatment being to break the cycle of deprivation (Whitwell, 2018). How lessons learnt from the study of the Cotswold Community could be applied to current institutions providing residential therapeutic childcare is considered. The thesis ends with question of whether we will see another institution like the Cotswold Community again.

Chapter 1. A Well Trodden Path: A history of therapeutic childcare, from the children of the dangerous and perishing classes to the children who no one knows what to do with.

Meet me by the morning
On the corner of night
Where the mist rises
Where love might.
(Sissy, 2019, p.21)

This chapter begins by exploring different descriptions of therapeutic communities. The rationale for this is that in order to have a full understanding of the Cotswold Community, one must first understand the nature of therapeutic communities. This understanding of therapeutic communities touches upon different types of therapeutic communities, how therapeutic communities for children differ from therapeutic communities for adults, and the international nature of therapeutic communities. This chapter then goes on to describe the approved school system, as the Cotswold Community was previously an approved school and transformed under the leadership of Balbernie (Wills, 1971). The description of approved schools highlights how the Cotswold Community as a therapeutic community differed dramatically to the approved school which had existed prior to 1967. The nature of the boys admitted to the Cotswold Community, and the specific admission criteria of the community is described in order to provide further context of this thesis. This chapter concludes with an exploration of the current situation for children in care unable to be contained in more widely used forms of state provided arrangements such as foster care. The boys the Cotswold Community admitted are seen in the current context described in government reports as "The Children Who No-One Knows What To Do With". Ideas present at the Cotswold Community challenge some of this pessimism and helplessness, and could help inform current and future practice in residential therapeutic childcare.

1.1: Describing Therapeutic Communities.

Starting with a description of what constitutes a therapeutic community, it is useful to begin with a discussion of the word "therapeutic". Rollinson (2012) stated that:

> The word "therapeutic" in the original Greek meant being attendant on someone, a servant to another in need, before it meant treating or even curing. So in our society we can stand by with purpose, and not be just hopeless bystanders. We can try to shift the antisocial tendency to the "altruistic social tendency" (p.123).

There are considerable difficulties in writing a history of the therapeutic community movement. Norton (1998) remarked, "It is truly a difficult task, to convey accurately the essence of a TC, since it is so complex and dynamic." (p.80). The previously cited rich and evocative description provided by Spencer Millham of the Dartington Social Research Unit that, "Therapeutic Communities are places notable for the permanent sound of tinkling glass at the end of long drives" (Whitwell, 2002, p.6) is useful. It references the sorts of sounds and physicality of therapeutic communities, which were also present at the Cotswold Community. Those who visited the Cotswold Community may remember both the specific long drive which was actually called "the drive", and the occasional sound of breaking glass. Millham's rather grim description implies something disturbing about treatment in therapeutic communities.

A factor complicating discussions of therapeutic communities is the suggestion that wider society may not wish to know too much about institutions working with children who are unable to be with their family of origin, or foster placements. Beedell (1970) argued:

> The fact that residential provision is only needed when the family, or other informal social organizations have failed arouses anxiety and guilt on the part of people still managing within the normal social supports. They tend to shy away from this exposure of inadequacy in society and thus indirectly in themselves. So we mostly put up with such institutions without wanting to know much about them. (p.1)

Archer (1979) discussed the ebb and flow of acceptance of therapeutic community practices. This included the dangers of perceiving the therapeutic community approach as superior to other approaches to human distress, "Therapeutic

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Communities certainly have a very valid and effective way of working. They contain much truth and shed much light. I sometimes wonder, though, whether they see themselves as possessing the way, the truth, and the light." (p.36) Furthermore that, "I fear that the white heat of enthusiasm for therapeutic community ideas might inadvertently start a fire which would burn us all in our beds" (Archer, 1979, p.37).

At a 2021 Mulberry Bush conference discussing the work of Harold Bridger (one of the earlier pioneers of the therapeutic community movement) and the Northfield Experiment, it was asked about the Northfield Experiment, "yes, but weren't there riots?" This might be heard as a warning to those writing about therapeutic communities, not to present a picture of therapeutic communities which is too sanitized and ignores important realities of the experience, especially disturbance and violence. However, it is also true that a competing danger of writing sensationalist accounts of life in therapeutic communities also exists. This is similar to what Taylor (2014) describes as "bin memoires" where a tendency to perceive institutions in black and white terms that mimic aspects of the distress that the institutions contain.

Kasinski (2003) explained the difficulties of describing therapeutic communities:

> The history of the therapeutic community approach is not an easy one to outline simply. It is often not a very clear or coherent one. It lacks a strong or consistent story line. This reflects the view that the approach is characterized by distinct projects working in different contexts, all separate from each other. The work developed without the umbrella of a central organizational or professional base to provide support and guidance. There is not a commonly recognized language. Different terms may be used to describe similar but not necessarily identical concepts and practices (p.63).

As could be inferred by the above discussion, there are several difficulties in answering the question "what is a therapeutic community?". There is the problem of whether a community calls itself therapeutic, as a community may act in a way which members experience as being therapeutic without this ever being an explicit aim. An example of this might be a religious group such as a monastery or commune such as that set up by the Bruderhof. The Bruderhof were originally a group of religious migrants from Germany who occupied the land on which the Cotswold Community later stood. They built many of the buildings inhabited by the community, and whose influence is explored later in this thesis. Alternatively an institution which calls itself a

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therapeutic community might be argued to be a cult, or anything but therapeutic (Kennard, 1998. Whitwell, 2002). Whitwell (2002) draws from Winnicott and identified the ingredients necessary for an environment to be therapeutic:

> In some respects, the therapy is the order of the community and the ego functioning and behaviour of the staff. I think Winnicott is agreeing with this point when he said "In a sense, all communities are therapeutic in so far as they work. Children have nothing to gain from living in a chaotic group and sooner or later, if there is no strong management a dictator arises among the children" (p.8).

Another difficulty is that there are different sorts of therapeutic community (Kennard, 1998). Ideas and practices in therapeutic communities evolved over time (Haigh, 1999), so how the same community operated at one time in history is not necessarily the same as how it might have evolved or been previously (Rose, 1990). There are also important differences between children's and adults therapeutic communities (Stokoe 2003, Ward 2003b), which are examined later in this thesis. Therapeutic communities for children and adolescents can be argued to be forerunners of the adult therapeutic community movement (Kasinski, 2003). Therapeutic communities are also an international phenomenon (Kennard, 1999). Traditions in one country will be different from traditions in others, although they will have things in common.

In order to understand the therapeutic community movement, one has to understand what came before. Including how use of the term therapeutic community follows the idea's informing practice. The therapeutic community movement for adults has its roots in moral treatment[3], which dates from the 18th and 19th centuries (Kennard, 1998, Kasinski, 2003.) This was long before the term therapeutic community was used by Tom Main in 1946 to describe the practices in the Northfield Military hospital in Birmingham treating soldiers from WWII (Harrison 1999, Harrison, 2000, Hinshelwood, 1999). Often the communities which pre-dated 1946 were religious in nature, and advocated more humane sorts of treatment (Leevers 2009, Clark 1999, Kennard, 1998). For example, John Conolly argued in the 1800s that physical restraint of the insane should be abolished and of the therapeutic potential of asylums:

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3   Moral treatment in this context is taken to mean rejection of the use of physical restraint and more humane approach to mental illness and human suffering (Taylor, 2014)

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. . Calmness will come; hope will revive; satisfaction will prevail. Some unmanageable tempers, some violent or sullen patients, there must always be; but much of the violence, much of the ill humour, almost all the disposition to meditate mischievous or fatal revenge, or self destructiveness will disappear. . . And despair itself will sometimes be found to give place to cheerfulness or secure tranquillity. [The Asylum is] where humanity, if anywhere on earth, shall reign supreme. (Taylor, 2014, p.109–110)

Another of the early pioneers in the humane treatment of mental illness was William Tuke, who (like Wills) was a Quaker. Tuke founded The Retreat in York in 1796, as an alternative to the asylum. What had prompted Tuke to create The Retreat, was the tragic death of Hannah Mills, a 42-year-old Quaker widow who had died in unexplained circumstances having experienced inhumane and cruel treatment in York Asylum. Tuke vowed that, "never again should a Quaker endure such treatment, and devised a method of treatment where patients were treated with humanity in beautiful surroundings in which interaction with their environment became part of the therapeutic milieu" (The Retreat, 2021).

This urge to create humane forms of treatment happened in parallel to understanding the psychological roots of madness, for example Henry Maudsley's contribution to the understanding of criminality and madness is described by Horne (2012):

> Henry Maudsley was exploring the boundary between criminality and insanity. Although this was often polemically stated in his writings, he did reach a sense of what he called "individual or family degeneration", which had crime as one of its manifestations, that is, there was an early-recognition of environmental factors. Equally, he wrote, "Now it is only a question of degree and kind of fault how far antisocial feeling, thought and conduct, passing through their divers forms of degeneracy, must go before it becomes madness or crime", and "crime is a sort of outlet in which their unsound tendencies are discharged; they would go mad if they were not criminals, and they do not go mad because they are criminals" (Maudsley; 1867, p. 105). The language may not be what we might use now; however, the theoretical propositions stay of interest and the idea of activity, delinquency; and abusing as a defence against psychosis or breakdown remains an important one in psychoanalysis today (p.62).

Kasinski (2003) describes how the precursors of the therapeutic community movement for children have their roots in ragged schools and the work of social

reformer Mary Carpenter (Wills, 1971). Balbernie (1969 [Archive list]) references the work of Mary Carpenter, and explored later in this chapter of this thesis.

Campling and Haigh (1999) remark that, "Therapeutic communities are good at containing risk, but – like the centipede asked if it remembers how to walk – might lose it if called upon to describe it!" (p.13). Kennard (1989, 1998) identifies something he calls the therapeutic community impulse which is described in the following terms:

> The impulse is difficult to define. It expresses itself in a number of attitudes: liberalism, egalitarianism, psychological mindedness, toleration of the expression of conflicting ideas and a kind of shirt-sleeves informality about the business of helping people. It is an impulse to focus on the quality of the relationship and communication between people, on the way they naturally set about dealing with one another, as the essential working material of treatment. (p.11)

Describing an impulse or the atmosphere of a certain institution, group, or time in history is highly complex. There are dangers in drawing boundaries. "Limiting the term to one particular type of community could do more harm than good, inhibiting new developments or 'outlawing' certain types of community which might be just as therapeutic as those within the definition." (Kennard, 1998, p.19). Beyond complications about whether a particular institution chooses to call itself a therapeutic community or not, and the extent to which it is therapeutic, there are also different sorts of therapeutic communities. Kennard (1998) makes the distinction between adoption of the therapeutic community approach, therapeutic communities proper, concept-based therapeutic communities and alternative asylum and anti-psychiatry communes. These distinctions are important as the term therapeutic community can encompass very different ethoses and practices, and one of Kennard's contributions is to highlight these differences. Kasinski (2003) remarks of differences between therapeutic communities, "While they may have been travelling in the same direction, they were not necessarily following the same path, using the same map, or even defining their goal in the same language" (p.43). Within this framework the Cotswold Community can be said to be a "therapeutic community proper".

Institutions which adopted a therapeutic community approach were often transformed large asylums for the chronically mentally ill hoping to develop, "into

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more active, humane, caring institutions where the human rights and dignity of the inmates are recognized and respected." (Kennard, 1998, p.21). Such changes in the treatment of the mentally ill often came about following social upheaval and change, and the adoption of a therapeutic community approach is not confined to England or the UK. There are multiple examples of therapeutic communities internationally (Kennard, 1999). Kennard's contribution to our understanding of international therapeutic communities highlights that not only are there different sorts of therapeutic communities, but also differences and commonalities internationally. Kasinski (2003) also highlights how therapeutic communities for children in the UK were impacted by idea's from the US in the early 20th Century. In particular by visits from Homer Lane, who some have described as the "founding father of the therapeutic community movement", is described later in this chapter.

Concept based therapeutic communities were those treating people addicted to drugs, and particularly prevalent in the US. Examples of this are Synanon, Daytop and Phoenix House. The most important difference between concept based therapeutic communities and therapeutic communities proper were to do with power, authority, and hierarchy. Often former residents became staff members in concept based therapeutic communities (Kennard, 1998), which created some complex issues about the nature of their changing role. Differences between the English communities and the US communities are described in terms of attitudes towards authority. In concept based therapeutic communities, there was a distrust by residents of professional authority and simultaneous wish for residents to take on authoritative paid roles that staff had held. Kennard (1998) explained that, "Ironically, while doctors and nurses in many English mental hospitals were busy dismantling their authority, sharing decisions with patients and striving towards greater informality and equality, ex-addicts in Synanon and elsewhere were busy creating a steeply graded staff and resident hierarchies where decisions were made at the top and obeyed at the bottom, and failure at either end meant confrontation in the encounter group that night. And all in the name of the therapeutic community" (p.20). This example is important in highlighting less benign forms of authority which may be present in all therapeutic communities.

It was the concept based therapeutic community which accrued the most controversy because of requirements of conformity to behaviours, attitudes and

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values, complicated relationship between ex-addicts and staff, and "messianic convictions of rightness" (Kennard, 1998, p.94). Highlighting the ambiguity involved in concept based therapeutic communities, Kennard (1998) argued, "Synanon's antecedents and eventual end has raised whether this type of therapeutic community is a cultural breakthrough, as has been argued, or a dangerous cult." (p.94). These criticisms are only partly applicable to the Cotswold Community. There was not an absolute requirement for conformity or "handbook of behaviour", but rather an ongoing discussion about the boys behaviour, what this revealed about their distress and how this should be managed. Boys did not become staff members. But in every therapeutic community there is the risk of "messianic conviction of rightness," perhaps mitigated at the Cotswold Community by the presence of an outside consultant from the Tavistock Institute (Ken Rice and Isabel Menzies-Lyth).

Democratic therapeutic communities are not without their critics, who observe that the professed ethos does not match what is actually practised. As Bryt explains, "Therapeutic communities have been criticized for 'pretending' to be democratic, but with staff 'really' in control (Chamberlin 1988). However, all therapeutic communities operate within boundaries and these need to be made clear to residents and staff" (Bryt, 1998, p.72). How far therapeutic communities for children can be democratic is explored later in this chapter, and thesis.

Anti-psychiatry communes began to emerge in the 1960s (Kennard, 1998). One of which was Kingsley Hall created by the pioneer of the anti-psychiatry movement R.D. Laing. The link between the Cotswold Community and this particular strand of the therapeutic community movement is how Winnicott influenced Dockar-Drysdale (which she describes as a "debt", 1974) and Winnicott's supervisory relationship with R. D. Laing. The basic premise of anti-psychiatry communes is that they were somewhere where people could go to "have a breakdown." (Kennard, 1998, p.103). This shift in emphasis between breaking down in anti-psychiatry communes, and building a person's ego functioning in therapeutic communities such as the Cotswold Community is explored later in this thesis. Pullen (1999) described the significance of the anti-psychiatry movement, and causes for its demise in the following terms:

> It was Laing who put schizophrenia on the intellectual and political agenda. The fact that his contribution is now largely forgotten is probably due to two main reasons. First, as Kotowicz (1997) points out, there never was a 'Laingian' theory, his ideas changing from book to book. Second, Laing and

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many of his colleagues seem to have become disillusioned with their own clinical work. (p.147).

Therapeutic communities proper (Kennard, 1998) or democratic therapeutic communities, appear to have stood the test of time more than anti-psychiatry communes or concept based communities. Notable democratic therapeutic communities in the UK include the Henderson and the Cassel, however, the Henderson closed in 2007 amidst a storm of protests, and the Cassel has faced threats of closure due to funding issues (O'Hara, 2011).

Haigh (1999) has tracked the changes from traditional therapeutic community themes identified by Rapoport (1960) of permissiveness, communalism, reality confrontation and democratization to current theoretical principles of attachment, containment, communication, involvement, and agency. In the table reproduced below, Haigh makes links between the current theoretical principles in therapeutic communities, developmental stages, cultures within therapeutic communities, and structures and the original therapeutic community themes described by Rapoport (1960):

Theoretical Principle	Origins in development	Culture in a TC	Structure in a TC	Original TC themes[4]
Attachment	Primary bond, Losses as growth.	Belonging	Referral, joining, Leaving.	
Containment	Maternal and paternal holding	Safety	Support, rules, Boundaries.	Permissiveness
Communication	Play, speech, Others as separate.	Openness	Groups, ethics visits.	Communalism
Involvement	Finding place amongst others.	Living-learning	Community Meeting agenda and structure.	Reality confrontation.
Agency	Establishing self as seat of action.	Empowerment.	Votes, decisions, seniority.	Democratisation.

(Haigh, 1999, p.257)

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4   Original therapeutic community themes were described in *Community as Doctor: New perspectives on a therapeutic community* edited by Robert N. Rapoport, published 1960.

To gain a fuller understanding of contemporary thinking about what constitutes a therapeutic community, Kennard and Lees (2001) have created a checklist for democratic therapeutic communities for adults. Guarnaccia, Ferraro, Lo Cascio, Bruschetta and Giannone (2019) have created the SCIA Questionnaire: standards for communities for children and adolescents – a tool for the evaluation of good practices. Regarding specific outcomes expected from treatment of children, adolescents or young people in therapeutic communities, Gallagher and Green (2013) showed good outcomes for children who had therapeutic community treatment in respect of emotional and behavioural well-being, physical health, accommodation, and absence of early parenthood and substance use.

There are multiple factors which led to therapeutic communities emerging, such as social upheaval. International examples of therapeutic communities show that therapeutic communities were often a response to social change, including changes in law about the treatment of the mentally ill. Pedrali (1997) examines the impact of changing law in Italy in 1978 which banned further admissions to psychiatric hospitals. The impact on the Cotswold Community of the 1969 Children's and Young Persons Act is described later in this thesis. Kennard, (1999) provides an in depth account of therapeutic communities in Europe. A notable therapeutic community in France is La Borde clinic, which has operated as a residential therapeutic community in a castle since 1951. Founded by psychiatrist Jean Oury, La Borde clinic treated adults suffering from psychosis, and was significant for establishing the idea of Institutional Psychotherapy (Boldt and Valent, 2021).

One of the interesting features noted by Finnish author Isohanni (1993) is the extent to which the therapeutic community model, as it is adopted in different countries, will reflect something of the national character. For example, Finnish "people do not tolerate intrusion, hierarchy... or inequality" (Isohanni, 1993, as cited by Kennard, 1999 p.238). That they "have a deep ambivalence towards foreign influence", and that in Finland "real democracy has been an essential part of every-day life in the past century." This poses a question as to the extent to which the ethos at the Cotswold Community was "quintessentially English", despite the presence of international staff. Kennard (1999), argues that in the light of these divergent approaches internationally it is more helpful to perceive, "the therapeutic community movement as a modality of treatment, like individual, group or family work, into

which a variety of theoretical models can be fitted: psychoanalytic, group analytic, social learning, systemic, cognitive and others" (p.243). Kennard (1999) also identifies recognized training for staff, research into outcomes and professional associations as key to therapeutic communities survival internationally.

So far this discussion has concentrated on therapeutic communities for adults rather than children. There are important points of difference and divergence, described by Ward, Kasinski, Pooley and Worthington (2003):

> The method of working in a therapeutic community for young people bears a strong similarity to that used in many of the therapeutic communities for adults, including principles such as democratization and reality confrontation (Rapoport 1960), and especially incorporating the principles that it is the whole experience of the community of children and adults which is therapeutic and that all members of the community can and do contribute to each other's growth and development. In the childcare setting, however, the therapeutic community approach also includes something very different as well, people have immediate needs for the ordinary nurturing and loving care; which any young person needs. The community has to find a way to provide this 'intensive care', even though these very troubled youngsters may find it extremely difficult at times to acknowledge that they have such needs at all, and may indeed reject the offer of it with great rage, confusion, and even violence. (p.12)

Just as the adult therapeutic community movement has its roots in moral treatment, the therapeutic community movement for children has its roots in previous centuries treatment of children. Kasinski (2003) dates thinking about children similar to the therapeutic community approach to the seventeenth century, preceding much of the ideology concerning the treatment of adults who more recently have ended up in therapeutic communities. "It now seems likely that before the seventeenth century emotional disturbance in individual children was recognized, possible causes considered, and the beneficial effects of reparative experiences acknowledged (Shahar 1990). However, there was no infrastructure in place for implementing such ideas and practices more widely." (p.48) This presents the interesting question of how evolving ideas were put into practice.

Ideas are expressed through language, in particular how children being treated in therapeutic communities are described. Kasinski (2003) describes the changing language significance in the following ways:

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It is interesting to consider the range of labels that have been used over time to describe the group of children being considered. These include criminal, delinquent, morally insane, deprived, damaged, maladjusted, emotionally 'frozen', disorganisedly attached. There are overlaps and distinctions among these labels; not all delinquents are maladjusted or deprived, and not all 'damaged' children break the law. These names reflect themes in the history of how such children are managed and understood (p.50).

Recent history in language describing young people whose behaviour has become challenging has included former UK Prime Minister, David Cameron's, rather patronizing phrase "hug a hoodie." Related to these observations about language, which are pertinent to this research, are how Dockar-Drysdale used terms such as "frozen" and the influence of attachment theory on the work of the Cotswold Community. Dockar-Drysdale's use of the word frozen, discussed later in this thesis, implies hope as that what is frozen might also thaw. The term maladjusted is particularly interesting because the development of personality takes place in a certain familial and social environment. Maladjusted might be interpreted to mean that the child failed to adjust to the environment, rather than that the environment did not meet the child's need to help them adjust to social norms and expectations.

There are also implications for the subject of therapeutic love and its presence or otherwise in these communities for children. Regarding issues of love, Kasinski (2003) writes:

Though this language has largely been replaced by that of psychology or psychoanalysis, there is a sense that the ideas behind it have not been entirely superseded. Carpenter (1851) and later on Wills (1945; 1960) […] wrote passionately about the importance of love in the work, squarely in the tradition of St Paul's letter to the Corinthians. As acknowledged by the Charterhouse Group, there are striking parallels between the Christian monastic tradition (especially as outlined in the rule of St Benedict) and therapeutic community work (p.51).

Kasinski (2003) goes on to state that, "It is the quality which validates and gives meaning to what might otherwise be idiosyncratic practices or rituals. Lane, Wills and Lyward all talked and wrote of 'love'. This is not a comfortable word, and carries a danger of over-simplifying the task (Bettleheim 1974). However, it is not easy to come up with an alternative word or phrase." (p.62-3).

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Another thread in therapeutic communities for children are issues of citizenship and democracy, a history which predates adult therapeutic communities such as the Northfield Experiment. The Cotswold Community was a former approved school, and adoption of therapeutic community principles and practices was wholesale rather than piecemeal (Whitwell, 2011c). The idea of using psychoanalytic ideas and democracy in a community environment with children or adolescents was an idea which existed in America at the turn of the 20th century. This was in the form of junior republics, created by a charismatic leader Homer Lane:

> These were modelled on the American constitution, with a president, legislative assembly, and so on, all posts being occupied by the young inmates. The rationale behind this was that since the United States was a great nation, the treatment of delinquents in self-governing units, based on its constitutions could not help but succeed. One such 'republic' had been run by a man called Homer Lane, and in 1913 he was invited to England to advise on the setting up of a home for post school age delinquent adolescents. (Kennard, 1998, p.47)

These ideas were not without their critics. For example Wills (1967) argues about the Little Commonwealth, "it is such a slavish imitation of what is, not necessarily an ideal system of government. It shows how a certain "system of rules of conduct" works. It does less, I think, to show why it is so necessary to have such a system at all." (p.60). Wills goes on to quote from memory a Mr Russel Hoare from Riverside Village in Lincolnshire as saying "I am not out to make good little citizens, I am out to make rebels" (p.60). What is less in doubt is the importance of Homer Lane in the history of therapeutic communities for children. Kasinski (2003) describes Homer Lane as the founder of the therapeutic community movement:

> The Little Commonwealth is significant for several reasons. It was the first establishment formally to give equal weight to the voices of staff and patients in a treatment setting. Several commentators have suggested that Lane should be acknowledged as the founding father of the whole therapeutic community movement (Farquharson 1991; Kennard 1983) even though the term was not coined until 20 years after his death. The venture attracted a great deal of attention and publicity. Lane was a charismatic figure and attracted support from a wide range of individuals and official bodies. Perhaps his greatest contribution was in inspiring others to take his ideas further and apply them to other settings dealing with troubled children. (p.55)

These ideas were particularly important to the formation of English therapeutic communities for children and adolescents, including those set up by Neil, Lyward,

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Shaw and Wills (Kennard, 1998). David Wills is an important figure in the history of the Cotswold Community as his book 'Spare the Child', (Wills, 1971) is a seminal text on the work of the Community. Kennard (1998) describes the influence of religious beliefs about love in the history of therapeutic communities working with disturbed adolescents:

> Wills, like Tuke, a Quaker, had been inspired by Homer Lane, sharing his belief in the therapeutic value of love and shared responsibility, but not his interest in practising psychoanalytic psychotherapy. The first Q camp was established at Hawkspur Green in 1936, for delinquent boys aged sixteen to nineteen. In addition to Wills who led the camp there was a Selection and Treatment Committee, and the use of outside treatment experts. This ensured that the style and success of the Q camps were not solely dependent on the work of one person, a weakness of many pioneer schools which closed or changed following the leader's death or departure. (p.49)

The use of outside experts is something which continued at the Cotswold Community through the use of consultants Ken Rice and Isabel Menzies Lyth from the Tavistock Institute of Human Relations. The relationship with the Tavistock is an important and unique feature of the work of the Cotswold Community whereby, "continual evaluation and feedback is available from an external source with expertise in institutional dynamics" (Kasinski, 2003, p.60).

Features which mark the differences between therapeutic communities for children and adults are the stress on attention to details in the physical environment, and the use of interpretation as the main therapeutic method. Kasinski (2003) described the attention to detail by some pioneers of therapeutic communities for children in the following way:

> Attention to seemingly minor details of everyday life was common to all projects involved. This included a particular emphasis on the actual or material aspects of the environment, Rendall or Rose going to endless trouble about the quality of cutlery or texture of the bed linen, even Lane or Wills concentrating on the minutiae of construction or weekly grocery bills, and all aspects of creating a home. Equally important would be the details of how a particular child would be tucked into bed, given a telling-off or hugged or tickled, again all aspects of parenting. (p.62)

Adult and children's therapeutic communities are also different in their use of interpretation. Armstrong and Rustin (2020a) describe the ethos, atmosphere, and

use of interpretation by early pioneers of Northfield. "Bion's idea was that soldier-patients would be left free to organize their own lives within the community, with Bion's role primarily being an interpretive one. The "enemy", as Bion defined it, was the neurosis from which the soldier patients were suffering. The idea was that they needed to learn to take responsibility for their own states of mind to be able to resume their identities as functioning soldiers" (p. 16).

Further arguments exist about the differences between adult and children's therapeutic communities. Stokoe (2003) argued that not to acknowledge the differences between children and adults is perverse, "there is a difference between children and adults. The denial of this difference is the real source of sexual abuse so it behoves us to be sure that we protect our young people from any version of such denial" (Stokoe, 2003, p.94). Stokoe (2003) also draws our attention that one of the differences between adult and children's therapeutic communities is hierarchy:

> The reason I am making such a fuss about this is that I think herein lies a significant difference between therapeutic communities for adults and those for children or adolescents. In the former, there is an active philosophy of shared responsibility for the community between staff and patients. In the later, it is vitally important that the young people know that it is the adults who make the important decisions. In other words the shape of the therapeutic community for children or adolescents is hierarchical. (p.95)

Among the group of early pioneers of the British Therapeutic Community movement who established the Northfield Experiment at Hollywell Military Hospital in Birmingham during WWII in Birmingham (Wilfred Bion, Seigmund Foulkes, and John Rickman described in Harrison 2000) was Harold Bridger. Recently found in his archive was a letter to Bridger from Rickman which stated, "forget all advice, all theories and all precepts, it is a relationship between two human beings" (Mulberry Bush, 2021). It might be interpreted that there is a relational thread which runs through the heart of therapeutic community work, which has been there since its inception. Later in this thesis is a quote from Joyce, former head of the Cotswold Approved School indicating a similar stress on the importance of relationship, which will be explained further.

Another way of thinking about tension between theory and focusing on relationship, is that therapeutic relationships and theory are profoundly intertwined. A therapeutic relationship will be impacted and guided by the particular theory used, and good theory judiciously used will help establish or deepen therapeutic relationships. There could be an argument for stating, "no theory without relationship, and no relationship without theory." Balbernie's thought's about use of theory is explained in his 1972 paper, 'Reconciling Theory with Practice.' where he states, "It is assumed that a therapeutic community (whatever that is) is ruled by omnipotent and arrogant disturbed adolescents doing exactly as they please and assisted by equally nit-witted inflated, anti-authority, theory ridden, woolly permissive staff, who from time to time panic and then show their fear and anger by as vicious use of therapeutic squeaks and farts as they can muster, by clever interpretation of chaotic behaviour that they themselves have spawned when matters get out of hand." (p.2 [Archive list]) What Balbernie is describing is weaponizing of theory, where interpretations are used as a covert form of sadistic attack and an abdication of responsibility. Theory used to deny reality. What particularly concerned Balbernie was an inconsistency of approach. Relating this to the language of therapeutic communities he argued, "This sudden switch from woolly permissiveness to a new sophisticated cruelty is sometimes called reality confrontation." (Balbernie, 1972a [Archive list], p.2). Balbernie (1972a) also draws on the work of Balint who he quotes, "Balint wrote of the function of consultancy 'the skill to be acquired is not theoretical knowledge, but personal skill and this entails limited, though considerable change in the personality.'." (p.20).

Boys at the Cotswold Community slowly taking responsibility for their behaviours over time is explored in subsequent chapters describing the Cotswold Community and ideas about delinquency and deprivation. Central to the ethos at the Cotswold Community was the idea that adults are responsible for the provision of primary experience. Also noted is the rejection of the use of interpretation as a method of creating therapeutic change (Dockar-Drysdale, 1990. Carter, 2003), using instead interactions throughout the day as opportunities for reflection and communication (Ward, 2003b) and symbolic provision of primary experience. This highlights further areas in which therapeutic communities for children may be argued to be different from therapeutic communities for adults. What is also absent in much of the discussion about therapeutic communities, and a gap in the literature, is

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consideration of gender difference, its possible role in psychopathology and treatment and its implications for staffing. These themes will be explored later in this thesis in the discussion chapter.

An issue of note regarding the history of the therapeutic community movement is how those at the Cotswold Community regarded themselves within this history. For example, what aspects of the history they drew upon and whether they perceived themselves as a diversion from aspects of the history of treatment of delinquency in adolescents and mental distress in communities. In Balbernie's 1969 paper (which was read to Wiltshire Children's Department conference), he writes a section under the heading 'NOT PIONEERING – A WELL TRODDEN PROFESSIONAL PATH'[5] in which he argued:

> Successful residential enterprises have existed since Mary Carpenter's first ragged school at Kingswood in Bristol. The ingredients are the same, devoted staff, leadership and authority, relatively small groups, relatively high staff ratios. There has been a large field of creative practice covering over a hundred years with a substantial literature (over 250 relevant works) in the fields of child care and delinquency and maladjusted residential treatment. It can and must be planned therapy based on the distilled knowledge and use of the available evidence. We should <u>not</u> regard ourselves as dabbling or floundering amateurs but professionals (many of us seasoned, experienced veterans) simply and solely carrying out a hard, unpleasant but <u>necessary</u> professional task for society. (p.11 [Archive list])

1.2: The Approved School System.

In order to have a full understanding of the Cotswold Community, it is necessary to have a knowledge of the community's roots and past as an approved school. The Cotswold Community is the only institution apart from Peper Harow known to have made that difficult journey from approved school to therapeutic community (Whitwell, 2011a). Inescapable to the history of the approved school system is the social and legal context in which they existed and were abolished. Approved schools were abolished under the Children's and Young Persons Act 1969 (Hilton 2021, Hyland 2021). Approved schools have a chequered past including examples of shocking failures described by Hyland (2021):

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5   Capitalization and emphasis as per original text.

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The approved schools attracted a lot of attention from the media and they reported, some at times with complex motives, incidents where things went seriously wrong. There were three major occurrences. The first was in 1947 in a school in Staffordshire, Standon Farm, where a group of boys stole rifles from their army cadet armoury and after setting up a device to kill the headmaster shot dead a housemaster; in 1959 there were riots at a school in Bedfordshire – Carlton School , which was swamped with media hordes and lasted on and off for two days and involved most of the school's ninety-plus boys absconding. Then in 1967 there were revelations of excessive use of corporal punishment in a school in Surrey, Court Lees, with publication of photos on the front page of the Guardian of the badly wounded bare behind of a boy maltreated in the latest incident.

Hilton (2021) argued that, "The public enquiry into Standon Farm almost reads as a guide for how not to run a community for vulnerable young people."

Wills (1971) mentions one of the fundamental changes the Cotswold Community underwent during the transition from being an approved school to therapeutic community was that its task was to provide treatment rather than warehousing. This is an idea echoed in much of Balbernie's (1975 [Archive list]) writing, including the statement that, "The task given was that of treatment. It is our job to take those whom we know we can effectively treat." (p.1). This change meant that there was no longer the obligation to accept any child that the community was sent. An approved school could not refuse to accept a boy sent by the courts, but as a therapeutic community the Cotswold Community had a duty to accept those most likely to benefit from the therapeutic milieu offered. A therapeutic community could also decline those whose disturbance was likely to cause too great a harm to those already in treatment.

Another of the major changes was putting an end to corporal punishment. Corporal punishment was banned in state funded secondary schools in Britain in 1987, and in private schools in 1999 (Lambert, 2021). Wills (1962) cites a 'Report of a Committee to Review Punishments in Prison, Borstal Institutions, Approved Schools and Remand Homes, Part III, Approved Schools.':

> The types of cane that were approved in 1933 and are issued by the Home Office. There are four grades; one for the senior boys, one for intermediate boys, and one for junior boys, one for girls under fifteen. We have examined these canes and think they are adequate for their purpose. Certainly none of them could be considered a brutal weapon. Our only consideration is that the

cane used in senior boys schools is too thick and rigid, and is more likely to cause bruising than pain. We accordingly recommend that a longer cane of slightly smaller diameter be substituted for the pattern at present use in senior boys schools. (p.147)

The decision to abolish the use of physical punishment took place is a social and legal context (such as the Children and Young Persons Act 1969). It mirrors changes in the treatment of adults away from physical restraint or punishment towards moral treatment (Clark, 1999, Rose, 1999). The impact, significance, and context of the Children and Young Persons Act 1969 is described by Stevenson (2012):

> From the 1960s onwards, our attempts to develop satisfactory policies for the treatment and management of youth offending show continuing and unresolved tensions surrounding notions of justice. This is vividly illustrated by the ideals of, and subsequent disillusionment with, the Children and Young Persons Act 1969 in Great Britain. This act sought to elide the distinction between deprived and (put crudely) "depraved" children. It was in part based on the growing awareness of the negative effects of the bad experiences many such children had in their formative years. One practical effect of this was to be the development of interventions called "intermediate treatments" for offenders in the community. There were also to be changes in the structure of residential care. Children's homes in the local authority would also be able to admit children coming through the courts as offenders. "Approved Schools" and comparable establishments were to be renamed as Community Homes with Education and may admit children who were not formally labelled as delinquent. (p.30)

The new thinking that the therapeutic community approach represented took place in a social context described by Lane (2021):

> One of the aims of the new thinking, therefore, was to bring in a more caring, individualized, therapeutic approach to help pupils overcome their problems. However, if we are to evaluate the approved school system in its context, we have to acknowledge that the public had equally divided views. There were those who wanted to see change, and an end to corporal punishment, for example. But in most cases, as far as the man and woman in the street were concerned, they wanted offenders to be put away and contained, and the approved school staff were reflecting this in their methods of control.

Balbernie makes reference to the Children and Young Person Act 1969, which marked the legal context which initiated changes in treatment of children and young people.

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Physical restraint was used during the community's time as a therapeutic community, but physical intervention was a form of containment or holding (Dockar-Drysdale, 1959) to prevent harm rather than punishment. Restraint was used as a means of risk management to prevent the risk of harm to the boys or others. It was perceived that the cause of the violent behaviour were panic states to be lived through, understood, contained, held and endured rather than punished. These panic states are described in more detail in the archived document Therapeutic Community Handbook which has a section on 'the lifecycle of a panic rage' (Whitwell, 1970) and also by Tomlinson (2004). This is a departure from a view of violence as stemming from social problems, moral weakness or inherent criminality to be met with punishment (Wills, 1962).

Philips (2014) created a critical historical analysis of the Cotswold Approved School and the Cotswold Community using interviews with former staff to identify key differences between the approved school and therapeutic community. Philips (2014) identified power and hierarchy, treatment, staff-pupil relationships and group living as the main areas of difference. She creates a vivid account of the oppressive nature of the approved school grading system, in particular the practice of giving boys numbers rather than using their names and the use of corporal punishment:

> The Cotswold school, along with other approved schools, used corporal punishment alongside a grading system that appeared to be the most concrete aspect of their treatment regime. The grading system was "the heart and soul of the school" (Wills, 1971, p. 30). Boys would move up and down the grades according to their behaviour, which participants described as a "game of snakes and ladders" whereby "you could earn your way out"(p.26).

Wills also describes some appalling practices in the approved school which would be seen as completely unacceptable by today's standards. Writing of the subculture which existed in the approved school system prior to 1967, Wills (1971) states:

> A thriving and vicious subculture permeated the school, which was so widespread in its incidence and so pernicious in its application that when its grim existence was revealed most of the staff simply refused to believe it. How long it had been in existence is not clear, but certainly for a period of years. There were 'governors' or 'deans' or 'daddies' in each of the four houses, who supervised cruel initiation ceremonies. There were beatings-up which began with a duffle-coat being thrown over the head of the victim so

that he could not identify his persecutors. Boys had their hands tied to a hot water pipe just at the point that it left the boiler; boys were made to masturbate themselves or each other for the amusement of the bullies; there was a system of homosexual prostitutes; and of course helotry was widespread. (p.25)

Whilst these descriptions are absolutely shocking, Philips (2014) also draws out attention to more discreet and harmful practices such as ritual humiliation of boys who wet the bed by having their sheets labelled 'wet-bed', and daily acts of thoughtlessness such as the serving of hot-chocolate at 8pm which had been prepared at 4pm (so had become cold and unpleasant) because of the industrial nature of the provision of food and drink in the approved school system. Whitwell (2018) also makes the following chilling revelation about use of language at the Cotswold Approved School, "The three houses at the 'polytechnic' special school became known as 'Butlins, Bedlam and Belsen." (p.13). Using numbers as a means of identifying boys was routine, as Godfree (1967-1972) explains:

Each boy was given an identity number on entry and this seemed to become so significant and to have been used to such an extent that it took away the real identity of a boy. His clothes would be marked with it, as would be his other possessions and school books. Boys would know each other's numbers. They would be scribbled on walls, scratched on furniture and would be required to be written on any letters home. In one sense they became important because they gave a fairly accurate indication of where a boy stood in the queue for being discharged. The points system was an easily administered and effective set of rewards and punishments. Other sanctions included the loss of privilege, the withholding of pocket money, the loss of food, the use of the cane and solitary confinement.

Balbernie made the transition from approved school to therapeutic community, "at a time that the writing was on the wall for approved schools" (Whitwell, 2018, p.12) and "irrecoverable' boys were got rid of" (Wills, 1971, p.60). There are questions about how the environment of the approved school impacted the boys behaviour beyond the obvious trauma of Wills earlier description. Allchin (2011) provides the following description of the behaviour of an approved school boy, "Many of us were aware of the kind of boy from the old Approved School, clean and tidy on parade, full of yes sirs and no sirs, outwardly conforming, inwardly with his own priorities such as date of release, extra privileges and supply of tobacco. Not many of us were fully aware of the strengths of the delinquent and perverse sub-culture which permeated

the place" (p.272). What might be the case is that the approved school system was impersonal, whereas the therapeutic community approach allowed much more personal involvement with the boys and from the boys. It was this sense of becoming personally involved and responsible which was an essential element of the therapeutic endeavour.

Bill Douglas, (Chaplain at the School) gave a description of the approved school boys which stresses the links between what the boys had been subjected to, their behaviour, and how systems could replicate the aggression they had experienced in earlier life:

> It is probably true that the one human trait to which these boys have been subjected to before they come to the school, was aggression. They were sent here by the courts to be trained and to be sent away from their home environment, but for very many of them, the system which existed in this school, was but an extension of, a continuation of this same human trait. Pent-up aggression for staff, vicious aggression of the boys' sub-culture and how this meant to help cure the boys sent to this place I am totally unable to understand. (Douglas, 1967 p.12 [Archive List])

An archived document (Douglas, 1967[Archive list]) 'The experience of an approved school as seen by the chaplain of the Cotswold School – 1967' indicates that some of the delinquent and perverse sub-culture was known. This document gives details of bullying, and the behaviour of what he calls tobacco barons. Douglas describes how tobacco was used as currency as part of this delinquent sub-culture, and sexual abuse during the time as an approved school by boys to each other. This was written at the time the approved school was making its transition to becoming a therapeutic community. What is most interesting about this document is that it expressed the hope for the future the therapeutic community regime represented, "All I could do was assure him that there was coming to the school a woman who was skilled in giving him the sort of assistance he required, and that as far as possible we would make every endeavour to ensure that the damage that had been done to him by these boys would be cured before he left the school" (p.8-9). It can be assumed that the woman being referred to was Barbara Dockar-Drysdale.

Regarding the question of why the abuse was not stopped, Douglas (1967 [Archive list]) states:

Obviously somewhere, someone who may read this paper will say "why did you not try to do anything about it" the answer to this is simply that I did. But it was required that I give legal evidence of signed statement of proof that this happened. I do not believe that it takes a great stretch of imagination to understand why I was not able to get signed statements from boys who had, in fact, been physically and sexually dominated by larger boys. (p.12)

Archived materials such as the Cotswold Approved School Rules and Regulations 1959-1964 (Kelley, 1964 [Archive list]) describes multiple aspects of the approved school system. The rules and regulations pertaining to work, the grading system, pocket money, visits, home leave, smoking, restriction of privileges, correspondence, other presents and valuables, daily routine, monthly and termly progress reports.

Social change about the prevalence of smoking are made clear by the following statement regarding rules about the smoking of so called 'dog ends':

The smoking of "dog ends" apart from being a filthy habit, adds considerably to the dangers to health of smoking. Disease, germs, and bacteria of all kinds can be lurking in cigarette ends thrown away by another smoker. It may have been spat out with a mouth full of blood splattered phlegm by a person suffering from tuberculosis, or may, on the other hand, have been discarded by an apparently healthy person who happens to be a disease carrier and not necessarily suffering from the disease personally. (Kelley, 1964 [Archive list])[i]

The fact that it was necessary for this to have appeared in the document is an indicator that smoking was an issue in approved schools. Further examination of other archived material reveals that the boys of the approved school were heavy smokers, smoking 30-40 Cigarettes a day (Douglas, 1967 [Archive list]). Approved Schools could take boys as young as 8 years old (Hyland, 2021).

Training also formed an important part of the ethos of Approved Schools, and the Cotswold Approved school was part of the agricultural apprenticeship scheme. The purpose of the agricultural training scheme was, "to help agriculture and horticulture by the systemic selection and training of promising young boys and girls who enter the industry before the age of 18" (Joyce, 1956, p.2). However, Joyce (1956) also

explains that, "It must be appreciated that the primary purpose of the boys training is moral rehabilitation, and therefore considerable stress is laid upon personal responsibility" (p.1). Later this thesis describes how the farm at the Cotswold Community remained working farm and also a therapeutic resource.

In 1971 Winnicott stated "I am asking for a kind of revolution in our work, let us re-examine what we do" (Abram, 2013, p. 313–314). This revolution had widespread consequences, and included notions of democracy within work with children and that such children could "become citizens" (Winnicott, 1946, p.118). Social class had a profound influence on the understanding of the role of the approved school. "It was assumed that the aim of the schools was to produce obedient subservient members of the lower orders who would always be polite to their betters and be perfectly content with that situation in life to which they had been allocated by divine providence and the school managers" (Wills, 1971, p.12).

Because the aim of the approved school was to provide warehousing and correction of disobedient behaviour, understanding the causes of difficult behaviour was no-where to be found in the approved school ethos. Communication between boys and staff was not thought to be of value. There wasn't care or curiosity about what a boy might have lived through which lead to his difficult behaviour, only a want for the behaviour to stop. This had dire consequences, "One of the consequences of this hierarchical, crypto-punitive discipline was that it was liable to lead to a total lack of communication between staff and inmates, and it facilitated the growth of vicious subcultures among the boys" (Wills, 1971, p.15). This had an impact on how the boys left the approved school and coped with life beyond, "This boy was every bit as vicious and criminal when he left borstal as when he entered it, but we of the staff never knew because there was no communication – no real communication – between us; we saw only the façade presented to authority" (Wills, 1971, p.16). This is in dramatic contrast to the therapeutic community approach where opportunities for communication existed at every point of the day.

This superficiality in the approved schools, and the absence of genuine communication between staff and boys and staff among themselves is also reflected in reliance on outcome measures to judge performance. Rose (1990) draws our attention to the draw-backs of the criteria used to define the success of an approved school in discussing the outcome measures:

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> The criteria for the success rate had been established by the Home Office as what was measurable – that the delinquents who arrived should not commit any offences within three years of leaving. […] From time to time, managers worried about the simplicity of such a measure, wherein someone who committed a trivial offence, irrespective of his background, was considered a failure and someone out of work, making appalling relationships, could be a success. There were concerns that, despite the enormous financial and programme investment in training boys for work, none remained in the job for which they had been trained for longer than a year (p.5).

