

The International Behavioural and Social Sciences Library

ADMINISTRATIVE THERAPY



Classics from the Tavistock Press

The International Behavioural and Social Sciences Library

ADMINISTRATIVE THERAPY



TAVISTOCK

MIND & MEDICINE

In 6 Volumes

- I Psychotherapeutic Techniques in Medicine
Michael Balint and Enid Balint
- II Social Origins of Depression
George W Brown and Tirril Harris
- III An Approach to Community Mental Health
Gerald Caplan
- IV Administrative Therapy
David H Clark
- V Community as Doctor
Robert N Rapoport
- VI Medicine in Metamorphosis
Martti Siirala

ADMINISTRATIVE THERAPY

The Role of the Doctor in the Therapeutic Community

DAVID H CLARK



First published in 1964 by
Tavistock Publications (1959) Limited

Reprinted in 2001 by
Routledge
2 Park Square, Milton Park, Abingdon, Oxon, OX14 4RN

Transferred to Digital Printing 2007

Routledge is an imprint of the Taylor & Francis Group

© 1964 David H Clark

All rights reserved. No part of this book may be reprinted or reproduced or utilized in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

The publishers have made every effort to contact authors/copyright holders of the works reprinted in the *International Behavioural and Social Sciences Library*. This has not been possible in every case, however, and we would welcome correspondence from those individuals/companies we have been unable to trace.

These reprints are taken from original copies of each book. In many cases the condition of these originals is not perfect. The publisher has gone to great lengths to ensure the quality of these reprints, but wishes to point out that certain characteristics of the original copies will, of necessity, be apparent in reprints thereof.

British Library Cataloguing in Publication Data
A CIP catalogue record for this book
is available from the British Library

Administrative Therapy
ISBN 0-415-26460-X
Mind & Medicine: 6 Volumes
ISBN 0-415-26512-6
The International Behavioural and Social Sciences Library
112 Volumes
ISBN 0-415-25670-4
Printed and bound by CPI Antony Rowe, Eastbourne

Administrative Therapy

THE ROLE OF THE DOCTOR
IN THE
THERAPEUTIC COMMUNITY

DAVID H. CLARK

F.R.C.P. Ed., D.P.M.



TAVISTOCK PUBLICATIONS

*First published in Great Britain in 1964
by Tavistock Publications (1959) Limited
2 Park Square, Milton Park,
Abingdon, Oxon, OX14 4RN
in 11 point Times New Roman
by Ebenezer Baylis & Son Ltd
Worcester
© David H. Clark, 1964*

CONTENTS

ACKNOWLEDGEMENTS	page vii
INTRODUCTION	ix
1. The Mental Hospital and the Social Sciences	1
2. Milieu Therapies	15
<i>Work Therapy · Open Doors · Therapeutic Communities · Social Psychiatry</i>	
3. Therapeutic Milieux	31
<i>Basic Principles · Modern General Principles · Principles of the Therapeutic Community</i>	
4. Administrative Therapy	47
<i>Assessment · Action · Medical Role-Change · Leadership Tasks in the Therapeutic Community · Flexibility of Authority · Maintenance of the Therapeutic Community</i>	
5. Positions for Administrative Therapy	76
<i>The Ward Doctor · The Senior Psychiatrist · The Medical Superintendent</i>	
6. Selection and Training of Administrative Therapists	103
7. Administrative Therapy and Other Skills	118
<i>Individual Psychotherapy and Psycho-analysis · Group Psychotherapy · Small Group Leadership · Military Leadership · Business Administration · Hospital Administration · Administrative Psychiatry · Other Skills and Disciplines</i>	

Contents

8. Theory and Results	137
<i>Theory · Results</i>	
BIBLIOGRAPHY	147
READING LIST	151
INDEX	155

ACKNOWLEDGEMENTS

The greater part of this book was written in 1963, during the year of a Fellowship at the Center for Advanced Study in the Behavioral Sciences, Stanford, California, and I should like to record my gratitude to the Trustees of the Center and the Director, Ralph Tyler. Every clinician dreams of a chance to collate his experiences and reflect on them; to be given such an opportunity, to be transported to one of the most beautiful countries in the world and to be set down for a year in a community of reflective scholars, is an astounding boon and a wonderful privilege. I hope this book may offer some justification of the Center's generosity. I am grateful, too, to the Staff of the Center, to Preston Cutler, Jane Kielsmeier, Wayne Smith, and others for their support and kindness.

Acknowledgements are due, for permission to quote, to: Russell Sage Foundation, in respect of an extract from *From Custodial to Therapeutic Patient Care in Mental Hospitals* by M. Greenblatt, R. H. York, and E. L. Brown; Charles C. Thomas, Publisher, in respect of a passage from *Social Psychiatry in the Community, in Hospitals, and in Prisons* by Maxwell Jones; and to the World Health Organization in respect of excerpts from the Third Report of the Expert Committee on Mental Health *Technical Report Series*, No. 73, 1953.

The opinions here stated are my own, winnowed from the work of social psychiatry and therapeutic communities. They show, I hope, the influence of my teachers, especially Sir David Henderson and Dr S. H. Foulkes, and also of many friends and colleagues with whom I have discussed

them, particularly, of course, Maxwell Jones. The individual chapters gained greatly from discussion held at the Center and I was helped by many comments, particularly, from David Hamburg, Harry Wilmer, Erich Lindemann, Jack Downing, David Daniels, and Frank Matsumoto.

