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TOWARD A THERAPEUTIC COMMUNITY

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Considerable concern is being focused toward mental health and the medical and psychological efforts to maintain it in our society. Arbuckle (1966), after reviewing the current disquiet, suggests the direction in which we should be moving. The "disquiet" is not germane to mental health alone, but to other areas as well. Barclay (1966) seems to take issue with the current practice in elementary school counseling, where the counselor operates as a separate entity. Barclay states: "The elementary school counselor should function as an integral part of the elementary school curriculum rather than as a visiting dignitary who mysteriously appears and summons children to meet with him. If the elementary school counselor is integrated into the regular school personnel and spends a certain amount of time with every class in the building on a regular weekly basis, he can easily engage small groups of individuals who manifest unadaptive behavior and learning." Barclay appears to be saying that no one is an "island unto himself." What is needed is an effort toward a team approach with many factionaries working in unison to coordinate the innumerable functions.

This situation is not unique to mental health or to guidance and counseling. It exists in almost every agency of public services. The question is, Why does it exist? To understand the contemporary fragmentation of many service functions in our society we might examine our social heritage.

In an autocratic society the people in power coerce those under their jurisdiction to carry out the plans of the structure. Coordination of effort and cooperation between agencies, be they of a public service nature or otherwise, would be inimical to control. Consequently, small isolated empires have evolved, such as mental health clinics, child guidance clinics, social services, and a host of others. The public school counselor and psychologist have generally followed the same pattern, operating apart from the rest of the school personnel.

Within the last two decades we have rapidly moved toward a democratic society. During this transition period, small autonomous agencies have evolved, each providing only a fraction of the potential services possible through coordinated efforts. Imagine how many vital services the school counselor could provide if he were to coordinate skills of the community children's clinic with skills of

the school psychologists and teachers. This would be enhanced by efforts of the administration and parents toward the reorientation of a child's mistaken behavior.

The therapeutic community concept, as envisioned by Arbuckle (1966), is not new. Marsh (1931), who began his work in 1909, had the same idea. However, he limited it to the "personnel of an institution who would be involved in a common effort to develop themselves to the fullest extent." (Corsini, 1957). Marsh was far ahead of his times with his credo that "By the crowd have they been broken; by the crowd shall they be healed."

Arbuckle recommends several approaches to setting up an essentially therapeutic community. "The logical institution to house what are currently called mental health services is a school rather than a hospital, since we are concerned with human behavior and learning rather than with disease, human organs and medicines." He continues: "Even the current population of the mentally ill are more in need of re-education than are in need of medical treatment, and the center which houses services for them should also be the school, but one which would be geared to an adult population whose learning is centered in doing something about their own behavior and attitudes and feelings." Arbuckle concludes with a plea: "Let us rather think in terms of health and learning and schools. The future does not lie in treating sick people and those who are not sick, it lies in helping people to learn to live the life they can live, with pleasure and with pain, with fear and with happiness, with ecstasy and with sorrow."

The writer, in addressing the annual meeting of the American Society of Adlerian Psychology in May, 1966, suggested that one step toward the realization of a therapeutic community would be for psychiatrists and educators to form a team. Each member of these professions has much to contribute, but at present much of the effort goes for naught because each operates as a separate entity. The writer suggested that the psychiatrist interested in community mental health might receive part of his education in a public school. Likewise, the educator, be he administrator, teacher, or counselor, might spend some time in a mental hospital as part of his training.

A recent development suggests another step toward the therapeutic community. This is in keeping with the thinking "in terms of mental health and learning and schools." The County Superintendent of Schools, in cooperation with the Wenatchee Valley College*, applied for and was awarded a federal grant to establish, operate, and maintain a supplementary education center and services (Title III, Public Law 89-10) for the summer of 1966. The proposal was for a project to establish a Guidance Center for the Socially Maladjusted Child.

