

# The Third Generation of Therapeutic Communities: The Early Development of the TC for Addictions in Europe

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## Key Words

Therapeutic community · Substance abuse ·  
Development of therapeutic community

## Abstract

**Aims:** It is the goal of this study to investigate the first development of the drug-free therapeutic community (TC) in Europe. The paper aims at systemizing information, scattered all over Europe and is the first stage in an ongoing study to record the development of the European TC movement and its influences. **Design:** After a study of the grey (hidden) literature, TC pioneers and experts per country were contacted to further elaborate the first findings. Subsequently, a preliminary summary of our findings was published in the Newsletter of the European Federation of Therapeutic Communities (EFTC), inviting additional information and corrections. The authors completed the results for this article with relevant first-hand information, obtained through interviews with European pioneers. **Findings:** The findings are summarized under three topics: chronology, interconnections and European identity. It was found that from 1968 until 1989, a new therapeutic approach arose all over Europe, modeled after Synanon, Daytop and Phoenix House, New York, through Phoenix House, London and Emiliehoeve in the Netherlands. Therapeutic

communities were established in Belgium, Finland, Germany, Greece, Ireland, Italy, Norway, Spain, Sweden and Switzerland as well. These communities were closely-knit and interconnected in their reaction against psychiatric and methadone treatment. The European TCs developed an own identity compared to the American ones.

**Conclusions:** The European TCs adapted the model of their American predecessors to their own culture, influenced more by milieu-therapy and social learning. Instead of harsh behaviorism, more emphasis was placed on dialogue and understanding. Professionals occupied a more pivotal role and took over the dominant position of ex-addicts. Research, executed by TC professionals gradually entered the TC. A generic network of TC connections, through which the development evolved, was uncovered, and clear regional trends can be observed.

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## Introduction

The first generation of therapeutic communities (TC) was developed in Europe (United Kingdom) during the Second World War, and was referred to as the psychoanalytical, milieu, environmental or democratic TC. Its origins can be traced back to the achievements of Wilfred Bion and John Rickman [1] (first Northfield Experiment)

and Harold Bridger and Sigmund Heinrich Foulkes (second Northfield Experiment) [2], who innovated psychiatry in the treatment of soldiers suffering from neurosis, caused by traumatic war events. These pioneering psychiatrists based their interventions on group interaction, social setting, global approaches and the creation of a transitional space of experience, which allowed growth and development [3]. In 1938, Maxwell Jones began simultaneously to innovate psychiatry both at the Effort Syndrome Unit at the Mill Hill Public School and at the Belmont Industrial Neurosis Unit: later, the Henderson Hospital [4]. He strived for less hierarchy, open communication, decision-making by consensus, social learning and testing the borders of social reality [5]. Jones [6, p. 24] described a democratic ('old' in his own words) TC as '... based on group therapy aimed at understanding group dynamics and effecting a progressive-learning process'. In the course of time, this has become less psychoanalytic in nature and based more on individual interaction in a group setting – what has been termed 'social learning'. The democratic TC influenced psychiatric hospitals in the United Kingdom, the rest of Europe and the United States [7].

The second generation can be traced back to Synanon (USA), which was initiated in 1958 [8]. From 1965, the model was taken up and further developed by 'concept' TCs such as Daytop [9], Phoenix House [10], Odyssey House [11] and others. Synanon, a utopian community in California, wanted to create a new way of living based on principles of honesty, creativity, openness and self-reliance [12]. Its charismatic leader, Charles ('Chuck') Dederich, was influenced by the romantic writings of Emerson, Skinner's *Walden II*, by Christian-Judean values, Eastern philosophy, Moral Rearmament and the AA movement [13]. Synanon's social system and its treatment was based on the hierarchic structure of the movement (the triangle) alternated by the 'Game' (the circle) – 'an uninhibited conversation, an arena for discussing all human feelings, community issues and the relationships among people' [13, p. 8]. The concept TCs subsequently adopted many of Synanon procedures and hired Synanon graduates to start their drug-free programmes [14].

'A concept TC is a drug-free environment in which people with addictive (and other) problems live together in an organized and structured way in order to promote change and make possible a drug-free life in the outside society' [15, p. 51–62]. The concept TCs broke with Synanon because of the authoritarian leadership of Dederich, the commitment to a life-long membership and the evo-

lution of Synanon into a cult [9]. Synanon eventually found itself in the mire in controversy [16] and finally disbanded in 1991. Despite these difficulties, the TC movement spread quickly throughout the United States, Europe and all over the world [17–19].

This paper aims to map out the development of the European TC: the third generation of therapeutic communities. The research study period is from the end of the 1960s to the middle of the 1980s, when the last European pioneers founded TCs in Finland and Greece. At that point, the third generation phase came to an end and the TC began to mature and integrate with other treatment modalities. The third generation has a specific place within the global context of substance abuse treatment in that period. The TCs considered themselves as a legitimate reaction against the failing and disinterest of psychiatric treatment for substance abusers [20]. Following in the wake of the American TCs, the European ones defined their identity in terms of total abstinence from drugs. They disagreed with Dole and Nyswander's view towards the heroin substitution approach [21]. They shared Lennard et al.'s [22] opinion and saw methadone as an 'ordinary street drug' and methadone treatment as an illusion. They argued that methadone could be used in combination with other substances, could provoke heavy withdrawal symptoms, and replace change by stagnation [22]. In their reaction against psychiatric and methadone treatment, they formed an inclusive closely knit network. They had problems to fully accept the consequences of objective research as they did not like to open their files to external researchers. Only in some cases, research was carried out, mainly executed by TC members with clinical experience. Only after the breakthrough of the AIDS epidemic, the growing of methadone treatment and the closing down of many TCs in Europe, they accepted to adapt their reason of existence.

Whilst not ideal, the used time span is the most optimal research period, since many of the first-hand witnesses and pioneers are deceased, the scientific literature is seldom available, and relevant grey literature is difficult to locate and often not easily accessible. The authors did only retain the TCs, pioneers and research findings they found back in the grey and the scientific literature or in the additional information provided by the contacted experts. They do not intend to be conclusive, aiming rather to give a first impetus towards further research on this matter. Since three of the authors (Eric Broekaert, Anthony Slater and Rowdy Yates) were personally involved in the early development of the European TC, their view could be subjectively colored and prejudiced. However,

since a transparent and detailed methodology was used, the study was executed 'sine ira et studio' and aims at inviting comments, potential corrections and remarks from experts all over Europe and the rest of the world.

