- REVIEW ARTICLE -

THE DEVELOPMENT OF THE THERAPEUTIC COMMUNITY IN CORRECTIONAL ESTABLISHMENTS: A COMPARATIVE RETROSPECTIVE ACCOUNT OF THE 'DEMOCRATIC' MAXWELL JONES TC AND THE 'HIERARCHICAL' CONCEPT-BASED TC IN PRISON.

STIJN VANDEVELDE, ERIC BROEKAERT, ROWDY YATES & MARTIEN KOOYMAN

ABSTRACT

Background The corrections-based therapeutic community (TC) is one of the most described treatment modalities for (substance abusing) incarcerated offenders. The origins and development of the therapeutic community have been traced back to two independent traditions: the American hierarchical concept-based TC and the British "democratic" Maxwell Jones-type TC. Both branches have developed independently, targeting different people and tackling diverse problems.

Aims To demonstrate that there are clear and undeniable similarities between the 'two' prison-based therapeutic communities.

Method A comparative historical review of the literature and a critical discussion and comparison.

Results The links between the democratic and hierarchic therapeutic communities are summarized under five headings: social learning and behavioural modification; permissiveness and modeling; democracy and hierarchy; communalism and community as method; reality testing and 'acting as if'.

Conclusions The 'two' correction-based therapeutic communities are on converging pathways. Far from being oppositional models, they can be regarded as being complementary.

Key Words: therapeutic community, substance abuse, corrections

INTRODUCTION

The correction-based therapeutic community (TC) is a widely described treatment modality for (substance abusing) offenders (Hiller, Knight & Simpson, 1999; Lurigio, 2000). Its origins can be traced back to two major independent traditions: the American drug-free hierarchical concept-based TC and the British democratic Maxwell Jones-type TC (Broekaert, *et al*, 2000; De Leon, 2000; Kennard, 1998; Lipton, 1998*b*; Rawlings, 1999*b*). The hierarchic approach was modelled on Synanon, founded by Charles Dederich (Bratter *et al*, 1985; Yablonsky, 1965). It developed as a self-help movement for the treatment of substance abusers; primarily using behavioural modification techniques. The democratic approach is most commonly associated with Maxwell Jones. It developed as a professional groupwork method to treat people suffering from a range of psychiatric difficulties, primarily using social learning principles (Jones, 1952 & 1968). In this article, a comparative historical account of the 'two' corrections-based therapeutic communities will be presented, identifying similarities in both movements.

THE DEMOCRATIC TC AND ITS APPLICATION IN PRISON

The democratic TC is described by Clark (1977, p. 554) as 'a small face-to-face residential community using social analysis as its main tool.' Its origins can be traced back to (1) the Northfield Experiments (Hollymoor Hospital, Northfield [Birmingham], 1942 – 1948), which can be considered as one of the first attempts to rehabilitate people (neurotic soldiers) by means of the 'therapeutic use of groups' (Harrison & Clark, 1992, p. 698) and (2) some experimental treatment units during and just after World War II (Mill Hill and Dartford, London) for neurotic soldiers and ex-prisoners of war, initiated by Maxwell Jones (Jones,

1952). Jones is commonly referred to as the ‘father’ of the democratic therapeutic community (Clark, 1965 & 1977; Kennard 1998; Murto 1991 & 1991*b*).

Jones formulated the axioms of his work as follows: (1) two-way communication on all levels; (2) decision-making on all levels; (3) shared (multiple) leadership; (4) consensus in decision-making; and (5) social learning by interaction in the ‘here and now’ (Jones, 1968 & 1982). Social learning could be described as Socratic learning (see e.g. Roszak, 1978), in which the facilitator simply helps the participants to uncover the knowledge from within the group, rather than introducing new knowledge through teaching. Rapoport? (1960) described the democratic TC as having four central principles:

(1) Permissiveness: residents can freely express their thoughts and emotions without any negative repercussions (in the sense of punishment or censure).

(2) Democracy: all residents and staff members have equal chances and opportunities to participate in the organisation of the TC

(3) Communalism: face to face communication and free interaction to create a feeling of sharing and belonging.

(4) Reality testing: residents can be, and should be, continually confronted with their own image (and the consequent impact of that) as perceived by other clients and staff members.

The democratic TC in prison

During the early 1950s, Scudder (1952) (then superintendent of Chino prison in California, U.S.A.) was one of the first to acknowledge the importance of a humanistic approach towards prisoners. His book ‘*Prisoners are people’*, paved the way for implementation of transitional therapeutic communities (see Briggs, 2000). During this same period, Richard McGee, the

administrator of Youth and Adult Corrections in California, was initiating a widescale reform of state prisons. One major reform involved a thorough evaluation and screening of inmates (residents) in a Reception-Guidance Centre, from which they were allocated to the most suitable facility (Jones, 1962). During this process, a 'base expectancy' score, implemented as a predictor of recidivism (parole violation) (Jones, 1962, p. 79), was calculated for each prisoner along with a social maturity rating (Sullivan, Grant & Grant, 1957). Grant and Grant (1959, p. 127) wrote: 'Seven successive stages of interpersonal maturity characterize psychological development. They range from the least mature, which resembles the interpersonal interactions of a newborn infant, to an ideal of social maturity which is seldom or never reached in our present culture'. These so-called I-levels (levels of interpersonal maturity) were used to identify to what degree residents were able to form relationships and to predict how they might respond to treatment. Jones (1962, p. 81) wrote: 'This is an interesting attempt to introduce a classification system which promises to be more appropriate for a prison population than any psychiatric classification yet devised.'

