

Unspoken, but unmistakable. What a historic case study of the Cotswold Community can tell us about the presence of love and need for belonging in therapeutic communities.

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Unspoken, but unmistakable. What a historic case study of the Cotswold Community can tell us about the presence of love and need for belonging in therapeutic communities.

Abstract. Based on a recently completed doctoral thesis, 'Where is the Love? A psychoanalytic history of the Cotswold Community', this paper explores the idea that love was unspoken but unmistakable at The Cotswold Community (1967-2011), a therapeutic community for adolescent boys who had experienced trauma and disrupted attachments. The paper will draw from lived experience as a therapeutic community practitioner and residential childcare worker at the Cotswold Community. This paper describes aspects of the history of the therapeutic community movement, and place of the Cotswold Community within this history. Differences and commonalities between therapeutic communities for adults and children are identified, and how practice in each might inform the other is considered. The contribution made by Balbernie, Dockar-Drysdale and Menzies-Lyth to the therapeutic community movement, and its relevance for residential therapeutic community work today will be explained in the context of wider psychoanalytic discourse, including the work of Bowlby and Winnicott. Concepts of therapeutic love, using Fromm's definition of love being about, care, responsibility, knowledge, and respect will be explored in terms of how these can be seen in practice. The implications in terms of staff recruitment and retention, and how care, responsibility, knowledge, and respect, contribute to a culture of inquiry will be explained. Difficulties facing therapeutic communities currently will be discussed in relation to a 2020 Children's Commissioners report, 'The children no one knows what to do with'. The paper concludes with outlining what the example of the Cotswold Community might mean for the current difficulties that therapeutic communities are facing, and how the lessons of the past might help inform practice in therapeutic communities of the future.

Introduction, A well trodden path.

One of the aims of a case study is to find things of universal relevance to a particular field of study amidst a small specific example of a unique subject. I had been a residential therapeutic childcare worker at the Cotswold Community between 2003 and 2005 having begun my therapeutic community career at Community Housing and Therapy in 2000, following a sociology degree. Despite the Cotswold Community's closure in 2011, I returned to the subject of the Cotswold Community to investigate the presence and meaning of therapeutic love in residential therapeutic childcare with traumatised adolescents. This

question about therapeutic love, was in part inspired by David Wills (a pioneer from the early days of therapeutic communities), who visited the community. He wrote, “Love is not a word you will often hear at the Cotswold, but its presence is un-mistakable.” (p.152). The question and subject of therapeutic love was also inspired by the Black Eye Peas (2003) song ‘Where is the Love?’, which was a favourite of some of the boys at the community. The lyrics of this song making references to ‘mama’s, drama’s and trauma’s’ seemed particularly relevant and meaningful to the lives of the boys who had more than their fair share of dramas and trauma. 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.

Richard Balbernie began changing what had been the Cotswold Approved School, to a therapeutic community in 1967. Approved schools had fallen out of favour. This was following a spate of high profile scandals, including the shooting dead of a housemaster at Standon Farm, rioting and absconding of over 90 boys at Carlton School and evidence of excessive use of corporal punishment at Court Lees (Hyland 2021). Hilton (2021) argued that, “The public inquiry into Standon Farm almost reads as a guide for how not to run a community for vulnerable young people.” Despite ambivalent public opinion at the time about how best to manage delinquent or disruptive behaviour, the writing was on the wall for approved schools (Lane 2021).

While making this transition from Approved School to therapeutic community, Balbernie (with therapeutic consultancy from Barbara Dockar-Drysdale, and Ken Rice from the Tavistock Institute of Human Relations, and later Isobel Menzies-Lyth) encountered three distinct difficulties in terms of staff attitude. The attitudes they encountered may have wider implications for therapeutic work today. The three areas of resistance to making the changes from being an approved school to becoming a therapeutic community were identified by Dockar Drysdale in 1973 and later explored by Whitwell (2018), who described the theory of the impossible task, the dinosaurs, and the fallacy of a delusional equilibrium:

- ‘*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 D¹ herself was drawn into.

- '*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.
- '*The fallacy of a delusional equilibrium*'. This was another basic assumption on the part of many people in the institution, which implied that, by keeping things calm and smooth on top, the chaos below the surface need not be reached. Breakdown in this false equilibrium was projected on to a likely scapegoat who was often then ejected, whether it was a boy or an adult. (Whitwell, 2018, p.15)

These three aspects identified and explored by Dockar-Drysdale and Whitwell serve as useful reminders to anyone working in therapeutic communities, or an institution or organisation which is aspiring to create one. The implication is that the work is extremely difficult. Ward et al. (2002) have described it as 'rocket science', but this does not mean that it is impossible. An institution wanting to make changes from being run with its task being incarceration or warehousing might not be able to employ the same staff members when or if it becomes a therapeutic community. The task is different and requires staff with different aptitudes and abilities. The notion of the fallacy of delusional equilibrium might be of some comfort to those who come into contact with the 'chaos beneath the surface.'