## Method

The first stage of the study comprised a literature review, using 'grey' conference papers and book chapters [20, 23–26]. From this, a brief letter concerning the origins and the further development of the TC was sent to various national experts, who were involved in the early TC movement in Europe. The following TC pioneers collaborated in this first phase of the study: Eric Broekaert (De Kiem, Belgium); James Comberton (Coolmine Lodge, Ireland); Marina Daskalopoulou (Kethea, Greece); Martien Kooyman (Emiliehoeve, The Netherlands); Martin Lutterjohann (Daytop, Germany); Katriina Pajupuro (Hietalinna Community, Finland); Salvatore Raimo (CeIS di Modena, Italy); David Tomlinson (Phoenix House, UK). On basis of those first results, a preliminary version of this paper was published in the newsletter of the European Federation of Therapeutic Communities (EFTC; <http://www.eftc-europe.com>) [27].

As the results turned out to be partially incomplete, a clear-cut questionnaire containing 7 topics was developed: (1) name and founders of the first TCs per country; (2) country of origin; (3) connections with other TCs at the time of origin; (4) the TCs which were influenced by the own TC; (5) the profession of the founders; (6) the role of ex-addicts, and (7) affiliations with other treatment approaches when starting, in order to get comparable answers from each participant on all topics. Remarks and corrections were requested from TC pioneers, the EFTC newsletter readership and current TC workers and experts. The results were further presented and discussed during the EFTC board meeting in 2002 in Milan. The findings were sent back for completion to the original experts and made public to the larger TC forum on the EFTC and EWODOR (European Working Group on Drugs Oriented Research; <http://www.stir.ac.uk/sdtp/ewodor.htm>) websites, asking for additional remarks and comments.

In the mean time, the authors have been conducting interviews with European and American TC pioneers in the context of another research project. To date, the interviewees include David Anderson, Horst Brömer; Ian Christie, Juan Corelli, Griffith Edwards, Martien Kooyman, Bertram Mandelbrote, Anthony Slater, David Tomlinson (Europe) and Dennie Briggs, David Deitch, George De Leon, Donald J. Ottenberg, Lewis Yablonsky (United States). The transcribed interviews will be subject to further separate publication in the form of a book [28]. The authors completed the results for this article with relevant first-hand information obtained through the interviews.

## Results

### *Chronology*

In the following paragraph, a chronology of the development of the first TCs per country (1968–1989) will be shortly reported. Since it is not the aim to be exhaustive

and to identify all existing therapeutic communities, there has been chosen to include only the pioneering TCs per country (table 1).

On 10th June, 1968, Ian Christie founded a hospital-based community in St. James Hospital (Portsmouth, UK). This unit, originally called Pink Villa Huts, was briefly styled like the Phoenix Unit then renamed the Alpha Unit following objections from the original Phoenix House, New York [29]. Later, the unit was re-established outside the hospital campus and re-launched as Alpha House in June 1971. An English ex-addict and a psychiatric social worker, Madeleine Maldo, contributed to the foundation of Featherstone Lodge Project (FLP), which was opened in 1969, under the supervision of Griffith Edwards. The first director of the FLP was Denny Yuson, an ex-addict and a graduate of Phoenix House New York. He left the organization with half of the residents and established a short-lived vehicle called Second Chance in his own home. David Warren-Holland, Christie's deputy at Alpha House, became the second director of Phoenix House. Some years later, when David Tomlinson became director, he altered the legal status of the organization to a housing association and opened treatment centers in Sheffield, South Tyneside, Wirral, Bexhill-on-Sea, Hove and Glasgow. Phoenix House became the UK's largest residential drug service, and the only one at that time to be geographically diverse. In the meantime, John McCabe, a Daytop NY graduate and former staff member of Phoenix House became the first director of the Ley Community in Oxford. This community had been established by Bertram Mandelbrote, as part of a series of social psychiatry innovations at the Littlemore Hospital. Under the directorship of McCabe, the community adopted much of the concept TC approach.

In 1969, Don Pierino Gelmini established a program in Italy, called L'Incontro. His first TC started in 1969 at Casal Palocco, in the suburbs of Rome. It was constructed as an association to assist young drug addicts, alcoholics and people living at the margins of society. Community Encounter established its first major center for drug addicts, which was run directly by its residents in Amelia at Mulino Silla in 1979.

In 1971, Release Berlin was officially established in Germany and in the following year, the organization launched its first Synanon enterprises: a removal company and printing house. Later, Jägerhof (Berlin-Wannsee) and Hauses Bernburger (Berlin-Kreuzberg) were founded. In 1975, the name Release was changed into Synanon, a trading organization developed 'by and for' addicted people although their links with the original

**Table 1.** Chronology of American predecessors and European therapeutic communities

Year	Name	Founders
1958	Synanon, USA	Chuck Dederich
1964	Daytop Village NY, USA	William O'Brien, Charles Devlin
1967	Phoenix House NY, USA	Mitchell Rosenthal, George De Leon
1968	Pink Villa Huts (Saint-James Hospital), which was later called Phoenix House, Alpha Unit and ultimately was re-launched as Alpha House, United Kingdom	Ian Christie, David Warren-Holland, Jane Green, Robert Storey
1969	Featherstone Lodge Project (FLP), which later became Phoenix House, United Kingdom	Griffith Edwards, Denny Yuson, Madeleine Maldo, David Warren-Holland, David Tomlinson
1969	L'Incontro, Italy	Don Piero Gelmini
Beginning of 1970s	Klinik Bad Herrenalb, Germany	Walter Lechler
1971	Le Centre du Levant, Switzerland	Pierre Rey
1971	Ley Community (Littlemore Hospital), United Kingdom	Bertram Mandelbrote, John McCabe
1971	Synanon, Germany	Collective
1972	Emiliehoeve, The Netherlands	Martien Kooyman, Denny Yuson, Brian Dempsey
1972	Daytop, Germany	Ullrich Osterhues, Martin Lutterjohann
1973	Vallmotorp, later Daytop, Sweden	Lars Bremberg, Paul d'Andrea
1973	Aebi Hus, Switzerland	Karl Deissler
1973	Coolmine Lodge, Ireland	Lord Rossmore, James Comberton
1974	De Sleutel, Belgium	Johan Maertens, Jos Lievens
1976	De Kiem, Belgium	Eric Broekaert, Rudy Bracke
1978	San Patrignano, Italy	Vincenzo Muccioli
1978	Choisil and later Trempoline, Belgium	George van der Straten, Ruud Bruggeman
1979	De Spiegel, Belgium	Paul Van Deun, Johanna Martens
1979	Tannenhof, Germany	Horst Brömer
1979	San Carlo (CeIS), Progetto per l'uomo, Italy	Don Mario Picchi, Juan Corelli
1979	Pellas community, later Kisko community, Finland	Kalliolan Kannatusyhdistys, Katriina Pajupuro
End of 1970s, beginning of 1980s	Programas Libres de Drogas, Spain	Juan Francisco Orsi, Aitor Aresti
1982	Veksthuset, later Phoenix House Haga, Norway	Rafael Aspelund, Dag Furuholmen, Stuart Rose, Inger Vennerod, Anthony Slater
1983	Ithaka/Kethea, Greece	Phoebus Zafiridis

