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Kari Murto

Towards the well  
functioning community

UNIVERSITY OF JYVÄSKYLÄ

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The development of Anton Makarenko  
and Maxwell Jones' communities

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*To the memory of Maxwell Jones  
(1907 – 1990) in gratitude for the  
invaluable information and warm  
personal support which he gave me  
although he did not live to see this  
work finished*

## ABSTRACT

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Tiivistelmä

Резюме

Diss.

Anton Semyonovich Makarenko (1888-1939), the developer of Soviet collective education, and Maxwell Jones (1907-1990), the pioneer of the English therapeutic community, succeeded, each in his own quarter, in creating educational and therapeutic communities which have had wide international and historical influence on practice and theory of education and psychiatric health care. In this study I have tried to survey the developing processes and the pre-conditions (societal, communal, and personality of the developer) of Makarenko and Jones' communities.

I have also compared the developing strategies used by Makarenko and Jones with the well-known and widely applied Organization Development methods: Grid OD, Management by objectives, and Management by results. Remarkable similarities in the development of Makarenko and Jones' communities have made possible for me to outline the development model which I call the process centered developing strategy of organizations. This strategy is supported by my own experiences at the boys' reformatory of the city of Jyväskylä, Finland, in the seventies.

Keywords: Collective education; Therapeutic community; Organization development

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Jyväskylä, June 29, 1991

Kari Murto

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## 1. INTRODUCTION

My interest in educational and treatment communities derives from my experiences in working as the consulting psychologist in the boys' reformatory of the city of Jyväskylä in the 70's. The reformatory was a protective training institution for 16 children and teenagers. The students were 10 to 20 years old, and had been sent to the institution as a consequence of insecurity, unsociability and crimes. They attended city schools outside the institution and the staff consisted of 10 people.

The first time I visited the reformatory was in December 1971. The actual consulting started in the beginning of 1972, and went on till 1979. I consulted in the institution four hours a week, more infrequently during 1978-1979. In the first years I often discussed the situation and the acute problems of the community with the director, Kalevi Kaipio.

In 1971 when Kalevi Kaipio assumed the leadership of the institution, the situation there was almost catastrophic. In his book Kaipio (1977, 24) describes the circumstances as follows:

"The daily life in the institution was full of violence, crimes, breaking of windows and objects, fighting, terrorizing younger students, neglecting school attendance, threatening the staff and even carrying out these threats. As a consequence of the multifarious crimes one of the central forms of work was to assist and defend the charges in court."

We started to search for a change in the situation, not by increasing authoritarian discipline and physical violence, but in creating co-operation and

confidence between the staff and the boys. We started common meetings that were gradually attended by all the students and staff on duty. Little by little we started to make decisions on all the matters concerning the reformatory together and democratically.

Democratic decision-making was naturally not achieved overnight, and it did not happen on the boys' terms, but within the limits set by the staff, especially the leader. The first aim was to end the violence and to secure the physical safety of each teenager and staff member. The starting point in decision-making was that no unsocial decision could be made. Common meetings were held regularly once a week, but, for instance, in a crisis or whenever needed, even daily. In the beginning only a part of the staff, mainly the instructors, took part in the meetings. The rest of the staff pleaded lack of time and conflict with other responsibilities as excuses for missing the meetings.

As a result of the common meetings the boys' confidence in the leader and the staff gradually started to grow and some of the most responsible boys gave their support to the adults' demands. This was how a core group of the charges came into being, and for the institution it meant development onto a new, higher level. Together with solving the daily problems with the young we also created regulations for the function of the reformatory and the behavior of the boys and the staff. These norms based on commonly compiled with regulations created consistency and security in the community. Violations of the norms and their consequences were dealt with in the common meetings. If necessary, regulations could be changed through common decision. Keeping up the confidence and the consistency of speech and actions were the foundation pillars of the reliability in the function of the community: what was commonly agreed, was also carried out.

The principles of education carried out in the reformatory throughout the years could be summed up as follows:

1. Equality
  2. Common sense
  3. Openness and honesty
  4. Absolute fairness
  5. Confidence
  6. Absolute physical and mental security
- (Kaipio, 1977, 58-75).



Common meetings and regulations, together with the pupils' participation in common chores, formed the basis for education into responsibility. Cleaning, cooking, laundry, taking care of a vegetable garden and honey bees in the summer, woodchopping, and office work provided versatile and, from the point of view of community life, useful activities. In the third year the pupils started to substitute for the staff on their sick or annual leave, which cut the costs considerably.

I have described the development of the community with the help of four developmental levels. It took four – five years to reach the highest level of development. It is not possible to define the shift from one level to another very accurately, because there were considerable momentary changes in the community situation. The developmental levels of the community are presented in the following section:

#### I An incoherent group with no common norms or common goals

The norms and the goals of the charges and the staff were different. The conflict and distance between the pupils and the educators strengthened both groups inwardly, but at the same time separated them from each other. Criminality, unsociability, skipping school and bullying were common. The strong students ruled over the weaker ones. Communication in the community was dishonest. The staff mainly had the roles of supervisors and guards.

#### II Outwardly coherent community

The norms of the staff prevailed. They were controlled through detached co-operation and democratic decision-making. The charges tried to use the democracy in pursuing their own selfish and often unsocial aims. Open unsociability and school absences had noticeably diminished. There was more communication between the staff and the pupils, but it was still mostly dishonest. At times there was strong rebellion against the educators, partly to test the achieved democratic rights and the reliability of the educators. These rights were tested by each new pupil in his turn.

#### III A social community

The staff succeeded in obtaining a core group of the pupils to support them. The members of the core group had accepted the norms and aims set mainly by the educators, although they had a constructively critical attitude towards them. The core group started to make higher demands on

the staff. The staff's faults were dealt with together, but with fairness and not vengefulness as had happened in the beginning. Control of duties was stricter and a responsibility of each member of the community. The physical and mental security of the community was remarkable. Even the slightest offenses were dealt with in the common meetings thoroughly and seriously.

#### IV Community-educational community

The norms and goals of the staff and the majority of the pupils were the same. Allotment and control of the chores was flexible. The community's permissiveness and patience towards new pupils was great. The future of both the community and the individual was planned with long-term goals. It was possible for the community to interfere with even the most subtle unsociability and selfishness of anyone, even the pupil leaders. The demands for the community members were great, greater for the oldest and the most responsible members, and at the same time the support the community offered was unreserved. Responsibility of the community and its members was the central motive for action and the basis for decision-making. Democracy functioned in an internalized way. (Kaipio & Murto, 1980, 15-16).

The preconditions for the development roughly described in the foregoing became clear during the last years of operation, when the development of the community started to decline. The preconditions for the positive development of the reformatory were the establishment of the core group of the pupils, the establishment of a uniform educator community, securing the administrative-functional autonomy of the community and participating, democratic leading. Also the size of an institutional community may be a notable precondition, because it is more difficult to establish and maintain a core group in a small institution than in a bigger one.

The decline of the reformatory started in the crumbling of the above mentioned preconditions. After the responsible pupils had left the reformatory, the core group started to break up because the next 'generation' had not grown into a similar responsibility. This could not even be effected in the last years through the choice of pupils because the functional-administrative autonomy of the community had purposefully been limited. The placement of the pupils and their removal from the institution became a continual issue of contention and finally a matter of prestige with the outside administration, the board of management and the social welfare board of the city of Jyväskylä. The administration did not look favorably on democratic education methods regardless of their

positive results, such as the ending of school absences and placements in reformatories, noticeably increased success at school or decrease in expenditure (Kaipio, 1977, 31-34).

In addition not every member of the staff wanted to participate, even though there was no open opposition to community educational methods. The co-operation of the leader and the pupils and mutual trust formed the basis for community education. The leader's chances to participate and to keep up to date with the community life were good because he lived in the institution with his family (Kaipio, 1977, 40). The strained relations with the administration and defending the autonomy of the institution finally (in the seventh and eighth year) took up too much of the leader's energy, which started also to show in a stagnation and slight regression in the community development. When the leader, in the eighth year, assumed other responsibilities, the administration had a chance to tighten its control. Within approximately a year the community had regressed to its starting point: an unsocial and insecure institution.

The development of the above mentioned community education and reformatory community was naturally affected by experiences in other communities. Kaipio mentions A. S. Neill and D. H. Clark from Britain and F. Basaglia from Italy. Of even greater importance was Maxwell Jones from Britain, whose experiences I came to know in the late 70's mainly through his work "Beyond the Therapeutic Community". However, the most crucial role in the development and practice of community education was that of the Soviet pedagogue Anton Makarenko, with whose works had been translated into Finnish and which we had become familiar with as late as 1974, 2-3 years after we had started community education. The similarities between Makarenko and the reformatory in the difficulties and irresolution at the beginning and in the conflicts with the administration over educational matters astonished and delighted us. The organization of Makarenko's educational principles and methods, and the high development level of his collectives opened up new inspiring perspectives and challenges for the development of the reformatory.

Visiting the therapeutic communities that Maxwell Jones had developed, Henderson Hospital and Dingleton Hospital in Great Britain in 1985, encouraged me also to study his books more thoroughly. The similarities of Jones' and Makarenko's experiences in the development of their communities were striking, like many of their conclusions concerning communal treatment and education, and even their methods were similar. Moreover, it was surprising that these education and treatment traditions, being well known and of great

importance in their quarters, seemed to have hardly any interaction. In literature concerning Makarenko's collective education I have not found any references to Jones. Very seldom do articles or books on the Jonesian or the other therapeutic communities refer to Makarenko or collective education in general. The few exceptions are Juul (1986) and Kaipio (1977). Besides language barriers, the separation is more likely due to the social-political abyss that until recently has been isolating Western countries from the socialist world.

One of the goals of this study is to build a bridge between collective education and the therapeutic community, between the schools of Makarenko and Jones. Why is it that just Makarenko and Jones have become the leading figures in the education and treatment schools that they represent? This study will try to answer this question, but in this connection at least two factors common to Makarcnko and Jones can be emphasized. They were both pioneers in their fields, and they both wrote and published a great deal. Originally Makarenko wanted to become a writer, and he was well recognized as such in the Soviet Union. But it was only after his death that his pedagogy was commonly accepted (Krüger-Potratz & Hillig, 1989).

Makarenko's main work "Road to Life" was translated into English and published in London already in 1936. From the late 1940's on Makarenko's works were more often translated and published abroad and his international reputation began to grow (Hillig & Weitz, 1971, 117-165). Jones' production comprises a good 120 articles and six books. Jones has had a remarkable influence in Europe and in the USA both because of his books and his personal contacts. Nevertheless, the application of his model of the therapeutic community has met with many problems and has not been widely put into practice as such. According to Nick Manning (1979, 1989) the three factors which have limited the wider use of therapeutic community methods are that therapeutic communities usually require above average resources per patient, they are weak in the face of powerful established positions, and the culture of the therapeutic community which contrasts with that of the conventional professional community.

## 2. RESEARCH STARTING POINTS

Since both collective education and the method called the therapeutic community aim at influencing personality in a social context, it is justified to study those communal and interactional processes through which the communities develop. The study is phenomenological at its nature and starts from analyzing the inner development of the concrete communities described by Makarenko and Jones. The study aims, through describing changes in the communities' everyday life and the development of actions and social structure, at revealing the unexpressed strategy or practical consciousness (Giddens, 1985) or theory-in-use or tacit knowledge (Argyris, Putnam & McLain Smith, 1985; Polanyi, 1967) according to which the communities evolved.

After that I will compare the development strategies of their communities to the prevailing organization development models that derive their origins mainly from the development of industrial and business organizations (French, 1982). It is paradoxical that in the past few years just these development strategies have been and are widely applied also to health care and education organizations at the same time when the experiences of historically notable educational and treatment communities have, **from the point of view of organization development**, been almost completely left without examination and utilization.

The development of Makarenko and Jones' communities could be studied from the outside, for example their relation to societal changes or their conflicts with traditional education and health care communities (Uusitalo, 1984, 1-2). I will try to examine the development of the communities from the inside. I will deal with the relations of the communities and the society around them only as far as they, described by Makarenko and Jones, have influenced the communities' development and its preconditions.

In this study I will use the concepts of community and organization as synonyms, because from the sociological point of view both Makarenko's collective and Jones' hospitals meet the characteristics of an organization. I will use the concept of community also for Makarenko's collective when I, for instance, refer to both Makarenko and Jones' communities, even though in the Soviet Union the concept of the collective became in the 1930's a more precise content. By that I mean the goals and value objectives of an education collec-

tive were connected to the socialistic society and to communist education. Makarenko himself has given much space in his writings in analyzing the concept of the collective in the late 1930's. He defined the educational collective in 1937 as follows:

"A collective is a free group of working people who are united by uniform goals and uniform activities; it is an organized group with leading organs, with discipline and responsibility. The collective is a social organism in a healthy human society. Such kind of an organism is unimaginable in the hodge-podge of the bourgeois world." (Werke, VII, 21).

"The collective is a social organism, consequently having organs of authority and coordination, which represent, in the first line, the interest of the collective and the society." (Werke, V, 372).

The concept of the therapeutic community is presently used for fairly heterogenous educational and treatment communities, and there is not any universally applicable definition for it (Kennard, 1983). Jones (1962, 73) defines the therapeutic community for instance as follows:

"The fact is, of course, that there is, as yet, no one model of a therapeutic community and all that is intended is that it should mobilize the interest, skills and enthusiasm of staff and patients and give them sufficient freedom of action to create their own optimal treatment and living conditions."

Maxwell Jones considers the development of the therapeutic community as the forerunner of systematic organization development.

"System theory and O.D. had their advocates in psychiatry long before O.D. had emerged in any identifiable form a decade ago. The therapeutic community was conceptualized a quarter of a century ago and was an early model for change." (Jones, 1976, 8).

However, the main trends of organization development did not follow the development strategy of the Jonesian therapeutic community. But then, afterwards Jones (1976) interpreted his development work in the frame of reference of the organization development model based on the open system.

### 3. RESEARCH PROBLEMS

Reflecting the experiences of Anton Makarenko and Maxwell Jones in my own experiences in the boys' reformatory of the city of Jyväskylä aroused my interest in the problems of development and developing educational and treatment communities. How did Anton Makarenko and Maxwell Jones succeed in developing their historically notable communities under difficult war and post-war conditions (Makarenko during and after World War I and the Russian Civil War, Jones during and after World War II)? How were they able to succeed in these exacting tasks without the help of consultant experts?

In this study I will compare the development of Anton Makarenko's collectives, the Gorky Colony and the Dzerzhinsky Commune, with that of Maxwell Jones' therapeutic communities, Mill Hill Emergency Hospital, the Ex-prisoner-of-war unit at the Southern Hospital (Dartford), the Industrial Neurosis Unit at Belmont Hospital (later renamed the Social Rehabilitation Unit, and, in 1959, Henderson Hospital), and Dingleton Hospital (Melrose, Scotland).

I will try to answer the following questions:

1. What were the central development features of Makarenko and Jones' communities?
2. What were the preconditions for development in Makarenko and Jones' communities, inside and outside the community?
3. How did they differ from each other and what similarities can be found?
4. How does the development of Makarenko and Jones' communities differ from or comply with the currently applied models for organization development?

## 4. RESEARCH METHOD AND MATERIAL

### 4.1. Research method

I will try to analyze the development of Makarenko and Jones' communities mainly on the basis of their own descriptions. The starting point in my analysis is how **the central courses of action, the principles based on them and the changes of social structure** took shape in collective education and the therapeutic communities. Thus many later ideas that Makarenko and Jones had or their writings not directly connected with the development of the communities have been left out. The choice of the changes to be analyzed has also been affected by the thoroughness of the description of the development process. Only those changes in the development process **that have been described widely enough** have been chosen for analysis.

Makarenko and Jones differ from each other in the way they report on their experiences. Makarenko writes about his experiences mainly in fictive form. In his central novel "Road to Life" Makarenko describes the development of his collective chronologically clearly emphasizing the turning points in the development. Jones' style, both in articles and books on his communities, is documentary and scientifically analyzing. Thus I have had to adjust the analysis of the developmental processes of Makarenko and Jones' communities to the terms of the material, when a direct comparison has not been possible. Moreover, Makarenko basically describes the development of one community (the first educators and charges of the Dzherzhinsky Commune came from the Gorky Colony with Makarenko) that was created and conducted by him. Jones developed and led three communities (Mill Hill, Dartford and Henderson Hospital) and changed Dingleton Hospital, which had been run traditionally, into a therapeutic community. Consequently, Jones' action differs from Makarenko's both in its extent and nature, which comes up also in the analysis of the development of their communities.



## 4.2. Research material

The research material comprises Anton Makarenko's pedagogical books and articles, the development of his collectives and his personality, and books and articles on the topic by his contemporaries and later research workers. My limited command of languages has restricted the use of material to that available in Finnish, German or English. Fortunately, from the point of view of the research, the most important material is available in these languages. In October 1987 with the help of a grant from the Finnish Academy, I had a chance to interview experts on Makarenko's collective education, including, among others, professor L.Ju. Gordin from the Academy of Pedagogical Sciences and Dr. Vera Koltchova from the department of psychology in the Science Academy of the Soviet Union. In April 1988 I interviewed the Makarenko researchers Dr. Götz Hillig and Dr. Sigfried Weitz from Phillips University in Marburg, Germany.

Similarly, Maxwell Jones' books and articles that describe the function and development and functional principles of his therapeutic communities together with books and articles on the topic by other research workers form the research material. Additionally I have personally interviewed Maxwell Jones (August 3–8, 1988) and his colleague Dr. Dan Jones, superintendent of Dingleton hospital (August 11, 1986), and Dr. J. Stuart Whiteley, medical director and Jones' successor at Henderson Hospital (August 8, 1986). I have also received material on Jones through correspondence. I have been in correspondence with Maxwell Jones since December 1986 and I have received nine letters from him (in 1988: January 9, November 14; in 1988: March 30, May 6, June 27, July 13, September 20, October 1; in 1989 November 23). Jones' old friend and colleague, Dennie Briggs, a psychologist, has written twice (February 18, 1989; July 7, 1989) and answered my questions, and he has also sent me a copy of the English manuscript of his book "The Therapeutic Community. Conversations with Maxwell Jones, MD." that has been published in Italian. Also the Hospital Secretary James (Jimmy) Millar, who was Jones' closest colleague when he worked at Dingleton, has given me information in his letters (February 26, 1989; May 24, 1990) about Jones and the Dingleton Hospital in the years 1962–1969 when Jones was the superintendent. In addition to that I have also written Maxwell Jones' three daughters and his close colleague at

Henderson and Dingleton, Joy Tuxford, but I have not received a reply from them.

### 4.3. Reliability of material

Since the emphasis of the study lies in charting and analyzing the inner development of Makarenko and Jones' communities, the reliability of the documents that describe the function and development of the communities has to be estimated. Anton Makarenko wrote about different aspects of education as well as about family upbringing. Some months before his death, on January 31, 1939 he was awarded the Order of the Red Banner of Labour for his outstanding services and achievements in the advancement of Soviet literature.

Having pondered the way in which he would put his experiences and thoughts best into words Makarenko started writing his first book, "The Road to Life", in 1925 (Hillig, 1972, 236). Maxim Gorky's acceptance and support during his visit were of decisive importance to Makarenko's literary aims.

The first part of "The Road to Life" was finished in 1928 but as mentioned before Makarenko let it lay for years in his drawer before letting Maxim Gorky read it. Gorky edited quite a lot of Makarenko's text for printing (Hillig, 1972, 236-298; Kumarin, 1976, 59). First it was printed in "Almanac" entitled "The Year 1917" and published in 1933. The second and third parts of "The Road to Life" were published in 1935 in "Almanac" under the title of "The Year 1918".

Makarenko had written a booklet called "March of the Year Thirty" in 1930, this was published in 1932. In 1932 he completed the short story "FD-1", in which the life of the Dzerzhinsky Commune was similarly described as in "The March of the Year Thirty". In 1934 Makarenko received due recognition for his literary work when he was made a member of the Union of Soviet Writers on the first of July.

After having settled in Moscow in February 1937 Makarenko published "A Book for Parents", which was written in collaboration with his wife Galina S. Makarenko (Makarenko, 1967). The following year, 1938, Anton Makarenko completed his book "Learning to Live", which was first published in the journal "Krasnaja Now". During the last year of his life Makarenko made more

agreements to write books and screenplays for movies than he was able to keep (Hillig, 1988, 251–254).

Many of Makarenko's lectures and articles had been published in book form after his death e.g. "Lectures on the Education of Children", in 1940, and "Selected Pedagogical Works in Four Volumes", in 1949, and "Collected Works in seven volumes" in 1950–1952. Makarenko actively participated in the polemic about literary questions and his opinions have been published in the book "On Literature" in 1958.

More detailed information on Makarenko's productions can be found e.g. in his Collected Works in German "Werke I–VII" which is translated from the Russian and published by Volk und Wissen, Berlin 1975–1983 and the new edition from 1988–89; "Gesammelte Werke" from 1976– edited by L.Froese, G. Hillig, S. Weitz and I. Wiehl., published by Otto Maier Verlag, Ravensburg and from 1982 on Klett–Cotta, Stuttgart.

Makarenko's pupils and colleagues have also written about his collectives. Furthermore, official social files and documents have supplemented the picture of Makarenko's activities.

Anton Makarenko has reported the most important material on the development of the collectives in novel form. The development of the Gorky Colony and that of the Dzerzhinsky Commune up to the year 1931 have been described in "Road to Life"<sup>1</sup>. In "Learning to Live"<sup>2</sup> and "The March of the Year Thirty" Makarenko describes life in the Dzerzhinsky Commune. Makarenko's novels do not adhere to reality or realistic events in detail.

1. For instance, later studies on the person of Zadorov, the protagonist in "Road to Life", and the time he spent in the colony give contradictory information. Fedir Naumenko, a Soviet research worker, comes to the conclusion that the persona of Zadorov Makarenko combined positive features of his charges without having any individual as his model (Naumenko, 1988, 45–46).
2. Theo Glantz refers to Balabanowitsch when he claims that in the famous scene about the turning point in the development of the Gorky Colony, Makarenko had struck Kalabalin (Karabanow) rather than Zadorov (Archangelski). Naumenko (1988, 44–45) questions the whole scene on the grounds of what the contemporaries have told and what Makarenko has written.

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<sup>1</sup> This book is later abbreviated as RL.

<sup>2</sup> This books is later abbreviated as LL.

3. Makarenko's description of the conquest of Kyryazh is also over-dramatized when compared to other sources concerning the event (Hillig, 1988a, 66-88).
4. The stated number of the first colonists does not correspond to the information in the official documents, according to which there also was a girl among the first youngsters (Naumenko, 1988, 42-46).
5. In RL, Makarenko refers to the introduction of the title 'colonist', which should have happened with the youth organization (Komsomol) proposal in 1923. However, in the Gorky Colony the youth organization was not established until 1925 (Skrypynyk, 1982, 235, 241/15; Hillig, 1988, 212/14, 15).
6. The colony named after V.G. Korolenko had been established already in 1919 and not after the Gorky Colony as "Road to Life" leads one to understand (Hillig, 1980, 130).

Theo Glantz (1969) has in his study mentioned several similar inaccuracies concerning individuals and dates:

7. Kalina Ivanovitch moved away from the colony already in 1922 and not in 1926 as Makarenko tells in "Road to Life".
8. Glantz calls attention to the contradictory information Makarenko has given on the date of moving to Trepke: in "Road to Life" it happened in October 1923 and in "Werke I"<sup>3</sup> in November 1924.
9. Similarly do "Werke I" and the "Five-year-report" of the colony give differing information about the division into detachments and the leader of the first detachment. In RL the event is dated to the winter of 1923 and the leader of the first detachment is said to be Burun. According to the Five-year-report the beginning of the detachment system dates to the end of 1921 and the leader of the first detachment should have been Karabanov (Kalabalin) (Glantz, 1969, 57).
10. In RL Makarenko writes that 50 communards moved with him to the Dzerzhinsky Commune, but in "Werke II" he says they were 62 on page 387, and 50 boys and 10 girls on page 397.

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<sup>3</sup> Werke refers to an "East-German" translation of Makarenko's collected works published in the USSR.

Makarenko himself often emphasizes the truthfulness of his works. In his letter to Gorky (October 5, 1932) Makarenko describes the meaning of RL to himself:

"... but the work that is dearest to me, the "pedagogical poem", which is by no means an embellished presentation of my success, but which describes my extremely difficult battle in the Gorky Colony, which is not only full of pathos, but also full of bad errors, all of them my own, the book that is dedicated to You is at my home; but it is indeed awful to reveal one's soul with such unreserved directness in front of the public." (Werke VII, 380).

In his closing address in a discussion on 10 October, 1938 Makarenko says everything written in LL to be true:

"What is written in Learning to Live is the plain truth, even to the names and the incidents and dialogue recorded there. ... .. And just because I took part in the life of the colony and saw and felt every one of its nerves working, I feel that I have the right to insist that that was so. I am not inventing anything ... " (LL, 645).

Makarenko says the same also in his open letter to F. Levin who had criticized "Learning to Live" of being a fairy tale written by nice uncle Makarenko:

"In it (LL/K.M.) I have described the Dzerzhinsky Commune, the leader of which I was for eight years. There is not a single invented event in the book, very few invented persons and not a bit of unreal coloring." (LL, Appendix p. 225, Finnish edition).

Also Makarenko's students confirm that both "Road to Life" and "Learning to Live" correspond to the reality in the colony and the commune where they lived.

Makarenko's former students Kalabalin, Tubin, Salko, Kljushnik and Reutenberg answer F. Levin's negative estimate of "Learning to Live" in Literaturnaja Gazeta published after Makarenko's death:

"We quite openly announce that the life that A.S. Makarenko has described in his book Learning to Live, adheres to the truth, in reality the First of May Colony described in the novel was the

Dzerzhinsky Commune in the Kharkov area, and we have been brought up there." (LL, Appendix p. 233, Finnish edition).

Alexei Zemlyansky (1963, 121), mentioned in "Road to Life" as Ziryansky, writes:

"I have no difficulty in recognizing myself in Ziryansky. Makarenko has described everything accurately. He correctly describes incidents to which I was a witness. The only thing I couldn't understand was how he managed to probe so deeply into our hearts."

Despite the above mentioned inaccuracies, Glantz (1969, 58-59) accepts the events and dialogues in RL as the basis for his study as if they did represent the reality. Anyhow, they do describe Makarenko's view of his educational reality.

Also from the point of view of my study it is essential in what way matters were at times handled in the community, how the development process proceeded and how the collective developed. In this respect Makarenko's description probably corresponds quite well to the reality, even though artistic features emphasize the relative importance of events and embellish their details.

Of Jones' communities, there are studies that have been reported on Dartford and Henderson Hospital and they supplement Jones' own descriptions (Tuxford, 1952; Sandler, 1952; Rapoport, 1960). The articles that Jones wrote in the 40's naturally give more detailed information about Mill Hill and Dartford than texts that have been written later, but I have not noticed any contradictions between texts written at different times.

Nick Manning (1989, 100-102) criticizes Jones' (1952) description of his first communities and claims it to be sociologically vague. Manning says that Jones constructs his analysis on a one-sided role concept, mixes the concepts of role and status with each other with the consequence that he, among other things, misses out on some vital aspect of the unit, such as his own status as leader, and the various role performances associated with that position.

About Dingleton Hospital, Jones has written mainly in his works "Beyond the Therapeutic Community" and "The Process of Change". Based on the descriptions in these two works I made a summary and sent it to close colleagues of Jones that worked together with him at Dingleton: Dennie Briggs, Joy Tuxford and James H. Millar. Despite repeated inquiries I have not received a reply from Tuxford, but Briggs and Millar confirmed the equivalence of the de-

scription of the social and functional structure of Dingleton and their own experiences.

"The paper I received from you described perfectly the stewardship of Dr Maxwell Jones at Dingleton during the years 1962-1969." (James H. Millar in his letter on February 26, 1989).

"Your sketch of Dingleton is essentially the way I saw it." (Dennie Briggs in his letter on July 7, 1989).

About his work "The Process of Change" Jones states himself that

"the description is as objective as possible, leaving the reader to assess for him/herself the extent and value of this change." (Jones, 1982, 1).

On the other hand, M.V. Riley's (1963) comment on a study of Polish farmers by Thomas and Znanieck is true concerning the problems of this study:

"... their data refer only to selected members of each group (family) and cover part of the interaction. These gaps illustrate an important potential limitation in the use of available data generally: not having been assembled for the purpose of the investigation, the data may be fragmentary or incomplete, thus depriving the researcher of valuable information." (Webb, Campbell, Schwartz and Secherest, 1972, 105).

Even though Riley's comment is relevant in respect to both Makarenko and Jones' material, I find Jones' material on the development of his communities more reliable than Makarenko's. Then again, the defects found in Makarenko's material often deal with inaccuracies in dates or corresponding details. According to official documents, Makarenko's contemporaries and students, his description of events is relatively reliable and in this sense it serves the needs of the analysis of the community's development process.

# **PART ONE**



## 1. THE SOCIETAL BACKGROUND OF MAKARENKO'S WORK AT THE GORKY COLONY

Anton Makarenko started his work in his first colony, later named after Gorky in 1920. In the period, after the Civil War the number of homeless, neglected and delinquent children in the Soviet Union was as high as seven to nine million. On the basis of figures from different references Siegfried Weitz (1978) has depicted the number of "besprizorniki" (charges) from 1920–1932 in the following table (see the next page).

Weitz emphasizes that the numbers gathered from different sources are only estimates and approach values, which should be interpreted with caution. Nevertheless they indicate clear tendencies: a rapid increase peaking in 1922 was followed by steady drop in number until the year 1930. In 1930 the radical collectivization of agriculture started, which caused the increase of the number of "besprizorniki" (Weitz, 1978, 27–28).

The failure of crops in 1920–21 and the change over to a new economic policy complicated the initiation of planned and organized care and upbringing of waifs (Weitz, 1972, 92).

Soviet officials had an enormous challenge apart from the continuing attacks of anti-revolutionary forces to satisfy even the most elementary needs of these children. Most of the people working with them had neither theoretical knowledge nor in most cases any practical experience in this area.

Bowen (1962,47) writes:

"Families were destroyed, homes completely demolished. Many millions of family groups were shattered beyond hope of any future reunion. And along with the war went a wholesale destruction of traditional values. Crime rose alarmingly and the brutalization of human life and values came to be considered usual if not normal. Children suffered terribly in these events and the rise of juvenile crime was appalling."

With the support of foreign charity organizations like the "American Relief Administration" and "Internationale Arbeitshilfe" the mass feedings of children were organized and a huge number of children's homes (Kinderheime) established. By concentrating the resources it was possible to build 6063 children's homes for about 540 000 waifs up to 1921/22, these provided help only for small part of the millions of orphans and homeless children and youths (Weitz, 1972,93).

TABLE 1. The number of homeless children (Verwahrlostenzahl) 1920 - 1932 (Weitz, 1978, 26-27)

Year	The number of homeless or neglected children
1920	400 000 (in the area of the Russian empire)
1921	4-6 million (in the area of the Russian empire)
1922	8-9 million (in the area of the Russian empire)
1923	5.5 million (in the area of the Russian empire)
1924	239 000 (Russian Soviet Republic)
1925	228 000 (Russian Soviet Republic)
1926	206 000 (Russian Soviet Republic)
1927	100 000 - 120 000 (Russian Soviet Republic)
1928	25 000 (Russian Soviet Republic)
1929	"under 30 000" (Russian Soviet Republic)
1930	334 500 (Soviet Union)
1931	4 500 (Soviet Union)
1932	5000 - 6000 (Russian Soviet Republic)

Also it was not much better for those children taken to institutions for homeless and neglected children. According to Vladimir Sensinov (1930,30) these were only heavily overloaded gathering places. Institutions meant for 40-

50 children had to take in 150–200. They had no furniture, dishes or pots. Children had to eat from cans with their fingers. Day in, day out the children had to wear the same dirty rags.

The administration of education was still distributed among several civil authorities and this was not very effective. Although some basic tenets had been outlined for new Soviet education, the methods of education still needed to be developed. According to Novikova (1978, 58–59) the organization of educational collectives was a statewide problem because the entire system of public education had to be brought into line with the essence of the new (Soviet social) order. The basic principles were stated in the documents on public education, these viewed collectivism, the unity of personal and social interests, and self-government as the basis for the organization of socialist education.

There were also many Soviet pedagogues and educators besides Anton Makarenko who applied these principles and obviously affected his action – even though he has seldom referred to them in his writings (Pecha, 1989, 216–217). Such individuals as M.M. Pistrak, V.N. Soroka–Rosinskii, S.M. Rives, V.G. Korolenko and S.T. Shatskii are mentioned, because they were Makarenko's contemporaries and heads of educational institutions, generally similar, but slightly differently oriented than Makarenko's collectives. From the literary works of Makarenko Pecha, on the basis of Balabanovic, refers to Ushinskij, Belinskij and Dobroljubov. Maxim Gorky's decisive role as his supporter and ideal is also mentioned by Makarenko himself (Froese, 1972, 224–235; Rüttenauer, 1972, 210–224; Novikova, 1978, 61–62; Pecha, 1979, 205–208; Hillig, 1980, 129–130). But who was Anton Semyonovich Makarenko?