In 1959, Jones accepted an invitation to become a visiting professor in social psychiatry at Stanford University in California (U.S.A.). He presented five lectures at the annual meeting of the American Psychiatric Association, which were published in the book 'Social psychiatry in the community, in hospitals and in prisons' (1962). In the fourth lecture, Jones discussed 'social psychiatry in prisons'. Following this appointment, Jones was appointed to the Oregon State Hospital in Salem (Oregon), where he facilitated the establishment of therapeutic community principles. In the early 1960s, the Department of Corrections in California (in person of Richard McGee) invited Jones to work as a consultant for the next four years, giving advice on pilot projects using therapeutic community principles in prison settings (Briggs, 2000; Jones, 1976). One such project was piloted at a 100-man unit based in a forestry camp, whilst another was a unit for 50 inmates at the California Institution for Men;

the prison located at Chino. Elias, one of the directors of the Highfields Project for juvenile delinquents (McCorkle, Elias & Bixby, 1958), also worked as a consultant on these initiatives. Briggs has written several accounts on these projects (see Briggs, 2000, 1972 & 1980). At this time also, Harry Wilmer had established a therapeutic community in San Quentin Prison which, in addition to its programme for inmates, offered extensive group treatment for wives and children (Briggs, 2001; Wilmer, 1965 & 1966). All together, eleven prison projects, using democratic therapeutic community principles, were developed (Jones, 1962 & 1979*b*; Roberts, 1997). The targeted population varied from older prisoners to substance abusers and women (Briggs, 2001 - personal communication). In Southern California, the California Rehabilitation Center (C.R.C.) was built and operated by the Department of Corrections. The staff members were trained according to therapeutic community principles and both Maxwell Jones and Harry Wilmer were employed as consultants.

During the 1970s, Miller, the director of Massachusetts' Youth Correctional Agency, introduced the Guided Group Interaction (G.G.I.) model as an alternative to incarcerating young people in prison. (Briggs, 1975).

In this initiative by Miller, Maxwell Jones trained the staff alongside a former resident of a prison therapeutic community. The success of this project led to the closure of all the state prisons for juvenile offenders who were subsequently treated in non-custodial facilities. As a result, programmes for young offenders were developed in California, using a combination of G.G.I and therapeutic community procedures (Palmer, 1971; Studt, Messinger & Palmer, 1968). Despite their success, most of these innovative programmes were terminated during the 1970s on grounds of cost-effectiveness. In addition to the Californian projects, similar programmes were established in New York (the 'Network Project'), in Arizona and at the Springhill Correctional Facility in Canada. Maxwell Jones was employed as consultant for all these initiatives.

Elsewhere, these American democratic therapeutic community experiments (established under the direct or indirect influence of Jones), inspired several democratic TC-based programmes for offenders within the United Kingdom during the 1960s. HMP Grendon (established in 1962) is probably the most noted example and, unlike other therapeutic communities (such as the Barlinnie Special Unit in Scotland), still exists. Yet, even there, a constant struggle between two opposing goals (treatment vs. imprisonment) has been and continues to be, a central characteristic (Cullen, 1997; Rawlings, 1999; Roberts, 1997). Several prisons were also changed towards more open systems in other European countries, including the Netherlands (Van der Hoeven Clinic, Utrecht), Denmark (Herstedvester) and Switzerland (Champdollon Prison, Geneva) (Genders & Players 1995; Jones, 1979).

THE CONCEPT-BASED TC AND ITS APPLICATION IN PRISON

A concept-based therapeutic community is 'a drug-free environment in which people with addictive problems live together in an organized and structured way to promote change toward a drug-free life in the outside community. Every TC has to strive towards integration into the larger society; it has to offer its residents a sufficiently long stay in treatment; both staff and residents should be open to challenge and to questions; ex-addicts can be of significant importance as role models; staff must respect ethical standards, and TCs should regularly review their reason of existence.' (Broekaert *et al*, 1998, p. 595). The hierarchical TC was modelled on Synanon, a dynamic groupwork living initiative founded by Charles Dederich in 1958. Within six years of its founding, Synanon had both encouraged the establishment of a small but influential group of 'successor' TCs and been responsible for a schism which remained unresolved until Dederich's death. There were several reasons for the divide which developed between Synanon and the organisations which adopted and adapted its work. In addition to Dederich's autocratic and increasingly erratic leadership, there was the

‘forced’ lifelong commitment to Synanon, the lack of contact with the outside world and resistance to research and evaluation, the absence of professional help and the often harsh and extreme learning experiences and disciplinary techniques (O’Brien, 1993). The value system of the concept-based TC includes early Christian values (Broekaert & Van der Straten, 1997; Glaser, 1977; Mowrer, 1976), the ‘first century Christian fellowship’ and the Oxford group of F. Buchman (Lean, 1985), Alcoholics Anonymous (Yablonsky, 1965), the Synanon philosophy (Garfield, 1978) and the humanistic psychology, of authors such as Maslow (Maslow, 1967) and Rogers (Bugental, 1967). The essential elements of the American hierarchic drug-free therapeutic community are extensively described by De Leon (2000). Most crucial, is the concept of ‘community as method’, which stresses the ‘purposive use of the peer community to facilitate social and psychological change in individuals’ (De Leon, 1997, p. 5). Parallel to the characteristics of the democratic TC, the following principles can be summarized:

(1) Community: living together in a group and showing responsible concern and belonging is the main agent for therapeutic change and social learning.
(2) Hierarchy: daily activities take place in a structured setting, where people ‘act as if’ they have no problems and where ‘older’ residents serve as role models.
(3) Confrontation: negative behaviour, which interferes with the community concepts, values and philosophy is confronted and put to limit. During confrontations in encounter groups all feelings can freely and openly be expressed.
(4) Self help: the resident is the protagonist of his own treatment process. Other group members can only act as facilitators.