Becoming in contact with this chaos has been remarked upon by Allchin who wrote of residential therapeutic childcare workers at the Cotswold Community, "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." (Allchin, 2011 p.272). Balbernie (1969) described the work at the Cotswold Community as existing along a well trodden path stemming from the historic context of therapeutic childcare:

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 not regard ourselves as dabbling or floundering amateurs but professionals (many of us seasoned,

1 'Mrs D' was Barbara Dockar-Drysdale, also know by her nick name 'Pip'.

experienced veterans) simply and solely carrying out a hard, unpleasant but necessary professional task for society. (p.11 [Archive list])

The Relational Thread.

Those who understand the history of the therapeutic community movement will be aware that there are different types of therapeutic communities amongst what is an international movement. Differences between therapeutic communities for children and adults are explored later in this article. Kennard (1998) makes the distinction between old institutions such as asylums which adopted the therapeutic community approach, therapeutic communities proper (or democratic therapeutic communities such as the Henderson and Cassel), concept-based therapeutic communities and alternative asylum and anti-psychiatry communes. It was the concept based therapeutic communities (who's members were often recovering from substance abuse and sometimes became staff members) which accrued controversy, including being described as "dangerous cults" (Kennard, 1998). 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". This meant a shift in emphasis from behavioural management and warehousing towards an adoption of therapeutic community principles and the task of treatment. The change had to be uncompromising:

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, 2011, p. 316).

Kennard (1998) identified that therapeutic communities arose out of wartime experience, Christian ideals of love, ideas about democracy, and developments within psychoanalysis. Regarding the specific example of the Cotswold Community, there is little doubt that Balbernie, Dockar-Drysdale and Menzies-Lyth were all profoundly shaped by their wartime experiences.

Rapoport (1960) identified the features of therapeutic communities as being permissiveness, communalism, reality confrontation and democratisation. Haigh's contribution of identifying attachment, containment, communication, involvement, and agency as being the

quintessence of the therapeutic community environment remain essential principles for therapeutic community practitioners. However, underneath these principles which were identified as the therapeutic community movement grew and developed is a relational thread.

Amongst the group of early pioneers of the British Therapeutic Community movement who established the Northfield Experiment at Hollywell Military Hospital in Birmingham during WWII (Wilfred Bion, Sigmund 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 a relational thread runs through the heart of therapeutic community work has been there since its inception.

At a 2021 Mulberry Bush conference discussing the work of Harold Bridger, it was asked about the Northfield Experiment, “yes, but weren’t there riots?” This might be heard as a warning 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 memoirs” where a tendency to perceive institutions in black and white terms that mimic aspects of the distress that the institutions contain.

Balbernie’s understanding of what constitutes a therapeutic community 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]). However, in addition to this extremely disturbing account of assumptions which may be made about therapeutic communities, Balbernie describes much more favourable aspects of the culture (or impulse as Kennard, 1998, describes):

A person in a treatment environment must feel in his bones and bloodstream – because it is – 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 has been described as a 'charismatic bastard' (Lane, 2021), and this description is explored later in this article. However, there is a humility, realism and gentleness about Balbernie's approach evident in the quote below, which should not get overlooked amidst the danger of the cult of personality:

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])

Differences between Therapeutic Communities for Children and Adults

Because the therapeutic community movement has encompassed internationally institutions which might have many differences in approach, there are multiple levels of complexity. As Kashinski (2003) acknowledges, "there is not a commonly recognized language. Different terms may be used to describe similar but not necessarily identical concepts and practices (p.63)." It is also important to consider the differences between therapeutic communities for children and adults, before considering what commonalities there are. Stokoe (2003) argues of the importance of an awareness of differences between therapeutic communities for children and adults:

In the former [therapeutic communities for adults], 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)

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). Balbernie makes frequent references to ‘woolly permissiveness’, and how this is not appropriate in an environment for children and adolescents. The Cotswold Community did not continue the therapeutic community feature identified by Rapoport of permissiveness, in fact Balbernie was disdainful of this.

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:

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 (2020) 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).

Commonalities, and need for care, respect, responsibility, and knowledge.