## 2. ANTON SEMYONOVICH MAKARENKO: THE PERIOD BEFORE THE GORKY COLONY

Anton Semyonovich Makarenko was born March 1 (13), 1888 in Belopolye, Kharkov Gubernia in the Ukraine. The father, Seymon Grigoryevich, a rail-

way worker and after 1900 a foreman of the painters' workshop, was a strict, straight-forward man. The mother, Tatyana Mikhailovna, was a happy, gay person, an excellent story-teller who sustained the optimistic atmosphere in the household, skillfully took care of the house-keeping and their four children (Kumarin, 1976, 10-11; Gordin, 1990, 6-7).



Picture 1.<sup>4</sup> Makarenko's parents Seymon Grigoryevich and Tatyana Mikhailovna (Kremenchug 1913).

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<sup>4</sup> Pictures number 1, 2 and 13 are copied from Werke VII, number 5 from Werke II, number 4 and 7 from Pädagogische Werke I, and number 3 and 6 from Pädagogische Werke III.

Anton Semyonovich had an older sister Alexandra (b.1881), a younger one Natalya (b.1891) and a brother Vitaly (b.1895). Despite his weak health in childhood Anton proved to be a bright boy and at five he learned to read. His appetite for reading has been described as enormous; he put books before ordinary childrens' games. His brother Vitaly remembers Anton often with a book in his hands and according to him Anton must have been the best educated man among the 10.000 inhabitants of Kryukov (Hillig, 1973, 279-280; V.S. Makarenko, 1973, 185; Kumarin, 1976, 11-12).



Picture 2. A.S. Makarenko as a schoolboy.

At the age of seven he started school and topped his class right from the start. He enjoyed working in the garden with classmates, singing in the school choir, drawing and playing the violin. In 1900 the family moved to Kryukov where Makarenko started to go to Kremenchug school. While being good at academic subjects he was not so successful at sport and games. At the age of sixteen, on the 4th of June 1904, Anton Makarenko graduated from this school with distinction in all subjects. After completing a one-year course to become a primary-school teacher he started on 1 September 1905 teaching at a two-class primary school for railway workers' children at Kryukov. A year later among the Makarenko's pupils appeared his little brother Vitaly, eleven years old. Makarenko proved to be an excellent teacher. In his early teaching days Makarenko was also first introduced to the works of Maxim Gorky, who later had an enormous influence on him (Kumarin, 1976, 12-14; Gordin, 1990, 7-8).

At the beginning of 1906 Makarenko made Elizaveta Fedorovna Grigorovich's acquaintance. This relationship caused the beginning of a conflict in 1908/1909 between Anton Semyonovich and his father. Makarenko moved away from his parents' home and the conflict continued until his father's death in 1916. Sometimes later E.F. Grigorovich recommended Makarenko as the leader of a colony for young delinquents in Poltava and took for herself an educator's post on the 20th of October 1920 at the same colony (Gorky Colony) (Hillig, 1973, 283,295).

In 1911 Anton Makarenko moved to the railway school at Dolinskaya where he worked as an overseer supervising and leading the school and teachers work. In 1914 he wrote a short story, "Foolish Day", which he sent to Maxim Gorky, his great ideal and a later supporter. Gorky gave friendly but straight-forward criticisms which affected Makarenko quite deeply. This came out in his first novel "The Road to Life". In his own words:

"The book ( RL / K.M.) was written in 1928 and then was to lie in a drawer of my desk for five years, so much did I fear placing it before Gorky for his verdict. In the first place I still remembered his reaction to my Foolish Day ..." (Makarenko, 1976, 97).

In 1914 Makarenko applied to Poltava Teachers Training College, passed the entrance exams and was taken on at the age of 26. In the middle of his studies, in December 1916, Makarenko was called up for military service and sent to Kiev. In March 1917 he was declared unfit for military service because

of his serious nearsightedness. In June 1917 Anton Makarenko graduated with distinction, obtaining the highest marks in his class that year (Hillig, 1973, 286-289).

In 1917-1919 Makarenko worked as the director (inspector) of an extended primary school at Kryukov where he had been a teacher twelve years before. In 1919 he was put in charge of a primary school in Poltava. And in the following year 1920, he was offered work as a warden of a colony for juvenile offenders, which he accepted (Hillig, 1973, 258-259, 279-295; Kumarin, 1976, 1-21).

### 3. THE PERIOD OF THE GORKY COLONY AND THE DZERZH- INSKY COMMUNE

The educational system of Anton Makarenko has been described and analyzed innumerable times by Makarenko himself and by researchers from all over the world. Therefore I do not wish to repeat their work but will describe Makarenko's system emphasizing the features which are in the central focus of this study.

Anton Makarenko started working in the colony near Poltava with two female teachers, Ekaterina Grigoryevna and Lydia Petrovna, as well as Kalina Ivanovich Serduyk, an old and colorful manager of supplies, in a ruined estate which had been a colony for juvenile delinquents before the Revolution. The only advice the chief of the Gubernia Department of Public Education, who appointed Makarenko, gave when Makarenko hesitated, on how to go about this task was as follows:

"You and your 'make-a-muddle'! What are you driving at? D'you think I don't understand? Muddle or not muddle, the work's got to be done. We'll have to judge by results. The main thing isn't just a colony for juvenile delinquents, but - you know! - er... social re-education. We've got to create the new man, you know - our sort of man. THAT's your job! Anyhow, we've all got to learn, and you'll

learn. I like the way you said to my face: "I don't know!" Very well, then!" (R.L. I, 31).

According to the novel "Road to Life" the first six charges, aged between 16 and 18 arrived in the colony on the fourth of December. They had no wish to co-operate with the staff. Only through severe conflicts with them did Makarenko succeed in getting some order and trust in the colony. The turning point in the development of the relationships between the boys and Makarenko was a quarrel which caused Makarenko to lose his temper and to knock down a boy called Zadorov (RL I, 37-42).

According to Fedir Naumenko (1988, 44) there are a lot of conflicting accounts, even from Makarenko himself concerning the episode between Makarenko and Zadorov. The historical documents referred to by Naumenko (1988, 42-46) states that there were only five charges who arrived on the 4th of December, among them one girl but not a.o. Zadorov (Zadonov or Arkhangelsky). Naumenko has also thought Zadorov to be a fictitious figure without any real counterpart among the charges.

" In Zadorov's character Makarenko does not describe the biography of a certain charge in the colony, but he shows in him every positive features that he wanted to see in all of his charges, and that was how he wanted to educate them." (Naumenko, 1988, 46).

Ever honest with the boys and through the obvious devotion to their course, Makarenko was able to create a collective to support the upbringing. The collective, however, was still weak and there were a lot of difficulties with new waifs arriving in the colony. Naumenko (1988,43), on the basis of an official report of the Government Executive Committee of Poltava from the year 1921 proves that the number of charges was eight until March of 1921. Two years after the beginning there were about 60 pupils in the colony (Makarenko, 1973a, 217). Since 1922 the colony started to take in girls (according to Naumenko there was one girl among the first charges in 1920, see above), and in 1925 the communist youth organization, Komsomol, was established. The structure of the colony had been developed on the grounds of permanent detachments, "mixed" working detachments, commanders' council, general meetings and the educational leader. Every detachment had a commander, who was accountable to the leader and the detachment. The commanders' council had the



central role handling and controlling all the important matters including plans, finance and cultural life of the colony.

Maxim Gorky played a central role in Makarenko's life and work. He wrote that it was Gorky who introduced both him and his pupils to the Marxist world outlook, influenced Makarenko's view on man and thereby his work as an educator:

"I saw that life's wisdom was to be gleaned from a combination of Gorky's optimism and demanding standards... I saw that it was not difficult to help a fellow man if we approached him leaving aside false pretenses, and that tragedies arise in this life when the "human element" is lost. Then I turned to my first charges and tried to look at them through Gorky's eyes." (Makarenko, 1976, 91).

It was natural that the colony be named after Maxim Gorky. In November 1924 the colony, with its roughly 80 members, moved, mostly for economic reasons, to Trepke, a ruined estate in Kovalevka. There was about 80 hectares of land with a garden and good, fertile soil for farming there (Fere, 1953). After the first economically poor years the material state of the colony was finally in better condition. The school, the theater and the farming were praised widely outside the colony (Fere, 1953, 53). According to Bowen (1962, 92-96) the central pedagogical questions of Makarenko in Trepke were the problems of demands, the place of authority in a collective and the nature of the "adhesive" force that binds the collective together. During the time in Trepke the function of a "nucleus" group in the development of the collective as well as the need for constant challenge became clear (Bowen, 1962, 110).

More interesting than the period of Trepke from the pedagogical point of view is the process of moving to Kuryazh in May of 1926. In Kuryazh, housed in an old monastery, was a colony of 280 waifs who had terrorized the staff. Makarenko with his 120 boys and girls, of whom 40 were newcomers had decided to take over the colony. Makarenko had come to the conclusion that Kuryazh must be taken by storm after discussion with the Gorky colonists (Makarenko, 1973b). Makarenko was worried about any delay in absorbing the Kuryazhites into the structure lest the reverse should happen and the Kuryazhites do the absorbing.

In organizing the impending struggle, Makarenko had dismissed the entire staff of Kuryazh at the time of the transfer, and he sought fewer teachers, but more enthusiastic ones (Bowen, 1962, 115). The pedagogues of Kuryazh had

by all available means turned the Kuryazhites against the Gorkyites and Makarenko. Gulyaeva, the teacher of the sewing workshop and a member of the communist party was the only staff member Makarenko asked to stay in Kuryazh (Kalling-Kant, 1948, 93; Makarenko, 1973b, 244).

The initial storming process took two months. The Kuryazhites were stripped and disinfected, their clothing in many cases doused in alcohol and burnt, their heads were shaved and they were issued fresh clothing. In order to enforce discipline, they were refused food unless they earned it, and some of the bigger Gorkyites were not above using force to get their orders obeyed. The original detachments of the Gorky Colony were dissolved and twenty new ones, composed of members both of the original Gorky and Kuryazh colonies, were formed (R.L. II, 339; Bowen, 1962, 120-121). Götz Hillig (1988a, 86-88), gives a much less dramatized picture of the conquest of Kuryazh, on the basis of a report of the 2nd detachment and on L.T. Koval's statement regarding the move.

The external form, together with the life style and tone (including tradition, habits and rich complex of activities), were fundamental aspects of the collective's life. The questions of discipline, the heightening of endeavour and the system of perspectives took a more outlined structure from these experiences in Anton Makarenko's system (Bowen, 1962, 126-129).

During 1928, Makarenko's last year at the Gorky Colony, its organization consisted of three brigades. The first brigade included the detachments of the producing branch, the second one the detachments of the supplying branch, and the third one detachments of "small fry" (Brazul, 1982, 98).

The disputes with authorities of the Ukrainian People's Commissariat for Education sharpened and the "pedologues" took their side with the authorities criticizing the discipline, the authority of pedagogues and the emphasis on sense of duty and honor as the aim of the upbringing, as well as the military-like manner used by Anton Makarenko. In the summer of 1928 Makarenko was summoned for a hearing in front of the Educational Council of the People's Commission of the Ukraine about his educational policies. Makarenko gave them a detailed lecture about the principles and results of his upbringing methods. Having discussed the matter the Council reached the resolution that the educational system of Anton Makarenko was a non-Soviet system (R.L. II, 440-441).

Makarenko had been the leader both of the Gorky Colony and, after December 1927, of the Dzerzhinsky Commune, but after the aforementioned in-

cidence he decided to leave the Gorky Colony. He postponed his departure, however, because of the visit of Maxim Gorky to the Colony on June 8–11, 1928.

From December 1927 to the spring of 1931 Makarenko was the leader of the Dzerzhinsky Commune, and from then to July 1, 1935 the director of their educational affairs. In September 1928 he started working full-time for the Dzerzhinsky Commune, which was opened with solemnity on the 29th of December 1927.

Makarenko had taken with him sixty former pupils and four educators of the Gorky Colony. Having arrived in the Commune the communards immediately formed eight detachments according to their production principle, elected commanders and organized a Commanders' council (Nizar, 1982, 165–167; R.L. II, 425; G.W. 1, 112<sup>5</sup>). The very first tasks in the Dzerzhinsky Commune were to build up the vital production basis of the commune. With communards, mostly aged from 11–20 years, Makarenko started developing and structuring the new commune.

From June of 1930 onwards the commune was completely self-supporting. In the years to come the commune was wealthy enough to build two factories, one for the production of electric drills in 1931 and another for 36 mm FED cameras in 1932 (G.W. 7, 52–54).

The organizational basis resembled the Gorky Colony with its detachments for production, dormitory divisions and school divisions. The highest organ in the commune was the daily general meeting which took about half an hour. The central role in the commune was played by the council of the commanders (G.W., 2, 69–73, 125).

The cultural life consisted of many kinds of activities like theatre, clubs for art, technical clubs, cinema, two orchestras and a library with reading rooms (G. Makarenko, 1976, 129–142; G.W. 2, 63–64). In addition, sport was popular among the children. Every summer the commune made about a month's holiday trip somewhere in the USSR.

According to Kumarin (1976, 40)

"The children in the commune were neatly dressed and boasted one of the best brass bands in the whole of the Ukraine: they used to invite first-class actors, musicians and painters to advise them in the running of their amateur art activities and were able each year to

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<sup>5</sup> *Gesammelte Werke*. Makarenko's collected works, Marburgian edition.

spend two hundred thousand rubles on summer expeditions and excursions and forty thousand rubles on theatre tickets."

During his working career Makarenko educated about 3000 men in different vocations: as engineers, physicians, geologists, agronomist, artists, teachers, officers, drivers, mechanics, pilots etc (Salade, 1972, 187-188).

#### The time after the Dzerzhinsky Commune

From September 1935 to 1937 Anton Makarenko lived in Kiev and worked there as a deputy principal of the department of labor colonies under the Ukrainian People's Commissariat for the Internal Affairs (NKVD). The last years of his life he spent in Moscow devoting himself to academic and literary pursuits (Kumarin, 1976, 60-62; Gordin, 1990, 12).

Anton Makarenko died on the first of April 1939 from a heart attack while getting onto a suburban train to Moscow from the nearby village of Golitsino. There are several versions of Makarenko's death which are described and critically evaluated by Götz Hillig and Mykola Oksa (1988) in their article "The seven deaths of Anton Makarenko".

#### 4. THE ORGANIZATION AND MAIN TENETS OF MAKARENKO'S COLLECTIVES

In its final version, Makarenko's educational system was only realized at the Dzerzhinsky Commune. According to Cakarov (1972) the educational effectiveness of Makarenko's collective was primarily based on successful integration of the separate components of the system. In this totality, the educating centre which referred to the leader (Makarenko) comprised one of the most important components. The collaborating and supporting organs of the leader were the council of commanders, the council of pedagogy and the council of production. The whole collective was divided into primary collectives i.e. detachments mainly according to the production principle. Each detachment had a

commander who was, at the beginning, named by Makarenko, then by the council of commanders and later on by the general meeting, on the suggestion of the detachment, for a fixed time.

The general meeting, in which all members of the collective participated with equal rights, was the highest authority in the collective. The daily general meetings and the quickness in summoning the meetings of the commanders made communication and decision making extraordinarily effective. This fact could not be overrated considering the community had hundreds of members.

The main aspects of Makarenko's pedagogical method are briefly expressed as follows:

- The goal awareness of education - an educator should have a clearly defined goal of his work;
- The pedagogy of demanding including punishments as well as discipline in all activities, of which work and production, school and play were the most important ones;
- The pedagogy of perspectives (short-term, mid-term and long-term prospects) consisting among others of the concept of joy of tomorrow and correlating with a person's moral strength;
- The education through the collective, the indirect educational influence through detachments and general meetings and parallel influence (pupils and educators are firstly members of the labour collective and meet on the level of work, and only secondly do they meet on the immediate level of upbringing).
- The important meaning of order, of traditions and of style and tone of the collective life.

Concerning the contents of Makarenko's collective education the most essential is work. Depending on the developmental phases of the collective, the work changed from the self-service type, at the very beginning, to handicraft and farming. In Kuryazh there was already industrial type of work and it was the very basis of life in the Dzerzhinsky Commune (Toeda, 1979).

Similar to the entire Soviet pedagogy, Makarenko represents a naturalistic-optimistic view of man.

"One should always first look for the good core in a charge, the center that "defines his behavior", then take him as he is and in accordance to that, join him to the collective. Makarenko goes on: "Seeing always the good in a person is difficult ... One should always project the good in a person, and an educator has a duty to do just that."  
(Froese, 1963, 230-231).

But how did Makarenko succeed in developing the organization and ally-ing principles of his collective education? In the following I will describe and analyze the development of some of the most central pedagogical principles, functions, and organizational structures.

## **5. ABOUT THE DEVELOPMENT PROCESS OF MAKARENKO'S COLLECTIVES**

The choice of the following analyzed themes, connected with the development of Makarenko's collective (the collective's social and functional structures and educational principles), is based on the possibilities offered by the research material. The criteria for the choice were the following:

1. The theme is crucially connected to the system of Makarenko's collective education.
2. Its creation and development have been sufficiently described.

### **5.1. Development and role of general meetings**

Difficult and poor conditions in the colony near Poltava forced Makarenko and his colleagues to live continuously close together with their charges. However, through discussion and negotiation Makarenko did not succeed in winning the confidence of his first charges or in making them take responsibility of common tasks. This was changed by Makarenko's complete loss of temper, as a result of which he hit one of his charges, Zadorov (RL I, 42). The episode is widely described in the literature concerning Makarenko's educational methods.

Even though Makarenko's colleagues did not approve of his deed, it was more important for him and for the whole colony to win the confidence of the charges. For Makarenko the hitting meant stepping down from the platform of

an educator and leader, and meeting the charges on an emotional level and in their "language" (Glantz, 1969, 64–65, 93). In the confusion caused by the critical situation after the hitting, Makarenko made clear demands on regular attendance at school, on cleanliness, and on going to town with his permission only (RL I, 42–43).

In the undeveloped colony, common conversations alone did not produce the desired educational effect. It was only by a dictatorial demand made at the right time that Makarenko was able to create preconditions for real cooperation with his charges. The right time in this case meant that the personnel's willingness to help and the enormous amount of work for the charges during the first months had prepared the ground so that the direct demands following Zadorov's hitting were able to solve positively the conflict between the personnel and the charges (cp. Glantz, 1969, 63–65).

The general meetings' development into a decision-making body in the colony started due to another crisis. Even though Makarenko understood that the charges kept stealing outside the colony, the continuous stealing inside the colony brought the situation to an explosive point. The charges willingly helped housekeeper move, but at the same time stole most of her belongings (RL I, 56–57). The leader of the chain of robberies turned out to be Burun, who had been a conscientious pupil from the start and had given a reliable impression of himself.

Makarenko was shocked and took Burun to be judged in the general meeting:

"... a "People's Court" – the first to be held in the history of our colony." (RL I, 57).

The fact that Burun was judged not only by Makarenko but also by the charges, who unanimously and fervently attacked him, shows that the collective had reached a higher stage of development. When Burun was not supported by his friends as he had thought he would be, he broke down and wanted to get away from the meeting with Makarenko: "Let him punish me as he thinks fit!" (RL I, 59).

Later on, important decisions concerning the colony were made together with the charges:

- After the robbery of the colony cart an escort was sent to protect the road (RL I, 62).
- The idea of moving to Trepke was considered together (RL I, 72).
- The move to Kuryazh was discussed and decided on by a general meeting (RL II, 194–201).



Picture 3. A general meeting in the Gorky Colony (1924).

During the first years, Makarenko's attitude towards the general meeting as a decision-making body was reserved, which comes up in his report on the Gorky Colony in 1925 (Hillig and Weitz, 1972, 156). The conquest of Kuryazh seems to have stabilized the role of the general meeting in the autonomous administration of the colony. The general meeting was the basic means with which the so called advance detachment set out to organize the community of Kuryazh (RL II, 248). However, neither the general meetings nor Makarenko's ardent speeches could make the Kuryazhites active or willing to participate in common chores (RL II, 262, 273–274). When the whole colony had arrived in Kuryazh, another general meeting was held. This time the Kuryazhites listened to Makarenko in a different way. Ironically he then remarks on the effects of



the Gorky legions, which do not fit into any theorems of pedagogics! (RL II, 323). In this very first general meeting for the whole colony Zhorka read out a declaration which, with its 13 items, laid the basis for the new organization of Kuryazh and determined the immediate tasks and the ones of the following summer. Despite its apparent simplicity the declaration produced a very strong impression on everyone. The process of conversion began immediately after the meeting and lasted, according to Makarenko, three hours " ... a record figure for any sort of conversion," he states (RL II, 332, 339).

In his speech to the Kuryazhites, Zadorov emphasized the importance of the general meeting decisions:

"By our law there's only one way out for anyone who doesn't obey a resolution of the general meeting, and that's out of the door – he can go!" (RL II, 336).

N. F. Ostromenckaja, who worked as an educator in the Gorky colony in Kuryazh for a while, notes that the general meeting decided on matters concerning everyone. During the construction of Kuryazh it met almost daily. Previously in Poltava, Ostromenckaja says that, according to what the educators had told her, there had been general meetings once or twice a week (Ostromenckaja, 1979, 43).

In the Dzerzhinsky Commune there was no question about the general meetings' role as a decision-making body. All the charges took part in the general meetings, including new-comers and staff. Every night at 8:30 a signal called the commanders and the general meeting together. The meetings took place in the "noisy dormitory" ("Lauten Klub"). First the detachment commanders arranged themselves in a row and handed their reports over to the commander in charge, and then a member of the cleanliness detachment, the eldest of the economy council and the commander of the guard detachment gave their reports. This was followed by a discussion based on the reports, and everyone had a chance to speak and ask questions.

After the commanders' reports the chairman conducted the handling of the comments on the reports and the inflicting of punishment, such as, for instance, additional work and denial to go out or to go to the movies (G.W. 2, 78–85; G.W. 7, 34; LL, 302, 342).

In dealing with offenses the accused had to stand in the middle of the floor and give an explanation and answer questions. The commanders did not

have to stand in the middle and their offenses were dealt with in the Commanders' Council. Their personal offenses committed as regular members of the colony, were dealt with in the same way as those of other colonists (LL, 253, 259–260; 304–305). Makarenko says that he seldom inflicted punishment himself. Most punishments were inflicted by a deputy commander in charge, who had limited penal authority (G. W. 2, 84–85).

The general meeting also accepted new members, resolved the awarding of the title 'colonist' based on a proposal of the detachment and a statement of the youth association department, and the division into detachments in the commune (G. W. 7, 35; LL, 135; 335–337). Only the board of directors could change the general meetings decisions (G. W. 7, 34).

It seems that the role and importance of the general meetings became organized and emphasized only at the Dzerzhinsky Commune, whereas the detachments and the mixed detachments were considered by Makarenko the greatest inventions of the Gorky Colony.

## 5.2. Development of the system of detachments

The division of the collective into detachments is one of the main principles of Makarenko's collective education. The detachments already came into being in 1923:

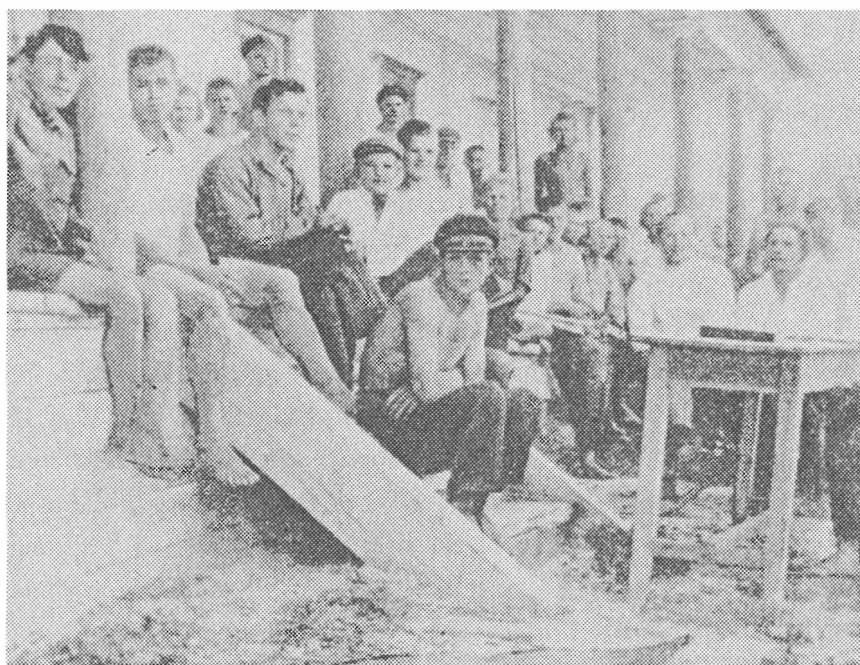
"The winter of 1923 brought in its train many important organizational discoveries, determining, for a long time ahead, the forms of our collective. Of these, the most important were – detachments and commanders." (RL I, 233).

That year the collective did not receive any firewood, and the general meeting decided that the carting of manure should be cut down that winter and the boys should be sent to work in the forests. They gathered the strongest and best clad boys into a group that after a day's work started to make joking announcements:

"Our detachment brought in twelve cartloads today, not less." (RL I, 235).

The word detachment was an expression from the revolutionary period and fascinated the boys who were greatly impressed by the romanticism of guerilla warfare. Makarenko says that he did not want to resist the half-conscious game evoked by the revolutionary instincts, even though the pedagogical scriveners could neither understand nor accept it (RL I, 235–236; II, 367).

The detachment led by Burun continued its function even though the woodcutting was over. Other charges wanted to belong to a detachment as well, and so another detachment was established under Zadorov's command. After that several detachments were rapidly organized (RL I, 236–237).



Picture 4. Colonists, educators and teachers in the Gorky Colony (around 1926).

The system of detachments was established by the spring of 1923, and it was organized on the principle of the division of labor. The cobblers became number one, the smiths number six, the grooms number two, and the pig keepers number ten (RL I, 237). The composition of the detachments was rather stable. With their own traditions, history, merits and reputation lasting even though their members changed (RL II, 368).

In Trepke, the detachments were accommodated in their own rooms for six to eight persons.

"Under this system they were able to consolidate their groupings, and the characteristic features stood out more vividly, making it more interesting to work with them. An eleventh detachment was formed – a detachment of younger ones, organized as a result of the steady insistence of Georgievsky." (RL II, 39).

The discussion of the problems of daily life and the general meeting resolutions thus established the system of the detachments without any one being able to anticipate the meaning it was going to have, not to mention the resistance it was going to provoke among the educators of that time (RL I, 236).

In the Dzerzhinsky Commune, the first eight detachments were formed according to workshops right at the beginning on December 28, 1927 (G. W. 7, 181/3). They tried to accommodate the detachments in common rooms. As the commune grew, the number of the detachments increased as well. In 1932 there were already 32 detachments, and they operated on the principle of production: those who belonged to the same detachment worked with the same machinery or in the same tasks.

The detachment also functioned as a work brigade. After moving on to industrial production in the summer of 1932, the detachments and the productive brigades operated side by side for a while (Hillig and Weitz, 1972,156).

The 10–20 charges working in the same detachment could also be divided into basic units on the basis of their age. When a detachment had several bedrooms, the commander had the eldest ones in the rooms as assistants. The eldest were chosen by the Commanders' Council for the same period as the commanders (G. W. 7, 35, 178).

In choosing the members of the detachments, the principle of production gradually gave way to mixed detachments in regard to age and production. Towards the end, the principle was the pupils' voluntary grouping based on an individual's willingness to work together with someone else in the same detachment (Werke V, 173–175; Glantz, 1969, 75).

### 5.3. Appointment of commanders

"Burun always played first fiddle in the woodcutting detachment, and there was none to dispute this honor with him. Following the rules of the game, the boys began to call him their ataman." (RL I, 236).

Makarenko and the boys got into a dispute about the title ataman, which referred to a leader of an outlaw bandit. As a result, they chose to call the leader of a detachment 'commander' according to the Red Army practice.

In the beginning, Makarenko appointed the commanders himself. Gradually the appointment was left to the Commanders' Council, which thus complemented itself.

"It was long before commanders were appointed by general election and made accountable to the electors, and I myself never considered, and still do not consider, such free election as an achievement," Makarenko wrote when he already was in the Dzerzhinsky Commune (RL I, 237).

Choosing the commander on duty from the charges was already established in the second year. When a teacher on main duty had an overwhelming load of work, one of the senior boys was appointed to assist the teacher, and he wore a red ribbon on his left sleeve as a sign of his task (RL I, 106).

In the Dzerzhinsky Commune, the commander was chosen by the general meeting based on the request of the detachment and the statement of the youth organization for approximately six months. The commander could not be re-elected. The commander of the detachment of new-comers was appointed by the Commanders' Council (LL, 545; G. W. 7, 15, 19, 35).

The task of the commander was exacting:

"A commander ought to keep his spirits up and keep his eyes skinned all the time. He shouldn't be fussy or let his tongue wag too much. He must keep a firm grip on things. Having power is no joking matter, when all's said and done. And it's Soviet power at that." (LL, 544).

A commander was responsible for the discipline of the detachment, tidiness of classrooms and dress, cleanliness of faces and hands, ventilation, keeping the furniture in good condition, and for informing the council of finance of the needs of his own detachment (G. W. 7, 35).

The commander also introduced the members of the detachment to newcomers in the detachment meeting. In the introduction the commander had to "tell the full truth about the comrades, just what he really thinks without any spoofing" (LL, 109). The introduction functioned as a recurring public occasion for giving feedback and evaluation, and it most certainly was not without educational effect.

A newcomer was, however, not permitted to introduce himself:

"We shall see for ourselves what kind you are" (LL, 116).

#### 5.4. Development of the commanders' council

The Commanders' Council was also a product of practice.

"...by spring (1922/K.M.<sup>6</sup>) I was beginning to call commanders' meetings (which the lads gave the new and more pleasing name of Commanders' Councils) more and more frequently. I soon got used to undertaking nothing of importance without calling a Commanders' Council; ..." (RL I, 237).

In the last years of the Gorky Colony the Council met weekly on a regular basis (on Saturdays), and if necessary, even more frequently. Also the other colonists were allowed, and did, participate in the meetings (among others members of the youth detachment) (e.g. RL II, 113–114; Ostromenckaja, 1979, 40).

In the Gorky Colony, the Commanders' Council had a central role in formal decision making. The Commanders' Council was called to decide on Olga

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<sup>6</sup> The dates in RL (in 1923) and in Makarenko's five-year-report (in 1922) are contradictory. The report is most likely a more reliable source (Glantz, 1969, 85)

Voronova's marriage (RL II, 112–117) as well as on Oprishko's plan to get married to a kulak's daughter, which ended in Oprishko's expulsion from the colony (RL II, 152–158).

Makarenko lively describes the event of the charges arrival at the Dzerzhinsky Commune, and their promptness right from the start:

"In less than a quarter of an hour they had organized a Commanders' Council, and Third Mixed began putting up beds." (RL II, 425).

In the Dzerzhinsky Commune the Commanders' Council met every tenth day in Makarenko's room. If necessary, it could be called any time, and according to Makarenko, the time between the signal for the Council and the meeting never exceeded three minutes. The commanders could take older members of their detachments along. Anyone appointed by the detachment could represent it in the Council, and the meetings were not closed for anyone interested in community matters.



Picture 5. A meeting of the commanders' council.

In addition, Makarenko had to yield to the resolutions of the Commanders' Council, unless he took the matter to the general meeting and got its majority on his side. No one, not even Makarenko, hesitated to carry out the Council's decisions (G. W. 2, 69–73). The Commanders' Council was the most important body of the commune administration, and only the general meeting could affect its resolutions (G. W., 2, 125)

Eventually the commanders started to be chosen according to a democratic practice, which did not please Makarenko. In the fall of 1930 the situation in the commune seemed to be in order, but Makarenko was bothered by the fact that the communards were so absorbed in their own hobbies. The lack of interest in common things also reflected itself in the choice of the commanders. A democratic election of the commanders favored the intellectuals, under whose charge the order and cleanliness of the commune suffered, and a sort of an anarchy cast a gloom over the life of the commune. The communards also began to regard work as somewhat repulsive. Only under the charge of five commanders did the commune keep its course (Werke II, 249).

Makarenko's reserved attitude towards the democratic choice of the commanders may be explained through such experiences.

The following spring, 1931, new commanders were chosen, whose task was to take care of the realization of productive and financial plans, construction plans, and to organize a trip to the Caucasus. At the same time they decided to give up the system of commanders on duty. Each commander was on duty in his turn, which, according to Makarenko, was very important for the future of the commune (Werke II, 249).

### **5.5. Establishment of the system of mixed detachments**

In the spring of 1923 the system of detachments was greatly improved. Makarenko considered this invention the most important one during the existence of the commune.

"It was this alone which enabled our detachments to be fused into a real, firm and single collective, with both working and organizational differentiation, the democracy of the general assembly, the order, and the subordination of comrade to comrade.



This composition was – the composite, or "mixed" detachment.

The opponents of our system, attacking so violently "regimental pedagogics," had never seen one of our commanders at work. What mattered much more was that they had never even heard of the mixed detachment, and thus had no idea whatever of the main principle of our system.

The mixed detachment was called into life by the fact that our principal work was agriculture.

...

Work on the land was marked by the continual change of its place and nature, and consequently led to all sorts of divisions of the collective for all sorts of tasks. The absolute authority of our commanders during work, and their responsibility from the very first, seemed to us a most important point, and Fere was the first to insist that one of the members of the colony should be responsible for discipline, for the implements, for the work itself, and for its quality.

...