The concept-based TC in prison

Despite hostility from the prison system authorities (Gates and Bourdette, 1975) and an initial failure at the Federal Prison of Terminal Island in California in the beginning of the 1960s, a Synanon-inspired initiative was established at Nevada State Prison in 1962. Prisoners in maximum security (total isolation) were permitted to leave their cells to attend Synanon sessions. By attending Synanon activities they could move into the general prison population; to special cell blocks (Synanon tiers of 25 inmates); to Synanon's Peavine Honor Camp (isolated facilities of 20 men outside of prison) or they could be paroled directly to Synanon facilities (Yablonsky, 1965). Almost in spite of itself, Synanon began to develop positive relationships with the criminal justice penal system.

A value-based project with a hierarchical structure and 'games' was subsequently set up at the Federal Penitentiary at Terminal Island and at the San Francisco County Jail in San Bruno, California. At the end of the 1960s, an initiative named 'Asklepieion' (after the Greek God of healing) was established in the Federal Prison at Marion (Illinois, U.S.A.) by the psychiatrist, Martin Groder. Groder was deeply influenced by both Synanon (see Gates & Bourdette, 1975) and Eric Berne (see e.g. 1972) who had developed the transactional analysis model. The original Asklepieion TC was short-lived (it closed in 1978), but it remained an influence for many other concept-based therapeutic communities in prisons, such as Terminal Island (California), Oxford (Wisconsin), Stillwater (Minnesota) and Ft. Grant (Arizona) (Bartollas, 1981). Further prison-based concept therapeutic communities were developed in Danburry, Connecticut, and New York's Green Haven Prison (Lockwood *et al.* 1997).

This brief flourishing of the TC model within prisons lasted until the early 1970s, when it began to lose momentum and several programmes had to close; although others continued for

many years. The Stay ‘n Out prison TC programme was established (in 1977) at New York in two prisons (Arthur Kill Correctional Facility for men on Staten Island and Bayview Correctional Facility for women in Manhattan) and it was primarily based on the Phoenix House model (Rawlings, 1999; Wexler, 1997). Outcome studies, (based upon reincarceration rate of inmates who successfully completed the programme) appeared to confirm the success of this initiative and identified the Stay ‘n Out programme as an effective method of treatment (Wexler, Blackmore & Lipton, 1991). Around the same period (1976), another therapeutic community (Cornerstone) for substance abusing offenders (although not situated within a prison) was developed at the Oregon State Hospital in Salem. Here too, positive results were reported in evaluation studies (Field, 1989; Lipton, 1994). Some other prison-based therapeutic communities were developed between the 1970s and the mid-1980s, focusing primarily on substance abusers, but also on sex offenders and mentally ill residents (Lipton, 1998). Interest in prison-based therapeutic communities was rekindled in the 1990s when their success was recorded in several outcome studies.

Several authors (Hiller *et al*, 1999; Rawlings 1999; Lees, Manning and Rawlings 1998) give an overview of the positive results of programmes such as KEY-CREST, Delaware (Martin, Butzin and Inciardi, 1995; Inciaridi *et al.*, 1997 & 2001; Martin and Butzin, 1999), Amity TC at R. J. Donovan California State Prison (Wexler, 1997; Wexler *et al.*, 1999), Kyle New Vision, Texas (Knight, Hiller, Simpson 1999) and IMPACT (Lurigio, 2000; Schwartz, Lurigio & Slomka, 1996). The increase in drug-free programmes in prisons is also observable in the European Union (Turnbull & Webster, 1998). In a recent overview study by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2001), abstinence-oriented treatment programmes (such as the TC) are identified as the dominant treatment initiative in European corrections.

To a certain degree, all concept-based TC in prisons are based on self-help principles. Understanding and compassion is combined with discipline and hierarchy. Life is structured on the basis of clear and consistent rules. Increased authority and esteem can be gained by a corresponding increase in responsible behaviour. Feelings are expressed during emotional encounter groups. Learning takes place through peer-group interaction. Experienced staff and ex-substance abusers function as role models. Values such as self-discipline, non-violence, acceptance of authority and guidance, honesty and openness are encouraged. Acceptance of limitations and earning of privileges leads gradually to integration into society (Glider *et al*, 1997; Wexler, 1995).

THE TWO THERAPEUTIC COMMUNITIES

The two movements were developed quite independently (Rawlings & Yates, 2001), although early pioneers within both movements must undoubtedly have known each other's work to some degree. Briggs (1993, p. 32) reports on a meeting that took place between Charles Dederich and Maxwell Jones in the beginning of the 1960s (when Jones was a visiting professor in social psychiatry at Stanford University, California) in the grounds of Synanon: 'Max was especially interested in the use of 'games' and their general approach with addicts. Most of all, he wanted to exchange views with the founder, who now was becoming well known'. It is interesting that neither individual had tried to approach the other of their own volition. And yet both movements had not only coined with the same name, but also obviously shared several characteristics (such as working with groups). Briggs (1993, 33) again provides more insight: 'Max, who now had become very critical of the programmes, surprised me: instead of enquiry, he was telling the founder about his own approach and - not very subtly - suggesting how he would change Synanon. This encounter of course was disastrous – the two

exchanged few further words and the meeting was over.’ This quotation appears to suggest that Jones felt Synanon was too autocratic and confrontational, compared to its own method and way of implementing social change. In the absence of any formal record of this (or any subsequent) meeting between the two, the ‘clash’ between these two charismatic personalities can only be imagined. Exploration (by the authors) of the Synanon Foundation Records (1956 – 1987), stored in the archives at UCLA (Department of Special Collections) has not thus far revealed a reference to the meeting between Dederich and Jones. Further, Rod Mullen (Chief Operating Officer, Amity Foundation) & Naya Arbiter (Principal, Extensions, LLC), contacted Dr. Lewis Yablonsky, could neither confirm the encounter nor give additional information. Accounts written by contemporaries make it clear that even at this early stage of Synanon, the autocratic leader, Dederich was extremely reluctant to countenance any contradiction (Jackson, 1997). Indeed, he even refused confrontations or challenges during the ‘games’ and the older he became, the more he developed into the unapproachable leader. Miriam Bourdette, a house friend reports: ‘I do feel he became very paranoid and more authoritarian than he had been in the earlier days of the Synanon’ (in Yee, 1997).