The inadequate nature of using re-offending rates as a tool to measure the success of the approved school system was recognised (Balbernie, 1966, Rose, 1990, Hyland, 2021). The Cotswold Community as a therapeutic community had a considerably improved reoffending rate. When Balbernie took over leadership of the Cotswold Community, "It was on the brink of collapse: morale was abysmal, delinquency was rife not only among the boys but among the staff, and some 85% of boys leaving the school were re-convicted within two years" (Miller, 2011, p.275). This changed during his leadership and by 1982 the re-conviction rate was 10% (Allchin, 2011):

> This unique work at the Cotswold Community naturally attracted attention some of it critical. It was thus an important occasion when in February 1982 the DHSS Social Work Services Officers, M. Enright, D. Lambert and T. Strettle, made a thorough assessment of the work of the Community and produced a report on it. Fully detailed, carefully written and checked over with those involved in the work, the report documented the facts ascertained and the real 'on-the-ground' and 'in-the-heart' achievement. An effective, humane, insightful and compassionate treatment programme which results in many residents leaving the Community substantially integrated, recovered or significantly improved, and showing, on such a crude measure as reconviction rate, a figure of 10% rather than the usual 60–80%. (p.272)

Whitwell (2018) stated, "we were not interested in children behaving well whilst residing at the Community and then falling apart once they had left" (p.20). Change from the approved school system was necessary and perhaps inevitable in the light of changing social attitudes to the treatment of young boys in institutions. This is not to say that change would be easy or without profound challenges. Change needed to be wholesale:

Balbernie realised from the beginning that a TC couldn't be created by simply adding a dose of psychotherapy to the existing approved school organization and structure. The whole of the Cotswold Community had to be restructured and reorganized to support the therapy and be a part of the therapy. It had to be much less hierarchical, top-down and centralised. Power had to be shifted towards the staff working directly with the boys (Whitwell, 2011c, p. 316).

Such change took time, "Initially, the Cotswold Community was like an archipelago, with islands of therapeutic work in a sea of subculture, taking several years to join up to form a genuinely therapeutic culture" (Whitwell, 2018, p.26). The work became simultaneously more demanding than simple crowd control and behavioural management, but emotional engagements brought specific rewards:

There is all the difference between being a small cog driven by a big wheel and being in a meaningful contact with a difficult, but recovering patient with the nerve ends exposed. One experience is painful but rewarding, the other a gradual deadening anomie – the soul destruction of a forced labour camp or of the warder and the prisoner. The work becomes harder but more generally rewarding. (Balbernie, 1970, p.2 [Archive list]).

1.3: Key people of the Cotswold Community.

Balbernie's personality is significant, in terms of his response towards adults who he believed were behaving in a way we might consider to be delinquent. Whitwell revealed that there were aspects of Balbernie's personality which could be considered heroic, but from another point of view unable to be challenged:

There was an infamous story, from the mid-1970s, when the Community had one of its first inspections, conducted by the Department of Health. The team of inspectors also included an inspector from the Department of Education. The education inspector sat in on a consultation given by Barbara Dockar-Drysdale to the staff team of one of the group living households. During this meeting the education inspector fell asleep. When Richard Balbernie heard about this he insisted that this inspector should take no further part in the inspection as he had shown professional disrespect to the consultant and the staff team. This was quite typical of Balbernie's uncompromising approach to adult transgressions. It caused shock waves as no one ever challenged an inspector in this way with no fear of the consequences. Looking back on this episode there are two ways of looking at it. On the one hand, it confirmed Balbernie's heroic status as a defender of the Cotswold Community. On the

other hand, it illustrates the downside of charismatic leadership, a person who is unchallengeable within his own kingdom (Whitwell, 2020).

Aside from what this story reveals about Balbernie as a man, it implies that if adults wished to be part of a system which corrected the boys apparently delinquent behaviour, they had to themselves be behaving in ways which were not delinquent. How different these two approaches (the approved school system compared to the therapeutic community ethos) were becoming evident at a particular conference described by Lane (2021). A vivid description of the impact that Balbernie's idea's had on his colleagues and contemporaries is provided by Lane (2011):

> The biggest clash of viewpoints which I experienced was at a conference of the Heads and Matrons Association at Swanwick about 1973. This was, of course, after the 1969 Act, and by this time most approved schools had been converted into community homes with education. This did not necessarily mean that the way they were being run had changed much.
>
> The keynote speaker was Richard Balbernie, who was head of the Cotswold Community Home. He actively advocated therapeutic care and was a leading exemplar for the new approach. The majority of the heads of CH(E)s were opposed to his methods. I recall that on the first morning of the conference Richard spoke very fast and at great length. He filled up his allotted time, and then the time for questions, and then the pre-lunch drinking time. By this time the audience was getting restive, and the chair could see that Richard was liable to carry on into lunchtime, so he called a halt to proceedings. Richard then pushed off, and for the remaining two days of the conference the heads seethed and virtually the only topic of conversation was his speech. I have never witnessed such an intensity of feeling at any other professional conference. The divide between Richard's views and those of his audience for me exemplified the change which was taking place.

The paper that Balbernie was delivering at this conference was likely to have been 'Reconciling Theory with Practice' (Balbernie, 1972a [Archive list]). As noted earlier in this thesis, it makes references to "therapeutic squeaks and farts" (p.2) which gives an impression of the more colourful aspects of his personality.

Taylor (2014) argued that the therapeutic community movement is dominated by charismatic white male leaders. Balbernie was a white male leader, who could have been considered charismatic. However, Lane (2021) puts charisma in the context of the difficulties involved in the work, "The heads had to be powerful personalities, and

they tended to play the part of barons in their own fiefdoms. I think it was Spencer Millham who referred to them as "charismatic bastards" but this, in my view, is what a large section of society required of them at that time."

Balbernie's experience serving in the Gurkha regiment in Burma, might have contributed to this fearlessness. It is conceivable that when one has faced death, the psychic annihilation involved in the emotional work (Allchin 2011) did not hold the sort of fear that it might for one who had not had such experiences. Awareness of psychological disaster also meant that Balbernie ensured that staff had support networks and consultancy necessary to meet such demands:

> Not only was Richard himself a man of unusual depth and quality of soul, but the staff working with him were, and are, an exceptional group of people. Many have relevant training and experience in the work, others have university degrees, others again will be going through personal analysis or therapy. They work for long hours, and are in the closest proximity to the centres of psychological disaster, in each resident, centres from which emanate fear, distrust, hatred, and despair. Richard saw to it that his staff not only had support systems within the Community, but consultants from outside who came in on a regular basis – Pip[6] Dockar-Drysdale. Perhaps it should not surprise us that out of places designed to help the ill, or disturbed, the abnormal or delinquent, should begin to originate the healing impulses and insights that our society as a whole so desperately needs. (p.272)

Dockar-Drysdale is described by Nicola Tyrer (1990 [Archive list]) as, "white haired and crisply spoken, one of those intriguing people who become experts through flair". Like Balbernie, Dockar-Drysdale was also impacted by WWII, beginning her work at the Mulberry Bush in 1948 in the direct aftermath of war alongside the creation of the welfare state and NHS (Rollinson, 2018). During WWII, Dockar-Drysdale took evacuated children and sometimes their mothers into her home, and it was here that the roots of the Mulberry Bush School formed (Diamond 2018). This is where Dockar-Drysdale honed her craft enabling her to work with Balbernie at the Cotswold Community in her role as consultant.

Dockar-Drysdale published two books which were collections of various papers, 'Therapy in Childcare' (1968) and 'The Provision of Primary Experience, Winnicottian work with Children and Adolescents.' (1990). Winnicott's work is central to Dockar-Drysdale's work, and discovery of archived correspondence between

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6   'Pip' was a nickname of Barbara Dockar-Drysdale.

Winnicott and Dockar-Drysdale is discussed by Onions (2018). However, Dockar-Drysdale also had unique gifts, as described by Whitwell (1990):

> Pip Drysdale has the gift of being able to step inside the inner world of the child and share the symbols. This is both heartening and disheartening. Disheartening for those of us who do not have this gift. It seems to me symbolic communicators are borne and not made. However, we can take heart from the fact that much can be achieved by truly listening to children.

What might get lost in describing Dockar-Drysdale's work is the political and pioneering aspects of her ethos. Beedell stated in her obituary, "debates about "treatability" are as much to do with the adult world's willingness to pay the (human) price, as about the causes or reversibility of the original disorder." (Beedell, 1999). Her approach is described in an article by Tyrer, 'Spare the Rod to Save the Child.' in the Daily Telegraph, (07/11/1990) revealed a very direct approach by Dockar-Drysdale, "Town hall bureaucrats have proved themselves to be incompetent at meeting the needs of damaged children." One of the main differences between local authority provision and the Cotswold Community was the adoption of psychoanalysis, "The transformation is not a miracle. It is the result of a radical departure of local authority childcare techniques, in favour of a system based on psychoanalysis, where the child learns to behave normally by developing self awareness." (Tyrer, 1990 [Archive list]). The use of psychoanalysis in residential childcare had significant implication for staffing and training, "Dockar-Drysdale believes that there are two areas where local authorities children's homes fail are in the area of training, most residential staff learn nothing about emotional development, and in their adoption of the 40-hour week. Her own staff are available for up to 70 hours and have to promise to stay for 2 years" (Tyrer, 1990 [Archive list]). Training available at the Cotswold Community, and the nature of the work staff were committing to, is discussed in Chapter four of this thesis.

With regards to Dockar-Drysdale's role at the community, Whitwell (2011b) stated, "In my view, the appointing of two consultants in 1968 was a vitally important decision, which confirmed the success of the wish to transform. The first was the appointment of Barbara Dockar-Drysdale as Consultant Psychotherapist to work with the staff teams, providing clinical supervision and helping to develop a fully therapeutic culture. She continued in this role for 18 years." (p.293). Balbernie and Dockar-Drysdale knew each other previously to this arrangement and were

geographically close during the 1960's when they both lived in Oxford. Regarding the relationship with and importance of the Tavistock, Whitwell (2011a) stated:

> The second important consultancy was from the Tavistock Institute and in-particular Ken Rice for the first two years of the transformation until his sudden death in 1969. Since then the Community has had continuous and ongoing consultancy from the Tavistock Institute. After Ken Rice's death this was taken on by Isabel Menzies Lyth for the next ten years. Following her retirement in1980 Dr Eric Miller took the role of consultant and has continued to the present time. (p.294)

Experience of war also impacted Menzies-Lyth. Among her first work was:

> with the War Office selection board, then employing new psychological testing methods to select officers, and she later joined the army's civil resettlement headquarters, helping former prisoners of war. She worked with psychoanalysts and psychologists thrown together by the needs of the time. They developed new approaches to individual and group work, owing much to the Northfield experiments with war-damaged soldiers who needed to recover a sense of their own authority (Dartington, 2008).

Like many impacted by war, Menzies-Lyth's work challenged previous notions about authority, hierarchy and emotional labour. Dartington (2008) comments about the continuing but unacknowledged relevance of her work, particularly early papers such as the 1959 'Social systems as a defence against anxiety.' "She showed how the stresses of nursing and the intimate relationship it demanded with patients, impacted on the organization of care, unfairly leaving those closest to patients exposed to emotional pressures that more senior staff and managers were defended against. Her message remains relevant to NHS management today, and it was her regret that it had less influence than it should." In the context of war, some hierarchies are challenged. Challenges to authority are still relevant in peacetime, especially in health care.

Menzies-Lyth's ideas were rooted in her understanding of the role of nurses and of anxiety in institutions, but were different from Kleinian notions of depressive or paranoid schizoid anxiety as Armstrong and Rustin (2020a) explained:

> Menzies's study was of a nursing system, in particular its mode of training, in a general hospital. She saw the primary source of anxiety as linked to the mental pain evoked by the actual tasks of nursing, arising from proximity to

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the suffering bodies and minds of patients, through she was less specific about whether these anxieties were paranoid-schizoid or depressive. It seems they were of both kinds – depressive anxieties aroused by contact with the patients and paranoid-schizoid (persecutory) anxieties aroused by the authoritarian managerial style of the hospital (p. 22).

Menzies-Lyth's style and presence during these consultancies which took place at the Community every two or three months or monthly during difficult periods is described by Whitwell (2011b):

> The programme was not supposed to act as a straight-jacket and, especially in the 2-3 day consultancies, Isabel would follow her nose if she felt the presenting problem was hiding a more important unconscious problem. The verbal feedback session at the end of the consultancy would be important, when some emerging ideas would be debated. This was followed several days later with a written working note which would be available to the whole staff team to read and debate and take action where appropriate. These working notes would sometimes hold no surprises, being more of a synthesis of our collective insight. At other times they would be a bit of a bombshell to the consciousness of the Community. (p.295)

Whitwell was at the Cotswold Community from 1972 until 1999, and was principal from 1985. He was a very different type of leader from Balbernie, and was aware of scandal and abuse in children homes. He discussed the need for transparency and openness, and building networks and good working relationships with those who visited the community such as those who may be placing boys at the community. It is possible that it is this change in leadership from Balbernie to Whitwell might explain the community's longevity. For the Cotswold Community to have survived for 44 years required that those at the community were able to adapt to the changing Zeitgeist. Adaptability and awareness of the changing mood of the time was a feature of Whitwell's leadership style. Whitwell's awareness of the survival of a therapeutic community after the death or departure of a charismatic leader is evident in the following comment. "I think that one of the very difficult tasks is to learn how to keep and renew the spirit of pioneering work in therapeutic communities. If therapeutic communities rely on charismatic leaders for their existence and drive forward then they are doomed to whither and die with the departure of the original founder leader" (Whitwell, 2002, p.6). Perhaps what is being implied here is that

survival of therapeutic communities might require charismatic ideas beyond the charisma of the individuals expressing them.

1.4: Admission Criteria; the one and a half percent.

In order to situate this research in the current social context, it is important to know the admission criteria used to assess whether a boy would be admitted into the community or not. The boys admitted to the community could not remain living with their family of origin, and due to the level of disturbed behaviour could not be contained successfully in foster care or with extended family. The local authority in which the boy lived also had to be willing to fund the placement[7] and staff at the Cotswold Community had to be willing to accept the referral.

Two decades prior to the Cotswolds Community's transition to becoming a therapeutic community, Winnicott (1946) wrote:

> What is the normal child like? Does he just eat and grow and smile sweetly? No, that is not what he is like. A normal child, if he has confidence in father and mother, pulls out all the stops. In the course of time he tries out his power to disrupt, to destroy, to frighten, to wear down, to waste, to wangle, and to appropriate. Everything that takes people to the courts (or to the asylums, for that matter) has its normal equivalence in infancy and early childhood in the relation of the child to his own home. (p.115)

This understanding about how a person comes to be in the abnormal situation of coming to the attention of courts, or incarcerated in asylums, is because the normal needs they had as an infant were not met. The emphasis is on the failure of the environment to meet the child's needs, rather than an inherent deficit of the child or innate sense that the child had abnormal or excessive needs. The view of psychological development is that a child becomes abnormal when the child's capacity or need to disrupt, destroy, frighten, wear down, waste, wangle and

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7   Vincent (1993 [Archive list]) reported in the Evening Advertiser 01.01.93 that 'Places for boys do not come cheap. It costs £34,000 to keep one boy for a year – yet even this compares favourably with other residential centres which can cost up to £50,000.' Clearly the costs of placements would have fluctuated over time and adjusted with inflation etc.

appropriate is not responded to appropriately by the adults. A path back to more normative behaviour for those who have come to the attention of courts and asylums is to provide these opportunities for these experiences which would have typically been provided in infancy by a child's own parents in their own homes. The ethos at the Cotswold Community in providing primary experience is an example of an institution supporting children whose behaviour had become abnormal to become more socially acceptable by providing an environment where these needs could be met.

Two very clear factors emerge from the working notes regarding admission criteria. Firstly that only boys who cannot live in their own homes with their own families can or should be accepted, and secondly that the parents must be thought to be incapable of making the changes necessary for the child to be able to live at home. Balbernie (2011) argued:

> I also learned that there were certain families (or alternatives to families) in which a child could not survive, and where if internal obstacles and impediments to his evolving and integrating were to be removed, special additional security in the environment would be required. It seemed also too often true that residential placements were made which were a mere collusive and temporary dispersal and distribution of a family or social problem. It was absolutely clear that if a child could be treated within his own home then that was where he should be. (p.259)

This clarity of thinking enabled the community to resist pressure to accept referrals made on the basis that a placement at the community was to avoid the problem of engaging with family work needed to enable a child to successfully remain with their family. Also such an approach may have been of enormous therapeutic significance for the boys who might have a distorted sense of why they had been placed in the community. The boys had an understandable longing to maintain an attachment to their family of origin, and they needed an honest and realistic narrative about why they were not able to remain living with their families.

In terms of parents being unable to change, Balbernie (2011) wrote, "In the majority of cases the family situation or the character disorders in the parents are such that modification is a very remote possibility, and could certainly not take place whilst the child is in the home" (p.263). This may be important in terms of making decisions as

to which referrals to accept and which to decline on the basis that sufficient argument had been made about the parent's ability to change.

There is evidence that a triage system of sorts was used at the community. This means that the focus was on treating those most likely to survive or benefit from the therapy. The triage system is one developed from the military medical field enabling decisions to be made as to who to treat first. Balbernie's understanding of this may have emerged as a result of his experience in the British Army serving in Burma. Balbernie (2011) stated:

> The 'triard system' is painful and readily evaded, especially in social work, simply because of the fact that if there are units which are selective (which is necessary if we are going to talk in terms of treatment) then some units will continue to be required to cope with the residual rag-bag populations of unselected quantities of damage which – going further down the line – is something which prisons and (in the past) lunatic asylums have had to do. Also given is the fact that in these rag-bag receptacles the majority of inmates will not be placed according to their need, but will be there simply because of the lack of suitable resources. This reality must be accepted and faced. (p.262)

Another factor given consideration was the impact that a boy might have on the other boys in the community, and staff working with them. "I learned that there were certain very intractable treatment problems, particularly centring on the most panicky and disruptive children, who could not be treated in a group, and who as adolescents became exceptionally violent, anti-social and delinquent. With the slightest disruption of environmental containment, security, or communication, acting out would be dramatic" (Balbernie, 2011, p.259). This is why very precise methods of assessing referrals in order to decide whether to admit a boy or not were developed and described by Dockar-Drysdale (2011). Dockar-Drysale (2011) described admissions as being to do with the extent of the trauma and disturbance of the individual boys, and also the amount of resources and attention from staff the potential newly admitted boy would require, and whether staff had the capacity to provide this:

> Syndromes of deprivation are graded in terms of ego strength: for example, a frozen boy scores 1, whilst a caretaker syndrome scores 4. Since we are now in a position from which we can assess the syndromes within any unit, we can also score – roughly – the ego strength. On occasions when the ego-strength

drops below the minimum level required, the team ego-nucleus has to be drawn on if the unit is to survive. This leads to impoverishment of grown-ups and eventually to breakdown. The team can now say, for example, 'We cannot admit a frozen boy when we next have a vacancy – our score would be too low'. We are even learning what combination of such syndromes produces a working group (e.g. there cannot be more than one new frozen boy in a group). (p.289-290)

It was not that any acting out or disturbed behaviour meant that a boy was not able to become admitted to the community. Such a position would have been ridiculous given the aim of the community to treat disturbed boys. Careful consideration needed to be given as to how a particular boy might be able to cope with being in a group. An assessment needed to be made as to the capacity of staff to be able to provide the sort of one on one care a boy would need whilst his capacity to engage with a group improves. To enable a boy to improve his ability to be in a group was an aim of treatment. What was apparent was the need to consider whether a particular boy's impact on the group would be able to be contained by the staff group.

Another factor thought to indicate what sort of risk a boy might present was in terms of the boys ability to communicate. This was given special attention. Not necessarily in terms of informing decisions about which boys to accept (as many boys would be considered to have significant difficulties communicating upon starting their time at the community) but rather an indication of explicit risk:

> Balbernie, the therapeutic resource people and myself have also evolved a way of scoring communication rating. A communication level of 'A' indicates that the boy is able to talk about himself with real feeling – personally – and about his problems. A level of 'B' would usually be about current affairs in the unit or in the Community. 'C' level would be superficial chatter. A week of communication at 'C' level by a boy, as rated by most people, would suggest a risk of breakdown into acting-out, and would indicate the need for special steps to be taken to reach more real communication. (Dockar-Drysdale, 2011, p.290)

Issues about whether a boy was correctly considered appropriate for placement, and able to be contained and communicate within the therapeutic community are important. Also considered is whether there is something about the boy which was ready and showed willingness to change. Sometimes this glimpse of openness to

treatment was very small, such as a boy being able to express a very small like of a particular food or specific activity.[8]

In terms of the scope of the potential population services like the Cotswold Community dealt with, the figures suggested by Rollinson (2012) discussing the "Every Child Matters" (2004) Governmental response to the death of Victoria Climbie, are as follows:

> Four per cent (500,000) will represent the most vulnerable, the most at risk, the most complex in their difficulties and their needs, whether because they are invisible, like Victoria, or relentlessly "in your face" with their behaviour. Breaking this down further 2.5% (312,500) will really stretch us to reliably identify their needs and meet them with the right set of provisions (in care, education, and health treatment); these are the ones about whom we are often scratching our heads in puzzlement; the other 1.5% (187,500) are those who seem to be at the very limits or beyond our capacity to understand and intervene at all helpfully – a most highly troubled, often chaotic, and not infrequently highly troublesome population of our children and young people, with their: severe emotional problems; aggressive, even violent behaviours; self-harming (hurting or killing themselves); little or no sense of self-preservation; and/or being entirely out of control through their uncontainable acting out of feelings – of anger/rage, and anxiety and distress. (p.114)

It was this 1.5% (if they were boys) who might have ended up, or begun their recovery, at the Cotswold Community, or similar institutions. If Rollinson's calculations are correct, and 50% of the 187,500 are male (which may not be the case), this represents a population in 2012 of 93,750 boys who may have been suitable for treatment at the Cotswold Community. Regardless of how these figures are adjusted, the numbers of people whose life is impacted by the sort of issues being discussed is significant, and each individual case contains its own story and personal and unique suffering (Balbernie, 1966). Further discussions and description of the sort of boys admitted at the Cotswold Community are found in Chapter 4 of this thesis.

1.5: Current Context; The Children Who No One Knows What To Do With.

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8   This idea of showing a small glimpse of willingness to engage was discussed with Whitwell on the 20.02.19

Historic research takes place in a social context (Greer, 2015). Observing the past takes place from the present. The Cotswold Community is an example of when the state has intervened in family life, and was essentially in *loco parentis*. This intervention in the lives of children and families has a social and legal context. One of the most significant developments in the legislation governing states intervention in family life was the Children Act 1948. Winnicott (1986) states that the 1948 Act was, "perhaps the most positive use made by society of psychoanalytic findings has been in the approach to anti-social behaviour" (p.181). Furthermore, that it was "preventative medicine in respect to delinquency" (p.181). However, Reeves (2012) sounds a more pessimistic tone in his assessment of the extent to which the state has the capacity to be a 'good enough parent.':

> My analysis has suggested that the present structure of social provision in which so much to do with the parenting functioning is centrally determined and controlled, is not only unsatisfactory, is also ultimately unviable. The State may have taken on a parenting role of sorts, but it cannot function properly in the guise of omni-competent single parent. Moreover, it cannot ever allow itself to fail (even though it must) and cannot acknowledge its own failings, and because it cannot acknowledge its own failings, it can never succeed in being a "good enough" parent either. (p.58)

The current state of provision of care for children in residential services is described in a 2020 report by the Children's Commissioner for England entitled 'The Children Who No-One Knows What To Do With.' The report paints a dire picture of the current state of residential provision for children in care:

> Thousands of children with complex needs fall through these gaps in the system each year. They experience huge levels of instability which undermines all their relationships and compounds existing problems, or are placed far from home which damages family relationships and experience the "home" in which they are placed as hostile. These homes can, and do, throw them out at short notice, and such is the shortage of other homes that many children are left in limbo, in flats surrounded by agency staff, waiting for somewhere, anywhere in the country, willing to take them. No child should be treated like this; that it is our most vulnerable children, and those looked after by the state, to whom this is happening is simply unacceptable. (Children's Commissioner, 2020, p.1).

The choice of title for the Children's Commissioners report is revealing for a number of reasons. The idea of "no-one knowing what to do with these children", might reveal a sense of hopelessness often experienced working with children who themselves experience a profound sense of hopelessness. Bion (2005, p.2) argued that, "when we are at a loss we invent something to fill the gap of our ignorance – this vast area of ignorance, of non-knowledge, in which we have to move." Kasinski (2003) noted that these children fall between the gaps of education, health and social care, "at worst this leads to a culture of scapegoating or blaming other services, or of a covert relinquishing of responsibility." (p.47). Perhaps also revealed by the title of the report is a poverty of expectation, described by Haigh and Benefeild as leaving, "individuals feeling powerless to have any impact on the world in which they live, or to find fulfilment and meaning in their lives (Marmot et al., 2010, Social Exclusion Unit, 2004; Wilkinson and Pickett, 2009)" (p.124).

Kasinski (2003) also notes the profound difficulties involved. "Contact with them can overwhelm, hurt or provoke distancing among involved professionals. It is often difficult to face such a child openly, difficult to look them in the eye, without assuming either a falsely reassuring omnipotence or an unhelpful despair" (p.47). However, there is also a question of whether the circumstances surrounding the residential treatment of children are not so much a question of 'knowledge' (no-one knows what to do with them!) but a question of political will. The Children's Commissioners report also identified, "these failures imply a deep-rooted institutional ambivalence to the needs of these very vulnerable children" (p.2). Yet the prospect of therapeutic community treatment as a means of addressing these difficulties does not appear in the report.

The report states, "Arguably, no child should ever need to be placed in secure care for their own benefit. If there were decent, therapeutic, community based alternatives, no one would lock a child up 'for their own good'" (p.8). The comma between the word therapeutic and community suggests that therapeutic community treatment was not considered an option. There may be many reasons for this. One possibility is hostility towards group treatment models and institutional care of children due to reports of abuse in children's homes (Maher, 2003). Maher (2003) also identifies the problem of institutions screening out difficult to contain children, "everyone is trying to screen out the same referrals – the violent, conduct

disordered, borderline, 'ungroupable', angry, chaotic child. If everywhere is trying to avoid these children, jockeying for position to deny responsibility for them ('intersectional territorialism'), where do they end up?" (p.278).

The power of treatment in groups is inherently political, which may explain the absence of therapeutic communities in the thinking of the Children's Commissioner. Bruschetta (2020) explained:

> TC is not a hospital with serialized and deterritorialized bodies as appendages of a technical apparatus, but a tangle of not-conforming and desiring bodies. For this reason, bio-politics of society wants them to be massed and segregated: because they are uncontrollable in their relationships with themselves, with other human beings and with their environment. All these relationships need to be transformed into the matrix of community, from which ties of human groups and group networks emerge, made up of people in physical and mental relationship with each other. This matrix can only be based on an organic environment of real coexistence and collaboration, based on the care of the primary functions of the human being: nourishing, heating, supporting, cleaning, etc. These are biological and therefore bodily and psychological functions, at the same time. Community, therefore, like group, continually exceeds the order of a linear technological organization, and dangerously transforms every structure that establishes it. (p.2)

Unconscious processes involved in the work with such young people, and their social milieu, are described by Hale (2020) in the following terms:

> As I see it the toxic elements of society that we fear are madness and badness which we observe in our patients/prisoners; added to this is our own badness and madness which we project into them. We thus feel better when it is contained by an external force – be it the police, the courts, the prison, or the special hospital. What is in effect contained by the institution is anxiety, perceived at both a conscious and largely unconscious level. (p.266)

If institutions such as the Cotswold Community contained the toxic and disavowed aspects of the social unconscious (as is argued later in this thesis), what is necessary in these institutions to successfully contain and treat such individuals and groups? Is it helpful to look to the past to see how previous generations and individuals such as Balbernie and Dockar-Drysdale in places such as the Cotswold Community thought about what to do with these children. Trowell (2020) argues that, "Unconscious processes could become part of the total picture, where the

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transference and counter-transference of the clinicians, their gut feelings, and the dynamics within the staff group provided rich and significant information about the case. For this to be possible there needs to be a secure professional environment for clinicians to feel able to share their non-verbal experiences while working on a case" (p.259).

Maher (2003) observes changes over the past few decades regarding the values and expectations of children's services including those providing residential therapeutic treatment:

> Clearer professional boundaries (good thing) have led to greater emotional distance (bad thing). More scrutiny and regulations (good thing) has led to more defensive practice (bad thing). A greater emphasis on care and safety and child protection (all good things) has led to a loss of commitment to treatment and an unwillingness to take necessary risks (bad things). The emphasis on the individual (good) has led to a loss of belief in the potential and importance of the use of the group (bad). (p.279)

The decline in the use of the group as a treatment method may have led to is an increase in placements for individuals or small groups, which could be more profitable to private companies. The 'Children Who No One Knows What To Do With' (2020) reports the financial implications in the following terms:

> Private provision accounted for 73% of the growth in places available for children in care between 2011 and 2019, and the number of children looked after in private provision increased by 42%. The best available estimates suggest that certain large private providers make a profit margin of around 17% on the fees they receive from local authorities. In other words, for every £100 they charge, around £17 is operating profit. (p.5)

One of the possible impacts of the commercialization of so-called therapeutic childcare is that in the apparent search for effective treatment, genuine care might be diminished. Such developments are indicative of social values. Bowlby (1988) has commented, "Man and woman power devoted to the production of material goods counts as a plus in all our economic indices. Man and woman power devoted to the production of happy, healthy, and self-reliant children in their own homes does not count at all. We have created a topsy-turvy world" (p.22). In such a topsy-turvy world, the intergenerational cycle of disadvantage is not broken and has an

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enormous social cost. Bowlby wrote about, "the vicious circle of insecure parents creating insecure children, who grow up to create an insecure society which in its turn creates more insecure parents" (Bowlby, 1949, p.297 as cited by Kraemer, 2020, p.334).

If current circumstances in the social care system and residential child-care are cause for concern as is argued in the 'Children Who No-One Knows What To Do With' (2020) report, these concerns take place in a wider context and are mirrored in other services such as the NHS. Kraemer (2020) argues that the implications for the NHS, and the situation that many young people find themselves in and a developmental approach are interrelated:

> Paediatric wards everywhere are under unprecedented pressure from emergencies. This has been building up throughout this century as young people see their parents suffer, and their own prospects for secure homes and jobs – even for a habitable planet – dwindling, Such considerations are beyond the grasp of a technocratic health service. Without a deeper view of the developmental origins of mental and physical illness the NHS will be overwhelmed (p.148).

This interrelation would make the urgency of addressing issues present in the social care sector and residential therapeutic treatment of children ever more present. And yet there can be several threats to such an endeavour.

One of the threats to communities such as the Cotswold Community was the pressure to achieve uniformity, which was at odds with the unique nature of the institution and might have compromised the creative work being done. Obholzer (2020) described conflict between creativity and measurable outcomes as a battle, "The pressure to conform to standards that are laid down for solely financial and political purposes remains a threat to our future to this day, yet it needs to be robustly defended against in confirming our ongoing work and existence. Conforming to measures of uniformity are likely to lead to the death of the organization, but as ever, the battle continues" (p.xix).

Pressures to conform to financial and politically imposed standards in a social context are described in the following bleak manner by Campling and Haigh (1999), "Striving for compassion, humanity and common sense in the field of mental health

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has been very difficult: corrupted by individualism and inequality, short-termism, fragmentation and alienation, and subtle but powerful policies of social control. This has been set in a culture of pervasive cynicism which makes it feel that these degradations are inevitable, unchallengeable, and impossible to change" (p.11).

Balbernie with the help of Dockar-Drysdale made a profound changes at the Cotswold Community as it underwent the transition from being an approved school to therapeutic community. These changes and the differences between the ethos of an approved school and a therapeutic community are explored in the fourth chapter of this thesis presenting a description of the Cotswold Community. The example of the Cotswold Community shows that change is possible in boys who have experienced profound loss and trauma. But this requires urgent change in the adult world's "culture of pervasive cynicism", and the deep courage and commitment of those prepared to lead these changes.

What sort of culture was Balbernie aiming for as an antidote to the chaos and trauma of the boys lives? The following statement, about the treatment environment, gives a vivid description of the culture being aimed for:

> A person in a treatment environment must feel in his bones and bloodstream – because it i<u>s</u> – it exists – though he would be the last to admit it into consciousness or to others – 'in this place there is care, there is respect for me, I shall be helped to see for myself, to realize, to understand. I shall feel safe, and I may begin to work things out for myself, there will be acceptance of me at my own level, as I am and where I am, not just where I 'ought' to be, here I find order which makes sense, adults who can be trusted, here I can begin to find myself, from whom I have been alienated by fears and doubts and uncertainties, without being mocked or blamed, I will not be forced into relationships which I cannot make, I can try myself out without more commitment than I can truly give; and finally in this place I shall be able at times to retreat back into anonymity.' (Balbernie, 1972a, p.8 [Archive list]).

Balbernie had elements of his personality which could be experienced as if he was some sort of firebrand (or 'charismatic bastard', Lane 2021). He was firm and often assertive (as explained later in this thesis), however there was also a lightness of touch, humility, and realism about his approach which might be a thought of as a particular sort of love. A love which draws on the wisdom of the earlier founders of residential therapeutic work with children, but also had his own unique lightness of touch:

> We can touch each other lightly and sensitively, provide some sort of adequate model for identification (not beyond reproach), a little additional security in relationships, introduce experience of a caring and concerned structure, order and authority, be reliable (but yet not too reliable for we must also fail to be reliable), consistent (and yet paradoxically also be responsibly inconsistent, if our children are to grow). We can also provide skilfully, consciously, and sensitively, the symbolic equivalent of the missed experience, experiences, and messages that go to the heart of the matter. (Balbernie, 1972a, p.15 [Archive list])

This process of touching lightly and sensitively is explored in the following chapter about love, and in the findings chapter in terms of the ethos of the Cotswold Community. Implications and applications for practice is mentioned in the concluding chapter.

Chapter 2: A critical discussion of the concept of love.

"Love is touching souls, and surely you touched mine, because part of you pours out of me in these lines from time to time" (Joni Mitchell, 'a case of you' from the Blue Album, 1971)

The chapter starts with a discussion of the place of love in residential therapeutic childcare, drawing on the work of Winnicott and stressing the need for those doing the work to survive. This chapter then goes on to consider hate and the management of violence, before discussing the wider discourse about love within psychoanalysis. Love in this context is considered as a particular form of emotional involvement. Then follows a discussion about use of the word love, and the social context of love and hate.

2.1: Where is the Love?

Winnicott (1970) explains that what is considered 'love' and 'hate' can become confused or distorted:

> From my point of view residential care can be a very deliberate act of therapy done by professionals in a professional setting. It may be a kind of loving, but often it has to look like a kind of hating, and the key word is not treatment or cure but rather survival. If you survive then the child has a chance to grow and become something like the person he or she would have been if the untoward environmental breakdown had not brought disaster. (p.228)

This word 'survive' is also used by Balbernie (2011). What Winnicott highlights is the complexity involved in treatment (love looking like hate) which will be explored later in this chapter. As previously cited, Wills (1971) argued that, "Love is not a word you will often hear at the Cotswold, but its presence is unmistakable." (p.152). It is also important to highlight that therapeutic love might be more of a verb, (a doing word – something done without being named explicitly) rather than something said. The term 'emotional availability' might be more helpful than the word love amongst

residential child care workers[9]. This is evident from Dockar-Drysdale's (1962) work in which she highlights the importance of emotional involvement:

> People giving therapeutic help to emotionally deprived children must become involved with them in a way comparable to what Winnicott has described as 'primary maternal preoccupation.' Once this involvement has been launched, the most essential factor in treatment will be continuity of emotional provision. The task will now be to fill the gaps in the child's original experience in a way that can feel real to the child. (p.54)

Coyne (2021) writes about his experience of childhood and the impact of never being told "I love you", "I guess one has to understand the impact of a childhood where no one ever said I love you, and you didn't even know what love is as it had never been expressed. No one ever sat me on their knee and told me "you're safe" and nor did I ever feel safe. You eventually realize its on you, so you fight."

This thesis is concerned with the nature of therapeutic love, in its specific historical and cultural context at the Cotswold Community, and how this relates to psychoanalytic perspectives of love and hate. Whether therapeutic love is possible, and if so, how? What are the effects of the absence of love? If Winnicott is correct that residential child care "may be a kind of loving", and Wills is also correct that the presence of love at the Cotswold Community is "unmistakable", (but unspoken), then it remains to be explained in what sense? What is meant by the term 'love', and what constitutes evidence of love? Fromm (1957) argued, "There is only one proof for the presence of love: the depth of the relationship, and the aliveness and strength in each person concerned; this is the fruit by which love is recognized" (p.81). Regarding proof of love, how is the experience of love felt? Winterson (2017) argued:

> When we are in love we have the feeling of being understood.
> The feeling of things being simultaneously settled and disturbed.
> Hands and voices rummaging through us.
> We are known while remaining private.
> We are held whilst remaining free. (p.34)

Whilst Winterson was writing about the experience of being "in love", implying romantic love, might the same be true of therapeutic love? Before it is possible to

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9   The idea of emotional availability was discussed with Whitwell on the 20.02.2019

expand a discussion of therapeutic love, it is also important to describe the difficulties in such an endeavour. Gerhardt (2004) locates the difficulties of discussions about love in terms of privacy and the limits of the ability to legislate, describing the difficulties of conceptualizing and implementing understanding emotion in the following terms:

> Many of the scientific discoveries in the field of emotion look like reinventing the wheel. They affirm the importance of touch, of responsiveness, of giving time to people. How can we legislate for such things? Perhaps it is a pipe dream to imagine that policy-makers could have any effect on the quality of early parenting. Isn't this a very private affair that takes place in private homes? What more could be done. (p.216)

Discourse about love has focused on the object of love; erotic love, brotherly love, parental love, love of one's nation, love of self, and love of god (Knowles, 1994). These stem from the ancient Greeks philosophers and notions of eros, agape, phila and storge (Appignanesi, 2011. Lewis, 1960). Contemporary discussions re-frame love in terms of faculty, and challenge the notion that there is nothing further that needs to be learned, "Behind the attitude that there is nothing to be learned about love is the assumption that the problem of love is the problem of an *object,* not the problem of a *faculty"* (Fromm, 1957, p.2). If love is a faculty, then what is the nature of the faculty? Fromm (1957) argued that love is also an art, in that it involves both theory and practice and "it requires knowledge and effort" (p.1). This is in direct contradiction to contemporary views of romantic love as a passive, being overwhelmed by positive emotions, requiring no action or response. Fromm (1957) argues that, "Love is an activity, not a passive affect; it is a 'standing in', not a 'falling for'" (p.17). The work at the Cotswold Community discussed by Wills (1971), would seem to confirm this view of love as an activity rather than a feeling.

To begin with the question of what love might have meant to the boys at the Cotswold Community who had experienced unreliable parental care. Winterson (2017) wrote, "When love is unreliable, and you are a child, you assume that it is the nature of love – its quality – to be unreliable. Children do not find fault with their parents until later, in the beginning the love you get is the love that sets" (p.89). This observation about the nature of love for children who have experienced unreliable care has implications for those attempting to provide care to them. The implication is that reliable care will not be experienced as "loving", but rather be experienced as profoundly unsettling and tested to the limit (Balbernie, 1966,1969, 1970, 1975,

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2011. Whitwell, 2002, 2009). What is most needed is the thing which is most feared and reacted against, "What do we do about love? So impossible, so essential, a drug, a lifesaver, the killer, and the cure"(Winterson, 2017, p.49). This is made even more complex in situations where a child has been told by an adult that abuse is actually "love".

Also of importance is the staff attitude towards the boys, "Love is not primarily a relationship to a specific person: it is an *attitude,* an *orientation of character* which determines the relatedness of a person to the world as a whole, not towards one 'object' of love" (Fromm, 1957, p.36). This statement implies that if they were to be loving, this would be evident in the attitudes of staff, and that this attitude would have an impact on the boys. Fromm (1957) implies that there is power and potency about this aspect of Love, "Love is a power which produces love: impotence is the inability to produce love" (p.20). Beyond the active nature of love described by Fromm (1957) are other specific features of love, "love becomes evident in the fact that it always implies certain basic elements, common to all forms of love. These are *care, responsibility, respect,* and *knowledge"* (p.21).

Changes in arrangements from centralized, canteen style provision to home cooked food in the houses which took place in the early days of the Cotswold Community was demonstrative of care. Stressing the physical aspects of care was also highlighted the very early needs of the boys to experience care in a bodily form, noted by Winnicott (1955), "The infant is held by the mother, and only understands love that is expressed in physical terms, that is to say, by live, human, holding" (p.191). This 'live human holding' is bodily, and includes the provision of food and feeding. It involves the choice to provide home-made food cooked by people who care, made with thought, rather than impersonal industrial catering arrangements and the serving of cold hot chocolate (Philips, 2014). Dockar-Drysdale's (2011) stressed the individual responsibility residential child-care workers had, and the need for them to have their own sense of autonomy and authority. This was a central part of the work and what made the work meaningful, as well as difficult.

Menzies-Lyth (1961) made reference to how workers coped with responsibility and conflict, and sometimes wished to escape from the weight of responsibility:

> Taking responsibility may be satisfying and rewarding but always involves some conflict. Nurses experience this conflict acutely. The responsibilities of the nursing profession are heavy and nurses usually have a strong sense of personal responsibility. They often discharge their responsibilities at considerable personal cost. However, the very weight of the responsibility makes it difficult to bear consistently over long periods and nurses are sometimes tempted to escape from it, and to behave irresponsibly. (p.106)

Balbernie's work (1966, 1969, 1970, 1975, 2011) made frequent references to respect. This is in contrast to the culture of the approved schools environment where there was an emphasis on obedience rather than a respect for the boy's need to communicate his distress in order that it might find some relief.

The mention of knowledge by Fromm (1957) might refer in the context of the Cotswold Community to the staffs knowledge of the individual boys history, their circumstances, their likes and dislikes, the precise nature and depth of their distress and the things known to alleviate this. The role of the focal carer was created specifically so that an individual worker could develop an in-depth knowledge of a particular boy which could then be shared with the team and inform provision of care. This in-depth knowledge had implications for staff self-knowledge and understanding. Fromm highlighted how knowledge of others also develops self-knowledge, and knowledge about the nature of man which is of far deeper significance than the specific therapeutic dyad. Implying something reciprocal about the nature of knowledge in relation to love Fromm (1957) argued, "Love is the only way of knowledge, which in the act of union answers my quest. In the act of loving, of giving myself, [….] I find myself, I discover myself, I discover us both, I discover man" (p.24). However, it should not be implied that this self-knowledge, knowledge of others, and mankind is a comfortable process. It involves seeing and allowing oneself to be seen, including the less favourable aspects and moments of extreme exhaustion and stress, "The child will come to know the worker as he or she really is, rather than what the therapist hopes to be like. Such insight can be very painful, and is unavoidable in a context in which the child will be aware of so much – not only of a loved grown-up at his best, but also at his exhausted worst!" (Dockar-Drysdale, 1966, p.112-113).

Staff at the Cotswold Community sought to implement a set of policies and practices which attempted to offer reparative experiences for early deprivation, trauma, and

loss. The expression of love at the Cotswold Community might have most in common with Bruno Bettleheim's very practical descriptions of residential therapeutic childcare in his book *"Love is not enough"* (Bettleheim, 1950). This looked at the day-to-day care required by disturbed children in institutional care such as at mealtimes, in the preparing of food, at bath-time and bedtime.

The legal context following the Children and Young Persons Act 1948 and Curtis Committee was the first time the government took responsibility for providing services for children who were not cared for by their family of origin (Reeves, 2012). These discussions raise important questions about whether institutions (both government and children's home) can ever provide an adequate substitute for a family home, and the role of love in preventative psychiatry (Issroff, 2005). Bowlby, Winnicott and Britton's contribution to the Curtis Committee also highlighted the need for individualised care and for children to be able to develop individual attachments with specific workers rather than receive indiscriminate care from multiple different adults (Reeves, 2012, 2005, Menzies-Lyth, 1987, 1991). Has this need for quality relationships always been known by those working closely with disturbed children? As noted in the first chapter of this thesis, Balbernie (1969 [Archive list]) argued that the ingredients of the successful treatment of disturbed children involve and are consistently, "devoted staff, leadership and authority, relatively small groups, relatively high staff ratios." (p.11).

2.2: Hate and the management of violence.

The need for relationships between staff and boys was known before the Cotswold Community made its transition from approved school to therapeutic community. Jones (1960) made reference to this understanding of the importance of relationships:

> C. A. Joyce, the Headmaster of the Cotswold Approved School is quoted as saying, 'a boy goes straight for a person and not for an ideal' (Scott, 1950); and Dr A. Leitch (1946), after an exhaustive investigation, came to the conclusion that the most important reformative influence in the Borstals was the personal relationship established between a boy and his Housemaster or Officer. The observations, however, merely confirm what psychotherapists have long maintained: that therapy must centre on an intense personal

relationship (e.g. the transference relationship of psycho-analysis). A child can be influenced by those for whom he cares, and will even begin, quite spontaneously, to model himself on them. (p.95)

This indicates that the difficulty for those working with children in care and guiding government policy, is not so much a question of knowledge (the 'children who no one knows what to do with'), but willingness to provide what is already known to be needed.

The management of violence and aggression in adolescents is something which has been an issue for society since the dawn of humanity. Harrison (2020) highlights that the work in terms of responses to violence is a part of a tradition of 'discerning compassion', which included the work of pioneers:

> August Aichhorn, a psychiatrist caring for young disturbed adolescents in Vienna, faced this challenge in about 1910. His response was to implore his fellow workers to hold back from punishing a bunch of "Wayward Youths", as they destroyed the furniture and fittings of the accommodation assigned to them (Aichhorn, 1951: pp.. 167-179). He argued that love would eventually prevail, and after many trials and tribulations he was able to demonstrate the efficacy of his approach. He was followed by others including A.S. Neill, at Summerhill, who disputed Freud's dictum that hate comes first and that love is later. In his experience of children, he found that love could transform hate, stating that "Hate is love transformed, rather it is thwarted love" (Neill, 1948, pp. 153-154). Kenneth Barnes of Wennington School, another children's TC, argued that love "begins in compassion, in knowing and seeing the depths [. . .] It is unique and personal in every particular situation [. . .] it proceeds by reaching the needy person in depth and intimacy and giving him what he begins to realise he needs" (Barnes, 1969, p. 213). The systematic employment of discerning compassion was born in the world of children's therapeutic communities. (p.40)

Central to our understanding of hatred is Freud's (1915) statement discussed above that, "Hate, as a relation to objects, is older than love." (p.139). This presents a view of humanity as being essentially hateful (and possibly violent) but loving at a later stage of development. In this context, part of management of hatred and violence can be argued to be to support the development processes which enable love.

Since Freud's 1915 proclamation that hate is older than love, both Bowlby and Winnicott have made considerable contributions to our understanding of hate and aggression. Part of Bowlby's contribution to this subject is the understanding that

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frustration and anger can be normal (functional) responses to separation and loss, but that adverse parental responses to the child's anger can create secondary anger (dysfunctional). Which can be further complicated by the child becoming a recipient of the parent's displaced anger and aggression (Bacciagaluppi,1989). This is important to the work of the Cotswold Community, and similar institutions providing discerning compassion described above because it highlights the need for understanding of hatred and aggression. The understanding that parental responses to aggression have contributed to exacerbating the child's difficulties means that the residential child care worker needs to be aware of their own aggression and not overreact to the child's legitimate protests and distress.