The mixed detachment is a temporary detachment, organized for not more than a week at a time and receiving short, definite tasks, such as weeding potatoes in a particular field, ploughing a particular allotment, sorting a consignment of seeds, carting a certain amount of manure, sowing a definite area, and so on.

Each assignment demanded different numbers of workers – in some mixed detachments, only two persons were required,...

...

The mixed detachment was always a purely working detachment. As soon as its assignment was completed and the boys returned to the colony, the mixed detachments ceased to exist.

...

The commander of a mixed detachment was also appointed by the Commanders' Council for a week, after which they were, as a rule, no longer commanders in the next mixed detachment, but simply rank-and-file members.

The Commanders' Council endeavoured to make all members of the colony in turn – with the exception of the most glaringly unsuitable – mixed detachment commanders. ...

Thanks to this system, most of the colony members not only took part in work assignments, but also shouldered organizational functions. This was extremely important, and exactly what was required for communist education.

...

The post of commander of a permanent detachment was shorn of much of its importance. Permanent commanders hardly ever appointed themselves commanders of mixed detachments, considering that they had enough to do as it was. The commander of a permanent detachment went to work as a rank-and-file member of a mixed detachment, ...

This created an extremely intricate chain of subordination in the colony, in which it was impossible for individual members to become unduly conspicuous, or to predominate in the collective.

The system of mixed detachments with its alternation of working and organizational functions, its practice in command and subordination, in collective and individual activities, keyed up the life of the colony and filled it with interest." (RL I, 238–241).

A seventh mixed detachment under the command of Zadorov was formed from the students leaving for Rabfak (RL II, 133). Also theatre activities became very popular in Trepke, and by resolution of the Commanders' Council mixed detachments were formed for the theatre. The mixed detachment meant:

"compulsory attendance and no unpunctuality, offenders named in the evening report, the commanders' order, the familiar "Very good!", accompanied by a salute; the slightest dereliction of duty was brought before the Commanders' Council of the general meeting, as breach of colony discipline, of which the result at the best would be a talking-to from me, and a few extra jobs of home arrest on a non-working day." (RL II, 50).

Road robberies were very common in the first year of the colony, and the colonists were often the victims of these robberies. After Kalina Ivanyovitch had been subject to robbery, the colony decided to always send an escort to meet the carts coming to the colony. An escort usually consisted of about ten

persons, and sometimes Makarenko would go along with his revolver. The boys found road duty interesting, but when they started to scare the villagers, Makarenko decided to accompany them regularly (RL I, 62-63).

The colony was also asked to guard the illicit felling of wood (RL I, 63), and it also received permission to destroy illicit stills (RL I, 89). These actions did not deepen the friendship with the villagers, but they kept the boys busy.

Makarenko writes:

"It was not so much moral expostulations or occasional outbursts of wrath, as this fascinating and vital struggle with hostile elements which fostered the first shy growth of a healthy collective spirit. Of an evening we would hold lengthy discussions, laughing our fill, sometimes embroidering upon the subjects of our adventures, and drawing ever closer to one another in the thick of these adventures, till we gradually became that integral unit known as the Gorky Colony (RL I, 67).

## 5.6. Development of collective competition

During ploughing in the fall of 1923, the first and the second mixed detachment started to compete for the largest ploughing area of the day. Makarenko states that the competition started without his interference.

"The first mixed detachment worked from six a.m. till noon, and the second from noon till six p.m. The mixed detachments were formed for a week. The next week the combination of the colony's forces in the mixed detachments had always changed a little, although there was a certain amount of specialization.

Every day, just as a mixed detachment was finishing its work, Alyosha Volkov, our assistant agronomist, would go out into the field with his two-meter level to ascertain the number of square metres ploughed by the mixed detachment." (RL II, 137-138).

The boys began to take an interest in comparing the results of their work, and each mixed detachment tried to beat its predecessor. According to Makarenko, collective competition was not a part of the socialistic system at that

time, and as a result he became the target of criticism of the People's Commissariat for Education and experts on pedagogics (RL II, 138, 171).

Socialistic competition became nationally accepted, and after Lenin's article in Pravda on January 1, 1929, it became propagandized (G. W. 7, 178-179/17). Under Solomon Borisovic Kogan's (Salomon Davidovic LL) control the following production shops were established:

- a mechanical-shop,
- a foundry,
- a machine-shop,
- an assembly-shop,
- and a dressmaking-shop. (LL, 137).

The achievements of the shops were evaluated at the end of each month, and the best shop received the commune banner (G. W. 7, 16). The shops competed among other things in cleanliness (LL, 110), but the competition between the various production shops came to a head in its efforts to get enough money to build a factory for manufacturing electric drills. The production targets were set for three months at a time. The targets and the progress made in reaching them were represented by a diagram on the wall. It was closely followed how each shop got on in reaching its target. In this competition military terms for beating the enemy, retreating, army corps, and conquering were applied. Carpenters, metal workers, and dressmakers (girls) competed among themselves. The major theme in the third part of LL is the description of this collective competition (LL, 436-605).

In the Dzerzhinsky Commune there was a staff for socialistic competition with three members chosen for six months by the general meeting. They worked out norms for the evaluation of schooling, daily life, and discipline. Together with the pedagogical council, bookkeeping of the production, and the Commanders' Council they monthly evaluated the achievements of the shops (G. W. 7, 38).

## 5.7. Beginning of militarization

During the summer and fall of 1922 the development of the colony seemed to have started to decline. The boys got more interested in raids and robberies in the surroundings than in activities useful for the commune. Two leading figures had to be expelled: Mityagin and Karabanov. As a result, apathy found its way to the charges as well as to the staff (RL I, 209–218). The expulsion had some positive effects as well: the raids on the village ceased. Makarenko took the matter as self-evident, and directed activities to new projects.

"I do not know myself, how it was that I took up military training with such ardour – it must have been in obedience to some unconscious pedagogical instinct.

I had some time before introduced into the colony gymnastics and military drill. I have never been a gymnastic expert, and we had not the means to call in an instructor. All I knew was military drill and military gymnastics, and everything appertaining to battle order in a company. Without the slightest premeditation, and without a single pedagogical qualm, I began to train the boys in all these useful branches.

The boys themselves took up these subjects gladly. After work the whole colony came every day for an hour or two to exercise on our drill ground – a spacious rectangular yard. ...

All this was extremely pleasing to the boys, and very soon we had real rifles, for we were joyfully accepted into the ranks of the General Military Training Department, which tactfully ignored our criminal past.

During training I was exacting and inexorable, like a true commander; and the boys thoroughly approved of this. Thus were the foundations of a new game laid, that game which subsequently became one of the main themes of our life."(RL I, 219).

"It was just at this time that the rule was introduced into the colony: to reply to every order, in token of confirmation and consent, with the words "very good!", accompanying this splendid reply with the flourish of the Pioneer salute. It was at this time, too, that bugles were introduced into the colony." (RL I, 220).

After that signals were given with a bugle instead of the bell. The Department of Public Education started to call the colony "barracks".



Picture 6. A.S. Makarenko in the yard of the Gorky Colony (1925).

## 5.8. Future perspectives

Life in the Gorky colony was in all ways filled with poverty.

"With great efforts we obtained two changes of linen and two suits, for everyone. These suits were a mass of patches,..." (RL I, 106).

And there was not only lack of clothing and food, but they also had to keep on fighting against lice and other vermin. Here they also had time to think about their future life.

"It was not very cosy in our empty rooms, illuminated at night only by the floating wicks, whereas after evening tea we knew that we were impatiently awaited by the colonists, with their merry faces and keen eyes, with their endless fund of stories, ... Here the events of our life were discussed, ... , and **our future happy life in the new colony debated.**" (RL I, 107/boldface K.M.).

The discussions at nights with their dreams of and plans for the future helped both the charges and the staff to survive the poverty. Later Makarenko puts it in a more general form when speaking to Bergel, a representative of the Commissariat for Education:

"Perhaps the main distinction between our educational system and the bourgeois one lies precisely in the fact that with us a children's collective is bound to develop and prosper, to visualize a better morrow, and to aspire to it in joyful, common efforts, in gay, steadfast visions. Perhaps therein lies the true pedagogical dialectics." (RL II, 183).

Later Makarenko was much more convinced of the pedagogical dialectics that he invented:

"Man must have something joyful ahead of him to live for. The true stimulus in human life is the morrow's joy. In pedagogical technique this not too distant joy is one of the most important objects to be worked for. In the first place the joy itself has to be organized, brought to life, and converted into a possibility. Next, primitive sources of satisfaction must be steadily converted into more complex and humanly significant joys. A most interesting line can be traced

here – from the simple satisfaction derived from eating a sweet biscuit, to the satisfaction based upon a sense of duty.

...

To educate a man is to furnish him with a stimulus leading to the morrow's joy. ...

...

That person whose behavior is ruled by the most immediate gratification – today's dinner (today's, be it understood) – is the weakest of men. If, however, he contents himself with a narrowly selfish prospect, even a distant one, he may appear strong, but he will never evoke in others the sense of the beauty and true value of personality. The more comprehensive the collective with whose future prospects the individual is able to identify his own, the more beautiful and noble that individual appears." (RL II, 370–371).

Makarenko's orientation towards the future comes up early also in his attitudes towards the past of his charges:

"... as far back as 1922 I had asked the Commission not to send me any more personal records. We quite sincerely ceased to interest ourselves in the past offenses of our charges, and with such success that the latter soon began to forget them themselves. ... even new arrivals were ashamed to talk about their feats." (RL I, 256).

Neither did Makarenko permit visitors to inquire of the charges about their past (RL II, 408).

## 5.9. Educating center

From the first months Makarenko took the responsibility of the pedagogic success of the colony very personally. The conflict with Zadorov showed him the importance of discipline, even though, as it was, it meant hitting a charge or possibly behaving like a dictator. Anyone that is not satisfied with the discipline of the colony may go anywhere he wants to, was Makarenko's clear attitude (RL I, 42–43).



Makarenko lived and worked in the same premises as his charges did. As the premises got larger in Trepke, Kuryazh, and the Dzerzhinsky Commune, Makarenko's study became the center of events in the collective, and there the charges gathered to discuss and debate. When Makarenko in 1927 was at the same time the leader of both the Gorky Colony and the Dzerzhinsky Commune, he seems to have lost his ability to work in silence:

"I now only really felt comfortable when close beside me, right at my desk, I could hear the ring of youthful chatter; only then my thought took wings, and my imagination worked. For this in particular I am indebted to the Gorkyites." (RL II, 428).

"There are days when I forget that they disturb me. During the ten years of my work here I have gotten so used to their noise as do people who live by the sea get used to the continuous sound of waves. And late at nights, when I'm alone in my study, work in the unusual silence does not go too well." (G. W. 2, 67).

Thus Makarenko could all the time be in touch with and aware of the state and the atmosphere of the colony. Makarenko's study was also used for suffering penalties – that was where the charges would be while under arrest – and for the Commanders' Council meetings (G. W. 2, 65–69). All the matters of the communards were always dealt with in Makarenko's room and not in the dormitories. The tradition was that each communard had a right to come in when it suited him and sit in a vacant chair (G. W. 2, 64–65).

In this way Makarenko felt he was the actual educational center of the collective, and as such he believed the charges considered it (G. W. 2, 69). In their comment on this, Hillig and Weitz point out that the educational center later formed an essential element in Makarenko's educational conception (G. W. 2, 132/92).

Also in relation to educators and teachers Makarenko seems to have considered himself as a kind of an educating center. In the situation following Mityagin and Karabanov's expulsion, which was difficult for both the educators and the charges, Makarenko strongly criticizes his educators for their mentality of giving up:

"It's the usual spineless intellectualism that's got you, Ekaterina Grikoryevna, ... the usual whining." (RL I, 217).

Makarenko was especially disappointed with the educators Rodimchik and Deryuchenko in Trepke:

"Rodimchik was just as useless in the colony as Deryuchenko, and even more repulsive...."

as Makarenko describes the educators. Selfishness and laziness drove both educators into a situation where they had to leave the colony. Because of a weak educator, the Trepke community turned out a lazy and whining collective (RL I, 248).

After finding a right kind of an educator for Trepke, a former soldier Pyotr Ivanovich, Makarenko could sigh with relief.

"Pyotr Ivanovich brought with him to the colony a veritable wealth of most fortunate endowments. He had precisely what we needed ... **He took on trust all my pedagogical principles, and right up to the end never doubted anything, thus delivering me from futile pedagogical arguments and chatter.**" (RL I, 267/ boldface K.M.).

All the above shows how much Makarenko trusted his own opinions and judgement. In his plans that he wrote for organizing institutional education for children, Makarenko gives decisive power to the leader, who was meant to be himself:

- The leader has a right to employ and discharge workers.
- The leader will decide on matters concerning construction, establishing workshops, and use of capital (Werke VII, 434-439 and 482-483).

### 5.10. Establishment of a workers' institute in the Dzerzhinsky Commune

When the commune returned from its trip to Crimea in the fall of 1930, it was met with sad news. They were offered places in the workers' institute only reluctantly and without a scholarship. The colonists were told to start with second year classes, which could have meant failing in the examination.

Without a scholarship, those who studied in the workers' institute would have had to live in the commune, which would have changed its nature.

"... it would not have been a work commune anymore, but to a great extent a dormitory for students, there would not have been room for new ones." (Werke II, 172).

In an irresolute state of mind the Commanders' Council and the Komsomol office were called. After heated discussion and debate Makarenko's opinion was asked, and he decided to use his turn at the end of the meeting. Makarenko describes his enthusiasm for the meeting, its discipline, joyousness, determination, and responsibility.

"It is quite clear, comrades, and Judin is right. We don't have to imagine anything, and we shouldn't hang our heads. In one week we will have our own workers' institute, a real institute with all the rights, and not only thirty men will attend it, but half of all the communards, and we will have a first and a second school year. Let us now leave the discussion of this problem, authorize me to deal with this, and in a week I will let you know, how it came out." (Werke II, 175).

When one of the colonists asked whether they would be allowed a workers' institute, Makarenko answered that ten minutes earlier he had not yet thought of the whole matter, but thought now that there would be no doubt about it. All this created an excited hubbub, which always, according to Makarenko, follows the opening up of new perspectives.

In establishing the workers' institute, Makarenko consciously uses the collective and its decision-making bodies as a means of education and motivation. He refrains from giving a solution to the problem, which he had been preparing for a while already, and lets the colonists face the problem themselves and find a solution for it. The colonists, then, were left with the idea that the Commanders' Council in its meeting should establish the workers' institute.

"And that is right. It just didn't happen in the meeting on September 10, 1930, but happened over a period of time in the exertions of the Dzerzhinsky Commune. Our workers' institute was naturally the result of all our work and of our whole life." (Werke II, 176).

On September 15 the commune celebrated the festive opening of its workers' institute. The workers' institute worked under the machine building institute, and it meant a great leap towards a polytechnic teaching and production combine (G. W. 7, 27).

Makarenko compares the establishment of the workers' institute with the historical development, also noted in biology, where in the course of steady development elements of change conglomerate, and then in an explosive manner lead to new revolutionary forms of life.

### 5.11. Introducing wages in the Dzerzhinsky Commune

Because of strong opposition from the pedagogues, Makarenko could not pay wages to the colonists in the Gorky Colony:

"The pedagogical thinkers were convinced that money was of the devil ... " (RL II, 369).

But in the Dzerzhinsky Commune Makarenko introduced wages on April 10, 1930, regardless of any pedagogic opposition. Here the influence of Solomon Borisovich was decisive, as comes out in the discussion between Makarenko and Solomon:

"It is our business to bring up wise people, I hope. And how can a man be wise if he works for nothing?  
 –But do you think ideas are nothing, Solomon Borisovich?  
 –When a man gets wages so many ideas come to him that he doesn't know what to do with them. And when he hasn't got money, he'll only have one idea – who can he borrow from. That's a fact." (RL II, 435–436).

The introduction of wages had solely positive effects: as a result of it, the communards' responsibility and productiveness increased notably (G. W. 7, 19, 26 and 52). From their wages the communards paid 80 per cent to the commune as maintenance, and in addition to that, a small sum was collected.

Makarenko also considers the importance of wages from the point of view of uniting individual and social perspectives:

"Wages help the novice to learn to coordinate personal and social interests, he at once plunges into the complex network of the Soviet Industrial–Financial Plan, of economic calculations and evaluations,

has an opportunity of studying the whole system of Soviet factory economics, and finds himself, at least theoretically, on a par with all the other workers. Last but not least, he learns to value earnings, and does not leave the children's home like a young lady from boarding school who has learned nothing about life and has acquired nothing but "ideals". (RL II, 370; Werke VII, 473).

### 5.12. Idea of a factory in the Dzerzhinsky Commune

The development of production, increase in wealth, and the communards' increased experience in production prepared the commune for the idea of establishing a factory, the roots of which date back to a summer excursion in 1929 to Moscow. In this excursion the communards also visited the youth commune in Bolsevo, which had a real factory with machinery.

"At the sight of this splendor the communards became quite silent and ... jealous. On this day our communards started to dream of a factory, but how long was it still before this dream could come true!" (G. W. 7, 24-25).

"A slogan acknowledged by all began to shine ahead: "We must have a real factory!" The factory began to be discussed more and more frequently. As one thousand after another was added to our current account, the general aspirations for our own factory were enriched by details which became ever more practicable." (RL II, 436).

In the final report on the Gorky Colony by professor Tsaikin, a representative of the pedagogues, the pedagogical utilization of production was totally condemned:

"It may be, from the point of view of material well-being, that this is a useful stimulus, but the science of pedagogics cannot include industry among the factors of pedagogical influence, still less approve the speaker's statements to the effect that 'the industrial-financial plan is the best educator.' Such theories are nothing but a vulgarization of the idea of labour education." (RL II, 440-441).

However, Makarenko and the communards could not forget the idea of building a factory. On February 7, 1931, it was decided that a factory manufacturing electric drills would be established, and the construction work began ceremoniously with the occasion for laying the foundation stone on May 13, 1931. The phases of the construction and the assaults of the communard are described in the book "Learning to Live". Building the factory for electric drills had also a positive effect on the educational process.

"Working with high quality machines did not only bring about an increase in the qualification of the communards, but was also a preparation for working in a modern Soviet factory." (G. W. 7, 20).

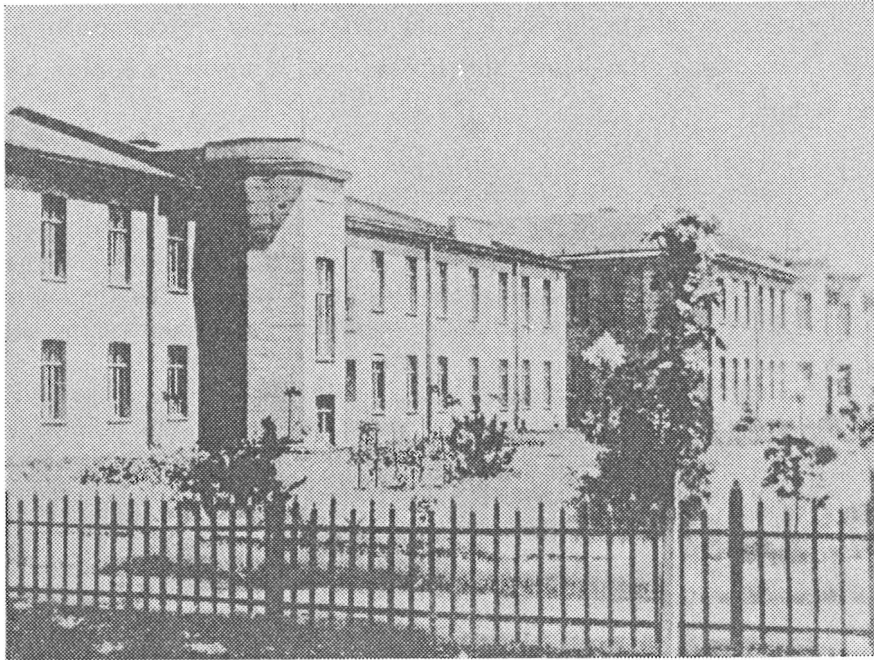
The opening of the factory was celebrated already on January 7, 1932, and the first drill was manufactured on January 11 (G. W. 7, 30).

In starting the factory Salomon Davidovich Blum (Solomon Borisovich Kogan in RL, and Solomon Borisovich in the FD-1 story, Werke II, 165-333), who was assisting Makarenko, played a crucial role. Makarenko describes the arrival of Solomon Borisovich as a happy coincidence. When the commune was suffering from a difficult economic situation, a man who was anything but a pedagogical type would suddenly appear - he was Solomon Borisovich Kogan (RL II, 431).

"We had already completely given up hope in finding a way for the production. And at this moment Solomon Borisovich Kogan turned up on the horizon ..." (Werke II, 180).

Solomon Borisovich' role in organizing production was crucial up to the point when the factory was finished. Between him and Makarenko there was mutual trust and respect regardless of occasional disagreements (Werke II, 177-179). When the factory was finished, Solomon Borisovich, who had up till then been production manager, became manager for maintenance and sales (LL, 606; Werke II, 180).

As the production of electric drills proved successful, they expanded the production for manufacturing photographic apparatus. Makarenko writes that this idea was brought up by a Cheka-man in 1932, not by an engineer or an optician, not even a photographic apparatus designer (RL II, 451). On June 2, 1932 the plans for the camera factory were laid out, and the first cameras (FED) were finished on December 28 of the same year (G. W. 7, 32).



Picture 7. The main building of the Dzerzhinsky Commune.

### 5.13. Development of moving ideas

#### Conquering Trepke

As a result of a wood collecting trip Kalina Ivanovich and Anton Makarenko found an abandoned farm owned by the Trepke brothers, the buildings of which still reflected the prosperity of its bloom. Gradually Makarenko developed an idea of moving the colony to Trepke which would offer better opportunities for farming and cattle raising.

The fact that the colonists heard from a youth association member of Goncharovka that the fields were now cultivated by wealthy Kulak peasants gave a push to taking over the Trepke lands. Makarenko thinks the turning point here was the confiscation of a sowing machine from Onopri Grechsany (RL I, 110–118).

## Reasons for leaving Trepke

After Oprisko's expulsion the Rabfaki students came to the colony for a holiday. In a discussion, Karabanov and Burun brought up the colonists' chances for the future.

Burun: "The point is that there's nothing to do in the colony. There's a hundred and twenty colonists, plenty of workers – and what is the work? Sowing and harvesting, sowing and harvesting. Oceans of sweat for a very small result. It's all so petty.... Another year of it and the boys will be bored and start yearning for something better."

...  
Belukhin: "Of course, it's jolly and all that to work in the fields, but what do we get out of the fields? ... And where are we to go? There's nothing but the engine repair works, and the workers there don't know what to do with their own children." (RL II, 159).

After Chobot, one of the Makarenko's pupils, had hanged himself for unhappy love affairs, Karabanov returns to the idea of transfer:

"... the colony had better get the hell' out of here, before you all begin hanging yourselves." (RL II, 168).

Makarenko also thought about the question:

"I thought of the strength of the colonists' collective, and suddenly I realized what was wrong. Why, of course – how could I have taken so long to discover it? It had all come about because we were at a standstill. A standstill can never be allowed in the life of a collective.

I was as happy as a child. How wonderful! What marvelous, all-embracing dialectics! A free working collective can never mark time. The universal law of general development was only just beginning to show its true strength. The forms ruling the existence of a free human collective implied progress. The forms ruling death – a standstill.

Yes, for almost two years we had been at a standstill – the same fields, the same flower beds, the same carpentry shop, and the same yearly round." (RL II, 169).



The colony was offered a chance to move to the Popov farm on the Zaporozhye island, which seemed to excite the colonists. But even though the idea of transfer to Zaporozhye failed because of the resistance of the Commissariat for Finance, the colonists could not consider staying at Trepke, on the banks of the Kolomak (RL II, 175–186).

On one of his trips to Kharkov, Makarenko found himself in a meeting of a Children's Aid Committee, which dealt with the miserable situation in the Kuryazh colony: 40 pedagogues and 400 charges completely destitute. Yryev invited Makarenko to dinner and suggested that the colony move to Kuryazh (RL II, 187–188).

At first Makarenko and the colonists opposed moving to Kuryazh, but a thorough discussion of the matter in the general meeting and the speech by Kalina Ivanovich made them change their minds (RL II, 198–200).

## **6. SUMMARY OF THE DEVELOPMENT OF MAKARENKO'S COLLECTIVE**

The development of Makarenko's collective was not directed by long-term planning. We can hardly even speak about a conscious development strategy. The collective was developed through the needs, problems and challenges that everyday life brought up. Any member of the collective could bring them up: Makarenko, a member of the staff or one of the pupils. The essential thing was that they were discussed in common, open meetings, which kept everyone informed of the overall situation of the collective and strengthened the feeling of solidarity.

Anyone in the collective could bring up new ideas or they were born by accident as a result of activities or requirements set by the tasks (detachments, mixed detachments, collective competition, etc.). As the collective expanded, the needs of life together changed and led to systematic organization of division of labor and to the establishment of common discussion forums (general meetings). The expansion and success of the collective heightened its self-esteem and the level of aspiration, which could be seen among other things in the

move to larger premises, in the expansion of production, and finally in starting industrial production. Many ideas that were born and carried out in the collective aroused the opposition of outside administration and pedagogical experts (collective competition, militarization, wages and industrial production). Then again, Makarenko knew how to use the outward 'enemy' to strengthen the inner integration of his collective.

## **PART TWO**

## 1. MAXWELL JONES AND THE DEVELOPMENT OF THE THERAPEUTIC COMMUNITY: PREVIEW

Even though the concept of therapeutic community was probably first used by Tom Main, a British psychiatrist, it is Maxwell Jones who is considered the developer of the actual therapeutic community (Kennard, 1983, 50). Before the outbreak of the Second World War Maxwell Jones had made a career as a research worker both in Britain and in the United States. After returning from the United States in 1938 he worked at Maudsley Hospital in London. At the beginning of the war a part of the hospital was evacuated to Mill Hill School, and a neurosis center of 550 beds was established. During six war years some 20,000 neurotic patients, both armed forces and civilian, were treated there.

Within the center, a special unit was set up for the study of armed forces patients who were suffering from effort syndrome. Maxwell Jones was put in charge of this psychosomatic unit. The research unit did not operate under army administration (cp. Manning, 1989, 12) even though the patients were soldiers sent for tests and treatment from the front. During 1939–1945 the unit treated 2,324 effort syndrome patients (Jones, 1948). Effort syndrome was, according to Jones (1952, 2), a psychosomatic complaint with symptomatology of breathlessness, palpitations, left chest pain, postural giddiness, occasional fainting attacks and fatigue.

Jones worked at Mill Hill from 1940 to 1945. In addition to psychosomatic research that received wide academic recognition, Jones' unit created the basis for the treatment model later to be called the therapeutic community. One of its central realizations was the discovery of the therapeutic effect of a pa-

tients' peer group. The therapeutic effect of the patient community was a result of democratizing the social structure of the hospital and introducing common meetings for the patients and the staff (Jones, 1942).

"By the end of war we were convinced that people living together in hospital, whether patients or staff, derived great benefit from examining, in daily community meetings, what they were doing and why they were doing it." (Jones, 1968a, 17).

After the war in May, 1945, a unit was formed and sent to Southern Hospital Dartford, to prepare for the admission of neurotic ex-prisoners-of-war requiring hospital treatment. At that time the army released huge numbers of neurotics for whom there had been not nearly enough treatment and rehabilitation facilities. Jones estimates that there were hardly 500 beds for civilian neurotics. On the other hand, a labor shortage and the Reinstatement of the Disabled Persons (Employment) Act of 1944 that obliged companies to employ disabled people, created favorable conditions for rehabilitation and the establishment of rehabilitation centers.

Maxwell Jones was asked to organize a treatment unit for British ex-prisoners-of-war. This unit consisted of those patients who had the greatest difficulty in adjusting to civilian life.

"... the material sent to us constituted the most maladjusted 1 per cent, of the entire prisoner-of-war group." (Jones, 1948a, 53).

Jones was thus offered a chance to test with almost the same staff as at Mill Hill, the communal and group methods that had been found effective there.

"Again we followed the practice of a daily community meeting, with groups of approximately fifty patients and the appropriate staff." (Jones, 1968a, 17).

This rehabilitation unit that worked in Dartford did well in its task which also comes up in the follow-up study on the results of the unit. The major sociological development at Dartford was, according to Jones, achieved in relations with the local community, the residents and the employers (Jones, 1952, 16).

The result at Dartford increased the interest in Jones' communal treatment, and the Ministry of Health decided to establish a unit for the treatment and resettlement of chronic unemployed casualties at the Sutton Emergency Hospital. An acute shortage of labor drew the attention of the Ministry of Labour to the relatively large numbers of disabled persons who found it difficult to obtain suitable work or settle down in a job.

"The Ministry of Labour Gazette (Feb. 1947) puts the total number of persons registered under the Disabled Persons (Employment) Act at 20th Jan. 1947 as 744,857 (691,759 men; 46,541 women; and 6,557 juveniles). Of these 452,978 had at some time served in the armed forces, while 291,879 had no such service. ... ..

According to the Ministry of Labour Gazette, the number of disabled persons on the register who were unemployed at 20th Jan. 1947 was 78,485 (approx. 10% of the total registered disabled population), of whom ... 12,189 required sheltered employment..." (Jones, 1947, 213).

In his book "Social Psychiatry: A study of Therapeutic Communities" (1952) Jones calls Mill Hill and the rehabilitation unit at Dartford early experimental communities. The first actual therapeutic unit was the Industrial Neurosis unit at Belmont Hospital, later the Social Rehabilitation Unit and in 1959 renamed Henderson Hospital, after the late Sir David Henderson.

Jones worked in this unit for twelve years (1947-1959) with the exception of a few interruptions. The courses of action developed at Mill Hill and Dartford were applied in the unit: community meetings, ward meetings, group therapy and work therapy. In the beginning the patients also worked outside the hospital, but it was gradually given up. Individual therapy also had given way to group therapy.

The last version of the therapeutic communities Jones developed and led, is represented by Dingleton Hospital in Melrose, Scotland. Dingleton Hospital was a big mental hospital with a traditional operation model, where Jones wanted to test the principles of the therapeutic community in practice. During 1962-1969 he managed to develop Dingleton into a working therapeutic community.

But what kind of a man was Maxwell Jones, the pioneer of the therapeutic community?

## 2. MAXWELL JONES' FAMILY BACKGROUND

Maxwell Jones was born in Queenstown, South Africa, on January 4, 1907. He was named after his mother's father Maxwell Shaw. When Maxwell was five years old, his father, William Wilson Jones, died and the mother moved to Edinburgh, Scotland, with her three small children.

Jones' father, William Wilson Jones, who was born near Belfast in Northern Ireland in 1867 and died in South Africa in 1912, was a school teacher. He went to South Africa in the spirit of adventure and fought in the Boer War as a British soldier. Then he became a businessman in South Africa.

Jones says he hardly knew his father, since he was only five when his father died. In a letter (September 14, 1987) he says his father had been intelligent and charming. He was popular, gregarious, and drank too much. In an interview (August 6, 1988) Jones refers to his father's drinking and thinks it was the main cause of his death, and continues:

"I think he did a little university teaching, too. I'm not sure about the details – see, my mother didn't really want to talk about her married life too much because it's been tragic in the end, see, with the alcohol. She never said that but I don't know much about my father as probably most people would because South Africa was a forgotten ... well, in the past, Scotland was a long way from South Africa, and altogether, and her father was in America, so we were pretty isolated."

Jones' mother was also born near Belfast in 1876. His mother died in Edinburgh in 1957. In an interview (August 6, 1988) Jones emphasizes the independence and courage of his mother who was on the first boat that allowed women to return to South Africa when the war was just over. Jones' parents married in Queenstown, and it was there Jones' sister, brother, and he himself were born. To Dennie Briggs, a psychologist and his colleague, Jones described his mother as a quiet and unobtrusive woman who, however, was a firm idealist. She impressed on her children belief in social responsibility particularly through human service (Briggs, 1986, 2/63–65).

Jones' grandfather on his mothers side lived in America, Indianapolis, and was a millionaire. But his mother did not want to go to America. She wanted

to be independent, and provide her children with a good education, which was available in Edinburgh, Scotland.

"My mother was an outstanding scholar at school and was a warm sociable person who was liked by everyone rich or poor, black or white. ... We had a delightful family life relatively devoid of stress. Mother was very permissive and never told us NOT to do things, so the 3 children grew up to be independent and responsible." (Letter from September 14, 1987).

The Joneses' children were born two years apart in South Africa. Maxwell's sister Margery was born in 1903, and his brother Sinclair in 1905. Maxwell greatly admired his brother, who later became a lawyer and judge. According to Jones, his brother did not care what people thought about him, and was not to be molded by them (Briggs, 1986, 2/63-65). Jones told that his brother had been an active socialist and that he had worked as a mediator and legal advisor in international questions with the African countries. His brother died in 1984. He had changed his last name around 1929 to Shaw which comes from his mother's family (Interview on August 6, 1988).

Jones also thought highly of his sister Margery, who he thought was a very likeable, sensitive and cultivated person. Jones found her a good violinist and pianist (Interview on August 8, 1988). Jones told his sister had died laughing in 1986:

"And she died laughing. ... She was very happy talking, and then was laughing, and suddenly she died." (Interview on August 6, 1988).