In later years, after the concept-based TC developed independently from Synanon and expressed its obligations to existentialism and the humanistic psychology, Jones actively tried to connect both traditions and became one of the most prominent advocates for integration (Jones, 1979, 1984 & 1984*b*). He was an enthusiastic supporter of developments at Asklepieion, despite its reliance upon the confrontational techniques (the ‘game’, which was often harsh and ‘violent’) of Synanon (Gates and Bourdette, 1975). He was not, however afraid to voice his reservations and even when the programmes was adjusted to become more ‘caring’, Jones (1979, p. 145) noted: ‘The drug-free therapeutic communities and the

Asklepieion model in prison, use the power of the peer group in a way that to many people seems more persuasive and even threatening than therapeutic'.

At a weeklong workshop of practitioners and theorists, Jones listed 21 principles for a therapeutic community in prison (Jones, 1980, p. 39) noting that: '…it is probable that Asklepieion method may have advantages for certain 'hardened' clients and the model I espouse may suit better the more sensitive, short-term inmates.' He called for the establishment of 'viable models' of therapeutic communities for demonstration and training staff.

During the 1970s, Jones was frequently invited to address conferences of the drug free therapeutic communities where he developed respectful friendships with such concept-based TC proponents as De Leon and Ottenberg. At these meetings, he found a forum to express his ideas; on one occasion, acting as a consultant for a TC for substance abusers in Rome (Centro Italiano di Solidarietà – CeIS), where he tried to 'integrate' the two communities. In this initiative he was joined by other democratic TC proponents such as Dennie Briggs and Harold Bridger (Vandevelde & Broekaert, 2001). Jones has, in addition, written several accounts (published in American addiction journals) in which he comments on the possible integration (Jones, 1979, 1984 & 1984*b*).

Today, the principle of social learning is fully accepted in the concept-based TC. De Leon (2000, p. 70), quotes Jones: 'In TC all learning occurs through social interactions, experiences and roles.' He continues: 'This assumption is the basis for using community itself as primary teacher. In the TC, Learning is experiential, occurring through participation and action; a socially responsible role is acquired by acting the role.' Jones was always accepting of the concept-based therapeutic community, even noting that (1984, p. 25): 'It is evident that the programmatic TC does an infinitely better job for someone who is addicted to drugs that any democratic TC could achieve.' (see also Kooyman, 1993).

LINKS BETWEEN DEMOCRATIC AND HIERARCHIC TCs IN PRISON

Social learning and behavioural modification

The hierarchical TC is generally characterized by a behaviourally oriented approach. However, the democratic TC approach is to some extent also behaviourally oriented, certainly within the strict and authoritarian regimen of the prison setting (Genders & Players, 1995). In '*Grendon: a study of a therapeutic prison*', Genders and Players (1995, p. 81) argue that: 'The therapeutic community regime incorporates a strong behavioural component, whereby an individual's actions are examined with surgical precision and commented upon by the whole community.' Winship (2001, cited in Frye, 2001) concluded that, in the UK, hierarchy is found in democratic therapeutic communities and vice versa. The hierarchic TC recognizes social learning as one of its pivotal concepts today (Broekaert *et al*, 1998 & 1999) and, according to Genders & Player (1995), 'social learning' in the democratic TC can be a hard and confronting process because it does not always portray a person the way he would like to be seen.

Permissiveness and modelling

In a democratic prison-based TC, permissiveness provides prisoners with greater freedom to act out, without consequent disciplinary action. Yet this does not mean that everything is tolerated. Instead of being punished, the resident is confronted by his peers and by staff with regard to the effects of his behaviour on them (the community). Talking about misbehaviour in public (generally within the community meeting), is often perceived by the residents as

more difficult than punishment (Rapoport & Rapoport, 1959). Genders and Players (1995, p. 196) perceive permissiveness as a facilitating principle within the process of disclosing honestly personal feelings: 'The sense of security which is engendered by the avowed commitment to treatment objectives, and by the belief that the expression of deviant attitudes and behaviour will not automatically attract a formal disciplinary response, entices inmates to display, conduct and divulge information that they would otherwise suppress in a conventional prison'.

In a hierarchic prison-based TC, negative behaviour is confronted freely and openly in groups. After catharsis and openness, which can be part of a painful process, older residents identify with the expressed problems, serve as role models and encourage 'right living' (De Leon, 2000). This includes certain shared assumptions, beliefs, and precepts that constitute an ideology or view of healthy personal and social living. This could be described as a deliberate imposition of roles on residents in a top-down attempt to influence instinctive behaviour.

Democracy and hierarchy

Democracy is often associated with freedom and responsible action. The important far-reaching difference between a staff member (who is actually 'free' to go home after duty) and the residents (who must remain) is undeniable. Although participation in the therapeutic community is voluntary at all times, giving the resident the freedom and the responsibility to quit the programme at any time, the broader context of imprisonment (and often coercive treatment) limits absolute freedom of decision. Briggs (2000) points out that the distance between staff members and residents is often so delicately narrow that it requires continuous re-evaluation of mutual roles. In a hierarchically structured prison TC, freedom and responsibilities are expressed by position in the structure. In this context, older residents have

more freedom. But there is also the prison framework and the confrontation with the 'absolute' freedom of the staff. To counter this problem, an adequate social and therapeutic climate of mutual understanding is crucial. Rawlings (1999, p. 179) writes: 'For the maintenance of therapeutic integrity in both types of therapeutic community, it is thought best if they are isolated as much as possible from the anti-social prison culture, and enabled to create their own alternative community'.