Central to the work of the Cotswold Community was Winnicott, the 1949 paper 'Hate in the Counter-Transference' (1949) was required reading for residential childcare workers at the community throughout its history. In this paper, Winnicott discussed treatment of people described as psychotic, and the need for therapists to be aware of their own emotional state. This includes the normalizing of hatred, within the therapist and recognition of the therapist's capacity for aggression, "However much he loves his patients he cannot avoid hating them, and fearing them, and the better he knows this the less will hate and fear be the motive determining what he does to his patients" (p.69).

Part of how hatred and aggression were managed at the Cotswold Community was through the use of transitional objects, as described by Winnicott (1971). Staff being able to cope with their own hatred, and the hatred and violence of the boys involved considerable creativity, including the use of transitional objects. As part of the process of boys being allocated a focal carer, the focal carer would be expected to buy a small soft toy for the boy which was to become his transitional object. This toy would often be used as a means of communication and symbolic play, including the toy being ripped to shreds or suffering all kinds of injury as part of this communication. The toy became a safe object for the boy to unleash his destructive violence ("better the toy than me", as one focal carer put it!), as well as an object to facilitate his need for care, repair, and communication. The toy became a useful receptacle for the boys aggression (for example a toy lion might become particularly loud, noisy, scary and aggressive at particular times), a means to divert the boy's behaviour away from actual violence to others and provide a means to communicate

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his distress. It was therefore imperative that when the object was harmed or ripped to shreds that the focal carer would repair the object, as a symbolic communication that the boy's aggression could be withstood and survived. It was especially important that it was the focal carer doing the repairing, rather than any other staff member. This use of the transitional object involved the capacity for play, discussed by Dockar-Drysdale (2011) and was an essential part of how therapy was delivered at the community. My own memories of the community include being presented with a bag of stuffing from a toy bear on my return from leave, and trying to sew ripped material and stuffing back into the shape of a bear.

Dockar-Drysdale (1959) developed further idea's concerning love and hate beyond concepts of transferences and counter-transference. She argued that, "In my view there can be no question of a transference being established with a child who has never had the experience of loving someone else as a separate person. The word transference implies transfer *from,* and such a child has nothing *from which* to transfer" (p.37). An alternative view of transference to Dockar-Drysdale's, is that the negative, hateful transference is exactly what is pushed into the walls of the building, broken windows and eventually bodies and minds of the staff. It could be that this absence of a separate person to love leads to difficulties in moderating hateful impulses. Violence is perceived as 'panic', and much of Dockar-Drysdale's writing is devoted to the management of violence. Dockar-Drysdale (1959) also makes the distinction between interpretation and communication, "Interpretation seems to belong to transference as (probably) regression towards disintegration; communication belongs to a primary bond and progress towards first integration" (p.41). Use of concepts such as transference and counter-transference, and interpretation, appear of only limited use in the context of the management and responses to the extremely disturbed and violent behaviour from the boys. Workers bodies were literally on the line. It was psychoanalysis beyond the usual confines of out patient treatment, which involved being tested to the limits, getting one's hands literally and metaphorically dirty, and taking certain risks.

2.3: Psychoanalysis, Love and Hate.

In Civilisation and its Discontents, Freud (1930) argued:

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> Men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness. As a result, their neighbour is for them not only a potential helper or sexual object, but also someone who tempts them to satisfy their aggressiveness on him, to exploit his capacity for work without compensation, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and to kill him. Homo homini lupus. Who, in the face of all his experience of life and of history, will have the courage to dispute this assertion? (p.111)

The study of love and hate in psychoanalysis since then is vast, and involves a whole history of changing, competing and differing models of the mind, and relationships. Arguments from a wide variety of authors, disputing and arguing Freud's above assertion. Although romantic or erotic love might always have been the subject of psychoanalytic enquiry, love in terms of implications for the therapeutic relationship has not received much attention. Harrison explains, "Charles Rycroft, in his Critical Dictionary of Psychoanalysis (Rycroft, 1972), does not mention compassion, altruism, or kindness. Love is seen as a derivative of instinct, which has the object of providing instinctual satisfaction (Rycroft, 1972: p. 85). Though he does state that the capacity to empathize is a precondition of doing psychoanalytical therapy (Rycroft, 1972, p. 42)." (as cited by Harrison 2020 p.44). Part of the problem with writing about the most intimate parts of our humanity is connected to the idea that psychological theorising is a covert form of autobiography (Holmes, 2007, p.28). The positive feelings involved in love must be understood with direct reference to hatred. Pogue-White (2002) describes the application of psychoanalysis to understanding of hatred:

> We take it for granted that psychoanalysis can inform our understanding of the human condition of hatred, but through our experience of hating and being hated, can we also inform psychoanalytic theory and its applications.
> I take it to be a basic truth that everyone has experienced hating and being hated. Hatred is an ordinary human experience that has extraordinary results. Maybe it's because of these extraordinary outcomes that we accord hatred the status of taboo. We seem to feel, in the common culture, that if we speak hate's name or evoke its memory we will experience grim consequences. On the other hand, we fantasise that if we don't speak it, it doesn't exist. The collusion of silence makes hatred unbearably dangerous.
> I think all of us have our hate stories to tell, if we dare, we all have our hate scars, some of which are better healed than others, and some of us are better healed, as persons who have hated and been hated than others (p.401).

Freud believed that, "Essentially, one might say, the cure is effected by love" (Freud, 1906, p.12). Freud developed drive theory which argued that human beings are in essence pleasure seeking, and that love is very powerful, "By what other signs can the genuineness of a love be recognized? By its efficacy, its servicability in achieving the aim of love? In this respect transference love seems to be second to none, one has the impression that one could obtain anything from it" (Freud, 1915, p. 385).This implies Freud was acutely aware of the positive and negative feelings which could arise between patient and analyst in the form of transference. But in this context, love was recognized as a means to manipulate others, not as part of a mature caring therapeutic relationship. Central to this is a debate about whether love is mature, rational, socially cohesive, or whether love is a form of madness:

> For Freud love is in itself an irrational phenomenon. The difference between irrational love, and love as an expression of mature personality does not exist for him, that transference love, is essentially not different from the 'normal' phenomenon of love. Falling in love always verges on the abnormal, is always accompanied by blindness to reality, compulsiveness, and is transference from love object of childhood. Love as a rational phenomenon, as the crowning achievement of maturity, was, to Freud, no subject matter for investigation, since it had no real existence (Fromm, 1957, p.71).

Freudian notions of love being an irrational phenomenon, are in direct contrast to the ethos at the community which involved encouraging and nurturing the capacity for concern for others. Bowlby invented the term "affectionless psychopathy" to describe individuals who cannot exhibit caring behaviours, concern, or affection for other people, who don't have empathy for others and who show no or very little remorse for their deeds (Bowlby 1951). It is not difficult to become aware of the havoc wreaked on a small or large scale by individuals unable to experience empathy or remorse.

Bion (1962a) also drew attention to the importance of maternal reverie, especially in relation to containment and the ability of a child as they develop. Bearing frustration and disappointment within the realms of typical experience and the importance of the mother/therapist in supporting this, Bion stresses the psychopathology which can emerge from the splitting processes:

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> Bion has described how the difficulty of dealing with psychic pain can give rise to the development of two parts of the personality, each with a very different way of coping. The psychotic part, intolerant of frustration, gets rid of its perceptions and the part of the mind that registers them. The non-psychotic part of the personality which retains a capacity for tolerating psychic pain is able to experience jealousy or envy or disappointment without denying the experience and without attempting to change his attitude to the object in order to avoid these experiences (Sinason, 1993, p. 209).

The boys at the Cotswold Community can be seen in relation to Bion's description, as they had significant difficulties in tolerating frustration and envy and managed these difficulties by a process of splitting.

Fairbairn (1952) challenged Freudian notions of humans as being pleasure seeking, and conceptualises us instead as being relationship seeking. Greenberg and Mitchell (1983) described the differences between the Freudian model of the psyche, and that developed by Fairbairn, "The most significant tension in the history of psychoanalytic ideas has been the dialectic between the original Freudian model, which takes as its starting point the instinctual drives, and a comprehensive model initiated in the works of Fairbairn and Sullivan, which evolve structure solely from the individual's relations with other people. Accordingly, we designate the original model the *drive/structure model* and the alternative perspective the *relational/structure model.*" (p. 20). The debate within psychoanalysis became very heated:

> Human beings are not, in the first instance, pleasure seeking. They are object (relation) seeking. We have known this for over fifty years. It is the great unifying principle of psychoanalytic work. We are just afraid to say it out loud, especially to each other. But we need to say it together, now, publicly. Our profession depends on it. (Schwartz, 2010, p.111).

This distinction has implications for work with traumatised groups and individuals, including the specific example of the boys at the Cotswold Community, where the boys disturbance was conceptualised in terms of their relations with others rather than being intra-psychic. This is not to say that the intra-psychic was ignored or disputed, but was in keeping with Mitchell's (1988) assertion that, "the interpersonal and the intrapsychic realms create, interpenetrate, and transform each other in a subtle and complex manner" (p. 9).

Beyond the specific example of the Cotswold Community, the awareness of the link between infant and adult experience of love and affection are relevant. This discussion has taken various turns since Freud's early interest in infantile sexuality, and the development of child-analysis and play therapy in the 1930's and 1940's by Anna Freud and Melanie Klein. Bowlby (1965) argued, "The affectional relationships of childhood condition the love-life of the adult" (p.103). A contentious issue is the extent to which the capacity to love and hate is experienced by infants and how this links to a person's relationship later in life. Winnicott (1939) argued, "I start with the assumption, one which I am aware is not considered by everyone to be justified, that whatever good and evil is to be found in the world of human relationships is to be found in the heart of the individual human being. I carry the assumption further, and say that in the infant there is love and hate of full human intensity" (p.84). Winnicott's understanding of the link between love and the ability to contain hatred is of central importance to the work at the Cotswold Community. Winnicott and Britton (1947) describes the coincidence of love and hate in terms of management problems and taking the analyst "beyond his resources" (p.69).

A question for psychoanalysis is how this understanding of the importance of early experience should inform social policy governing the treatment of very small children by the state (Reeves 2012, Menzies-Lyth 1991). The implications of Bowlby's understanding of the impact of not receiving love are described as transformative but also at risk of being ignored due to our own fear, as Corovo and DeLara (2010) explained:

> The intellectual and explanatory power found in Bowlby's trilogy transformed how we think about human identity, psychopathology, and relationships. He tells us that there is no real escape for not loving our children. He tells us that parenting 'techniques' are not substitutes for a fuller presence of the heart. He tells psychiatrists, psychologists and therapists that they are in a serious business where even their best efforts may not compensate for the deep, enduring wounds of childhood. He tells us, finally, that we cannot escape the fragile stewardship of our humanity – a humanity that can only flow onward through time in the delicate and tender gaze and touch of those that love us and that we love. And that is very scary indeed. (p.66)

Also of importance of to the discussion of love in psychoanalysis is the place of the therapists own love for their patient, and what this means in terms of the development of understanding of countertransference. The history of countertransference within psychoanalysis is vast (Stefana, 2017). Notable in this

history of countertransference is Heimann (1950), who challenged Kleinian approaches to countertransference and argued the analyst should, "use his emotional response [covering all the feelings which the analyst experiences towards his patient] as a key towards the patient's unconscious" (p.83). Heinemann also had a distinctly down to earth approach to use of countertransference, and advised a student who argued that he, "felt it in his countertransference" that "his feelings did not absolve him of the obligation of thinking sensibly." (Heinmann, 1980 p.123 in Stefana 2017 p.69)

2.4: Getting involved.

For Balbernie, the task of the workers at the Cotswold Community was conceptualized as being to cope with extreme feelings of love and hate, from the boys, within themselves, but also at an institutional and societal level. To experience these extreme feeling states, whilst trying to manage this split and remain realistic and without acting out through excessively punitive or sentimental attitudes. Balbernie (1970 [Archive list]) draws on literature and quotes a poem by D. H. Lawrence called "Absolute Reverence":

> *I feel absolute reverence to nobody and to nothing human.*
> *Neither to persons nor things nor ideas. Ideals nor religion nor institutions.*
> *To these things I feel only respect – and a tinge of reverence*
> *When I see the fluttering of pure life in them.*
> *But to something unknown, unseen, creative*
> *From which I feel I am derivative*
> *I feel absolute reverence. Say no more.*
> (As cited by Balbernie, 1970 p.2 [Archive list])

There are different ways of understanding both the meaning of this poem, and Balbernie's choice to use the poem. The poem alludes to the difficulties that many of the boys had in their relationship with authority, since many may have never known benign authority figures. A means of coping with traumatic memories was to compulsively seek control (to "feel reverence to nobody and nothing human") and establish a form of omnipotence or what Winnicott would conceptualize as "false self." (Dockar-Drysdale, 1966/1968, Winnicott, 1960).

Another perspective on Balbernie's decision to share this poem with his staff, it might be that Balbernie was advocating that staff should have reverence towards the boys need for autonomy (something unknown, unseen, creative). This change in culture Balbernie is marking, is from a regime of strict hierarchical expectations of how the boys were told to behave, to one where there was reverence towards the needs of the boys to be treated with warmth and respect.

Perhaps it is true that poets and artists of all types express something about love far better than academics or therapists, however there are further examples of Balbernie's use of poetry to make a point. Bradley and Kinchington (2018) published a poem given to Bradley by Balbernie whilst she worked at the Cotswold Community, which had been given to him by Clare Winnicott. The poem is by an unnamed 14-year-old boy, who later tragically committed suicide:

> He always wanted to explain things,
> but no one cared.
> So he drew.
> Sometimes he would draw and it wasn't anything.
> He wanted to carve it in stone, or write it in the sky
> And it would be only him and the sky and the things inside him that needed saying. (p.75)

The issue of love also presents an interesting question about the training and experience of those working at the Cotswold Community. The capacity for love and to bear hateful feelings safely and without retaliating when provoked, are not things which necessarily can be taught (but might be demonstrated and supported in a healthy institutional environment). Drew (1969 [Archive list]) comment that a task that the community asks women to undertake is, "to provide, survive – be destroyed and survive again." (p.2). This has striking similarities with the attitude of Winnicott (1971) expressed in the following quote, which also makes reference to destruction and survival:

> Hello object! I destroyed you. I love you. You have value for me because of your survival of my destruction of you. While I am loving you I am all the time destroying you in (unconscious) fantasy. Here fantasy begins for the individual. (p.90)

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The community's ethos, including group living, became an important antidote to the overwhelming and intense preoccupation with love and hate:

> I have heard recently of several instances of a staff member and boy being locked in a mutually absorbing relationship of love or almost murderous hate. In such cases, not only does this dyad lack a shared X, but they have cut themselves off from their respective groups at the level of the household. This could imply that the household itself does not have a sufficiently compelling X – an activity, a project, a sense of shared purpose, a basic assumption – to sustain the collective dyadic relationship between staff and boys. (Miller, 2011, p.306)

Miller is making clear the role of the group and community environment in helping address the intensity of the feelings which can arise between individual boys and staff. An acknowledgement of the intensity of both positive and negative feelings in staff is evident in the earliest working note available. Rice (1968) comments, "The world of the approved school is one in which it is easy to have one's emotions aroused, to find oneself believing mutually contradictory propositions at the same time. Institutional structure is a necessary defence" (p.4). The attitudes of society are indicated by Rice (1968) to have lead to denial of both extremes of love and hate:

> There is the possibility that the recognition of the role taken by the delinquent on behalf of society can lead to so much blame being attached to society which requires such roles to be taken, that the delinquent himself is treated as a victim, with little or no responsibility for his actions. More importantly, society's ambivalence towards delinquency and delinquents can drive those involved with delinquents into extreme love/hate attitudes: to deny their hatred and recognise only their love, or to deny their love and recognise only their hate. (p.7)

Apparent within the working notes is an acknowledgement that certain roles within the hierarchy of the community become associated with certain strong feelings. In particular the role of principal has come under close attention in working notes:

> While the Principal takes so many roles, it is difficult, if not impossible, for him, for his staff and for the boys always to recognise just what role he is taking at any one time. Perhaps more importantly his taking so many roles and being in charge of everything at every level provides a dangerous role for the boys in that the authority in the community becomes perceived as omnipotent and omniscient – a process which the love/hate attitudes towards delinquency

and delinquents is only too ready to foster. When, at present, the Principal is also the chief therapist, in which he has to make professional relationships with boys and staff, the conclusion can only be more confounded (Rice, 1968, p.22).

The containment of strong feelings of love and hate was not confined to those higher up in the hierarchy. Those working closest to the boys faced particular pressures. One of the issues provoking the strongest feelings in staff was the issue of providing a level of emotional containment that Balbernie (1975 [Archive list]) referred to as 'cover' and the implications of breaks in 'cover'. This cover represented an external form of ego functioning:

> It seemed important to attempt to provide for these most damaged boys in the population – those who evoked feelings of annihilation, helplessness, uselessness, hopelessness and despair in staff. A sense of emptiness and futility which was plastered over by secondary and false self adaptations to institutional conditioning. These boys continuously and compulsively acted out in outbursts of dangerous and destructive behaviours without 100% 'cover'. It was clear that they needed a form of 'cover' that gave them effective care and protection from harm to themselves and others in the absence of even minimal ego function or self-control. Manifest behaviours consisted of violent excitability, panic anxiety and compulsivity and uncontrollable disruption (p.3)

The reason for this high level provision of care and "100% cover" was due to environmental failures in the families of the boys who went to the Cotswold Community. The balance of accepting a high level of disturbance and providing the treatment, without becoming a place of last resort for those boys for whom there are insufficient other facilities is evident in a comment from Balbernie (1975 [Archive list):

> These unintergrated boys have missed out on primary experience and in the early development stages have experienced repeated environmental failure and failed dependencies. In accepting these boys needing primary experience and planned environment therapy we are very much on a razor's edge with regards to problems of containment within an open environment and in relation to staff survival. It is our policy to take the maximum degree of disturbance which we can contain at any one time, but in terms of the level of 'cover' required this puts us very much, if we are not to be careful, as a last resort place for off-loading boys who at this stage in the availability of alternative resources simply have to be warehoused in one sort of closed unit or another. (p.4)

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Menzies-Lyth (1973a) expresses concern in the working notes about the impact of long working hours on staff, in particular the emotional impact that the intensity of the work providing containment or cover would have on the workers:

> During my visit and afterwards, I found I became increasingly concerned with the work loads and the time commitment of staff; in fact it was not in a single case possible to get an accurate estimate of the time actually worked by staff. Seventy hours a week seemed to be the "official" commitment: there is good reason to suppose it is greater. I could not help feeling that the situation is in urgent need of examination and that staff cannot carry that commitment for long, especially since the work itself is so stressful. (p.4)

Dockar-Drysdale identified that not only were staff working long hours exposed to very primitive feelings and dependencies, this workload also gave rise to insight which might be disturbing. This was acknowledged by Dockar-Drysdale (1968 [Archive list]), "By accepting anybody into the field of deeply disturbed children, we are requiring him or her to tolerate insights which would normally only turn up with the support of an analyst. If people are to gain insight, we must expect them to become disturbed: if they do not gain insight, they cannot treat emotionally ill children" (p.3).

Despite working very long hours, the need of staff to have lives outside the community was also highlighted by Menzies-Lyth (1973a), "Boys cannot be unaware of the excessive commitment of staff; what does this mean to them in terms of staff views of boys' needs, of the dangers and untrustworthiness of boys, or alternatively, of the need of boys about the staff as people, and as models for boys, in their relationship with their private lives, their responsibilities for their own families, for their leisure, for existing as full and rounded people? There is the danger that staff will present themselves to boys as people who have, and are able to have, no effective life outside the narrow work situation" (p.5).

One of the expectations that the newly arrived staff member might have had was the idea that loving the boys at the community would be easy. Such a view might be from social attitudes about the nature of love, or from a lack of life experience. Fromm (1957) argues of this phenomenon, "This attitude – that nothing is easier than to love – has continued to be the prevalent idea about love in spite of the overwhelming evidence to the contrary. There is hardly any other activity, and enterprise, which starts with such tremendous hopes and expectations, and yet,

which fails so regularly as love" (p.4). Implied in this comment is that staff had to be prepared to be disappointed, to disappoint and to fail on occasion, but to survive this.

One of the ways in which a staff member might perceive themselves to have failed is the absence of loving feelings or behaviours from the boys in response to their care. It might have been the case that staff had to become highly attuned to the fact that sometimes the more loving, caring or affectionate they might be, the more this might be disturbing for the boy. Bowlby (1965) noted that the rejecting behaviour frequently exhibited by the boys at the community, was the result of the boys experience of being rejected, fear of their own destructiveness and want to keep the staff member at a distance so as to symbolically remain unharmed, "A child has suffered so much pain through making relationships and having them interrupted that he is reluctant ever again to give his heart to anyone for fear of it being broken. And not only his own heart: he is afraid, too, to break the heart of new persons whom he might love because he might also vent his anger on them" (p.66).

How shocking a new staff member might find their own hateful feelings as well as the hateful feelings of the boys are things that new staff members would have to deal with. Staff would also have to consider ideas about professional detachment. An inexperienced staff member might have told him or herself, "I'm not going to get emotionally involved", yet to fail to get emotionally involved was unlikely to be of any benefit to those who were apparently being helped. The person helping would not be emotionally involved enough to be available. A more important question might be how, rather than if the worker gets emotionally involved, enabling the nature of the emotional involvement to be explored, understood and talked about. Winnicott and Britton (1947) highlighted a management culture oblivious to the demands that such emotional availability places on staff and responsibility to foster a culture which meets the needs of staff to enable them to remain emotionally available to the boys:

> The immense strain of the twenty-four-hour care of these children is not easily recognised in high quarters, and in fact any one who is only visiting a hostel, and who is not emotionally involved, can easily forget this fact. It might be asked why the wardens should let themselves get emotionally involved. The answer is that these children, who are seeking a primary home experience, do not get anywhere unless someone does, in fact, get emotionally involved with them. To get under someone's skin is the first thing that these children

do, when they begin to get hope. The experience subsequent to this state provides the essence of hostel therapeutics (p.72).

2.5: Using the L Word.

Will's (1971) observation that love was unspoken at the Cotswold Community is not the first time that people working in therapeutic environments with children have been hesitant about using the word love. Neill (1985) argued, "Fight world sickness, not with drugs like moral teachings and punishments, but with natural means – approval, tenderness, tolerance … I hesitate to use the word love, for it has become almost a dirty word like so many honest and clean Anglo Saxon four letter words." (p.13) Is love an 'honest and clean' word? Is it time to reclaim the word love?

Wills (1971) ends his book about the Cotswold Community with a quote from Derek Morrell talking to an audience of approved school heads, home office inspectors, criminologists and psychiatrists, "And this is the purpose of education: to foster the growth of loving persons – who are aware both of their individuality and their membership one of another, who accept one another, communicate with one another" (p.153). The development of the loving person is also the purpose of the particular sort of psychoanalysis and residential therapeutic childcare present at the Cotswold Community. Wills (1971) states that this is the "aim and purpose of the Cotswold Community" (p.153). The modality of love is presented as an answer to the perennial question of how best to meet the many needs of children in care, particularly psychological needs in those whose behaviour may be difficult to contain:

> Ideas, methods, concepts, theories are all valuable and essential. But they are all useless without genuine loving concern for the child. I have spoken of all the talk that goes on at the Cotswold, and with its sesqueipedalian prolixity it is rather the talk of men than of angels, but I have a deep conviction that it is neither sounding brass nor tinkling cymbals, and I am convinced of it for the reason Paul gave when he gave us that image; it is informed with love (Wills, 1971 p.152).

There are questions about the use of the word love, whether we are able to say it to our colleagues, in our professional circles and out loud, or to ourselves in our most private reflections. Whether it would ever be appropriate to use the word 'love' as

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part of the therapeutic work. It has been made explicit that, "Love was not a word often heard at the Cotswold Community" (Wills, 1971, p.152). There are several reasons why this might be so.

The word "love" might not mean much to a child who had experienced far too many changes in care and of attachment figures, and who has significant trust issues. If love is a verb, a doing word, then perhaps the child will feel loved not by what the adult *says* but what the adult *does*. If the child has been abused whilst being told that he is loved, then to tell a child he is loved may actually damage trust and remind the child of earlier trauma. An example of how language can be misused and become a source of trauma is described by Balbernie (1966) discussing the case of 'John', "There then followed a heart-breaking description of both parents forcing the child to say that he loved his mother and then accusing him of only saying so because he was afraid that his step-father would thrash him if he did not" (p.101-102).

Also, what might be a concern about the use of the word 'love', is a breach of professional/personal boundaries. The child is likely to grow into an adult who might wish to say privately that he loves, but if the word has become imbued with meanings about professional care he received, this may not help. What is certain is that if this language is used, it must be open for discussion with all concerned and not a secret.

Perhaps it is the adults own reticence about using the word love which is at the heart of such dilemma. If we say we love somebody, it requires something from us. It requires a commitment, and a giving of parts of ourselves that few other professions ever demand:

> Perhaps too we are resistant to the notion of love in our work because it speaks of duty, of commitment and of intensity of concern. It speaks of 'stickability' 'through thick and thin' and of cherishing another in the face of the greatest of difficulties. Some of us struggle with these elements in our own personal relationships, but if in our professional roles we return to the question "Do the children we look after need all these things from us?" we know the right answer and it represents a huge professional challenge. If we cannot give this kind of love, whatever we put in its place in our relationships with children may not be enough. If we do give it, this will inevitably mean risking giving up more of ourselves. ('Is love enough?' Editorial The Therapeutic Care Journal, 2008)

While staff may be able to "risk giving up more our themselves" emotionally. To do this indefinitely over many years may risk the relationships with staff's own families, other career or training opportunities not available while living in an intense and isolated environment. Many of the workers at the community were in their early twenties. To want to have children, partners, and families of their own would not be unusual for people of this age. Neither would the desire to pursue other experiences, training and job opportunities. The question of how long this giving of oneself carries on is hugely significant, and why the community suggested a commitment of at least three years from the adults working there (Kaheelee and Tomlinson, 2011).

It's not just the connotations using the word love might have for children in residential therapeutic child care, for the workers in terms of 'stickability' and personal commitment which hinders fuller considerations of love, but also fear. Fear of using words such as love concern breaching boundaries.

> The difficulty for us is that we seem at best resistant and at worst fearful of the word *love*. It is not sufficiently professional or scientific for us. It doesn't tick boxes. In the throes of our professional and personal terror of failing to protect children, we have allowed ourselves to forget that there is a boundary between the acting out of aggression and sexual desire and the more mature love of parenting figures for their children. ('Is love enough?' Editorial, The Therapeutic Care Journal, 2008)

The question of language will also include how language impacts behaviour. If there is a fear about use of the word love, does this also imply the same fear which prevent us from behaving in loving ways towards children in residential therapeutic care? The costs of these fears, how they have limited our language and restricted those in the field of residential therapeutic childcare from behaving in loving ways, and prevented adults from providing the emotional involvement so gravely needed are described in the following way:

> Our fears and anxieties have prevented us from establishing healthily concerned and loving relationships with the children we look after. We struggle to free ourselves from the shackles of a professional defensiveness which ironically has its source in procedures primarily developed to protect children. Have we become fearful of loving children and behaving in the warm and intimate ways which are concomitant with good parenting? Has our rigid

adherence to professional procedure engendered a subtle but increasing tendency which de-personalises our relationships with the children we look after? As professional carers should we be aware enough to discern, without a total surrender to the forces of procedure, the sexually and aggressively driven behaviour of abusive adults – however plausibly and subtly exercised – from the mature love that good enough parenting figures have for children? ('Is love enough?' Editorial, The Therapeutic Care Journal, 2008)

2.6: Love and Hate in a Social Context.

Friedman (2005) argued, "The technical model of psychoanalysis is a paradox: the analyst is supposed to be an objective observer, but one whose inner responses are in important ways uncontrolled and freely *moved* by the patient's impact. Theory seems to forbid and require detachment" (p.350). The example of the Cotswold Community demonstrates that it is important to be emotionally involved enough to be of use to the child, but that the nature of that emotional involvement should always be open to examination. It is that process of examination and reflection which enables the involvement to continue to be of use to the child. The therapeutic child-care worker must remain aware of their own fluctuating objectivity whilst remaining emotionally available to the child.

Fromm (1957) asked, "Could it be that only those things which are considered worthy of being learned with which one can earn money or prestige, and that love, which 'only' profits the soul, but is profitless in the modern sense, is a luxury we have no right to spend much energy on?" (p.5). The closure of the Cotswold Community might have shown that local authorities were no longer willing to bear the expense of specialist residential therapeutic childcare. Perhaps they considered such residential therapeutic childcare a luxury in the context of grim austerity measures, even for their most disturbed children. Local authorities moved to bring children, placed in specialist residential therapeutic placements out of borough, back to the funding borough. A newspaper article from the archives (Vincent, 1993 [Archive list]) reported that placements for boys at the Cotswold Community cost £34,000 per boy per year (in 1993), and remarked, "even this that compares favourably with other residential units which can cost up to £50,000." In 2015 a report by the Institute for Public Care and Oxford Brookes University for the Department of Education put the

annual costs of residential therapeutic childcare at around the £100,000 per year per child mark. Dependent on the nature of the child's needs and care being offered.

What are the broader social costs of not providing residential therapeutic childcare of the sort provided at the Cotswold Community? Winnicott (1946) over twenty years before the Cotswold Community became a therapeutic community made the following observations about the risk of violence associated with the absence of a strong loving father, "Only when the strict and strong father figure is in evidence can the child regain his primitive love impulses, his sense of guilt, and his wish to mend. Unless he gets into trouble, the delinquent can only become progressively more and more inhibited in love, and consequently more and more depressed and depersonalized, and eventually unable to feel the reality of things at all, except the reality of violence" (p.116). On a social level there might be an unwillingness to support institutions which provide the kind of strength and boundaries, identified by Winnicott as essential to the development of love and the capacity to feel the reality of things. As a consequence, society may have to tolerate the "reality of violence."

In the example of the Cotswold Community, love is not necessarily concerned with the object to which the love is directed (such as in erotic love, friendship, familial affection, religious love, love for ones country). Love is associated with the capacity to form bonds which give life meaning and mitigate against acting on our more aggressive and destructive impulses. Hate is conceptualized as an inevitable aspect of emotional life which must be understood and acknowledged rather than split off and denied through sentimentality, idealisation or denigration. It is influenced by Winnicottian understanding of love being connected with the ability to manage hate, and Bettleheim's understanding that "Love is not enough" (1950).

The work at the Cotswold Community presented a more complex picture of the human psyche than in Freud's original drive theory (1914) and is more closely aligned with Fairbairn's notion of humans as being "object seeking" (1952). Klein's (1946) notions of projective identification and splitting are of use to understand additional theoretical models within psychoanalysis present at the community, but in a manner which acknowledges the inter psychic as well as the intra psychic. Bion's notions of containment and maternal reverie (1962b) are also important in the context of the Cotswold Community, in terms of acknowledging the importance of relationships. Attachment theory is also implied, but not made explicit reference to

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until later in the work at the community (Tomlinson, 2004). However, it is Winnicott's (1949) work in understanding love and hate which forms the bedrock of the theoretical influence on the community.

Whitwell stressed that, "therapy without love will not lead to the recovery of such emotionally damaged children" (Whitwell, 2009). Whitwell (2011d) also described this in its intergenerational context, "It is now accepted that the aim of therapeutic work with emotionally damaged children should be to break the cycle of deprivation, enabling them to develop a feeling of self-worth and the ability to sustain meaningful relationships in adult life. The boy who is read bedtime stories grows into the father who reads bedtime stories to his children" (p.347). In this sense therapeutic community work with disturbed children can be defined as a form of preventative psychiatry (Issroff, 2005).

A child's worthiness of love is unequivocal and not determined by how pleasant or acceptable the child's behaviour is. The following comment by Kennard (1998) describes a departure from a behavioural model involving punishment or rewards, made by Wills, towards a culture of tolerance and understanding, "Wills's concept of love embraced a number of beliefs: no matter how obnoxious a child's appearance, habits or disposition, 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 or a group by another is abhorrent – relationships should be egalitarian and non-authoritarian; therapy based on a loving accepting relationship being established between a child and one or more adults" (p.49). This is in contrast to unconscious social processes which involve society's wish to punish those whose behaviour has become disturbing (Hale, 2020. Winnicott, 1961). This work is emotionally rewarding but demanding for the worker, and the willingness of workers to undertake the task is linked to efficacy of treatment.

The love on offer at the Cotswold Community had similarities with the familial or maternal love but was distinct professional care, concern, and love provided by those paid to be in this role, not to be confused with the love provided by an ordinarily devoted mother. Partly what was different between family ties and relationships in these residential therapeutic placement, was the impermanence and transitory nature of the professional relationships. What was similar between professional and familial love, was the aim to support the child towards maturity and

ability to cope with the world of work and more adult responsibilities. In attachment terms (Bowlby, 1988), both a healthy family and positive therapeutic placement can provide a secure base from which the child goes from to explore the world and an internalised safe haven to retreat to during times of stress. Secure bases and safe haven's also exist in a social and historic context.

A memory from the community is a song by rap group "The Streets" called "Dry Your Eyes Mate." (2004). The song is about sadness and pain involved in unrequited romantic love and rejection. The boys used to say "dry your eyes mate!" to each other, sometimes warmly as a means of showing empathy and recognition for a boy who was struggling emotionally. Sometimes as a sarcastic way of humiliating and mocking the struggling boy. What this portrays is that for the boys, expression of emotions was extremely difficult and complex, and sometimes music helped in expressing feelings. Furthermore, role models such as lead singer from "The Streets" (Mike Skinner) gave an example of men expressing their feelings creatively to whom the boys could look up to. Other times music was used in a way which revealed something of the boys disturbance[10] An aspect of this is concerned with masculinity, (the idea that 'boys don't cry') which is explored in subsequent chapters of this thesis.

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10 For example, one boy was not allowed to buy a rap album by Eminem, which was labelled parental advisory. Partly because of a track called 'Stan', which was about a fan killing his pregnant girlfriend, and deemed to be inappropriate for the boys in the context of their history of familial violence. However, the track sampled ('Thank you', from the Album 'life for rent' by Dido) was allowed, and actually became another song and album which was played at the community.

Chapter 3: Researching therapeutic communities.

The history of humanity is a series of unopened tombs, which hold not only the stories of our past but also stark warnings about our future.
(Kisin, 2022, p.2)

History is filled with torn papers, manuscripts, the archaeology of truth
(Sinason, 2020 p. 128).

This chapter begins by a discussing the place of research in therapeutic communities, and particular research traditions within the therapeutic community movement. A literature review is provided. Methodological issues about carrying out a historic case study of an institution using archival research are explored before describing the research process of this thesis and ethical considerations. Varying different research epistemologies, and justifications for a perspective informed by attachment theory are discussed before a brief explanation for the structure of the findings.

3.1: Researching Therapeutic Communities.

A question "why research a community which has actually closed?" would be in keeping with a cynical view that, "The therapeutic community approach is seen as an incident of psychiatric history like the insulin coma units of the 1940s" (Clark, 1999, p.36). However, Lees (1999) argued that there are compelling reasons to study therapeutic communities:

> The relationship between therapeutic communities and research has been ambivalent in the past. However, there is now more certainty, both within and outside therapeutic communities, that research is a necessity and no longer a luxury or eccentricity. We need it for several reasons:
>
> ○ To inform and improve practice, and make therapeutic community treatment more effective, and fit better with client need.
>
> ○ To provide a fundamental understanding of what therapeutic communities are all about, and how they work – and therefore how they can be replicated.

- To meet the requirement of 'evidence based practice', and to provide information about cost-effectiveness for purchasers, and so ensure therapeutic communities' continued survival and expansion (p.208).

The specific case of the Cotswold Community, although now closed, may inform and improve practice in residential therapeutic childcare. The intention of residential therapeutic childcare, is to break intergenerational cycles of deprivation on a long-term basis (Balbernie 1966, Whitwell 2011c, Bowlby 1949, Kraemer 2020). Kennard, (1999) suggests that research is key (along with training and national and international associations) to the success of therapeutic communities. Manning (1979) stated, "research activity may enhance the status of a therapeutic community and hence be a vital ingredient in the battle for survival" (p.295).

If therapeutic communities are a ripe and valid subject of research, even ones which have closed, then follows is how to research such communities? Archival research is different to outcome studies. The question of whether descriptive accounts of therapeutic communities are of value is addressed by Lees (1999):

> One of the first dichotomies in research is between *descriptive* and *evaluative* work. Descriptive research has value. It can be a literary description, as, for example, in Parker's description of Grendon Underwood Prison's therapeutic community (1970). It can be descriptive of the principles and practice of therapeutic communities. It can also be theoretical, or exploratory, and involve the accumulation of reliable, factual information and evidence – for example, by survey or observation, which can provide the basis for informed discussion and decision-making. For early therapeutic community work, both in Britain and the US, this often involved describing the process of change necessary to implement TC principles and practices in old mental health institutions (p.211).

Wills (1971) has already produced a descriptive account of the Cotswold Community, and its transition from approved school to therapeutic community in his book 'Spare the Child'. There were many developments in the philosophy and ethos of the community in the four decades which followed. Tomlinson's 2004 is the only book covering the specific work of the Cotswold Community since Will's account (Whitwell, 2011a). Tomlinson focused on the practice at the Cotswold Community, rather than the ethos behind the work. Ward (2003d) indicates that the work carried out at the Cotswold Community is ready for revisiting and acknowledgement, particularly the cyclical relationship between practice and theory, "In the past the

therapeutic communities may sometimes have been viewed with some suspicion as 'rare and rarefied' or even 'precious' (in all its various meanings), although the reality historically has also been that some of the most influential writing on residential practice (by authors such Dockar-Drysdale, Balbernie and Winnicott) derived directly from their experience in therapeutic community settings" (p.256). The style of such a descriptive account anticipates a more messy outcome, "Manning has pointed out that because of the conflicting goals and activities of therapeutic communities, the questions we need to ask will "take a more disjointed, bitty, messy style' than these 'clean, clear-cut evaluations'" (Manning, 1979, p.294)" (Lees, 1999, p.218).

One of the choices to make regards the research tradition to follow. Research is defined as being, "any honest attempt to study a problem systemically or to add to our knowledge of a problem" (Reber and Reber, 2001, cited in Wright and Richardson, 2003, p.244). Such knowledge and understanding is not neutral, or free of subjectivity. The impact of cultural preoccupation with efficiency is described by Wright and Richardson (2003):

> It may be a long time before we can expect to see any investment in meaningful research which looks at the therapeutic value of a young person having a caring adult available at 3. a.m. to discuss his or her terrifying nightmare and worries about the family, let alone the potential experiential learning fostered through socially structured meal times. Consequently, there are anxieties about over-simplistic models of therapy being clumsily applied to complex human relationships which might even go as far as producing detrimental effects. An anxiety is that ultimately this approach leads to nowhere but management targets born of a culture of chasing quick fixes and easy solutions, e.g. waiting list initiatives. An organisation such as a therapeutic community is a complex, dynamic and evolving system. Setting goals in the above sense might only lead to managing what is measured and ignoring what isn't – a downward quality spiral (p.246).

Another of the difficulties researching therapeutic communities, is that they are so bound up with politics and values, that the illusion of objectivity is dispensed with. Kennard (1998) argues of values in therapeutic communities:

> There is a risk of therapeutic communities becoming 'Messianic', seeing themselves as guardians of the 'truth' (Hobson 1979). Learning to strike the right balance between moral conviction and openness to self-appraisal is a difficult task faced by all those who work in the helping professions. It is

particularly so in a therapeutic community, where work and values are closely bound up with each other. (p.29)

Related to this issue about values and politics in therapeutic communities, is the discourse about juvenile delinquency. Wills (1962) notes the passionate tone in discussions about juvenile delinquency, and urged that this be dispensed with, "Let us leave passionate diatribe to those who know no better. For our part we will regard the problem calmly and rationally, and in a scientific spirit, seeking not to vent our spleen or find a scapegoat for our own repressed wickedness, but only to find, as far as they are known, the facts, and to consider what, in the light of the facts, ought to be done" (p.12). Wills (1962) also notes that there is a difference between understanding of juvenile delinquency, and its reduction, or successful treatment, "Juvenile delinquency has been subject to intensive study in every civilized country for the past fifty years or more, and all that study has produced is some knowledge of the subject, even if it has done little in reducing its incidence" (p.15).

Closely related to concerns about values and subjectivity, are how emotions are considered in research. Armstrong and Rustin (2020a) argue that, "in the human and social sciences, in those fields, "subjectivity" and attention to emotions, both among subjects and researchers, has often been an essential source of knowledge and understanding, and not a contamination of them. The goal of these fields of knowledge is often to understand differences and developments, rather than to discover universal truths and uniformities" (p.29). Despite the difficulties and pitfalls associated with research in areas so closely coloured by a persons own subjectivity, Hinshelwood (2001) argues that researching therapeutic communities has implications for wider society and the social sciences in particular:

> The therapeutic community is a reflective institution and therefore comes from and can transpose back into the understanding of institutions (and perhaps society) in general. So thinking about the therapeutic community task is not just relevant to its internal preoccupation and its work with those who come for help. The therapeutic community has a contribution to make back to the world again. Potentially the therapeutic community can be a research laboratory for social science. (p.12)

This view of therapeutic communities, and research about therapeutic communities being of wider relevance and importance to society as a whole is echoed by

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Manning (1976) and Tucker (1999), "Manning stressed that the TC movement has implications beyond the specific therapeutic communities for people suffering from mental health problems. He believed the TC movement to be 'resonating with other emergent social groups and values of wider society. (Manning, 1976)" (Tucker, 1999, p.156).

Central to these developments in social sciences and inclusion of subjectivity in social science research is the presence of the Tavistock Institute, which had a particular impact on the Cotswold Community via consultation from Menzies-Lyth and Rice. The culture at the Tavistock stressed the importance of learning from mistakes and humility. It is described in the following terms by Astor (2020):

> The Tavistock that I knew encouraged us to explore knowledge and reflect on its essence and instrumentality, to learn from our mistakes and to listen to others points of view. To value the dark, or as Auden (1939) wrote of Freud:
>
> > but he would have us remember most of all
> > to be enthusiastic over the night,
> > not only for the sense of wonder
> > it alone has to offer, but also
> > because it needs of love.
>
> This culture is difficult to nurture, and easy to destroy, especially when governments do not recognise that anticipating a problem and providing a resource is more effective in the long term than treating a problem when it arises. (p.13-14)

Another aspect to consider is the researchers involvement with their subjects. I was a residential therapeutic child-care worker at the Cotswold Community between September 2003 and June 2005. Within the traditions which emerged from the Tavistock Institute are researchers who have been studying the work that they are also clinically involved in. Rustin and Armstrong (2020b) stated that, "Most Tavistock researchers have been "practitioner researchers", engaged in work whose purpose has been to inform and enhance professional activities. Their investigations have been about *doing* as well as knowing, about making, designing and performing, and about the conditions which make innovative work possible" (p.29).

This thesis cannot be said to be practitioner research in the strict sense of this term (a practitioner such as a therapist researching ongoing work they are involved with

at the time of writing), but does have elements in common with practitioner research such as the researcher's involvement with their subject. However, unlike practitioner research, archival research is dealing with this past. This is with the understanding that, "'the past' is shorthand for everything that has come before and made us, our lives and the society we live in, what they are. So understanding even small parts of the past can give us a handle on things in the present and possibly, aspects of the future, too" (Moore, Salter, Stanley and Tamboukou, 2017a).

In terms of this specific research, Wright and Richardson (2003) have identified a gap in the literature, "Where therapeutic communities for young people are concerned the evidence base is scant. The real challenge for researchers in this field is to provide the basic building blocks of such an evidence base" (p.253). One of the possible building blocks might be a historic view of idea's that had an influence on practice, "Attempts to identify the core features of the therapeutic community approach (Haigh, 1999; Kennard, 1983; Rapoport 1960) have all been drawn from work with adults, and though relevant to similar work with children do not take into account the differences in origins, in emphasis and in day-to-day practice" (Kasinski, 2003, p.62).

In articulating aspects of therapeutic community work with children, it is hoped that the theory which emerges may be of some use to contemporary therapeutic community practitioners. Training issues for staff are explored by Tsegos (1999) and Collie (2003) and include the need for a solid understanding of the theoretical basis and origins of the work, with specific reference to residential therapeutic childcare work. Training provided to Cotswold Community staff is described in the next chapter, and poses questions about what theory may most help current residential therapeutic child-care workers.

The theory employed at the Cotswold Community was loosely based on what Dockar-Drysdale refers to as 'the provision of primary experience.' This is described in the following terms, "My thesis is that all these groups of children require the provision of primary experience which has, so far, been missing from their lives. There is no question of ego support at such a stage of treatment: the therapist, like the mother of the infant, must provide the total ego of organization until integration makes it possible for the child to establish his own ego." (Dockar-Drysdale, 1966,

p.101) Dockar-Drysdale's use of the word 'my' implies that 'primary experience' is an expression first used in this context. Dockar-Drysdale is keen to acknowledge her debt to Winnicott elsewhere in her writing (Dockar-Drysdale, 1974), and is likely to have cited others work had she been aware of their use of the expression 'primary experience'. This indicates that understanding of the provision of primary experience is an important part of Dockar-Drysdale's unique contribution to psychoanalysis, and therefore a significant part of her work consulting to the Cotswold Community.

Writing a history of a therapeutic community will inevitably involve noting the changes which took place during the time-span being studied. Melvyn Rose, founder of Peper Harow (the only other approved school to make the transition from approved school to therapeutic community) noted the difficulties of tracking the changes:

> Imagining the therapeutic endeavour in such a sophisticated way cannot happen *ab initio* and without having to learn from painful mistakes. And even when a community's program has reached a level of sophistication, there are natural oscillations in its functioning (Savalle and Wagenbourg, 1980). In other words, trying to pin down an organic process of psychological change and growth, is like trying to ensure that the air we breathe is pure. With a great deal of scientific knowledge and personal commitment it can be done more or less. (Rose, 1997, p.12)

One of the changes the Cotswold Community went through was changes of management. The approved school made its transition from being an approved school to being a therapeutic community when run by the Rainer Foundation. The community was then under the management of Wiltshire County Council and later National Children's Homes (now called 'Action for Children'). What this meant for the culture present at the Cotswold Community is explored further in the deprivation and delinquency chapter of this thesis.