In an interview on August 6, 1988 Jones states about his brother and sister:

"... in a sense I suppose ... my sibs, my brother and sister, were really quite high at chambers in worldly sense. They ... I mean the arts, music, and travel travelling global, they're not belonging to any country, and I suppose in that sense one always had an international perspective. ...".





Picture 8. Maxwell Jones' father William Wilson Jones, mother Elizabeth Margaret Victor Shaw Jones, sister Margery, brother Gerald (in the sailor suit), greatgrandmother, Mrs Margaret McAulay Victor, and Maxwell (about one year) held by his mother.

### 3. MAXWELL JONES' PROFESSIONAL CAREER

Maxwell went to a large day school, Daniel Stewarts school, in Edinburgh. In the introduction of "Social Psychiatry: The Idea of the Therapeutic Community" he describes schooling:

"I have never been particularly bright and suppose I am what many people would rather generously call a 'late developer'. At day school in Edinburgh I was terrified of what seemed to me to be unnecessarily harsh discipline and felt confused and outraged by corporal punishment. Luckily I had a fairly powerful frame and gained a certain prowess in rugby, which transcended all other values at school. In my final year I was captain of the school rugby team and learnt at first hand and for the first time of the importance of the group morale and purpose, of personal relationships, and of leadership. At the same time I enjoyed reading and became particularly interested in those authors such as the Brontes, Dickens and Dostoyevsky, who portrayed human character with great sensitivity and skill. By the age of seventeen I was eager to express my physical energies in an adventurous life as a coffee planter in Kenya." (Jones, 1968b, 15).

To Dennie Briggs' question "What had you planned to do when you left school?" Maxwell replied that he had planned to become a coffee planter in Kenya when graduated at 18. He did not manage, however, to get two thousand pounds sterling as down payment for a land grant to farm which was required at that time. Instead he started his medical studies at Edinburgh University.

"... I applied to medical school and decided to become a doctor. I didn't see myself as particularly clever or suited for medicine, and so I was prepared to drop out if I didn't do well on exams. Unfortunately, medical school quickly suppressed any impulse I had toward human relations. The whole experience was for me painfully dehumanizing. With virtually no interaction between students and professors, medical school required only listening, memorizing, and regurgitating for exams: a far cry from my interests and ambitions. ... .." (Briggs, 1986, 2/63-65).



ALEX AYTON

42 and 43 Bruntsfield Place, Edinburgh

A. MUNRO.	T. DOW.	I. FAIRWEATHER.	J. GRAHAM.	A. BLYTH.	L. GLOVINE	MR HARRIE.
W. B. SUTHERLAND	P. GOGGINS.	H. P. MATHER.	M. S. JONES (Capt.)	J. N. STEELE.	T. ELDER.	F. HERRALD.
	W. NISBET.			W. GIBSON.		

Picture 9. Daniel Stewart's College, Edinburg, Scotland, first fifteen rugby team (1925-1926) with Maxwell Jones, as captain and seated in the centre of the front row (holding the ball).

Also in the interview on August 6, 1988, Jones says too have been rather unhappy in his student days. He said he hated medicine because of ugly and selfish doctors who had no real sensitivity to patients. When finished with medical school he went into psychiatry which was better but still to authoritarian to him said Jones. Jones wrote (September 14, 1987) that his interest in psychiatry started when he read "Varieties of Religious Experience" by William James at the age of eighteen. Medical studies were the necessary evil in order to be able to study psychiatry. Few people thought of mental health as a career in the 1920s according to Jones (1982, 2). He was given a gold medal by Edinburgh University for his work on the effect of carbohydrates on neurotransmitters.

After graduating from medical school Jones worked for five years under the guidance of the late Sir David Henderson, Professor of Psychiatry at the University of Edinburgh. These are his recollections of that time:

"Sir David's psycho-biological approach was patterned largely on Adolf Meyer's pioneer work at Johns Hopkins University in Baltimore. In retrospect, psychiatry in the nineteen-thirties seems even more frustrating and fragmented than it is today. Anyone with an inquiring mind was driven to seek an orientation which seemed to offer promise for the future and some sort of satisfaction to the patient. Psychoanalytic training offered one such choice, but this was frowned on by the Professor, and out of necessity I was driven to explore the biochemical and endocrinological fields in relation to psychiatry. I studied, worked, and published papers with a biochemist and endocrinologists and at a comparatively young age became a lecturer in psychiatry at the university. I still felt horribly ignorant. At the age of twenty-eight I was awarded a Commonwealth Fund Fellowship and was able to spend two years studying in the U.S. I worked first with an enzyme chemist and later with a biologist at the Universities of Pennsylvania and Columbia respectively, and learnt enough to realize that, with my limitations and the limitations of the field, I would not find the answer to psychiatric treatment in this direction." (Jones, 1968b, 15-16).

After spending two years in the United States, Jones was invited to Maudsley Hospital in London in 1938. Jones joined the research workers, who studied the reasons for mental illnesses from a totally different viewpoint than in the United States: the psychoanalytic viewpoint. However, Jones went on studying organic reasons (Briggs, 1986, 2/2-3).

At this point Jones was beginning to get interested in team work. Regardless of the hierarchical structure of the organization, the team worked well. Gradually he became convinced that for the patients the effect of the team and the social environment was greater than that of insulin treatment. He stopped using insulin, and concentrated on psychosomatic medicine – as a compromise between functional and organic medicine. All this had already happened shortly before World War II (Briggs, 1986, 2/3–4).

After the outbreak of war, on the wish of his superior, Sir Aubrey Lewis, Jones transferred to Mill Hill to lead an experimental research unit. The surroundings of Mill Hill were extremely beautiful, but the hospital still functioned according to the hierarchical tradition: the staff looked after passive patients. Doctors gave orders to nurses, and nurses to their subordinates, and there was hardly any communication between the different levels of hierarchy (Briggs, 1986, 2/4–5).

#### **4. THE FIRST STEPS AT MILL HILL**

##### **4.1. Summary of Jones' central findings at Mill Hill**

1. Development of community meetings based on Jones' lectures on the nervous system and psychosomatic symptoms. Jones found that the community meetings
  - changed the patients' attitudes towards their illness,
  - directed and supported the responsibility oriented and therapeutic effect of the peer group and
  - promoted open communication and broke the traditional hospital hierarchy and barriers.
2. Establishment of the group projection method from performing sketches written by the nurses and later by the patients. This method, later called psychodrama, helped to deepen the discussions, brought the members of the community closer to each other and added to the security of the community.

3. Realization of the fact that the nurses had a central role in bringing the patient and staff cultures closer together.

## 4.2. Introduction

Mill Hill was a public school situated on beautiful grounds on the northern outskirts of London. During the Second World War it was used as a psychiatric center run by the Ministry of Health. An effort syndrome unit of 100 beds was set up under the joint directorship of Paul Wood, a cardiologist, and Maxwell Jones, a psychiatrist. After a year and a half Wood left the unit and Maxwell Jones was entirely responsible for running it.

In the beginning, the wards were operated in a very traditional way: the Sister's (charge nurse's) word was the law and very little free communication existed (Jones, 1952, 2). Patients with effort syndrome were at first treated by the usual psychotherapeutic methods.

"As the understanding of individual symptoms developed it became clear that effort syndrome was a psychosomatic complaint and whatever might be the individual psychological contributory factors, the peripheral mechanisms were much the same in each case. This being so it seemed reasonable to explain to the patients the psychological mechanisms involved in the production of the symptoms" (Jones, 1952, 3).

After two years of individual psychotherapy under rather difficult conditions, it was decided to try a form of group therapy. At first the treatment was tried on a group of 50 patients, the remaining 50 being given individual psychotherapy by other doctors. The method applied was an educational program, the aim of which was to transfer the emphasis of the patients' symptoms from "heart" to "nerves", and to give the individual a balanced view of the world situation (Jones, 1942).

In this program, the role of the nurses proved to be particularly useful. Their main task was to imbue the men with a feeling of group responsibility and make them realize that much more than simply their own future was at stake. The awareness and responsibility of most patients was limited to a concern for their own symptoms and family matters. Some had reflected on the

reason for their conscription or had stopped to consider what they were fighting for. Consequently, it was no wonder that the only thing to look forward to in some men's minds was to be exempted from the army.

To expand the awareness and responsibility of the men the above mentioned educational program was organized. Another task of the nurses was to show what kind of an impact the men's attitudes had on their friends and families. The nurse first tried to improve the man's self-regard by getting him to talk about his former work and successes and, having established rapport, tried to arouse his interest in some activity within the army. General reading was encouraged, particularly periodicals, because the more serious articles gave a much greater amount of information than the daily papers (Jones, 1942).

It was comparatively easy to alter the conception of heart disease to one of "nerves". Among themselves and with the nursing staff the men had much less tendency to discuss their symptoms than previously, and the number of men returning to army duty was higher than at any time since the unit started. The results seemed to be better than what had been reached with any previous method (Jones, 1942).

Soon the model of treatment began to change towards more open and democratic interaction.

"The Sister ceased to be a liaison between the other nurses and the doctor and free direct communication between those two groups was encouraged; in the same way the nurse was expected to communicate freely with the patient and came to play a leader role, e.g. she frequently kept a ward log book where the fourteen patients in her ward recorded some of the problems affecting the group, and described how these problems were met through discussion. These early changes in the community structure threw a considerable strain on the Ward Sister who felt that her authority was being undermined; in fact the whole development almost broke down as a result of the anxiety aroused in the senior nursing group. Luckily the Medical Superintendent and Matron supported the reform and without this sanction the development would have had to be postponed." (Jones, 1952, 2).

Since 1942 about two thirds of the patients suffered from mixed neuroses, mainly anxiety states and mild depression, and only one third of the patients had effort syndrome. The primary aim of the unit was the treatment of the patients' neuroses and the method used consisted of group talks, group projec-

tion methods, and general organization of nurses, doctors and patients (Jones, 1944).

The described methods of group treatment aimed at educating the subjects, but this form of treatment in no way obviated the need for individual psychotherapy, stated Jones.

### 4.3. Beginning of community meetings

The nurses were divided into two shifts. Each nurse was given two wards to look after, and she was encouraged to spend all the time she could in the ward. Two nurses' lectures were held each week: one was purely for teaching and the other was a community meeting primarily concerned with ward policy. Constant revision and scrutiny of group methods by the nurses and the doctors concerned were carried out.

In addition to increasing the men's general social awareness, a part of the above mentioned educational program was to give the men systematic information about their symptoms. It was calculated that it would take approximately twelve hours to give the soldiers enough information about the anatomy and physiology of the body to understand their conditions. One hour, three times a week was devoted to the study of the central nervous system and its normal and abnormal functions.

The knowledge of the physiological mechanism of the illness relieved the men, and they started to talk about the circumstances that had caused them stress and about their fears concerning the future:

"What did people think about them no longer being in the war? How would they be seen by their families and friends when they returned home? Questions like these." (Briggs, 1986, 2/8).

At the beginning, one hour a week was set aside for a community meeting of the entire ward – patients, nurses and doctors. The patients were encouraged to suggest improvements in the ward organization, raise criticisms, and if possible, their suggestions and difficulties were dealt with on the spot so that they were given an immediate feeling of accomplishment, or their idea was rejected



without delay. This occasion was also used for bringing up any difficulties the nursing staff might be having with the patients, and for making announcements of general interest. Good fellowship, communal discussion of problems, and the use of 'cured' patients to encourage the newcomers were the main objects of the meetings (Jones, 1944).

The common room in which the talks were held was the most attractive room in the unit and completely decorated and given bright curtains by the patients and the nurses. The walls were covered by paintings done by two nurses and one patient. The paintings illustrated the nervous system and the story of 'Nervy Ned's' recovery from his neurosis.

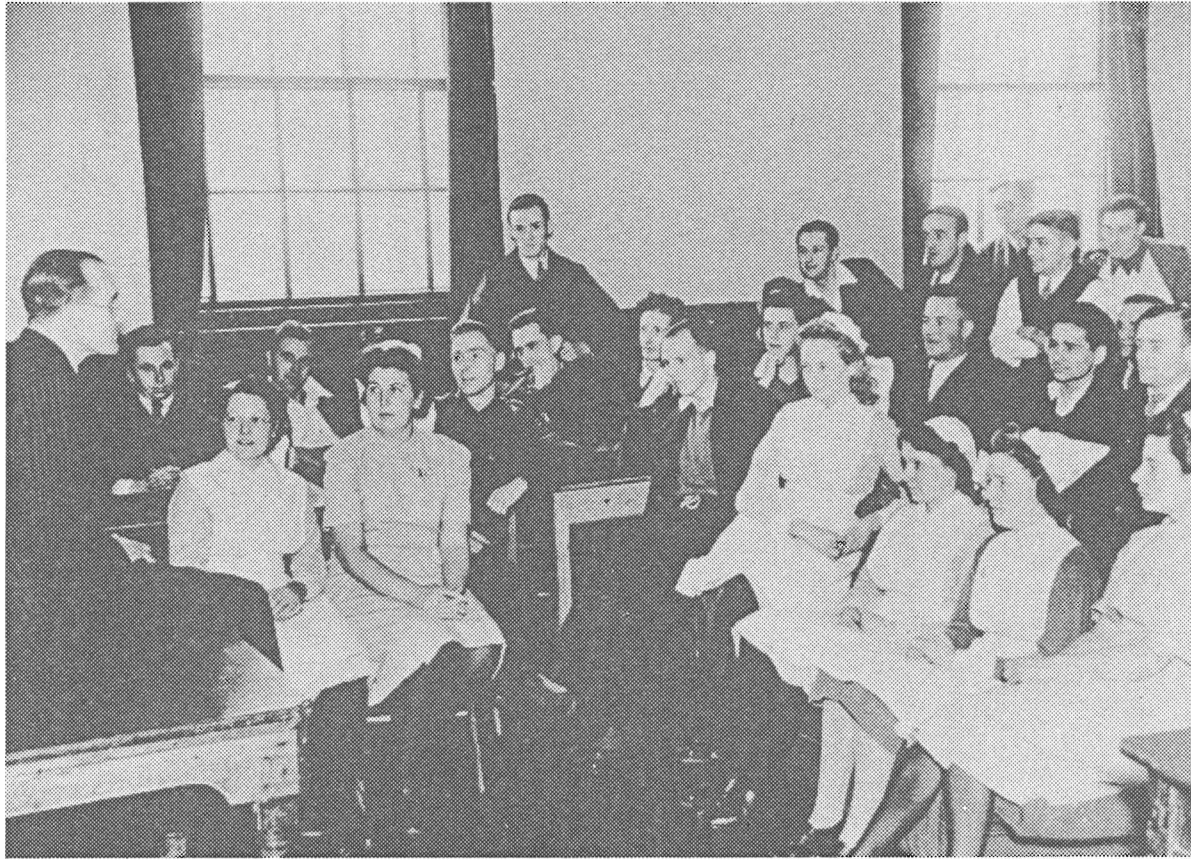
#### **4.4. About the influence of community meetings**

These talks had a great positive value. The soldiers became more active and the role of the staff became supporting and more passive. Those who had been longer in the hospital taught the newcomers the mechanisms of the illness, and did this in an understandable language. This educational technique did not remove the symptoms, but was able to change the attitude of the majority of the patients towards their symptoms. All of this grew out a deeper responsibility not only for helping but also for the whole community.

It became evident that the discussion group was more than an educational meeting; it was affecting the whole social structure of the ward. Patients began to use the opportunity afforded by the discussion group to raise problems bearing on the ward life (Jones, 1944; 1952, 13; Briggs, 1986, 2/12).

It was surprising that the patients could talk about these matters in a group of a hundred people. The community became closer, the discussions spread to the wards, and the men wanted to also talk with the staff in smaller groups.

Performing weekly psychodramas liberated the atmosphere. On paydays some patients got drunk in the local pub and caused disturbances and fights after returning to the ward. At first the soldiers demanded military punishments from the staff, but when the staff did not yield to that, they themselves started to bring up such events in the community meetings (Briggs, 1986, 2/17).



Picture 10. Maxwell Jones (seated on the table) with patients and staff at Mill Hill.

According to Jones (1952, 14), the treatment was thought of as a continuous process throughout the entire waking life of the patient while in hospital. The patient was reacting not only to the therapeutic interview with the doctor but to the hospital community and in much the same way as he reacted to communities outside the hospital.

"We began to think that a study of these real life situations might be expected to give more information about the nature of the patient's problems than personal history recounted under the highly artificial conditions of an office interview."

The original hospital hierarchy was broken down, free communication between all the groups established and daily discussions for the whole community started (Jones, 1952, 14).

#### **4.5. Keeping a patient diary**

Ms Pat Howard, Jones' colleague from Mill Hill, reflects on his cordial relationships to his subordinates and on his efforts to change the hospital traditions. Among other things Jones read the patient files to the nurses and wanted to discuss them. Jones also asked each of them to choose a few patients towards whom they could show human interest and a willingness to understand. He also asked them to keep a diary of their feelings towards the fourteen patients in the ward, how they behaved themselves and what they thought would be best for them (Briggs, 1986, 2/8-10).

Jones states roughly the same idea:

"From the beginning I shared all my knowledge and discoveries with the nurses so that they felt an integral part of the project. They added their observations of the men's behavior and so on. When the team decided to share our findings with the soldiers, the nurses immediately found a new function -- that of teaching." (Briggs, 1986, 2/10).

#### 4.6. Creation of psychodrama

A method later called psychodrama was started at Mill Hill under the concept of group projection method. The group projection method comprised plays produced by the nurses and the patients. No stage, curtain or props were used, and the plays had the form of short sketches.

##### Patients' plays

Each of the eight wards took it in turn to write and produce a play about the stories of ex-patients, or sometimes the story was based on a problem of one of the patients, who usually remained anonymous. The plays lasted 10 to 30 minutes, and were followed by a discussion. The theme was never fully worked out, but the audience was asked what they considered the most satisfactory solution to the problem raised in the play. To complete the hour, the doctor made a summary using various viewpoints that had been expressed to illustrate the advantages of intelligent assessment of a problem and pointing out how during the play and the subsequent discussion new light was shed on the problem and how everyone's initial viewpoint was modified.

The ultimate aim, according to Jones (1944), was to let the patient see his problem clearly enough to be able to deal with it himself. The themes usually centered on marital problems, parent-child relationships and education.

##### Nurses' plays

Having passed through various experimental phases, the nurses' weekly play settled down to two separate 'serials' which ran concurrently. The nursing staff was divided into two shifts which interchanged morning and afternoon duties each week. The same shift was on duty every second Monday.

One shift presented a family made up of a hysterical mother and three daughters, one a psychopath, one a schizoid, and the youngest a hysteric like the mother. The father (played by one of the doctors) represented 'normality', but was unable to cope with the vagaries of his family. Every fortnight the family was called upon to face a fresh problem and the way each personality

type tries to cope with the same problem. It incidentally appeared that acting out this kind of family had great possibilities in training nurses for psychological medicine.

The other shift's play was more ambitious and it depicted the psychiatric out-patient clinic. The setting was authentic and actual case histories were portrayed. The problems and personality types were familiar and the patients had no difficulty in projecting themselves into the situations presented. The whole machinery of general psychiatry could be condensed and brought into view within the space of a few minutes; case taking, interviewing relatives, probation officers and social workers, letters to the court and to factory doctors and administrative heads, and all the ramifications from psychiatry to education, social life and the home could be brought out.

The progress of each case could be followed every fortnight, and the audience was given a glimpse of what happens at the actual interview (Jones, 1944). Thus they had ended up with psychodrama by January 1944, and the use of drama became a weekly occurrence. At the same time J. L. Moreno was developing psychodrama, but at that time Jones was quite unaware of his work (Jones, 1952, 14; Baker, Jones, Merry & Pomryn, 1953; Briggs, 1986, 2/16).

#### **4.7. Role of the peer group**

Gradually the older patients started to tell the new ones about the physiology of the illness, and thus took the task of Jones and the staff for themselves. The patients became more active and the staff more passive, giving their support to the development. The new patients acquired the knowledge from the older patients much faster than from the staff, because they knew how to express things in an understandable language.

One of the patients was a journalist and took notes on the lectures in shorthand, so that later on all the patients could make use of them. This, in turn, led to a diversification and deepening of the discussions. The patients wanted information and discussion about the reasons for anxiety, depression and stress among other things. All of a sudden everything seemed chaotic and we were not quite certain what we were getting into, Jones states. But the atmosphere was very enthusiastic.

The importance and responsibility of the peer group also gained ground in questions concerning ward regulations and maintaining order. At first the patients thought that settling personal disputes and inflicting punishments was a responsibility of the staff. When the staff would not agree to this role, the patients started to take responsibility for order and obeying the rules in the unit. After the war Jones got a chance to apply his experiences to the rehabilitation of soldiers returning from captivity (Briggs, 1986, 2/14).

#### **4.8. Problems with development**

The development at Mill Hill was by no means steady or uncomplicated. The traditional hospital hierarchy, especially the nursing staff, created problems daily. The nurses worked under the charge nurse's (Sister's) command, and she could not accept the free and cordial interaction between the nurses and the patients. Mill Hill was also the only hospital where the doctor's files could be used by the whole staff.

The situation drifted into open conflict one morning when Jones came to work. The nursing administration just could not accept the deviations of the unit any longer. The rage became so violent when unleashed that Jones was afraid they might attack him. The noise was so loud that Jones' colleague, Dr. Maclay, rushed out of his room to help him. The tension in the hospital did not disappear even later, but the awareness of the support of the medical director Dr. Walter Maclay forced the opponents to bear the situation in one way or another (Briggs, 1986, 2/18-19).

## **5. DARTFORD AND THE REHABILITATION OF PRISONERS OF WAR**

### **5.1. Summary of the central development features of Dartford**

1. It reinforced the experiences of the community meetings and the psychodrama of Mill Hill.
2. Influenced the community outside the hospital and organized work situations opened up a new viewpoint, and forcing the creation of new courses of action, which are the first references of the development of community psychiatry.
3. The follow-up study of the effects of the unit and its positive results reinforced the courses of action of the community and the self-image of the staff community.

### **5.2. Introduction**

Jones states that he was lucky to be able to transfer with his staff from Mill Hill to the rehabilitation center for prisoners of war, where they had a chance to carry on the courses of action developed at Mill Hill.

After the Second World War 300,000 prisoners of war returned to their home country. Not everyone could, however, adjust to civilian life after years of captivity. They had been living in hunger, fear of death, and they had been alienated from their friends and families. Some of them had acquired antisocial behavior which they could not abandon on their own. They were worried about what their families and friends would think about them and whether they still would be capable of sexual relationships. The former prisoners of war were possessed by various feelings of guilt. For the ones suffering from the most difficult adjustment problems 17 rehabilitation centers with social rehabilitation were quickly organized (Jones, 1952; Briggs, 1986, 2/21-22).

One of the units was formed at Mill Hill Emergency Hospital in May, 1945, and transferred to the Southern Hospital, Dartford. It was a part of a

large general hospital in a town of 35,000 inhabitants twenty miles from London (Jones, 1946; 1952, 15). Jones describes the beginning of the unit as follows:

"I took along a staff of 59 and we set up this unit where we could handle 300 ex-prisoners at any one time. They were housed in cottages of about 50 men in each, So we thought this arrangement ideal to form small social units as well as a total community." (Briggs, 1986, 2/22).

Each cottage or block was divided into four wards (Jones, 1948a). There were six to seven self-contained cottages. The staff consisted of nine doctors, 45 female nurses, one psychiatric social worker, one occupational therapist, one full-time disablement rehabilitation officer (D.R.O.) and one vocational psychologist. Most of them had been working earlier at Mill Hill Emergency Hospital.

"During the eleven months the Unit was in being, twelve hundred patients were dealt with, the average length of stay in hospital being six to eight weeks. Each block rapidly became a small community with its four wards forming smaller sub-groups; the social structure of these communities followed the pattern of the Effort Syndrome Unit at Mill Hill." (Jones, 1952, 16).

### **5.3. Functional structure of the unit**

Each unit started with a daily community meeting, the topics of which were chosen for each day. The meeting, reserved for unit matters, proved to be particularly important. In the community meeting the men's behavior was openly discussed without threat of punishment. Worries about returning back home were discussed, and feelings that had long been suppressed broke out. In rather a short time the men took responsibility in running the cottages (Jones, 1948a; Briggs, 1986, 2/23-24).

Daily talks were held from 9 to 10 a.m. in each cottage, and the mechanisms of psychosomatic symptoms were discussed on two mornings; on the third morning a documentary film was shown and followed by a discussion.



The fourth morning was devoted to a play written and produced by the patients with the help of the nurses, and it was followed by a discussion. They proved to be a perfect opening. Many of the men had developed skills in drama while in the camps, where putting on plays had been one of the few forms of recreation in which they could freely participate, reports Jones to Dennie Briggs (1986, 2/23-24). The fifth morning was devoted to a community meeting in which all problems bearing on the running of the block were discussed and dealt with on the spot (Jones, 1946; 1952, 16).

### Work therapy

The men worked daily two hours in local factories, offices and farms. From 10 a.m. to noon and from 2 to 4 p.m. the patients were taken by bus to various occupations outside the hospital. Some patients were too ill to be sent out for work therapy, and a carpentry shop was available in the hospital for them. Patients were allowed to change their occupation as often as they wished.

The effect of this therapy was twofold. The repatriates were able to re-enter for short testing periods the society they were endeavouring to return to, and secondly, the first-hand contact with a particular job was invaluable in those cases where the future employment goal was still uncertain. The work therapy helped greatly in determining the placement of patients when they left the hospital after being discharged from the army, because the aim of the unit was to arrange definite employment before discharging a patient from the hospital (Jones, 1948a; 1952, 16-17).

### Leisure activities

The entertainment committee met weekly, and had one patient and one nurse to represent each block. Lively and active cultural life bloomed in the leisure time. Numerous plays were produced and acted before large audiences, and within a few weeks of its initiation a unit newspaper, called the Grapevine, had come into being. It continued to be produced weekly, and contained a constant fund of humor and vivid illustrations. It also provided space to point out real or supposed defects in the hospital organization. The nurses arranged dance

classes one hour a week in each block for patients who were unable to dance (Jones, 1946, 1947).

#### 5.4. Discipline and morale

Even though the aim was to give the patients as much freedom as possible in running the unit, to get them to organize their own leisure activities, and any spontaneous self-expression was welcomed, discipline was rigorously enforced.

"We believe it is essential to show the patients that we are in earnest, and it matters to us that they attend occupation or P.T., etc., 100%. The rule is to give one explanatory warning, and if a second offence occurs the patient is considered to have failed to cooperate fully in treatment, and he is recommended to be posted or treated at a military hospital, where he would come under stricter military discipline." (Jones, 1946).

"Contrary to our expectations they demanded a figure of authority, and although free discussion of disciplinary problems was always kept up, any positive action was left to doctor in charge. The pattern followed in any serious breach of discipline, was to have a friendly talk with the patient explaining the social structure of the unit, and the need to maintain this structure in order to give security to the patient population as a whole. It was explained that there was no personal malice involved, but that if the trouble continued the man would have to be sent to another community; in practice this meant being sent to a certain Army convalescent depot where the psychiatrist was fully informed regarding the case, and no punitive action was taken. Periodically discharges of this kind did occur, but the method seemed to work well in that, patients seen for a second time knew they would be discharged, accepted the situation as a reasonable one, and displayed little or no hostility." (Jones, 1952, 18).

Jones emphasizes the effect of community morale on the men's rehabilitation.

"It was immediately and strikingly obvious that the morale of this community was of the utmost importance for the outcome of the patient's stay. Patients, particularly the older and more intelligent ones who served to induct newcomers into this new but transitional society, and also nurses contributed to the building of the high

morale. It was, however, chastening to observe that the chief factor was the behavior of the psychiatrist. A falling-off of group morale was perfectly perceptible when the psychiatrist began to slacken the pace of his work ... .. During the first two weeks of the unit's existence ... the doctors were on the wards for longer hours than at any subsequent time, and morale was at least as high." (Jones, 1948a).

### **5.5. Relations to the local environment**

The relations with the local community were particularly favorable. The war had just ended and public sentiment was very friendly towards the ex-prisoner-of-war. The men were still in uniform and their presence soon became known to the majority of the population of Dartford. No less favorable were the relations to local employers: over seventy local employers gave their active support to the hospital.

The local employment exchange of the Ministry of Labour also gave all possible assistance, and the hospital was granted a full-time Disablement Resettlement Officer by the Ministry of Labour (Jones, 1952, 16-17).

### **5.6. Results**

The men stayed in rehabilitation for approximately six to eight weeks. During the project that lasted eleven months there were about 1,200 men in the center. A follow-up study carried out on 100 ex-prisoner-of-war patients proved that 88% were improved or completely improved at the Dartford community. It was a good result when taken into consideration that this was the group of the most disturbed ones out of 100,000 men (Jones, 1948a; 1952, 16-19; Briggs, 1986, 2/25).

At Mill Hill Jones was convinced that physical and psychosomatic symptoms could be relieved by changing the environment. Now he became con-

vinced that behavioral disturbances could even more easily be cured in a democratic system.

"By the middle 1940's I was firmly convinced that we were on the threshold of an important new treatment model in mental health, but I didn't know at that time what direction it would take – or where it would take me", states Jones in his conversation with Briggs (1986, 2/25).

## **6. HENDERSON HOSPITAL**

### **6.1. Summary of the central development features of Henderson Hospital**

1. The proven methods and courses of action at Dartford and Mill Hill including the community meetings, therapy groups, work groups and psychodrama, were put into practice right at the beginning in order to create a democratic community. They turned out to be useful again, but were not sufficient enough with the difficult patient population.
2. Post mortem meetings, later to be called reviews, became settled through the training of new nurses. After the community meetings, events within work and therapy groups were reviewed in a group. A record was kept of the group discussions and they were reported at the community meeting every morning. This later became a fundamental part of Jones' creation of social learning based on the analysis of common experience.
3. Working outside the hospital was given up. Work was seen as a part of the therapeutic and rehabilitative process. Work inside the hospital was considered more appropriate since the many aspects of work could thus be studied together.
4. Family therapy groups were started on a social worker's suggestion.
5. Development of the staff community and constant studying of roles and co-operation organized the therapeutic culture.

6. The role of the patients was activated not only by the community meetings but also by choosing patients as leaders of the work groups.
7. The therapeutic effect of the whole community with its courses of action and daily programs was realized and constantly analyzed.
8. Research served from the beginning in the development of the unit. The research gave information about the success of the unit function and in addition to that, it also helped to analyze and to evaluate the ideology and the therapeutic culture of the unit.

## **6.2. Aims and patients of the Industrial Neurosis Unit**

Positive experiences from rehabilitating ex-prisoners of war encouraged the government to try something similar with people who were chronically unemployed. So the Ministry of Health joined forces with the Ministry of Labour and Pensions, and opened what was to be called the Industrial Neurosis Unit, which had a hundred beds and was a part of Sutton Emergency Hospital, which later changed its name to Belmont Hospital, and in 1959 to Henderson Hospital.

The number of persons registered under the Disabled Persons (Employment) Act in 1947 was about 750,000, out of which approximately 8% were classified as neurotic. The unit's ultimate function was to treat persons with neurosis plus employment difficulties and to study the problem of 'the chronic unemployed neurotic'. This group constituted a large part of the so called 'hard core' unemployed, who are met in every branch of medicine. Although in some cases they may have an obvious physical complaint, this complaint does not adequately explain the degree of personality and social disorganization which is found.

The aims of the unit were:

- "1) to study a sample of this group and as far as possible understand its clinical characteristics,
- 2) to give appropriate psychiatric treatment,
- 3) to decide on the most suitable job,

- 4) to arrange resettlement, preferably while the patient is still in hospital, and  
 5) to test the effect of these procedures by carrying out an adequate follow-up study." (Jones, 1952, 25).

The patients were individuals who right from the beginning had been kicked out of society and who probably had not experienced friendship or support in their whole lives. About 20% had a criminal record, a prison sentence, and some came straight from prison to treatment (Baker, 1952).

According to Jones (1952, 25-26), the population suffered in the main from chronic neurosis and character disorders of a kind usually considered unsuitable for treatment by psychotherapy or physical methods. They were difficult to classify and included inadequate and aggressive psychopaths, schizoid personalities, early schizophrenics, various drug addicts, sexual perverts and chronic psychoneurotics.

The diagnostic distribution of the first 237 patients in the Industrial Neurosis Unit comes out in the follow-up study by Joseph Sandler.

TABLE 2. The diagnostic distribution of the 237 patients in the Industrial Neurosis Unit of Belmont Hospital (Sandler, 1952, from table 41, 136).

Diagnosis	N	%
Predominantly depressive state	18	7.6
Anxiety features predominant	41	17.3
Hysterical features predominant	38	16.0
Aggressive psychopath	13	5.5
Inadequate psychopath	56	23.6
Organic (including epilepsy)	20	8.4
Schizoid character - schizophrenia	29	12.2
Paranoid character	3	1.3
Obsessional features predominant	9	3.8
Other diagnosis	5	2.1
Undetermined	5	2.1

In conversations with Dennie Briggs (1986, 2/38) Jones described his patients as follows:

"But this new group had been shuffled from pillar to post and to survive had developed skills that alienated them from society. ... Many (women/K.M.) had been involved in petty crime most of their lives, some had resorted to prostitution so that their relations with men had been primarily exploitative. The men, on the other hand, without acceptable work habits, had developed real skills of manipulation and were engaged in criminal activities, often with violence; most were experienced 'con men'."