Communalism and community as method

Within a prison-based therapeutic community, 'Communalism' and 'Community as method' refer to a climate and atmosphere in which the community as a whole is used as a therapeutic force. Here, residents function as main agents of their own treatment process. 'Self -help' can be considered as the main therapeutic tool. Briggs (1963) states in the article 'Convicted felons as social therapists' that properly treated and trained residents can help themselves and others not only within a therapeutic community, but also outside its 'safe' borders (in the larger community). Graduates of hierarchical therapeutic communities remain a family, continually support each other, promote a drug-free life and try to be role models to more junior residents. Thus, an ideological surplus is added to the therapeutic community, as the therapeutic community can be perceived as a treatment modality *an sich* as well as an ideology to decrease social inequity generally (Kennard, 1998). Communalism and community as method can pose specific problems in correctional facilities. It is not always possible to react appropriately to behavior according to the TC-methodology, where positive behavior is rewarded by privileges (Farabee *et al*, 1999). Security regulations are seen as paramount and can impede a community-driven action. Wexler (1997) points out that therapeutic communities within prisons can only be successfully implemented when security

issues are accepted as fundamental task of corrections. Also Briggs (2000) writes about the tension between security issues and community decisions. He stresses the importance of establishing borders, which can not be crossed without endangering the therapeutic community (Briggs, 2000).

Reality testing and acting as if

Reality testing addresses the inherent confrontation and contradiction between self-image and peer perception (Rapoport, 1960). One could describe this characteristic as being a true mirror for everyone, whilst at the same time, one's own image is mirrored by the other members. Each resident is given the freedom to be himself/herself and is subject to commentary and responsible concern. Within the drug-free therapeutic community, the mirror of confrontation is also determined by a concept and value system. The internal motivation and acceptance of the drug-free TC belief system follows a period of behavioural and external motivation (De Leon, 2000). During daily activities the resident has to act as if he has no problems. The tensions built up by acting like this can be released during group sessions. The often harsh and emotionally hard encounter groups, sometimes broke not only the image of the resident but damaged his personality structure (Bracke, 1996) because he had to act as if he internally changed but did not do so willingly. The current knowledge of this phenomenon (especially in Europe under the influence of professionalism and psychoanalytic traditions) explains the current evolution of the encounter into dialogue (Broekaert *et al*, 2001).

DISCUSSION OF THE SIMILARITIES AND DIFFERENCES

Recent literature emphasizes a gradual, but not to be underestimated, tendency towards integration (Broekaert *et al*, 2000), stressing the common features of the American hierarchic drug-free ('new') and the English 'Jones' or democratic ('old') therapeutic community. Several authors (Broekaert *et al*, 2000; De Leon, 2000; Jones, 1984 & 1979; Kennard, 1998; Sugarman, 1984; Wilson, 1978; Zimmer & Widmer, 1981; see also Lees, Manning & Rawlings, 1999) have stressed the existence of fundamental similarities and have remarked upon the growing relations between both TC-'traditions'. Jones (1979, p. 147) has written: 'It could be said that all the therapeutic communities described, both 'old' and 'new', have certain trends in common. All subscribe to the power of the client peer group … all started as residential communities … all claim to espouse a democratic social organisation and democratic ideals … all avoid the extreme professionalism … '. Cox (1998) reminds us that certain concepts and practices that Maxwell Jones developed still have relevancy in contemporary community psychiatry: respect for the client's integrity, the unique role of residents as well as staff, and a distinct type of leadership with provisions to check the abuse of power (Jones, 1982). These elements would seem to be essential in both types of therapeutic community. The similarities between the two types of therapeutic communities are summarized by Lees, Manning & Rawlings (1999). Both types are essentially democratic; the concept-based TC is applied to other target groups (such as prisoners – see De Leon, 2000); both types address somewhat different ends in the treatment process: the concept-based TC is designed primarily for behavioural change, whereas the democratic TC is essentially focused on further social maturation and personality change (see Jones, 1984). In this sense, far from being oppositional, they could be regarded as being complementary.

Some other similarities might be added: (1) social learning is the key-concept within both types (see Broekaert *et al*., 1999); (2) confrontation (originating in Synanon as 'the game') within concept-based TC is evolving towards more dialogue, stressing the importance of equal and free communication within both approaches (see Broekaert *et al*, 2001); (3) both types of therapeutic communities (especially within corrections) are considered appropriate by the prison authorities, at least for those residents who have some motivation to change (see Kennard, 1998*b*); (4) motivation to treatment is identified as a crucial concept (see De Leon *et al*., 2000), especially with regard to post-prison aftercare (post-prison aftercare is considered extremely important in both types of therapeutic communities) (see De Leon *et al*, 2000; Robertson & Gunn, 1987); (5) the challenges faced by both traditions are similar and both types struggle with the employment of staff members, the treatment versus security dilemma and both approaches are challenged by recent developments in the delivery of managed care.

ACKNOWLEDGEMENTS

The authors are very grateful to Dennie Briggs for his interesting comments on the early drafts of this paper. Further, many thanks to Rod Mullen & Naya Arbiter for sharing their thoughts on the content of the manuscript and for contacting Dr. Lewis Yablonsky.

REFERENCES

BARTOLLAS, C. (1981) Introduction to corrections. New York: Harper & Row Publishers.