Californian community were limited. In 1979, Synanon became a member of the 'Deutscher Paritätischer Wohlfahrtsverband' [30]. Daytop Germany, a large alcohol and drug treatment network was founded in 1972 by Ullrich Osterhues [31]. In the same period Walter Lechler, sensing the need to adopt new approaches for mental health problems, launched his own major treatment center, a historic TC, Klinik Bad Herrenalb, on the outskirts of Karlsruhe. In Lausanne (Switzerland), the French-speaking community Le Centre du Levant was opened by Pierre Rey [32].

Martien Kooyman founded a therapeutic community for addicts in 1972, called Emiliehoeve in an abandoned farm on the grounds of the psychiatric hospital, Bloemendaal (The Netherlands) [20, 24, 33].

Lars Bremberg's Vallmotorp was founded in 1973 in Katrineholm, west of Stockholm (Sweden). Vallmotorp engaged in one of the first experiments housing parents and their children [34]. In 1980, the Vallmotorp organization created the 'Daytop Sweden Foundation', with, as 'oldest' partner, Ribbingelund Hospital, which opened its doors in 1981. Within this initiative, TCs such as Tall-eröd, Djursåtra Brunn, and Rosöga Hospital were established.

In 1973, Lord Rossmore founded Coolmine Lodge in a rural area outside Dublin, Ireland. The first staff members came from Phoenix House, London. In 1973, James Comberton was invited to join the committee, and established four other centres. Coolmine Lodge started the Coolmine Family Association, which included a 'Parents Action and Prevention Programme' [35]. In 1983, the organization was granted extensive premises at St. Martha's (Navan, Co. Meath) by the 'Daughters of Charity' of St. Vincent De Paul.

In 1973 as well, Aebi Hus (Switzerland) was developed with the support of Karl Deissler. Other German-speaking communities were established in cooperation with Ambros Uchtenhagen.

The first two Dutch-speaking Belgian TCs were founded in the mid-1970s. Johan Maertens founded De Sleutel in 1974, focusing on developmental disorders with or without concurrent drug problems [36, 37]. De Kiem, a drug-free and concept-based TC, was founded by Eric Broekaert [38] in 1976 as a department within the psychiatric clinic The Pelgrim and further developed by Rudy Bracke.

In 1978, George van der Straten founded the French-speaking TC, Choisis! and later Trempline. In 1979, the Belgian Christian and Socialist Mutuality started a non-profit organisation for the treatment of substance abusers.

Paul Van Deun was assigned to develop the TC De Spiegel.

Further, San Patrignano was founded by Vincenzo Muccioli in 1978, at Rimini, Italy. He turned his country estate into a place where addicts could recover, working and living together.

In 1979, Don Mario Picchi and Juan Corelli (Parés y Plans) founded with the help of Anthony Gelormino (Daytop New York), the first 'real' concept-based TC in Italy: San Carlo. In 1978, 'La Scuola per formazione per operatori di comunità terapeutica' was established and moved to Castel Gandolfo in 1981.

In 1979 as well, the Sonnenbühl TC with Markus Eisenring was opened in the Canton of Zürich (Switzerland) and the TC Tannenhof was founded in Berlin (Germany), where Horst Brömer acted as leading staff member.

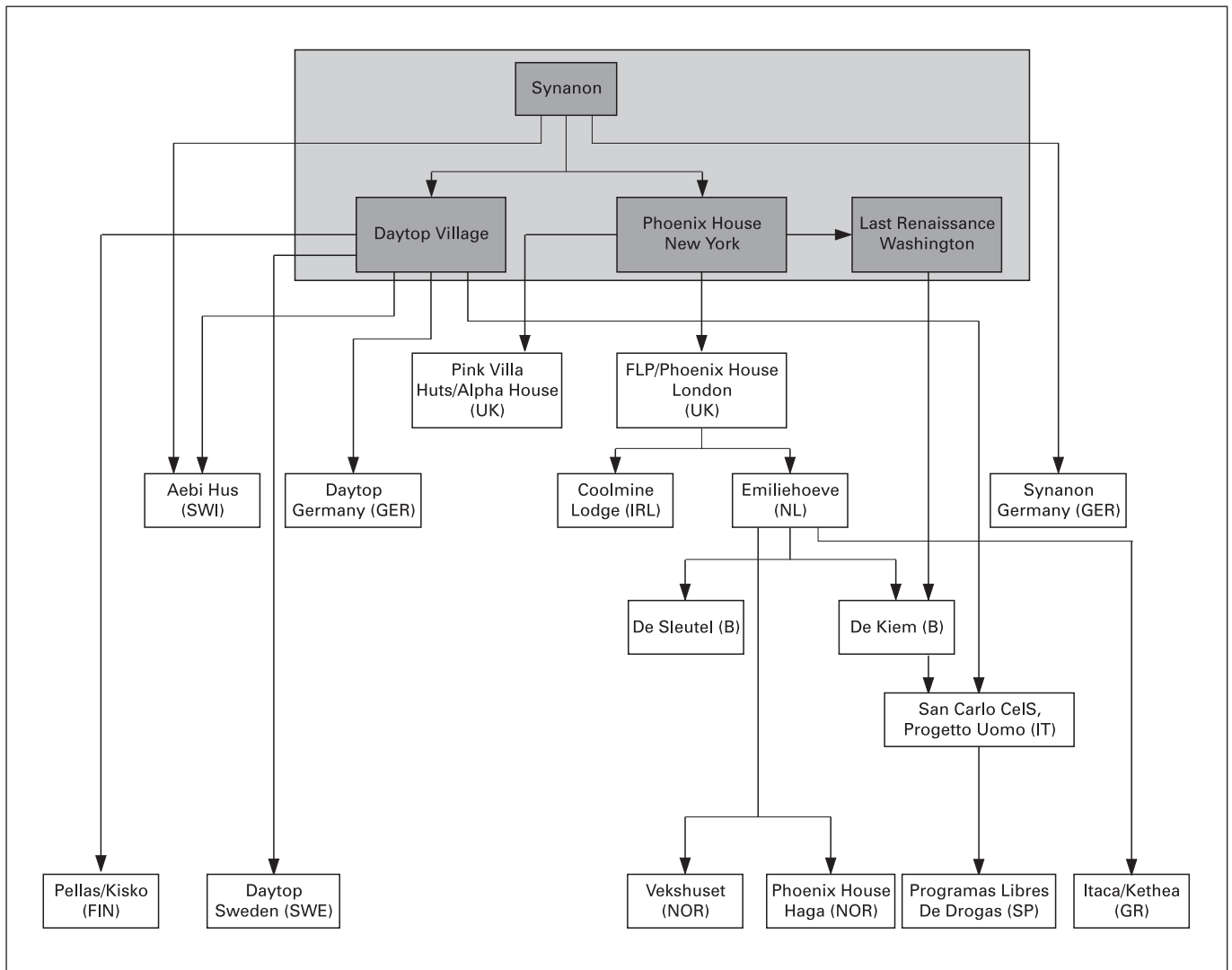
In the late 1970s, a parent association Vapaaksi Huumeista developed a small TC, called Pellas Community in Finland. Initially, Pellas Community acted as a short-term medical detoxification facility. Little Pellas was later established with a focus on adolescents.