The average length of stay in hospital was from two to four months. A certain number stayed for considerably longer periods of up to a year. Others stayed a much shorter time and some even left of their own accord within a few hours of arrival in hospital (Jones, 1952, 29). The length of stay of the first 237 patients appears in the following table.

TABLE 3. Length of stay in the Industrial Neurosis Unit of Belmont Hospital (Sandler, 1952, from table 4, 123).

Length of stay in the Unit	N	%
1 - 30 days	36	15.2
31 - 60 "	67	28.3
61 - 90 "	58	24.5
91 - 120 "	33	13.9
121 - 150 "	16	6.7
151 - 180 "	9	3.8
181 - 210 "	9	3.8
211 - "	9	3.8

Of these 237 patients 21 (8.9%) were female and 216 (91.1%) male (Sandler, 1952, 122). The age distribution of the first 237 patients of the Industrial Neurosis Unit on admission was as follows.

TABLE 4. Age on admission of the 237 patients of the Industrial Neurosis Unit of Belmont Hospital (Sandler, 1952, from table 1, 122).

Age on admission	N	%
16 - 20 years	18	7.6
21 - 25 "	59	24.9
26 - 30 "	58	24.5
31 - 35 "	45	19.0
36 - 40 "	19	8.0
41 - 45 "	18	7.6
46 - 50 "	13	5.5
51 - 55 "	5	2.1
56 - 60 "	2	0.8

### 6.3. Beginning

To Briggs (1986, 2/38) Jones told about his starting points:

"Wanting to avoid the outer conformity so often found in mental hospital, only to be abandoned when the people return to the community, I set out to establish an effective democratic social system, starting from where we'd left off in the ex-POW centers. I wanted a minimum of rules and a flexible arrangement so that patients could be responsible to themselves and learn from their behavior, rather than conform through fear of authority."

The beginning was not, however, without problems despite the previous experiences Jones and the staff had. The patients in the Industrial Neurosis Unit were more problematic and neurotic than the ones at Dartford, and the previous methods could not be applied as such to the new community. Jones describes the creating of contacts with the patients at the beginning of the community:

"We don't know how to treat you. I don't know anything about the East End (London). I can't even understand your accent at times. A patient might respond: "Who the bloody hell are you?" And I got to the point where I could reply: "Well who the bloody hell are you?"



Not very therapeutic in the classical sense, but then we would be eye-ball to eye-ball and could begin to work together. I got started because we simply didn't have a treatment methodology at that time. But we had some clues. And from there it just progressed. Things took shape. We always considered the community group as crucial. Everyone sat in a circle with eye-contact." (Briggs, 1986, 4/44).

### Development of rules

"The only ground rules we began with were that one person spoke at a time and not for too long; the speaker usually could not be interrupted, and so on.

Dennie: Who established these rules?

Max: The group, of course – patients and staff together. It was an evolutionary process, and it took a great deal of trial and error; touch-and-go much of the time, especially in the beginning. The community set their own rules, which they could then call their own and identify with -- which is only common sense.

That's why you can't codify the therapeutic community. If people are allowed to establish their own rules, they are more likely to respect them than if the very same rules are imposed on them. That's how the idea of participation and decision-making by group came about." (Briggs, 1986, 4/44-45).

## 6.4. Staff

The staff of the unit comprised four psychiatrists, one psychologist, two psychiatric social workers, two disablement resettlement officers of the Ministry of Labour, five occupational instructors, one research technician, and a total nursing staff of about twenty.

### Nursing assistants (social therapists)

In the 1950's there were 11 social therapists in the Unit. They were young women who had usually studied some form of social science (Baker, Jones, Merry & Pomryn, 1953). Jones describes the first use of social therapists:

"... I no longer had the young nursing assistants who had been conscripted during the war. So, we were given a few nursing positions and I had to recruit and train them. Because I believed that the young women we had in our earlier projects were the key to what had happened, I set up a new position, called "social therapist". We didn't have to train them this time in nursing medicine, and didn't think that would be necessarily desirable anyhow, so were free to set up our own program to meet our needs.

...

We soon found it almost impossible to find young people in Britain who wanted to work in this setting, for low pay, and with no opportunities for advancement -- it was a dead-end job.

About this time, we had a social work tutor from Norway come to visit us in the unit -- ... -- and she was impressed, she asked if she could send some of her students to get experience." (Briggs, 1986, 2/39).

This is how having social therapists from Scandinavia was started. The advantage in this practice was their democratic character and that patients could in turn teach them the language and culture. Their presence also improved the morale of the patients and the staff, for they were full of life and ideas (Briggs, 1986, 2/40-41).

## Nurses

The work of the nurse was seen from the viewpoint of an authoritative, social and therapeutic role. The nurse should support the official line of the community and in a conflict situation take the side of *the authority*.

"The nurse should realize that the patient community needs a positive discipline in order to protect it from its more anti-social elements, so that in carrying out her authoritarian role she is meeting a community need." (Jones, 1952, 37).

In her *social role* the nurse was to actively try to find out what each individual in the ward was doing and be helpful, if necessary active and initiatory, but also capable of leaving one alone. Sometimes a hysterical patient seeking for attention or a patient serving the nurse's personal needs received an unreasonable amount of time, even though the one who would most need it and



Picture 11. Patients and staff group at Belmont Hospital, later known as Henderson Hospital. Maxwell Jones wearing glasses.

would get the most use of it was the patient sitting alone in the corner rejecting all attempts at approach. It was important to preserve the professional role even though the patients constantly tried to make sexual suggestions. What they usually needed was a secure mother-figure.

The core of the nurse's *therapeutic role* was to interpret or transmit the unit culture to the patient, encourage and support the patient as well as to get him to participate in the various social, work, and community treatment activities such as psychodrama. In discussions with patient's neurotic problems the nurse must limit herself to a purely 'supportive' or encouraging role and not attempt any interpretations. It could be argued that in order to understand and to cope with the patients' acting out reactions and other transference reactions towards herself, ideally every nurse on the unit should have been psychoanalyzed.

## Doctors

The doctor's role in relation to the patients may be considered in five main aspects: social, supportive, exemplary, activating and interpretive.

Doctors participated freely in the unit's social situations and functions. Such a social role modified the patients' concept of the doctor in the direction of a more benign authority. In his supportive role the doctor helps the patient in every possible way to attain some realistic goal in the workshops, in dancing and in all the therapeutically orientated activities of the unit.

The community meetings with the entire patient population afforded an opportunity for education or modification of behavior by example. At almost every such meeting hostility was expressed towards the doctor. This was met without any reprisals or expression of anger but by some explanation, interpretation or accepted without comment. These were instances of teaching by example and were important in the development of the unit culture.

The psycho- and sociodramas afforded opportunities for patients to act out or to test the possibility of change. Apart from large group discussion and psychodrama, interpretation can readily be used in the small therapeutic groups and in individual treatment (Jones, 1952, 40-41).

The doctors also saw patients in individual, psychoanalytically oriented therapies. The therapy hours had to be restricted to half an hour about three times a week due to the number of patients per doctor in the unit. Only about

five per cent of the patient population could be afforded individual psychotherapeutic treatment. The patients stayed in hospital from three to six months on average (Freeman, 1952, 69–84). Later group therapy and community meetings were expanded at the expense of individual therapy (Jones, 1954), and finally individual therapy was completely given up.

All the unit problems were handled in the community. This applied to the staff as well as to the patients, and generally it could be said, states Jones (1954), that it took longer for the new doctor than for the new patient before he could discuss his anxieties with the community. The doctor's training and understanding of his role tended to make him solve problems by himself rather than to seek help from the patients and other staff, concludes Jones.

#### Relations between doctors and nurses

As stated above, the unit was working as a part of the Belmont Hospital. The unit's doctors and nurses used a common cafeteria with the main hospital staff. The main hospital staff doctors and nurses used to sit at separate tables, whereas the unit staff tended to be drawn together. While surnames were used more commonly than Christian names among the main hospital staff, the unit doctors and nurses usually used Christian names.

The relationship between nurses and doctors was under constant review at the staff meetings and often resulted in considerable tension. This applied in particular to matters bearing on the traditional (hospital) relationship between the sister (charge nurse) and the other nurses. Considerable anxiety and jealousy had at times been experienced as a result of what had been interpreted by the sister as the doctor's intrusion into the nursing sphere. Difficulties of this kind were inevitable in view of the wide differences between the unit culture and the established traditions of nursing. However, they had been lucky in having had two sisters during the life of the unit, both of whom were able to adjust to the new traditions, Jones states.

Daily contact with the nurses in tutorials etc., and the whole social structure of the unit created an unusually good understanding between nurses and doctors. The fact that most nurses had not had a nursing training, that some had training in the social science fields, that the majority came from foreign countries, and that they all had applied to work in the unit as a result of a par-

ticular interest in this type of work, had considerably simplified the establishment of a good nurse-doctor relationship (Jones, 1952, 42-43).

Unreserved and friendly relationships between doctors and nurses are essential for fruitful treatment. According to Jones (1959), there was inadequate provision in most psychiatric hospitals for communicating information that would enhance knowledge of patients' ordinary social behavior. This constituted a serious, sometimes a crucial loss of treatment opportunities. The doctor may exchange limited information with the charge nurse, but the canons of confidentiality inhibit even this channel. It was rare that the informal contacts of junior nursing staff and patients are made a part of the explicit treatment program.

#### Role of the Disablement Resettlement Officers

The role of a D.R.O. in a therapeutic community was to help in estimating the patient's ability to work, to give them information about the Disabled Persons (Employment) Act and to help them with vocational guidance questions. The internal structure of the unit helped the D.R.O to study the patients under different conditions and to get acquainted with them as whole human beings (Jones, 1952, 43-49).

#### **6.5. Role of the patients and the peer group**

It was not easy to define the role of the patients. It was rather thought of as an anticipated role, which the patients were helped to accept and learn by community methods. The unit afforded the new patient a wide range of roles from which he or she was largely free to choose for him- or herself. The effectiveness and the value of the various social therapy techniques could be assessed by their success in converting potential into actual social and vocational roles which should, of course, be in conformity with the treatment aims of the unit and the needs of the individual patient.

The patients' peer group influence was thought to contribute to the rehabilitation of the individual patient. If some of the patients have come to accept

the unit culture, then this factor may support a new patient's acculturation. In this sense it may be said that the role of the patient included a potential therapeutic function in relation to other patients.

According to Jones (1952,51), their insistence that the whole day's program must be considered as a part of treatment, and that no patient was excused from attending the discussion groups, workshops, etc., forced the patient to participate in social situations. He might well have resented this, but he was given the opportunity to ventilate his resentment in the group meetings.

"It might be said that the more the patient culture approximates to the Unit culture, as represented by the staff, the greater will be our effectiveness in treating new patients. ... In the early stages of our development the anxieties generated by the extremely difficult anti-social type of patients we had to handle, together with the need to protect our relatively young and inexperienced nursing staff who stay with us for only six to twelve months, led to a rather authoritarian type of regime. This is gradually changing and increasingly more responsibility is being taken from the doctor's role and transferred to the other personnel including the patients. Thus we are now testing our voluntary attendance at work therapy and the Unit discussion groups." (Jones, 1952, 51-52).

The educative and therapeutic effect of the peer group is dependent on the state of the community. The leaving of patients who have internalized the community culture may lead to social disintegration, especially when the new admissions who replace them have strong aggressive and anti-social trends.

"The tensions in the patient and staff population may rise, and the community seems to get progressively more disorganized. Every patient attends several community meetings and at least one therapeutic group every day, so that these tensions will be discussed and analysed, and in the process the meaning of the anti-social behavior becomes better understood. Frequently a split appears between the older patients and the new patients, and some of the older patients may regress to former patterns of anti-social behavior. The anxiety and lack of security may lead the older patients to join in the criticism of the staff by the newer patient. Why is there no treatment, why do the staff do nothing to correct the disturbed state of the wards after lights out, the food which was praised a few weeks previously now comes in for bitter attack, and so on. The threat of disintegration seems to lead to a need for reintegration just as seems to have happened in so many of the P.O.W. camps in Europe ..." (Jones, 1954, 69).

Psychopaths are used to the fact that their aggressive behavior annoys other people, which is, in fact, what they are trying to get at because it relieves their feelings of guilt. By establishing the idea of unjust treatment they attempt to rationalize their revengeful sadistic attitudes. Their undeveloped social conscience is a result of the absence of understanding and security in the early parental relationships. A secure community where the patient instead of punishment receives feedback of how his behavior affects other people helps him to alter his behavior and to build better relationships. In addition to this he is offered positive and responsible roles that support his self-image.

"The patient begins to identify himself with the aims of the unit and a suitable role for him at this stage is to be invited to serve on the reception committee of older patients who introduce new patients to the Unit during the first few days of their stay." (Jones, 1954, 70-71).

Over a period of twelve years, Jones writes in 1959, the tendency has been for the patient's role to become progressively closer to the roles of the staff, with whom they share most decision-making in the area of their own interests and participate in most treatment situations. In line with this trend many new values came into being: thus the concept of privileged communication has been largely given up by the staff and been replaced by the norm of sharing even the most intimate material with the group (Jones, 1959).

## 6.6. Discipline in the unit

The administration of discipline was left to the doctor in charge.

"Defaulters reported by the nurses are seen each morning by the senior doctor and nurse. The situation is discussed and some attempt made to understand the motive behind the misdemeanor. If the patient is too ill to be responsible for his behavior the matter is regarded as a symptom, and the problem is referred to the doctor concerned. If, on the other hand, the defaulter is considered to be well enough to be responsible, an attempt is made to explain to him the



need for any society to establish its own standards of behavior; - these needs have been discussed on frequent occasions in the discussion groups, where the patients clearly demonstrated their need for a disciplinary authority as a means of protection for them against known and hidden dangers. In this sense the defaulters have gone against the culture of the group, and we try to explain to them the need for some discipline in order to preserve the existing group structure. If, following such an explanation, a defaulter persists in his anti-social behavior, then the question of discharge from the unit may have to be raised. This is never done without discussion with the doctor concerned, and there must be an adequate disposal available so that the man's mental health is not adversely affected. Inevitably the problem becomes known to the patient body who raise it at one of the daily discussion groups. In actual fact we have come to accept the fact that there are certain psychiatric cases (mostly severe character disorders) which cannot be absorbed by our therapeutic community as it is at present constituted." (Jones, 1952, 42).

In July 1952 the daily 8.30 a.m. meetings 'defaulter' were initiated to handle disciplinary problems of patients. The doctor leading these meetings did not play an authoritarian role and the meetings rapidly changed towards a therapeutic direction (Baker et al., 1953).

### **6.7. Functional structure of the unit**

Jones, with his staff, also had to develop their working methods after Mill Hill and Dartford because the patients at Henderson were more difficult.

#### **Receiving new patients**

All patients were seen on admission by the doctor in charge, and after a short talk referred to one of the unit psychiatrists. The admission procedure was regarded as important, and when the patient was informed about a vacancy in the unit, he was given a written description of its organization which clearly distinguished it from the lay concept of a hospital. After having seen the doctor in charge, the new patient was taken around the hospital, shown the workshops, etc., and accompanied to meals on his first day in hospital by a patient who

had volunteered for this reception work. New patients all arrived on Mondays (ten patients were admitted per week), and were examined by the psychiatrist within twenty-four hours of admission; they saw the psychologist as a matter of routine in the first week, and the Disablement Resettlement Officer and Psychiatric Social Worker as soon as the psychiatrist thought this was indicated (Jones, 1952, 26).

### Daily order

"The patients' day follows a definite pattern; breakfast is over by 8 a.m. and from then until 9 a.m. the patients do their fatigues designed to keep the ward tidy. Every week morning from 9 a.m. to 10 a.m. there is some form of community meeting attended by all the patients on the Unit, the nurses who can be spared, and any of the other Unit staff who can afford the time. ...

...

Briefly, on Monday there is a Unit conference when the patients air their grievances or make constructive suggestions. Problems raised are discussed fully, and we aim at solutions agreeable to the majority. The doctor in charge invariably takes this meeting since whenever possible final decisions are made without delay; we have found it important to work through a problem at the time it is raised, otherwise it is liable to arouse anxiety or lead to the growth of rumor. On Tuesdays, films dealing with job training, social problems, rehabilitation, etc., are shown on a sound projector. Wednesdays and Thursdays are devoted to a discussion group taken by one of the Unit staff, and on Fridays a psychodrama is presented. From 10 a.m. to 12 noon and from 2 p.m. patients are at their occupations as already described; from 4 p.m. to 7 p.m., if well enough to be granted a pass, the patients may leave the hospital grounds. From 7 p.m. until bedtime, at 9 p.m., they have an organized social programme prepared by a committee elected from among the patients, this is readily censured at the group discussions should it fail to cater for all needs.

In addition to the usual socials, whist drives, concerts, dances, etc., there are beginners' dancing classes, play reading groups, and an art class; indeed any creative activity is encouraged. Ample facilities exist for such games as cricket, football, tennis, badminton, etc. These social activities are constantly referred to as part of the treatment; the nurses actively participate, taking care to encourage the more backward and inhibited patients, and avoiding the temptation of 'seduction' by the more attractive ones." (Jones, 1952, 29).

Uniforms were not used nor patches indicating official rank. Common meetings, therapy groups (doctors' group), work groups, ward meetings and staff meetings formed the daily program. A record was kept of all group discussions, and it was read out at the community meeting every morning.

## 6.8. Community meetings

In addition to vocational problems and those concerning work, the patients' difficulties were also due to problems with their personal relationships. That is why it was important to create a high morale within the staff community. In the beginning the senior psychiatrist met the patients, the nurses, and the doctors three times a week. In these meetings they openly discussed all difficulties of administrative nature, and sought solutions which were satisfactory to the majority. In this way the needs of each level of the community could be made known, and no one level was overlooked or victimized (Jones, 1947).

Later on they started daily community meetings, which began in the unit every morning at 9:00. These meetings, which lasted an hour, dealt with a sociological topic. The topics were chosen by the doctors, social workers, disablement resettlement officer, psychologist, or even a guest speaker. The meetings had little opportunity for dealing with individual problems but they were more valuable in affording the opportunity for the appearance of disharmonious factions within the community. They afforded, of course, a setting for reality testing. There was no formal leader in the meeting. A short introduction was followed by a general discussion (Jones, 1952, 29; Baker et al., 1953). Topics beared directly on the life of the ordinary working man such as:

"Should husband and wife spend their leisure time together?, or various problems relating to the upbringing of children, attitude to authority, etc." (Jones, 1952, 55-56).

The impression of the staff was that their work in the meeting was done largely at a feeling level and there was very little gain in insight for the majority of patients. On the other hand, in the small discussion and therapeutic

groups the patients had better opportunities to work through situations with gain in insight.

It was believed that all this could have a socializing value, as whatever the dynamics might be, the most rebellious or inhibited patient was subjected to a group experience, and the group did literally include all these divergent types in its loosely knit but nevertheless real structure. The doctor must of course avoid, if possible, becoming emotionally involved, or at least he must not show that he is; daily experience of this type of benign authority had probably got considerable value, especially in view of the fact that most of the patients came from broken homes where parents all too frequently had expressed their anxiety in intolerance and aggression directed towards their children, states Jones (1952, 57).

In 1959, the year Maxwell Jones left Henderson Hospital, he stated that treatment had moved progressively in the direction of patient participation in practically all treatment and administrative activities. This implied an increasing limitation of individual psychotherapy and growth of community and group treatment situations (Jones, 1959).

Robert N. Rapoport (1960, 93-95) describes community meetings from the viewpoint of the unit culture:

"While it is recognized that treatment occurs here, and that there are powerful social forces at the disposal of treatment aims in such a group, the principal aims of the community meetings are those of social control. The actual devices of social control are varied. Much of the work of the meeting is taken up in data-gathering - but specifically on cases of deviant behavior within the Unit's set of normative regulations. Early in the research the 8.30 meeting was divided into two sections, the first of which was given over specifically to naming 'defaulters', and having them discuss their deviant behavior. Their names were compiled by the social therapists and night staff, and matters dealt with consisted of such social deviations as lateness or absence in the ward, absence from the community meetings, disorderly behavior in the evening, and so on. In keeping with the general democratization trend, this group was absorbed into the larger 'community' meeting, and instead of being named by staff, the 'defaulters' were incorporated into a regular patients' news bulletin, read by the patient who was chairman of the entertainments committee, which also functions as a 'patient government' group.

The patients' entertainment committee consists of elected representatives from each ward. They are important opinion setters, and represent the patients as a group for variety of transactions with the staff.

Those patients who are especially sensitive to the public exposition of social deviation tend to see the community as a punitive session and compare it with a criminal court. The distinction that the staff emphasize between this group and outside social control agencies is that there is collection of evidence and judgement (about what is 'reality') in the Unit, but not punishment. Patients are confronted with the 'reality' of their deviant behavior and its effects on other individuals and on the system as a whole (e.f., getting the Unit into trouble with the hospital authorities or the police, and thus endangering its survival), but the intended consequences of this confrontation are not punitive so much as educational. While everyone recognizes that shame functions as a powerful social sanction, the purpose of the discussions is not to arouse feelings of shame or guilt. These feelings, where mobilizable, are seen as sometimes useful in bringing about changes, but it is the change itself that is sought whether through the use of guilt and shame or through rational consideration, or substitution of new patterns for the old. Patients who see this 'educational' aspect of the community meeting as focal tend to compare its sessions with those of schoolrooms, stressing the amount they have learned in a straight educational sense about 'life' and 'people' in these sessions.

From the staff point of view, the meeting, whatever treatment/rehabilitation value it may have for patients, is an essential channel for communications. In this group a variety of functions considered necessary for system-maintenance are fulfilled. Only through fulfilling these functions can those who hold formal responsibility gain enough reassurance about the consequences of their policies of democratization and permissiveness to carry on without excessive anxiety. All the Unit's personal resources - those of staff and patients - are, in this group, mustered to account for the deviant behavior that is prevalent in the Unit. The knowledge of this deviation level gives the staff one 'social barometer' that helps them to judge the advisable limits of permissiveness. The situation is gauged not only by the actual number of deviant episodes brought to life, but by the manner in which they are handled. When the Unit is functioning well and the patients are constructively oriented to joint enterprise, these meetings are therapeutically productive. Communications are relatively free and frank, attitudes towards the Unit and its work are positive. When the Unit is not functioning harmoniously, apathy and 'non-U' approaches (e.g., punitiveness, moralizing, domination) may characterize both staff and patients in interaction.

This constant collective activity is seen as valuable by the Unit in terms of catching emotional problems as they are 'hot' - 'lancing the boil' at the crucial moment - rather than asking patients to contain their feelings until a formal treatment time the following day or

week. To delay communication on emotional problems is seen as less effective than dealing with them on the spot, and also as literally impossible with this type of patient, who is distinguished by an incapacity to defer the immediate translation of feelings into activity."

## 6.9. Psychodrama

The psychodrama, which had been started already at Mill Hill, consisted of dramatized episodes from a patient's past life. According to the model of Mill Hill, the plays constituted in the beginning of plays written by the nurses about out-patient situations and by the patients about their own problems. These were performed on alternate mornings. In a scene from a psychiatric out-patient department the case records of ex-patients were used, a nurse or a patient played the part of the ex-patient, and a doctor played his own role. The problem was developed, but interrupted before an active treatment program had been outlined. In the following discussion the patients were expected to indicate what active steps they would take to deal with the problem were they in the doctor's place. The whole machinery of psychiatry could be brought into such scenes - e.g. the Psychiatric Social Worker, Probation Officer, D.R.O., and so on, and the patients were really made to think what treatment in psychiatry means (Jones, 1947).

At first the writers remained anonymous or claimed that the characters were fictitious, but later on the patients wrote the plays and played their own role. The patient chose his own cast from the patient community and from the nurses, and it took a week to rehearse and produce the play. The play usually took about half an hour to perform, and was attended by the entire patient population, staff and visitors.

The main function of the psychodrama was thought to be supportive. The patient's defences were strengthened and some of his attitudes might have been changed, but there was no insight into his emotional problems. Regardless of the tensions aroused, the psychodramatic group never seemed to give up. A production appeared every Friday. Also to the other members of the cast the psychodrama offered an excellent opportunity to play a useful social role.

The audience participated freely in active discussion which invariably followed the psychodrama. Frequently they were asked to come out on the stage and act out a situation which they had been discussing, along with the appropriate members of the cast. This procedure seemed to add much more than a merely verbal contribution does. Individuals in the audience inevitably identified themselves with the characters in the play, and adopted certain attitudes.

The group had changed since the beginning until 1952. According to Jones, the attitude was one of much greater responsibility than formerly towards the person whose problem was being dramatized, and the group participation in the discussion afterwards was correspondingly greater. The plays usually raised very intimate questions and often invited censure. The fact that great tolerance and understanding were invariably shown must have helped to restore social confidence, not only in the individual directly concerned, but in all the patients who had identified themselves with their fellow-patient (Jones, 1952, 65-66).

### 6.10. Work therapy

In the beginning the patients went to work in normal work communities such as shops, firms, factories, farms and the Government Training Centre. Opportunities to work depended on the goodwill of the local employers. The patients did not participate in the work as normal workers but in the same way as in the Dartford rehabilitation center, as observers who might help with simple tasks when asked to do so, but never replaced other workmen. They simply familiarized themselves with working conditions, obtained some idea of the degree of skill required for various jobs, and tried to decide whether they wished to seek such work on leaving hospital (Jones, 1947).

Later on work outside the hospital was given up in favor of therapeutic aims, which were better reached by work – occupational therapy – done inside the hospital.

"At one time ... we sent patients to selected work on an unpaid basis in various firms in the locality and also sent a certain number of

patients for trial work periods in the local Government Centre of the Ministry of Labour. We have discontinued both these practices because we have come to think that treatment in the work situation is of major importance and an outside work situation cannot be used for this purpose." (Jones, 1960).

If the patients in question had been long-term ones who would have become alienated from work outside the hospital and for whom, for example, the wages would have been important, the situation would have been different from the viewpoint of rehabilitation. By using the method described above with short-stay patients, the patients themselves came to see the workshops as part of treatment and will no more expect payment for the work as they would for attending one of the doctor's groups (Jones, 1960).

### **6.11. Occupational therapy**

Occupational therapy covered all occupations carried on at the workshops within the hospital. The workshops included haircutting, plastering, carpentry and bricklaying for the male patients, and handicrafts and tailoring for the female patients, each with its own instructor. No attempt was made to train people for a trade. The aim was to have conditions of work which approximate those of a factory with the men doing semi-skilled work.

The patients did not make things for themselves, but as far as possible, were engaged in work of social value; they had, for example, converted a large room into numerous small offices for the doctors, and improved the amenities around the tennis court by levelling the ground and building an ornamental wall. Most placements after leaving the hospital were in the unskilled field, so that it was important that the work done in the hospital should approximate as far as possible to the working conditions they would find outside.

The routine work day lasted from 10 a.m. to 12 a.m. and from 2 p.m. to 4 p.m. A nurse went around the workshops daily to check the attendance, and it was constantly stressed to the patients that attendance at the workshop was part of their treatment and full co-operation was essential (Jones, 1947; 1952, 26-27).



Each workshop had an elected foreman who kept in touch with the instructor. At the end of the daily work period the foreman had a talk with the group, and another patient worked as a secretary to keep a record of what was going on in the workshop. On Fridays the whole week's work was evaluated. The foreman evaluated his own action. A new patient was chosen foreman for the following week. In addition, the staff also participated in the workshops.

A comprehensive report for the evaluation of a patient's employability was written shortly before he or she was due to be discharged. Based on the evaluation the patient was either recommended either to go straight to normal work, to occupational training or to sheltered employment.

The patients came from all over the country. There was no special area for recruiting the patients because Henderson worked from the beginning under the National Health Service. In the beginning the patients came from lawcourts and prisons, but gradually psychiatrists and social welfare offices started to send them. Some even came on a friend's recommendation (Jones, 1944; Briggs, 1986, 2/46).

## **6.12. Methods of psychiatric treatment**

The treatment consisted of psychotherapy, insulin treatment and electrical convulsive therapy. Abreactive techniques with ether or solidium were used very rarely, as was the operation of leukotomy (Jones, 1952, 30). By the late fifties electrical convulsive therapy was abandoned, and even drugs were seldom used.

The doctors ran therapy groups that consisted of patients under their responsibility. These doctors' groups met four times a week. According to Pomryn (1952) there were two kinds of groups: group A with all of his 16-28 patients, and group B with six patients selected from the larger group. Meetings with these six patients were held for an additional hour on four mornings each week, and the group complemented itself by choosing a new member from group A to replace one who had left.

The effects of the large therapy group were mainly educational and supportive.

"Social pressure as experienced in a group does seem to bring about modifications in personality even though the individual remains unaware of the mechanisms involved. Where possible interpretations have been made but in the main the handling of groups by the leader has been intuitive." (Pomryn, 1952, 95).

In a smaller group the doctor applied a form of uncovering therapy and thus a greater measure of insight was achieved.

Listening to music and drawing were introduced into the group activity. The patients and the leader met three times a week and heard a recording of a complete classical work. The patients were also asked to draw whatever came into their minds while listening to the music. Then each one described what he had drawn and was encouraged to try to indicate what the drawing implied, the others in the group commenting in any way they wished. In the other group, drawing alone was used (Pomryn, 1952, 91-92).

### **6.13. Other activities**

#### **Lectures**

In addition to the above mentioned topics on sociology, lectures on the functioning of the nervous system were carried on in the same way as at Mill Hill and Dartford. One of the doctors talked about the functioning of the nervous system and the mechanism of the production of symptoms, which was followed by a discussion (Jones, 1947).

#### **Family groups**

Family groups started on the initiative of a social worker and some nurses when they had to do home calls. At first they took some patients along until it was decided to have family groups as a part of the rehabilitation.

### Dancing lessons and weekly socials

Dancing lessons for non-dancers in the unit were given by the nurses, and weekly socials where patients invited 20 girls from a nearby store were included in social rehabilitation. Concerning the weekly social, the patients were responsible for all the arrangements, their own band, novelty acts and so on (Jones, 1947).

### Seminars with professional visitors

By 1955 a new community technique was developed: two-hour seminars on Friday mornings with professional visitors. The majority of the staff was present and the patients were represented by 8 different volunteers each week. Usually the patients started to speak about their hostility towards the unit and the staff members, which drew the staff into the discussion. These seminars afforded to the staff opportunities to learn a great deal from the interdisciplinary subjects and they could not only test the patients' concept of the unit culture but also learn something from the reaction of a trained outsider (Jones, 1956).

## **6.14. Relationship to the main hospital and the administration**

According to Jones, there were difficulties with the main hospital from the very beginning. The head nurse interfered in the unit's matters regardless of its semi-autonomous relation to the main hospital. Jones was often obliged to act as a peacemaker between the unit and the head nurse, and others as well. He was offended by the perpetual politeness and rationality that he had to display to ensure the unit's survival (Briggs, 1986, 2/52-53).

Problems were not limited to the inside of the unit bar also when the patients paid a visit to the local pub. In crisis the patients identified themselves strongly with the unit and its fate, which at the same time strengthened the

community. The community itself required that an offender bear the responsibility for the consequences (Briggs, 1986, 2/54).

The superintendent of the main hospital organized a committee to investigate the unit's activities authorized by their highest employer, the Regional Hospital Board. His aim was to suppress the unit.

"The committee was stacked with orthodox psychiatrists, and when our hearing came up, they grilled me and the rest of the staff for the better part of three days. I kept my temper luckily throughout the inquiry and the staff, who were much more sophisticated than most of their judges, handled things actually very well. But a lot of the inquiry focused on me and my personal life." (Briggs, 1986, 2/55).

The committee was dissolved, but the superintendent tried again through the National Health Service. Word about the work of the previous committee had spread around and most of the London psychiatrists refused membership. The work of this committee ended up in a tour of the unit, and its chairman invited Jones to lecture in his hospital (Briggs, 1986, 2/55-56).

Jones also heard from the church because of rumors about immoralities:

"As I approached Church House, adjacent to Westminster Abbey, I was suddenly terrified: without the support of peers, I felt very vulnerable indeed. I kept fantasizing that I was about to appear before the Inquisition! I had decided that my main tactics would be to wear out my inquisitors and not to be defensive. And that's just what I did.

After four hours they could produce no evidence to support the charges of immorality, which when they got down to it centered on rumors that girls were getting pregnant in the Unit and some references to homosexuality." (Briggs, 1986, 2/57).

At last the unit gained a sovereign position and independence from the main hospital. Also the spreading knowledge about the treatment method and its general acceptance strengthened the position of the unit (Briggs, 1986, 2/58).

### 6.15. Development of the unit culture

Great efforts were invested in developing a suitable hospital culture in an attempt to resocialize the patients. The weekly consideration and discussion of the therapeutic role of each staff member within the community, the attempt to become aware of group tensions and how to deal with them, the attempt towards free communication between the various patient and staff groups, and the educational discussion groups all aimed at helping the patient find a satisfactory role in the hospital community.

Central aspects of the unit culture were also the emphasis on work, the prestige given to this goal by the staff (particularly the nurses), and the attempt to give the patient a vocational role while still in hospital. There was no occupational therapy as is commonly understood in hospital practice and the term 'work therapy' was preferred. If the patient had any particular abilities as shown by vocational testing, he might have been sent on trial to the local Government Training Centre where he could try out a trade. This emphasis on the vocational role in people who had been unemployed for some time had probably a strong socializing influence.