BERNE, E. (1972) Games people play: the psychology of human relationships. Ringwood: Harmondsworth: Penguin Books.

BRACKE, R. (1996) De encounter, het hart van de therapeutische gemeenschap [The encounter, the heart of the therapeutic community]. In De Nieuwe Therapeutische Gemeenschap (eds E. Broekaert, R. Backe, D. Calle, A. Cogo, G. van der Straeten & H. Bradt). Leuven: Garant.

BRATTER, T.E., COLLABOLLETTA, E.A., FOSSBENDER, A.J., PENNACHIA, M. & RUBEL, J. (1985) The American self-help residential therapeutic community. In Alcoholism and Substance Abuse. Strategies for Clinical Intervention (eds T.E. Bratter & G.G. Forrest). New York: The Free Press.

BRIGGS, D.L. (1963) Convicted felons as social therapists. Corrective Psychiatry and Journal of Social Therapy, 9, 122-128.

BRIGGS, D.L. (1972) Chino, California. In Dealing with deviants (eds S. Whiteley, D. Briggs & M. Turner). London: Hogarth Press.

BRIGGS, D.L. (1975) In Place of Prison. London: Morris Temple Smith.

BRIGGS, D.L. (1980) An enclave of freedom: starting a community at Chino. In Therapeutic Communities in Corrections (ed H. Toch). New York: Praeger.

BRIGGS, D.L. (1993) Record of a Friendship. A Memoir of Maxwell Jones. San Francisco: Special Collections. The Library of the University of California, San Francisco.

BRIGGS, D.L. (2000) In Prison. Transitional Therapeutic Communities. Planned Environment Therapy Trust (PETT). Online publication. Can be consulted at

http://www.pettarchiv.org.uk/pubs-dbriggs-inprison1.pdf (accessed on April 26, 2002).

BROEKAERT, E. & VAN DER STRAETEN, G. (1997) Histoire, philosophie et development de la Communauté Thérapeutique en Europe. Psychotropes: Revue International des Toxicomanies, 3, 7-23.

BROEKAERT, E., KOOYMAN, M. & OTTENBERG, D. (1998) The 'new' drug-free therapeutic community. Challenging encounter of classic and open therapeutic communities. Journal of Substance Abuse Treatment, 15, 595-597.

BROEKAERT, E., VAN DER STRAETEN, G., D'OOSTERLINCK, F. & KOOYMAN, M. (1999) The therapeutic community for ex-addicts: a view from Europe. Therapeutic Communities. The International Journal for Therapeutic and Supportive Organisations, 20, 255-265.

BROEKAERT, E., VANDERPLASSCHEN, W., TEMMERMAN, I., OTTENBERG, D.J. & KAPLAN, C. (2000) Retrospective study of similarities and relations between American drug-free and European therapeutic communities for children and adults. Journal of Psychoactive Drugs, 32, 407-417.

BROEKAERT, E., VANDEVELDE, S., SCHUYTEN, G. ERAUW, K & BRACKE, R. (2001) Evolution of encounter group methods in therapeutic communities for substance abusers. Submitted to Addictive Behaviors.

BUGENTAL, J. (1967) Challenges of Humanistic Psychology. New York: McGraw-Hill.

CLARK, D. H. (1965) The therapeutic community – concept, practice and future. British Journal of Psychiatry, 111, 947-954.

CLARK, D.H. (1977) The therapeutic community. British Journal of Psychiatry, 131, 553-564.

COX, J.L. (1998) Reflections on contemporary community psychiatry. Where is the therapy? Therapeutic Communities. The International Journal for Therapeutic and Supportive Organisations, 19, 3-14.

CULLEN, E. (1997) Can a prison be a therapeutic community: the Grendon template. In Therapeutic Communities for Offenders (eds E. Cullen, L. Jones & W. Woodward). Chichester: John Wiley and Sons.

DE LEON, G. (1997) Therapeutic communities: is there an essential model ? In Community as Method. Therapeutic communities for Special Populations and Special Settings (ed G. De Leon). Westport, CT: Greenwood Publishing Group, Inc.

DE LEON, G. (2000) The Therapeutic Community. Theory, Model and Method. New York: Springer Publishing Company.

DE LEON, G., MELNICK, G., THOMAS, G., KRESSEL, D. & WEXLER, H.K. (2000) Motivation for treatment in a prison-based therapeutic community. American Journal of Drug and Alcohol Abuse, 26, 33-46.

EMCDDA (2001) An Overview Study: Assistance to Drug Users in European Union Prisons. Abriged version. Lisboa: EMCDDA.

FARABEE, D., PRENDERGAST, M., CARIER, J., WEXLER, H., KNIGHT, K. & ANGLIN, M. D. 1999) Barriers to implementing effective correctional drug treatment programs. Prison Journal, 79, 150-162.

FIELD, G. (1989) A study of the effects of intensive treatment on reducing the criminal recidivism of addicted offenders. Federal Probation, 53, 51-56.

FRYE, R.V. (2001) A Therapeutic Bridge. Unpublished manuscript.

GATES, E.M. & BOURDETTE, P.C. (1975) The Synanon alternative to the criminal justice system. Journal of Drug Issues, 5, 232-241.

GARFIELD, H.M. (1978) The Synanon Religion. Marshall.Ca.: Synanon Foundation.

GENDERS, E. & PLAYER, E. (1995) Grendon. A study of a therapeutic prison. Oxford: Clarendon Press.

GLASER, F. (1977) The origins of the drug-free therapeutic community: a retrospective history. New York: Daytop Village Foundation.