After a visit to Emiliehoeve, Bjorg Maanum Anderson recommended the establishment of a concept-based TC in Oslo, Norway. In 1980, Rafael Aspelund and Dag Furuholmen began training at Phoenix House in London. In 1982, with the help of Stuart Rose, a staff member of Phoenix House and Inger Vennerod, the first concept TC in Norway, Veksthuset, was founded, with Anthony Slater as supervisor [39]. Sauherad Samtum started in 1984 and Renävängen opened in 1987.

By 1983, there were about 13 drug-free self-help TCs in Spain (Programas Libres de Drogas). They were created with the help of numerous private and public institutions, in Madrid, Bilbao and San Sebastiano and a number of other towns and cities throughout Spain.

Kethea is the national nongovernmental organization dealing with drug addiction problems in Greece. The first TC, Ithaka, was created in November 1983 by Phoebus Zafiris in the village of Sindos in the Salonica area of Northern Greece. In 1987, a nongovernmental organization called Kethea was established. Kethea is managed by Babis Pouloupoulos. Later, more TCs in Greece were founded, such as Exodos, Strofi, Diavassi, Nostos and Paremvassis [40].

In 1987, the Daytop-based Kisko Community was founded by Kalliolan Kannatusyhdistys (Finland). Kisko Community functioned within the hospital system and had its roots in a clinic foundation for young addicts established in 1976. A psychiatric nurse, Katriina Pajupuro



**Fig. 1.** Interconnections between first European drug-free TCs and American predecessors.

was appointed as its director and in 1987, it was re-launched in extended form as Hietalinna Community.

By the late 1980s in Norway, Rafael Aspelund, together with two independent business persons, started a new nonprofit foundation, called Stiftelsen Terapeutiske Samfunn. Phoenix House Haga was formally opened in 1990 and Anthony Slater was appointed as director.

#### *Interconnections*

This section aims to give an overview of the development connections between the first TCs in Europe and their direct contacts with the American TCs (fig. 1).

Griffith Edwards was invited to the United States, where he met Mitchell Rosenthal, the founder of Phoenix

House New York. On the advice of Edwards, his colleague Ian Christie went on to further study a number of American TCs including Daytop Village [14] and Phoenix House [41]. Also, Aebi Hus in Switzerland, founded by Karl Deissler, and Synanon Germany were directly influenced by Synanon. Synanon Germany was a former Release collective. Whilst Osterhues from Daytop Germany visited Daytop, USA, his TC always remained quite independent from the American ones. The early German TC was further influenced by developments in Switzerland (Aebi Hus) and The Netherlands (Emiliehoeve). Daytop Sweden was directly influenced by Daytop New York. In the Netherlands, Kooyman hired Yuson from Phoenix House London. Kooyman was fur-

ther influential in establishing the TC Essenlaan and Breegweestee in the North of Holland, which acted as a model for change for the neighbouring clinic for alcoholics, Hoog Hullen, under the leadership of the psychiatrists Tjeerd Jongasma and Geeraard Schaap [42]. Emiliehoeve took a leading role in influencing therapeutic communities all over Europe, including De Sleutel and De Kiem in Belgium, Aebi Hus in Switzerland and CeIS in Italy. Staff members of programmes from Belgium, Sweden, Germany, England, Austria and Greece were trained at Emiliehoeve. Staff members of De Sleutel undertook training at the Essenlaan, Rotterdam, and Broekaert conducted a training in the Jellinek Clinic (Amsterdam, the Netherlands). De Kiem was influenced by the Jellinek Amsterdam and was developed with the help of Last Renaissance in Washington (United States) and Emiliehoeve (The Netherlands). George van der Straten was supported by a graduate of De Kiem. A few years earlier, van der Straten had undergone training in La Boère (France), with the 'Patriarch' [43]. De Spiegel was influenced by Le Centre du Levant. In Italy, Picchi and Corelli took their initiative after visiting and studying European TCs, such as La Boère in France, Emiliehoeve in The Netherlands, De Kiem in Belgium and Therapiekette in Germany [44]. At Castel Gandolfo, Italian and Spanish TC staff members were trained. Luigi Lucio Soave was director of this training institute [45, 46]. Progetto Uomo influenced the Spanish TC staff members, including Juan Francisco Orsi (Madrid) and Aitor Aresti (Bilbao). Norwegian administrators visited Emiliehoeve in the Netherlands. Veksthuset More and Romsdal were modeled after Veksthuset Oslo. Vivestad Collective was modelled after Veksthuset and the Swedish TC Galegörden. Veksthuset was influenced by Phoenix House London. A close relationship developed between the Greek and the Dutch TC Emiliehoeve. Zafiridis, with staff members and residents, were trained at two Dutch TCs (Emiliehoeve and Breegweestee). A relationship between Daytop, New York and Ithaka (Greece) was further established. L'Incontro (Italy), La Boère (France) and San Patrignano (Italy) were developed independently from Synanon and other main streams.