There were times when a 'healthy' attitude towards work was largely absent in the group. It was in just this kind of a situation that the attitude of the staff was so important in maintaining the group culture. In general, such situations were met by a free discussion of the problems with the patients and separately with the staff. It was usually possible to get some insight into the dynamics of the situation although frequent meetings were sometimes necessary. But although such fluctuations were constantly occurring, it was surprising how consistently the general cultural outlook was maintained regardless of an intake of about ten new admissions per week (Jones, 1952, 66-67).

The constant dealing with problems and their handling in groups and community meetings led to a rise in the community level. The common meetings of the staff and the patients resulted in mutual education, and even in reduction of the use of medication.

"The trained staff member is forced to review some of his traditional attitudes and is unable to retreat to his safe position of omnipotent silence. For instance, in most psychiatric hospitals sedatives are used in large amounts. ... The community has slowly changed its attitude until it is now accepted by everyone that our previous practice of

giving sedatives was in the main a defense against difficulties (both patients and staff) which were much better dealt with by verbalization or other forms of acting out in the group or community meetings. Little distinction is made by the patients between the use of sedatives and of alcohol. The latter is seen in the main as a regressive symptom in this case not only confined to the patient but frequently involving the staff as well. The staff's need to give sedatives has been freely discussed and was seen to reflect the anxieties of doctors and nurses at least as much as it was used as a specific therapeutic procedure." (Jones, 1956, 649-650).

Robert N. Rapoport, an anthropologist, spent four years (1953 to 1957) working with the staff of the Social Rehabilitation Unit. The first year Rapoport spent in familiarizing himself with the structure and function of the unit while also making close contacts with the patients. After that a research staff was established consisting of anthropologists, sociologists, psychoanalysts, a psychologist, a psychiatric social worker and a statistician. The research staff worked with Rapoport for two years.

Based on discussions with the staff, interviews and observation, the research workers came up with a description of the ideology of the Jonesian therapeutic community including the following, often quoted themes:

- "a) 'democratization'
- b) 'permissiveness'
- c) 'communalism'
- d) 'reality confrontation'

All these refer to conditions of the social system that the Unit staff feel must prevail if treatment and rehabilitation are to occur." (Rapoport, 1960, 54).

According to Rapoport (1960, 81), in any particular kind of activity, be it doctor's therapeutic group, furniture repair shop, or evening social, all members of the Unit are meant to be 'permissive', 'communal', and 'reality oriented'. The participants ideally orient their activities in terms of these values, rather than predominantly in terms of such other potentially cross-cutting aims as personal gratification, efficiency, or orderliness.

"The principal rationale for the pattern of activities is that it includes a round of activities that is to some degree a replica of the social life of individuals living in the non-hospital community. In many hospitals the actual treatment and rehabilitation occur in brief focused

sessions dedicated to these purposes, while the rest of the time is taken up in routine care and diversionary activities. In the Unit, treatment is meant to be all pervasive, and the rehabilitative effect of treatment is meant to be enhanced by creating a pattern of activities that is like that of the average person outside.

It is clear from this view of the organization that there is a kind of alternation between joint and segregated activities of patients and staff. As far as we can determine, this pattern developed independently of recent social science research on the structure of mental hospitals. However, it seems to provide admirably for dealing with some of the phenomena behind the so-called 'Stanton-Schwartz effect'. Stanton and Schwartz, in their study of determinants of pathological excitement among patients, concluded that unrecognized disagreements between administrators and therapists were often at the basis of the patient's disturbance (Stanton and Schwartz, 1954). The Unit's pattern of alternating interaction and segregation is often now rationalized in terms of its capacity to avoid such staff splits. The type of patient treated in the Unit is considered especially prone to splitting staff by relating differently to different members and stimulating discord between them. Communalism notwithstanding, frequent staff meetings apart from the patients, are considered valuable for attempting to avoid such splits. This element of the organization of activities seems to enhance the quality of communication by structuring (and thereby curtailing) the degree of actual staff-patient interaction." (Rapoport, 1960, 81-83).

Rapoport also brings up the unit's underestimation of the authority roles connected with communal ideology and of individual treatment. Special relations between individual patients and individual staff members are strongly discouraged. The results, however, proved that senior staff members were the most significant people in the Unit to the patients and that those patients who established a strong identification with the senior staff (their own doctors) improved at a higher rate than those whose primary identification lied elsewhere. The research workers thought that the emotional identification with people in different status levels seemed directly related to improvement or, alternatively, positive identifications with high status individuals can be achieved in patients of this type only if the individuals in authority deliberately refused to behave authoritatively (Rapoport, 1969, 199-200).

Rapoport also brought up problems within the culture that were manifested in everyday activities between permissiveness and setting limits, therapy and rehabilitation, and permissiveness and democracy. Manning (1989, 105-108) criticizes the study led by Rapoport among other things in that it failed to

identify social processes independent of ideology as well as informal aspects of unit culture.

### **6.16. Treatment results of Henderson Hospital**

From the very beginning, a part of the Unit development was to study the activities and the community culture. A follow-up study of the first two hundred patients gave an idea of the make-up of the unit population and indicated the relation between some of the antecedent measures and general adjustment in the six-month period following discharge from the unit. These results afforded a basis for the preselection of those cases which profited from the treatment of the type given in the Industrial Neurosis Unit (Jones, 1952, 139-140).

The results also showed that patients who had come to the hospital later had rehabilitated better than the ones who had come earlier. This can be explained partly by the raising of the community level and it is a function of the accumulation of a certain set of traditions and habits – in short, of the group culture, peculiar to the unit. This growth of tradition can clearly be seen in relation to the psychodrama, but similar traditions have grown up in connection with every other activity in the unit.

According to the follow-up study results, two thirds of the patients had made fair or better adjustment and one third rated poor or very poor adjustment six months after leaving hospital. It seemed to be the capacity of the individual for change rather than the severity of his illness, which was the important factor in estimating prognosis (Sandler, 1952, 145-156).

According to Rapoport (1960) 77% of the examined patients felt they had improved, whereas the doctors felt that only 43% of them had shown any improvement under treatment. From the personality factors most clearly connected with the improvement was the ego-strength of the patient and from the treatment factors the length of stay: fourfifths of the patients who were treated for over 200 days or longer were rated as improved by doctors. The follow-up concerning the stability of improvement reinforced the importance of the length of treatment:



"If treatment runs under six months, then length of stay is immaterial to the patient's adjustment a year after discharge. Patients who stayed six months were no better off than those who left after two weeks. This raises possibility that intensive community therapy offers few rehabilitative advantages over no therapy at all unless patients can be treated for more than half a year." (Rapoport, 1960, 219-220).

Jones comments on the importance of the research:

"For me, to discover the discrepancy between what I thought I was doing as a leader and what trained observers saw me doing was frequently a painful but almost invariably a rich and learning experience." (Jones, 1968, 39).

### 6.17. After Henderson

In 1959 Jones received a visiting Commonwealth professorship at Stanford. After that year Jones did not, however, want to return to Henderson, but decided to go to a State hospital in Oregon. Together with the Medical Director, Dr. Brooks, he developed the large hospital into a democratic therapeutic community. This fruitful cooperation ended with Jones' dismissal from the Salem hospital because of pressure from outside the hospital. In an interview with the Medical Post (April 7, 1987) Jones gives a lively account of the event:

"Indeed, I was even kicked out of the State of Oregon by Governor Hatfield. I was developing an open-system hospital there in Salem and it went jolly well but then the bureaucrats started worrying about patients wandering around unaccompanied. Of course they never faced me. Instead they put pressure on the superintendent who said to me with enormous embarrassment, 'Max, I think you could find a better opportunity for your skills' or some such bull."

Even though Jones was offered work in the USA, he chose an offer for the post of superintendent at Dingleton Hospital, Scotland.

## **7. DINGLETON HOSPITAL**

### **7.1. Summary of the central development features of Jones' therapeutic community at Dingleton**

1. At Dingleton Jones wanted to test in new circumstances and with different patients the principles of the therapeutic community he had developed. He started to change the traditional hospital hierarchy by democratizing decision-making and implementing open communication in the entire hospital. But where it would lead could not be predicted with any certainty, Jones states. He describes the process of change mainly from the point of view of the administration and leadership, staff and the geriatric ward where he worked himself.
2. The development of community psychiatry was one of the most important achievements at Dingleton. Discussion and information meetings of the Borders Forum for the people of the area; cooperation with the schools carried out through the pupils' visits to the hospital and seminars with the staff and the teachers; starting cooperation with the local non-institutional health care (family doctors) and local integration of mental health work; development of family centered mental health work. On the other hand, it was just with the development of community psychiatry towards the therapeutic community that Jones met the hardest resistance and the worst setbacks.
3. Multiple leadership was carried out in the hospital administration. Its importance comes up in the Senior Staff Committee's ability to solve its inner conflicts and to carry out consensus resolutions, and in the alternations in Jones' position based on the SSC resolutions, which led to Jones' retreat from exercising power in the last year.
4. The settling of the functional structure, a part of which was also the daily meetings of the SSC in addition to other meetings and cooperation forums, guaranteed the continuity of multiple leadership regardless of the organizational reforms in the hospital (the county teams) and the changes in the hospital administration.
5. The staff was given more power to influence community matters. The importance and role of the risk taker, the facilitator and the containment function were outlined from the viewpoint of exercising power and changing the organization.

6. The patients were given more power to influence the hospital matters and here it was the geriatric ward where Jones also worked that blazed the trail. Ward meetings were started and the patients were given more power to influence the way they spent time, they were heard when medication was decided upon, and on their own proposal they were given a chance to move to a joint apartment.
7. The role of the patients was activated by electing them leaders of work groups (as at Henderson) and caretakers of weaker patients POTs (Patient Occupational Therapists) and PANs (Patient Assistant Nurses).
8. At Dingleton Jones integrated the psychodynamic and socio-psychological theoretic frame of reference of the therapeutic community with the system theoretic concepts.

## 7.2. Introduction

Maxwell Jones worked as the superintendent of Dingleton Hospital from December 1962 to September 1969. The hospital is located in Scotland, in a village of 3,000 inhabitants called Melrose, where rather conservative and authoritative values and attitudes prevail. The hospital had 400 beds and a comparably small staff of five doctors, 84 nurses, one psychiatric social worker, plus other personnel.

Jones describes his motives for coming to Dingleton and his plans as follows:

**"I arrived at Dingleton on 10 December 1962, with a clear idea of what I wanted to do. I had spent the major part of my professional career working on the concept of a therapeutic community. This had come to mean that the people involved have an opportunity to interact, listen, learn, plan, evolve and grow in a way that reflects their own individual and collective capability and potential. The dynamic comes in part from the social organization of such a unit. I wanted to test out these principles in a suitable setting and Dingleton seemed to offer an ideal opportunity. (Another part of my reason for choosing to go to Dingleton was that my critics always said that the therapeutic community was fine for psychopaths, but would not be appropriate for other kinds of patients.)"**

... ..

I was eager to see if a traditional hospital with a characteristic hierarchical social organization could develop a democratic egalitarian structure, if sanctions from above were positive." (Jones, 1982, 5-6, 27-28; boldface/K.M.).

Even though Jones already on his arrival had a clear long-term goal and theoretical framework, he realized how difficult it would be to achieve them if he would not be able to motivate the staff.

### **7.3. About the basis for development at Dingleton**

The successful work at Henderson Hospital together with the positive experiences in developing the large Oregon State Hospital in Salem gave Jones confidence in succeeding at Dingleton. The fact that Professor Morris Castairs from the University of Edinburgh had sent the invitation meant that the university would give its support to the development plan. Also the local Board of Management and the South-Eastern Scotland Regional Hospital Board gave their unreserved administrative support.

In the United States Jones had familiarized himself with and gotten excited about the system theory, and out of its frame of reference he at Dingleton designed the functional model of the therapeutic community.

"There is no such thing as 'the' therapeutic community (or a 'totally' open system), but merely attempts in varying ways under different circumstances with different people and differing ideologies to introduce open system theories to the practice in mental hospitals or any other facilities." (Jones, 1982, 9).

Jones also differentiated treatment and therapy from the larger frame of reference of social learning and growing. Social learning implied a change in the individual's attitude and/or beliefs as a result of the experience. Its major prerequisite was two-way communication. And the establishment of two-way communication was Jones' first concern combined with decision-making machinery at all levels of the hospital organization.

Inside the hospital changes were both feared and expected. Right at the beginning tensions arose between Jones and his deputy Dr. Ken Morrice, because Morrice had also applied for the post of the superintendent. However, those who opposed changes gathered around Dr. Small, whose extraordinary personality and actions had in the course of years created the action policy of Dingleton.

Nevertheless, Jones emphasizes the positive expectations for change that the staff had and Dr. Morrice's openness and support for change. Jones took full use of this visitation of his to start the changes in leadership and activities right after his arrival. He also had a clear impression of the changes he wanted to bring about.

"I knew the need to establish two-way communication and decision-making machinery at all levels. Experience had taught me that if this could be achieved, then a process of evolution was started: **but where it would lead could not be predicted with any certainty.**" (Jones, 1982, 6; boldface/K.M.).

In the following, I will try to describe the development of Dingleton Hospital during the seven years that Maxwell Jones worked there as the superintendent. The description is mainly based on Jones' works 'The process of Change' and 'Beyond the Therapeutic Community'.

#### **7.4. Opening communication and decentralizing decision-making**

Right after his arrival Jones noticed a poor flow of information. Immediately he started to break up the prevailing authoritarian decision-making and the hierarchical social organization of the hospital. Jones wanted to decentralize decision-making and democratize the exercise of power, which required establishing open communication.

#### **7.4.1. The Senior Staff Committee**

When Jones started the leader group in 1962/63, the hospital was rather amorphous and discordant, which naturally led to a cliquish organization; among other things there was a split between the senior nursing staff and the doctors. This led to the establishment of the first Senior Staff Committee (SSC) that met on a bi-weekly basis (Jones, 1982, 28).

Participants in the Senior Staff meetings were the Hospital Secretary, the four senior nurses, the five doctors, the psychiatric social worker, his secretary and other senior staff personnel. All decisions were funnelled through this committee, and this was the beginning of shared decision-making. Also the concept of decision-making by consensus was from the very beginning implicit in the discussions of the SSC (Jones, 1982, 11-12, 28, 31).

Officially it was "The Holy Trinity" with the Superintendent, the Principal Nursing Officer and the Hospital Secretary that was responsible for running the hospital.

"This arrangement was imposed on us from the start by our bureaucratic bosses in Edinburgh who had little awareness, if any, of our democratic egalitarian social structure. We met daily at 8.30 a.m. for half an hour and discussed administrative matters. If the topics concerned other people, they were invited to attend. We then joined the Senior Staff Committee for 45 minutes, where we fed back any deliberations or suggestions to this executive staff body. ... In this way all important decisions were made by the Senior Staff and the teams complemented one another rather than competed." (Jones, 1982, 82).

The alteration of the social structure of the hospital went on after the rearrangement of the leadership through organizing meetings and other cooperation forums.

#### **7.4.2. Nursing meetings**

Even though the Matron represented the nurses at the Senior Staff Committee which had meetings twice a week, it seemed clear that feedback and feed forward throughout the nursing system was at an embryonic state. This led to an attempt to integrate both ends of the nursing spectrum in a regularly scheduled

nursing meeting, open to all nurses, so that interaction and social learning became possible (Jones, 1982, 31).

Already in the beginning Jones realized that the Matron and her deputy had felt isolated and rejected by the majority of the hospital. When Jones suggested the establishment of a nursing committee, they both agreed without demur even though they realized that this portended a major change in the authority structure. The members of this weekly nursing subcommittee were all invited, which aroused strong criticism already at the first meeting.

This criticism presented by a male nurse, Reg, Jones answered in a rather defensive way:

"... if they (the nurses/K.M.) could not have confidence in the ten senior administrators and their judgement in selecting people to represent them, then it raised the whole question of how far they really could believe in the hospital at all." (Jones, 1982, 17).

Jones later judges his own behavior very critically and says that because of his insecurity he felt the need to support the authority structure.

The increase in the openness led within a good six months' time to a strong criticism towards the matron and the deputy matron, and expanded to cover all the senior staff of whatever discipline (Jones, 1982, 23-24).

#### **7.4.3. The over-all staff meeting**

The first over-all staff meeting was held at the end of four weeks. Jones called it the Hospital Discussion Group. It was a monthly evening meeting open to all employees of the hospital where feelings that might not find an outlet in the more formal groups could be expressed (Jones, 1982, 29).

Jones tells about the first meeting where approximately sixty people turned up, mainly nurses, but also representatives of the tradesmen and the various patient activity groups. All the doctors and senior nurses were present and Jones found that it had been a very productive meeting (Jones, 1982, 13).

#### 7.4.4. Other meetings

Other forums of cooperation started to also form quickly. A *monthly Journal Club* for the whole staff was established. Rather soon reading as a form of studying was replaced by discussions in small groups (Jones, 1982, 15). The first meeting of the *Work Therapy Subcommittee* was held at the end of the fourth week after Jones' arrival. In the women's admission ward daily *ward meetings* were held where the five doctors also took part. The daily ward meeting practice for the patients and the staff was established in almost every ward during the first year. *The charge nurses and ward sisters* had their weekly meetings. The various meetings were linked so that two-way communication could be maintained from the level of the most regressed patients to the board of management (Jones, 1968, 9; 1982, 13-32).

The exact point of time of the beginning of *community meetings* for the entire hospital does not become apparent in Jones' books and articles. The Hospital secretary, James (Jimmy) Millar, replied to my question on community meetings in his letter from May 24, 1990:

" About the same time (in the spring of 1963/K.M.) ward meetings, departmental meeting and altogether the entire community had access in a completely open system for decision making within the total structure. ... By the end of 1963 it was all systems go within the social structure of the Therapeutic Community principles." (Letter from May 24, 1990).

The psychologist Dennie Briggs who worked for five months at Dingleton in 1968-1969 describes community meetings:

" On Fridays at 1500, those patients and staff who were interested attended a hospital-wide community meeting. This for me, was the most interesting meeting and I attended all of them. As many as one fourth of the hospital community (i.e. 100) patients attended and sometimes 50 staff; as few as 30 patients and 12 staff. Max almost always attended and was addressed by most patients as the superintendent and as " Dr Jones". Few of the other physicians ever attended except Dr Robinson, the family doctor for the geriatrics wards, and none of the social workers attended while I was there. The staff who attended were mainly the junior staff with a few charge nurses and the hospital secretary, who participated a great deal.



The meeting was chaired by a work therapist and opened by reading minutes of the last meeting. Visitors, who were frequent, were asked to introduce themselves and Max frequently followed the introductions by asking the community if they knew who the various visitors were and what their titles represented. The discussion usually centered about internal hospital affairs (food complaints, rumors etc.), but Max tried to get them interested in matters outside." (Letter from July 7, 1989).

Briggs also mentions *the Stop Press board* of the staff and patients

"which was maintained so that patients and staff could be informed of significant events of the day. Max's secretary posted a few highlights of the SSC and anyone could add information at any time."

Starting meetings and establishing committees and bodies for cooperation would probably not alone have been enough to change the traditional hierarchical hospital structure and bureaucratic functional model had Jones not himself actively participated in their activities. He acted as a model and encouraged his subordinates in open and direct communication. As the superintendent of the hospital he could also on the spot delegate his power to back up the decisions that had been made.

Jones took weekly part in the ward meetings of the five wards, the weekly meeting with the charge nurses, the monthly meeting with the entire hospital staff, the Journal Club, the meeting with the night nurses, and the standing committees. He also participated in the treatment of the patients, which was a way for him to get an immediate contact with the problems it aroused. Totally a fair degree of contact with the hospital personnel, considered Jones (1982, 22).

Open communication was also supported by the education of the staff through arranging sensitivity training groups for all the personnel groups (Jones, 1968, 96).

## 7.5. Multiple leadership

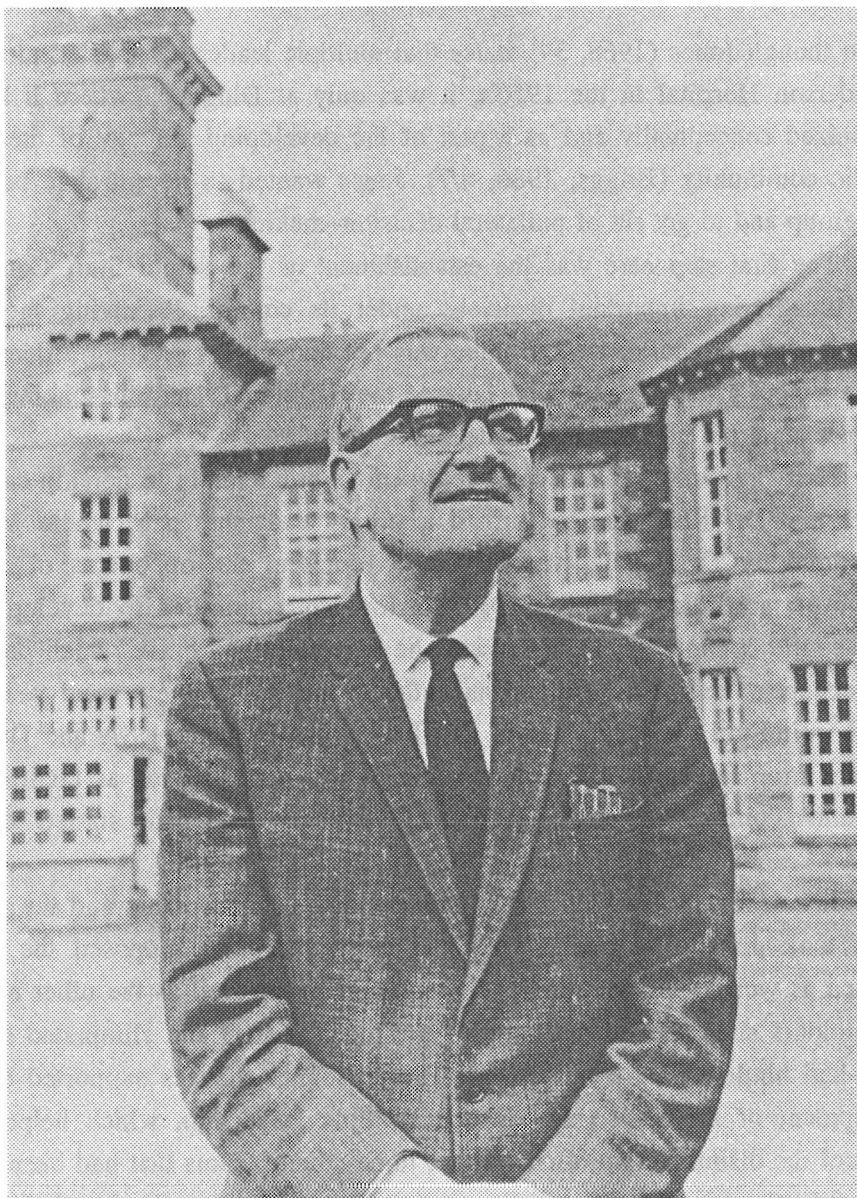
Even though Jones (1968, 39) states that multiple leadership existed already at Henderson Hospital in the 1950's, it was only at Dingleton where it became organized conceptually and as a part of the developing strategy of the therapeutic community (Briggs, 1986, 4/7). Jones wanted to decentralize power to the group and to get rid of unilateral decision-making.

The first step here was the establishment of the Senior Staff Committee and transferring important decisions under its control. Renewing the social structure of the administration alone was not enough for creating a democratic management group. People who favored the traditional decision-making model did not integrate into the new leadership culture.

Halfway through the second year serious problems in leadership came up. Jones and Dr. Ken Morrice formed a strong leadership pair, where Morrice, supported by Dr. Small, was driven to represent the opponents of change. However, according to Jones, Dr. Morrice was committed to developing the therapeutic community. In his actions he was open and brave which promoted the change. The situation found an outlet at the end of the second year when the hospital got two new doctors, Dr. Paul Polak from the USA and Dr. Shail Kumar from India, who were independent enough to function as facilitators in the inner conflicts of the SSC. Gradually multiple leadership started to function.

In the fourth year significant changes among the doctors and the nursing staff took place. The doctor who had most intensively opposed the change retired as well as the Matron. Their replacements as well as the other new officeholders strengthened the unity of the medical staff and eliminated schisms that had hindered the development. The personnel changes supported the development of the leadership towards multiple leadership, which helped it to control the disintegrating effects of the three county teams that had been established in the hospital. The SSC met daily to ensure that the hospital identity took precedence over the emerging team identity and the strengthening of professional identities.

In the spring of the sixth year the well functioning multiple leadership suffered from the departure of many members of the management. Jones was then put under a lot of pressure to return to the more authoritarian role of the



Picture 12. Maxwell Jones, as Physician Superintendent of Dingleton Hospital, Melrose, Scotland, from 1962–1969.

medical superintendent. Jones did not agree to this. The established **functional structure** helped to handle the awkward situation:

"Nevertheless, the daily meetings of the Senior Staff Committee assured the hospital-wide communication and the practice of shared decision-making continued to operate.

In October, following an absence in the USA and Canada, I came back to discover further changes. I had protested my 'headmaster' role and the relative disappearance of multiple leadership, but knew it would take time for new leaders to emerge. Partly to hasten this process the Senior Staff Committee felt I should be less ubiquitous and a member of fewer training groups. In the past I had been an active participant in practically every sensitivity training group. This was a splendid way of gaining an overall view of what was happening at a feeling level within the hospital. It was felt that if I vacated this ubiquitous role it would underline the need for new leaders to appear, and with this I entirely agreed. It did mean, however, that the SSC now had to assume the responsibility for the hospital as whole, juggling the hospital's interests with the team interests which were at variance." (Jones, 1982, 108).

Multiple leadership and shared decision-making power eroded as Jones planned which was dramatically illustrated when, during Jones' absence in the USA, the Berwickshire team dropped him as their psychiatrist and team leader.

Jones' last year at Dingleton was characterized by the community's awareness of his departure, which was confirmed in April. He was offered a training post at Fort Logan Mental Center in Denver, Colorado. It was hard to find a new leader to replace Jones since his deputy Dr. Dan Jones was not willing. A good indicator of Jones' absence of prejudice is his suggestion to appoint David Anderson, the head social worker, as the leader. But the chairman and the vice-chairman of the Board of Management as well as the Secretary of Hospital anticipated that the doctors' resistance would be an overwhelming obstacle to Anderson's leadership, and on Jimmy Millar's proposition they settled for collective leadership.

"We came to the conclusion that the best course to follow would be to form a 'cabal' involving the three senior doctors, the director of nursing and David. In this way multiple leadership was assured, and Dan Jones could placate the medical profession while still retaining David's leadership skills." (Jones, 1982, 131).

In a meeting of the doctors and the social workers it was decided to suggest to Jones that he retire from his earlier administrative role so that a new therapeutic community culture could develop.

"The feeling was that I should absent myself from everything except the 8.30 a.m. meeting, where I could continue in my administrative role, leaving Dan free to get on with his clinical role." (Jones, 1982, 123).

Jones states that his withdrawal process had gone, as a whole, in good style: "I doubted if my leaving could have happened in such a sophisticated manner in any other institution in the country." (Jones, 1982, 125).

The Senior Staff Committee's independent decisions in relation to Jones' tasks, participation and withdrawal from power in the last year show that the management had internalized and stabilized multiple leadership as its course of action during those seven years that Maxwell Jones worked as the superintendent of Dingleton. In this development the relations to outside administration, the Hospital Board of Management and the Regional Hospital Board, played a crucial role.

## **7.6. Relations to administration**

Right from the start the Board of Management gave its full support to the development of the hospital. The staff proposals were accepted and the doctors had representatives in the board. Jones sums up the formation of good relations as follows:

"By the end of the two months, the Senior Staff Committee had established itself as an important democratic administrative decision-making body integrating well with the Board of Management, and with Jimmy Millar, the Hospital Secretary, as a valuable liaison to both bodies and attending all their meetings." (Jones, 1982, 16).

Continuous, close cooperation with the local Board of Management also developed its functional model and increased the understanding of multiple leadership in the hospital, which can be seen in its attitude towards the rear-

rangements in the leadership caused by Jones' departure. Compared with the attitude of the Regional Board of management "... our own Board of Management were much more sophisticated and accepted the concept that the SSC had a more global view of events than any person alone could have." (Jones, 1982, 131).

If the second year brought along leadership conflicts inside the hospital, then in the third year Dingleton's independent development led to a conflict with outside administration. To succeed in solving those conflicts Jones needed all the experience and skills that he had acquired during his long career.

Lack of medical staff was not a problem at Dingleton alone but in Scotland as a whole. That was why they had started to recruit young girls at the age of 16 to 17 as activity assistants at Dingleton. The girls did not participate in the actual treatment, but helped the patients and the nurses. The recruitment had, however, been started without the permission of the regional administration, the South-Eastern Scotland Regional Hospital Board, because it was anticipated that it would not be granted anyway. Jones believed instead that if they had a system that functioned well, it would not be as easy to suppress (Jones, 1982, 72).

Because of this and rumors about Dingleton that had reached the regional administration, Jones and his colleagues were summoned to a hearing. According to the rumors, the hospital morals were said to have gone down during Jones' permissive and democratic administration, and that several nurses had become pregnant and that patients were involved.

Regional administration was afraid that the young employees would be exploited, but the senior officials from the Regional Board in Edinburgh that had visited Dingleton did not want to talk to the activity assistants even though Jones had suggested it. Then in February 1965 Jones and his colleagues were called to be heard in Edinburgh.

Regardless of the fact that the rumors about the decline of the hospital morals proved groundless, the regional administration did not approve of the recruitment of the activity assistants. Jones pointed out how inconsequent the attitude of the Board was and threatened to go to the Secretary of State for Scotland, which was above the Regional Board. Later on the origin of the rumors was discovered and Jones had a chance to have a talk with the person concerned.

The permission for the activity assistant program was granted after six months, but their duties were strictly defined. They were not, for instance, al-

lowed to work in men's wards. The local Board of Management supported the hospital administration during the dispute and the negotiations with the regional administration (Jones, 1982, 56–65).

Later there were no problems with the Regional Hospital Board that Jones would have mentioned. In connection with the rearrangements of the leadership at Jones' departure he states that the Regional Board in Edinburgh still expected one person, the superintendent, to be answerable for all aspects of the clinical work at Dingleton. This body situated over a hundred kilometers away had not been affected by Jonesian multiple leadership.

### 7.7. Community psychiatry

While working at Dingleton hospital Jones had actively tried to expand the principles of the therapeutic community to the community outside the hospital, mainly in connection with preventive mental health work and integration of mental health services (Jones, 1968, 108–125).

In his first year at Dingleton Jones started cooperating with the family doctors and with the local authority Medical Officers of Health representing the four Border counties. The aim was to create cooperation with the 68 family doctors in the hospital's catchment area. In addition to this, cooperation with the local high school started after the students had visited Dingleton (Jones, 1982, 15, 31).

In this positively developing cooperation the role of the social workers proved crucial. In the beginning of 1965 the first *ex-patient club* was started in a nearby town. In another town the first *out-patient clinic* was opened. Mental health instruction was forwarded by establishing a *Border Forum*, where a group of leading people in the Borders were persuaded to assume responsibility for open meetings in the larger towns. Through various events and immediate contacts with local people it was aimed at giving information and increasing joint responsibility about mental health, care for old people and education.

On the basis of a proposal by Jones a *Consultative Committee for the Co-ordination of Mental Health Services in the Borders* was also established. It met quarterly and brought integration of services in the mental health field. In

December 1965 monthly meetings among family doctors, ministers and Dingleton representatives were started.

Jones sums up the cooperation between general health care and the environment as follows:

"Not only was the social organization of the hospital in a state of a flux, but we were deploying increasing resources into the community linking up with the local family doctors, starting community clinics, and involving the school system, etc. Nor were we limiting ourselves to a medical (treatment) role. Education of the general public (Border Forum), prevention (infiltration into the school system), integration with local politics (Mental Health Consultative Committee) and integration with the Home and Health Department in Edinburgh (Dr John Brotherston, Chief Medical Officer for Scotland) were all part of this growth process." (Jones, 1982, 89).

The most essential experience of the fifth year was most likely the discovery that the model for social learning and multiple leadership applied in the hospital did not work in a non-institutional health care organization, the Borders Health and Social Service Consultative Committee, which had as a major goal the integration of the health services in the Border counties (Jones, 1982, 98-100).

In the sixth year the crucial question turned out to be the role of the social workers in health care. Jones had aimed at a comprehensive, integrated development of social work and health care. He found the recommendation of the Royal Commission on Local Authority Reorganization (Wheatley Report) to separate social work from health care as a severe setback. The idea of implementing multiple leadership in a multidisciplinary setting outside the hospital did not come off.

Jones proposed to the representatives of the municipalities and his colleagues in the Border Quarterly Co-ordination Committee for Mental and Social Services to choose the Borders for a test area, where integrating social services and health care services could be further developed, but the chairman and the county clerk for Roxburgshire did not approve of his proposal.

The development prospects of Southern Scotland Borders were anyhow weakened because of disputes between towns and the closing down of the railway line. Jones' dream to develop and strengthen the local identity seemed to go down the drain. Partly because of these reasons and partly because of the



stabilized situation in the hospital, Jones started to think about leaving Dingleton (Jones, 1982, 112–116).

In his last year at Dingleton Jones succeeded in making the cooperation with the local secondary school closer. Even though there had been connections to the students and the teachers before, the closer contacts were made possible by the new Director of Education, who shared the interest in the process of learning and felt that discussion on this topic would be mutually beneficial to the teachers and the Dingleton staff.