3.2: Literature Review.

The notable people of the Cotswold Community (Balbernie, Dockar-Drysdale, Menzies-Lyth and Whitwell) were all prolific writers who have produced a wealth of

literature. The wider therapeutic community movement and approved schools have produced their own literature and journals to draw from, most relevant to this research is writing about children's therapeutic communities such as the Mulberry Bush (Diamond, 2018) and Peper Harow (Rose, 1990, 1997). Attachment Theory and the work of Winnicott informs the discussion in the chapter about understanding delinquency and deprivation. Fromm (1957) informs the discussion of therapeutic love in chapter six of this thesis. Chapter 6 draws from the work of contemporary authors discussing gender (Gilligan 2011, Perry 2016).

This research does not delve into individual boys records, for ethical reasons of privacy, and also pragmatic reasons that these records would be difficult to access due to legal reasons and data protection. In essence, the boys stories are theirs to tell. For this reason, detailed individual accounts of the boys treatment have not been included as there may be difficulties involved in disguise, consent, and reliance on the researchers memory. What is focused on are theoretical papers, working notes and published accounts which document the thinking which was at work at the community. Menzies-Lyth (1989) stated of work in institutions regarding confidentiality:

> One cannot, as a rule, disguise an institution effectively. One's clients are literate and interested in themselves and are entitled to be told where the work will be published. This means that results can be professionally and ethically published only when contents have been agreed and consent given for publication. Sometimes one cannot publish. (p.41)

Regarding the specific gaps in the literature regarding the Cotswold Community, Whitwell identified a period of time (1967 – 1999) which remains unexplored and therefore ripe for research. Whitwell (2011) stated:

> There hasn't been a book written about the key concepts and principles developed at the Cotswold Community in the years 1967–1999. The nearest we have to this is Patrick Tomlinson's book (2004), *Therapeutic Approaches in Work with Traumatised Children and Young People*. This was based on the work of the Therapeutic Resource Group, which met weekly with the Community's consultant psychotherapist (initially Barbara Dockar-Drysdale and then Paul Van Heeswyk) (p.253).

Other gaps in literature including the theoretical basis of therapeutic residential childcare, use of attachment theory in therapeutic communities, and particular methodologies are mentioned below. This work attempts to address the absence of writing about the key concepts and principles developed at the Cotswold Community, particularly in relation to deprivation and delinquency, therapeutic love and hate, and the roles that men and women took at the community.

3.3: Method.

Case studies as a methodology have a long history beyond psychoanalysis, in law, sociology and business studies. Typically case studies within psychoanalysis have been of individual treatment rather than of institutions, the later of which feature more frequently in sociology (Goffman, 1961). Winnicott's belief about case studies was that, "one case proves nothing, but it may illustrate much." (Winnicott, 1989, p.369). The task therefore becomes to explain what the case of the Cotswold Community illustrates, rather than providing some sort of proof. Yin (2009) argued that even a single case study can make a theoretical contribution.

The three main benefits of case studies are that they provide detailed qualitative information, provide insight for further research, and permit investigation of otherwise impractical situations, "Because of their in-depth, multi-sided approach case studies often shed light on aspects of human thinking and behaviour that would be unethical or impractical to study in other ways. Research which only looks into the measurable aspects of human behaviour is not likely to give us insights into the subjective dimensions of experience which is so important to psychoanalytic and humanistic psychologists." (McLeod, 2019) Stake (1978) argued that, "It is widely believed that case studies are useful in the study of human affairs because they are down-to-earth and attention holding, but they are not suitable for generalization. […] case studies will often be the preferred method of research because they may be epistemologically in harmony with the reader's experience and thus to that person a natural basis or generalization" (p.5).

The difficulty case studies have in providing generalisable data which is objective and transferable need not be an impediment to historical research. The aim of the

historian is to study the past to gain insight about a particular time and place and relevance to contemporary concerns. Greer (2015) argues that, "understanding the past is inherently problematic" (p.23). Greer (2015) also creates an account of historiography that recognises the multiple truths involved in creating a history, "Because there is no single version of historical truth to be had, there can never be *a* truth for critical historians; critical historians think more in terms of histories, or multiple versions of the past coexisting simultaneously. Indeed, the interpretative nature of history means that multiple versions of the past are not only possible but inevitable." (p.11).

Part of the task of writing a case study is distinguishing between what is unique about a particular case, and what is of wider implication. There is a process where the subject becomes simultaneously unique whist at the same time reflective of something that is common or universal and important beyond the perimeters of the particular case. The specialness of the Cotswold Community is something which has been remarked upon before, and might also be applicable to the research process. In Ken Rice's (1968) words, "what can be said with some certainty is that if the Cotswold Community is to be experimental (and innovative) then it requires special protection – in particular protection from interference. The more it is buried in the administrative structure the more likely it is to have its freedom restricted by the need to satisfy too many authorities." (Whitwell, 2011b, p.294). Recognising the uniqueness of the Cotswold Community is recognizing the importance of the environment, and the farm in particular. It was psychoanalysis in the wild, which certainly couldn't be replicated in an inner city environment. But there were also aspects of the philosophy and practice at the Cotswold which could be transferred elsewhere. The decision to carry out a case study can be seen in the context of gaining insight applicable beyond the specific and narrow research subject, and impossible to obtain through insistence on measurable outcomes.

Using archival research methods to conduct a case study involves engagement in the project and process of archival research. Moore, Salter, Stanley and Tamboukou, (2017b) described archival research as both a project and a process:

> What is the difference between a project and a process? Conceived as a project, archival research has concrete plans, aims and objectives that

need to be designed, practised, managed and finally delivered on and circulated. As a process, however, archival research is labile and open, inviting the researcher not only to deliver, but also, and perhaps more importantly, to throw herself or himself into the adventure of ideas, the excitement of uncovering, learning, knowing and understanding. (p.167)

Archival research may have moments of hand trembling, spine tingling excitement, in the process of making important discoveries, moments of "does that say what I think it says?". Tamboukou (2017) states of archival research, "While in the archive we are thus entangled in the web of human relations that include both the living and the dead." (p.91). The archive I used is the PET (Planned Environment Therapy Trust) Archive based at Toddington in Gloucestershire, which underwent a change of management during writing of the thesis around 2018 which resulted in its temporary closure. The Archive was reopened in 2019 under the management of the Mulberry Bush Organisation MB3 project.

One of the journeys of discovery I went on was to locate the exact talk that Balbernie had given which was mentioned by Lane (2021) to try to establish what was said which caused such an impact. The paper that Balbernie (1972a [Archive list]) read at the conference is likely to be, 'Reconciling Theory with Practice.' In this paper he argued, "Our tasks as "heads" is to try, in among the immensely powerful forces against this, to help every person within our organization to become, as far as it is possible, a living member of the community, rather than simply to perpetuate omnipotent rebellion and institutional dependency." (p.21). Why it is likely to be this paper? Rather than two others dated from the early 1970s from the archive, is that the phrase heads is in inverted commas, implying that he was talking to a group of headteachers in the audience.

Archived documents such as 'Recommended reading for workers in the field of residential treatment of disturbed children' (Dockar-Drysdale, 1968 [Archive list]), Listing training papers and the commenting on the papers, provides insight into the training and theory being developed at the community. This document formed the basis of the training that was offered at the community via regular meetings with a consultant throughout the community's history for residential childcare workers. The

document can be seen as residential childcare workers introduction to psychoanalysis. Books from the reading list such as Howard Jone's *Reluctant Rebels* and Redl and Wineman's *Children who Hate*, provided insights into the therapeutic communities which had existed prior to the Cotswold Community, which the residential childcare workers undergoing training in the early days were expected to be aware of. Training materials and how the theoretical emphasis changed over time are discussed further in the following chapter.

The 'Rules and Regulations' 1959-1964 pamphlet from the approved school (Kelley 1964 [Archive list]) gives insight as to what life was actually like in the approved school. For example issues such as the smoking of dog ends might not be an obvious issue viewed from a contemporary perspective, but would have undoubtedly been an important part of the atmosphere and experience of the approved school. This pamphlet can be put in the context of Douglas (1967 [Archive list]) reflecting on his experiences in the community as an approved school, and mention of 'tobacco barons'. The information in both these documents also can be compared to the 1970 information handbook which gives an account of the ethos of the community following its transition from approved school.

Newspaper extracts from the archive also give insight about how the work of the community was portrayed to the public. For example, a residential therapeutic childcare worker who tragically died was described as 'The Perfect Carer' (Tokus, 1993 [Archive list]). Tyrer (1990 [Archive list]) in her interview with Dockar-Drysdale, published in the Daily Telegraph, shows how Dockar-Drysdale discussed her work in public, making her idea's accessible for lay people and the general public. Heart-Davis (1993 [Archive list]) discussed the costs involved in treatment, and Painter (1993 [Archive list]) mentioned the repairs needed at the community, and how much of this work would be done with staff and boys doing what was possible themselves. Robinson (1993 [Archive list]) reports on the threat of closure of the community due to gravel extraction and the possibility of Wiltshire County Council selling the land.

Theoretical papers and conference presentations were also important evidence as to how the idea's of the community were discussed in a professional context. Correspondence such as letters written by Bill Douglas (Community Chaplain) and Balbernie, give a more human account of interactions between individuals. The

working notes (available on John Whitwell's website) also provided an essential account of the issues being discussed in staff consultation with Rice and later Menzies-Lyth.

Another of the discoveries made in the archive (a 'treasure from the archive') was a poem by Christopher Beedell, who had been involved in training and consultancy to the community. I was moved by the poem, because it speaks of a feeling of helplessness, and overcoming this, which felt so familiar to me and reminiscent of the complex web of emotions involved in the work at the community. It took me back to an incident at the community when some of the boys had climbed on the roof of a unused building and were throwing slates from the roof. A colleague said to me; "all we can do is stand here for now." It occurred to me that one of the themes being addressed in the poem are things that stand the test of time. I was aware that one of the responsibilities of an archival researcher is to report and circulate, so I sent a copy to the poetry editor of the attachment journal, who subsequently sought permission to publish and published in May 2016:

> Standing -
>
> Sometimes standing
> Is all one can do
> It doesn't hurt anybody
> But yourself.
> So is one rooted?
> No leverage on the world?
> Not so,
> You can smile, shout, murmur, converse,
> Speak love and anger.
> Some of the world will come to you.
> You don't always have to go to it.
> One is still standing
> You're free standing.
> (Beedell, 2016, p.39)

Connected to this idea of archival research becoming entangled in the web of human relations between the living and the dead, is that this thesis has auto-ethnographic elements (but is not primarily auto-ethnographic) Auto-ethnography

is described by Williamson (2018) as being, "research, writing, and method that connect the autobiographical and personal to the cultural and social (Ellis, 2004, p. xix). It is about understanding the relationship between the self and others (Chang, 2008)." There are several ways it is possible to carry out auto-ethnographic research, but most important is the element of reflexivity:

> Reflexivity can be traced to Edmund Husserl's epoche: a conscious exercise in which the research attempts to "bracket out" preconceptions in order to explore others' lifeworlds. Reflexivity does not require a removal of emotion or positionality; rather, it demands that researchers unpack their own emotions and beliefs. Reflexivity urges researchers to explore their preconceptions, beliefs, and also positionality (i.e., within a profession, discipline, race, gender) when they interact with others. (Lucherini and Hanks, 2020)

My own experience as a female residential therapeutic childcare worker who went on to train at an attachment based psychoanalytic psychotherapist became particularly important to consider. Although such a task can seem incredibly daunting, there is a history and tradition of auto-ethnographic research which demonstrates that:

> Autoethnography has perhaps become one of the most useful ways for researchers to analyse themselves alongside participants. Autoethnography is often linked to feminist research approaches that value making oneself vulnerable in the research experience and embracing emotion. The method is a rejection of the notion that the researcher is a bounded and unemotional entity, and therefore necessitates an almost constant reflexivity. Researchers are advised to explore their own emotional connections to topics and participants during fieldwork, analysis, and writing. (Lucherini and Hanks, 2020)

Taylor (2012) asked, "Can there be a credible, intellectuality productive proximity between the historian and her subjects? This is an important question, not just for practising historians but for all concerned with understanding the past." (p.199). Using archival research and auto-ethnographic aspects of research methods is different to existing therapeutic community research using outcome studies. A desire to stop the cycle of interpersonal trauma has meant a focus on outcome studies, or research in an empirical, quantitative tradition within the contemporary therapeutic community culture (Lees et al. 2004). Lees et al (2004) also make reference to an attempt at a randomised control trial in a therapeutic community, and

how such research has been a failure. However, there has been a far more successful approach to the use of randomised control trials (Pearce et al. 2017). Yet there is an absence of psychoanalytic research in therapeutic communities using historic research methods. Haigh and Benefield (2019) argue of cultural expectations and traditions regarding research, "we concretise and fix the fluid nature of living and its myriad expressions in order to resolve the tension between our expectation to know, decide and act. Uncertainty and not knowing are not easy to reconcile in a world expecting deterministic action" (p.130). The focus on outcomes studies might also be fuelled by austerity measures and short term savings required of local authorities demanding apparent cost-effectiveness (Diamond, 2013). Yates (2017) argues of the impact of such an emphasis, "a concentration on outcomes research has effectively "squeezed out" research on the internal workings of the therapeutic community: how they fit together and impact each other and how they might be improved. As a result, we have clear evidence that therapeutic communities work but with little notion of how (De Leon, 2010)." (p.58). The question of how therapeutic communities work, is a gap in our understanding which this research addresses by establishing what Balbernie and others at the community believed about how the Cotswold Community could or should work. This research explores the thinking about deprivation and delinquency, its treatment, love and hate, and gender roles in order to establish how ideas emerged at the Cotswold Community. Including how these ideas might be relevant to contemporary practice in residential therapeutic children's homes.

There was also a tendency within psychoanalysis to view residential therapeutic work with children as 'not psychoanalysis'. Bowlby – in his 1985 paper 'The psychotherapists personal resources' (Duschinsky and White, 2019) states, "One typical response came from a colleague at the Tavistock, "John, we all think that you have done wonderful work with children, but it has nothing to do with psycho-analysis."," (p.221). This happened within the institution (the Tavistock) which was later providing consultancy to the Cotswold Community. Winnicott (1956) also made references to management of delinquency being 'not psychoanalysis', "treatment of the antisocial tendency is not psycho-analysis but management, a going to meet and match the moment of hope." (p.308). Schwartz (2010) argues that the 'not psychoanalysis' argument has done considerable harm:

The 'Not psychoanalysis argument' produced the deadly and damaging splits that now threaten the talking cure in the UK. Outsiders look at the mess and cry out for so called evidence based practice, a covert hostile attack on the talking cure. They should be calling out for practice based evidence. And so should we. Those of us who work clinically by analysing the human inner world need more theoretical unity. (p.111)

This research examines ideas of past practice to establish their contemporary relevance. Idea's developed by Winnicott and Bowlby, as well as Balbernie, Dockar-Drysdale, Menzies-Lyth and Whitwell at the Cotswold Community have a place within psychoanalysis, but further clarity is needed about the nature of this place

3.4: Research Processes.

This research had several different stages, and begun with choosing a research subject. Did I want to carry out a research project about the whole of the history of the therapeutic community movement? Or would it be wiser to complete an individual case study of the Cotswold Community, since it was something I had lived experience of? Focusing on one example of a therapeutic community had the advantage of being more coherent than a grander project of attempting to formulate a history of an international movement. A case study also had the advantage of allowing a subject to be explored within a specific context, in order to contribute to a deepening understanding of a wider theme (Winship and Macdonald, 2018).

Once the subject of the Cotswold Community had been decided, other questions emerged. What was my research question? What data was I going to use? And how was I going to analyse the data? The question driving the research is, what was the nature of therapeutic love present at the Cotswold Community, argued by Wills (1971) to be unmistakeable? The data I used was from the PET archive described above, and John Whitwell's online archive, and published material

about the Cotswold Community. I excluded documents such as site maps, and financial documents since they were unlikely to contribute much to the answering questions about therapeutic love, and would have diverted time. Having gained a sense of what was in the archives and gathered the obviously relevant documents, I was then able to refine archival searches questions and make more specific requests as noted earlier. This included browsing the archive of Balbernie and Dockar-Drysdale which are separate from the Cotswold Community archive. Discussions then took place as to how the data should be analysed, for example would methodologies such as thematic analysis (Braune and Clarke, 2005) be appropriate? What emerged was a form of narrative analysis, (Al-Sharaf, 2003) which took a inductive or "bottom-up" approach in response to the research question. For example, working notes and other archived documents were read several times over, and quotes relevant to the questions extracted to help formulate a narrative. A full list of archived materials used is at the end of this thesis, which allows for a certain degree of replicability including contribution towards future research.

3.5: Ethical considerations.

Research also involves entering to certain power dynamics which have ethical considerations. There are ways in which certain power relationships and inequalities can be either contributed to or challenged. This research addresses questions about therapeutic love at the Cotswold Community. Necessarily the voices of those in positions of power and authority (Balbernie, Dockar-Drysdale, Menzies-Lyth and Whitwell) take a considerable amount of space in this thesis.

This is not to imply that the boys voices and experiences are unimportant or irrelevant, but rather that their stories are theirs to tell in their own time, and in their own way. It would have been possible to have maintained anonymity, and possibly to have obtained informed consent. However, to have sought participants in research about the Cotswold Community from boys who were at the community might have risked intruding upon the boys right to privacy. The choice not to

interview and to focus on archival research was out of respect of the boys right to choose how and when to explore their experiences. To have gathered oral histories from the boys might have also raised issues about what support they might have needed if they had been in need of after-care following discussing difficult emotional issues. In turn, raising issues about my own capacity to meet this potential need for aftercare.

There is also an issue about the presence of my own voice in this research, and ethical issues about how this might contribute to power dynamics and, ethical issues. Although my voice is present at times, fluctuating from background to foreground and back again, my role was also as a listener, researcher, or investigator. I was a participant observer in this research project, (raising important questions about objectivity and subjectivity), however the whole history of the Cotswold Community was much bigger than the small period of time I was at the community.

Nevertheless, all acts of listening require certain focus which can on occasion create challenges, and present ethical issues. Frank (1995) explains:

> One of the most difficult duties as a human being is to listen to the voices of those who suffer. The voices of the ill are easy to ignore, because these voices are often faltering in tone and mixed in message, particularly in their spoken form before some editor has rendered them fit for reading by the healthy. These voices bespeak conditions of embodiment that most of us would rather forget our own vulnerability to. Listening is hard, but it is also a fundamental moral act; to realise the best potential in post-modern times requires an ethics of listening. I hope to show that in listening for the other, we listen for ourselves. The moment of witness in the story crystallizes a mutuality of need, when each is for the other. (p.25)

3.6: Research Epistemologies.

Therapeutic community research can adopt different theoretical perspectives, such as Kleinian theory (Hinshelwood, 2001) and Systems theory (Richardson, 2003, Pooley, 2003). There are also dangers in what Hobson called the "therapeutic community disease" which is, "where ideology is idealised and difference cannot be

tolerated." (Campling, 1999, p.90). There are types of knowledge where preferences for particular theoretical approaches can be presented in such a way as to not discount other possibilities:

> Traditionally knowledge has been seen to require the characteristics of objectivity and impartiality. Many today, particularly in the social sciences, challenge this view of knowledge (Cecchin, Lane and Ray, 1994; Gergen, 1999). These theorists believe that all theories have in-built biases, and claim that true impartiality and objectivity is not possible. They claim that all knowledge is 'perspectival'. For these reasons I use the term 'bias', meaning a preconceived preference. I want to convey the idea that the theories we use are not incontrovertible facts or truths but set of ideas that we have agreed to call 'truths', and privilege over other 'truths'. (Richardson, 2003, p.104)

Kleinian accounts of institutions and work with groups and individuals who are in therapeutic communities concentrate on the phantasy and unconscious elements. A large part of the work is the establishment of what is phantasy and what is reality, as Hinshelwood (2001) explains:

> Whilst people do in reality hurt each other, these phantasies tend to be of a much greater degree of violence, and truly of a phantasy intensity. It can be difficult for more disturbed people to sort out the reality of what they have done and what they have phantasised. Reassessing in a persistent (and in a sense courageous) way what is real and what is phantasy is the core support in a therapeutic community. It is support for the ability to self assess, to reflect on oneself. Maintaining that unique contribution of the therapeutic community is difficult as it requires the knack of reflection in action as much as in words. (p.120)

Although unconscious processes are an important aspect of observing and understanding institutions (and part of the Tavistock tradition of research as described by Armstrong and Rustin, 2020a and b), it should not be interpreted that an approach informed by attachment theory discounts the unconscious processes evident in institutions. Pooley (2003) argued that:

> Systems thinking also helps to look at the interfaces between the young person, the family, and the social systems of which they are a part, including the extended family, peers, and other agencies that may have been involved, and the unit itself. Psychodynamic theory enables us to use the thoughts and experiences that are evoked in the work to understand more fully the feelings and dynamics of the individual and their important relationships. It also helps us to sit with and digest sometimes very painful and evocative relationship

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dynamics. Attachment theory wonderfully bridges the two and reminds us of the importance to psychological well-being of having significant figures who are available to listen, respond and place thoughtful limits without judgement and blame. (p.199)

Use of a theoretical lens informed by attachment theory and wider discussion of attachment theory in therapeutic communities does not imply a sort of warm fluffiness (Adshead, 2015, Haigh 1999) but is consistent with the understanding that, "We all need a community to attach to." (Adshead, 2015, p.18) Furthermore that:

> Key figures in the past have messed things up, neglected, not understood, abandoned, abused positions of authority and power, often to the point of leaving them humiliated, helpless, raped and maimed. This then becomes the 'prototype' for future relationships, the expectation, the self-fulfilling prophecy. Looked at from this point of view, the fact that they develop any degree of trust in us becomes an extraordinary achievement, and one that has to be a constant focus of therapy. (Campling, 1999, p.129)

The work of the Cotswold Community can be perceived as being informed largely by Winnicottian theory (as explored later in this thesis). Despite the 'bad blood' (Fonagy, 2001. p.1) between attachment theory and psychoanalysis the work of Winnicott and attachment theory are traditionally thought to be compatible (Fonagy, 2001). Differences between Bowlby and Winnicott's understanding of delinquency and deprivation are described in chapter 4 of this thesis.

One difference between strands of psychoanalysis is related to innate drives, and impulses. Klein drew our attention to the difficulties in loving and hating the same object (breast/mother) (Klein, 1946) and formulated mental health in terms of the move from the paranoid schizoid position to the depressive position. Bowlby stressed our innate drive for relatedness to others as fundamental to our mental health (Bowlby 1988, Schwartz, 2010). This view is compatible with an interdisciplinary understanding of human distress but also supports the evolution of group therapy and treatment in groups. Garland (2020) explained that:

> Biologists, sociologists, psychoanalysts and psychoanalytic psychotherapists all see the drive for relatedness to other members of our own species as primary, an intrinsic part of our make-up. It is as fundamental to our being, to our well-being, our mental functioning, and to our very survival as human

beings, as are the drives for food, shelter, warmth, and sex. This drive for relatedness, often damaged by adverse experience in early life, can be seen vividly to evolve and grow within the setting of group therapy. (p.220-1)

Haigh (1999) describes attachment as one quintessence of a therapeutic community. Treatment in groups as developed by Foulkes is argued to be compatible with attachment theory where the attachment is perceived to be to the group as a collection of individuals and as a whole. Rawlinson (1998) described the relationship between theories about groups and the links with attachment theory, "The mother-infant dyad is the starting point in attachment theory, and it is translated into group analytic terms in Foulkes' concept of the Matrix (1964). The word *matrix* comes from Latin and means womb. Foulkes described the group matrix as a network, and the individual a nodal point" (p.59). Further links are made between attachment theory and Foulkes' theory of the matrix. Making the links between the two using the language of attachment theory, Rawlinson (1998) argued, "The matrix provides a secure base which allows members through their contract to experience a belonging" (p.59). This ability to become attached to a group and with individuals in groups is not only fundamental to a person's mental health, well-being and functioning, it is also argued to be of particular importance to adolescents. Garland (2020) wrote of this process, "the child has to learn how to become a *member of a group,* while retaining his particularity, his individuality, his capacity to think for himself" (p.221).

Garland (2020) conceptualized the first task in this universal process of becoming human in terms of managing intense and contrasting emotions, which are particularly relevant to those in therapeutic communities who may not have achieved such developmental milestones:

> He or she has to develop as an *individual,* in touch with the internal world – impulses, phantasies, wishes, ideas, and feelings, whether pleasurable of unpleasurable: whether derived from and dominated by hate, or derived from and expressive of love. And as the baby contains inevitably at different times the capacity for both love and hate, he or she has to learn how to manage that fluctuating balance. (p.221)

How a human being develops the capacity to love, when developmentally this happens, and the ability to tolerate feelings of hate without resorting to violence are of critical social importance and explored later in this thesis.

The concept of loss is compatible with therapeutic community work which demonstrates that, "Issues of bonding and separation are at the heart of our therapeutic work" (Norton, 1998, p.79). However, it should not be assumed that attachment theory was always adopted or used in therapeutic communities. Attachment theory developed and gained traction in wider society as the therapeutic community movement grew, developed, thrived and possibly declined. Lindsay (2020) argued, "Only gradually did the work of Bowlby, Ainsworth, and Robertson show us all that being deprived of caregivers undermines children's health development. This was a fundamental change in our understanding of human needs" (p.58). Despite an apparently gradual start. Lindsay (2020) goes on to argue that, "Between them, Bowlby, Robertson, and Ainsworth initiated a paradigm shift in human consciousness such that old ways of looking at children now seem unimaginable" (p.59).

At the heart of both the Cotswold Community and attachment theory is concern about children separated from their parents, rooted in the firm belief that, "Children separated from their parents needed to be found" (Lindsay, 2020, p.49). This does not literally mean physically 'found', but found emotionally, being seen and understood by an emotionally available adult. This is in keeping with the view that, "It is probably axiomatic these days that work with an emotionally disturbed child can be most effective when it is located within an understanding of the child's experience of attachment and identity, of separation and loss, and of the way these affects the child's inner world and its externalisation in behaviour" (McMahon, 2003, p.259). Part of this understanding of work with children at the Cotswold Community and Mulberry Bush by Bradley and Kinchington (2018) includes the idea that the children's trauma happened before they had had a chance to become attached to a secure care-giver.

So far this discussion of theory in therapeutic communities, (and attachment theory in particular) has not mentioned Bowlby's own experience in one of the very early therapeutic communities. Marrone (2014) states:

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While working at the school for maladjusted children, Bowlby formed a friendship with a man called John Alford, a volunteer helper who later obtained a chair in the history of art at an American university. Alford, who had had psychoanalysis himself, advised John to pursue his medical training and, at the same time, enter psychoanalysis: 'Now what you ought to do is go up to London, complete your medical studies and train at one of two places: one is called the Tavistock Clinic and the other is called the Institute of Psycho-Analysis.' Ursula Bowlby (personal communication) commented: 'I feel sure his advice was an important milestone in John's career. He trusted John Alford's judgement and acted on it.' (p.9)

The particular name of this school for maladjusted children was Priory Gate (Issroff, 2005). Bowlby revealed to Hunter in his last known interview about his experience:

I spent a year in schools for disturbed children, and that was extremely revealing and valuable to me because I worked in a very small school, which long since has disappeared from sight, where the orientation was that the present problem of the children stem from adverse experiences of our families. It was a version of psychoanalysis. (Bowlby, in Hunter, 2015, p.142)

The significance of Bowlby's experience at Priory Gate is that therapeutic communities can be understood to be formative in the development of Bowlby's thinking and subsequent creation of attachment theory. Therapeutic communities were also significant beneficiaries of the theory which emerged following Bowlby's experience at Priory Gate. Despite this, Adshead (2015) stated that, "There is little existing discussion of the application of attachment theory to TCs" (p.12). Kahr (2019) described the contrast to previous generations approach to disturbed children in stark terms:

While many of his contemporaries in the 1930's, notably Hans Asperger, recommended Nazi-style executions for troubled children, John Bowlby, along with Anna Freud, Melanie Klein, Donald Winnicott and others, provided a radical alternative, namely listening, understanding, and engaging, all through conversation or play. Only by studying their contribution in historical context can one fully appreciate the enormity of the revolution these stellar thinkers bequeath to us today. (p.174)

3.7: Rationale for structure.

The following findings chapter is structured in three sections. First is a descriptive account of the Cotswold Community. This is to ensure that the reader has a clear understanding of the nature of the boy's disturbance, and the staff who were providing the residential therapeutic childcare and the nature of their training. The ethos, treatment, and environment they were working in is described since this was a fundamental aspect of the nature of the community. The ethos is expressed in the day-to-day routine and life at the community, and a section describing daily life at the community has been included to highlight this. The second section then goes on to expand the discussion about deprivation and delinquency. How the example of the Cotswold Community contributes towards wider understanding of the relationship between deprivation and delinquency especially in relation to Bowlby's and Winnicott's understanding of these issues. The third section explores the nature of therapeutic love. The presence of ambivalence and splitting, differences between professional care and family environment, and roles and boundaries in the context of residential therapeutic childcare are discussed.

Following the findings chapter is a discussion chapter addressing issues about gender roles at the community. Consideration of gender roles at the community leads to discussion of the need for male role models in the boys and exploration of ideas concerning masculinity being in crisis. Will's (1971) makes reference to the presence of women at the community being problematic, and is also explored in the discussion chapter. As is Balbernie's (1969 [Archive list]) stipulation not to "play Mummies and Daddies", and particular issues which emerge as a result of the task of supporting boys to become men. The concluding chapter focuses on implications and applications for practice in residential therapeutic childcare.

Chapter 4. Findings: Community, Delinquency, Love, and Hate.

This chapter begins with a description of the Cotswold Community. This includes the boys admitted, the staff providing the therapy, the ethos, the training staff received and also how this culture was expressed in the buildings and day to day routine. Then follows a discussion of delinquency, including the political nature of delinquency, and its treatment, including recognition of the impact of deprivation of all sorts. This chapter concludes with a section on love and hate, how ambivalence and splitting and difficulties in regulating affect are part of the nature of the impact of trauma the boys had experienced. How residential therapeutic childcare differs from a family environment is explored before a discussion of roles and boundaries.

4.1: <u>The Cotswold Community</u>

> *Our task is concerned with anxiety, with chaos, and with order, the end of an old order and perhaps in time the beginnings of a new authentic inner order rather than the nightmares of the moment.* (Balbernie, 1972a, [Archive list] p.1)

4.1.1: The boys and their behaviour.

Balbernie, (2011) described the 'profile of a typical anti-social young person', indicating the sorts of behavioural problems the boys admitted to the Cotswold Community exhibited:

1. The persistent and often senseless-seeming destructive acting-out and taking what did not belong to oneself as if by right, which is their major continuous and repetitive symptom.

2. Their proneness to infections of extreme excitability, always followed by destructive and often violent acting-out.

3. Their negative and rejecting and totally mistrustful attitude to authority and control. (They need to test a human containing environment to destruction for reliability and confidence and it has to survive. A staff and structure are required with sufficient authority and faith in themselves and their structure to bring in a helpful and secure order

over against the terror of chaos. Incidentally, there is more 'permissiveness' in traditional approved schools than in almost any other institution: behaviour is simply not confronted nor interrupted; it is left and only repressed by ritual talion.)

4. They seem almost wholly to have rejected any need for help and are, on the surface, self-sufficient, pseudo-independent, brutalized, extremely nasty and often extremely cruel and bestial. Having been hurt by dependency and environmental failure, they are not going to make themselves vulnerable again or place themselves at risk by moving into relationship or trust.

5. On top of any other difficulties the majority are severely institutionalised already (some of them being institutionalized within their own homes).

6. In the majority of cases the family situation or the character disorders in the parents are such that modification is a very remote possibility and could certainly not take place whilst the child is in the home.

7. They all present massive remedial teaching problems, and furious denial and resistance to learning and the acceptance of their weaknesses and need for help. (p.263)

The treatment was to provide 'total cover' (Balbernie, 1975 [Archive list]), and environment specifically designed to meet the boys' emotional and physical needs. Treatment was a particular sort of psychoanalysis, informed mainly by the works of Winnicott (guided by Dockar-Drysdale's relationship with and understanding of Winnicott's work) and Bion and was beyond the traditional psychoanalytic frame. There are differences between residential treatment of children in therapeutic communities and outpatient psychoanalysis, and commonalities such as the underlying theory guiding practice. The whole environment, day to day life and everyday encounters were designed to be of therapeutic benefit, with the boys emotional as well as physical needs in mind (Ward, 2003c. Worthington, 2003a and 2003b). The term "environmental therapy" (Balbernie, 2011) highlights its difference from the traditional psychoanalytic technique of free association whilst lying on a couch or play therapy, "Residential group living needs to be formulated much more clearly as specific treatment – I like the title 'environmental therapist' to refer to someone who is skilled in planning and creating a healing structure and environment" (p.264).

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Wills (1971) provided the following description which links how the boys behave towards others, with how they themselves had been treated:

> However hard and fierce the front they present to their peers, to the police, to the magistrates and to any set in authority over them, they are behind that brave front frightened, wounded, damaged, inadequate little boys. If they seem to be – as they often are – without feeling for others, it is because they have experienced in the early years of their young lives so little feelings *from* others. A large proportion of them are neglected or rejected by one parent or the other – sometimes both. If we probe into the background of the very worst of them we find that the serene and happy infancy, the tender solicitude of loving parents which made us the stable and upright persons we smugly believe ourselves to be, are something entirely unknown to them, an experience they never enjoyed. (p.18-19)

Assessment tools enabled decisions to be made regarding which boys to accept based on measuring ego-function to establish which boys could be contained safely (Dockar-Drysdale, 2011) which are explored in more detail later in this thesis. In contemporary language and concepts, the boys are described as having attachment disorders. In the introduction to Tomlinson's 2004 book, Van Heeswyk (Child and Adolescent psychotherapist who acted as consultant to the community after Dockar-Drysdale) argued that the boys at the Cotswold Community suffered from attachment disorders caused by trauma and, "the primary caregiver's failure over time to provide optimal attachment opportunities" (p.19).

Balbernie (1969 [Archive list]) was very aware of the dangers of presenting a sentimental or idealising picture of the boys which failed to recognize the difficulties of the boy's behaviour, and the simultaneous risk of judging, blaming or demonising the boys. He described his view of the boys in the following direct way, "These youngsters are in the main both very emotionally deprived and socially depraved, unpleasant, nasty and destructive and, if their internal chaos and anxiety is not properly contained violent. It goes without saying they are untrustworthy and manipulative" (p.1). Balbernie also states that much of society's attitudes towards these boys arise from unconscious conflicts, and take place in a particular social context. This conflict seems to be between a desire to protect the boys as innocent victims of circumstances, and a desire to punish the parts of the boys which are offensive and extremely difficult to tolerate. Maher (2003) describes the difficult nature of the boys behaviour in relation to values:

These children are living insults to the values we tell ourselves we live by and permit others to live by. They refuse to behave, conform, get better and stop impinging on others and us. We (by 'we' I refer to the dominant perception of the age, the way in which the majority of people within a culture make sense of their experience of living) hate them, deny the reality of hating and murderous feelings in ourselves and project them into those who attempt to work with them, and place them in highly expensive and uncertain places on their own. (p.281)

Connected to this difficulty is our understanding of adolescence. Balbernie (1969 [Archive list]) commented:

The new respectable morally judgemental polarisation is that either these children are deprived (the goodies like us) or depraved (the baddies like them, the delinquent). Perhaps it is easier to integrate and accommodate in consciousness the deprived child, than the delinquent adolescent in ourself. But there is also an important element of realism in terms of co-existence; it is easier to live with our neighbour if he is sick than if he is a menace to others, but what if he is both? (p.1)

Will's book about the Cotswold Community (Spare the Child) first chapter is entitled 'Children of the Dangerous and Perishing Classes', this language makes reference to the social reformer Mary Carpenter and an Act of Parliament from 120 years previous to the community. The idea of parental responsibility and issues concerning parent blaming are of contemporary concern, as argued in a 'Report of the Mulberry Bush/ CSP event 'Care of Young Offenders; progress or decline?' which argued, "A particularly damaging effect of focusing solely on the child is that he or she comes to be viewed as different and separate from others and gets targeted, whereas it is often the parents who are the greater offenders."

Delinquency, particularly in adolescent boys, has a long history and universal implications in relation to preventing young offenders becoming more prolific offenders as adults. The history of understanding delinquency and deprivation within psychoanalysis by Winnicott and Bowlby, and Balbernie and Dockar-Drysdale specifically in relation to work at the Cotswold Community is explored in later in this chapter. One of the emerging issues from the 1900s is the idea of prevention being better than cure, and is one which is echoed in newspaper reports about the Cotswold Community (Lewis, date unknown [Archive list])[ii] in comments by Peter Millar from the community, "people serving long prison sentences have often got

similar sort of case histories as boys coming here,.. but, they did not get help soon enough."

Relevant to this are attitudes about the causes of the boys' difficult behaviour, and whether they are seen as 'deserving' or 'undeserving', deprived or depraved. Sissay argues that our current attitudes towards children in care who have been removed from their birth family has its roots in the Poor Laws, "The idea that someone who needs care is somehow deficient morally, or deficient in anyway, is rooted in the Poor Laws, in how we define charity. Until we've dealt with this, we can't come to the position that I believe we should, which is that children in care are stars, and they deserve, because they are children in need, to be treated as such – as we would with our own children." (Crompton, 2019, p.10)

When words such as deprivation are used, one might imagine that the child has been deprived of physical things such as food, an archetypal Dickensian waif stealing bread because he is starving. Whilst boys at the Cotswold Community might have experienced extreme poverty and hunger, to assume that this was all they were deprived of would be mistaken. Wills (1971) describes a more complex picture:

> It is poverty of the emotional life rather than lack of material things which brings about the state of mind leading to delinquent behaviour. We would not now consider a child delinquent who stole bread because he was starving, an the increase in crime of all kinds during the last prosperous quarter-century has led us all to review our ideas about the connection between poverty and crime. No longer are they the children of the perishing and dangerous classes: they are, in the words of a recent Home Office document, 'Children in trouble' (p.9).

What had the boys been deprived of emotionally? This question guides what might need to be provided in order to support psychological repair. A very obvious aspect of what the boys had been deprived of is maternal care. The stress on the early lives of the boys who found themselves as adolescents at the Cotswold Community is evident from the archived materials. P.A. Drew (1969 [Archive list]) wrote in "Female staffing at the Cotswold Community":

> A recent survey here of the last 25 boys to be admitted to the school shows quite clearly that each boy had not had a satisfactory emotional experience with his mother during the period of 0-5 years. It is this period that the mother-

child relationship is of immense importance and if this primary or first experience is missing or inadequate, all subsequent relationships and roles do not evolve. Therefore, before the adolescent can establish or identify with the masculine image of his Father and later establish peer relationships, it is necessary to try and establish some order into primary experience. (p.1)

It is both maternal care and the reality associated with paternal relationships with adolescents which were considered absent in the lives of the boys at the Cotswold Community. Balbernie (1970 [Archive list]) commented that, "Whatever else these young men may have or may not have been deprived of, they have all been deprived of reality confrontation within a structure of accepted order and authority within their family. They thus all continuously and destructively and aggressively provoke and test authority to the limits – to destruction in fact" (p.6).

Because of the deprivation of both maternal care and paternal authority, the ability to form healthy relationships with a peer group is severely impaired. Part of what the therapeutic community hopes to be able to provide are opportunities for the child to be able to develop healthier relationships with his peers. Maher (2003) explained, "Historically most of the children who came to therapeutic communities had been deemed unmanageable and ineducable in a group, so the task of the therapeutic community was constructed as teaching them how to live, and be educated in groups" (p.280). This approach to provide experiences and opportunities in groups might be demonstrated by reports such as 'The Children Who No-one Knows What To Do With' (2020) to have fallen out of favour. Maher (2003) argues that part of this fall from favour has been to do with a greater awareness of institutional abuse in children's homes, "The attitude – fuelled by a multiplicity of well-known cases of appalling abuse – that residential homes are places you send children for them to be abused, is now embedded so firmly in the collective psyche that adventurous, flexible, impassioned, imaginative, creative work with these children – the work that most characterised the therapeutic community tradition – is harder to achieve than it used to be, and it was always difficult" (p.282).

There are suggestions that practical care was not enough for the children being treated at the Cotswold Community. Because of the deprivation they had experienced what was needed in order to produce meaningful change was emotional involvement:

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The Munro Review (2011) found that evidence provided by children conveys how much positive impact that professionals can have when they spend time with the children they are helping. The qualities that children appreciate in these relationships are honesty, reliability and continuity. It is on this basis that children are enabled to talk openly about personal and painful problems and to develop trust. It is possible to look after children without being emotionally involved, but therapeutic change cannot be achieved without significant emotional involvement (Knox, 2015, p.87).

Emotional involvement implies that workers are in touch with very specific and difficult feelings evoked in the sort of work necessary with these boys. Balbernie (1975 [Archive list]) described the feelings evoked in workers at the Cotswold Community, the pressures on staff to try to contain such intense and conflicting feelings and the task of providing 'total cover':

It seemed important to attempt to provide for these most damaged boys in the population – those who evoked feelings of annihilation, helplessness, uselessness, hopelessness and despair in staff. A sense of emptiness and futility which was plastered over by secondary and false self adaptations to institutional conditioning. These boys continuously and compulsively acted out in outbursts of dangerous and destructive behaviours without 100% 'cover'. It was clear that they needed a form of 'cover' that gave them effective care and protection from harm to themselves and others in the absence of even minimal ego function or self control. Manifest behaviours consisted of violent excitability, panic anxiety and compulsivity and uncontrollable disruption (p.3).

4.1.2: Staff selection, and the nature of the task.

Staff were selected on the basis of being likely to survive the emotional demands of the task of working with the boys (Balbernie 2011, Khaleelee and Tomlinson, 2011), and willing to make this commitment for over two to three years (Tyrer, 1990 [Archive list]). In addition. staff were expected to be open to the exploration of the unconscious processes involved with the work, and become maternally preoccupied with the boys (Khaleelee and Tomlinson, 2011) as well as engage with the life of a therapeutic village (Whitwell, 2011b). In return, the work was extremely skilled and rewarding (Dockar-Drysdale, 2011), and involved being able to establish authentic relationships between colleagues.

Prior to the transition that the Cotswold Community made from being a therapeutic community, Winnicott and Britton (1947) argued about the sorts of people who would be suitable for working in institutions with deprived children, "We find that the nature of previous training and experience matters little compared with the ability to assimilate experience and to deal in a genuine, spontaneous way with the events and relationships of life. This is of the utmost importance, for only those who are confident enough to be themselves, and act in a natural way, can act consistently day in and day out" (p.68). The stress on consistency is very important. The boys at the Cotswold Community had experienced significant inconsistency from their parents. The boys were testing those working with them in order to see whether staff would also be inconsistent (Balbernie, 2011). Because of the disrupted attachments the boys experienced, it was important in terms of staff selection that the need for consistency identified by Winnicott and Britton was acknowledged at the community. Failure to select staff who were able to be consistent and able to make a significant commitment of time to life at the community would be a repetition of earlier failures of the environment to provide what the boy needed.

What specific qualities staff working in institutions such as the Cotswold Community need is a separate issue to how to devise a selection procedure able to identify a person's ability to meet the specific demands of such work. Although Kaheelee and Tomlinson (2011) describe the philosophy and practices at the Cotswold Community designed to attempt to address staff selection issues, before such work took place was the acknowledgement from Winnicott (1950) that even if selection process was as thorough as possible, there are limited numbers of people available for the work.

The question of the qualities required in staff who work in institutions such as the Cotswold Community has been partly addressed by Khaleelee and Tomlinson (2011), who conclude the defence mechanisms test results of staff predicted their ability to stay long term in the work:

> The outcome of the research suggest that individuals who are either heavily defended or who are undefended in certain ways, are likely to experience a high level of anxiety in the work. Those who are heavily defended have to use more psychic energy to defend themselves against anxiety, leaving less available for coping with external reality. Those who are undefended are open

to intense external and internal pressure and may suffer high levels of anxiety. The greater the pressure, the greater the likelihood that the susceptible individual may gradually feel exhausted, overwhelmed or 'burnt out', depending on their defensive structure (p.332).

Qualities in staff can be categorised in terms of the individual personal attitudes of staff, the sorts of external relationships staff need to be able to develop and also the sorts of institutional culture needed to nurture the individual qualities and supportive external relationships.

Cooper (2011) notes that the disturbance of children often put workers in touch with their own disturbance, "exposure to the children's disturbance opens us up to our own and if we allow ourselves to think about it then we learn to be truly empathic. But we also have to find a balance in the way we use the knowledge we learn"(p.345). This finding a balance might indicate that psychological issues or traumas in staff's lives have to have found some sort of resolution so as not to be overwhelming. Staff working in such environments were, according to Allchin (2011) "in the closest proximity to the centres of psychological disaster, in each resident, centres from which emanate fear, distrust, hatred and despair" (p.272). It was important that staff had a sense of their own inner security. One of the difficulties staff encountered, identified by Khaleelee and Tomlinson (2011), was the issues staff have with coping with feelings of aggression. Stressed throughout their analysis of the qualities needed in staff at the Cotswold Community is the need for staff to be able to express feelings of aggression, rather than internalize such feelings, "A potential new staff member who has a tendency to please others with a denial of more difficult aggressive feelings may feel like a breath of fresh air. The staff may have unrealistic hopes about the difference such a new person may make" (p.79). Khaleelee and Tomlinson (2011) also state that a person's defences may not be easy to detect, and that also defences can and do change over time.

Dockar-Drysdale (2011) stated of the ability of staff to reflect on their own unconscious processes, the work being carried out at the community was different from work with children with other needs. These workers carried a heavier burden and responsibility to attend to their own unconscious processes:

> People working with unintegrated children and adolescents have to carry a much heavier load of tension and anxiety than those who are trying to help

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neurotic, integrated youngsters. Workers at the Cotswold are constantly exposed to the full blast of primary processes – they are in touch with what should be in the unconscious but which, without ego development, is present at a conscious level in all its primitive violence (Winnicott used to describe this as 'dreaming awake'). The danger – apart from the actual violent acting out – is that this primitive material can pick up wavelengths in the unconscious of the workers – this is what can lead to collusive pairing, which is damaging in the extreme to boy and adult. For these reasons it is essential that workers should become as conscious as possible about themselves, so that they and the boys are less at risk and more free to concentrate on the primary task. (p.283)

Implied in this statement is that staff needed to understand and accept their own (often unconscious) feelings, so that they were less susceptible to projecting their feelings out towards the boys, other staff members or the institution. Maher (2003) described further the sort of culture which fosters this, "I am describing the building of a culture of enquiry, where the question of 'why' becomes as important as the question 'what'. In such a culture behaviour is seen as having meaning, and feelings are considered as indicative of evidence outside the 'owner' of the feelings – so if you are upset when in close contact with a child, it is not a sign of weakness or unprofessionalism, but telling us something about that child's own upset and the absolute necessity to be in contact with it" (p.287).