The project established a continuing program in group counseling for elementary teachers and principals. It involved pre-school and elementary pupils and their parents. The basic purpose of the project was to provide supplementary and informal means of identifying and helping the socially maladjusted child within the environ-

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ment of the pre-school and elementary classroom. The program, through the summer institute for study, initiated a systematic method of acquainting elementary teachers and principals with the techniques and skills of group counseling and discussion. This was designed so that during their day to day contact with young children in the classroom they would be able to deal effectively with the child who exhibited moderate emotional difficulties.

The 1966 Summer Institute, held at the Wenatchee Valley College, was unique in several ways. It was not just a summer institute planned by a college staff. The President of the College, Dr. Wm. Steward, spent almost two and one-half years preparing for the Institute. First, through contact with principals, teachers and superintendents, he determined some of the barriers to providing the best possible elementary education for children in the school systems within commuting distance of Wenatchee, the location of the College. Then he formed an Advisory Council which included school principals, teachers, psychiatrists, psychologists, social services administrators, public health directors and businessmen.

The Advisory Council helped with the formulation of steps that should be taken for a community approach to provide teachers with an understanding of children who were not living successfully in school. It was emphasized that there was need for concern for the socially maladjusted but that a better understanding of all children was needed if the mental health of the community was to be realized.

With continuing help from the Advisory Council, the proposal for the 1966 Summer Institute was prepared by Herbert Kinkade, Chelan County Superintendent of Schools, and Dr. Steward, in cooperation with the Social Agencies of Chelan and Douglas Counties. After the proposal was approved, Dr. Steward enlisted the cooperation of Eastern Washington State College to offer credit through their extension division for the courses offered at the Summer Institute. These courses included Child Guidance Theory and Practice, Group Dynamics in the Classroom, and School Behavior Problems and Their Prevention.

The Institute program encompassed more than course work. Once each week a different family came for individual counseling before the Institute. In this manner the theories taught in the courses could be demonstrated to the institute participants. There were demonstrations for the same purpose with small groups of elementary and high school children. There were also study groups and parent counseling sessions which met in the evening. A public elementary school provided the means for demonstrations in conducting group discussions with a classroom of children, while at the same time it provided an opportunity to observe elementary classes being taught.

The Summer Institute staff were of the opinion that each of us must understand ourselves and what motivates us if we are to be effective in understanding and helping others. To help self-understanding the participants formed three groups of approximately eleven members. Each group met once each week and, with the guidance of one of the staff, each group had an opportunity to learn his strategy for living or life style.

The Summer institute 1966 attained more than its objectives. As the summer progressed, an awareness developed of the outcome that could result from teachers, principals, parents and children working together toward common goals. Furthermore, the coordinating of two colleges and the county superintendent of schools with parents, teachers, administrators, and social agencies gave impetus toward common objectives never before realized.

The next step to increase the effectiveness of the various functionaries will be to motivate them to act more effectively in allow- the child to resolve his own problems, conflicts and frustrations without removing him from his usual environment, such as the classroom and the home. This is the proposed community centered counseling institute for the summer of 1967. Participants for the institute will be enrolled as a team from each school system in the area: a parent, a teacher, a counselor, and a school administrator. After the "team" has been enrolled, others from that particular school system may enroll. However, a "team" must be enrolled before there are any enrollments from a particular school.

It is anticipated that coordinating the efforts of parents, teachers, and administrators will lead to an awareness of (1) the implications of the therapeutic community; (2) the role of each of the functionaries in attaining stated objectives. It is likely that future summer institutes, as a further step, will be devoted to intensive in-service education of teachers, school counselors, community group leaders, parent study group leaders and school administrators in group dynamics methods.

The concept of the therapeutic community is useless without the implementation. Developing a therapeutic community is a complicated process. It requires the unified efforts of many people who think divergently and who often protect vested interests. The time it takes to convert divergent thinking to convergent thinking and eventual coordinated planning is an absolute prerequisite.

The time invested will pay generous dividends in several respects. One of these is the extent to which vast numbers of people will become involved and committed. When the planning is completed they feel they have a real stake in bringing the project to a successful culmination. In addition, the people of the community perceive the plan of action to be theirs. This avoids the image of "do gooding" which often becomes the "Icarus fate" of many a worthy project.

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