### *European Identity*

Charles Dederich saw the essence of his therapeutic approach as a combination between strict hierarchy, a structured daily life and an absolute openness and honesty during therapy groups [47]. By doing so, he created a powerful mechanism of educational and ideological indoctrination. It is no secret that Dederich [16] turned into

a sectarian leader and that the danger of charismatic leadership always carries a lot of weight on the TC [48]. In Europe, however, the TC was – from the beginning – influenced by the psychoanalytically-based Maxwell Jones democratic milieu therapy and an integration of therapeutic schools, a more outspoken professionalism, and the mixture of 1970s ideology [49]. Quite some TCs have experimented with democratic TC approaches and ultimately came to an integration of both branches in some sort of way. Following a brief experimentation with a democratic TC approach (inspired by Maxwell Jones) for people with alcohol problems, Griffith Edwards was well aware of the Maxwell Jones approach and situated the Synanon model as a model very different and promising for addiction treatment [29]. Also, Bertram Mandelbrote, a contemporary of Maxwell Jones was a progressive social psychiatrist, who knew well the origins and evolutions of European TC for adults [19]. Vallmotorp (Sweden) integrated transactional analysis and gestalt therapy in a Maxwell Jones' democratic TC model [50]. Emiliehoeve (The Netherlands) was originally inspired by the democratic TC model of Maxwell Jones, but because of negative experiences with the population of addicts, Kooyman changed the system [20, 24, 33, 51]. Sonnenbühl TC (Zürich) combined the Daytop model, Maxwell Jones approaches and psychotherapy. De Sleutel (Belgium) had its roots in anti-psychiatry, Maxwell Jones' democratic TC concepts and psychodynamic (client-centered) therapy. Dan Casriel's New Identity Process (NIP) found its place in European TCs after being introduced in Emiliehoeve [52] and TC Linneus Parkweg (The Netherlands). CeIS Roma proved to be fertile soil for cross-pollination between the two TC traditions, with proponents from the democratic TC (Maxwell Jones, Harold Bridger and Dennie Briggs) and the concept-based TC (Donald and Martha Ottenberg) serving as consultants [45]. Hiotalinna Community in Finland was developed as a traditional TC with Maxwell Jones influences. Comberton was trained in gestalt and psychotherapy and was committed to the drug-free, self-help community approach. Many new processes and methods, such as Rational Emotional Therapy (RET), Cognitive Therapy, Reality Therapy, New Identity Process, Gestalt and Multi Modal Therapy, Stress Management and other perspectives were introduced to the program at this time. The Irish TC succeeded in integrating humanistic therapeutic approaches into its approach in the 1980s [53].

Even if the European TC countered many problems with charismatic leadership, it maintained a strong professional basis. The first ex-addict director of Phoenix

House London, who later took the Sanyassin name 'Veeresh' found it difficult to adapt the American model to the English culture [32]. But the relationship between Yuson and the management committee deteriorated and turned into his resignation. In Sweden, Bremberg became overwhelmed by his many tasks and ambitions. His style changed over the years into overacted charismatic leadership and he was eventually suspended from his position. In Emiliehoeve (The Netherlands), a conflict between Brian Dempsey, one of the first directors, and the professional staff led to crisis and Dempsey's resignation. Lucien Engelmajer ('the Patriarch') founded a community in a protected environment in the Languedoc, called La Boère at Saint Paul-sur-Save (France). For many in the TC movement, the Patriarch and his community as well as San Patrignano in Italy seemed uncomfortably close to being a sect. The European TC movement, with the demise of Synanon a recent and painful reminder of the dangers inherent within the system, were extremely wary of the cult phenomenon and there was little active communication between La Boère and the mainstream of the European movement [48].

The founders and directors of the majority of TCs were health care professionals or priests. Some belonged to a broad scope of professions. Besides them, there were several ex-addicts and volunteers who mostly followed an on-the-job training: Ian Christie (Alpha House, UK), Karl Deissler (Aebi Hus, Switzerland), Griffith Edwards (Phoenix House London), Walter Lechler (Klinik Bad Herrenalb, Germany), Bertram Mandelbrote (Ley Community, UK), Martien Kooyman (Emiliehoeve, the Netherlands), Phoebus Zafiridis (Kethea, Greece) and Dag Furuholmen (Veksthuset, Norway) are psychiatrists and physicians; Horst Brömer (Tannenhof, Germany), Eric Broekaert (De Kiem, Belgium), Rafael Aspelund (Veksthuset, Norway), Johan Maertens (De Sleutel, Belgium), George van der Straeten (Trempline, Belgium) and Paul Van Deun (De Spiegel, Belgium) are psychologists and social scientists; Bremberg (Vallmotorp, Daytop, Sweden), like Comberton (Coolmine Lodge, Ireland), are former journalists; Juan Corelli (CeIS, Italy) is a choreographer; Vincenzo Muccioli (San Patrignano, Italy) is a landowner; Ullrich Osterhues (Daytop, Germany) is a Rumanian orthodox priest [31] and Don Mario Picchi (CeIS) as well as Don Pierino Gelmini (CeIS) are catholic priests.

Some of these founders were also involved in scientific research: Mandelbrote (with Wilson) was one of the first to conduct outcome research in the Ley Community (UK) [54, 55], Deissler published an evaluation on Aebi Hus (Switzerland) in 1981 (Bernath, 1978 in [20]), Kooy-

man started his PhD-research on treatment outcome soon after Emiliehoeve was founded (1972) under the late Trimbos at the Department of Preventive and Social Psychiatry of the University of Rotterdam (The Netherlands) [20], Broekaert conducted his PhD-dissertation on the outcomes of De Kiem since 1976 at the Department of Orthopedagogics of Ghent University (Belgium) [38], Lutterjohann, a close collaborator of Osterhues did research on a correlation of completion of the programme and self-reported abstinence [56]. Ambros Uchtenhagen and Dagmar Zimmer-Höffler undertook TC research from a quite independent academic position [57].

Since the beginning of the 1970s, the impact of the student revolution in Paris and the anti-Vietnam War protests across Europe provided a backcloth of cultural upheaval. The European therapeutic communities were influenced by the emerging socio-political paradigms, the interest in Marxist and anarchist theory, and an alternative lifestyle.