The link between the nature of the task and high levels of staff turn over or staff leaving prematurely is obvious. No wonder, "Some people leave therapeutic work forever in their first year. Part of the reason for the disturbing nature of this early experience is that the new staff member finds that his or her ego is not fully up to the task of surviving, digesting and transforming the primitive, hostile and chaotic projections which they may not have had to contend with since their own early childhood or infancy, and which seem alien and terrifying" (Collie, 2003, p.234).

Links were made between the sorts of qualities staff might need, and the sorts of qualities which might be needed in a 'good enough mother', a mother able to identify with her baby:

> The selection of staff to work with emotionally disturbed and deprived children is a difficult and complex task. The work specifically requires staff to use their most inner resources, both consciously and unconsciously. This is similar to how Winnicott (1956) describes a mother being unconsciously identified with the needs of her infant, through her own internalised experience of maternal

provision. Winnicott argues that this unconscious identification helps the mother to respond appropriately to her infant's needs. He also describes how difficulties in the mother's own experience of infancy, of which she is unconscious, may cause a conflict for her when represented with similar situations by her infants. (Khaleelee and Tomlinson, 2011, p.78)

The implication of this is that the in order for the worker to be empathic towards the boy she is caring for, she must have had experience of empathy when she was younger in her personal life or be willing to do the work to become conscious of these issues and receive what empathy she might need to carry on.

Maher (2003) states, "It is remarkably hard as a worker even to admit to the fact that there are times when you might hate the children you are caring for and have murderous feelings towards them, as well as wanting the best for them and even loving them." (p.286). The feelings that staff might need to be able to think and talk about are not only aggressive feelings, but also feelings of vulnerability. Staff were working very long hours in an extremely intense and demanding working environment. The work might leave staff feeling very deprived of enough time for themselves and feeling like the work is an intrusion into their own personal family lives. The deprivation of the boys might put staff in touch with their own deprivation. Staff sense of vocation is also considered, "'Vocation', with its meanings of commitment and dedication, always has the propensity to generate guilt. If boys are not getting better, is it because I am not committed enough, not dedicated enough? (In the background is generalized guilt at being a more privileged member of the society that has produced the disturbance and delinquency that the boys present)" (Miller, 2011, p.301).

Balbernie (2011) stressed the importance of staff being able to form supportive relationships with each other in order to be able to explore and contain such feelings, "Unless we can meet regularly with our colleagues in small, intimate, face-to-face working groups, and unless we experience security in both sharing and holding the painful realities and limitations of our work, we shall not survive" (p.266). Implied by this comment is that the sort of person who found the intimacy of a small, regular group completely overwhelming would not be suitable for the work. Whitwell (2011) argued that, "One of the strengths of the Cotswold Community was the cohesiveness of the staff team, which was partly due to all of us being in it together twenty-four hours a day, seven days a week". (p.254). Thus, a new staff member

needed to have the personal qualities to be able to join and integrate into such a team. Balbernie (2011) stressed, "the need really to know one's colleagues as real people" (p.259). This need requires a particular institutional culture and environment which encourages and provides opportunities for this, as well as the particular individual quality in staff which allows themselves to be known and know others as real people.

Also present in the work of the community is the idea of the community being a Therapeutic Village, this implies that staff had to be willing to be part of such a village including living on site when necessary or appropriate. "The client group, emotionally 'unintegrated' boys who have been abused (emotionally, physically and often sexually), find being in groups immensely difficult and need to be in small groups with a lot of individual attention. In addition, most of the staff live on site, which contributes to the sense of a therapeutic village, with sufficient emotional health to contain the collective emotional disturbance" (Whitwell, 2011b, p.292). Questions emerge about whether staff can sustain this emotional health for the required 3 years is explored further in this thesis.

Staff were very committed to the work, partly because the work could be extremely rewarding:

> I have described difficulties, but I would not be presenting reality if I did not stress the fact that the workers in the Cotswold Community reach a very high standard of therapeutic work. It used to be supposed by many people that such work could only be carried out by trained psychotherapists already analysed – nothing could be further from the case. Despite the pain of gaining insight, the acute anxiety aroused by accepting responsibility, in the deepest sense, for other people's acting out, the people in the place continue to tolerate a learning process which demands so much of them; and continue to work in a way which calls for respect and admiration. The changes and evolvement in the boys which take place as a result of their efforts can be seen clearer in later need assessments: this gives the workers a satisfaction greater by far than anything they have experienced in the past, because it is not polluted by collusion and subculture. (Dockar-Drysdale, 2011, p.291)

This insight into suitability criteria for staff implies an ability to truly hold a benign sense of authority, since staff were expected to be fully responsible and accountable for their actions. This sense of authority is in stark contrast to the approved school

system where authority was of a more opaque nature. Balbernie (1981 [Archive list]) makes reference to this in a letter quoting from an unnamed paper by Bill Allchin[11]:

> and although we regard ourselves as living in a democracy, we know that the "authorities" are by no means solely comprised of those who are elected. Much of what is called authority at present is false and sterile. This facade truly merits the Chinese term 'the paper tiger'. It is the authority of institutions long since dead, and grinding on with hearts of stone, by reason of the great flywheel of habit, as W. James termed it. It is the authority which works through fear and the threat of force, which tries to compel the respect which it cannot earn. It functions through hierarchies, uniforms, desks, directives and enforced words of respect. Hidden is the fearful evasion of responsibility, so that each functionary is only doing his job as ordered. But you never get to the one who originates the orders. The true authority is from one who creates, increases and innovates. It can be responded to with acceptance or rejection. The false authority confuses, mystifies and manipulates, and when really threatened falls back on as vicious use of force as it can get away with. (p.3)

Issues of authority and integrity are also intensely personal, as Wilson (2003) explains, "to become a childcare worker means first and foremost to become oneself because only then can on become a self to others (Bettleheim 1966)" (p.220).

Staff needed to accept being in a position where they were working with children in a society which may not believe that change in these children is possible. Carrying all the sorts of projections which this may involve. The institution too is having to respond, contain and understand all sorts of splitting and projections, without falling into the dangers of a sort of crisis culture:

> There are bound to be elements of 'crisis culture' in a community such as the Cotswold, so that 'In the circumstances' can often be used with some validity as an escape from responsibility. However, it seems that the more Precise and definite the therapeutic structure, the less likely is it to collapse in an emergency: people get into conscious difficulties rather than a collusive muddle, so that they remain responsible for problems, rather than investing collusive muddle in boys. (Dockar-Drysdale, 2011, p.290)

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11 Bill All chin (1921 – 2001) was a former consultant psychiatrist to the Cotswold Community, former Prisoner of War who worked on the Burma Railway, and a Quaker who campaigned for peace and forgave his former captors.

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Advice that staff were expected to follow was made explicit in the following archived document:

<u>For People Working at the Cotswold Community.</u>

1. Do not forget that the Community is run from within society, for society, and that society continually observes what we are doing.
2. a. Listen to all communication <u>very </u>intently.
   b. Put thought between impulse and action.
3. Be reliable, if you say you will do something you <u>must </u>do it.
4. Check up and ask about the smallest detail all the time – when you are new, do not make promises until you are sure of your ground.
5. Do not discuss your private affairs with anyone other than the Head of your unit., Richard Balbernie, John Whitwell, Mike Jinks or Pip Dockar-Drysdale.
6. Respect greed – it is important.
7. Do not hesitate to join in adult group discussion.
8. Be sure to communicate feelings of stress (to an adult).
9. Do not meet boys anywhere other than the unit.
10. Do read what you are asked to read, this is an important part of the learning process for an adult.
11. Avoid interrupting boys in communication with an adult.
12. Be sure that all private property is safe in pocket or in a bag or lock and key.
13. Do not ask boys personal questions nor make references to files.
14. Do not betray a boy's confidence to other boys.
15. Do not hesitate to get help in a difficult group situation.
16. Never tell a boy that you will keep "secrets" from other staff.
    (Balbernie,1970-1973 [Archive list])

Issues about love and hate which are essential to consider in terms of staff suitability. What is hoped might be achieved by treatment is the capacity to love, which will make very specific emotional demands of staff. Rose (1999) explained, "The journey from a frozen childhood and adolescence to a creative and loving

adulthood, will inevitably be a passage of fear and grief. Thus, the staff, with their complementary therapeutic task, cannot avoid daunting emotions either" (p.180). Gender roles will also have implications for staff selection and suitability, and relevance to discussions about what the outcome and success criteria for treatment are.

4.1.3: Training at the community.

The history of training in therapeutic communities is described by Tsegos (1999):

> Training has a paradoxical history in the fifty years or so since the appearance of therapeutic communities. Although the approach had enjoyed a worldwide appreciation, the training of staff has been either neglected or actively rejected. The main pretext has been that formal training is incompatible with the basic idea of the communal approach! Indeed, this issue has often been met in TC circles with discouragement (expressed openly or silently) or with shallow and insubstantial arguments against rigorous training (p.190).

The question also becomes 'what sort of training?', What are the most suitable theoretical frameworks to use? Ward (2003a) addresses the sorts of theory that residential therapeutic childcare workers may need:

> Bowlby focused on the instinctual processes of attachment through which the relationship between child and mother becomes established (Bowlby, 1984). More recently, the burgeoning literature on attachment provides both the research evidence to flesh out the theoretical work of Winnicott (1965) and others and some fairly clear lessons for practice in terms of both the assessment and the treatment aspects of therapeutic community work. Psychodynamic thinking of this sort can also provide workers with the means towards understanding the sometimes enormously complicated patterns of relationship and conflict within families. (p.27)

In addition to theoretical aspects of training, there were other issues linking theory to practice. "Training programmes will only be effective if they contain three elements: theory and research directly linked to practice: practice evaluation and assessment in which the student demonstrates the use of training in the development of

professional or therapeutic skills and understanding; reflective space in which students are helped to make the necessary links between what they learn, what the learning means to them and how they make use of the learning in practice." (Collie, 2003, p.233)

"Recommended reading for workers in the field of residential treatment of disturbed children" (Dockar-Drysdale, 1968 [Archive list]), is important because it provides a list of books that influenced training, philosophy and treatment in the early years at the Cotswold Community. Contained within the document is advice about how to approach the literature from Dockar-Drysdale (1968):

> I do not feel that plodding through book after book is the right way to read, in this field. Often people can dip and skim through books, getting the gist of them and learning where to look for material when it is needed as the result of experience. I think that it is particularly important to accept incompatibility between authors and readers: one cannot digest what is ego-alien, and I think that this fact must be respected. (p.2)

Dockar-Drysdale, (1968 [Archive list]) showed that workers were directed to what they should be reading, but also what order or when in their professional development they should approach certain books or theories. The document reveals a comprehensive training programme for residential childcare worker, beginning with descriptive accounts of different therapeutic institutions, such as Homer Lane's Little Commonwealth. Following on with papers on normal development, clinical accounts of work with disturbed children, theoretical papers and finally psychoanalytic texts by Klein, Winnicott, Jung and Freud. Dockar-Drysdale commented about what she expected the reaction of the workers would be, and specific order she expected workers to approach the reading. Starting with a historic understanding of therapeutic communities with children, then understand normal development, the clinical work, and then psychoanalytic theory. This implies that the roots of the work were grounded in the historic understanding of therapeutic childcare, normal development and clinical work, rather than starting with psychoanalytic understanding and applying this to work with children. This was often residential therapeutic childcare workers introduction to psychoanalysis, and concerned the application of psychoanalytic principles to work with children who were too damaged and disturbed for outpatient psychotherapy. The therapeutic

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work carried out with these very difficult children was done by individuals who typically had no previous therapeutic training or knowledge of psychoanalysis beyond their training at the community. Despite this, Dockar-Drysdale (1968 [Archive list]) was quite clear that, "I do not feel that this is a moment where either Freud, Klein, or Jung are appropriate: I would prefer newcomers to be familiar with work written about residential treatment, and about normal development" (p.3).

Training evolved during the lifecycle of the community, but was constant from the early days when training may have been something of an informal affair to becoming a subject that residential workers could study up to masters level. Whitwell describes this evolution:

> At the Cotswold Community, from the word go, training groups were an important feature of staff support and development. In the early days these were largely run by Barbara Dockar-Drysdale and Richard Balbernie. We then gradually introduced the idea of keeping the groups together by the year of entry. When Patrick Tomlinson joined the senior management team in the early 1990s he set about organizing the training into a 3-year course of study. This was influenced by the MA in Therapeutic Child Care at Reading University (a training which Patrick had undertaken) and I believe Adrian Ward had some input into the design of the training. Through developing links with the Caldecott College (it no longer exists), which in turn had a partnership arrangement with Greenwich University, we were able to issue our staff with a Diploma in Therapeutic Child Care upon completion of the 3-year training. (Whitwell, 1993, p.1)

The fact that Whitwell writes "I believe", in relation to Adrian Ward's[12] involvement in development of training at the Cotswold Community implies some uncertainty. This highlights the complex web of mutual influence in the development of thinking in therapeutic communities for children. How institutions such as the Cotswold Community and the Caldecott College influenced and impacted each other is sometimes difficult to clarify. Tracing certain ideas within psychoanalysis has always been complex, for example Kahr found Winnicott's archived copy of one of Bowlby's books he had been reviewing, and had noted instances where Bowlby had failed to cite his work! (Issroff 2005)

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12 Adrian Ward's work is cited frequently in this thesis, although it is not always clear whether he is discussing work at the Cotswold Community, or Caldecott, or general principles for therapeutic work with children.

Further details about what was studied are included in the Cotswold Community Three Year Training Programme (Whitwell, 1993). The three area's the training programme covered were, basic child care, the therapeutic community for children and adolescents, and, organizational issues in therapeutic residential child care. Each of these areas were covered in all three years of the training. Basic child care covered topics such as child-development, working with families, report writing and child-protection and the legal context of the work. Therapeutic Communities for children and adolescents included issues about the history of the Cotswold Community, psychotherapeutic approaches to residential treatment, deprivation, integrated and un-integrated needs assessments, play and symbolic communication, working with difficult behaviour, sexual abuse, transference and countertransference, introduction to the work of Winnicott and cultural issues. Organizational issues in therapeutic residential child care covered support and internal structures, supervision, group dynamics and introduction to the work of Bion. Giving an impression of the evolving nature of the three-year training programme, Whitwell (1993) commented that, "In some cases the subthemes themselves are taken forward in each year and in others new subthemes may be introduced in each year" (Whitwell, 1993, p.1). New subthemes included themes such as food and sexual education.

Also of note is not only what was taught, but how it was taught. The stated aim was to, "facilitate development of the trainee's understanding of the issues involved in residential child care, specifically psychotherapeutic work with children, and the necessary skills to effectively put this understanding into practice." (Whitwell, 1993, p.1). Small consistent groups with clearly set out structures were part of the culture, "Each trainee shall be a member of a group of 4–8 trainees at the same stage of training. Each group will meet weekly for 33 sessions per year, with three of these sessions being for the review and evaluation of the group's work." (Whitwell,1993, p.1). The small size of the groups and consistency of the group implies that there was a relational aspect of the learning, "The method of training should reflect the mode of practice. The method as well as the content should reflect the needs of the work situation. Within the context of our work situation, training should encourage learning particularly through the discussion and sharing of ideas, the attentive listening to others, and reflection on our own experience" (Whitwell, 1993, p.1).

At odds with this ethos, was the UK's Governments National Vocational Qualification (NVQ) training, which involved a process of box ticking and practice being observed as a way of ensuring competence was achieved. This was often mandated by various changing pieces of legislation in the care sector. An issue arose about in-house bespoke training related to the identity of the institution as a therapeutic community and need for reflective practice and understanding of psychoanalytic principles, versus an impersonal bureaucratic style of learning required by the NVQ's. These issues arose at the Mulberry Bush (Roberts and Davidson, 2018) as well as the Cotswold Community. The outcome of these conflicts was that at the Mulberry Bush, a successful foundation degree course in residential therapeutic childcare was established which was deemed by the UK government's 'Office for Standards in Education, Children's Services and Skills' (Ofsted) to be of equivalence to the mandated NVQ trainings. This overcome the need for staff to also undergo NVQ's.

Also related to the matter of training at the Cotswold Community, is the issue of who is considered 'properly trained', and therefore eligible for promotion. Archived correspondence between Balbernie and Clare Winnicott (Doggett, 2021) reveals that there were disputes between Balbernie and Wiltshire County Council about the promotion of a particular member of staff where Balbernie challenges the decision not to approve the promotion he wished to make. This reveals a certain tension between decisions being made on the basis of experience within the community, or externally mandated rules possibly arbitrarily imposed. Balbernie was of the view that he had the authority to make such decisions which appears to have led to conflict.

4.1.4: The Ethos at the Cotswold Community.

If one was to pinpoint the exact moment the Cotswold Approved School became the Cotswold Community, a therapeutic community, it would be the moment Balbernie stepped over the threshold and began his contract as principal in 1967. However, this is not to say change was readily accepted or understood by those who had worked in the approved school and were to continue their work at the community as

it became a therapeutic community (Wills, 1971). Balbernie and Dockar-Drysdale had to contend with those described as 'Dinosaurs' (Dockar-Drysdale, 1973):

> *'The Dinosaurs',* which she defined as a subculture of institutionalization based on past hierarchical structures. There were many adults and boys who believed that the change would be momentary and that the old order would be restored before long. The dinosaurs embodied the legacy of all parts of the institution that stayed with people whose identity was defined by their past roles and where the institution had played a central role in their lives. (Whitwell, 2018, p.15)

Slowly hearts and minds were either won over by the new therapeutic philosophy or those who could or would not adapt left (Wills, 1971), and a new way of thinking became embedded.

In the houses at The Cotswold Community the following text was hung on the wall, reflective of the ethos at the community:

> This is 'our' house, and we value it.
> It is a dreadful thing for a grown up to hit a child,
> it is just as dreadful for a child to hit a grown up.
> It is important to be given the chance to put things right.
> There is nothing which cannot be said – in the right place, at the right time.
> It is important to listen to what other people have to say.
> When people are violent it is because they are not talking to other people.
> There must always be food if someone is hungry.
> It is important to feel clean and tidy, and cared for.
> If you feel ill, tell somebody at once.
> You cannot like other people if you do not like yourself.
> Everyone needs to be able to trust.
> It is important to be able to cry.
> The truth helps.
> If you give orders – grown-ups or children – these must have a reason.
> Anger must be understood, and put into words.
> It is important to accept being in the wrong.
> Sorrow must find comfort, pain must find relief, sadness must be felt.
> If there are needs these must be met somehow.
> Some people cannot be taught, but they can learn.
> Don't be afraid to ask anything.
> Some things are private.
> (Staff and Children of the community, 1975)

The line 'sadness must be felt', is particularly interesting as it might imply that both the boys <u>and</u> staff should be in touch with feelings of sadness. Balbernie in his paper

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'The Children and Young Persons Bill and the specific task and place of the Cotswold Community in a planned professional local authority or regional residential service'. (1969 [Archive list]) written in the earliest days of the community states:

> We objectively and professionally undertake and contract to treat this specific disease – this particular contagious leprosy of hate. This child need 'holding' – as does the baby. When he falls into a vacuum – a life – empty space – he 'kicks back' 'roots back' tries to 'break in' again. These children need relaxed authority, order brought into their lives by caring adults, steadying, and at the same time special opportunity for secure relating and creative activity. Treatment is often mistakenly equated with mere gratification – education with frustration (p.7).

Introducing notions of freedom alongside containment, Balbernie (1969 [Archive list]) went on to state:

> We have to equate the containing of immature destructive aggression, stemming from anxiety, with the freedom to aggress and the freedom to be and to develop of therapy. Therapy is essentially human and non-mechanised, it does not omnipotently seek to direct, advise, change or mould as these are always destructive of the development of the individual strengths and resources and a reduction to dependence and extended anxiety and uncertainty. It holds and contains, and also enables and allows. It recognizes man's profound ignorance in the face of wisdom and mystery of man's growth, the growth of persons, and it is not identified with some abrogated power crazed and technocratically violent creators of Pygmalion myth (p.9).

Rapoport (1960) argued that permissiveness is one of the fundamental principles of therapeutic community work. Documents from the Cotswold Community reveal strong evidence that both Balbernie and Dockar-Drysdale did not feel that permissiveness was appropriate for the treatment of the boys at the Cotswold Community. This departure from previous understanding of therapeutic community philosophy represents how the Cotswold Community developed, enriched and changed the landscape of therapeutic communities. Balbernie (1969 [Archive list]) wrote, "Woolly 'permissiveness' is the last thing he needs, this would constitute an abdication of adult concerned responsibility, a rejection, just as, if not more, damaging than punitive repression through institutionalized punishment in the context of control without acceptance or meaningful relationship" (p.7). Furthermore, Balbernie (1969 [Archive list]) argued, "The development of the discipline and the will to love is no 'permissive' matter, and demands a considerable awareness of and respect for the unconscious in healing (becoming more whole)" (p.11). Balbernie

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(2011) locates discourse about permissiveness in the context of anxiety and relationship with authority, "But centrally and critically, unless there is a determined, non-permissive, and really authoritative and firm insistence on working groups really meeting regularly, there will never develop that interpersonal and inter-dependent confidence and security which is needed in order to look at the painful and real actualities" (p.267). A discussion of the causes, and treatment of delinquency is explored in further detail in the following chapter of this thesis.

The transition which the Cotswold Community made from approved school to therapeutic community (described by Wills, 1971) is concerned with democratization. The fiercely regimented and hierarchical approach in operation at approved schools was in stark contrast to the democratic principles at the Cotswold Community. To treat the boys as being able to participate in discussions and decisions being made about their treatment and the running of the community brought with it certain challenges, but involved, "Not treating people as if they were temporarily submissive zombies and without respect, dignity, and clear boundaries" (Balbernie, 2011, p.266).

In approved schools, the expectation was that a boy was simply controlled enough to conform and obey orders. This may have had profound implications for life beyond detention in an approved school, and the capacity to form authentic relationships. Dockar-Drysdale (1968, 1991) created a system of classification of children's distress. Some were classified as being "unintegrated" or "frozen" (Dockar-Drysdale, 1958) – there was a stress on the need for protection from impingement, and the importance of regression to the "point of failure" (Khaleelee and Tomlinson, 2011). This means that a boy may regress to the point where their needs were not met, and the environment is said to have failed.

There are several aspects to how reality confrontation might have been understood at the Cotswold Community. In terms of the aims of treatment, Tomlinson (2004) argued, "As a child develops towards integration, he will increasingly be expected to consider himself in relation to external reality. This will progress to the point where he leaves and has to be responsible for himself as a young adult. In this respect the learning of social skills, developing the capacity to look after himself and the ability to live within the constraints of an external set of rules are a core aim of treatment" (p.49). This comment demonstrates that one of the most important aims of treatment

is to enable the child to tolerate more and more external reality. There was understanding among the staff at the Cotswold Community that the early lives of the boys involved the reality of significant abuse and trauma, and that they had to cope with very harsh realities long before they had the internal resources to cope with such experiences. Part of the treatment was an explicit acknowledgement of this, and a sensitively managed environment which allowed for external realities to impact on the child as they developed the internal resources to cope.

Understanding of reality confrontation can be seen in the use of external consultants from the Tavistock clinic to ensure that the Community and staff did not become insular and out of touch with reality. This sense of reality confrontation was seen in management of household food budgets. Budgets for food were not infinite and part of the therapy was enabling a culture where decisions were made in the households by staff about how to use their limited resources. Whitwell (2011) comments:

> Facing up to the scarcity of resources, but not being defeated by it, led to a sort of self-help culture where we felt able, for example, to convert buildings ourselves, with the boys' involvement, into dwelling places. This was a fundamentally different approach to bringing in expensive outside contractors. Although we have had to adjust this to take account of the younger boys now, the spirit of self-help is still to be found in our culture. It also still feels a relevant model to present to boys, which will be of use in their future lives, a model of shaping one's environment and owning it rather than being swamped and defeated by it (p.297).

Another area of external reality that the boys were impacted by was in the area of education. Tensions between the need for therapy, and the need of the boys to be educated is discussed by Tomlinson (2004):

> Rather than academic progress being spread over the normal school years, it is bunched together more for children here. Children who are at the beginning of their learning may feel a huge distance from children taking exams. It is important that we try to protect children at different stages from feeling pressure to move on before they are ready. We need to give equal attention to all the achievements a child makes, including his struggles where we feel his progress is very slow. We should not pre-empt his development. We need to be careful not to judge children purely in terms of exam results (p.65).

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The stress is on making the external realities (such as educational achievement and external measurements imposed by society and educational policies) manageable for the child. Tomlinson (2004) writes of this process:

> Sometimes a child's progress in school is the most tangible way he can measure his development. There is a step-by-step aspect about it and each step can boost his sense of self-worth and value. Conversely, there is a danger of implying to a child that he is unable to learn because of his emotional problems. A child's anxieties and worries about learning are now faced more directly in school, rather than waiting for them to emerge (p.65).

The culture at the Cotswold Community can be understood as being one that did not place excessive value on external and possibly arbitrary measures of success such as educational achievement. Rather, it created a culture which aimed to support the child to cope with exam pressure or difficulties with educational achievement by recognizing that these were not the only measures of success in life or measure to guide self-worth. Balbernie's correspondence (1981 [Archive list]) stated, "In a sense, the real therapeutic focus has just begun – as Peter Millar said at a review meeting at the end, for until recently the Poly[13] has been mesmerized and spell-bound by the ubiquitous generalizations of "education" which in this case represents little more than bull and false-self. Now there begins to be a healthy educational child behind the scenes here, coming into existence for the first time, and we must say something about it loud and clear" (p.2).

Alongside Christian ideals of love, democracy, and the impact of war, developments within psychoanalysis informed the therapeutic community movement (Kennard, 1998). Much of the focus of the work at the Cotswold Community would be informed by understanding of apparently normal development of children who did not require residential therapeutic childcare. However, this is not the whole story, there is evidence of the impact of Winnicott's work on Dockar-Drysdale. Onions (2018) discusses correspondence discovered between Winnicott and Dockar-Drysdale, as well as correspondence between Bowlby and Dockar-Drysdale. Dockar-Drysdale explicitly acknowledged her debt and the influence of Winnicott's thinking on her work, even entitling a paper, 'My Debt to Winnicott.' (1974).

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13 'Polly' – deriving from polytechnic is a nickname of the school based at the school.

How significant was the influence of Winnicott on the work of the Cotswold Community? One of the contributions that Winnicott (1949) made to psychoanalysis highlights the role of environmental failure in how a child manages aggression and extreme feelings of love and hate:

> This coincidence of love and hate is something that characteristically recurs in the analysis of psychotics, giving rise to the problems of management which can easily take the analyst beyond his resources. This coincidence of love and hate to which I am referring is something which is distinct from the aggressive component complicating the primitive love impulse and implies that in the history of the patient there was an environmental failure at the time of the first object-finding instinctual impulses. (p.69).

This stress on environmental failures is important because it informs practice. It implies that if the patient's difficulties are due to environmental failure at a certain developmental phase, the cure is to meet this environmental need which had not been met. This is a departure from previous psychoanalytic thinking which advised against regression, "It was on his instinct theory that Freud based his often-quoted therapeutic recommendations that the analyst should not respond positively to a regressed patient's 'cravings', in particular, should not satisfy them. The analytic therapy must be carried out in the state of 'abstinence', 'frustration', or 'privation'." (Balint, 1968, p.161). This directly contradicted what was written and hung on the walls at the Cotswold Community which read, "if there are needs, they must be met" (Staff and Children of the community, 1975). It also reflects the revolutionary aspects of Winnicott's work. Perhaps the work at the Cotswold Community is evidence of the revolution that Winnicott was asking for. The Cotswold Community represented a continuation of work with men, which began in work at Northfield with shell shocked soldiers in WWII by Bion, Rickman and Foulkes, as well as the work being carried out in child guidance clinics during and in the aftermath of WWII by Anna Freud, Winnicott and Bowlby with children.

The importance of psychoanalysis in being able to re-direct a child's behaviour was understood much earlier than the time of the Cotswold Community, for example by Klein (1927) who stated:

> It is undoubtedly not easy to know to what results the tendencies of a child will lead, whether to the normal, the neurotic, the psychotic, the pervert, or the

criminal. But precisely because we do not know we must seek to know. Psychoanalysis gives us this means. And it does more; it can not only ascertain the future development of the child, but can change it, and direct it into better channels (p.185).

Some Kleinian thinking and practice, was employed at the Cotswold Community in a loose form carried out by meeting people who were conducting a form of play therapy. These were residential childcare workers who met with a boy in a specially designed room for 20 minutes a week to enable the boys to have an additional space in which to communicate with adults. These were equipped with many of the typical tools of play therapy such as puppets and dolls houses.

Idea's such as the "depressive position", did have uses at the Cotswold Community and Klein's work influenced Winnicott's thinking. However, there were also significant departures from Kleinian thinking about the nature of psychoanalysis, especially in terms of the importance of real world issues. Follower of Klein, Riviere (1927) stated, "[Psychoanalysis] is not concerned with the real world, nor with the child's or adult's adaptation to the real world, nor with sickness or health nor virtue or vice. It is concerned simply and solely with the imaginings of the childish mind, the phantaised pleasures and dreaded retributions" (p.377). The understanding of the impact of the real world, and how deficits and traumas from the family environment impacted the boy's psyche and behaviour was central to the work at the community.

A further development within psychoanalysis and wider treatment of mental distress was a movement from treatment of the individual, to treatment in groups (such as by Foulkes mentioned earlier in this thesis). Bion's work was central to this, and evident in the work developed at the Northfield experiment. Harrison (2000) commented:

> Psychiatry has tended to concentrate on the individual almost to the exclusion of all other factors, in particular the family. It is only with the implementation of 'community care' that this process is being reversed. When a person is treated at home, it becomes less possible to ignore the circle of family and friends that he or she lives with. Therapy thus increasingly has to address the issues of the social group, the responsibilities of the patient and the wider issue social issues of discrimination, role, and employment. Exploring with members of that group the consequences of their interactions would appear to offer opportunities of integration and amelioration of distress that other therapies tend to ignore (p.272).

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The Cotswold Community as an example of Winnicottian theory in practice, indicative of the revolutionary aspects of his thinking and changing understanding of groups highlights some contemporary difficulties within psychoanalysis. Also implied is how psychoanalytic thinking at the Cotswold Community might be applied to current social difficulties and individual suffering. The psychoanalysis needed is described by Gilligan (2011):

> More than ever, we need a psychoanalysis with its method of free-association to undo the dissociation which threaten not only our happiness but also our survival. But we need a psychoanalysis free from its Oedipus story, a psychoanalysis which recognizes trauma as the force which changes love into incest and anger into murder, a psychoanalysis which is at once psychological and political that joins our healthy resistance to the temptation of miracle, mystery and authority, and encourages us to take the risk of opting for love and freedom (p.113).

The work of Winnicott and Bowlby was impacted by experience of war trauma and the treatment of children during and after WWII in child guidance clinics, with families impacted directly by war. The development of the interplay between psychoanalysis and policy during war is evident in correspondence by Bowlby and Winnicott expressing concern about the psychological impact of evacuation (Bowlby, Miller and Winnicott 1939). The impact of war on the understanding of delinquency by Winnicott and Bowlby is explored further in this chapter. It is also important to recognize that the boys at the Cotswold Community from 1967 may have had fathers, uncles or older brothers who experienced service in WWII, grandfathers involved in WWI and mothers also impacted by their wartime experience. This might have impacted their ability to parent effectively and might have contributed to the transmission of intergenerational trauma.

Balbernie (2011) was acutely aware of social attitudes towards deprivation and delinquency, and states of the emotional polarisation sometimes found in the workers:

> Society's ambivalence towards delinquency and delinquents continually drives those involved with delinquents into extreme love/hate attitudes: either they deny their hatred and recognise only their love, or they deny their love and recognise only their hate. It is therefore perhaps small wonder that those

who have to cope with delinquents sometimes find their own uncertainties – about their own authority and ego-functions – drive them into inflexible attitudes. Especially in the past these were at least consistent attitudes: too consistently authoritarian on the one hand, over-determinedly permissive on the other. Hence, in the past, the absolute split between the authoritarian repressiveness and punitiveness of the approved school and, more recently, a whole woolly, permissive, and sentimental so-called 'treatment attitude to the young offender", which so easily ignores the severe delinquency and delinquent acting-out which are a symptom of severe emotional deprivation. (p.258).

In talking and writing about feelings of love and hate, there are significant dangers such as sentimentality. Wills (1971) observation that love was "not a word often heard at the Cotswold Community" (p.152) highlights the differences between the language used at the community and that of a normal healthy family. For example, use of the word 'love' is argued by Knox (2015) to be a word frequently used by parents:

> Any parent worth their salt, when asked what is the most important thing she can offer to her child, will respond that it is love. She will not talk about "meeting needs" or "promoting welfare" or "upholding their rights", she will talk about "love". Yet, our professional response to the experiences of the abused has been expressed through legislation, regulation, policy, procedure, welfare, rights, and principles. While this is understandable and necessary, and there is much to be lauded in our approach, the fundamental ingredient of love is nowhere to be found in these discourses. (p.88)

There are barriers which might account for the absence of both the word love, and actual love in residential therapeutic childcare. Beyond the professional norms identified by Knox and understandable reticence about what Ferenczi (1949) called a "confusion of tongues", are concerns about how such a discussion may appear to the reader. Macfarlane (2015) identifies the fears and anxieties which emerge when discussing love, as well as the benefits:

> Sometimes, when we discuss love, it sounds pretentious or flaky. However, dismissing processes or expressions of love as indulgent or naive is a potential trap and might reinforce competitive, individualistic, and destructive processes. Which communities would benefit if we attended to, and valued, love more? Who would gain if processes of love and reconciliation prevailed? Love often involves considerable courage and can be so nuanced, demanding, fascinating, and confronting. Love as a social process certainly is worthy of more attention, clarification, and development. (p.131)

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A further question emerges of whether the emotional demands on staff were impacted by gender. The approved school system had traditionally been a "man's world", (Wills 1971). How this changed and was impacted by social attitudes and gender roles is explored in subsequent chapters of this thesis. Drew in the paper "Female Staffing at the Cotswold Community" (1969 [Archive list]) explains and describes the intense pressures that workers, in particular women were under at the Cotswold Community:

> Each new woman arriving will need to be trained carefully to working in these methods, using her personality as a healing therapeutic tool. The work is demanding, there are no rewards, apart from gifts such as a painting or model animal, - the emotional demands do not get easier but one learns to conserve emotional strengths to meet deprivation. It is such a task that the community asks women to undertake, to provide, survive – be destroyed and survive again – as one child puts it "you are always there no matter what I do" - this is the essence of working with deprived, disturbed children. (p.2)

4.1.5: Daily Life at the Community.

This statement "you are always there no matter what I do" hints at routines and structures which preserve this sense of predictability and continuity, reflected in day to day life at the community. Much has been written about the importance of daily routine and informal interactions in therapeutic communities for children (Ward, 2003. Worthington, 2003a and 2003b). In order to understand what daily life was like at the Cotswold Community, we need to understand who was making decisions and guiding the processes and principles at work. The consultancy provided from the Tavistock Institute by Ken Rice, Isabel Menzies-Lyth and later Eric Miller was central to guiding decisions such as de-centralising food and laundry. It is easy to underestimate the significance of the decision to de-centralise arrangements for eating meals and doing the laundry and shopping, but it had significant therapeutic implications and shifted the focus from practical issues such as feeding a large group of people to the emotional meaning and therapeutic benefits of home made food by adults who were emotionally invested in relationships with the boys:

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The work of the Tavistock Institute was a continuous thread throughout the history of the Cotswold Community. In those early days it was looking at basic things like the need to decentralise the main kitchen into the group living households, the role of domestic workers, the roles of male and female staff (in what had previously been an all-male environment). I think what was most unusual about the Cotswold Community was the interplay between the therapeutic care of the boys and the way the Community was organised. (Whitwell, 2011b, p.254)

The day was structured at the community to roughly the following time table, though this may have changed and fluctuated with time and changing ethos or needs of the boys. A very loose description of the daily schedule would be:

7AM – Staff arrive at the 'houses', relieving the staff who had been on a 'sleep over shift' – and waking night worker. Staff meet to discuss events of the previous evening or night shift.

7.30AM – Boys are gently but firmly woken by their focal carer if on shift or familiar adult known to the boys, having been informed of this in advance.

8AM – Breakfast in the dining room of the houses.

8.30AM – Meeting with boys and adult in the house.

9AM – Boys walking to school (on site) with the residential childcare workers, preferably focal carers walking with boys. The older more independent boys may walk without adults accompanying them if agreed.

Residential staff carry out domestic chores such as shopping, cooking, cleaning and laundry or attend meetings.

12 noon – Residential childcare workers pick up boys from school for lunch.

12.30 – Lunch in 'houses' – followed by brief meeting and possibly playing in garden of house.

1.15PM – Boys return to school accompanied as before. Staff go on to meetings, such as reflective practice or business meetings, or meetings with social workers or training.

4pm – Boys collected from school

4.30pm – '4.30's' – a snack provided chosen on a rota basis by boys in the household.

4-6 – Meeting with boys and their 'meeting person' on a scheduled basis. Boys who were not due to have their meeting would have free time, watching

TV or possibly a planned activity such as playing football or swimming in the community pool if weather and staffing allowed.

6pm – Residential childcare worker serves home made supper they have planned and prepared in the household.

6.30 – 8pm – Possible outside play in summer months, quieter play and gathering in the lounge from 7.30-8pm

8pm – residential childcare workers support boys to get ready for bed. Focal carers with the boys they are focal carer for if on shift. A 'special' snack of specially chosen food provided for the individual boy when focal carer on shift.

9pm – staff gather and write up notes and records keeping for the day, possibly informally debrief.

NB – The weekend routine was slightly different, and involve boys carrying out household chores in the morning, and shopping trips to the nearby town of Cirencester or Swindon, or leisure activities such as a trip to the cinema. In summer there were annual household holidays during the school holidays. The routine was always subject to disruption if the boys were disturbed but there was an intention to provide a consistent and predictable environment and schedule to the boys.

The common thread running through the entire daily routine was opportunity for communication. Communication should be understood to have existed at the Cotswold Community on different levels. Communication between the boys, between staff and boys, between staff within their own team and between teams, between staff and external agencies and outside consultants from the Tavistock and the social workers placing and working with the boys, and communication with the boys families. The stress on communication, both informal and formal in terms of groups and staff meetings and reflective practice must be seen in contrast to the approved school system where there was "no real communication." (Wills, 1971, p.16). This communication was both verbal and symbolic (through food and other practical aspects of care).

Communication between boys and their peers would happen continuously during the day at the Cotswold Community, including at a more formal meeting held every morning with staff and boys. The impact of the behaviours of the boys on each other was carefully monitored and thought about, including the communication between boys who were further on in their recovery and had achieved some sense of

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integration and those who were possibly new or in the midst of a very intense period of therapeutic treatment who had not yet achieved any sense of psychological integration.

Communication between staff and boys was given high importance by those working at the Community. Communication happened on a day-to-day moment by moment basis, some of the communication was during informal times, such as during mealtimes, walking to school, shopping at the weekend, or watching videos in the evening. Other times were more structured and planned, such as the weekly meeting with an adult who was known as the boys "meeting person" – meaning that the boy had a twenty-minute meeting with the staff member in a specially designated room full of toys, and a box containing items such as pencils, crayons and papers to use to express himself. This time was to be uninterrupted, and protected from impingement from other pressures on staff time, as form of play therapy.

Involvement of the boys in decisions about the food[14] served was also a very important therapeutic intervention, not least because part of the deprivation and trauma which the boys had experienced might have involved food and eating. Tomlinson (2004) writes of the arrangements made about eating and mealtimes:

> The provision of food is closely associated with primary provision. Paying attention to the way we provide a mealtime can make it a potentially nourishing experience both emotionally and physically. This includes paying attention to the quality of the food, how it is bought and cooked, how the dining room is decorated, how the dining table is laid and the adult's general attitude towards the mealtime. In all of these areas, we should consider the meaning for the children and how they are involved. (p.40)

Trauma may be an overwhelming experience which threatens a person's very survival, and over which they have no control. This loss of control might be over when and how the person eats, and children and babies are particularly vulnerable to this sort of trauma as they are reliant on others for their food. Recovery therefore requires involvement of the person who has been traumatised in making what might

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14 Note the use of language around food which was quite specific to the Community and not likely to be understood by outsiders, '4.30's' – a snack chosen by the boys on a rota basis given at 4.30, 'specials', a nighttime snack provided by the boys focal carer that only the focal carer would make for them, similar to how an ordinarily devoted mother would know what specific snacks and food her child liked, and how it was to be prepared and served.

superficially seem like insignificant choices, for example about what food to have on the menu, what food to buy as a snack, whether the cake should be a fruit cake or a chocolate cake. Being able to make choices, express likes and dislikes, and exert some age appropriate control is what happens without comment in everyday family environments. This is particularly important in an institutional environment where boys due to leave should be able to have healthy relationships with food.

The nature in which boys had involvement in decisions about eating and mealtime arrangements was given much careful thought:

> In primary houses, the individual needs of children at mealtimes require careful thought. This will be over things like who sits where (children and adults), whether a child is served or serves himself, and any individual details such as how a child likes his food prepared. Emotionally traumatised and deprived children are likely to have all manner of anxieties related to their own experiences around food, eating in groups and being provided for in general. During the mealtime, a child may need a high level of attentiveness and support managing their experience. (Tomlinson, 2004, p.40-41)

Similarly, involvement in the farm (even if only in a very small way – such as by talking to the farm staff about the sheep or crops) offered the boys a unique opportunity to develop skills and experience being able to make a positive contribution to society. Being able, allowed and encouraged to be involved in their environment, such as by gardening, or choosing what activities to do at the weekend, or being involved in the Christmas play was enormously significant in supporting the boys to contribute to society as adults.

The stress on communication between boy and staff should not be inferred to be un-boundaried since there is suggestion that staff had notions of a proper time and place for certain communication (Whitwell, 2009). For example, during an evening visit would not be the time to begin a conversation about a particularly difficult aspect of a child's experience. However, the nighttime routine included visits from the boy's focal carers which provided valuable opportunities for communication of the boy's dependency needs, and acknowledgement of the events of the day. Special food such as a milkshake or cake (which would have been given much thought about by

the focal carer and therapeutic lead) would be provided during these nighttime visits and were a form of symbolic communication of care and individual attention.

It should not be inferred that communication between boys and staff was without respect for privacy. Part of the ethos as reflected by Whitwell (2009) was that, "Something's are private" did not equate to secrecy, as Tomlinson (2004) argued, *"saying something is private is not the same as being secretive."* (p.29). It is important to consider how a boy's need for privacy was understood, and also how staff's need for privacy in such highly charged relationships were managed. Tomlinson (2004) writes about the importance of symbolic acts of acknowledging both the boys need to communicate, and the boys need for privacy by discussing the importance of consideration of whether and when the door to a boys bedroom or bathroom should be closed, or remain open.

Staff meetings happened regularly, including the daily hand over meeting, weekly group staff supervision and individual supervision and consultations in groups and individually. Importantly this included reflective practice groups. Balbernie (2011) wrote of the importance of these meetings, "Our task in both residential and field work is one of daily increasing uncertainty, confusion, complexity, doubt and anxiety. Unless we can meet regularly with our colleagues in small, intimate, face-to-face working groups, and unless we experience security in both sharing and holding the painful realities and limitations of our work, we shall not survive" (p.266-267).

The importance of clear communication was stressed by management, not least to reduce the propensity for "splitting" and to enable staff to support and challenge each other. Tomlinson (2004) wrote of the communication which took place between education staff who worked in the on-site school and residential childcare workers at the Cotswold Community, highlighting the difficulties with communication between education and childcare staff:

> The potential danger is that we fail to stick with feelings such as guilt and rejection, and may deny separation to make these feelings more bearable. For example, a carer may communicate to teachers in such a way that it implies a child is not ready or capable to sustain any separation. This could result in an overemphasis on the need for teachers to know everything about the child, so that they can more or less treat him as if they were his carer. Any breakdown for the child in school could then be seen as a failure by the

teacher to understand him, leading to an even greater concern that the communication is improved. The child may pick up a feeling that he cannot manage the separation and needs to be with his carer. This could result in him frequently needing to return to the home. (p.66-67)

Clear guidance about what should be included in a hand over from the residential childcare workers to education staff and vice versa was essential. Tomlinson (2004) argued that these should include, "Child-protection, medical concerns, significant difficulties between particular children, absences of any children from the school day, significant events for particular children (for example the visit of a parent)" (p.70-71). Regarding feelings about the boys which are communicated, Tomlinson (2004) makes the observation:

> When children are brought over to school, there is likely to be some anxiety between carers and teachers about the handover. When children are collected from school, teachers will need to give a brief handover to an adult from each house group about any particular event or incident. Handovers should be clear and focused, and we should be careful that they do not get used as a way of off-loading anxiety between the house and school. (p.71)

Less is known about communication between staff and family members of the boys at the community. There is an absence of reference to this in the literature and archived materials. However, there is evidence about communication with children's families at the Mulberry Bush School (Agudelo, 2018) which might contain similarities in ethos to the Cotswold Community. This does not imply that communication with the boy's family is without value. The sorts of opportunities for creative and positive family work are described by Pooley (2003).

Meetings between the external consultants from the Tavistock and senior staff at the Cotswold Community were documented in working notes which are available from Whitwell's website. Whitwell has analysed the themes contained in these working notes and discovered that five themes emerged. These themes were relationships between male and female staff, managing scarcity, decentralisation, rivalry between staff groups and dealing with dirt and mess (Whitwell, 2011b). Issues concerning the roles that men and women took, and communication between men and women, are discussed in the following chapter of this thesis.

4.1.6: Buildings.