The meetings led to some teachers trying out Jones' cross-age teaching method in their classes. Jones was greatly excited about the cooperation, which comes up in the summary of his experiences (Jones, 1982, 130):

"My experience in the last six months had confirmed my belief that it was just as easy to communicate with young people as with my own agegroup. The crux of the matter was interest and empathy. I actually developed this theme when I moved to the USA, and became convinced that there were enormous possibilities for preventive psychiatry if social learning became as important as formal subjects taught in schools." (Jones & Standford, 1973; Jones, 1974).

### **7.8. Development of the staff community**

The democratization of the hospital and opening up communication made it possible for the problems concerning relationships within the staff and the division of labor to come up and to be handled openly. In his second year Jones met a dispute concerning the length of the medical staff's shifts and the relations between the medical staff and the social workers. Regardless of negotiations that went on for months, they could not come up with an agreement on starting eight-hour-shifts. And it was not achieved during Jones' stay at Dingleton.

Handling a violent patient created a conflict which revealed a disagreement between the medical staff and the social workers about treatment methods and the social workers' role in the hospital.

Open handling of conflicts, effective recruitment of new workers and improvement of staff education increased the nursing morale. The emphasis of the education was in learning through doing, which on one hand strengthened and

united the cooperation between different staff and profession groups, but on the other hand created dissatisfaction among the young student nurses. For them it was most important to pass exams and they found the new training method inferior.

The third year meant strong functional development and a reform in the social structure of the hospital. Staff education was made effective by starting case conferences in January. The Journal Club started to meet biweekly instead of monthly, and it offered guest lectures and discussions about current topics.

The changes in personnel in the fourth year contributed to the starting of deeper organizational reforms. In the USA Jones had familiarized himself with the decentralization of a large state hospital, Clarinda State Hospital, into separate geographical units serving separate counties. At Dingleton he started a similar decentralization by dividing the staff at first into three staff units. Dividing patients geographically among various teams was carried out later.

The advantages of units operating on regional responsibilities were, according to Jones, among other things the staff's ability to concentrate on a more limited group of patients and fewer co-workers in their particular county. Also the personnel in the region concerned with mental health would learn to know their co-workers in the hospital. And moreover, the doctors and the medical staff would have more time to concentrate on community psychiatry and working in the wards (Jones, 1982, 77-78).

A new ward for the mentally retarded was established and one of the larger wards divided into two smaller groups. The new arrangements caused great adjustment problems in the admission ward. The role of its nurses, their division of labor and tasks had to be thoroughly considered. At the same time they came up against the role of the hospital administration.

In the fifth year they reached a solution over the question concerning the ward division. Jones (1984, 104) describes it as follows:

"The three county teams would continue to share the admission ward and a geriatric assessment unit. The special unit for mentally retarded would continue as before, shared by all the three teams; but the remainder of the hospital wards ... would be run by the counties themselves."

The hospital had built up a positive reputation, which contributed to getting extra personnel and supported the educational programs in the hospital, which ranged from short two-year training for pupil nurses to three years for student

nurses, a one-year post-graduate course, and a one-year advanced course in collaboration with the University of Edinburgh.

Group activities in the hospital were developed both on the small group and the larger group level:

"We put most of our emphasis on group work, which included *large group meetings of patients and staff which were usually daily* and brought us nearer to the patients' world; and small psychotherapy groups with selected patients, for example adolescents and family groups. Staff members all attended training groups, on the basis that if staff could not resolve their own interpersonal conflicts on a team, then they were not ready to 'treat' patients! In fact we came to see little difference between treatment and training, and used the terms interchangeably." (Jones, 1982, 104; underl./K.M.).

All in all, the inner development of the hospital was positive and as a recognition for that the University of Edinburgh showed a great deal of interest and the regional administration support, both of which encouraged them to go on in the same manner. Jones especially emphasizes the change in the geriatric ward, where the patients were given a better chance for self-regulation: time limits in the daily routines were removed or slackened, and the activities were planned according to the patients' needs and previous habits. All this added to the respect of nursing in the geriatric ward, increased the morale and decreased the need for tranquilizers.

"We began to wonder how far the culture of the geriatric wards reflected our own ideas and fears about dying rather than the actual feelings of people as they approached death," Jones (1982, 110-111) writes.

### **7.9. Development in the patient community**

The change in the hospital's social structure and functional model reflected itself also to the patient community. However, an increase in the openness and permissiveness also created problems. The patients' greater willingness to express their feelings directly to authority figures created problems. The doctors

and the senior nursing staff were beginning to feel more threatened by the growing tendency of patients and junior staff to question what they were doing and why.

An increase in permissiveness led to problems with regulations and discipline. Previously regulations had been drawn up by the administration and controlled by the staff, and were not based on common discussions and agreements. Now the regulations were drawn up together and their control became also a patient responsibility.

"The real control of deviant behavior came from the patients themselves. Public opinion among the patients was probably the strongest and most effective deterrent we could use." (Jones, 1982, 22).

The common rules of the game had to be clarified in *the news-sheet*, which was published weekly for the staff and the patients. In its number from July 9, 1963, the question was handled in the following way:

"There seems to be some confusion among both patients and staff about what constitutes ordinary behavior and the opposite. Surely we want to apply the standards of behavior which are accepted by the outside public and refrain from behavior which might lead to the distress or embarrassment of others. Patients should be given as much freedom and responsibility as they are capable of handling themselves, and along with the staff should accept the responsibility for other patients. This idea of teamwork is central to our thinking and we must share our worries about ourselves and others. Thus, concern about a patient's behavior with the opposite sex should be freely discussed in ward meetings or reported to the staff in order that the supposedly offending patient's behavior can be discussed in his or her presence, and misunderstanding corrected. Sometimes, because of illness, the patient's control over his behavior may be insufficient, and more supervision and control from the group may be necessary. Thus, an alcohol addict who has 'stopped' drinking may be allowed into town with a responsible patient or nurse. But the whole ward must lend its support and do its best to prevent the alcoholic going off at night for a 'quick one'. Any such behavior or other irregular practices should be reported back to the ward meeting or to staff personnel. This is our hospital and its effectiveness in treatment and reputation in the public mind is the responsibility of us all, both patients and staff. We want freedom with responsible behavior. When this is abused, we must study the situation and try to learn from it in face-to-face discussion. We want to help people

to lead ordinary lives and not simply discipline them; to live outside the hospital rather than having them remain here." (Jones, 1982, 25).

*Common dining for patients and staff* was organized so that the patients could choose their lunch for the following day from two dishes. This was made possible by closing the separate dining hall for the staff and by employing patients. It was not a question of exploiting patient labor, but the starting point was the patient's treatment by offering him various ways of participation. The patients also took part in the work in the hospital *laundry*. A *canteen* maintained by the patients and the staff together was opened on April 1, 1963 (Jones, 1982, 20).

Also *the patients' relatives* were offered a chance to participate in the treatment groups in the wards.

"By the end of September 1963 a beginning was made to include relatives in discussion groups with patients. At first this was done on a very modest scale by introducing family members into existing patient treatment groups. When patients left hospital, this type of supportive treatment was made available through the medium of home visits in which both nurses and social workers participated." (Jones, 1982, 25).

*The social structure* of the hospital was reformed after thorough discussions with the patients so that both men and women could stay in the same ward.

*The patients' opportunities to work* in the hospital were also improved. The patients were paid wages for work in the dining halls as waitresses, in the wards as cleaners, in the laundry, garden, piggery, etc. Patients in better shape helped those in poorer shape working as Patient Occupational Therapists and as Patient Assistant Nurses (POTs and PANs). Both groups were led by trained people, by an occupational therapist and by a charge nurse. The most successful ones were made group leaders and for that they were paid £1 a week (Jones, 1982, 69-71).

After the arrival of new doctors in the second year Jones was able to disengage himself from the admissions ward and move to the women's geriatric ward. Together with the ward doctors and the activity assistants they started *daily community meetings*. Patients were consulted about their medication and their moving to their own housing community was discussed. The patients suggested living together instead of going, as was usual, to foster homes.

The activity assistants proved to be unprejudiced and got along well with the patients, even though finding their own role in the staff community was problematic.

"They rapidly made themselves useful in feeding geriatric patients, helping with their dressing, bathing, and social activities ... It was in music and movement and simple games, that the activity assistants filled a serious gap in the daily activity of the older and long-stay patients. The sense of rhythm and general vitality of these young people seemed to awaken latent potentialities within the patients." (Jones, 1968, 16-17).

Also, other wards aimed at supporting the patients' activity and independence. Family groups and ward groups were started. The patients' responsibility for other patients was forwarded by starting ward meetings in every ward. Through renovation and the opening of the canteen the hospital became cozier and the patients went to town more seldom, even though the hospital did not aim at isolating patients (Jones, 1982, 33-55).

### **7.10. Hospital culture**

The psychologist Dennie Briggs describes his experiences concerning organizational culture of Dingleton Hospital:

"Max inherited a core staff, some of whom were third-generation employees, the hospital being the major source of employment in the village. There were many family members currently working in the hospital, all of whom made change more difficult. As the patients were from the community, the staff knew them often intimately, and thus maintained a distance from them. With the introduction of many outsiders, especially foreigners, the equilibrium was constantly disrupted. Joy Tuxford, who had been with Max since Henderson, as a social worker, now doing research, described two levels of social structure of the new program as the "unofficial, official structure". Max maintained that one needed to be in the hospital for one year in order to understand and learn to use the social structure. In order to contain the outsiders there were various efforts at containment or social controls that were voiced in the meetings, (especially in the SSC) expressed in phrases such as: "you

are not using the structure", "you need permission of the SSC", "you are being destructive", "you haven't been a year yet", "you don't know the local politics", "you're a transient", "you're not aware of the image of Dingleton in the village".

For those of us who lived in the hospital there was constant observation of our social behavior which was brought up in the various meetings and in gossip, which often flourished. Many of the employees were young and had different values, coming from other cultures, especially from the more progressive Scandinavian countries. The more progressive atmosphere of the hospital was grinning a certain clash between values and behavior of the "outsiders" and those staff who had been raised locally.

Sexual behavior was a frequent topic which caused considerable anxiety among the younger staff especially when it might endanger relations in the community.

... ..

Smoking marijuana in the staff residences was another topic which caused great concern about the image of the hospital if found out in the village.

... ..

A fascinating concept that Max introduced was that anyone on the staff could have direct access to him in the case of an emergency. The staff member had to determine what was an emergency. I don't know how many times this procedure was used; I used it on one occasion for what I thought was an emergency on the ward where I was working.

...

There was the belief among the staff that if you got too far out of line or didn't change enough, (mainly the latter) you would be sent to the geriatric wards for duty, the most severe being the ward for terminally ill patients (Dingleton's Siberia?).

The practice of the hospital buying up houses in Melrose and surrounding towns, remodeling them and transferring older patients as a small group, I thought was a terribly important development. A nurse would call each afternoon for tea and to see how things were going. The team I was on, sponsored a tea shop in an adjoining village, which was staffed by patients, contained some cottage industries, and a hostel." (Letter from July 7, 1989).

### 7.11. The evaluation of Dingleton

Maxwell Jones left Dingleton in September 1969 with very mixed feelings as he states himself. He thinks that the time he spent at Dingleton was one of the happiest and most productive periods in his life. The development of Dingleton had exceeded his expectations:

"The success of an open system in a mental hospital and its surrounds had far exceeded my expectations, and we attracted visitors from all over the world. I was satisfied that our type of therapeutic community represented a treatment methodology in its own right. This belief in our accomplishments and desire to demonstrate our methods elsewhere, combined with a desire to escape 'retirement' led to my departure for a training post at Fort Logan Mental Health Center in Denver, Colorado." (Jones, 1982, 132).

Dr. Dan Jones who was appointed as superintendent after Maxwell Jones and started at Dingleton in 1968 writes in an unpublished paper to the Royal College of Psychiatrists from September 28, 1979, that Maxwell Jones had led Dingleton a long way along the therapeutic community path. The most important accomplishment of his predecessor was, according to Dan Jones the extension of such a philosophy to a catchment area mental hospital.

To Maxwell Jones' and Ken Morrice's work he gives credit that they had created a very high morale in Dingleton and relatively speaking a high level of functioning in the rehabilitation wards. However, there was a tendency for the worthwhile life to be seen as being in the community group; although functioning at a much higher level people were still in some respects "institutionalized".

James H. Millar was Hospital secretary during the time Maxwell Jones was at Dingleton. Millar had an opportunity to create his opinion of the hospitals functioning also through his wife Betty Stobie who was working as a community nurse. James H. Millar emphasizes the problems of the beginning phase of the change process in his letter from February 26, 1989:

#### "1. Multiple Leadership—Senior Staff Committee

The setting up of the S.S.C. was one of the early innovations at Dingleton in 1963 and was novel, challenging and generally accepted by the institution and also the Board of Management. Previ-



ously there had been a strong model of medical leadership where decisions both administratively and clinical were taken within a hierarchical structure. Confidence in the new structure of decision making in the S.S.C. did not happen overnight the qualities, performance and motivation of the participants were examined and openly discussed. In my area often national policies from Edinburgh were openly challenged by the S.S.C. and even could split the staff and also the Board of Management! The learning situations and the resultant changing attitudes were often painful in this particular area! and could be time consuming! The conflicts which emerged and the effects which such could have on certain individuals often called for individual therapy sessions and crisis groups to resolve the situation. There was however through time a healthy respect for Max Jones for his leadership qualities but never the less some casualties inevitably occurred which meant that the member of staff concerned who was unsuited to the concept of the Therapeutic Community left Dingleton. Many were threatened and I suppose were seen as the silent ones which often made the decision making process suspect when the feelings of the "silent majority" were unknown. It was obvious that on some occasions members of staff were reluctant to speak up having never been encouraged to participate in decision making in an open forum." (Jones, 1968, 69).

About the change James H. Millar states:

"The most difficult problems in the early days of Maxwell Jones at Dingleton was between 1962/63 when the social structure was changed to operate as a Therapeutic community.

... ..

The challenges were met and many including the patients, in the hurley burley of groups, crisis groups and confrontation! almost a whole new dictionary of words introduced by this man from America! Many leaders were emerging and showing unknown skills within the peer groups which were becoming a whole new way of life.

... ..

Conflicts within the administration area were resolved in similar ways to the staff and patients groups. One basic difference had to be recognised was the inescapable fact that edicts from the Scottish Office in Edinburgh concerning the basic principles of the organization of the National Health Service, the financial system, the Staff Conditions of Service and Pay regulations could not be amended or changed at local level!

It was my responsibility to see that these were applied and could not be negotiated by the local administration. There were a few occa-

sions managed to circumvent some of the national dictums only to have a severe reprimand. Notwithstanding this situation Dingleton was still recognised as a jewel in the crown of Edinburgh but with the proviso that "we required watching."

Dennie Briggs who personally knew both Henderson Hospital and Dingleton Hospital compares them to each other and evaluates the importance of Maxwell Jones' work:

"Aside from the differences in size and patient population, Henderson (while Max was there) for me was a much more lively and dynamic institution than Dingleton. The staff at Henderson were more skilled, most having worked for some time with Max. The training was at a much higher level. Max, as I said, inherited a staff at Dingleton who had been working in a mental hospital, some for three generations, and some with several family members currently working there. They were a part of the village life and communication flowed back and forth freely. The local pub was an outside source of communication with the owner and the bar maid intimately involved. Many of the outside staff would gather there evenings and talk openly about what was happening in the hospital. To me there was more tension at Dingleton, with the fear that what was happening, or might happen, in the hospital would be known to the village and upset people. And while movement was slower at Dingleton, it was amazing to stand back and see what Max did in a relative short period of six years or so.

... ..

To me, the most important aspect of Max's work is not what he accomplished at Henderson and Dingleton, as remarkable and historically important as that may be, but the influence on other developments. He has had a tremendous impact here on community psychiatry, on prisons, and in schools. Some of this is touched upon in the enclosed ms. (manuscript/K.M.). He has trained so many people who have done important things, and touched so many lives." (Letter from July 7, 1989).

## 8. DEVELOPMENT OF DINGLETON AS SOCIAL LEARNING

Maxwell Jones (1982, 133-149) sums up his experience at Dingleton as a synthesis of the development of the therapeutic community or an open social system based on social learning. He defines social learning as:

"Social learning as practiced in a therapeutic community implies two-way communication motivated by some inner need or stress leading to the overt expression of feeling and involving cognitive processes and learning."

Later Jones (1976, 43-44;1982, 9) also included in his definition of social learning concepts of covert expression of feeling and change. Social learning may relate to the individual, group, or system. Concerning the individual it implies a change in the individual's attitude and/or beliefs as a result of the experience. Learning implies making a review i.e. stopping together to analyze the experience concerning both normal living and doing situations and crises.

After having developed a definition for social learning for years, Jones now states that social learning is a *process* involving many factors and being incapable of definition. After that he acquiesces in describing social learning with the help of such factors as leadership, shared decision-making, consensus, multiple leadership, containment, process, intuition, risk-taking, system survival and social environment.

The duty of a leader who aims at a therapeutic community or an open system is to use his power to achieve *open communication and shared decision-making* in order to make the community secure. It is only in a secure community that people dare to reveal their thoughts and emotions without fear of punishment. And after that it is possible to fit different views together in order to reach a consensus. The development of a secure atmosphere requires that there is a *risk-taker* in the community. He tests the sincerity of the leader and the superiors, and acts as an example for his co-workers. As an example of a risk-taker Jones (1982, 17, 45-46) depicts a male nurse, Reg Elliot in Dingleton, who from the very beginning confronted the superintendent and his supervisors.

*Achieving consensus* is often a slow and painful process, that every once in a while leads to conflicts. In order to solve the conflicts and to make them serve social learning, an impartial *facilitator* is needed who can understand the different views and emotions of the parties. In addition to impartiality, the facilitator must have sufficient social and group dynamic skills in order to succeed in his job.

In addition, the group leader needs this kind of independent and skillful facilitator so that it can prevent the influence of the leader's negative characteristics (*containment*). Jones says he had at an early stage realized his tendency to dominate others especially in crises and that was why he wanted to select

independent and brave people to work with. At Dingleton this phase was not achieved until at the end of the second year when two strong personalities, Dr. Polak and Dr. Shail, arrived and were able to function as alternate leaders. There were six alternate facilitators among the leadership of Dingleton during the last three years (Jones, 1982, 143). This was also the basis for multiple leadership in a multidisciplinary setting, which implies that all staff have their individual areas of competence and that they are trusted. Traditionally a leader can ask his colleagues' opinion, but he makes the final decisions himself.

Jones emphasizes the essence of a process based on people's reason, emotions and intuition as a precondition for community development. If the goal is learning to learn, strict striving for a certain goal may become a hindrance. Jones (1982, 145) describes the development of Dingleton as follows:

"... we were becoming much less goal-oriented, and were prepared to wait for things to 'happen'. This was in sharp contrast to the 'management by objectives', considered the efficient approach to planning popular at that time."

Jones (1982, 144) includes the survival of the therapeutic community in the general characteristics of an open system:

"... an open system, once established, is too rewarding to the people in it to tolerate any newcomer who threatens this individual freedom and group identity."

As examples he chooses Henderson Hospital that he developed in addition to Dingleton, which both still operate on the principle of a therapeutic community. On the other hand, the survival of a therapeutic community does not solely depend on its own aspirations and decisions, from which Jones also has personal experiences from the Oregon State Hospital and Fort Logan mental Health Center.

## 9. AFTER DINGLETON

Jones had been a consultant at Fort Logan Mental Health Center in Denver since 1961, while he was in Salem, Oregon. The consulting went on when Jones worked as the superintendent at Dingleton up till 1969, after which he assumed a teaching post at Fort Logan Mental health Center, and later a clinical professorship at the University of Colorado (Barracough, 1984; Briggs, 1986, 5/15-16).

After his friend Dr. Alan Kraft left Fort Logan in 1975, Jones also left the hospital. For almost a year he worked as a consultant for mental health work in the Virgin Islands, and after that started consulting work in Phoenix, Arizona. There he consulted among other things at schools and prisons. In the early 80's Jones made a lecture trip to Nova Scotia, Canada, and he and his wife were so attracted to a small town called Wolfville that they bought a house there, and Jones lived there until his death. Here he concentrated mainly on writing and lecturing.

Since the 80's Jones was interested in spirituality, about which, for instance, he wrote in his last book "Growing old: The Ultimate Freedom". Up till his death on August 19, 1990 he was corresponding and meeting his colleagues in his home in Wolfville. His vitality was well illustrated by his astonishing ability to recover from various serious heart attacks during his last years.

# **PART THREE**

## 1. COMPARING THE FUNCTION AND DEVELOPMENT OF MAKARENKO'S COLLECTIVE AND JONES' THERAPEUTIC COMMUNITY: VALUE SYSTEMS

The basic values of Jones' therapeutic community were equality of people and exercise of power on the basic level. To live according to these values will, according to Jones, best promote health and chances for self-realization. In his own words:

"It is my contention that health, in the full sense of the term implies realizing the potential for growth in every individual. ... .."

One feels that the long-term goal for a healthy society is to help the growing child to think for himself, learn to identify and solve problems as they arise, interact with his peers, parents, and teachers in an open and informal way that enhances the process of learning, and enjoy the freedom to choose his own value system." (Jones, 1976, XVI, XIX-XX).

Jones (1982, 1-2) says that he acquired the values of independence and freedom from his family.

"Blessed with a gifted and liberal family and living in a country which for centuries had fought oppression from its much more powerful neighbor (England), independence and freedom had a high priority in my value system."

Jones admired his brother already as a child for his courage and radical tendencies. His brother was active even in party politics and Jones thinks he would have been elected to Parliament if he had not been so radical. Even though Jones had a very humanistic and democratic outlook on life, he never went into politics.

Anton Makarenko's outlook on life and the development of his attitude towards society can be divided into three stages:

1. The stage before the revolution, when radical social democracy and Gorkian humanism prevailed. Makarenko's main interests were relations between the individual and society. Makarenko's younger brother Vitaly S. Makarenko describes in his memories an incident concerning the young Anton's political views around 1903–1904. Anton had expressed his dislike for revolution:

"First of all, I do not believe in the healing effect of bloody revolutions – they all develop following the same pattern: first a massacre, then anarchy and chaos – and as a result a barbarian dictatorship. That is one reason.

And secondly, I am simply not the kind of a person that throws bombs into ministers' coaches, not to speak of running with a red flag to the barricades to sing the Marseillaise. I am simply not capable of that." (V. Makarenko, 1973, 172).

Still in 1922 Makarenko considers himself politically neutral. His brother Vitaly Semyonovich writes about the young Makarenko's world view:

"There is no God. Only little children can believe the fairy tales of the original sin, of God's kingdom, of the resurrection of the dead, and of the immortality of the soul. Life is vain, absurd, and scarily cruel. You can love individual people, but mankind as such is only a mass, a herd that deserves contempt. 'Love for your neighbor' is not at all justified and useless, too. To bring children into this world is a crime. That is the fate of the farmers and the burghers, i.e. of that part of the population that is so poor that it is not fit to take care of the future of their children. But if you are not allowed to bring children in the world, marriage is completely unnecessary. People can live freely together, without having to enter into the so called legal marriage, as long as they love each other. And when love disappears, as everything does in this world, the people can leave quite



freely, without the humiliating divorce procedure." (Pataki, 1988, 196).

No one in the Gorky Colony staff was a member of the Communist Party. The komsomol group was established under pressure only in 1925. Makarenko had a reserved attitude towards the Communist Party up till 1927.

2. The year 1927 was a turning point in Makarenko's attitude towards the Communist Party. One of the reasons to his new attitude was his relationship to Galina Stachievna Salko, who worked as the chairman of the commission for minor offenders in the Kharkov area. Salko later became Makarenko's wife. Galina Salko was an active member of the Communist Party, who was able to arouse Makarenko's interest in the party with her friends.

3. In the late 30's the Stalinist persecutions gained strength in the Soviet Union, and Makarenko was slightly concerned about his safety since he had a brother who was a former White Guardist living in exile. As a result, his attitude towards the party and Stalin changed. Makarenko's texts after 1936 are characterized by a admiring attitude towards Stalin, which comes up also in some of his book reviews and public appearances. It is hard to find reasons for that: how far was it real conviction and how far necessary adjustment to the prevailing conditions? (Anweiler, 1966; Hillig, 1988c; Pataki, 1988).

His attitude towards Stalin did not affect Makarenko's education work, since he already left the Dzerzhinsky Commune in 1935.

Ference Pataki (1988) characterizes Makarenko's attitude towards socialism as practical. Socialism is not a finished system that can be put into effect according to a prescription written in advance.

"... in socialism a society that continuously collects experiences, critically analyzes its ways of life, allows plenty of room for individual and collective perspectives, i.e. a society "in motion, in continuous development". Today we would say: in a state of permanent reform." (Pataki, 1988, 204).

Despite the differences in social systems and historical periods, the values guiding Makarenko and Jones' practical work do not seem to differ much from each other. They both emphasize the importance of a basic level of democracy

as a precondition for individual personality development. They also both take a stand for social justice. In this respect the differences between Makarenko and Jones are seen in that Jones speaks for the democratization of society, and Makarenko's world view after the 20's is based on socialist and communist ideals.

## **2. DEVELOPMENT OF ACTION**

### **2.1. Crisis of the traditional functional model**

Fairly soon both Makarenko and Jones noticed that traditional education and treatment methods were unsuitable and insufficient. Mere medical treatment and insufficient staff for individual therapy forced Jones to develop educational methods for a large patient group. He did not forget the nurses' expertise and experience, and made an exception to tradition and put the patient files at the nurses' disposal and asked them to make suggestions for treating the patients.

Makarenko's effort to influence his charges with friendliness, empathy and discussions soon led to a dead end. He had to face the charges in their terms, speak their 'language' and to win their confidence by 'superior force'. In the first violent conflicts with the charges his actions were not even approved by his colleagues.

Maxwell Jones explains that the radical change in his orientation was a result of the critical circumstances in the war and of the unreserved support from the hospital administration.

"The crisis of war, for one thing; there was greater freedom to change things. Everything was temporary, and we didn't have to stick to tradition -- we could try new approaches. There was the newness of the situation: we weren't limited by the timeworn practices of Maudsley Hospital, for example. And remember, we had full support from above, I can't emphasize that too much. Both Sir Aubrey and Walter McClay were behind us from the beginning.

Dennie (Briggs/K.M.): They believed in you?

Max: But more important, I think, we were making our own destiny rather than having it forced on us or even being content with what came our way. ... ..

... ..

Let me add that in the ex-POW experience, I also saw for the first time the importance of social action in rehabilitation, and for that matter, in mental health generally. People must have a sense of redress for wrongs and a belief that they do have some power to change things that are important to them." (Briggs, 1986,2/ 26-27, 29).

When he started treating psychopaths and sociopaths at the Industrial Neurosis Unit of Belmont Hospital, Jones did not know how to act and did not conceal it from the patients, but demanded of them to take responsibility for their own treatment and for the whole community. In these conflicts Jones had to speak the patients' language and to meet them in their terms in order to give confidence a chance to develop.

## **2.2. Releasing the creative capacity of the staff**

During his studies Jones was already disappointed with the doctor-centricity and unempathic treatment of patients in hospitals. Already before Mill Hill he was convinced of the chances of team work and tried right from the start to make the staff into a well working team, where everyone would have a chance to influence and to be heard. His open and equal working manners with the nurses created opposition among the nursing superiors at Mill Hill, but the hospital manager supported Jones. This was how the staff had a chance to work up their work roles to suit their personality and to influence in a creative way the development of the whole community.

This strengthened the community spirit, improved the atmosphere and led to discovering communal forms of action. The nurses kept a diary of their patients and made proposals according to what they thought would be best for the patients. Meetings with nurses concerning the treatment of the patients turned out to be irreplaceable opportunities for learning (congruence of treatment and

education). The creativity discharged itself in writing and presenting short plays about the patients and the community (group projection method). Actors, artists and others representing different fields in civilian life can also make their contribution to this kind of community. To illustrate Jones' lectures, a story of a patient called Nervy Ned was drawn up and hung on the walls of the lecture room. At the Industrial Neurosis Unit of Belmont Hospital the social worker made home calls and had such good experiences from them that it was decided to establish family groups.

The courses of action at the Gorky Colony led by Makarenko also developed mainly from the staff's skills and ideas. Eduard Nikolayevich Sherre, an agronomist, had complete freedom of action to develop agriculture (RL, I, 221-226), Sofron Golovan repaired the colony smithy and taught the boys the work of a blacksmith, under wheelwright Kozyr's charge the wheel trade started to bloom and bring profits to the colony (RL, I, 81-82), Zinovi Ivanovich Butsai, an artist, inspired the leisure time activities. The colony offered the staff vast opportunities to self-realization and creativity.

In Makarenko's colony and later commune acting was very popular. The charges and the staff performed plays written by playwrights and by Makarenko himself; his plays usually concerned commune life and were directed by him as well. According to Makarenko, the theatre club, which was later transformed into a detachment, had a positive effect on both the collective atmosphere and the language that the charges used.

In the beginning, the staff lived together with the charges. In the first few months the whole staff consisted of only five persons. Makarenko tells about the first "staff problem" concerning the leadership of the colony, when a former soldier, Kalina Ivanovich Serdyuk, finds it hard to accept Makarenko's being the leader of the whole colony and suggests a shared leadership: Makarenko would be the pedagogical leader and he the financial. Makarenko thought that someone should be the leader of the whole colony and proposed that Serdyuk be the one and Makarenko his subordinate. Serdyuk did not think he had the required qualifications for that, but now he could accept Makarenko's leadership. Makarenko describes the incident as his first educational task (RL, I, 33-34).

In educational questions the staff seemed to be Makarenko's tool, from which he expected unity and a uniform attitude towards the charges (Ostromenckaja, 1979, 68). In the beginning the small group of educators had to go through heated discussions in order to find the right methods. In those disputes

Makarenko was often left alone, but he kept his course. After he had gotten a reliable core group of the charges behind him, Makarenko found support for his methods and became more independent of his staff. He says that in the last years he even tried to work without educators (Makarenko, 1974, 77). Makarenko does not write much about the staff community as separated from the colony and the charge community, but he does write about individual educator personalities, good and bad. On the other hand, he pays much attention to the composition of the educator collective, and to the relations and division of labor between the educators and the autonomous bodies in the colony. The educators and the teachers worked under the authority of the autonomous bodies, and they did not, for instance, have the right to punish the charges (Pecha, 1969).

The influence of a weak educator community comes up in a concrete way during the transfer to Trepke, when the colony functioned as two communities. The community in Trepke turned out soft and weak because of bad educators. The educators' individual temperament and personality is given room as well as in Jones' community, and Makarenko likes to introduce various educators and their influence on the community and the charges.

An important factor common to both Makarenko and Jones is that the staff always transferred together with the leader and the community. Jones had mainly the same staff at Mill Hill as at Dartford and the Industrial Neurosis Unit of Belmont Hospital. A social worker (Joy Tuxford), who had worked with Jones at Belmont Hospital in the 50's, worked several years at Dingleton as well. Makarenko's staff went with him to Trepke, Kuryazh, and some of them even to the Dzerzhinsky Commune. The colony moved to Kuryazh on one condition: the former staff had to be dismissed and Makarenko allowed to bring his own staff along.

An interesting detail of Makarenko and Jones' personnel policy is the emphasis of a young woman's positive influence on community action and morale. Makarenko emphasizes this when he speaks about the composition of the staff. An educating collective must have older, experienced educators as well as one girl who has just finished her studies. Not only does a girl like that come to learn from the older educators, but also makes them take more responsibility for their normal work (Makarenko, 1974, 81).

Jones conscientiously organized the positions of social therapists at Belmont and activity assistants at Dingleton.

"Because I believed that the young women we had in our earlier projects were the key to what had happened, I set up a new position, called "social therapist" (Briggs, 1986, 2/39).

"The sense of rhythm and general vitality of these young people seemed to awaken latent potentialities within the patients." (Jones, 1968, 17).

### 2.3. Meetings

The lectures that Jones gave at Mill Hill gradually developed into discussion events, the topics of which covered the whole variety of community life. It was just the regular meetings of both the staff and the patients that broke the barriers between them and proved the effect of the peer group. At Dartford, which had three times as many patients as Mill Hill, community meetings were held in the wards. In the Belmont Hospital Unit community meetings were held every morning. They were led by a patient and each group gave their report at the general meeting. At first deviations were handled in a separate meeting, but after a while these meetings were combined. Dingleton Hospital, which had 400 beds, also had meetings for the whole hospital with staff and patients from various wards.

In Makarenko's colony things were discussed and decisions made together right from the beginning. Common meetings gained a stabilized position as the colony grew and formed a daily practice. The development of Makarenko's collective can be seen through two episodes. The first stage was the conflict with the charges which led to Zadorov's hitting and taking the reins authoritatively into his own hands. The second stage is represented by using the general meeting as a collective court after Burun had turned out to be the primary offender in a series of thefts. The judgement Burun got from the general meetings shows that the charges had assumed responsibility for the whole community and for each other.

As Makarenko's collective grew, the length of the general meetings was limited and their course always followed the same pattern starting with the commanders' announcements concerning their detachments and moving on to

handling violations of regulations and matters concerning the whole community.

Jones states that the first rule at the Belmont unit was that only one person speak at a time and not for too long. Also in Makarenko's collective they ended up limiting the duration of each address in the general meetings.