Zafiridis of Ithaca (Greece) was the leader of a small group of mental health professionals, who felt unhappy in their professional role. They lived in Ithaca and shared a new passion for life and self-awareness with the few members. The fundamental philosophical principle of Ithaca consisted of the assumption that a drug problem is mainly a social problem, relating to a given social structure and to familial and interpersonal relationships. De Sleutel in Belgium had its roots in alternative youth care, anti-psychiatry, Maxwell Jones' democratic TC concepts and psycho-dynamic (client-centred) therapy. In Germany, 'Release' collectives were established during the beginning of the 1970s. A conflict in Release Heidelberg in the autumn of 1971, concerning the use of marijuana, led to a split. French social workers questioned the TC model. They considered it too capitalistic, too authoritative, dogmatic, quasi-religious and based on American right-wing modelling and behaviorism. The social workers were also extremely critical of the obligation to be 'transparent', proselytism (as against professionalism) and the perpetuation of a 'junkie' mentality [46]. In Denmark, there were some early attempts to found a TC within the 'hippy enclave' of Free Christiana, former military barracks in Copenhagen.

On the other hand, the TC was embedded in a humanist Christian tradition. In Italy, Incontro is a Christian inspired TC based on voluntary work and inspired by the monastic lifestyle. From its inception, San Carlo was grounded in Christian personalism. Picchi's 'Progetto per l'Uomo' was supported by the Centro Italiano di Solidarietà (CeIS), a public institution, also primarily based on



voluntary work [58]. Progetto Uomo cannot be considered as either a method or a therapy, but rather a philosophy which takes 'man' and his development as its central focus. The co-ordinating institution 'Proyecto Hombre' (Spain) started in 1984 as a department of the Italian 'Progetto Uomo'. In 1986, the association was officially constituted in Spain, starting its own training institute in 1990. This is closely related to the charitable voluntary work.

## Discussion

The American self-help model strongly influenced the development of the first European drug-free therapeutic communities. However, instead of merely copying the American approach, European pioneers adapted the model to their own culture. Harsh American behavior modification was supplemented by an evolution towards the more empathic understanding and dialogue – approaches espoused within traditional European educational theories and social learning initiatives [59]. This tendency was facilitated by the prior experiences of many European TC pioneers with the democratic milieu-oriented Maxwell Jones-type TC [6, 7]. Humanistic psychology influenced the early therapeutic communities. Gestalt therapy, transactional analysis, psychodrama, cognitive therapy, NIP and others, all became integrated within the TC methodology. Family involvement was started as community meetings between parents and residents. Even if 'community as method' [59] was very dominant, family therapy was gradually introduced and became a fundamental principle in many European TCs.

The early protagonists often had links with the critical, alternative and sometimes anti-psychiatric movements and were influenced by the popular left-wing ideologies of the 1960s [60]. As the early TCs in Germany and Greece further illustrate, living together in communities was part of a growing youth culture. Yet, the majority of the early pioneers were trained professionals, with varied backgrounds including psychiatry, psychology, and social sciences. Others were priests or journalists whose work had led them to responding to, or reporting on drug problems. Often, these pioneers had previous training as therapists in humanistic approaches. Even where they belonged to other backgrounds, they were invariably driven by a desire to counter addiction from a human perspective and shared an interest in the holistic development of their clients.

Ex-addicts played a less important role in the development of the European TCs than in their American counterparts. Most European TCs were managed by professionals and in some cases, their radical interventions and viewpoints led to conflicts both with ex-addict colleagues and the establishment. Both ex-addicts and professionals occasionally proved vulnerable to the challenges of charismatic leadership, underscoring the importance of sound multi-disciplinary management in preventing a TC changing into a cult [48].

Partly as a result of this increased emphasis on professional input within the TC structure, research found its way into European therapeutic communities at a relatively early stage. In some cases, the founding directors of the TC combined their practical, therapeutic work with their own academic development [61–63]. Some researchers like Wilson, Mandelbrote, Uchtenhagen and Zimmer-Höfler already published in highly qualified peer-reviewed journals [54, 57, 64]. In an extensive review study on the design and effectiveness of TC research in Europe between 1980–1997, there were found no European evaluation and outcome studies indexed in the ISI Web of Science, besides the American ones. Mostly because of the fact that there was given no access to client files, rare results on evaluation and effect can only be found back in grey literature gathered during research-practice meetings in the EFTC and EWODOR groups. In a recent article [61] that describes two decades of 'research-practice' encounters in the development of European therapeutic communities, it was found that 'in the beginning, TCs solely believed in the absolute power of their concept and were reluctant to evaluative research in which relatively higher rates of drop-outs and relapses were reported, as well as the obvious successes of the graduates. Since the 1980s, TCs agree that the success of treatment depends on the length of time spent in the programme and the degree of motivation ...' Only since the mid-1980s it became '... accepted that the outcome of TC treatment follows a one-third rule: one-third success, one-third mild relapses and one-third severe relapses' [61, pp. 375–376]. This undermined the perceived objectivity of the reported TC results for the third generation of therapeutic communities. Increasingly over the past decade, the tendency has been towards the use of external research sources.

The developments outlined above took place in most European countries around the same period, however, in other countries, such as Spain and Finland, the TC only started to grow from the end of the 1970s. Reasons for this late evolution are not obvious, but could relate to the networks through which the TC was brought into Europe

and the closeness or otherwise of the languages spoken in the various countries described. The Netherlands, with its strong English-speaking tradition had close relationships with the United Kingdom, which could be considered as the first European country to found TCs. In its turn, The Netherlands influenced several countries in North, Central and Southern Europe, whilst Spain and Finland remained relatively isolated from these developments. Spain became involved primarily as a result of Italian initiatives (Progetto Uomo) which – coincidentally – involved personnel of Spanish origin. The TC was never popular in Denmark and France. In France, cultural differences and language problems, Anglophobia, and the leading role of psychoanalysis could be a partial explanation. Thus, the main reasons appear to be ideological and focused on the reaction against traditional behaviorism and instrumentalism in general. In Denmark, the predominant position of the twelve steps programmes probably blocked the evolution. The first attempted TC was proposed as a development within the commune of Free Christiana and this led to the development being seen primarily as a commune rather than a treatment service [32].