GLIDER, P., MULLEN, R., HERBST, D., DAVIS, C. & FLEISHMAN, B. (1997) Substance abuse treatment in a jail setting: A therapeutic community model. In Community as Method. Therapeutic communities for Special Populations and Special Settings (ed G. De Leon). Westport, CT: Greenwood Publishing Group, Inc.

GRANT, J.D. & GRANT, M.Q. (1959) A group dynamics approach to the treatment of nonconformists in the navy. Annals of American Academy of Political and Social Science, 322, 126-135.

HARRISON, T. & CLARKE, D. (1992) The Northfield Experiments. British Journal of Psychiatry, 160, 698-708.

HILLER, M.L., KNIGHT, K. & SIMPSON, D. (1999) Prison-based substance abuse treatment, residential aftercare and recidivism. *Addiction*, 94, 833-842.

INCIARDI, J.A., MARTIN, S.S., BUTZIN, C.A., HOOPER, R.A. & HARRISON, L.D. (1997) An effective model of prison-based treatment for drug-involved offenders. Journal of Drug Issues, 27, 261-278.

INCIARDI, J.A., MARTIN, S.S. & SURRATT, H.L. (2001) Therapeutic communities in prisons and work release: Effective modalities for drug-involved offenders. In Therapeutic Communities for the Treatment of Drug Users (eds B. Rawlings & R. Yates). London: Jessica Kingsley Publishers

JACKSON, P. (1997) The rise and fall of Synanon. The Daily News Current. Online publication http://www.morrock.com/synanon.htm#synanon3 (Accessed on April 26, 2002)

JONES, M. (1952) Social Psychiatry. A Study of Therapeutic Communities. London: Tavistock Publications.

JONES, M. (1962) Social Psychiatry in the Community, in Hospitals, and in Prisons. Springfield, Illinois: Charles C. Thomas.

JONES, M. (1968) Beyond the Therapeutic Community. Social Learning and Social Psychiatry. New Haven, Connecticut: Yale University Press.

JONES, M. (1976) Why open systems ? A personal account. In The Changing Mental Health Scene (eds R. Hirschowitz & B. Levy). New York: Spectrum Publications.

JONES, M. (1979) Therapeutic communities, old and new. American Journal of Drug and Alcohol Abuse, 6, 137-149.

JONES, M. (1979*B*) The therapeutic community, social learning and social change. In Therapeutic Communities, Reflections and Progress (eds R.D. Hinshelwood, and N. Manning). London: Routledge and Kegan Paul.

JONES, M. (1980) Desirable features of a therapeutic community in prison. In Therapeutic Communities in Corrections (ed H. Toch). New York: Praeger.

JONES, M. (1982) The Process of Change. Boston: Routlegde and Kegan Paul.

JONES, M. (1984) Why two therapeutic communities? Journal of Psychoactive Drugs, 16, 23-26.

JONES, M. (1984*B*) The two therapeutic communities. A review. In Proceedings of the Eighth World Conference of Therapeutic Communities. Rome, Italy: Centro Italiano di Solidarieta.

KENNARD, D. (1998) An Introduction to Therapeutic Communities. London: Jessica Kingsley Publishers.

KENNARD, D. (1998*B*) Therapeutic communities are back – and there is something a little different about them. Therapeutic Communities. The International Journal for Therapeutic and Supportive Organisations, 19, 323-329.

KNIGHT, K., HILLER, M.L. & SIMPSON, D.D. (1999) Evaluating corrections-based treatment for the drug-abusing criminal offender. Journal of Psychoactive Drugs, 31, 299-304.

KOOYMAN, M. (1993) The Therapeutic community for Addicts: Intimacy, Parent Involvement and Treatment Success. Lisse: Swets and Zeitlinger.

LEAN, G. (1985) On the Tail of a Comet. The Life of Frank Buchman. Colorado Springs: Helmers & Howard

LEES, J., MANNING, N. & RAWLINGS, B. (1999) Therapeutic Community Effectiveness. A Systematic International Review of Therapeutic Community Treatment for People with Personality Disorders and Mentally Disordered Offenders. York: York Publishing Services.

LIPTON, D.S. (1994) The correctional opportunity: Pathways to drug treatment for offenders. Journal of Drug Issues, 24, 331-349.

LIPTON, D.S. (1998) Therapeutic communities: History, effectiveness and prospects. Corrections Today, 60, 106-111.

LIPTON, D.S. (1998*B*) Therapeutic community treatment programming in corrections. Psychology Crime & Law, 4, 213-263.

LOCKWOOD, D., INCIARDI, J., BUTZIN, C.A. & HOOPER, R.M. (1997) The therapeutic community continuum in corrections. Community as Method. Therapeutic communities for Special Populations and Special Settings (ed G. De Leon). Westport, CT: Greenwood Publishing Group, Inc.

LURIGIO, A.J. (2000) Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. Criminal Justice and Behavior, 27, 495-528.

McCORKLE, L.W., ELIAS, A. & BIXBY, F.L. (1958) The Highfields Story. An Experimental Treatment Project for Youthful Offenders. New York: Henry Holt and Company.

MARTIN, S.S., BUTZIN, C.A. & INCIARDI, J.A. (1995) Assessment of a multistage therapeutic community for drug-involved offenders. Journal of Psychoactive Drugs, 27, 109-116.

MARTIN, S.S. & BUTZIN, C.A. (1999) Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware. Prison Journal, 79, 294-320.

MASLOW, A.H. (1967) Synanon and eupsychia. Journal of Humanistic Psychology, 7, 28-35.

MOWRER, O.H. (1976) Therapeutic groups and communities in retrospect and prospect. In Proceedings of the First World Conference on Therapeutic Communities. Katrineholm, Sweden: Vallmotorp Foundation.