The significance of attachment to place as well as people is described by Stuart-Smith (2020), "Attachment to place and attachment to people share an evolutionary pathway... the notion of place in contemporary life has increasingly been reduced to a backdrop, and the interaction, if there is any, tends to be of a transient nature, rather than a living relationship that might be sustaining" (p.18). In order to fully understand the community, it is important to have a sense of the physical environment and how this might have impacted on the work and experiences at the community. The state of the buildings represented something about the ethos and are symbolic of attitudes present. Whitwell (2011b) described the buildings as "a bit scruffy", and states what this represented:

> Those of you who have been to the Cotswold Community will probably have noticed that it is a bit 'scruffy', although well looked after. We have clearly never had masses of money to throw at problems, although on many occasions have been seduced into thinking this is the answer. Some TC's for children and adolescents have made a virtue out of a very lavish lifestyle. Isabel did not collude with the pressure to recommend more and more money as the answer to problems. (p.296)

This is an attitude likely to have supported resilience in both boys who need to grow up to be men able to live on a budget, and the workers needing to tolerate scarcity and live within budgets. This might be an element which helps explain the community's longevity and resilience.

Also contained in the walls of the buildings were reminders of the traumatic past as an approved school and signs of the impact of the trauma that the community was attempting to contain. Godfree (1967-1972) explained, "some internal walls were pulled out to create a new Poly area where previously there had been bedrooms, a blood soaked pillow case was discovered hidden inside the hollow wall; a relic of some boy's nightmare experience which he had been through fear, forced to hide from adult view." Wills (1971) mentions that letters were found in walls chronicling the lives lived in the building, which spoke of the extreme despair experienced by the approved school boys. Godfree (1967-1972) also mentions letters found in walls of

buildings used in the approved school time which were being torn down as the community became a therapeutic community:

> Slowly also some buildings were put to new use. The single men"s block was allowed to lie dormant. Families were moved out of what is now Larkrise. Quietly the cell block was gutted. Its steel doors were taken out and the bars were removed from the windows. As this work was carried out it was distressing to find stuck in holes in the brickwork notes scribbled on bits of paper by boys who had been confined there: – "I"ve been locked up here for two weeks and I didn't get a chance to say anything about what I had done." or "I can"t stand any more of this. I think I"m going mad. If they don"t let me out I will kill myself."

In addition to the buildings revealing the community's past as an approved school, the buildings also contained reminders of the Bruderhof. The names of the buildings and paths such as 'the weaving hall', and 'bakers end' were reminders that the Bruderhof had lived on the land as a community and focused on communal living such as gathering together in the weaving hall and feeding each other from grain grown from the land (Arnold, 1995). The buildings were humble, often made with natural materials such as wood, bricks and clay in a simple style reminiscent of Quaker meeting houses, and smelt of bees-wax furniture polish. The community used these buildings for trainings, meetings and Christmas plays. Generally they were well maintained and valued by the adults who had an awareness of the community's past. However, the weaving hall did have stains on its wooden floors from a boy squirting washing up liquid during an incident.

It is important to understand the impact the working farm had on the community and the therapy and the impact of the land being rich in gravel, which made it a target for acquisition and extraction. An incorrect picture of the Cotswold Community would be of some bucolic idyll, with clean healthy livestock and ruddy faced boys grateful for the experience of working on the land. The picture is much more complex than that, and making therapeutic use of the farm required the "patience of Job" (Cooper, 2011, p.340). Cooper (2011) explained the farm that existed under the approved school system was not sustainable, "The farm had become severely run down and inefficient during the Community's post-war role as an approved school. A major task had been to concentrate on improving on this, and all that hard work was just coming to fruition. There was little, if any, thought of the farm being a therapeutic

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resource" (p.340). What heralded and lead to the realisation that the farm could be therapeutic was changing the livestock from cows to sheep. The benefits of this decision are described by the Community's farmer, Dave Cooper (2011):

> We had always had cattle, but generally we were restricted as to how we could directly involve boys with them, due to safety factors and also simply that most of the boys were frightened of them. However, from a therapeutic tool viewpoint, having sheep proved ideal. If the boys had any fear they quickly got over it. The sheep were very much a 'hands-on' form of help: they were small, there was something to hold onto (wool) and there were many different kinds of experiences involved in the general husbandry. With sheep too, there have been occasions when we have been able to give a boy a certain task to do which we have deliberately left him to do unsupervised. The response of the boy to that trust in him and our confidence in his ability to do the job – the light in his face, the straightness of the back, the walk two inches taller – shows again how the farm can be used. The cows and the sheep, particularly in winter when they are housed indoors, began to fulfil another function when sometimes a boy could suddenly turn up at the farm buildings alone. As generally unsupervised and unaccompanied visits to the farm by the children are not allowed, we knew that the child in that moment was probably experiencing one of the more frightening aspects of his disturbance and was using the calming influence of the animals to get himself through it. (p.342)

There were other aspects of the farm such as the turning of the seasons, and patience involved in watching and waiting things to grow and planning for the future which were significant in realizing the therapeutic potential of the farm:

> For inner-city children to be able to look over a hedge and to know intimately what is going on in the field must improve their quality of life. Boys' achievements and increase in confidence on the farm are visibly tangible both to the staff and more importantly to the boys themselves, and relationships are long-lasting. Long faces are smiling, under-achievers are learning, pessimists are persevering, and fat, ungainly children are soon performing physical feats that they never realized they were capable of. (Cooper, 2011, p.344)

Whitwell (2018) described the farm as, "an example of productive work, or island of sanity when the rest of the community was bogged down in raw emotions" (p.26).

The richness of the land also brought threat in the form of developers who wished to buy the land to excavate gravel. This threat created the question about what it was about the ethos at the Cotswold Community, which could be transported to a

different environment. Partly the uniqueness of the physical environment lead to the sense that the Cotswold Community was a fluke.[15] However, the threat from gravel barons brought into focus the universal aspects of the ethos at the Cotswold Community which could be applied elsewhere:

> I remember a time when the threat of gravel extraction was most intense. I had a meeting with a senior manager in Wiltshire Social Services (the managing body). One of the options was for the Cotswold Community to relocate, to which I was firmly opposed. He said, 'If your community has such a clear set of therapeutic principles surely this can be put into practice on other sites.' At the time I didn't want to hear this because he didn't understand the importance of generations of young people and staff investing in the physical development of the site. We had a strong sense of 'ownership' in the Cotswold Community on that land and in those buildings. However, when I look back now, in one important sense he was right, because the therapeutic principles remain now that the site has closed.' (Whitwell, 2011a, p.255)

What could not be easily replicated is the sense of the community being a therapeutic village, comprising of three and sometimes four buildings operating as separate households for the boys, an on site school and working therapeutic farm as well as administrative buildings and staff accommodation. This is different to a single building operating as a therapeutic community (Whitwell, 2011b)

4.2: <u>Deprivation and Delinquency</u>

4.2.1: Who is Delinquent?

In this section of this thesis, delinquency is understood as a social construct involving assumptions about what is healthy and natural. Differences between Bowlby's and Winnicott's understanding of the meaning of anti-social behaviour, and Balbernie's particular attitude towards delinquency is described. The discussion about the nature of the deprivation the boys experienced is expanded. It includes

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15 The idea of the Cotswold Community being a 'fluke' was discussed in a conversation with John Whitwell on the 20.02.19.

questions about when the deprivation occurred or whether the loss was actually a privation, and the nature of the relationship the boy was actually deprived of. The response at the Cotswold Community of providing primary experience is discussed further with reference to the entire treatment model. An explanation of Winnicott's care-cure is also provided. Analysis of the impact of this approach to a child's challenging behaviour reveals that a child's behaviour can only be effectively responded to if there is an awareness of the context in which such behaviour emerged.

Provision for children labelled delinquent takes place in the social context of children in children's homes being seen as 'criminals not victims' (Woodhead and Unla, 2022). Woodhead and Unla also quote Peter Sandiford, Chief Executive of the Independent Children's Homes Association, "residents were often "at the very least reluctant, if not actually hostile", when plans for children's homes are revealed. "For some reason they seem to believe that children who require care away from their families are criminals rather than victims, with objections to planning consents having included terms such as 'murderer' and 'rapist'," (Woodhead and Unla, 2022).

Delinquency is defined as, "a person, usually young, who behaves in a way that is illegal, or not acceptable to most people." (Cambridge Dictionary, 2022). Therefore, delinquency is a social construct which is reflective of it historic time and cultural place involving assumptions about what is healthy and natural. The behaviours of the boys at the Cotswold Community have been described in the "profile of a typical anti-social young person" (Balbernie 2011) and cited earlier in this thesis.

This research sits within the wider context of social responses to distressed and traumatised children. In contemporary society, much is understood about the impact of adverse childhood experiences. The links between adverse childhood experiences, behavioural disturbances and health inequalities has formed an international social movement (Zeedyk, 2021). Kahr (2019) pinpoints the beginnings of the understanding of the links between a child's criminal behaviour and early home life to the work of Dr Ronald Grey Gordon (1927):

> In his short text, Gordon critiqued the prevailing view amongst his contemporaries that criminality from genetic factors, or indeed, from physical factors such as adenoids. Crime, by contrast, contains meaning, and one

must endeavour to discover its roots within the family context. While Gordon certainly appreciated that many youths who grew up in disadvantaged homes, including slums, would have been at risk of perpetuating crimes, he concluded that family dynamics played an even *greater* role in the aetiology of thievery and other offences, noting that mothers would often delegate their offspring to commit illegal acts. Indeed, having studied the psycho dynamics of family life, Gordon concluded that many of these children had grown up in homes he described as hellish. (p.170)

It was Bowlby (1988) who first used the term "adverse childhood experiences" (Partridge, 2021) and highlighted that adversity in childhood has two consequences, of making the individual more vulnerable to adversity later in life, and also of having disturbances of personality which leads to choices and actions with negative consequences leading to further adversity. Bowlby (1988) described:

> adverse childhood experiences have effects of at least two kinds. First they make the individual more vulnerable to later adverse experiences. Secondly they make it more likely that he or she will meet with further such experiences. Whereas the earlier adverse experiences are likely to be wholly independent of the agency of the individual concerned, the later ones are likely to be the consequences of his or her own actions, actions that spring from those disturbances of personality to which the earlier experiences have given rise. (p.36-37)

Yet in contemporary culture, the question of developmental trauma of children remains controversial. According to the American Psychiatric Association, "The notion that early childhood experience lead to substantial developmental disruptions is more clinical intuition than a research-based fact. There is no-known evidence of developmental disruptions which were preceded in time in a causal fashion by any type of trauma syndrome." (From the American Psychiatric Association's letter of rejection of a Developmental Trauma Disorder diagnosis, May 2011 as cited by Van Der Kolk, 2014, p.149)

The issue of the role of actual life experience in the development of delinquency has got a long tradition within psychoanalysis and debates about inter and intra psychic factors leading to the development of psychopathology. Discussing Winnicott's understanding of delinquency, Clare Winnicott (1992) argued:

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> Up to this time psychoanalytic theory had, roughly speaking, attributed delinquency and crime to anxiety or guilt arising from unavailable unconscious ambivalence: that is to say, they were thought to be the result of the conflict that arises when hate (and therefore the wish to destroy) is directed towards a loved and needed person. The basic idea was that where guilt built up to too great a degree, and found no outlet in sublimation or reparation, something had to be done, or acted out, for the individual to feel guilty about. In other words the aetiology of delinquency was seem mainly in terms of the struggle within the inner world, or psyche, of the individual. (p.9)

The aetiology and diagnosis of particular conditions and behaviours will have a profound impact on what treatment is considered necessary and appropriate. Those who present with difficulties that those at the Cotswold Community displayed, were considered to be suffering due to their actual experiences in early life. It was considered that they would not be helped by treatment which fails to recognize this, and might even be harmed by such an approach.

Social attitudes towards delinquency in the 1960's are explored in a book by Wills (1962) called "Common Sense about Young Offenders". Common beliefs about causes such as the break-down of marriage and the family, the secularisation of society and decline in moral values are explored as causes for delinquency by Wills (1962) who argued, "Before considering the environmental causes that predispose to delinquent behaviour, we should first look at the circumstances which make for sound and healthy development in children." (p.26). Yet within psychoanalysis, Reeves (2005a) argued that, "an interest in delinquency seemed for many years to suggest a hint of delinquency" (p.71). Delinquency presents problems for psychoanalysis because, "Conventional psychoanalytic treatment does not work with delinquents, even though psychoanalysis itself has something to say, and much to learn, about delinquency" (p.71).

Part of what psychoanalysis has to say about delinquency is about the meaning ascribed to certain behaviour, which informs treatment and outcome. An aspect of the contribution that the Cotswold Community made to the psychoanalytic understanding of delinquency is demonstrated by the clarity of thought evident in Balbernie's (2011) statement, "that to survive one had to know: (a) what is damaged; (b) what the treatment is; and (c) for whom the unit is suitable or unsuitable. And one had to know the criteria of satisfactory task performance."

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(p.261) One of the most noticeable and important aspects of what Balbernie was able to achieve at the Cotswold Community was his ability to theorize:

> he worked to a body of theoretical knowledge, a coherent body of ideas which made both conceptual and clinical sense. He drew on the work of some of the most important and original minds of our time, such as Winnicott, Bion, Dockar-Drysdale and Bettelheim to name but four who come immediately to mind. Eventually this sound body of theory reached a tangible expression in the Cotswold Community. (Allchin, 2011, p.272)

Without such accessible and compelling theory, the Cotswold Community might not have survived. In the early days of the community's transition from approved school to therapeutic community, Balbernie lead a team of staff who had worked in the approved school system and had to convince the staff why change was necessary and what the changes should be. Part of the resistance to Balbernie's and Dockar-Drysdale's idea's are described by Whitwell (2018) discussing Dockar-Drysdale's (1973) paper 'Staff Consultation in an Evolving Care System' in which she explains in addition to the fallacy of the delusional equilibrium, and the theory of the impossible task:

> *'The theory of the impossible task'* that any change achieved could only be superficial. This theory was subscribed to by families, institutions and management where child care workers were attributed a heroic role, as people making great sacrifices in order to devote themselves to a hopeless but worthy cause, and the children themselves were seen as 'helpless and hopeless' a dynamic Mrs D herself was drawn into. (Whitwell, 2018, p.15)

Sometimes delinquency is considered to be impossible to treat with psychoanalysis, and the institutional response to delinquency often involves rigid hierarchies and staff becoming institutionalized. For those who have never experienced working with a group of patients, residents, or children with similar needs to the boys at the Cotswold Community, it would be easy to remain within the trap of sentimentality, idealization and denigration identified by Balbernie (1966) and Dockar-Drysdale (1966). Part of this trap is to underestimate the magnitude of the task. Joyce (2018) mentions the difficulty of thinking and speaking with such children:

> How difficult it is just to speak, never mind give finely honed interpretations! These children use their bodies to convey what their minds cannot – they can be very aggressive – shouting, hitting, biting, intruding into the body of the therapist, running in and out of the room, etc., etc.; words can often be experienced and used as weapons they are felt to be inflammatory and provoke explosions rather than create connections. Or the opposite, when there is a crippling inhibition at work, and retreat and withdrawal seems the safest option. It is a real challenge often to find ways of being in the room with such children, and adults who are in similar states of mind. (p.96)

Before exploring Bowlby and Winnicott's understanding of the meaning of delinquent behaviour, it is important to note the current cultural context regarding the medicalisation of delinquency. Issroff (2005) argues of the contemporary treatment of conditions such as ADHD, "A descriptive Kraepelinian nosology has allowed for the pharmaceutical industry funded symptom-relief led attempts to use the ICD-10/DSM-IV diagnostic appellations such as ADHD (attention deficit hyperactivity-disorder), which medication might alleviate, to be treated as if they were real diagnosis, when they amount to not more than, say, the term, "head-ache", which might be relieved by administration of an analgesic without much attention to delineating or dealing with its underlying cause" (p.4). Use of the word head-ache, might also beg the question 'whose head-ache?' The boys at the Cotswold Community might have denied feeling any pain or distress at all, and yet their behaviour caused those around them very many literal and metaphorical head-aches.

Rose (1999) remarked about the stark contrast between a medical model of delinquency and mental health problems, and the contribution that therapeutic communities can make, "Attention has been fixed upon their behaviour rather than upon the causes of that behaviour. The professional failure to develop effective treatment – whether by educationalists or by the medical profession – and the lack of government encouragement to do so, contrasts with what the therapeutic community movement has been able to develop predominantly for disturbed adults since the 1950s" (p.175).This professional failure is curious in the context of the extent of the problem. It might be reflective of social indifference, or even hostility to young offenders who leave professionals feeling helpless as to being able to address the social problems contributing the individual's delinquency. However, evidence for the Cotswold Community's contribution to this debate about the need to see delinquency

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as a symptom of mental and emotional distress rather than in moralistic and legal terms is present in the first working note by Rice (1968):

> More understanding of delinquency has led to the view that delinquency itself is a presenting symptom of psychological damage and disturbance. The important questions that have to be answered if therapy is to be successful are: What is damaged? How is the disturbance caused? And, What is successful therapy? (p.6)

In terms of the extent and seriousness of the problem of delinquency, Clare Winnicott (1992) in her introduction to her late husbands work, a collection of papers in a 1992 book 'Deprivation and Delinquency' argues of the social importance of the work:

> It does not seem an exaggeration to say that the manifestations of deprivation and delinquency in society are as big a threat as that of the nuclear bomb. In fact there is surely a connection between the two kinds of threat, because as the antisocial element in society rises, so does the destructive potential within society rise to a new danger level. At the present time we are fighting to prevent the danger level rising, and we need to muster all the resources we can for this task. (p.1)

Clare Winnicott (1992) also states that during his early career, Winnicott avoided delinquency because the hospitals where he was working did not have the resources to deal with delinquents, but then he found during WWII he could no longer avoid delinquency.

One of the examples of both Winnicott's and Bowlby's concern with delinquency appears in 1939 in a letter written to the British Medical Journal stating concern about evacuation during WWII which states that, "one important external factor in the causation of persistent delinquency is a small child's separation from his mother", concluding, "If these opinions are correct it follows that evacuation of small children without their mothers can lead· to very serious and widespread psychological disorder. For instance, it can lead to a big increase in juvenile delinquency in the next decade." (Bowlby, Miller and Winnicott, 1939, p. 13-14).

There are important differences to note between Winnicott's and Bowlby's understanding of juvenile delinquency (Reeves, 2005a) which centre on whether the

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juvenile is suffering from privation or deprivation. Whether the child had lost something they once had (such as a mother's love) or whether they never experienced that which was needed for healthy development in the first place. Other points of difference between Bowlby and Winnicott centre on whether management or therapy is the treatment of choice, and the role of the unconscious and interpretation (Reeves 2005a). Horne (2012) explains:

> Winnicott emphasizes that the antisocial tendency both stems from deprivation and contains a sense of hope. He is therefore describing a very different child from Bowlby's "affection-less child" who has never had an experience of something good, who has suffered an absence of early emotional attunement. The Winnicottian child seeks that which he once had, making a demand and claim on the environment for what' is his right, for what he once had that has been lost. (p.68)

Previously noted and referenced in this work is the use of language about behaviour which society finds troubling. To argue that delinquency is a label or term used sometimes arbitrarily to reflect class prejudice and hostility towards young offenders begs the question of what language is most helpful to describe the young person? The contribution that Dockar-Drysdale made to the discussion about delinquency is the concept of the "Frozen Child". Dockar-Drysdale (1958) commented about the language of attachment theory and the term affection-less, ""Affection less" sounds final, but a thaw can follow a frost" (p.17). She locates hope within staff working with delinquents rather than the child, "The element of hope is located not in the antisocial child, but in the care-giving adult. He or she has to carry the expectation of a different outcome or prospect for the child that the latter cannot carry, until the child has sufficiently "thawed" as to be able to sense for himself the possibility of a new beginning." (Reeves, 2005a, p.96-97)

Douglas (1967 [Archive list]), highlighted how little affection the boys received in their early lives. There are philosophical elements of this discussion, which concern whether it is possible for a young child (labelled "affection-less") to actually express affection that they have never experienced directed at them. At what point does an adult become worthy of affection? Is affection something that an adult might receive from the child only after it has been earned through weathering the storms of

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becoming truly emotionally available to the child? And only if the child has the freedom to choose to be genuinely affectionate or not?

Additionally, a child who has been abused might be profoundly disturbed by a well-intentioned but clumsy adult expressing affection, since it may be misconstrued as a prelude to abuse. It may be experienced as simply too threatening to express affection by the child, since it may also be linked to feelings of dependence and vulnerability they wish to remain hidden and defended against.

Klein (1927) stated, "I do not believe in the existence of a child in whom it is impossible to obtain this transference, or in whom the capacity for love cannot be brought out" (p.184). This view differs from Bowlby's belief in the existence of an affection-less child (1965) and Winnicott's understanding of children who exhibit false-selves (1960) and Dockar-Drysdale's 'frozen child' (1958). This statement by Klein might portray an underestimation of how difficult children who have not experienced sincere affection find both to receive affection and express affection. It also implies that every child has been 'loved' so has a loving relationship to draw from which creates the transference. One reading of Klein's statement about the loving nature of the child, is that at the point of writing, for Klein the delinquent child did not exist.

Although Bowlby and Winnicott's focus regarding delinquency is on deprivation, and/or privation, others within psychoanalysis have focused on the role of trauma. Ferenczi (19) developed the concept of the "identification with the aggressor" which conceives the child's aggressive behaviour as a means of maintaining an attachment with an aggressive care-giver, and manifestation of an internalised aggressor. Fairbairn (1944) stated, "it is better to be a sinner in a world ruled by God, than a saint in a world ruled by the Devil. A sinner in a world ruled by God may be bad, but there is always a sense of security to be derived from the fact that the world around is good" (p. 66–67). Similar to Winnicott's notion that delinquency is a sign of hope, for Fairbairn, the child behaving badly is doing so in order to maintain a sense of hope that the world contains some goodness which will prevent him from doing too much harm.

Dockar-Drysdale (1963) argued:

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> I think all of us have unsung songs, unpainted pictures, and unwritten pieces of music inside us. The poets, the artists, and the musicians can communicate these in such a way that they sing, paint or play their earliest experiences and find a response in us because we have also had a golden age at the beginning of our lives. But the disturbed children whom we try to help in our school have, all too often, no unsung songs within them. They have had nothing about which to sing. (p.71)

This idea of having 'nothing about which to sing' is a picture of pathology stemming from privation (never experiencing a mother's love) rather than deprivation (having a mother's love, but this being withdrawn, lost or interrupted). It is a view more compatible with Bowlby's views than Winnicott's despite Dockar-Drysdale's debt to Winnicott (Dockar-Drysdale, 1974)

Bowlby (1965) also writes of the campaigning nature of work regarding delinquency, "The demonstration that maternal deprivation in the early years has a bad effect on personality growth is a challenge to action. How can this deprivation be prevented so that children grow up mentally healthy?" (p.77). Despite differences and rivalries there may have been between Winnicott and Bowlby (Issroff, 2005, Reeves, 2005a), Winnicott (1956) states the importance of studying the anti-social tendency within psychoanalysis, and of the importance of Bowlby's work, "psychoanalysis needs Bowlby's emphasis on deprivation, if psychoanalysis is ever to come to terms with this special subject of the antisocial tendency" (p.120). Bowlby in turn said, "I always held the view that Winnicott and I were singing the same tune. We were essentially giving the same message, but again he didn't like my theoretical ideas" (Hunter, 1991, p.170).

The Cotswold Community handbook for staff mentions conscience, and the boys super-ego, "the apparent "conscienceless" of a delinquent child can result in a splitting off and projection of a harsh and primitive super-ego which is unbearable to the child." This understanding of "conscienceless" is important, because a boys conscience is what will help him know the difference between acceptable and unacceptable behaviour and urge him to keep his behaviour within socially tolerable limits. This will be governed by the example set by his parents and others in his environment. For example, whether they consistently set good examples or are so harsh and brutal that the boy cannot introject any sense of goodness or benign

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conscience from them. Bowlby (1965) wrote of the centrality of continuity of maternal care in personality development with specific reference to conscience:

> The failure of personality development in deprived children is perhaps more easily understood when it is considered that it is the mother who in a child's earliest years acts as his personality and his conscience. The institutionalised children never had this experience, and so had never had the opportunity of completing the first phase of development – that of establishing a relationship with a clearly known mother-figure. All they had had was a succession of makeshift agents each helping them in some limited way, but none providing continuity in time, which is of the essence of personality. (p.63-64)

Discussions of delinquency have involved the social context, and whether individuals are perceived to be 'depraved or deprived' (can people be both?), or 'mad, bad or sad?'. If we consider a young person's disturbed behaviour as a reflection of their early relational environment, family and social situation, the question becomes: What response to give? And who is best placed to give this response? We are also forced to question our own adult behaviour, and acknowledge aspects of our behaviour which may be transgressive.

4.2.2: What Deprivation?

A poem by Allchin entitled 'Deprived Boy' describes something of the nature of deprivation and its link to delinquency seen at the Cotswold Community:

> Loveless eyes,
> and living without style,
> the small, cheap cigarette
> as the sucking comfort,
> while the hot smoke
> burns the lungs
> delicate tissue,
> the bitter bile of
> abandonment, spat out
> as a hateful distrust,
> and repeated kicks
> against an envied body.
> How shall such a wound heal,
> with the hardened tissues that
> will not join,

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and the unthinking blood
cold and moving,
which mingles with the
victims envied blood,
gushing suddenly
from the struck nose?
(Allchin, 1989, p.14)

The relationship between mental health and maternal deprivation has not always been understood. Bowlby (1965) states, "That exposure to maternal deprivation does not result in severe damage to all children has none-the-less led some people to conclude that it is not the cause of the impairments that are observed in many, and that something else must be responsible" (p.195). Bowlby (1965) argues further that, "The assumption that deprivation affects all processes in equal degree has been a major source of misunderstanding and hence of controversy." (p.195). Bowlby (1965) argued that deprivation's impact on the individual child varied depending on the age of the child when the deprivation took place and the nature of the deprivation. The impact of the deprivation was described in the following terms, "Partial deprivation brings in its train anxiety, excessive need for love, powerful feelings of revenge, and arising from the last, guilt and depression. A young child still immature in mind and body, cannot cope with these emotions and drives." (p.14)

Bowlby (1965) also described the following aspects of maternal deprivation, making distinctions between deprivation due to quantity of interaction, quality of interaction and continuity of interaction with the child's mother or mother substitute:

> The complexity of conditions that have been included under the term 'maternal deprivation' has been an understandable source of confusion to many. If such confusion and consequent unproductive controversy is to be avoided, distinctions should in future be maintained between (a) *insufficiency* of interaction implicit in the notion of deprivation. (b) *distorted* relations, without respect to the quantity of interaction present; and (c) *discontinuity* of these relations brought about through separation. Because all of these have been included by loose custom under the term 'maternal deprivation'. (p.193)

The majority of the boys at the community might have suffered all three of these deprivations. The boys suffered insufficient and discontinuous primary experience as they were living at the community and been separated from their family of origin. How the boys relationships may have been distorted is more difficult to assess. This

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information would be in the personal case files and notes of the boys, particularly in their referral information. However, it is possible that the distortion in the boy's relationship with their mothers was the cause of the state intervening causing insufficiency and discontinuity in the relationship. The significance of disruption to mother-infant relationships as an important factor in the boys disturbance is echoed by Dockar-Drysdale (2011):

> In the course of normal development the separating out of mother and baby is a long and gradual process; at the completion of this the baby exists for the first time as a separate individual, absolutely dependent on the mother, but no longer emotionally part of her. If integration of the personality is to take place usually by the end of the first year of life the evolution of this process must not be interrupted. Interruption of this essential process, which mothers and babies work through together in their own time and in their own way, is in my view the trauma which lies at the root of the various types of cases of emotional deprivation referred to us. (p.279)

It is possible for observations to be made about the nature of the deprivation they experienced from their behaviour. There was an incident which occurred at the cottage (one of the residential houses at the community) involving the boys stealing food. A member of the domestic staff, who had worked in the cottage for 18 years and was well respected and liked by boys and staff alike, had announced her retirement. The domestic staff member had been responsible during week days for providing both breakfast and lunches for the boys, organising staff cooking the evening meals and weekend food arrangements. The boys, on the evening of the announcement of her retirement, went to the larder, took as much food as they could carry and left the building. They broke into buildings at a different part of the community and appeared to be having a "midnight feast." Staff working that evening called the on call manager who said, "they are worried that they will never eat again, let's not make too much of this, and certainly don't punish them." The boys were observed, encouraged back to the cottage and eventually returned rather sad and exhausted to the cottage. It appeared that the behaviour (stealing food) was coming from anxiety about not being supplied the food they needed in the absence of the member of domestic staff, so they took matters into their own hands. The anxiety might not have been so much about having enough food (some of the food taken was uncooked pasta, not edible), but about not having a consistent adult who was going to provide the food, likely based on previous experience of being fed

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inconsistently and without thought or care. The situation eased when adults were able to prove to the boys that food would continue to be provided with care even in the absence of this significant member of staff.

Winnicott (1956) argued for the impact of deprivation:

> When there is an antisocial tendency there has been a true deprivation (not a simple privation); that is to say, there has been a loss of something good that has been positive in the child's experience up to a certain date, and that has been withdrawn; the withdrawal has extended over a period of time longer than that over which the child can keep the memory of the experience alive. The comprehensive statement of deprivation is one that includes both the early and the late, both the pinpoint trauma and the sustained traumatic condition and also both the near normal and the clearly abnormal. (p.124)

There are very subtle differences in emphasis between Bowlby's understanding of the nature of the anti-social tendency caused by maternal deprivation, which focuses on the ability of the child to express affection, and Winnicott's emphasis on hope. Bowlby (1965) argued that maternal deprivation leads to an "affection-less character" – impairment of the capacity to form and maintain deep and lasting affectional ties. (p.215). However, Winnicott describes how in those children who have been deprived of maternal love and care, the ability to hope leads to anti-social behaviour such as stealing. This was perceived as an immature means of acquiring that which the child has felt deprived of. The social consequences of this are described by Winnicott (1956) in the following terms:

> *The antisocial tendency implies hope.* Lack of hope is the basic feature of the deprived child who, of course, is not all the time being antisocial. In the period of hope the child manifests an antisocial tendency. This may be awkward for society, and for you if it is your bicycle that is stolen, but those who are not personally involved can see the hope that underlies the compulsion to steal. Perhaps one of the reasons why we tend to leave the therapy of the delinquent to others is that we dislike being stolen from? (p.123)

Dockar-Drysdale (1973) drew from the work of Winnicott in locating the source of behavioural disturbance in the failures of the earliest relationships. She describes her understanding of the root causes for the boy's violence as being intimately linked with deficits and interruptions in the earliest mother baby relationships:

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> Babies who have not had enough primary experience from their mothers experience helpless rage. I believe that panic violence – which sweeps the person involved off his feet – is just this helpless rage and the acting out of this omnipotent violence. A person in a state of violence is therefore both omnipotent and helpless, but the omnipotence is a denial of the helplessness. It follows that if, through verbal and non-verbal communication, we can reach the helpless baby, we can establish a wavelength which may reach the original source of the violence (p.139).

Bowlby (1965) found that prolonged mother-child separation in the first five years of life, "stands foremost amongst the causes of delinquent character development" (p.229). Writing specifically-about the Cotswold Community confirms this and contains multiple references to the family and social factors which had lead to the boys being at the community.

What is not always immediately apparent is the inter-generational nature of the difficulties the boys experienced. Bowlby (1965) stated, "It starts with one generation with a home that may have been accidentally broken by death or illness: as a result the children of the next generation grow up to have difficulties in interpersonal relations and are unable to provide an affectionate, secure environment for their children: as a consequent the third generation develops conduct disorders" (p.229). Loss seems to run in families, this is very different from arguing that there was something biological or genetic about the boys suffering. Bowlby (1965) refutes the idea that the suffering of those whose behaviour has become disordered is due to biological or genetic factors:

> Those who blame defective heredity seem to believe that every infant who has no genetic or organic defect will develop normally – with a gradual and inevitable unfolding of his inborn potential - provided only that his basic physiological needs are satisfied. Evidence from animal studies shows this belief to be untenable. So does evidence from studies of human development. (p.232)

The boys at the Cotswold Community were not considered by those writing about the work to be suffering from any sort of biological or genetic difference which could attribute to their troubling behaviour. The focus was on 'nurture' rather than 'nature'. Also relevant is how the idea of broken families and impaired ego function are linked. Broken families are the inter-psychic condition for the intra-psychic phenomena of

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impaired ego functioning, which in turn leads to impaired ability to form healthy inter-psychic familial ties for the next generation without significant therapeutic intervention to heal what was damaged.

So far this discussion has focused on deprivation as the causal factor behind behavioural disturbance and difficulties of the boys at the community. Another potential causal factor in delinquency is trauma. Whether deprivation in itself is traumatic warrants further discussion. An aspect of deprivation is failure of parental figures to prevent the child from being exposed to abuse or witnessing traumatic events. Part of what the child has been deprived of is parental protection. In the case of children who have been abused by attachment figures including parents where the source of threat comes from the very people who the child depends on. This leads to 'fright without solution' (Main and Hesse, 1990). It is also the case that the child whose parent, whilst not abusing the child directly, were either complicit in allowing the abuse or failed to intervene to prevent the child being harmed, also deprived the child. The child had been deprived of the protection necessary to keep them safe from harm of all kinds, and also the support to recover after the trauma. This happens in a social context, and involves questions about whether women who experience violence from intimate partners are provided enough protection and resources to escape violence and protect their children. This, and wider discourse about the expectations of mothers (Rose, 2018) and violence against women are explored further later in this thesis.

In addition to the work of Bowlby and Winnicott, psychoanalysis focused on the impact on trauma on ego function. Anna Freud (1967) argued:

> Whenever I am tempted to call an event in a child's or adult's life "traumatic", I shall ask myself some further questions. Do I mean the event was upsetting, that it was significant for altering the course of further development, that it was pathogenic? Or do I really mean traumatic in the strict sense of the word, i.e., shattering, devastating, causing internal disruption, by putting ego functioning and ego mediation out of action.' (p.242)

Ego function impacts a person's over all ability to function in every significant area of life. Impaired ego functioning will impact how a person copes with emotions, with relationships, with learning, how to be with others in a group, how they interact with

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their environment and cope with all sorts of adversity. In short, if what is damaged is that part of the psyche which is important for our very survival and ability to be in society, and the damage is devastating. Literature regarding the Cotswold Community makes frequent references to impaired ego function. Balbernie (2011) states of the boys who were being referred by the child guidance clinics, "It was clear that we in child guidance referred for residential placement primarily children who were either unintegrated or neurotic: whose problems, that is, stemmed from severe emotional damage in the earliest years." (p.260). The idea of putting ego-function out of action is one which is echoed in the work of those at the community. Whitwell (2011c) stated of the ego-function amongst the whole group of boys:

> The collectively low level of ego functioning in the group meant that I and other staff members spent many days (and nights) attempting to bring boys down from the roof, where they had retreated from 'unthinkable anxiety' (Winnicott, 1976) in a state of raucous delinquent merger. So I suppose my first hard-won lesson was that you cannot 'do therapy' until you have management, boundaries and containment (Mikardo, 1996). (p.316)

What this comment indicates is that the ego functioning in the boys is extremely low, and that establishing adequate ego functioning was a fundamental aspect of the process of therapy at the community. Examination of the early working notes links poorly functioning egos with the need for boundary controls. This had implications for staff working with the boys, "those who have to cope with delinquents sometimes find their own uncertainties about their own ego-functions driving them into inflexible attitudes, but at least consistent attitudes – too consistently authoritarian on the one hand, over determined permissiveness on the other." (Rice, 1968, p.8). These difficulties of ego function might also be part of what the deprived and/or neglected child has been deprived of, proper support to establish appropriate boundaries. This is because the neglectful parent, or depriving parent, might also fluctuate between being overly permissive one moment, and overly harsh the next, without any consistency enabling the child to understand what is acceptable. So it was imperative that staff understood the importance of consistency.

Many of the difficulties experienced by the boys happened prior to ego formation. Theirs was experience of profound deprivation and neglect frequently in addition to abuse of all sorts possibly prior to being verbal. Notions of ego functioning being put

out of action might be not applicable to the boys at the Cotswold Community. The boys egos had yet to be formed, so although severely impaired, had not been 'put out of action' since this implies a previously functioning ego. The boys had very low functioning egos due to deprivation, neglect and environmental failures. This is different to an adult who had previously functioned well in society, but then was unable to function after a traumatic incident or series of traumatic incidents such as experienced during warfare. Such an adult might have internal resources to recover and regain proper ego function, in a way that a child whose ego never developed normally might not. A question, which might arise from these differences, is how the treatment for traumatized adults differs from treatments for children with impaired ego development? The extent to which the adults involved with children have to act to support the functions of the child's ego as part of treatment.

4.2.3: Treatment.

At the heart of this exploration of philosophy of the Cotswold Community, and treatment of adolescent boys who had experienced trauma and disrupted attachments are Winnicott's ideas about the 'care-cure'. Loparic (2018) argues of Winnicott's philosophy:

> Winnicott's clinical methodology is the *care-cure.* It aims at facilitating the patient's integration process to restart at the point where it broke down, by 1) unfreezing of the rigid defences and defence organizations, 2) giving patients the needed provision, 3) helping the patient to feel real, to modify or even establish the relationship with the external world for the first time, to be able to end the analysis and to take care of him-or herself, 4) preventing breakdown at any stage. The solution is brought about by the "behaviour" of the analyst and/or of the actual environment, providing care which was required by the patient at a certain point of time in the past, but which was not offered. To this effect, the setting, "the summation of all details of management", individual or environmental (1958, p.287), is more important than the interpretation. (p.138)

These ideas have several implications, most notable is the departure from the use of psychoanalytic interpretation and use of regression and symbolic communication. The departure from use of interpretation also has a context within psychoanalysis.

Wright (2018) argued, "It is, he says, not "clever and apt interpretations" which make the difference to the patient, but something more like the maternal facial expressions which "reflect what there is to be seen.""(p.74). A rejection of the use of interpretation is also made explicit by Dockar-Drysdale (1966), who argues instead for the provision of something she described as a "complete experience":

> Perhaps one might say that in this sort of treatment 'the complete experience' may have to take the place of 'the correct interpretation'. It is impossible to interpret, because there cannot be symbols of a missing experience. This can be seen clearly in the connection of panic fears, panic rages, and panic despairs: the child needs help to go on to the end of the panic so that the experience can be completed. (p.103)

During a discussion at the 'Care of Young Offenders; progress or decline'? Event (2021), it was noted, "The concept of trauma was identified as especially illuminating as it links past to present. But there is a danger that it can be a 'catch all' term and needs to be properly understood and incorporated into practice backed with effective therapies." (Mulberry Bush/CSP 2021 Session G p.32). The term 'trauma' can cover a vast range of experiences, from the experience of natural disaster, a one-off traumatic event such as a road traffic accident, atrocities committed by impersonal others (such as war trauma), and early developmental trauma perpetrated repeatedly by family members within the family home (Herman 1992, Van Der Kolk, 2014). As previously cited, Dockar-Drysdale (1966) describes the trauma being treated at the Cotswold Community as happening in very early life within the family home and intimate family relationships, "If integration of the personality is to take place (usually by the end of the first year of life) the evolution of this process, which mothers and babies work through together in their own time and in their own way, is in my view the trauma which lies at the root of the various types of cases of emotional deprivation referred to us" (p.98). It can be argued that the trauma being treated at the Cotswold Community was of a particularly gendered nature, in that it involved the mother and baby dyad and the whole social situation they were living in.

The impact of this trauma is described by Dockar-Drysdale (1967) as causing panic, and as being beyond verbal communication, "Because the traumata in these children's lives happened so early, the anxiety had been unthinkable; it could only be remembered through feeling. Panic is one way of remembering, and newcomers

needed to understand the nature and management of panic, and the provision of containment." (p.123). The pressure put on those providing treatment of this trauma, particularly less experienced members of staff, and what can help alleviate this pressure is also made clear, "It is especially difficult for young workers to tolerate hate and rage in the children and in themselves. This might become more tolerable through finding that other people could stand being reliable hate objects, and that annihilation can be followed by re-creation" (Dockar-Drysdale, 1967, p.118).

Bowlby (1965) acknowledges the link between maternal deprivation and anti-social behaviour, "An illustration of the fruitfulness of this standpoint is a study of 102 persistent offenders aged between fifteen and eighteen years in an English Approved School, which showed clearly how anxieties arising from unsatisfactory relationships in early childhood predispose children to respond in an anti-social way to later stresses. Most of the early anxiety situations amongst these boys were particular aspects of maternal deprivation." (p.15). In the context of residential childcare, and specifically treatment in institutions such as the Cotswold Community, disturbed behaviour stems from maternal deprivation and therefore providing maternal care or 'primary experience' (Dockar-Drysdale, 1966) is the most important aspect of treatment.

Bowlby (1965) argued that treatment of maladjusted children should involve:

(a) The use of the whole social group for curing the children.
(b) The development of a special relation between a child and a staff member.
(c) The provision of individual psychotherapy or counselling. (p.172)

All three of these aspects of treatment recommended by Bowlby were present at the Cotswold Community, and presented particular challenges for the boys at the community. 'Group living', involving significant times for boys to interact with their peers was a large part of the treatment at the community. This provided the challenge of managing boys impact on others, but also the opportunity for the boys to develop meaningful relationships and friendships with their peers in a supported environment. The development of a special relationship was made possible through the boy's relationship with a focal carer, and individual psychotherapy or counselling was provided 'in house' through the play therapy with a boy's "meeting person." All

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three of these aspects at the Cotswold Community impacted on each other and were important.

The Cotswold Community Handbook indicates that it was the whole environment which provided the treatment and enabled recovery:

> Institutionalized children are likely to find the most significant models of identification within the institution itself, both in the institution as a whole and its subsystems and the individual staff members and children. This leads to the concept of the institution as a therapeutic milieu whose primary task may be defined as providing conditions for healthy development and/or providing therapy for damaged children. Thus, all the child's experiences in the institution contribute positively or negatively to his development, not only those narrowly defined as education, individual, or group therapy or child care.

The child becoming attached to the institution as a whole is important, since it may initially be too frightening to become attached to an individual or smaller group. From the perspective of the boys at the Cotswold Community, what they were provided with at the community might have been a sense of stability, possibly the first stability they had ever experienced. Winnicott (1956) argued that it was precisely this stability which can be argued to be therapeutic, "The treatment of the antisocial tendency is not psychoanalysis. It is the provision of child care which can be rediscovered by the child, and into which the child can experiment again with the id impulses, and which can be tested. It is the stability of the new environmental provision which gives the therapeutics" (p.130). This reference to 'not psychoanalysis' has a long history which was mentioned in the earlier methodology chapter of this thesis.

Because the community provided stability, feelings of dependence and vulnerability emerged. These feelings might have been particularly hard to bare, and the ability of the environment to provide the stability and containment so needed was tested to the limit and to destruction (Balbernie, 2011). Partly what was difficult for the boys to tolerate was trusting others to provide the stability and continuity needed for psychic health which they had not achieved earlier in their lives. Winnicott (1965) argued that deprivation leads to anti-social behaviour in order to meet the original unmet need for stability:

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> The deprived or relatively deprived child has had environmental provision that was good enough so that there was a continuity of personal being, and then became deprived of this at an age (in emotional development) at which the process could be felt and perceived. The reaction to a deprivation (i.e. not to privation) is one that holds the child in its grip – henceforth the world must be made to acknowledge and repair the injury. But as the process is largely working in the unconscious, the world does not succeed, or does so by paying heavily. (p.212)

Part of how the community treated these difficulties is by providing different aspects of therapeutic relationship. Much of this communication involved a "focal carer" – someone who would become maternally pre-occupied with the boys and prove to be the most important person involved in the boys care. It is stated in the Cotswold Community handbook, "The actual therapy depends on relationships during which the therapist becomes preoccupied (as in "primary maternal preoccupation" - Winnicott) with one of the emotionally deprived boys. Within the context of this relationship, the children clearly state their particular needs." This is in direct contrast to practices which involved indiscriminate care-giving, "Multiple indiscriminate care-taking can in fact be seen as a defence for staff against making meaningful and deep contact with any one child and his family, a contact which frees the child's expressiveness and makes the care-taker more fully in touch with his

distress and problems, as well as his joys." (Cotswold Community Handbook). Awareness of the harmful nature of multiple indiscriminate care-taking in institutions and the need for staff to develop personal and individual relationships with the children has its roots in the Children and Young Person's Act 1948 and Curtis Report and was profoundly influenced by both Attachment Theory and Winnicott's idea's (Issroff 2005, Reeves, 2005a and b).

The role of the focal carer would involve supporting the boy as they woke up and prepared for the day, and supporting them to go to bed including providing a nighttime snack called a 'special' was an individualized form of care. In the case of the 'special' it was vitally important that the boy chose this snack, it was provided by his focal carer who would make or buy the snack and was not provided by anyone else. The boys "meeting person" (another residential therapeutic childcare worker from the same 'house') would meet in a specially designed room set out for play therapy of sorts, with various different toys, papers, crayons, etc. The role of the meeting person was to provide a space and support the boys attempts to

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communicate their feelings rather than act out. This communication may often involve symbolic communication and judicious use of interpretation by staff where possible, depending on the boy's readiness to receive such communication.

Space and relationships in which to communicate can be contrasted with other approaches in adult therapeutic communities where all the formal therapy was to take place "in the group." Such was the ego function of the boys that an "in the group" approach to therapy might have been overwhelming but also have denied their need for individual provision of care. The relationships the boys formed both with their focal carer and meeting person were designed to provide an arena to test internal reality and external reality. For example a focal carer's break due to holidays might lead to all sorts of difficult feelings and potential acting out. The fantasy that the boy was omnipotent or so abhorrent that most who cared for them needed to leave them could then be explored during the break and also upon the focal carers return.

As previously noted, despite the emphasis being on individual relationships and attachment to the whole institution by the boys, there was an absolute need for staff to be comfortable in groups, "The staff need to be a close supportive group able to confront together the projection and introjection systems and to help rescue each other when one or more are caught. It requires a culture of honesty and mutual confrontation which is by no means easy to achieve." (Cotswold Community Handbook.)