The spread of the TC movement from organization to organization, almost by ‘word-of-mouth’ resulted in the parallel development of a genuinely European-wide closely-knit network of collaboration and information exchange, of which the creation of EFTC was the logical

expression. EFTC was established on February 6th, 1981 in Düsseldorf by Lars Bremberg (Sweden), Eric Broekaert (Belgium), James Comberton (Ireland), Juan Corelli (Parés y Plans) (Italy), Walfried Hauser (Austria), Martien Kooyman (The Netherlands), Martin Lutterjohann (Germany), Mario Picchi (Italy) and David Tomlinson (United Kingdom) [65]. Although the EFTC had ‘privileged’ links with the America-dominated World Federation of Therapeutic Communities (WFTC), the federation always took an independent position. Its links with EWODOR and, through this organization, with a network of European universities, formed a scientific counterweight to the spiritual and often self-confirming tendencies of the movement. Scientific research largely contributed to the recent move towards integrated recovery and integrated treatment systems in which different forms of therapy and harm reduction alternatively go together [21, 66].

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### References

- 1 Bion WR: Experiences in Groups. London, Tavistock, 1960.
- 2 Foulkes SR: Introduction to Analytic Psychotherapy. London, Heinemann, 1948.
- 3 Bridger H: Groups in open and closed systems; in Ottenberg DJ (ed): The Therapeutic Community Today: First World Institute of Therapeutic Communities, 1983. Roma, Centro Italiano di Solidarietà, 1983, pp 54–70.
- 4 Jones M: The concept of a therapeutic community. *Am J Psychiatry* 1957;112:647–650.
- 5 Rapoport RN: Community as Doctor. London, Tavistock, 1960.
- 6 Jones M: Why two therapeutic communities? *J Psychoactive Drugs* 1984;16:23–26.
- 7 Jones M: Therapeutic communities: Old and new. *Am J Drug Alcohol Abuse* 1979;6:137–149.
- 8 Yablonsky L: The Tunnel Back: Synanon. New York, Macmillan, 1965.
- 9 O’Brien WB, Hennican E: You Can’t Do It Alone. New York, Simon & Schuster, 1993.
- 10 De Leon G: Studies in a Therapeutic Community (1968–1973). New York, MSS Information Corporation, 1974.
- 11 Densen-Gerber J: We Mainline Dreams. The Odyssey House Story. New York, Doubleday & Company, 1973.
- 12 Janzen R: The Rise and Fall of Synanon: A California Utopia. Baltimore, The Johns Hopkins University Press, 2001.
- 13 Garfield H: The Synanon Religion. Marshall, California, Synanon Foundation, 1978.
- 14 Sugerma B (ed): Daytop Village: A Therapeutic Community. New York, Holt, Rinehart & Winston, 1974.
- 15 Ottenberg D, Broekaert E, Kooyman M: What cannot be changed in a therapeutic community? Special Education Ghent, 1993.
- 16 Mitchell D, Mitchell C, Ofshe R: The light on Synanon. New York, Seaview, 1980.
- 17 Glaser FB: Some historical aspects of the drug-free therapeutic community. *Am J Drug Alcohol Abuse* 1974;1:37–52.
- 18 Bassin A: The miracle of the TC. From birth to postpartum insanity; in Vamos P, Brown W (eds): Second World Conference of Therapeutic Communities, 1977. McGill University, Florida State University, 1977.
- 19 Broekaert E, Vanderplasschen W, Temmerman I, Ottenberg DJ, Kaplan C: Retrospective study of similarities and relations between American drug-free and European therapeutic communities for children and adults. *J Psychoactive Drugs* 2000;32:407–417.
- 20 Kooyman M: The Therapeutic Community for Addicts: Intimacy, Parent Involvement and Treatment Outcome. Rotterdam, Universiteitsdrukkerij. Erasmusuniversiteit; 1992.
- 21 Broekaert E, Vanderplasschen W: Towards the integration of treatment systems for substance abusers: Report on the second International Symposium on Substance Abuse Treatment and Special Target Groups. *J Psychoactive Drugs* 2003;35:237–245.
- 22 Lennard HI, Epstein LJ, Rosenthal MS: The methadone illusion. *Science* 1972;176:881–884.