If there are significant differences between different types of therapeutic community, including internationally (Isohanni, 1993), and differences between therapeutic communities for children and adults, the question remains about what commonalities there are. If Wills (1971) is correct that the presence of love at the Cotswold Community is unspoken but unmistakable, then it becomes necessary to define what the nature of this love is. It is beyond the scope of this article to establish whether this sort of love is also present in other institutions, however to define what is meant by therapeutic love might be of benefit to the therapeutic community movement to help establish a more loving culture.

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). 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. 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 realise it's on you, so you fight".

If it is the case that love is a verb, a 'doing word', that does not necessarily need to be spoken or named, then what is the nature of this action? And can love also be an attitude? Of primary 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).

Charismatic bastards and pioneering women.

If the nature of therapeutic love is made clearer in the context of Fromm’s identification of the elements noted above, then issues arise about whether therapeutic love in the context of residential therapeutic childcare is gendered. Lane (2021) identified that there were aspects of Balbernie’s character which were charismatic. 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.”

Describing a talk in 1973 by Balbernie, Lane (2021) wrote:

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]). The paper makes references to “therapeutic squeaks and farts” (p.2) which gives an impression of the more colourful aspects of his personality. However, also contained in this paper was a clear conceptualising of the task, he writes. “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)

Closely connected to this question about the nature of the task, is whether the task of therapeutic love in a residential therapeutic community environment is gendered. There were plenty of examples of misogyny at the Cotswold Community, particularly in David Wills book "Spare the Child". Although he acknowledges what he refers to as a "women problem", and how in many instances women were not wanted. 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)

Balbernie was also particularly attuned to the pressures on female workers. 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)

The difficulties that women encountered at the Cotswold Community were being unseen, as is evident in Wills (1971) description:

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)

Women being unwanted in what had been a traditionally male world is also described by Wills in his account of an interaction involving Pat Drew:

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)

A further theme which emerges when digging deeper into literature about the Cotswold Community, is the idea of women being a civilising influence. This included the expectation about how women should behave and take care of the environment:

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. (Wills, 1971 p.124)

There were difficulties finding adequate numbers of staff with the right qualities able to take on the work involved at the Cotswold Community, particularly women who had a particularly challenging role to play. Explained 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)

An important aspect of the work involved the men and women interacting with each other in a way which provided a different example of relationships between men and women. Balbernie (1969) warned staff, "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 society's casualties and customers, and this does not mean playing at mummies and daddies." (p.4)

Dockar-Drysdale pioneering work involving the provision of primary experience also has issues for staffing in relation to gender. 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:

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).

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?

Perhaps it is the adults own reticence about using the word love which is at the heart of such a 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)

However, it is important to note the difference between saying a word, and behaviour. 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).

Rocket science, and the children no one knows what to do with.

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 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."

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." Kashinski (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 Benefield (2019) 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). The example of the Cotswold Community demonstrated its efficacy by significant improvement in reconviction rates. Allchin (2011) points to a 1982 inspection which described the community as, "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)

The psychoanalysis evident at the Cotswold community was not only influenced by Winnicott (Dockar Drysdale, 1974) but also later influenced by Bowlby and attachment theory. Bowlby's time at Priory Gate, a school similar to the Cotswold Community in 1929, profoundly influenced the inception of attachment theory. Attachment theory, like the work at the Cotswold Community had profound social and political implications about the utility of psychoanalysis. The implications of attachment theory have been described by Corovo and deLara in the following way:

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):

The sort of love required and implied by the above statement about attachment theory involves worker being able to withstand this 'fragile stewardship of humanity.' Elements of this withstanding are expressed in a poem by Beedell found in the Cotswold Community archive entitled 'Standing':

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)

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)

We must also consider the social impact of not making such provision, Ward at al. (2002) explained the task of the residential therapeutic childcare worker 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. It's rocket science - not least because if the mixture is wrong or the trajectory out of line, it may be truly explosive! (p.13)

In order for staff to be able to carry out this extremely complicated and difficult task in the face of the ever present risk of explosion and violence, it is imperative that they feel contained and feel that they belong. It is only staff who feel that they receive the sort of respect, responsibility, care, and knowledge that Fromm (1957) identifies as love, who are able to provide this particular, highly skilled sort of therapeutic love to those they work with. The elements of what Wills (1971) has identified as the unspoken but unmistakable about therapeutic love present at the Cotswold Community, (though now closed), might serve to be of use to present and future generations of workers trying to carry out this difficult task of providing therapeutic love in therapeutic communities and residential therapeutic childcare settings.

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