The role of the focal carer was to provide personalised care to individual boys. It was not the case that every member of staff was expected to build a very individual relationship with every boy. Rather that residential childcare workers were assigned individual boys to get to know and build relationships with as focal carer or meeting person. The assignment of a member of staff to be a boys focal carer changed from being a rather haphazard affair in the early days of the community, to being something more planned. This planning involved consideration of the staff member's capacity and skill, rather than the boys 'being left to drift.' In 1978, Menzies-Lyth advised that a focal carer should be identified for the boy from amongst the staff team prior to the boys arrival to facilitate the development of an attachment:

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> The role of focal therapist was discussed at some length and it is clear that the role is at present infiltrated by a lack of firmness and that its boundaries are very blurred, for example, the allocation of boys to therapists, or vice versa, seems just to be allowed to happen, mainly it seems, following the boy and drifting along until the focal therapist becomes the person to whom he seems to attach himself. The opportunity for splitting and acting out in this seemed considerable. I suggested that there should really be a staff decision, probably best taken before the boy joins the unit, although taking account of what is known about him. I had several reasons for suggesting this. It puts the authority and responsibility for that boy firmly on one staff member from the beginning which hopefully would diminish opportunities for splitting, acting out, or playing people off against each other, and so on. It would also give the boy more effective boundaries. It would allow the staff to consider realistically in advance the various factors appropriate to the allocation, e.g. work loads, capacity of staff for the role, any preference for particular kinds of boys, and so on. It means the boy's reception into the unit could be carried out by one staff member holding him firmly at the point, rather than his drifting into the group. There would of course have to be the possibilities of change for the boy or the focal therapist should in fact insoluble difficulties arise between them. (p.8)

This individual relationship meant that workers had to give thought to provision for the individual boy they were caring for during their time off:

> The firm establishment of the focal therapist raises again the question of deputing. It seems important that the focal therapist should arrange quite explicitly for someone to take over when he or she is off duty and not just leave it to chance, the risk being that the boy might again be left to "drift". Certain tasks and important aspects of the relationship may be postponable, others are not. The bedtime situation is an example. It would seem that the focal therapist, or whoever deputises for him, is the most appropriate person for the general supervision of getting a boy to bed, washing, undressing, hot-water bottle, drinks, and so on, but the goodnight visits from other staff are quite appropriate when circumstances permit, e.g. provided such visits do not interfere with the work of the focal therapist or distract other staff from their own work with the boys. The focal therapist should really be in authority, however, e.g. to judge if a boy might get too excited and be hard to settle after having too many or too long visits, and so on. (Menzies-Lyth 1978, p.8)

The responsibility for an individual boy might be experienced as overwhelming and stir up all sorts of issues to do with separation anxiety. The work involved taking personal responsibility, in particular for the therapeutic relationship staff had with the individual boys. The culture at the community was that staff working closest with the boys had the most authority to make decisions about the care of an individual boy.

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Rather than authority coming from a top-down hierarchy, which enabled a depth of relationship not seen in other institutions.

The differentiation between the role of focal carer and meeting person was important. The focal carer's role was to provide primary experience both in terms of practical tasks, but also psychologically by becoming pre-occupied with the child. The meeting person role was much more to do with communication through an informal form of play therapy. The rationale for differentiating these roles was that, if there were issues about the relationship a boy may have with his focal carer there was a separate person with whom to communicate with. Particularly when it felt too difficult or intense to communicate with the focal carer. Staff reflective practice groups provided an environment to explore the dynamics between the different staff members providing these two different roles, especially if any splitting occurred. Staff were expected to take personal responsibility for communicating, and for when communication broke down. There was also provision of extensive support to enable staff to take on these roles:

> The communications on which the staff must work are often massive and very disturbing and in turn staff need support. Like the ordinary devoted mother they need themselves to be contained in meaningful attachments if they are able to contain the children effectively. They need firm bounded situations in which to work and they need the support of being able to talk things through in quieter circumstances away from the core of the children's distress and problems. (Cotswold Community Handbook)

There was a strong emphasis on play within the community. Partly because the boy's ability to play was extremely limited. Often play was associated with delinquency and acting out, due to the absence of an environment where play was possible, supported or encouraged. For example Cooper (2011) described the meaning of play and art to work on the community's farm:

> Play usually meant broken windows, thieving, illicit smoking and drinking, breaking into places, cussing and swearing, winding other boys up! Soon, drawings and colourings began to be given to us and the farm office became a gallery of artistic efforts. Perceptive residential social workers soon realised what was happening, and that certain boys were going to be able to use the experience of being with us as a piece of the jigsaw of the road to their recovery. (p.341)

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This also meant that staff had to have the capacity to play, and good judgement as to when play was helpful and when play would be less helpful. It also raises interesting issues about the staff's use of self (Ward, 2012). This links to ideas about the primary task of residential childcare workers in terms of containment and boundaries. Ward (2012) describes the task in the following terms:

> For the residential worker the challenge is that they do have to manage everyday life, promote social harmony, and a facilitating environment, while tolerating a certain amount of acting out if that is the only way that feelings will get expressed, but you hold in place the boundaries - while nevertheless listening out for the deeper communications which may lie behind some of the behaviour. Its rocket science - not least because if the mixture is wrong or the trajectory out of line, it may be truly explosive! (p.13)

A further implication of a therapeutic approach rather than a custodial approach was that it provided an opportunity to develop a more realistic understanding by the boys of their parents difficulties. Whitwell quotes Bettleheim who stated:

> Adam and his mum are survivors of the same trauma. They are both victims of their past. Adam usually collects most of the sympathy, understandably, considering there is very little he could have done to change the situation of his birth. Adam's mum also deserves some understanding, for her own life was shaped by an unstable childhood. (Bettleheim, 1950. As cited by Whitwell 2011c p.309)

A further factor which may impact how a boy experienced his placement in a residential therapeutic community is the attitude of his family or parents. It may be expected that some parents who have had their children removed from their care may oppose a therapeutic placement, or act in a way which may sabotage its chances of success. However, Pooley (2003) reveals that this is not always the case and sometimes a child's placement in a therapeutic community may be a cause for hope:

> Long histories of previous professional involvement with the young person and the family and the carers may generate feelings of apathy, powerlessness, anger, mistrust, suspicion, disappointment, defiance, hopelessness and disillusionment – a stance that is commonly verbalised in 'what can you do?' or 'there is nothing that can be done.' At the same time, for some families and young people, the possibility of having an intense

assessment, treatment, or diagnosis can be a relief too. Some parents place a great deal of trust in the therapeutic community, communicating a powerful feeling of hope that this may offer a solution to their problems. (p.190)

Anxieties emerge in the boy's as they gradually lower their defences, "It is very difficult to treat 'frozen' children. From a state where nothing is felt and no-one is important, you begin to see some internal conflict and dependence on grown-ups, with evidence of depression and anxiety, which to us are real signs that emotional recovery is occurring." (Whitwell, 2011c, p.310). The implications of this statement are that it so much might be uncovered in the course of the therapy that things feel a lot worse for the boy before they feel better. This has lead to what Whitwell (1994) described as a treacle-moon period:

> The treacle-moon period, is the breaking down of his ideal. He starts to test the building and the people physically. He wants to know what damage he can do and how much he can do with impunity. Then, if he finds that he can be physically managed, i.e. that the place and the people in it have nothing to fear from him physically, he starts to test by subtly putting one member of the staff against another, trying to make people quarrel, trying to make people give each other away and doing all he can to get favoured himself.

There are several challenges involved in the treatment of delinquency, Winnicott (1958) argues about the need for theoretical clarity:

> The first principle which those who are working with deprived children need as a theoretical basis for their work is that illness results not from loss itself but from the occurrence of loss at a stage in the child's or infant's emotional development when a mature reaction to loss cannot take place. The immature ego cannot mourn. It is necessary therefore to base whatever has to be said about deprivation and separation anxiety on an understanding of the psychology of mourning. (p.132)

One of the challenges involved in understanding of mourning, is that such mourning would put staff in touch with their own losses, particularly if this loss is unresolved. This presents the question, how much an institution might support staff with the emotional demands of the work? Connected to the issue of mourning is the impact of a lack of continuity in the lives of deprived children. These two issues might be

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linked in many ways. For example, the experience of loss by the boys highlights the need for continuity, but is also emotive for staff. Staff who are unable to cope with and recognise the impact of the loss are unable to provide the continuity needed by the boys. What is interesting to consider about providing continuity of care in residential childcare settings, is the age of the workers providing such care. For example how workers personal circumstances and possible desire to have their own families might impact the ability to provide continuity. It also raises the question of what happened when female workers became pregnant whilst working at the community, or male workers became fathers.

Another issue is regarding training and how staff's roles are conceptualised. Winnicott (1955) suggests that those working in residential childcare need to be aware of group processes, and that education might be of secondary importance, "Those who are concerned with the management of antisocial children are not schoolteachers who add a dash of human understanding here and there; they are in-fact group psychotherapists who add a dash of teaching. And so a knowledge of the formation of groups is highly important for their work" (p.189).

Within training materials from the Cotswold Community and archived materials there is a growing sense of the professionalism of residential childcare workers, which was not without growing pains and inter-disciplinary or inter-group rivalries. Recognizing the complexity of the work, how such work has no place for sentimentality and is highly skilled, is the professionalization Bowlby (1965) argued was necessary, "Once it is recognized that the task is one of making skilled human relationships with children who have had their capacity to do this greatly injured, the need to train houseparents practically as well as theoretically, in the psychology of human relations and child development is evident. This work must certainly be professionalized – just as nursing has become professionalized – and all workers must become proficient in the principles and practice of mental health" (p.170).

The experience of residential childcare workers becoming more professionalized at the Cotswold Community brings to the fore questions of what sort of professional identity residential childcare workers should adopt. Were residential childcare workers providing psychoanalysis or childcare? What did this mean in terms of status? For example in terms of relations with teachers at the community who perhaps had a more secure sense of professional identity and their role as teachers.

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A description of the development of training at the Cotswold Community is provided in Chapter 3 of this thesis, including issues about the tension between mandated competency based training such as NVQs and bespoke in house training which became accredited by Universities described by Whitwell (1993).

Clear from examination of materials from the Cotswold Community is the attitude needed in staff delivering therapeutic childcare. Balbernie (2011) argued that this attitude involved, "Not treating people as if they were temporarily submissive zombies and without respect, dignity, and clear boundaries" (p.266). The need was to understand that they were in the business of guiding extremely disturbed children or young men towards early adulthood, and hopeful re-integration into mainstream society. The hope was that they may be able to resist the role which society had foisted upon them, "But for some time to come it will be necessary to recognize that such establishments as the Cotswold Community will have to deal with damaged and disturbed children who will return to an environment that has foisted delinquent roles on them in the past. The task of the approved school is to prepare their members to resist the forces that require them to take such roles in the future" (Rice, 1968, p.7). One interpretation is that staff had a dual role, providing 'primary experience' and also, when the boy was further on in their therapeutic journey, preparing them for leaving the community able to cope in society. The aim of treatment was that change was hoped to be permanent rather than superficial.

Balbernie (2011) also drew our attention to attitudes towards dependence (and therefore the need to be dependable):

> Thus, it became clear that in fact the majority of children referred residentially were not just violent, continuously acting-out, given to unspeakable panic anxiety, needing continuous containment and provision geared to the gaps and spaces in the earliest stages of life, needing opportunity to work through depression, extreme excitement, oral greed and so on; but that, as soon as the defences and masks of self-made self-sufficiency (which the child had erected in order to survive) could be slightly put aside, the child behind the scenes was immensely weak, immensely fearful, immensely uncertain, and the main problem was always and everywhere to work through an absolute crocodile of emotional dependency. And by work through I really do mean work through in a highly professional way. (p.262)

The boy's behaviour presented a massive problem, to themselves, society and those around them. These behavioural problems were caused by very early deprivation, neglect and frequently abuse. The question became how to remedy this? Menzies-Lyth's approach to scarcity was that she didn't collude with this (Whitwell 2011b). Drew (1969 [Archive list]) observes female members of staff needing to conserve their energies. Simply providing more and more in response to deprivation, without regards to the limits of what is possible, was not an approach which was endorsed at the community.

An example of this happened early in my experience at the community, and involved attention to detail. I had been planning to cook a special desert for an end of term meal (a very important event, since some of the boys were due to visit their families for the holidays, and it was part of ritual to fill them up before the break). I had the task of shopping for all the ingredients for various different dishes, and each member of staff had chosen to prepare a dish each. I foolishly neglected to check the cupboards to see whether one of the spices needed for my dish was already there, and returned having brought a jar of the spice. The member of domestic staff (mentioned earlier) took me aside, opened the cupboard and said, "you should have checked, we now have 4 jars of spice!". It was a reminder not to just simply provide what is thought to be needed (out of some sort of anxiety connected to providing for these deprived boys about to go on a break), but to check what is actually necessary. The culture of the community being about not being wasteful and conserving resources.

4.2.4: Analysis.

Regarding the issue of regression, Joyce (2018) argues that, "It is a timely moment to revisit the concept of regression, which has had a central role in psychoanalytic theories of development, mental functioning and clinical functioning. Despite questions about its usefulness and relevance in contemporary psychoanalysis, it remains accruing controversy and disturbing or challenging us." (p.91). The issue of regression has a particular history within psychoanalysis, one that pre-dates Winnicott and the Cotswold Community but has contemporary relevance regarding an analyst's neutrality and the possibility of retraumatiziation:

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Although it is Winnicott who is often regarded as the analyst who brought to our attention the idea of regression to dependence, it was Ferenczi who promoted the idea of the analyst behaving "rather like an affectionate mother who will not go to bed at night until she has talked over with the child all his current troubles..." (1931, p.477) He was especially interested in how classical techniques might retraumatise particular patients, and he picked out the "analyst's cool expectant silence and his failure to manifest any reaction" as risking the repetition of what he saw as the original trauma situation with the parents in childhood. (Joyce, 2018, p.92)

The issue of regression is addressed by Dockar-Drysdale who describes the obstacles to acceptance and understanding of the need for regression, and locates these obstacles in terms of resistance. The resistance is situated in the adults emotional response to the child's need for regression. Highlighting the need for a supportive environment she argued:

The greatest obstacle to regression and to the provision of primary experience is the resistance to involvement. People can feel (or be made to feel) guilty in the way I have described; they are also usually unconsciously aware that involvement is a vulnerable, undefended and dangerous state. For therapeutic involvement to be present there must be a supporting emotional climate, however structured the environment may be. Even in the case of the most localized adaptation, support will still be needed if the provider is to feel able to be sure that the provision is valuable and necessary. (Dockar-Drysdale, 1963, p.79)

This chapter has attempted to describe the problem of delinquency, its roots in deprivation and the treatment provided at the Cotswold Community. The question remains what outcome of therapy was hoped for and the extent to which this was achieved? The Cotswold Community Handbook provides a moving example of the outcome of treatment for a particular boy:

Our aim is to make it possible for a boy to return to "the point of failure" as Winnicott described this remarkable journey. This may take the boy back to infancy and the community has always been run so that it is possible when it is needed by the child. There was one such boy who made little progress for a year. We put him in another household in case he could make better use of this, than the first one. Within the first few weeks he turned into a lamb (it was the time of lambing in the smallholding). He ate oatmeal and milk in a bowl on

the floor; at night he was wrapped in a sheepskin. This regression lasted for a week, at the end of which he was much calmer and able to trust his therapists. He had started on his road to recovery. He is now a farmer. (Cotswold Community Handbook)

The child might not have been provided such an opportunity elsewhere. Childish behaviour might have been ridiculed and discouraged. Staff might not have had the training an insight to realise the importance of regression, or access to the support of the group to contain this regression as it was happening. The necessity for the sheepskin rug and oatmeal might not have been realised, and the boy might not have become a farmer.

The community's approach also involved the containment and management of violence. This was conceptualised as 'panic' at the community and perceived to be a result of maternal deprivation rather than 'naughtiness' or 'badness'. "Winnicott described panic as "unthinkable anxiety" and we still have a lot to learn about this difficult phenomena. Boys do not continue to panic as they become integrated through treatment. Filling in the gaps in their experience is the most important thing we can do." (Cotswold Community Handbook)

The first working note states that, "The primary task of the Cotswold School is now defined as the provision of therapy for boys suffering from serious psychological disturbance and damaged personalities. Their behaviour has led to delinquency of such an order that they have appeared before the Courts and have been committed to an approved school." (Rice, 1968, p.6). The implications that this had from the point of view of the boys was that they were engaged in therapeutic-treatment, rather than being in an institution where they were being punished or simply contained, kept apart from society or having their behaviour managed.

A 1973 documentary for the BBC Man Alive series about the development of Peper Harow entitled 'Tougher Than Punishment' revealed that there was something more difficult about therapeutic treatment rather than simply warehousing adolescents whose behaviour had become too difficult to be in wider society. This idea of therapeutic treatment being 'tougher than punishment' was applicable both to staff providing the therapeutic treatment and who had to metaphorically (and sometimes literally) get their hands dirty, and the boys receiving the treatment. It required that

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the boys slowly took on responsibility for their behaviours and began to understand why they behaved the way that they did. This is a significant departure from the approved school system:

> Not many of us were fully aware of the strengths of the delinquent and perverse sub-culture which permeated the place. The rule of the bullies meant that most of the teaching and learning went on after hours and after dark, and it was a brave boy indeed who would risk defying that rule. Two recent cases of sadistic bullying in the Remand Centre behind the Main Prison in Winchester are typical; in the most recent case, a 16-year-old remanded for medical reports nearly lost his life (through internal bleeding, and he was transferred to the hospital on the other side of the road to have his damaged spleen removed). (Allchin, 2011, p.272)

To return to Balbernie's (2011) statement, "that to survive one had to know: (a) what is damaged; (b) what the treatment is; and (c) for whom the unit is suitable or unsuitable. And one had to know the criteria of satisfactory task performance." (p.261). Expanding on this statement, it is argued that what was damaged was the boy's ego functioning which meant that most, if not all aspects of the boys life and ability to be in a group were severely limited. The boys ego functioning had been damaged by neglect and trauma, and deprivation of optimal early life experiences and relationships. The treatment involved 'total cover' (Balbernie, 1975 [Archive list]), and the provision of primary experience (Dockar-Drysdale, 1990) and considerable emotional involvement by staff. The treatment was only suitable for those who had been fully assessed as meeting the referral criteria described earlier in this thesis, and who's behavioural difficulties stemmed from deprivation or privation. The criteria of satisfactory task performance was permanent deep-seated emotional and psychic change, not mere temporary behavioural management.

Throughout the written accounts from the community are references to the aim of the therapeutic work to instigate significant change in the psyche, not just the behaviour of the boys:

> our primary task is to help emotionally damaged and difficult children and adolescents not towards mere conformity or mere 'adjustment' but towards that kind of freedom, real responsibility and adaptability which is absolutely essential to modern day living, to help them to take a more rational authority for their own behaviour (what to accept, what to reject, when to conform, and when to deviate) the kinds of authority structure which such large institutions

as are at present being created and the kinds of authority structures which they engender are all too likely to create those very patterns which are likely to destroy any form of creative or therapeutic work. (Balbernie, 2011, p.264)

Whilst the link between deprivation, trauma, disorganised attachment, adverse childhood experiences, and anti-social behaviour might be currently accepted, how radical these ideas were in the context of the transition the community made in the late 1960s is important to recognise and highlight. Wills (1971) stated of the new philosophy at the Cotswold Community, "The remedy is a totally different approach, one that may be described as a therapeutic approach, which sees the children basically as unhappy, deprived persons who need care and healing, and not as wicked children who need to be 'taught to behave'. For that is what they are – casualties of society." (p.17)

The notion that the boys were "wicked" and "needed to be taught to behave" might have been widely held beliefs in society, but beliefs and attitudes that would harm rather than help. Balint (1969) drew our attention to the fact that with trauma, frequently it is not just what happened to a person which might be understood to be traumatic, but also the response of significant others after the event which determines the impact of the original traumatic event. For the boys at the Cotswold Community, trauma involved with the failures and interruptions of their relationships with their mothers and families of origin would have been compounded or ameliorated by what they experienced after this.

Bowlby (1969) stated that the focus in psychoanalysis had generally been to start with describing the symptom being treated, and how this may be understood in the context of a person's past experience. However, Bowlby proposed the opposite perspective, working prospectively from the past to the current problem of symptom:

> Thus, whereas almost all present day psychoanalytic theory starts with a clinical syndrome or symptoms—for example stealing, or depression or schizophrenia — and hypotheses about events and processes which are thought to have contributed to its development, the perspective adopted here starts with a class of event—loss of mother figure in infancy or early childhood —and attempts hence to trace the psychological and psychopathological processes that commonly result. It starts with the traumatic event and works prospectively. (p. 4)

Such views are similar to those which focus on the early environment and environmental failure's contribution to psychopathology and behavioural disturbance developed by Winnicott and adopted at the Cotswold Community by Dockar-Drysdale. What Winnicott (1940) highlights from his clinical work is a sense of rejection, "I cannot get away from my clinical experience of the relation of not being wanted at the start of life to the subsequent antisocial tendency" (p. 52-53).

It is also interesting to note is the difference between this approach and the culture of the approved school. Relationships between the boys in groups at the approved school may have been significantly less safe and more prone to toxic sub-cultures being ignored or colluded with by staff who simply were carrying out crowd management or punishment on behalf of society. Thought about what was happening in the group, as well as individual provision of relationship and therapy in this environment may have had no place in the approved school system. This would also be linked to beliefs that approved school staff had about their roles, and how this differed from a therapeutic community approach.

The longevity of the relationship with the Tavistock Institute which survived changes in management of the Cotswold Community from the Rainer Foundation, Wiltshire County Council and the National Children's homes (now rebranded as 'Action for Children'). The longevity implies that it was considered important enough to endure such changes. It is therefore likely that obtaining consultancy from an institution such as the Tavistock with its rich history within psychoanalysis and therapeutic communities (Armstrong and Rustin, 2020a and b) was part of Balbernie's design rather than an accidental encounter. It seems unlikely that Balbernie would have continued or tolerated consultancy arrangements which were not to his satisfaction, although these relationships were not always without their conflicts and difficulties.

Further details of Balbernie's, Dockar-Drysdale's, Menzies-Lyth and Whitwell's views about love, hate, and gender relationships are described in this thesis. What has been discussed in this chapter is the political aspects of the treatment of delinquency concerning power which are at the heart of Balbernie's and Dockar-Drysdale's philosophical approach:

Damaged children have a terrifying capacity to disturb and violate, so adults who have their charge must be courageous in the exercise of adult power. But they must also be ready to acknowledge its limits and, even more so, deliberately to refrain from its exercise so as to give to the children responsibilities and powers for themselves. Many people and institutions have learnt from Mrs Dockar-Drysdale that scrupulous concern for this balance which George Lyward called 'stern love'. (Beedell, 1986)

4.3: <u>Love & Hate</u>

4.3.1: Ambivalence and Splitting.

The extent to which it is possible to love and hate the same person, and what this means has troubled psychoanalysis for the past century. Klein (1946) argued that the infant starts in a state of paranoid anxiety, unable to bear the turmoil of their physical bodily sensations and needs, but gradually moves towards the depressive position where the child is more able to tolerate loving and hating the same person. However, the nature of this rage, hatred and aggression has been a matter of debate since the beginning of psychoanalysis. Freud (1911) understood hatred, anger and aggression in terms of innate drives. Suttie (1935) stated, "Hate, I regard not as a primal independent instinct, but as a development of separation anxiety which in turn is roused by a threat against love." (p.25). For Bowlby, the idea of hatred and anger being a reaction to a perceived or actual threat to a relationship with a loved one, is in contrast to earlier perceptions of hatred as an innate drive. Bowlby identified the frustration that a child who is deprived experiences because of inconsistency. Making clear the link between frustrations in early years and a person's relationship with society in later life Bowlby (1965) states, "Certainly it would appear that the more complex the deprivation is in the early years the more indifferent to society and isolated a child becomes, whereas the more his deprivation is broken by moments of satisfaction the more he turns against society and suffers from conflicting feelings of love and hatred for the same people" (p.45).

At the Cotswold Community, the boys method of coping with earlier frustrations was withdrawal from society and rejection of societal norms and values. On the one hand the need to retreat and keep at a distance for fear of further distress was recognised by staff. On the other hand, allowing someone to remain isolated and alone was unlikely to help the boys in the longer term. Such a stance might even be perceived as a repetition of early neglect likely to provoke ever more extreme behaviours designed unconsciously to test the sincerity of the care provided and keep others close. Bowlby (1965) highlighted the want to withdraw on a permanent basis as a blind alley, "To withdraw from human contact is to avoid further frustrations and to avoid the intense depression which human beings experience as a result of hating the person whom they most dearly love and need. Withdrawal is thus felt to be the better of two bad alternatives. Unfortunately, it proves to be a blind alley, since no further development is then possible" (p.66). The work that staff did in supporting the boys towards independence and being able to survive beyond the community involved care and love of sorts, and also addressing the deep-seated difficulties which prevented the boys from being able to function in society.

The nature of institutional life and loss of the continuity which families can provide can further amplify splitting as a defence which is likely to hinder more integrated emotionally mature ways of relating to others. Menzies-Lyth (1975) identified the different parts of the boy's psyche projected towards the different functions of the institutions within the community:

> what appears to be considerable splitting in boys' attitude and behaviour between the Polytechnic and Group Living Units, with a tendency to more "ego" type behaviour in the Polytechnic and to more "id" type behaviour in the Group Living Units. This splitting was not in fact felt to be very helpful in the treatment of the boys. A good deal of thought had been given to ways in which such splitting could be reduced. One idea put forward was that it might help if the Polytechnic staff who worked with particular groups of boys in the Polytechnic continued working with these boys when they were acting as staff members in Group Living Units. I expressed some doubts about this procedure. Partly my doubts stemmed from the fact that such splitting is in a sense "normal", that is healthy boys living at home and going to ordinary schools also have this split in their relationships, although of course less violent: and indeed children whose parents are teachers in their school often experience a difficulty in reconciling the two relationships. Home gives a more relaxed situation when indeed more regressed behaviour may show than at school. It seemed to me potentially more useful to give the same opportunity for the splitting and to work at it, even if that might mean stress for staff. Working at it would in this case probably need closer contact between

"home" and "school" than is necessary in the normal outside situation, with close staff communication and working together across the Polytechnic/Group Living boundary at the way boys or groups of boys manipulate relationships and playing staff and staff roles off against one another. (p.6)

Another aspect of managing of splitting was a culture which was wary of sentimentality in the staff team. Sentimentality might be considered a form of splitting since it excluded from awareness more painful realities. There are multiple references expressing the need for staff not to become sentimental or indulge in "woolly permissiveness" (Balbernie, 2011, p.258). The warning that this would be far from helpful is explicit in much of the literature from the community. Advice from Balbernie (1969 [Archive list]) about the nature of the task, warned not to become sentimental, "It is important not to get lost in generalised notions or in sentimental generalised child care good intentions – because we have to provide a reliable and secure situation for these very nasty children and unpleasant and much rejected of societies casualties and customers, and this does not mean playing at mummies and daddies" (p.4).

4.3.2: Differences between professional care and family environment.

Dockar-Drysdale (1990) stated, "Good child care is not the same as the preoccupation of the ordinary devoted mother and therapeutic management is again different. However, I do not believe that therapeutic management can be achieved without considerable involvement – something stronger and perhaps more primitive than empathy" (p.7). Can professionals ever provide an adequate form of loving for those who have had not had satisfactory relationships in their family of origin? One of the aspects of love which might be absent are boundaries needed by the child in order to develop a healthy relationship with reality and sense of containment. Winnicott (1944) noticed the meaning for the child of external agencies from the state intervening to bring some order, and how this may be perceived by the child to be a form of loving, "The probation officer supplies something missing in the home – love backed by strength (in this case the strength of the law.)" (p.165)

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Related to questions about love is how professionalising the relationship (being paid to care) impacts the relationship. Can someone being paid to care ever provide a substitute love as unconditional as a mothers love? Fromm (1957) argues of the nature of a mother's love for her child:

> Mother's love is bliss, is peace, it need not be acquired, it need not be deserved. But there is a negative side, too, to the unconditional quality of mother's love. Not only does it not need to be deserved – it *cannot* be acquired, produced, controlled. If it is there, it is like a blessing: if it is not there, it is as if all beauty had gone out of life – and there is nothing I can do to create it. (p.31)

If it is true that it would be possible for a person being paid to provide an adequate but different form of love, a question emerges about what the conditions are that this would enable this? Most importantly, what would be the impact of not attempting to provide love and care for those unfortunate enough not to have received this in their families of origin?

Linked to the above issue, is the question of staff having lives external and separate to their work at the Cotswold Community and the explicit understanding that the small units or houses and staff within them could not provide a substitute family for the boys. Rice (1968) stated, "I believe it is important to recognize that an institution such as the Cotswold Community cannot provide a boy with a family. It may provide a substitute small group environment: and the small group environment may have healthier relationships than those in his own family; it may even be more satisfying. But it is not a family, and the dynamic relationships with which the Community has to deal are not family relationships" (p.10).

For staff there was the implication that, whilst undeniably emotional, the work should not replace actual relationships with ones own family. For the boys, those caring for them were not family with whom they had a personal and permanent bond. But professional carers might have had all sorts of implications for their identities and self-esteem. The need of the institution to integrate new members and relinquish old members is described in the following discussions about arrangements in the earliest days of the community by Rice (1968):

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> Small groups can provide security and a sense of intimacy. But confinement to one small group can, on the one hand, frustrate the range of potential relationships (like a family that never visits or has visitors) and, on the other hand, be over-seductive in encouraging withdrawal into a closed in-bred unit. Two safeguards are required, the first, the group should have experience of losing older members and gaining younger ones; and second, a higher order system should put together more than one small group as an identifiable unit, for convenience called a 'House'. (p.10)

For the boys whose families were not able to provide the continuity, stability and safety a home run by professional care takers might have felt unfamiliar. The Cotswold Community might have provided relief that their need for stability might be met, as well as sense of loss that this stability needed to be provided by professionals. One of the functions of a family is to provide continuity and support throughout one's life, another is to enable children to become adults who are able to function in society. This need for apparent "normality" and for the boys to learn the day-to-day tasks of life such as budgeting and shopping was not lost on staff at the Cotswold Community and was included in discussions with consultants to the community. Menzies-Lyth (1972) made reference to the importance of, "maximising the opportunity for boys, with staff, to have an experience of living as like as possible to that of normal boys living with their families, e.g. to go shopping, to experience conflicts involved in choice, to learn to deploy the limited amounts of money available." (p.5)

Another function of the family is to support the child through adolescence towards young adulthood including the ability to work. Menzies-Lyth (1976) made links between her experiences of working with military personnel who needed to adjust to civilian life after the horrors of war, and the needs of adolescents to be supported towards independence outside the family:

> I began to have a strong déjà-vu feeling and realised that I was back with my own end-of-World-War-II experiences in working with British Prisoners-of-War from Germany and then from the Far East. While in Civil Resettlement Units these men were still in the Army, but not quite of it: they were not under psychiatric treatment and yet they needed help about their disturbed and distanced position vis-à-vis ordinary society, more than ordinary servicemen did, e.g. with their anti-authority attitudes developed in relationship to the imprisoning power, their estrangement from society, and so on, into a positive acceptance of functioning there. The problems then could be seen as

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centring around how to promote independence and the capacity for the mature mutual dependency, how to help boys relate to meaningful situations in external society, to employment, to living conditions whether back in the family, in the hostel, or independently, how to relate to other meaningful institutions in external society and so on. (p7)

4.3.3: Roles and Boundaries.

Freud noted the compulsion to repeat earlier trauma, calling this the 'repetition compulsion.' (1914). Winnicott (1950) argued that this had very specific connotations for residential childcare concerned with the blurring of fantasy and reality, "Sometimes a child will very cleverly bring about specific ill treatment, in an attempt to bring into the actual present a badness that can be met by hate; the cruel foster parent is then actually loved because of the relief that the child feels through transformation of 'hate versus hate' locked up within hate meeting external hate now. Unfortunately at the point the foster parents are liable to become misunderstood in their social group." (p.182). A community environment where a child's provocative behaviour can be understood and discussed openly might mitigate against the possibility of actual ill-treatment from those responsible for their care. The staff team might provide an outlet where staff members who might feel tempted to behave cruelly can explore and talk about these feelings without any danger of acting on these feelings since there is open communication to prevent acting out. If there is acting out on the part of the staff this can be challenged. This requires recognition of the difference between feelings and actual behaviours. Understanding the distinction between feeling and behaviour might be an essential aspect of preventing cruelty and mistreatment. Rather than the existence of hostile feelings leading to mistreatment, the ability to discuss hostile feelings could be perceived to be the element which prevents enactment.

Beyond the child's understanding of what the roles and boundaries are, Winnicott (1970) indicated how a staff member who is not provoked into vindictiveness is eventually used by the child, and what the job is, "In the setting the word survive means not only that you live through it and that you manage not to get damaged, but also that you are not provoked into vindictiveness. If you survive, then and only then you may find yourself used in quite a natural way by the child who is becoming a

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person and who is newly able to make a gesture of a rather simplified loving nature." (p.227)

The boys had experience of parents and other adults who were unable to fully inhabit the roles needed. Therefore absolute clarity about roles and boundaries by both adult and boys was necessary. One of the area's in which the role of staff at the Cotswold Community needed clarity was about the relationship that staff had to the boys family since this was an area of considerable anxiety. Drew (1969 [Archive list]) writes of the roles that the adults took with the boys family, "She is a resource to the child's real parent and provides a service to the family not as a substitute or an alternative but providing skilled supplementation." (p.1)

The fact that the boys were adolescent and approaching the age of sexual maturity also highlighted an area in need of clarification in terms of roles expected of staff, especially the younger women working at the community. Rice (1970) had the following understanding of what female staff's roles were in terms of the management of sexual acting out, "Their youth makes for certain difficulties in terms of both aggressive and sexual acting-out by boys and a great deal of teasing which adds considerably to the emotional stress of their role. The particular difficulties of their situation stress the need for them to develop a high degree of professionalism and skill in their role, to develop a mode of inter-acting with boys which is neither motherly nor akin to a girlfriend, as a protection for themselves and for the benefit of the boys." (p.4)

In addition to the specific role of the focal carer, much attention was also given to the over all nature of the roles in the community and the stress and importance of relationships:

> The main focal point of the female child caring member of staff work is that of relationship work. By this I mean, helping to provide emotional experiences "in depth" for children who have had their primary ties with their own mother stopped or interrupted either by death, separation or prolonged illness. From our work so far, it has been seen that many of the boys have missed considerable emotional experience and are, therefore, deprived of good "mothering" experience. (25 grossly deprived – mother dominant figure.) It is necessary, therefore for women to be free to provide these experiences, using whatever therapeutic tools are necessary." (Drew, 1969 [Archive list], p.1)

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The need for individual concern for a boy's emotional development, and how failing to provide this would be devastating, is also evident elsewhere in the literature. Balbernie (1969 [Archive list]) conceptualized the task in the following terms, "We are committed to an attempt to provide remedial experience that is compensatory and 'corrective' in the sense that it provides enriching experience equivalent to missed good early experience, is 'disarming' and not hardening or brutalizing and is accepting. The aim is not to add deprivation and insult to serious personal and environmental impoverishment and unhappiness." (p.6).

Chapter 5: Discussion

Gender was a red herring, it was also a powerful lens
(Gilligan, 2011, p.10)

This chapter begins with a discussion of gender roles at the community. It considers the need for male role models and the idea of "masculinity in crisis". Then is explored the complex role that women working at the community played, which is described by Wills (1971) as the "women problem." The task of supporting boys during their adolescence and transition to becoming men is discussed before touching upon Balbernie's (1969 [Archive list]) stipulation to "not play mummies and daddies".

5.1: Gender Roles at the Cotswold Community.

Philips (2014) states at the end of her research, "A Critical Historical Analysis of an Approved School Transforming into a Therapeutic Community: The Journey of a Healing Culture":

> Further research into the Cotswold Community is something that would be hugely interesting, there are many more areas that lend themselves to this, examples of these are: the development of gender roles, the roles played by families of staff that lived on site, the therapeutic role of the farm in treatment and finally what it was that was so special about the Cotswold Community? Many of the staff members, it was evident, hold a very special place in their hearts for the Community, why and how this became such a special place is fascinating. (p.42)

The Cotswold Community became a therapeutic community during the late 1960s, the era of consciousness raising and feminists axiom that the "personal is political". It was during this era that feminist thinkers and psychoanalysts turned their attention to the family, "Understanding the family, an institution so bound up with the recent historical destinies of women, was an urgent need, especially since the youth movement and the anti-psychiatry movement, both historical antecedents and

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coveal with the emergence of modern feminism, had viewed the family as one of the core reactionary institutions of modern society." (Appignanesi and Forrester, 1992, p.459).

The notion that therapeutic communities have been a man's world (Wills 1971) is not new. Authors writing about the early therapeutic communities such as the Northfield Experiment have highlighted how masculinity was an issue of importance to the early pioneers developing therapeutic communities during WWII and its aftermath:

> The term 'shell shock', coined at this time, reflected many of the controversies that raged about the nature of war neurosis. For a generation of men brought up on ideals of masculinity that eschewed such 'feminine' attributes as fear, the terrors that affected them and their comrades were 'perplexing and shocking'. (Showalter 1987, p.171) The evolving understanding of these issues profoundly influenced subsequent clinical, organisational and theoretical development of psychiatry. (Harrison 2000, p.79)

The Cotswold Community made its transition from approved school to therapeutic community during a time (the late 1960 – 1970s) where there were other significant social changes occurring. In particular attitudes towards domestic violence and gender based violence were changing. Organizations such as The Chiswick Women's Aid, a women's refuge set up by Erin Pizzey emerged. Gender relations at the Cotswold Community can be seen from a multiplicity of perspectives. The historic and cultural context of the time the community existed in, and from the current cultural context and understanding of gender identity, and concern about misogyny and misandry, including violence against women and intimate partner violence.

Also significant in terms of gender at the Cotswold Community was the impact of the farm. Manager of the farm at the community, David Cooper (2011) makes explicit the importance of the farm providing the boys a protected environment where they could be supported whilst being in touch with the realities of a working environment. This provided a unique opportunity for the boys to observe men working and coping with the stresses and bodily feelings involved with manual work, and was of enormous therapeutic importance:

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> Our own feelings have to be contained within ourselves as the boys soak up our projections so easily and translate them into their own inadequacies. The ego strength of the boys is so low that it is very difficult for them to fight through feelings of tiredness or heaviness. So many times it is a case of 'I've got to have a rest', or 'it's too heavy for me'. And yet, I firmly believe that managing the farm on commercial lines and providing a real experience of a working role model is an important factor in the use of the farm as a therapeutic tool. (p.343)

Cooper (2011) brings our attention to the role that the farm had, with regards to helping the boys understand about sex and reproduction as part of the educational program at the community, which reflects Menzies-Lyth's belief that the whole environment should provide the therapy, "Oh yes, and sex! Reproduction and artificial insemination, just where these boys are so streetwise and screwed up." (p.342). The opportunity for appropriate exposure to life's harsh realities, as well as the sensitivity that the farm provided is described terms by Cooper (2011)

> imagine the other parts of the children's lives that are confronted, even if unconsciously, in relation to sheep and lambing – orphan lambs, fostered lambs – e.g. a triplet lamb taken away from the ewe and fostered onto a ewe with only one lamb, ewes that won't allow a lamb to suckle, ewes that will batter a lamb, lambs that have to be bottle-fed. How much do the children identify with what can be going on and perhaps use it to sublimate their own sadness. And if they can't cope then at least it is exposed for the staff to help them. We are able, too, to give the boys the opportunity to use and challenge their functioning bits. (p.343)

Whilst some of these concerns might appear to be practical rather than psychoanalytic, they were none-the-less real life concerns which had a psychological meaning for the boys and institution. In contemporary psychoanalytic theory, tending to the environment might be conceptualised as showing concrete, real and practical evidence for the boys that their needs were recognised and kept in mind. It was for this reason that food was provided and prepared directly by residential child-care workers of either gender who also had other therapeutic duties. Emotional care was provided along side practical care in much the same way it would in a family, avoiding the pitfall that practical care in terms of food and cleanliness being impersonal and institutionalised.

Providing practical as well as therapeutic care had significant implications in terms of finding appropriate staff, especially as these needs were intense and required

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long working hours of staff who had committed to being at the community for at least three years (Khaleelee and Tomlinson, 2011). It is implicit rather than explicit within working notes that the difficulties in finding suitable women to provide primary experience to the boys at the Cotswold Community, were because many women who might otherwise have been suitable had children and families of their own and were therefore unable to take on such demands. Part time work as a residential child care worker was not an option due to the amount of containment the boys needed. Living on-site to enable swift crisis intervention and unsociable working hours were necessary and generally the norm.

Concerns about gender relationship and identity have in no way disappeared and are as prevalent as ever. Perry (2016) argues about contemporary difficulties with masculine identity:

> Men take more risks. Men who feel stuck with the expectations of their gender – to be strong, to provide – can take criminal ways to fulfil those roles if denied legitimate opportunities to do so. Boys, often who grew up without fathers, in chaotic households, who struggled in school, who find themselves unqualified, unemployable on the brink of adulthood, can be swept away by unchannelled masculine energy (p.77).

Perry (2016) also draws our attention to the issue of how gender is discussed, *"How* we talk about masculinity might be just as important as *what* we say. The very idea that there is a strict set of rules needs to be chucked away. The future of masculinity is a plethora of masculinities." (p.135) Perry (2016) also notes the issue of *who* had turned their attention to the issue of gender, "The scorching debate about gender seems to be carried out by activists, the media and academics – middle class people, in other words; meanwhile, out there is real injustice in both directions." (p.103) Perry also focuses on why continued attention to the subject of gender is so important, "Gender is so deep in our identity that it will take many generations for change to happen. That is no excuse for not working on it now" (p.104).

The argument that mothers of boys placed at the Cotswold Community had been unable to provide what was necessary for these boys requires context. An understanding of the context includes an awareness of prevalence and impact of domestic or gender based violence on the ability to parent, and the relationship between intimate partner abuse and child abuse (Goddard and Bedi, 2009). There is

an explicit recognition that parental relations have been strained noted by Wills (1971), "This mutual sympathy support and respect are absolutely imperative if the boys are not to be given a repetition of the inter-sexual discord and contempt for the female which has so often been a feature of their early life." (p.122) What might also have been the case is a tendency within society to blame mothers for their children's behaviour, especially delinquent behaviour. Additional was the reality of social policies which removed children from their mothers when born out of wedlock or considered "illegitimate". Class prejudice and social inequality might also be part of the picture concerning the wider context of the lives of the boys who were at the Cotswold Community.

The social context in which the community existed was becoming more aware of gender roles and gender based violence. This was also the era in which the first known women's refuge was formed in Chiswick by Erin Pizzey. Documentary footage from the 1974 film Thames Television film, "Scream Quietly or the Neighbours Will Hear" stressed the need for integration, and for non-violent role male models for the children of women who had experienced domestic violence. There is a particular stress on male nursery workers for children who have been traumatized by the violence they have witness or experienced from men, and for these children to have experiences with non-violent or abusive men. It was the era of men providing childcare at women's liberation conferences as an act of support to the feminist agenda.

Primary experience, the sort a baby or infant should have had was being provided to adolescent boys at the Cotswold Community, which was an extremely intimate and complex task. It was particularly complex because of the tension between meeting the unmet need for positive primary experience in a boy who may well be approaching the age of sexual maturity, similar physical strength and size to a fully grown adult male and prone to violent rages. Further exploration of the materials written about the Cotswold Community is needed to establish how these two competing needs (unmet needs of a traumatised neglected baby and the needs of an adolescent approaching sexual maturity) might be met. The link between an infant's unmet need and an adolescent becoming able to take on socially accepted roles is made explicit by Wills (1971) in his description of provision of primary experience at the Cotswold Community:

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> Disturbed adolescents have frequently suffered grave impairment of the mother-child relationship, and the role of the woman worker is to be the target of feelings displaced from the mother to her, to understand them, and by skilled and patient understanding to help the boy to work through them. Some boys have been denied much or all of that primary mother child experience without which we cannot go forward to become separate, 'other-regarding' individuals. In such cases the woman worker has to try to provide those primary experiences. (p.121)

The provision of primary experience was frequently symbolic rather than actual. For example it wasn't necessary or appropriate to feed or bathe the boys in the way that a mother would a small infant, but it was important that interest and concern was shown similar to that a ordinarily devoted mother. This may take the form of noticing a boys likes and dislikes around food, or a light-hearted or playful remark such as "have you washed behind your ears?", or ensuring clean towels, whilst remaining respectful of a boys privacy (Tomlinson, 2004).

The idea that male workers had to provide role models and the view of masculinity which included how they lived in the personal lives, as well as their professional lives, was mirrored in perceptions of how the women at the Cotswold Community should behave. Wills (1971) noted, "the woman in residential child care is not so much a *professional* woman as a professional *woman,* and the recognition and acceptance of her in the primary woman role is helped when they see her doing those things they associate with women; that she should be nothing else is quite preposterous because it is so limiting as to be crippling." (p.122). This work was incredibly complex and stretched workers to the limits of their endurance due to the nature of the boys' need for maternal care (Drew, 1969 [Archive list]).

The need for these women workers to have individual consultancy was acknowledged because of the strong link between the professional and personal and the need for a supportive place and person with whom one could untangle how difficulties in each realm may impact another. One of the important issues which may be addressed in consultancy, which may be of value to institutions dealing with complex gender dynamics, is the possibility of internalized misogyny. Internalized misogyny is defined by Weiss (2015) as, "the by products of this societal view that cause women to shame, doubt, and undervalue themselves and others of their gender."

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Not every woman at the community took on a maternal caring role, in part due to difficulties of finding women of an age that they might realistically have been a boy's mother. Many of the female workers were too close in age to the boys to hold this maternal role, and the adolescent need to find safe, appropriate, respectful relationships and ability to express desire became important to be mindful of and dealt with in an appropriate manner. The closeness of age between younger female workers, and the older boys at the community might have created the opportunity for horizontal rather than vertical transferences and relationships. The presence of women who were sometimes in need of support and understanding by male staff members is evident in writing from the community, as are the dangers and tensions which were inherent in male/female relations, "It seems also important that male staff develop the habit of making interventions to protect female staff, recognise the professionalism of young female staff and indeed C.S.V's (Community Service Volunteers), and support it, do not themselves get entangled in fantasy relationships with female staff, so that they give to the boys an appropriate model of professional masculine behaviour towards professional women" (Menzies, 1970, p.4). Interestingly the working notes make no reference to what should happen when or if female residential therapeutic childcare workers became pregnant, despite the obvious therapeutic and practical implications and reality that this sometimes occurred at the community.