- 23 Broekaert E: Postmodern challenges in the therapeutic community for addicts; in Broekaert E, Vanderplasschen W, Soyez V (eds): *International Symposium on Substance Abuse Treatment and Special Target Groups*, De Haan, 1999, pp 11–19.
- 24 Kooyman M: The history of the therapeutic community movement in Europe; in Bremberg L (ed): *Third Generation of Therapeutic Communities*. First European Conference on Milieu Therapy, 1984. Katrineholm, Vallmotorp Foundation, 1984, pp 239–243.
- 25 O'Brien WB: A global perspective of the TC movement; in Bremberg L (ed): *Third Generation of Therapeutic Communities*. Proceedings of the first European Conference on Milieu Therapy, 1984. Eskilstuna, Valmotorp Foundation, 1984, pp 12–17.
- 26 Lutterjohann M (ed): *Proceedings of the first European Symposium on Innovations in the Treatment of Substance Abusers*, Haus Buchenwinkel, EFTC, 1984, pp 6–166.
- 27 Broekaert E, Slater A: The Development of the Early TC Movement, in western and southern Europe. *EFTC Newslett* 2001;7:16–20.
- 28 Broekaert E, Yates R, Vandeveld S: The development of the concept-based TC for substance abusers in Europe. *The Joint Newsletter of the Association of Therapeutic Communities, the Charterhouse Group of Therapeutic Communities, and the Planned Environment Therapy Trust* 2003, pp 17–18.
- 29 Christie I: Personal Letter to Rowdy Yates. Re: Research project: 'The development of the therapeutic community for substance abusers in Europe'. 2003.
- 30 Synanon Germany Website. <http://www.synanon.de/chronologie/chronologie.htm>.In.
- 31 Torhorst A, Karrenbauer C: Problems of empirical research in a therapeutic community – Daytop Germany; in Corelli J, Bonfiglio I, Pediconi T, Collomb M (eds): *Third World Conference of Therapeutic Communities*, Rome, CeIS, 1978, pp 409–413.
- 32 Kooyman M: The history of therapeutic communities: A view from Europe; in Rawlings B, Yates R (eds): *Therapeutic Communities for the Treatment of Drug Users*. London, Jessica Kingsley, 2001, pp 59–78.
- 33 Arzbach J: The development of therapeutic communities in the Netherlands; in Lutterjohann M (ed): *First European Symposium on Innovations in the Treatment of Substance Abusers*, Haus Buchenwinkel, EFTC, 1984, pp 38–40.
- 34 Möller Teppema E: Family treatment at Daytop; in Lutterjohann M (ed): *First European Symposium on Innovations in the Treatment of Substance Abusers*, Haus Buchenwinkel, EFTC, 1984, pp 64–67.
- 35 Cullen GB: Family associations – The Irish experience; in EFTC (ed): *Euroconf 87*, Trinity College, Dublin, EFTC, 1987, pp 164–169.
- 36 van der Kreeft P: *De Sleutel*. 25 jaar. Sleutelvragen voor 2000. Merelbeke, De Sleutel vzw, 1999.
- 37 Maertens J: *De Sleutel* 25 jaar. Merelbeke, De Sleutel vzw, 1999.
- 38 Broekaert E: De drugvrije therapeutische gemeenschap als orthopedagogische entiteit. *Tijdschr Alcohol Drugs* 1981;7:16–21.
- 39 Furuholmen D: *Boka om Veksthuset*. Oslo, Cappelen forlag, 1993.
- 40 Zaphirides P: Third generation of therapeutic communities; in KETHEA (ed): *Know Thyself*. Proc 13th World Conf Therapeutic Communities, 1990, Athens, 1990, pp 74–81.
- 41 De Leon G: *Phoenix House: Studies in a Therapeutic Community (1968–1973)*. New York, MSS Information Corporation, 1974.
- 42 Schaap G: A new Dutch experiment. Hooghullen: A drug-free therapeutic community for alcohol addicts; in Schakel G, Sikkal M (eds): *Fifth World Conference of Therapeutic Communities*, Noordwijkerhout, Rotterdam. Alphen a/d Rijn, Samson Sijthoff, 1980.
- 43 van der Straten G: *Eduquer face aux drogues en aux dépendances*. Bruxelles, Lyon: Editions Labor, Chronique Sociale, Couleurs Livre, 2002.
- 44 Carisconi ML: Europa: I motivi di riflessione. *Il Delfino* 1977;1:24–27.
- 45 Vandeveld S, Broekaert E: Maxwell Jones, Harold Bridger, Dennie Briggs and the 'two' therapeutic communities: An interview with Juan Parès y Plans (Corelli) about the development of the Centro Italiano di Solidarietà. *Therapeutic Communities*. *Int J Ther Supportive Organizations* 2003;24:85–104.
- 46 Picchi M: Il Centro Italiano di Solidarietà: Il caso Italia; in Marsan L, Angelucci F, Xella M (eds): *Eight World Conference of Therapeutic Communities*, Rome, CeIS, 1984, pp 171–176.
- 47 Broekaert E: Therapeutic communities for drug users: description and overview; in Rawlings B, Yates R (eds): *The Therapeutic Community for the Treatment Drug Users*. London, Jessica Kingsley Publishers, 2001, pp 29–42.
- 48 Ottenberg DJ: Therapeutic community and the danger of the cult phenomenon; in Bremberg L (ed): *Third Generation of Therapeutic Communities*. Proceedings of the first European conference on milieu therapy, Eskilstuna, Vallmotorp Foundation, 1984, pp 218–238.
- 49 Broekaert E, D'Oosterlinck F, Kooyman M, Van Der Straten G: The Therapeutic Community for Ex-Addicts: A view from Europe. *Int J Ther Supportive Organizations* 1999;20:255–266.
- 50 Bremberg L: TC in a nutshell; in Bremberg L (ed): *Third Generation of Therapeutic Communities*. First European Conference on Milieu Therapy, Katrineholm, Vallmotorp Foundation, 1984, pp 105–108.
- 51 Kooyman M: Chaos to a Structured Therapeutic Community – Treatment Program on Emiliehoeve, a Farm for Young Addicts. *Bull Narcotics* 1975;27:19–26.
- 52 Casriel D: *A Scream Away from Happiness*. New York, Grosset & Dunlap, 1972.
- 53 Comberton J: Coolmine Therapeutic Community, in Lutterjohann M (ed): *First European Symposium on Innovations in the Treatment of Substance Abusers*, Haus Buchenwinkel, EFTC, 1984, pp 18–21.
- 54 Wilson S, Mandelbrote B: Drug rehabilitation and criminality – factors related to conviction after treatment in a therapeutic community. *Br J Criminol* 1978;18:381–386.
- 55 Wilson S, Mandelbrote B: Recidivism rates of drug dependent patients treated in a residential therapeutic community – 10-Year Follow-Up. *Br Med J* 1985;291:105.
- 56 Lutterjohann M: Rational emotive therapy with addicts. Changes and limitations of application in therapeutic communities; in Bremberg L (ed): *Proceedings of the First European Conference on Milieu Therapy*, Eskilstuna, 1984, pp 109–116.
- 57 Uchtenhagen A, Zimmer-Höffler D: Psychosocial development following therapeutic and legal interventions in opiate dependence. A Swiss national study. *Eur J Psychiatry* 1987;2: 443–458.
- 58 Picchi M: *Un progetto per l'Uomo*. Rome, Associazione Centro Italiano di Solidarietà di Roma, 1994.
- 59 De Leon G: *Community as Method*. Therapeutic Communities for Special Populations and Special Settings. Westport, Praeger Publishers, 1997.
- 60 Rawlings B, Yates R (ed): *Therapeutic Communities for the Treatment of Drug Users*. London, Jessica Kingsley Publishers, 2001.
- 61 Broekaert E, Vandeveld S, Vanderplasschen W, Soyez V, Poppe A: Two decades of 'research-practice' encounters in the development of European therapeutic communities for substance abusers. *Nordic J Psychiatry* 2002;56:371–377.
- 62 Broekaert E, Raes V, Kaplan CD, Coletti M: The design and effectiveness of therapeutic community research in Europe: An overview. *Eur Addict Res* 1999;5:21–35.
- 63 Haddon B: Social-Research substance abuse. *Int J Addict* 1983;18:23–35.
- 64 Wilson S, Mandelbrote B: Relationship between duration of treatment in a therapeutic-community for drug-abusers and subsequent criminality. *Br J Psychiatry* 1978;132:487–491.
- 65 Broekaert E, Kooyman M, Ottenberg D: What cannot be changed in a therapeutic community? *Orthopedagogische Reeks Gent* 1993;2: 51–62.
- 66 De Leon G: Integrative recovery: A stage paradigm. *Substance Abuse* 1996;17:51–63.

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