MURTO, K. (1991) Towards the Well Functioning Community. Jyväskylä Studies in Education, Psychology and Social Research Nr. 79. Jyväskylä: University of Jyväskylä.

MURTO, K. (1991*B*) Maxwell Jones as an organisation developer. International Journal of Therapeutic Communities, 12, 137-140.

O'BRIEN, W.B. (1993) You Can't Do It Alone. New York: Simon and Schuster.

PALMER, T.B. (1971) California's community treatment program for delinquent adolescents. Journal of Research in Crime and Delinquency, 8, 74-92.

RAPOPORT, R.N. (1960) Community as a Doctor. New Perspectives on a Therapeutic Community. London: Tavistock Publications.

RAPOPORT, R.N. & RAPOPORT, R.S. (1959) Permissiveness and treatment in a therapeutic community. Psychiatry, 22, 57-64.

RAWLINGS, B. (1999) Therapeutic communities in prisons: a research review. Therapeutic Communities. The International Journal for Therapeutic and Supportive Organisations, 20, 177-193.

RAWLINGS, B. (1999*B*) Therapeutic communities in prisons. Policy and Politics, 27, 97-111.

RAWLINGS, B. & YATES, R. (2001) Introduction. In Therapeutic Communities for the Treatment of Drug Users (eds B. Rawlings & R. Yates). London and Philadelphia: Jessica Kingsley Publishers.

ROBERTS, J. (1997) History of the therapeutic community. In Therapeutic Communities for Offenders (eds E. Cullen, L. Jones & W. Woodward). Chichester: John Wiley and Sons.

ROBERTSON, G. & GUNN, J. (1987) A ten-year follow-up of men discharged from Grendon prison. British Journal of Psychiatry, 151, 674-678.

ROSZAK, TH. (1978) Person/Planet. The Creative Disintegration of Industrialized Society. New York: Anchor Press – Doubleday.

SCHWARTZ, J.A., LURIGIO, A.J. & SLOMKA, S.A. (1996) The impact of IMPACT: an assessment of the effectiveness of a jail-based treatment program. Crime and Delinquency, 42, 553-573.

SCUDDER, K. (1952) Prisoners are People. Garden City, New York: Doubleday.

STUDT, E., MESSINGER, S & WILSON, T.P. (1968) C-Unit: Search for Community in Prison. New York: Russell Sage.

SUGARMAN, B. (1984) Towards a new, common model of the therapeutic community. structural components, learning processes and outcomes. International Journal of Therapeutic Communities, 5, 77-98.

SULLIVAN, C., GRANT, M.O. & GRANT, J.D. (1957) The development of interpersonal maturity applications to delinquency. Psychiatry, 20, 373-385.

TURNBULL, P.J. & WEBSTER, R. (1998) Demand reduction activities in the criminal justice system in the European Union. Drug: Education, Prevention and Policy, 5, 177-184.

VANDEVELDE, S. & BROEKAERT, E. (2001) Maxwell Jones, Harold Bridger, Dennie Briggs and the 'two' therapeutic communities: an interview with Juan Parés y Plans (Corelli) about the development of the Centro Italiano di Solidarietà (CeIS). Submitted to Therapeutic Communities. The International Journal for Therapeutic and Supportive Organisations.

WEXLER, H.K., BLACKMORE, J. & LIPTON, D.S. (1991) Project REFORM: developing a drug abuse treatment strategy for corrections. Journal of Drug Issues, 21, 473-495.

WEXLER, H.K (1995) The success of therapeutic communities for substance abusers in American prisons. Journal of Psychoactive Drugs, 2, 57-66.

WEXLER, H. (1997) Therapeutic communities in American prisons. In Therapeutic Communities for Offenders (eds E. Cullen, L. Jones, & W. Woodward). Chichester: John Wiley and Sons.

WEXLER, H.K., DE LEON, G., THOMAS, G., KRESSEL, D. & PETERS, J. (1999) Amity prison TC evaluation: reincarcerating outcomes. Criminal Justice and Behavior, 26, 147-167.

WILMER, H.A. (1965) The role of the rat in the prison. Federal Probation, 29, 44-49.

WILMER, H.A. (1966) Free association of people: Observations on the changing constellations in large group meetings. The International Journal of Social Psychiatry, 12, 44-51.

WILSON, F.W. (1978) Therapeutic Community: An Innovative Treatment Approach. Warsaw, Poland. 32nd International Congress on Alcoholism and Drug Dependence (3rd – 8th September, 1978).

YABLONSKY, L. (1965) Synanon: The Tunnel Back. New York: MacMillan.

YEE, M. (1997) Charles Dederich, founder of cult-like religious group Synanon, dies at 83. Online publication. Can be consulted at http://positiveatheism.org/rw/dederich.htm Accessed on April 26, 2002.

ZIMMER, D. & WIDMER, A. (1981) Democratically or Hierarchically Structured Therapeutic Communities for Heroin Addicts ? Manilla: Proceedings of the 6th World Conference of Therapeutic Communities.

AUTHORS

Corresponding author: Stijn Vandevelde, Ma.Ed.

Researcher

Department of Orthopedagogics, Ghent University, H. Dunantlaan 2, B-9000 Ghent, Belgium.

E-mail: **stijn.vandevelde@rug.ac.be**

Eric Broekaert, Ph.D.

Professor

Department of Orthopedagogics, Ghent University, H. Dunantlaan 2, B-9000 Ghent, Belgium.

Rowdy Yates

Senior Lecturer

Scottish Addiction Studies, Department of Applied Social Science, University of Stirling

Scotland FK9 4LA

Martien Kooyman, M.D., Ph.D.

Consulting psychiatrist

Therapeutic Community Emiliehoeve, Bep Bakhuijsweg 135, 2553 RE Den Haag, The

Netherlands