It would be tempting to provide an account of the Cotswold Community that gave the impression there was never any conflict in terms of gender relations at the community. However, closer analysis of archived materials from the community provide a more complex picture. Correspondence from Balbernie (1981 [Archive list]) stated of conflict and splitting within the senior management team, "There was no room for masculinity in what had become a hen house operation." (Balbernie, 1981 [Archive list], p.2). The correspondence was to councillor Jack Ainslie and future Chairman of Wiltshire County Council regarding personnel issues, concerned Balbernie's authority to appoint staff to positions of authority at the Cotswold Community. It is apparent that there was considerable tension along gender lines, which may have led to the ending of Menzies-Lyth's work at the community:

> It was a messy and nasty business and damn near did a lot of harm at this end until I brought Isabel's consultancy to an end. It was a great relief and help that this process was brought to an end.

> Maybe there is now room for a more _masculine_ management needed, and particularly someone of at least considerable weight and experience and knowledge, but I am afraid that probably something much more feminine and clubbable and collusive was the only thing that would have the space to grow at the moment with regards to the actual business of what is going on in terms of the treatment of those in the hostel. (Balbernie, 1981, [Archive list] p.2)

Despite the tensions evident in Balbernie's relationship with Menzies-Lyth, there were also times when Balbernie was acutely sensitive to the difficulties experienced by house-mothers and female staff. He observed that, "any caring and sensitive house-mother faced openly with such vast amounts of sickness in an environment where this is not split off and repressed, can find herself swinging madly between wanting to weep and wanting to scream." (Balbernie, 1972a, [Archive list] p.3)

Riley (1983) argued, "the challenge for feminism is to be alert to every aspect of gender – and, by means of that close attention, also know where gender might end." (p.8). The fact that men took on the role of providing primary care, traditionally a gender-specific aspect of 'mothering', is important. This relates to wider discussions in feminism and psychoanalysis, particularly the work of Chodorow, "One of the conclusions that Chodorow came to was that the fear and loathing of mothers in western culture, together with the fateful consequences of the doctrine of separate spheres, will only be dissipated if men become mothers. Non-gender specific parenting became the key item on the political agenda; 'women's mothering was _the_ cause or prime mover of male dominance.'" (Appignanesi and Forrester, 1992, p.468). One answer to whether the Cotswold Community was a continuation or departure from male dominance, is that it could be both in different ways and at different times, dependent on the individuals involved. The risk of the continuation of male dominance through judgemental or moralistic understanding of the significance of disturbed mothers and mothering, needs to be seen in the context of the hope of breaking the intergenerational cycle of abuse and disadvantage experienced of the boys.

The fact that men at the community were choosing to take on non-traditional roles of care and nurturing and providing primary experience was not lost on those at the community, and had particular context. That gender relationships were considered important and discussed might be considered progressive, yet those working in the

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field had to contend with heteronormative assumptions about appropriate roles for men to take on:

> It is easy too for involvement to be seen as perverse. A man accepting a maternal role created by a small boy may look after the child in a maternal way. The fact that he is quite aware of what he is doing, discusses his work in detail, and so-on, may not save him from suggestions that he is a homosexual. There is nothing more vulnerable than a therapeutic involvement: once guilt has been let in at the door, primary preoccupation flies out of the window (Dockar-Drysdale,1963, p.76).

This fear and misplaced sense of guilt may be just as relevant for today's generation of male residential therapeutic child-care workers. Although they might not have to cope with such overt expressions of homophobia as previous generations, they might still have to cope with suspicion about motives for doing the work due to public awareness of abuse in institutions working with traumatized children.

Analysis of how gender roles became more fluid and flexible at the Cotswold Community has resonance for wider discourse about gender roles, in particular about whether care and nurturing are to be ascribed to particular genders or are in-fact a universal human concern beyond gender roles. The universal nature of care which exists beyond gender roles was known at the Cotswold Community since its beginning, "Not for one moment is it suggested that the feminine side – which every man has, as every woman has a masculine – should never find expression: much less is it suggested that tenderness and concern are more feminine than masculine. They are human attributes, and are not particular to either sex." (Wills, 1971, p.122) This is in contrast to socially prevalent notions that caring was a gendered activity:

> In the gendered universe of patriarchy, care is a *feminine ethic*, not a universal one. Caring is what good women do, and the people who care are doing women's work. They are devoted to others, responsive to their needs, attentive to their voices. They are *selfless*. (Gilligan, 2011, p.19).

Experience at the Cotswold Community re-framed notions of care and gender highlighting that caring involves a great deal of self-awareness as well as having a profound impact on the personal lives of those involved, but is not restricted to

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narrow gender confines. It involved both female and male staff being able to hold a benign sense of authority, as well as being able to bake a birthday cake, take a boy's temperature, mop a floor, sew a button, prepare a meal and treat one another with respect.

5.2: Male Role Models, and 'Masculinity in crisis.'

Relations between a parental couple involve the taking on of gender roles, and difficulties between the parental couple may involve difficulties or failure to take on positive gender roles or negotiate these successfully. These gender roles take place in a social context. Within psychoanalysis and psychiatry, there was a shift in concern about the individual, to the social which was particularly evident in the work of Bion and early pioneers of the therapeutic community movement, "Bion and Rickman identified the core issues that need to be faced, and shifted therapeutic thinking from individual treatment with its limited horizons to enabling men to survive the relationships and responsibilities of fighting a war" (Harrison, 2000, p.14). This shift took place within the social context of ideas about masculinity, and increasing concern or social awareness of a crisis of masculinity. Perry (2016) argued, "The idea of masculinity in crisis is nothing new. History throws up many moments when the accepted vision of what it was to be a man was questioned and adapted. The mass occurrence of 'Shell shock' during World War One forced mental health professionals to reappraise the idea that men are born with a natural emotional resilience." (p.42)

War changed gender relationships and roles, both in terms of work and employment opportunities and how the high mortality of young men impacted marriage opportunities for women. War also had a profound impact on psychoanalysis and the therapeutic community movement (Kennard, 1998). The ideas of attachment theory were developed and found support in the era of "post war recuperation" (Holmes, 1993, p.86). Traditional notions of masculinity were crumbling, being challenged and changing in the context of war. Bowlby became concerned about the impact on children of war, the separation that war caused between children and their mothers due to evacuation, more women going to work due to the war effort, and absence of fathers due to the war. The policy of evacuating inner-city children to the countryside

in order to protect them from the horror and danger of bombing raids of cites, which separated them from their mothers was of particular concern to Bowlby and Winnicott (Bowlby, Miller, and Winnicott, 1939).

The war which Kennard (1998) refers to, and which informed Bowlby's and Winnicott's work, was WWII. Both World Wars of the 20th century had profoundly influenced social ideas concerning masculinity. The Cotswold Community made its transition from an approved school to therapeutic community in 1967, against the social backdrop of the Vietnam War. Changing ideas of masculinity may have provided an important element of work being carried out in therapeutic communities including the Cotswold Community. Bly (1990) writes of the changing nature of masculinity during the 1960's in relation to the impact of the Vietnam War:

> During the sixties, another sort of man appeared. The waste and violence of the Vietnam war made men question whether they knew what an adult male really was. If manhood meant Vietnam, did they want any part of it? Meanwhile, the feminist movement encouraged men to actually look at women, forcing them to become conscious of concerns and sufferings that the fifties male laboured to avoid. As men began to examine women's history and women's sensibility, some men began to notice what was called their feminine side and pay attention to it. This process continues to this day, and I would say that most contemporary men are involved in it in some way. (p.2)

To explore how notions of masculinity were evident at the Cotswold Community is also to reveal something about attitudes towards the feminine, in particular ideas about feminine and maternal care. Yet such a debate might be argued to be in its very nature patriarchal. Gilligan (2011) argued, "Within a *patriarchal* framework, care is a feminine ethic. Within a *democratic* framework, care is a human ethic. A feminist ethic of care is a different voice within a patriarchal culture because it joins reason with emotion, mind and body, self with relationships, men with women, resisting the divisions that maintain a patriarchal order." (p.22)

This argument has particular implications for the work at the Cotswold Community, especially during the early days of transition from approved school to therapeutic community. If the task was therapeutic childcare, was this now 'women's work'? Were men out of place in this traditionally maternal environment? If the task remained to contain or incarcerate these difficult young men and boys, what was the

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place of women? The community needed to provide therapeutic childcare and also containment on behalf of society, so required men and women able to do both.

A worker at the Cotswold Community who had good emotional relationships and capacity for engaging therapeutically, but who struggled to manage the practicalities of cooking for a large group of people or who wasn't able to arrange a game of football would need to learn as quickly as a worker who might be practically able but unable to engage emotionally with the boys. Often this need brought deep issues about gender identities to the fore at the community, both for staff and boys becoming young men without the earlier foundation of stable role models of either gender. An example of personal issues about gender for staff, would be a female worker who had grown up being told by her mother that it was her role to carry out household chores, and felt resentful that her brothers did not have this expectation. There would be a need for this resentment to be understood by the worker in supervision, consultation, or her own analysis, in order for the resentment not to be acted out or projected in the work situation.

5.3: The 'Women Problem.'

Wills (1971) justified devoting a chapter of his book entitled 'a man's world' about gender roles at the Cotswold Community in the following way:

> One might almost write about 'the woman problem' as Edwardian journalists did when the movement for the emancipation of women was just beginning. Women at the Cotswold are not yet wholly emancipated, and when I say this I say it in all possible charity, I say it not in criticism of the women, but – if of everyone – the men. It is still very much a man's world at the Cotswold, though very much less so than it once was, and much is being done to remedy this situation with which everyone, including those who unconsciously contribute to it deplores. (p.119)

However, this is not the first time that gender has been considered in therapeutic communities. One of the earliest pioneers of psycho-social nursing in therapeutic communities, Hildeguard Peplau (1909 – 1999) writes of gender relationships in earlier therapeutic communities for adults, "The nurse must observe and draw

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inferences about the role she is taking, and the role in which the patient is casting her…. The patient may cast the nurse in the role of chum, friend, parent, protagonist, sex-object and the like…" (Peplau, 1965 p.47 as cited by Winship 2022) Working notes from the community reveal that gender roles were considered in terms of projective identification. Menzies-Lyth stated in her 1973 working note, "I found myself wondering what kind of Community symptom they represented, what role were the women playing in the Community, what was being projected into them." (Menzies, 1973, p.2) Examination of Wills' (1971) account of the early days of the community reveals the extent to which women were only fleetingly seen, and likely not heard:

> On entering one is very warmly received by whatever man happens to be on duty, one is shown round, introduced to such boys as are about the place, and to other men. After a while one will see the dim figure of a young woman flitting across the background, perhaps crossing a passage from one room to another, and a conversation something like this will ensue.
> 'Who's the pretty girl?'
> 'Oh – er – yes, haven't you met her? That's Jane' (or Sally or Jean or whatever it might be) 'our housemother. Very nice girl. First class. Absolutely great...'
> I pursue the topic of housemothers further, if I feel strong enough and my interlocutor is sufficiently encouraging, eventually he will say, 'Would you like to meet her?' (p.119)

Such descriptions feel dated now, for example to describe a woman in terms of her physical attractiveness ('who's the pretty girl?') certainly raise eyebrows, and now argued to be inappropriate and objectifying in contemporary cultural context. This is not the first time that women in organizations have been thought of in such terms. For example Walter (1983) remarked that within a corporate setting, "A graciously and perhaps even sumptuously decorated office reception of a company communicates opulence and self-assurance . . . So too does the presence of a comely lady receptionist. These individuals are clearly not of goddess stature but are reminiscent of the nymphs who served as handmaidens to mythological gods in a variety of ways." (as cited in Lowe, Mills and Mullen, 2002, p.424). It is important to note that the approved school system, and the Cotswold Community prior to 1967 employed virtually no women (Whitwell 2011b), especially women in direct work with the boys or senior managerial roles.

Underlying these difficulties that men women and boys experienced in institutions, and specifically the Cotswold Community are potentially unconscious conflicts about women's roles as mothers. These conflicts are to do with dependence, and the power that women hold when they become mothers. Winnicott (1971) remarks of these sorts of issues, "mother's face is the mirror in which the child first begins to find himself" (p.51).

One of the many transitions the community was making in becoming a therapeutic community was integrating women into the workforce, in domestic roles, and senior and consulting roles and at every level of the hierarchy in-between, despite the difficulties Whitwell (2011b) noted in women entering managerial roles. Working notes demonstrate that significant thought and discussion was given to gender roles at the community. This integration of women into the workforce was not without its difficulties. An interaction which demonstrates how in the early days women were far from free to provide the boys with experience of feminine, maternal care is described by Wills (1971):

> Pat heard that there was a sick boy in one of the houses. She went over to investigate. Yes, she was told, it was true that there was a boy in bed.
> "Right," said Pat, "I'll go and have a look at him and take his temperature."
> The man to whom she was speaking was horrified
> "What" he said, "you can't do *that*."
> "Why not?"
> "Well of course you can't. A *woman* can't go into the boys dormitories!"
> "Well it's about time they did, and I'm going into this one."
> The altercation continued for a little while, but eventually Pat ascended to the forbidden area, preceded by one man to prepare the way, and followed by another, presumably as rear-guard. (p.120)

What can't be known from Wills description is how this was experienced by the boy. In question: whether the ill boy perceived this care from Pat to be intrusive? and how the men at the community experienced this challenge to their authority. What is not clear is whether a male member of staff had considered taking the ill boys temperature, and if so, why not? If it had been the case that men had not previously taken the boys temperature because of perceptions about gender roles, and women could not go into boys dormitories, this would be an example of rigid beliefs about gender roles impacting negatively on very simple aspects of good enough child care.

Wills (1971) provided further description of the difficulties the women who worked in the early days of the community faced, "Pat Drew and her pioneer women (for that is how I think of them in this man's world) were therefore faced with the frightening problem of how to infiltrate a male stronghold, where first they were frankly not wanted, in order to carry out with inadequate numbers a task that was of great difficulty and complexity and intensely demanding, among reluctant colleagues who had little idea what they were up to." (p.123)[16]

By the final decade of the Community's existence, women were expected to carry out all tasks that a male worker would. This included intervening in violent situations and physical restraint or holding. A female worker could also act as a lifeguard supervising the boys swimming in the community's pool, if they had passed the training and test of being able to fetch a weighted dummy from the bottom of the community's swimming pool fully clothed. Male residential child care workers were expected to cook, clean, shop and sew as much as female residential child care workers. Women went from being told, "you can't do *that*", to being able to take on all roles at the community provided they had the necessary skill and training.

Gender relationships and identity exist in a cultural and historic context as well as in a specific individual context of a person's life trajectory. Those involved who wrote about the Cotswold Community indicate that there was an awareness of the profound maternal deprivation the boys had experienced and the impact that such deprivation is likely to have when they approach adolescence. The question of what these "pioneer women" were up to, and how the role of women in therapeutic communities have changed, requires further analysis.

Menzies-Lyth (1985) noted of the dynamics about the traditionally female task of provision of food to a previously very deprived group, and disputes between the housemothers, "The matron was regarded as a 'mean-bitch'; if only she were more generous, everything would be alright" (p.241). Menzies-Lyth (1985) also recognized the unconscious processes at work in the boys that the female worker came into contact with, and need for proper support to survive, "The deprived,

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16 A further example of a 'pioneer woman' who worked in the therapeutic community movement was Marjorie Franklin who worked with David Wills in the Q Camps during the 1930s. Other examples of pioneering women of the therapeutic community movement are Eileen Skellern (1923 – 1980) Annie Altschul (1919 – 2001) and Hildegard Paplau (1909 – 1999) who are described as the "Grand-Dames of Psycho-Social Nursing" (Winship, 2022)

inadequately mothered child may violently project into the care-takers an idealized mother figure with the demands that the care-taker be that mother and compensate for all his deprivations. The danger for the care-taker, and so for the child, is that the projection may be so compelling that the care-taker acts on them instead of taking them as communications." (p.247)

5.4: Boys to Men.

One of the tasks that the Cotswold Community had was helping vulnerable and traumatised young boys make the transition to adulthood, and become men. Dockar-Drysdale in an interview for the Daily Telegraph stated, "Boys suffer terribly in divorce cases when mothers are left in charge', she says, 'and there are no male role models." (Tyrer, 1990 [Archive list]). The absence of positive experiences with male role models, and the impact that this has on boys is not only evident in the work specifically at the Cotswold Community, but also in wider social discourse about gender. Bly (1990) captured the impact of the emotional absence of a benign father figure and tensions in the parental relationship in the following poem:

> The woman stays in the kitchen,
> and does not want
> to waste fuel by lighting a lamp,
> as she waits
> for the drunk husband to come home.
> Then she serves him
> food in silence. What does the son do?
> He turns away,
> looses courage,
> goes outdoors to feed with wild things,
> lives among dens and huts,
> eats distance and silence;
> he grows long wings,
> enters the spiral,
> ascends.
> (p.39)

The need for positive role models for the boys permeated every aspect of the community and how it was run, especially in terms of education as well as therapy. The whole milieu was informed by these principles in order to that therapeutic gains

were not undermined by contradictions elsewhere in the environment. This was made explicit from the outset:

> ….the approach taken in this note is that the boys have not had appropriate models available to them (particularly models demonstrating the constructive rather than the destructive use of masculine aggression). The task of the school is to present them with appropriate models and to help them to identify with them. Even for the very disturbed, psychiatric or psychological therapy, as direct treatment, cannot take up more than a comparatively small proportion of waking life. The milieu in which it takes place should therefore reinforce and support specific treatment. Certainly if it does not support it, or, worse still, contradicts it, then any results of therapy will almost certainly be jeopardised. Without specific treatment, the institution and staff behaviour provide the only therapy available. (Rice 1968, p.8)

Absent or negative examples of masculine identity are problematic for the boys developing sense of self. This is made explicit by Rice's (1968) comment noting the "general problem of male identification for adolescent boys" (p.6):

> In the process of growth and maturation every individual has to cope with the change from complete dependence as a baby (usually on parents) to quasi-dependence as an adult. Boys, in our society, have in addition to accommodate to a change in the sex of the figures on whom they depend, and whom they can take as appropriate models for adult behaviour. (Girls, of course, have difficulties because they do not have to make this accommodation.) They have to come to terms with their own male aggression and the difference between constructive and destructive characteristics. (p.6)

Balbernie was acutely aware of the need for a benign male authority figure, the implications of its absence, and that this authority would be tested to its limits. Included in this understanding and problematizing of male identity is linking gender to development. The first working note states, "Within the living process different kinds of male and female roles would provide models with whom the boys could identify, with emphasis on the transition from female to male identification on the one hand, and from younger 'fraternal' to 'parental' and community authority on the other." (Rice, 1968, p.11)

The possibility that making the transition from maternal to paternal identification might, if not properly tended to and considered, involve the denigration of female or

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maternal roles and idealisation of male or paternal roles was given due attention. Menzies-Lyth (1974) stated:

> ....more important, are the models of males and females and male/female relationships which are being presented to boys. Males do the important work, females are somewhat denigrated, their contribution are respected with an inappropriate sex-based sharing of tasks, which cannot facilitate the introjection of a model more in line with good families in the community at large with more equality between spouses and more sharing of tasks, and with the children also being expected to share tasks within their capacities. (p.3)

This sharing of tasks takes place within a social context. In the Cotswold Community's early days as a therapeutic community, perhaps there were tasks which were still perceived to be 'women's work' (cooking, shopping, cleaning, sewing, laundry etc.) but as time went on men were fully expected to do all of the above. I recall a male colleague of mine saying, "do you know Kate, I'm not sure I have ever made a birthday cake for anyone!" as he was making a birthday cake for the boy he was focal carer for from scratch (an important part of the ritual of how birthday's were celebrated at the community.) I replied with a wry smile, "then it's time you learned!"

The community being single sex also had connotations for the boys developing masculine identities. There was less opportunity for developing masculine identities in relation to their female peers than in those environments were boys and girls are educated together was given considerable thought at the Cotswold Community. For example, the first working note stated:

> The incidence of homosexual practices and other manifestations of a one-sex community frequently appear to suggest that co-education would provide a solution to many of the difficulties. It would of course produce others. Work with other teenagers suggests that for both boys and girls there are ages at which mixing the sexes is appropriate, but other ages, particularly around puberty, at which too much mixing leads to intense competition and not always for the right things. (Rice, 1968, p.25)

Descriptions of the significance of the all-male environment during the time that the community was an approved school are provided by Douglas (1967 [Archive list]), "Consider for a moment, if you will, a group of possibly ninety, a hundred, or a

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hundred and thirty live together in a place; they are put down for, an average, in this school of eighteen months, in a virtually total male society, at an age, when naturally, they would wish to have some connection with the female sex. Even a sight of, let alone a touch of, let alone a wandering around with – is totally excluded from the whole system." (p.3)

Careful consideration of both the advantages and disadvantages of a mixed sex environment is evident in the literature, but the Cotswold Community remained single sex throughout its time as both an approved school and a therapeutic community. Remaining a single sex institution was in contrast to Peper Harow (the therapeutic community which had most similarities with the Cotswold Community) which admitted girls in 1980 (Rose 1990,1997). Potentially one of the reasons the Cotswold Community remained single sex was that its roots as an approved school established a precedence. Although it is not explicit in the archived or published materials of the community, perhaps because it was too obvious, one of the reasons for maintaining a boys only environment continued is possibility to avoid the risk of unplanned pregnancy associated with a mixed sex environment. Bettleheim (1979a) discussed sexual permissiveness at Summerhill and the philosophy of A S Neill, and the dilemmas this posed:

> if he believed – as he indicated in his writing – that sexual activity should not be inhibited, how does one deal with the way such sexual activity may effect the psychology of a prepubertal girl, with what it could do to her view of herself, later on, if she had intercourse, even if at a specific moment she was attracted to it? What would happen to that thirteen year old if she got pregnant? How would that affect her development, in our society, if she was either forced to give up the child, or compelled to become a mother long before she wanted to? (p.170-171)

Part of the complexity of working with the boys at the Cotswold Community, especially around issues of sexuality and gender are issues about age. On the one hand, some of the boys were of an age of sexual maturity when their behaviours could have profound consequences, on the other many of the boys were emotionally very immature and confused and needing an environment which allowed regression and the provision of primary experience. If the boy remained in his placement at the community over enough years, staff would meet with both the needs of a traumatised infant and also the adolescent reaching sexual maturity.

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Observing the importance of gender roles and relationships at the Cotswold Community is not new. Whitwell (2011b) analysed the working notes from consultations at the Cotswold Community by Menzies-Lyth and Rice. The first theme Whitwell identified was the importance of the relationship between male and female staff:

> Also important for the establishment of masculine models by male staff is their relationship with female staff, since an important aspect of mature masculinity is to be able to develop a secure, concerned, respectful and confident relationship with women. In the running of a house, as of a family, male staff and also boys might do what are conventionally feminine tasks and female staff what are conventionally masculine. In a family these matters tend to be worked out implicitly and operated according to the idiosyncrasies of the personalities concerned. In a working unit they need to be clarified and operated more explicitly although still within the limits of the personalities deployed. (Menzies, 1970, p.3-4)

Rice (1968) conceptualised difficulties with male role models experienced by the boys, noting the specific realms in which the boys may struggle, "In those parts of society where female activities are, for the most part, confined to home-building and housekeeping and other female occupations, and male activities to male-dominated work and leisure, the young adolescent male has few adult male transitional figures with whom he can identify. He has to make the jump himself" (p.6). Implied by Rice's comment was that what is particularly needed by the boys was an example of how to behave as a boy growing to become a man within the traditionally female realm of the home and home-making, as well as the traditionally male realm of work and leisure beyond the home. How to treat and relate to the (presumed female) home-maker, as well as developing practical skills necessary for life, such a how to cook a simple meal, do laundry, sew a button, or clean a pair of shoes, as a young adult male. These skills would enable him to be inter-dependent and able to build healthy relationships based on the notion that he is able to take care of his physical environment. Rice stressed that the model of masculinity must be transferable to life outside the community, "They must be of use to the boys when they leave." (Rice, 1968, p.8) It is possible to imagine that what might be remembered by a boy as a man, was practical as well as relational. A boy might remember being taught by a man how to peel potatoes, or work in the forge, or farm as much as less tangible

skills such as how to hold a conversation with a woman which is relaxed and respectful.

This places specific pressures on male members of staff. The pressures evident in the working notes are pressure to take on traditionally male roles as well as traditionally female roles within the house, and that in his personal life he should also live in a manner as to provide a positive image of masculine identity:

> Very important in his presentation of himself as a masculine model is the way he behaves when he is actually running his house the way the rest of his life impinges on that, for example, his demonstrating genuine masculine concern for his own family and home and participating in masculine leisure-time pursuits with or without boys. The same goes for other male full-time Group Living staff. Unmarried staff must likewise show concern for having satisfactory relationships and interests outside their work in the Community. (Menzies, 1970, p.3)

Part of how men in the community were supported in terms of their relationship with women and their own families, was the creation of a group for wives or partners living on the site but not working directly in the community by Dockar-Drysdale. It was acknowledged that the men working in a caring role in the community were not socially taking on traditionally masculine roles (Dockar-Drysdale, 1965). This has implications for the adolescent boys who were making their first steps into the world of work and trying on adult male identities but with the added complication of having experienced inadequate, absent or abusive paternal figures and maternal deprivation or privation in their original families. The question therefore emerges about what sort of male role models the men working at the Cotswold Community provided? Given that there had often been considerable violence in the boys previous experience of men, the need for safety in the relationships between men and women at the community was made explicit. Wills (1971) noted, "The man who is really masculine and provides real authority ensures by that means a 'safe' space in which the woman can work." (p.122). An aspect of how this safety was achieved is through the ability to contain, understand, acknowledge and communicate the complex feelings arising from the work with the boys. Containment and ability to cope with discomfort or anxiety was an aspect of male identity which was modelled for the boys, who had been previously unable to cope with such feelings without becoming violent and highly defensive.

5.5: Not playing Mummies and Daddies.

One of the projections which the boys sometimes made towards female staff is that they should be paired up with the male members of staff. For example, it wasn't unusual for the boys to be very curious about the personal lives of staff, and one even commented "Kate, you could go out with him (the boys focal carer), you could go out with him you know?". It appeared that the boys desire to matchmake was out of a desire to have a strong parental couple who were able to communicate and provide stability to him. This was not an unreasonable wish in the context of the boy's life, and disrupted attachments. However, it also made Balbernie's (1969 [Archive list]) stipulation not to play mummies and daddies more important to heed in the context of powerful unconscious projections and wish by the boys that his carers should do the opposite.

Maternal deprivation has significant implications for the roles of women. The focus of much of a boys rage might be towards the mothers and women who failed to protect and nurture them, and failed to provide an experience of good enough maternal care which could then be internalized and provide positive expectations of relationships with women in adulthood. Providing maternal care was a highly skilled and complex task, which was acknowledged by those involved at the Community. Drew (1969 [Archive list]) stated, "It is simply not a matter of playing at being "mother" but a far deeper professional task which demands higher standards of professional discipline and understanding." (p.1). The boys at the Cotswold Community experienced damaged and impaired relationships with their mothers, and might have transferred legitimate rage and mistrust of their mothers to other women, particularly those closest to them providing care.

One of my recollections of my time at the community is having a black eye following being hit by a boy during a violent incident. Friends and family had reacted with shock to my black eye and expressed concern. When I was out for the evening in a pub with a male friend, still with the bruised eye, a woman said to me "you don't have to put up with *that*," seemingly assuming that it was the man who I was with who had punched me. I hastily said "it's not what you think". On reflection, the bruise

was the result of violence, but it was more a case of it's not <u>who</u> you think, rather than <u>what</u> you think. For the boys it might have been normal for women to have black eyes after being punched, and I had stepped into this world of chaos where violence was normalised. I also wondered what it meant to my friend that he had been assumed to be guilty of violence, simply because of my bruise.

The roles men and women could have in the community was frequently discussed in the working notes. But there was a wider issue at stake, poorly chosen staff who were ill suited to their role partly due to the pressures that gender roles placed on them would result in high staff turnover. This was acknowledged by Kaheelee and Tomlinson (2011):

> Surviving and maintaining effective work requires a high level of staff support and individual qualities in each staff member. From a treatment point of view, skilled work as well as consistency and continuity are required. High staff turnover can have a very negative effect on the treatment of individual and groups of boys. If there are too many people coming and going, a boy's sense of being in an unreliable environment that cannot survive him is soon confirmed.(p.326)

The issue of survival and maintaining effective work must be placed in the context of the ability to inhabit specific gender roles ascribed by norms, values and culture of the community. Comments by Wills (1971) reveal the specific expectations of women in the earlier days of the community:

> In carrying out this thankless and arduous task the first problem was to find the personnel. It was too much to hope for that the requisite number of suitably trained women could be found immediately, but in the meantime there were women already on the staff, and any woman, whether or not she understands exactly what is being done at the Cotswold, can see the need for flowers on the table and all those other touches women provide, and which make the difference between living and civilized living. These women were for the most part 'dailies' – cleaners, laundresses, seamstresses, cooks and the devoted, gentle and competent Mrs Crump, who had served the Cotswold with loyalty and fidelity in a matronly capacity for nearly a quarter of a century. (p.124)[17]

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17 Mrs Crump appears to be the exception to understanding that there were virtually no women at the community when it was an Approved School, perhaps what is more likely is that women were only in domestic roles, cooking etc. and did not have direct contact with the boys.

The idea that 'any woman can see the need for flowers on the table', might seem dated and at odds with current discourse about gender relations but must be seen within the cultural context of the time and from a symbolic rather than literal perspective.

The importance of the environment and its impact on mental health calls into question who is caring for the environment? For example, why it would be that only women are expected to put flowers on the table? The impact of the aesthetic of the environment is one that other pioneers of the therapeutic community movement have turned their attention to. Bettleheim (1979b) wrote:

> Why talk of homes, when the problems posed here are the spatial arrangements prevailing in the inner city; how these affect the mental health of those living there, and how they could be improved to better the mental health of the children growing up there? Because particularly in the case of children, mental health is created or destroyed in the home. The child's outlook on life is shaped by how he experiences his home, and what goes on in it. One might call this the human dimension in the design of the home. In the inner city, as everywhere else, it is the key element of shaping our lives, and the measure of this critical dimension is not space but time – namely the future. The home environment must generate hope for the future, if the child is to grow up to be a mentally healthy adult. (p.201)

The need for flowers on the table was not literal, but rather a symbol of the boys being worthy of a pleasant environment. A symbolic communication that they were worthy of becoming men who would live in houses where there could also be flowers on the table. The flowers symbolised that the home environment was cared for as well as the inhabitants, and where people plan ahead to provide pleasant things. This was in stark contrast to the home environment of boys, frequently marked by severe neglect and chaos where the boys did not receive adequate care. Another interpretation might be that flowers symbolise harmonious or affectionate relationship between parents. Husbands and fathers might provide flowers, but wives and mothers put them in a vase on the table to be enjoyed.

However, care for the environment is not specifically a gendered activity. When I was working at the Cotswold Community, a male worker was known to water the house plants during times when boys were struggling emotionally or in the midst of a crisis or panic. The symbolic communication seemed to be that the adults would

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continue to care for the environment (the house-plants) and therefore the boys themselves, and ensure their survival despite whatever turmoil or pain was being experienced in the moment. There was hope for the future and the turmoil of the present would not change that.

The perceived softening of the environment by the presence of women who worked at the Cotswold Community might also be perceived in terms of preparing the boys for life beyond the community where they would encounter women and girls. Wills (1971) drew our attention to the fact that the women working at the Cotswold Community did not necessarily all take on a maternal role, but none-the-less had influence and were effective:

> The real breakthrough came from quite an unexpected quarter and it was a breakthrough not only in the matter of women's role, but in a general 'softening' of the whole place. In the search for feminine help some young Community Service Volunteer girls had been introduced, partly because of the difficulty of finding suitable women, but also because it was thought that some young attractive girls about the place would help to normalize this masculine environment. They were a resounding success. (p.125)

Although this statement sounds very dated and reflective of its time, the implications are that it was important that the boys didn't just have women in maternal roles to relate to and build relationships with, but also women younger than their mothers to build relationships with. This might mirror experiences in wider society, where young boys grow up with older sisters, aunts, cousins, friends or teachers able to be a non-maternal female figure with whom to build an appropriate relationship with. This highlights difficulties in finding adequate numbers of staff with the right qualities able to take on the work involved at the Cotswold Community, particularly of women who had a particularly challenging role to play. Alluded to by Wills (1971) is the issue of quantity and quality of female staffing, "Pat Drew may well be dissatisfied with the *quantity* of feminine help available at the Cotswold, but the *quality* unconsciously revealed in these notes is surely something she must rejoice in." (p.132)

When women did become established in roles of authority, there is evidence within the working notes of debates which took place about roles it was appropriate for women to take. For example, it was discussed whether an experienced 'house mother' should act as deputy for the (male) head of house:

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There are now in the Community a number of experienced and authoritative house mothers, indeed, possibly these women are more experienced than men other than the heads of houses. Taking up this point then, in a purely rational and practical way, one would suppose that there would be no ipso facto reason against a woman becoming deputing head of house. The crucial managerial factor seems to me to be to select as deputing head the most suitable person available; if that is a woman there seems to be no argument against it. (Menzies, 1972, p.4)

One of the factors identified in the working notes to do with specific qualities needed in individual staff members is the whether women when in charge had sufficient authority, cooperation and support from their male colleagues, and how this mirrored and had resonance for presenting a positive model of family-like interactions:

However, there may well be complicated problems of the up-holding of the authority of the female when she is in charge and the role of male staff on duty to further her authority and to relate effectively with her. It is obviously important that she is supported not only by subordinates in the managerial role, but also as a female in authority by men who respect and support her authority. From the point of view of therapy it would also be important to match the family situation where a great deal of managerial authority is operated by the mother, although the father in a good family is very much behind her. (Menzies, 1972, p.4)

Conclusions: Applications and Implications for practice.

> *These good experiences are not only the stuff of life, but the stuff that dreams are made of, and have the power to become part of the child's inner psychic-reality, correcting the past and creating the future.*
> (C. Winnicott, 1964, as cited by Bedell, 1970, p.84)

To answer the question about the presence of therapeutic love at the Cotswold Community, this thesis has used archival research and elements of auto-ethnography. Therapeutic love was present at the Cotswold Community in the quality of the therapeutic relationships and in the emotional involvement between boys and staff. It involved a particularly quality of care, and reflected in every element of how the environment was managed and how the boys practical needs were met. Staff were expected to take responsibility for their therapeutic relationships with the boys, which involved intimate knowledge of the boys lives and a healthy amount of self awareness. This therapeutic love also involved the presence of respect which was absent in previous treatment of those labelled delinquent in the approved school system. The Cotswold Community was a psychologically informed, trauma aware environment, with implications and applications for present day therapeutic residential childcare environments, explained below.

The therapeutic love present at the community was unspoken, but its presence was "unmistakeable" (Wills, 1971) and followed in the footsteps of the early pioneers of the therapeutic community movement such as Homer Lane and George Lyward. The example of the Cotswold Community continues the relational thread identified in Rickman's advice that, "it is a relationship between two human beings" (Mulberry Bush, 2021) but also revealed the need for a solid theoretical base to inform such relationships.

The work at the Cotswold Community confirms Winnicott and Britton's (1947) belief that, "these children, who are seeking a primary home experience, do not get anywhere unless someone does, in fact, get emotionally involved with them." (p.72) And acknowledged a debt to Winnicott (Dockar-Drysdale, 1974). There is also a

certain sadness and anger in repeating something which was known during the time before the Cotswold Community became a therapeutic community but may have been forgotten by contemporary society. That "a boy goes straight for a person and not for an ideal" (Jones, 1960, p.95). Especially since the impact of carers failing to become emotionally involved with deprived children is so catastrophic (Tomlinson, 2004).

The love present at the Cotswold Community required considerable commitment by staff and involved provision of Primary Experience (Dockar-Drysdale, 1990) and 'Total Cover' (Balbernie, 1975 [Archive list]) or 'Complete Experience' (Dockar-Drysdale, 1966). This provision was designed to remedy the boy's behaviour labelled delinquent, understood as the result of extreme early trauma and neglect (Dockar-Drysdale, 1967). The hope was that the boys could eventually, "be something, do something, and have something." (Balbernie, 1966, p.182). The ravages of hatred, alienation, and disconnection in the boys expressed by their violence could eventually be overcome. This is through adults taking responsibility, showing care, developing a knowledge of the boys (and allowing themselves in turn to be known, both as professionals and as people) and by respecting the need to communicate. The men and women at the community found a way of being involved with each other and the boys which revealed something about masculine identities and feminine care which was hoped to be different from the boys previous experiences (Wills, 1971). This was not always harmonious or easy. Tensions between men and women were felt at every part of the hierarchy from domestic workers (Whitwell, 2011b) to the senior management team (Balbernie, 1981 [Archive list]) although the importance of both men and women working with the boys was not in doubt.

The task of residential therapeutic treatment of children is described succinctly by Beedell (1970), "Put in general terms the task of the 'type' of unit is this: 'to enable, over a period of time, the children to return to their families or foster families or to achieve an independent life. Each child should be able to continue his development at whatever level possible for him and without such stress as to disable him, or to overload people with whom he lives, or to drive him into serious conflict with the community or alienation from it" (p.15). The extent to which this was achieved is not what this research intended to establish.

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An outcome study has not been attempted because measurable outcomes may provide a distorted sense of the impact of treatment (Balbernie, 1966. Rose, 1990, 1997). An outcome study previously (cited previously, Allchin, 2011, p.273) did take place, noting significant improvements in reoffending rates. The outcome of treatment at the Cotswold Community were less tangible, but in the tradition of a "whole person, whole life" approach (Haigh and Benefield, 2019). This involved the hope of profound deep internal psychic change and the emergence of an ability to form healthy, loving, relationships, and well lived life (Whitwell, 2002). The example of the Cotswold Community might confirm Beedell's belief that, "residential units can be humane, concerned and purposeful places." (Beedell, 1970, p.94)

The impression should not be given that Balbernie was heroic, Balbernie would have baulked at the idea of being considered a hero (Wills, 1971). Balbernie frequently highlighted the difficulties of the task and warned of the dangers of sentimentality and omnipotence. Dockar-Drysdale (2011) also stressed the dangers of viewing therapeutic work with disturbed children as the 'impossible task' (Whitwell, 2018). As Balbernie warned us, "We are none of us heroes, but always there is something which hangs about the human and the human condition of the suffering hero, the wounded hero and the missing father, the mystery of betrayal and let down into conflict, suffering and aloneness, out of which something new may come." (Balbernie, 1971, [Archive list] p.19) The legacy of the Cotswold Community is personal to those individuals present. Whitwell (2018) suggested, "If the cycle of deprivation had been broken for any of the boys who had come to the community, this would indeed be a lasting legacy to treasure" (p.27).

The findings of this research confirm the importance of staff becoming emotionally involved with boys in order to break the cycle of deprivation. Beyond the impact that this approach had on the individual boys and staff, of what social importance or relevance is this to wider societal problems? Currently the government have implied that there are children who "no one knows what to do with." (Children's Commissioner, 2020). This might deny the legacy of institutions such as the Cotswold Community and Mulberry Bush, and those practitioners following a well trodden path (Balbernie, 1969 [Archive list]). Those individuals did not consider themselves to be pioneering, but were never the less revolutionary as well as

charismatic (Lane, 2021). The work of Balbernie, Menzies-Lyth, Dockar-Drysdale and Whitwell highlight the nature and difficulties of the emotional involvement necessary for successful treatment of delinquency. Such emotional involvement is also complex, vulnerable, messy and prone to misinterpretation.

In March 2021, the Department for Education launched an independent review of children's social care in England, which focused on safety, stability and love. Josh MacAlister (chair of this review) stated, "Since March 2020, our shared national experience has been one of greater isolation but out of this shared experience has grown a fuller understanding of our human need for quality relationships and, dare we say it, love." (MacAlister, 2021, p.3). Perhaps part of this love was present at the Cotswold Community, and had a revolutionary quality which is only now being appreciated. One of the recommendations from this review makes reference to a "loving home when it's needed", and, "re-focussing the role of residential care as a place for specialist support and recovery rather than as facilities to contain children with 'complex needs'." (MacAlister, 2022). Can the model of the Cotswold Community be of use to future practitioners trying to provide specialist support and recovery? Drew (2021) argued, "Trying to build some of this into the models for the new secure schools, the only reform game 'in town', looks like an activity worthy of engagement."

Two very obvious features of the Cotswold Community therapeutic model which might be integrated and applied to contemporary residential therapeutic childcare practice are decentralisation, and roles such as focal carer and meeting person. Adopting a model similar to the Cotswold Community would mean practical care such as the provision of food, or clean laundry, would be done by those in a therapeutic relationship with the child, in house. There would be no split between those doing practical domestic work, and those providing the therapeutic care. Different language might be chosen (an institution might choose words such as 'key worker', for the focal carer role, or 'therapeutic worker' for the meeting person role). What would be necessary to consider is how the children receiving the professional care experienced the different roles, and how they understood the language used.

In 1970, Beedell identified four features which are needed in residential therapeutic treatment:

It should be apparent from the above that at least four conditions are necessary if therapeutic provision is to be made in a residential unit. These are: individuals prepared to be involved in one-to-one relationships with disturbed children and thus with their own internal areas of disturbance and sickness; a structure which supports them in doing this by making assumptions appropriate to the task; diagnostic skill available in the unit to assess what crops up in daily living; and consultation so that adults and children can come to see their involvements relatively objectively and not fall into a joint pursuit of aims, which, because unconscious, may be as damaging as creative. (p.77)

The issue of treatment rather than containment or warehousing are precisely what Balbernie (1969, 1970, 1975 [Archive list]) dealt with when making the transition from approved school to therapeutic community at the Cotswold Community. Institutions hoping to provide therapeutic-treatment, rather than warehousing would need to assess themselves against the above criteria to establish whether they are able to provide treatment, including a therapeutic form of love, so badly needed.

The implications of staff becoming emotionally involved with the children they work with exist in the context of the prevalence of low pay in residential therapeutic child-care (Scott, 2021), and profits made by private companies running such institutions (Mason and Capella, 2021). Corporate greed, low pay and poor morale may scupper any hope of staff becoming emotionally involved in a way likely to be of use to the child.

There are moral elements to how residential therapeutic child-care work is perceived, and how workers becoming emotionally involved is valued and recognized. This has resonance with perceptions of previous generations of therapeutic community practitioners and wider therapeutic community history which involved 'moral treatment.' (Kennard, 1998). While Kennard is using the term to imply social treatment, other authors imply something about rightness and wrongness connected to morality. Neill (1985) argued that, "The ultimate cure for juvenile delinquency lies in curing society of its own moral delinquency, and its concomitant immoral indifference. We have to take one of two sides, and the two sides are before our eyes. Either we treat delinquent youth in the hateful hell way, or we use the method of love" (p.251). Closure of the Cotswold Community might have confirmed the belief that, "society has relinquished its care-taking function,

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demolished its institutions for supporting emotional development, and shifted its priorities from the mental and emotional to the material." (Fonagy, 1999, p.23-24).

Every research project has to leave certain questions unanswered. Some of the unanswered questions from this thesis include whether delinquency has changed during and since the time of the Cotswold Community. One of the most notable social changes has been the impact of the children's greater use of digital communication such as social media to access harmful content, and also increasing amounts of data about children being gathered and used by social media corporations to influence behaviour (Farnell, 2021) and erosion of privacy and freedom associated with increased social media use (Snowden, 2019) which further research into delinquency may address.

Another issue not addressed in this research is race, which Drew (2021) discussed arguing that, "The growing racial disproportionality in custody – a majority of children in custody come from black and other minority ethnic communities, and the progress made in developing a more 'child first' youth justice serves white children better at almost every step. This was perhaps not an issue forty years ago, but it is THE issue today." (Drew, 2021). Could this research, highlighting the importance of emotional involvement with adolescents in emotional distress, be of use to future researchers studying race and technology, and its impact on children and young people?

Other unanswered questions pertain to the impact of being provided primary experience by someone other than ones own biological mother, and the place of the second mother within the psyche and fabric of our social history (Coles, 2015). This has wider implication for the place of women within institutions', including those who don't take a maternal role, "In organizations when the woman is saying something that puts her in a position other than that of the nurturing mother, or is felt to be holding too much authority, the patriarchal response kicks in – they turn away from her. The injury to the sense of being and feelings of abandonment as the woman affectively steps out of her nurturing role and makes visible her own subjectivity is too much; *she* is too much" (Chamberlain, 2022, p.24).

If love is getting emotionally involved, then a final unanswered question is how to become emotionally uninvolved or detach after such a deep and complex

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involvement when either the worker or boy's time has come to move on. The question of ending therapeutic work has not been addressed in this research. Although much has been written about therapeutic endings (Norton, 1999. Tomlinson, 2004), perhaps some writing about therapeutic endings which could have happened has been hampered or not happened at all due to the emotive nature of the subject. Holmes (2001) observes, "It seems that writers have as much trouble with endings as psychotherapists" (p.130).

How endings are managed will often reflect the nature of that relationship, and the ending will often be some sort of catalyst indicative of that relationship. The implications are that if emotional involvement or 'love', is as Fromm (1957) argued, to do with responsibility, care, knowledge, and respect then this will also be evident in the ending of the work. Adults should be responsible for communicating difficult news with care, taking responsibility for their part in the ending, with the knowledge and respect for the likely impact of this further loss on those who have already experienced much loss.

Postscript:

> *'life can only be understood backwards but must be lived forwards'*
> (Kierkegaard, 1843, no. 465)

Inevitably, when ending this research my thoughts turned to my own ending at the Cotswold Community. As part of the rituals of the community marking of my ending, there were gatherings held and gifts exchanged to mark the occasion. One of the gifts I received, and have cherished since, was a clay box with a lid, painted blue and yellow. On the sides of the box was carved the message, "please open me!". The box was empty, perhaps symbolic of a certain emptiness and desire to be filled with precious things. The plea "please open me" was an expression of desire to be known, for someone to take the time and have the responsibility to open and see what was inside, and to treat this fragile object with respect. For someone to be involved enough for the boy's desire to be open to new experiences to be realized, only possible to express in the context of endings and loss. This is a state of mutual vulnerability, known since the early days of psychoanalysis, remarked upon by

Freud who argued, "we are never so defenceless against suffering as when we love" (1930, p.82).

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iArchive document Kelley 1964 does not have page numbers.

ii   Archive document – date of newspaper article is not evident on the copy of archived document.

iii   This archived document consists of a collection of different writing from Balbernie, Dockar-Drysdale, Menzies-Lyth and Whitwell. The date is unknown and pages are not numbered but believed to date from 1970. The author of this quote from.

'Institutional Provision for the Development of the Capacity for Relationships' is thought to be Menzies Lyth. (Whitwell, 2021)