Many other friends and colleagues also have given their assistance by reading drafts and proofs and offering critical comments. An administrative therapist should test all his projects, not least his books, by submitting them to discussion and criticism and gradually hammering them into something acceptable. It would in fact be most difficult adequately to thank all those who helped me in this way, particularly perhaps those whose advice I welcomed but did not always accept! But I am most grateful to them all. To my wife and family belong the credit for having provided, by their tolerance and encouragement, an atmosphere in which this book could grow.

My thanks are due to my secretaries on both sides of the Atlantic, Mrs Joan Warmbruun, Mr Graham Copeman, and Mrs Mary Mitchell for their help and patience.

But most of all I must record my debt to all those patients and colleagues who in our meetings over the years have taught me so much, never hesitating when necessary to point out my mistakes and failings. They have shared with me the excitements of exploring social psychiatry, of unlocking doors and tearing down railings, of opening communications and talking freely to one another, and they have borne with me as I learned painfully the task of administrative therapy. To all of them, but particularly to my friends, the patients, I must record my thanks, and it is to them, especially the patients of the long-stay wards of the mental hospital, that I dedicate this book.

INTRODUCTION

During the last twenty years institutional psychiatry has undergone numerous and profound changes. From being the medical officers of custodial institutions, concerned with security, with preventing escapes, and protecting society from their charges, psychiatrists have become the medical members of therapeutic communities, attempting to help and understand those placed in their care and to build a way of life that will help them soon to emerge as whole people.

This has involved many changes of attitude, many excursions into fields never regarded as medical. Traditional ways have been discarded and new nostrums tried, many of which have worked remarkably well. Those of us who have lived through this period know that we are doing work very different from that prescribed when we started, or from that which our seniors were then doing.

For some time there has seemed to me to be a need to set out what modern institutional psychiatry, especially that form of milieu therapy represented by the therapeutic community, demands of and promises to the doctor. This book is particularly designed for my colleagues who are coming into psychiatric institutions for the first time in the present exciting period and is designed as a handbook for the young doctor trying to understand and modify the world in which his patients live.

I have called it 'Administrative Therapy' because it combines two activities often seen as antagonistic, namely psychotherapy – the positive treatment of patients by psychological means – and administration – the daily business of planning,

Introduction

conferring, sitting on committees, and dealing with regulations and paperwork. I define administrative therapy as the art of treating patients in a psychiatric institution by administrative means or as the art of fulfilling the true doctor's role in a therapeutic community.

Something of this art was known to the great founders of institutional psychiatry such as Pinel, Tuke, Conolly, Browne, and Kirkbride. They had little doubt that the atmosphere of an institution could exert a beneficent influence on the patients in it and they called their work 'Moral Management'. As the nineteenth century passed, however, their work was forgotten, and until recently doctors thought of treatment – therapy – as something that was done exclusively for individual patients, preferably in a consulting-room or a sideroom off the ward, and of administration as a dreary, necessary process to which elderly psychiatrists addressed themselves and which had little bearing on the outcome of the patient's illness.

This view has been challenged and changed by the impact of the social sciences on the mental hospital and the development of milieu therapy.

The first chapter sketches the background and describes the observations of social scientists on it; the second mentions some of the experiments of the last twenty years; and the third outlines what seem to be principles underlying the organization of the therapeutic milieu.

In the fourth chapter the operations of administrative therapy are identified and explained; and in the fifth its application in three positions in the psychiatric hospital is set out. It is in these chapters that I present my main conclusions.

In the sixth chapter I examine certain characteristics helpful in administrative therapy and training that may be pro-

Introduction

vided; and in the seventh I attempt further to define administrative therapy by discussing its relationship with other skills.

Finally, in Chapter Eight, the fact is discussed that little coherent theory exists as a base for practice, and points of development are indicated. As we get clearer theory and more validated results of administrative therapy, our practice will improve. In the meantime we have no choice. If we are to help our patients, we must change their drab world. To do this, we must practise administrative therapy. This book embodies what I have learnt about this important and hopeful development.

This page intentionally left blank

*Administrative
Therapy*

This page intentionally left blank

CHAPTER 1

The Mental Hospital and the Social Sciences

The background of the work to be discussed in this book is the mental hospital world of the 1930s. In that world all today's senior psychiatrists began their professional lives, into it came many of today's senior nursing staff as hopeful youngsters, and into it, as puzzled schizophrenic adolescents, came those who are now the shuffling, grey-faced automata of the back wards.

Scattered all over Western Europe and the United States were great institutions, remote from the towns, of antiquated architecture, little visited and little known to the general public except as places of dread mystery, names with which to frighten wayward children, a burden on the taxes, and the focus of occasional scandals. In them were hundreds – or thousands – of patients, a small underpaid staff of attendants, and a few doctors. They were places where little changed; they had an established way of operating which had been worked out over decades. The patients came in certified and resistant, obviously insane and rejected by their families; some died, some recovered and went out, but many remained for the rest of their lives; most of them remained