The functions of the general meetings with Jones and Makarenko were very similar: taking care of open communication, fixing common rules, handling violations of agreements and regulations, discharging a charge/patient, planning activities and how to carry them out, and handling conflicts.

Makarenko's collectives ended up in having clear contracts of the decision-making power of the bodies. The general meeting was the highest decision-making body, and Makarenko also had to yield to its resolutions. In Jones' communities the leader and the SSC (Dingleton Hospital), which consulted with the community meeting, had the decision-making power. Jones could not think of a single incident, when the SSC would not have yielded to the community meetings resolutions.

General meetings and ward meetings made certain that the charges' and the patients', as well as the personnel's, needs and hopes could come out, and they offered a democratic forum to fit them together.

As at Jones' hospitals, Makarenko's colony had detachment meetings. Makarenko and Jones' communities had plenty of meetings for decision-making bodies, where everyone who was interested could take part.

#### **2.4. Role of the peer group**

One of Jones' most important discoveries in view of developing the community was the effect of the peer group, i.e. the other patients, on the patients' behavior, attitudes and treatment results. Also using the charge community in judging Burun shows that Makarenko had realized the value of the peer group in influencing the charges at a relatively early stage.

Both Jones and Makarenko emphasize the importance of a core group. Jones emphasizes that in order to maintain the level of the community, a group of long staying patients is needed. If they leave within a short time, the community may regress and maintaining the culture depends on the staff.

At Mill Hill and Dartford the average length of treatment was a little less than two months and at the Belmont unit from four to six months, and a year at the most, and the staff had a crucial responsibility in maintaining the community level and culture. Makarenko's charges usually stayed in the collective for years, where the turnover was slower, and the community level could rest more firmly on the charge community.

Because Makarenko's charges stayed longer in the collective, he had a more favorable opportunity to study the core group as an indicator of the community development. Based on his experience, he sees the establishment of the core group as an intermediary phase in the development of the collective from authority and demanding used by the leader to authority and demanding used by the whole collective.

## **2.5. Meaning of work**

In the rehabilitation center for ex-prisoners-of-war, work in normal jobs was a beginning for integrating work to the action of a therapeutic community. In the Belmont unit, which was expressly meant for chronically unemployed people, work inside and outside the hospital formed a central part of the rehabilitation. Old buildings and furniture that had decayed during the war needed repair and thus offered meaningful and, in view of the community, valuable work for the patients.

Makarenko started his colony in even simpler and poorer conditions than Jones. Repairing the buildings, chopping wood, making furniture and starting agriculture with its necessary purchases actually forced both the educators and the charges into hard work.

Both Jones and Makarenko saw work as an integral part of community action. In Jones' communities the function of work remained therapeutic and different chores were also later connected to community maintenance. In Makarenko's colony the meaning of work remained an integral part of education, but changed its nature from necessary maintenance work into productive and industrial work in the Dzerzhinsky Commune. At the same time it functioned as a form of professional education for the charges.



Common to both Jones' and Makarenko's methods was discovering the educational and therapeutic importance of leading and being led, which in practice meant electing charges and patients as leaders of work groups.

## 2.6. Social learning

Jones considers social learning, that is learning through studying personal experiences and communal life, as the basis for the development of a community. The learning process can be described in a simplified model which I have also discussed with Jones himself:

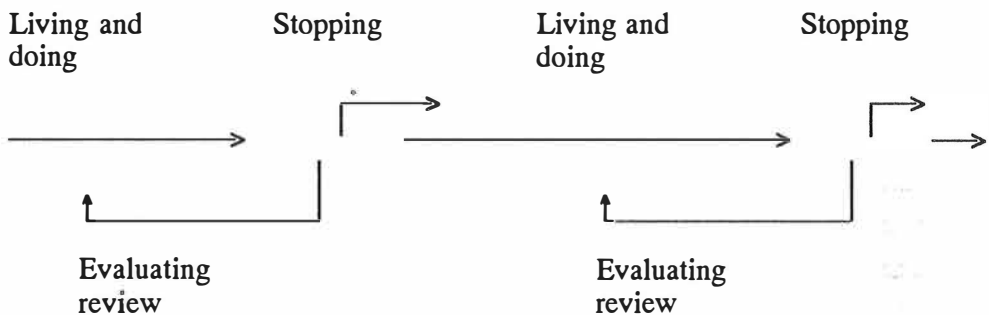


FIGURE 1. "Model" for social learning.

At the community meetings each morning the events of the previous evening and night are openly discussed, after the general meeting the staff 'stops' for their own meeting and talks about the general meeting. Also, the work groups 'stop' after work and 'evaluate' how it had gone, how each person had experienced it, or any other matter, for instance something that had stuck in someone's mind from the morning community meeting. In Jones' conception of social learning the precondition for individual and social growth is stopping together to study what has been done and lived through.

According to Jones, handling crises and conflicts offered the best opportunities for learning. He pays special attention to the timing of handling a crisis: not too soon and not too late. Interfering in conflicts too soon hinders open expression of feelings and interfering too late may let the crisis develop too far. If the handling is put off, for example, until the following day, opportunities for learning are lost because people's genuineness and spontaneity become covered as a result of rationalization and other defenses.

Makarenko does not question the handling or timing of crises from the point of view of learning or growing like Jones does, but he does act 'right'. He lets the problems come to a head without interfering too early. For instance, the previously mentioned acts of stealing led by Burun or handling the violence caused by antisemitism in the collective are good examples of this.

Daily meetings also functioned in Makarenko's collective as a means of social learning, since they included discussions and 'evaluation' of what had been done together including problems and successes. Each commander gave a report of his detachment in the general meeting based on which the whole collective could take part in solving problems, conflicts and crises when necessary.

The arrow pointing forward in the model refers to common decisions and agreements on future activities based on examining 'what has been done and lived through'.

## 2.7. Aesthetics and dreams

The beauty of the surroundings played an important role in both Makarenko and Jones' communities. Already when working at Mill Hill Jones stated that the community meetings were held in the most attractive room. At Dingleton, Jones had the patient rooms renovated, a wall that darkened the geriatric ward pulled down and the common rooms improved (entrance hall and dining room), and a canteen and a cozy cafeteria were opened.

Makarenko's collectives made themselves conspicuous by their beauty and cleanliness both in the inside and because of the well kept surroundings. Makarenko considered cleanliness and dress a crucial part of his charges' re-education and raising of their self-confidence. It was just the effect of change

in the outward appearance that his explosion method concept in taking in new charges was based on.

A central part of Makarenko's pedagogics was cherishing the future perspectives of the individual and the community. He also had his personal dreams, one of the most persistent of which was to establish an autonomous children's town. He made concrete plans for it, but they were never carried out. The town would have comprised thousands of units divided into semi-autonomous collectives and it would have functioned under Makarenko's leadership.

Dennie Brigs brings up a similar dream of Jones' to establish one day a village for disadvantaged people.

"You wanted to transform Dingleton from a mental hospital into a geriatric village, where older people could run their own affairs and be self-sufficient to a great extent. You almost accomplished that.

Max: Yes. I had hoped they could set up their own industries and be totally self-supporting.

Dennie: When you first went to Arizona, I remember, you envisioned a similar settlement on a reservation for Native Americans who had chronic alcohol abuse problems.

Max: That was a good idea that never got off the ground." (Briggs, 1986, 2/61).

The "Tomorrow's joy" that Makarenko spoke of also helped himself as well as Jones to cope with their difficult and persistent work in developing education and treatment communities.

### 3. LEADING A COMMUNITY

There are many similarities in Jones and Makarenko's way of leading and organizing their communities, but also crucial differences. The crux of Makarenko's leadership conception was the principle of individual command,

which covers everything from leading the whole community up to leading detachments and mixed detachments.

Makarenko came to this conception gradually through experience. His study was practically open to anyone to come in at any time. Both the staff and the charges felt themselves comfortable there. At times Makarenko found that embarrassing, but in the course of the years he got used to it and even began to feel that the noise helped him to concentrate on his work. This was also how he was able to be fully aware of his charges' matters and the general atmosphere. Makarenko states that a collective must have an educating center that is the leader, Makarenko himself.

During the first years of the colony Makarenko's presence and active control of matters was necessary. For instance, Makarenko had to interrupt his studies in Moscow since the development of the colony became threatened. Makarenko's attitude towards democracy that starts from below was suspicious, at least to the authorities, up to the end. This comes up in his attitude towards electing the commanders. The commanders formed the Commanders' Council, which was the central administrative body in Makarenko's collectives. Occasional regressions in the collective development were due to unsuccessful commander choices in the detachments. If Makarenko or the Commanders' Council had elected the commanders as in the beginning, these regressions might have been avoided and Makarenko spared from the excessive work and worries they brought along.

Maxwell Jones' idea of leadership and democracy, again, emphasized basic level democracy and shared decision-making which was realized also in multiple leadership. When Jones noticed that he had a tendency to dominate others, he started to choose his colleagues from brave and independent people, who were able to confront, act as facilitators in conflict situations, and realize the function of containment. At Dingleton this principle took shape in **multiple leadership**, where Jones emphasized transferring power to the leadership group and to the whole community after the leader had, with the support of his authority, created an organization that functions democratically. Multiple leadership supports the maintenance of the therapeutic community even if the leader changes.

Makarenko and Jones' practical leadership manners may not be very different if we do not count Makarenko's military overtones in formal situations. Both practiced very participating leadership manners. Jones wanted to be aware of the atmosphere and actual state of the community. That was why he at

Dingleton took part in every sensitivity training group for the staff. Like Makarenko, Jones found direct contacts to all members of the community very important, and he was available at Dingleton for anyone in an emergency. It was for the people to define when they were in such a state. In their active and participating leadership manners both Makarenko and Jones supported the democratic cultures of their communities, and acted as personal models for the staff and the charges and patients.

There are also other common features than the constant availability of the leader in the function of the administrative bodies. Even though both Makarenko and Jones had formally very much power, neither one of them used it over or above the community's will after the democratic structure of exercising power had been established. At Dingleton Jones acted according to the principles of decentralization of power and consensus in the Senior Staff Committee and does not once remember having made a unilateral decision. Neither did Makarenko exercise his power against the Commanders' Council or general meeting resolutions.

Another common feature for Makarenko and Jones' communities was that the meetings of the decision-making bodies were open for anyone to attend. All those who were interested were able to go and listen and express their opinion at the SSC at Dingleton and in the Commanders' Council meetings in Makarenko's collective. Also in practice, others than the actual members of these bodies were constantly attending the meetings.

This kind of exercise of power that broke the levels of hierarchy guaranteed an open flow of information in the community. The decision-making bodies knew fully all the matters that were relevant to making a decision, and the reasons for the decisions were known to everyone that had been present. This was how distrust between decision-makers and the basic level was prevented. The fact that everyone had a chance to affect matters concerning himself or the community on all levels of decision-making promoted justice and identification with the community.

The administrative structure in Jones and Makarenko's communities that works according to the principles of open participation and influencing can be called 'upward permeable'. The idea is demonstrated in the simplified figure below.

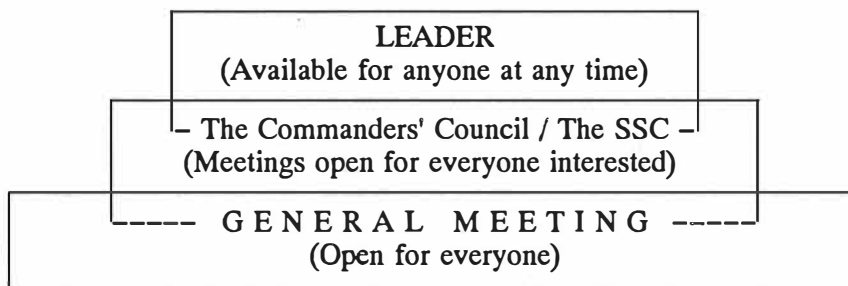


FIGURE 2. 'Upward permeable' structure of administration in Maxwell Jones' and Anton Makarenko's communities.

Makarenko and Jones' leadership manners can be characterized as participating leadership. Their manner of carrying out participating leadership could more accurately be described as **leading an interaction process**, where it is crucial to develop the community and to make decisions through group and community processes in common forums organized for that purpose.

#### 4. RELATIONS TO THE ADMINISTRATION OUTSIDE THE COMMUNITY

Even though the starting points were propitious for both Makarenko and Jones, before long they had to defend the functional autonomy of their communities against the tightening control of outside administration.

It was difficult for the officials in the educational administration to accept certain features in Makarenko's pedagogics, such as self-government of the charges, military features ("command pedagogics") or punitive practices. By the end the relations got so strained that the inquiry committee that was sent to the Gorky Colony came up with a statement saying that Makarenko's pedagogics was not Soviet pedagogics at all. This was the last straw for Makarenko and he transferred to the commune established by the Cheka (GPU) and named after Felix Dzerzhinsky as a memorial to him.

After a start with financial trials, industrial production was started in the community and it was developed by constructing factories for manufacturing electric drills and cameras. The conflicts with the administration arose from the question of whether the emphasis should lie on the productive or on the educational side. The fate of the educational viewpoints is well described by Makarenko's transfer into a leader of educational matters while he was on a traditional summer trip (to the Caucasus in 1931) with the charges. Since the fall of 1931 a new leader, who was a member of the GPU and the Communist Party, was now responsible for the whole community. After Makarenko's position had been changed, he started to devote himself more and more to writing and to actively seek his way elsewhere (Hillig and Weitz, 1979; Hillig, 1980, 133).

Jones' conflicts with the administration started at the Belmont unit and were about the unit's position as a part of the main hospital. The main hospital feared that the situation in the unit was not under control and that moral standards were violated. The superintendent of the main hospital organized a committee with the sanction of the Regional Hospital Board to investigate the unit. Jones was alone in the hearing and describes it as one of the most humiliating moments of his life. When there were no faults to be found in the unit operation, the superintendent organized another investigation through the National Health Service, which did not find any complaints either.

Jones still had to defend his unit before the Church of England in Church House in London, because rumors about the unit's morality had been spread that far. Even the Church could no longer make remarks about the unit morality in the hearing. As the reputation of the unit grew, it was allowed to operate in peace and received an autonomous position. Eventually just before Jones' departure the unit was renamed Henderson Hospital and it was detached from Belmont Hospital and became an independent hospital in 1959.

Before transferring to Dingleton in December 1962, Jones also met with interference by outside administration in the operation of the Oregon State Hospital in the United States. As a result of the governor's pressure, Jones was found guilty of the "poor" development of the hospital and discarded from his post.

At Dingleton, co-operation with outside administration began well, but because of rumors concerning sexual morals and the recruitment of activity assistants on the hospital's own initiative, the situation drifted into a crisis. Jones was asked to a hearing in Edinburgh. The previous experiences had taught him not to go alone, but to take his closest colleagues along. The out-

come was the same as at the Belmont unit: they found nothing to blame except for the lacking of formal acceptance for the recruitment of the activity assistants. The strategy of personal confrontation that Jones used in settling conflicts was a great success and confidential relations to regional administration were restored.

The control of outside administration created, both at the Belmont unit and in Makarenko's collective, a threat from the outside, which strengthened the sense of solidarity among the staff and the patients/charges and can be seen as a positive feature.

A similarity in the administrative position in Makarenko's Gorky Colony and Jones' Belmont unit was their independence of local administration and the possibility to recruit charges/patients beyond local boundaries. For the preservation of the preconditions of development both Makarenko and Jones had their supporters in the administration to thank.

In the first years of community development both Makarenko and Jones had their supporters in the outside administration. Without these supporters who trusted Makarenko and Jones, the development work would hardly have been possible.

## **5. ABOUT DEVELOPMENTAL PRECONDITIONS IN MAKARENKO AND JONES' COMMUNITIES**

Both Makarenko and Jones' communities were established under critical conditions that reflected themselves to the outward, administrative and inward preconditions of action. In this sense Makarenko and Jones' communities did not differ from other similar institutions, out of which, however, did not spring up any historically important reforms. That is why the effect of the personal characteristics of these two pioneers cannot be ignored. In the following I will discuss social and communal features and those connected with the leader's personality.



### 5.1. Importance of societal conditions

The exceptional conditions during the war and the period right after the war weakened the traditional, bureaucratic administrative control of education and treatment communities. Officials with administrative responsibilities were satisfied if the action was at least somehow guaranteed through the altruism and self-denial that the workers and volunteers manifested. Breaking statutes was tolerated and winked at. The administrative-operational autonomy of the communities guaranteed room and freedom to promote creativity of groups and individuals, and both Makarenko and Jones' communities were able to utilize it.

The undeveloped state of educational administration gave Makarenko a great administrative-operational autonomy in the critical phase at the beginning, and it made it possible to choose the educators (even though trained educators were few), to discharge the charges (but not to select them), and to have ample chances for decision-making inside the community.

Rather soon the hold of the social bureaucracy started to tighten and Makarenko had to use more and more energy to defend his colony and educational activities against the criticism of the administration of educational matters as well as the pedologists that had joined forces with them. In eight years the conflict became so critical that Makarenko had to leave the Gorky Colony.

Makarenko was convinced about the importance of the administrative-operational autonomy already at an early stage. In his letter to Sugak (March 24, 1923) Makarenko writes that he had demanded the right to choose and to dismiss the teachers, the right for a free method and curriculum, for maintaining discipline, for establishing an orchestra, and for taking a loan at the beginning (Werke VII, 480). The same viewpoints concerning autonomy were also present in Makarenko's plans for organizing a Children's army corps in the Kharkov area (Werke VII, 434-439, 482-483).

Regardless of the tightening control of the administration of educational matters that Makarenko rather sharply describes in RL (II, 277, 291-292, 317-318), he also had there his supporters like the first People's Commissar for Education in the Ukraine, G.F. Grinko, the head of the Central Department of Social Education of the Ukraine, V.A. Arnautov, P.P. Postyshev from the Communist Party (Gordin, 1990, 14), M. N. Kotelnikov, an inspector of People's Education, (G.W. 1, 107-108, 111) and Galina Salko (after 1927), who later on became Makarenko's wife.

Jones (1952, xiii) describes the meaning of wartime and social values in the development of the therapeutic community:

"War-time needs with the huge volume of psychiatric cases and relative shortage of psychiatrists gave a tremendous stimulus to social methods of treatment in psychiatry; but probably more important is the changing cultural pattern in Britain. It appears to us that, in this country at least, the community is today assuming social responsibilities which would not have been contemplated a generation ago. This growth of a social conscience goes much deeper than the political changes which have occurred during recent years, although these are themselves a manifestation of social change."

In his letter from January 1, 1987, Jones describes social conditions after the war:

"The morale in Britain at the end of WW 2 was high and the social climate favored change – especially change in the direction of liberal reforms – the abuse of authority by the Nazis was not easily forgotten. Peace and international security was high priority and led to the formation of the United Nations in 1945, UNICEF in 1946 and UNESCO in the same year.

Again I agree with your assumption on the political climate. I for one was very conscious of work of the Fabian Society a non-Marxist organization which led to the formation of the UK Labour Party in 1900 and before that the trade union movement etc. The Disabled Persons Employment act of 1944 was another milestone."

According to Manning (1989, 12–13), the general desire to change from the experience of military rule to a more egalitarian and better community was embodied in the massive Labour victory in the general elections of 1945.

## 5.2. Importance of inner conditions

The societal crisis caused by the wars reflected itself in the operation and daily life of both Makarenko and Jones' communities. Material needs and primitive conditions provided the setting: Makarenko started in a decayed and deserted former children's home, Jones in a hospital established in a school. They both had a small staff with a poor professional education.

Because of scanty resources, the contribution of each member in the community was valuable. It was easy for the professionally uneducated staff to depart from the traditional roles, which was of great help in breaking the inner hierarchy of the community. When professionalism stayed in the background in treatment and education, it was also replaced by closer, more genuine and comprehensive relationships with the patients and the charges. Strict boundaries receded here also when the charges and the patients actively took part in handling the community matters, developing activities and solving problems (Jones, 1952, 14).

In his letter from January 1, 1987, Jones refers to the meaning of the circumstances:

" ... a reorganization of the hospital society was needed with a greater degree of social penetration between the 3 main sub-groups, patients, nurses and doctors. Thus the original hospital hierarchy was broken down and free communication between doctors, nurses, and patients established ... .. It is doubtful if the rapid metamorphosis which we witnessed could have occurred in peacetime; hospital traditions are strong. (However, we were helped by the temporary nature of the hospital and of the nurses who were drawn from other professions, together with) the general tendency to change which was apparent in many spheres in war-time."

This kind of mixing of roles and blurring of boundaries could have remained only a passing phenomena or just occasional episodes if Makarenko and Jones would not have created a stable basis for them with their personal example, action and exercise of power. They both gave up the traditional way of leadership and bureaucratic exercise of power and were prepared to face the staff as well as the charges and the patients as equals.

Both Makarenko and Jones had a chance to develop their communities for many years with almost the same staff. They both emphasized the impor-

tance of a good and uniform staff community for the action of a collective and a therapeutic community. In an interview, Jones stated that the most important prerequisite for establishing and developing a therapeutic community is the creation of the staff community. According to Jones that is also the most difficult task. Likewise Makarenko did not want the Kuryazh staff when the colony moved there, but he wanted to bring his own staff along.

The fact that the cooperation was based on equality and democratic decision-making created a sense of solidarity and preconditions for constant development. Both Makarenko's charges and Jones' patients were normal as far as their intelligence was concerned even though their personalities were to some extent disturbed. At the beginning, Makarenko's charges were often abandoned teenagers taken into custody because of insecurity rather than hardened criminals or unsocial children or youths. Jones' patients at Mill Hill and Dartford were also victims of a social situation, whose disturbed state was usually not serious. This type of group of charges and patients offered relatively secure chances for the development of a responsible community after mutual trust had first been established.

In the background of Makarenko's democratic course of action are found not only the common revolutionary values and the actuality of the idea of autonomy in institutional education, but also his personal characteristics. Thousands of educators and institute leaders worked under similar conditions at that time, but Makarenko's role as a reformer of Soviet education exceeded them all in significance. That is why an explanation for Makarenko and Jones' achievements can be sought in their personalities.

### **5.3. Importance of Makarenko and Jones' personalities**

As leaders, both Makarenko and Jones showed freedom of prejudice and courage in departing from the familiar and secure roles of leader, teacher/doctor and the possibilities they offered for exercising power. They both stepped down from the authoritative pedestal and started solving problems and developing activities together with the staff and the charges/patients. Courage was also required when they defended the administrative-functional autonomy of their

communities. Both Makarenko and Jones endangered their positions in those conflict situations.

A mere alliance with the staff and the charges/patients does not yet guarantee the development of the community. Both Makarenko and Jones had to confront themselves also with the staff and the charges/patients and to come out of these conflict situations in a way that promotes the development of the community. This required not only courage but also intelligence and exceptional social skills, and charisma.

Without perseverance, purposefulness and enormous energy it would not be possible to accomplish such a task of almost two decades that Makarenko and Jones had in developing collective education and the therapeutic community. In addition, it requires a firm ethical and moral conviction of people's true equality, justice and democracy. Makarenko included them in the socialist ideology and the communist morality.

All the above mentioned characteristics have come up in Makarenko and Jones' own writings as well as in the statements of their colleagues and friends. However, not all the talented, persevering and courageous men have created anything exceptional. It can be said that Makarenko and Jones' talents were offered under exactly the right historical conditions and at exactly the right time. Moreover, certain contradictions can be found in their personalities that obviously have motivated them to this enormous performance.

### **5.3.1. Makarenko's personality**

Most of the writings on Makarenko's personality have been done by his former students and colleagues. Some descriptions come from other contemporaries that have met Makarenko in various connections (Hillig & Weitz, 1973, 69–140; Kumarin, 1976, 101–206). Makarenko describes himself in "Learning to Live" as the leader of the Colony:

"The director sat at his desk turning the pages of a book. There was nothing distinguished about his appearance. He had a clipped moustache, wore rimless pincenez, and his hair was cropped short. The eyes he turned on Igor were quite ordinary eyes, grey in colour and rather cold in expression." (LL, 65–66).

After discussing a while with the director, Igor's picture sharpens:

"Alexei Stepanovich looked Igor straight in his eyes and then Igor realized that there was nothing cold or dull about this man with such an alert and peremptory expression." (LL, 67).

Descriptions written by Makarenko's former students and colleagues usually after his death, are almost solely positive, even idealizing. Former students Seymon Kalabalin (Karabanov in RL, who since 1927 was part of the colony staff) and Yefim Roitenberg (a student in the Dzerzhinsky Commune) picture Makarenko as a person with a functional imagination and interest in his students. The same features are emphasized in the memories of Nikolai Fere, a member of Makarenko's staff:

"There was no end to the variety of methods which Makarenko used to bring his influence to bear on his charges. In each individual case he would adapt his tactics and act in a new way without repeating himself." (Kalabalin, 1976, 168).

"Makarenko had a different method of approach to everyone of his charges and on every occasion." (Roitenberg, 1963, 90).

"Anton Semyonovich is like this: When you haven't even started to think, he knows already what you are going to think ... .. and he sees everything through and through." (Fere, 1953, 14-15).

After his visit to the colony in July 1928 and naturally after years of correspondence, Maxim Gorky describes Makarenko in his essay "Across the Soviet Union":

"The organizer and man in charge of this colony is Anton Makarenko, undoubtedly a great teacher. The boys and girls in the colony clearly love him and talk about him in tones of such pride as if they themselves had created him. His exterior is a little stern - a somewhat taciturn man in his forties, with a large nose and sharp intelligent eyes; he resembles an officer or a village teacher with a deep sense of vocation. He talks with a slightly hoarse or croaky voice as if he had a cold, has slow movements and manages to be everywhere, see everything ..." (Gorky, 1976, 112).

Gorky's description is rather similar to those of Fere and Makarenko's former charges.

A perfect self-respect and self-acceptance are not necessarily the best spur and stimulus to ambition. According to Morris Rosenberg (1965, 119-

127), balanced and self-accepting boys, who are the youngest children in the family, had very low ambition. Makarenko's tendency to call attention to himself, to forget to mention the models of his communities or the pedagogues or writers that had inspired his thinking, except for Gorky, are all indications of a vulnerable self-concept.

H. Vaschenko, Makarenko's contemporary, a psychologist and an educationist who knew him well, brings up this same vulnerable side in Makarenko's personality. Vaschenko says he met Makarenko at conferences in Poltava and on a visit to the Gorky Colony with his assistant in 1925. Vaschenko describes Makarenko as a self-centered and narcissistic man.

"The first thing that I'll have to state here, is that Makarenko is really not an average man. He had great abilities both as a writer and as a practical pedagogue. Concerning his theoretical views of pedagogy, his too strong self-confidence which verged on narcissism had a detrimental influence on him, impaired his objectivity and resulted in a lack of at least minimal criticism towards his own thinking. It might have been because of these reasons that Makarenko presented his pedagogical views mainly in belletristic works. ..." (Vaschenko, 1982, 86).

H. Vaschenko's critical evaluation of Makarenko's personality has of course been influenced by his punishment by exile and his position as a representative of the science of education towards which Makarenko, as is well known, had a quite negative attitude. On the other hand, the conferences Vaschenko mentioned and his visit to the Gorky Colony took place at a time when Makarenko made some of his first public speeches. It is more than probable that he felt quite insecure, and therefore might have behaved defensively.

In light of this hypothetical standpoint speaks Makarenko's letter to Antonina Pavlovna Sugak from the year 1923. Makarenko writes:

"I am now a healthy, strong man, so strong you can not even imagine. The colony has done it. It is just you, my dear madam, that is pathetically crying out: "What has the colony given you?" It has given me so much, Antonina Pavlovna, that you can never even dream about. I have grown another man, I have won a straight line, a will of iron, steadfastness, boldness and at last self-confidence. I am not anymore capable of summoning the council and of asking, for instance, Pugatch of what I should do, because I know exactly what I have to do, and what Pugatch thinks about it, please excuse me, does not interest me at all." (Werke VII, 479).

Makarenko's statement that he has grown into another man in the colony implies that he has not been so self-confident and purposeful before.

Still another analysis of Makarenko's personality is based on the graphological study done by Libor Pecha in 1969. Pecha's analysis is naturally affected by his former acquaintance with Makarenko as Hillig (1989, 222) points out. According to Pecha's (1989, 215–216) analysis Makarenko among other things

- is an exceptionally emotional person
- possesses great will-power and personal radiance
- is rather introverted
- his temperament is explosive
- his relations to other people are not spontaneous or unreserved
- surprises with originality and creativity.

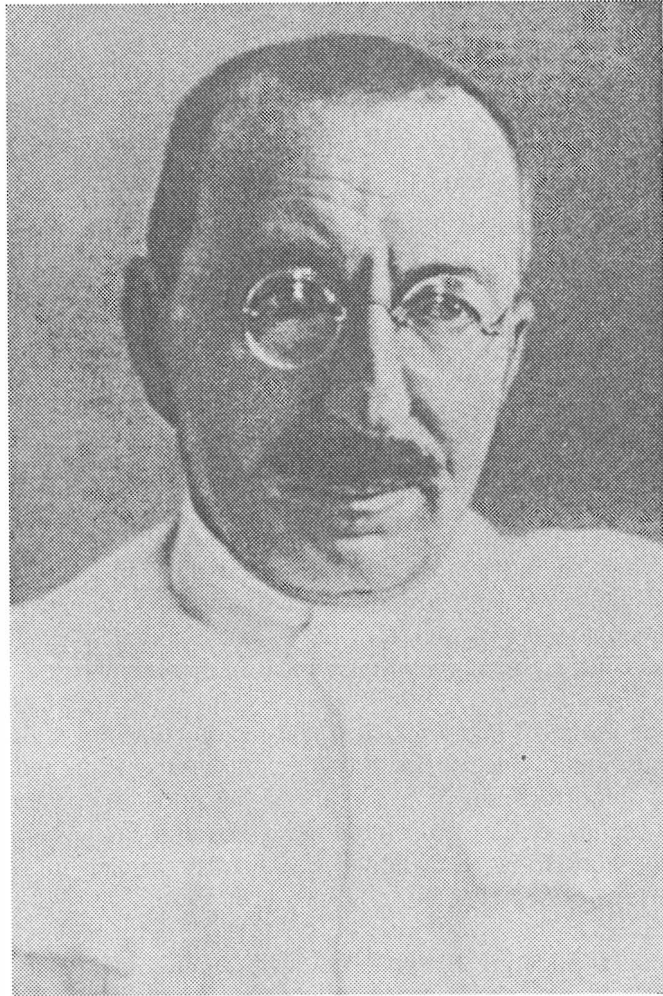
We can get a less idealized picture of Anton Makarenko from his correspondence with his friends and publishers during the last year of his life. The correspondence discloses how the hard criticism of the book "Learning to Live", unfinished works, unfulfilled commitments with producers and publishers, and the weak economic situation had been creating quite severe stress on him. He feels like a lonely, isolated, persecuted man living without love (Hillig, 1988b). In his last letter, written on March 13, 1939 about a fortnight before his death, Makarenko writes to Olga Petrovna Racovic, his previous co-worker since the twenties:

"In my life now there is absolutely no happiness. But for a long time now I have not wanted happiness and I have a repelling attitude towards happiness. I work much, fight much and flare up often, have a lot of enemies, also friends..., only such that want to drink a glass of vodka with me and to chat a little. ... Now I have nothing left in my hands that I would be ready to defend to the last drop of blood. ... .. My sunshine, let us start our correspondence again! I would be terribly grateful for your letter. ... ..

Your A. Makarenko"

(Sirjayeva, 1988, 169–179).





Picture 13. A.S. Makarenko (Moscow 1938).

Makarenko's inner feeling of loneliness, isolation and depression despite his outward activity are also expressed in his letter to V. P. Zacharzevsky in January 1939:

"We live modestly – have little money, visit nobody, and we hardly ever go to the theater." (Hillig, 1988b, 277–278).

In the following I will try to complete the picture of Makarenko's personality as revealed by memoirs, graphological studies and Makarenko's own descriptions with material on his behavior gathered from various events. Even though Makarenko in his letter to Antonina Pavlovna Sugak asserts that he had become a man with determination and self-confidence who is not concerned about the opinion of "some Pugatch", his inner uncertainty calls for continuous compensation on the behavioral level, which reveals itself on one hand in unconscious or intentional (it is hard to draw the line each time) over-emphasis of his own performance, in behavior favorable to himself in the given situation or in forgetting or disparaging matters unfavorable to himself. In the following are some examples of these **behavioral features** of Makarenko.

1. Makarenko wanted to be a Moscovite and suffered from his Ukrainian, provincial background (Hillig, 1988, 183–186).
2. Glantz (1969, 112–113) connects Makarenko's thirst for power and striving for independence (from his father) with his big plans about vast colonies and towns for children, whose leader he himself wanted to be (Werke VII, 432–493). Hillig (1980, 131–132) considers them an exaggeration typical of Makarenko.
3. Even though Makarenko had during the time he had worked as an institutional educator fought against administration and the pedagogical authorities, in his last years he became a supporter (admirer?) of the highest authority in the country, Joseph Stalin, and urged people who worked in educational and literary circles to reveal suspected enemies of society (Hillig, 1980, 129; 1988, 234–242).
4. In his application for post-graduate studies in Moscow (August 24, 1922) Makarenko expresses his desire to continue his studies concerning the crisis of modern pedagogy which he had started in the teachers' institute, and for which he tells he had been awarded the gold medal (Werke VII, 430). It was not, however, because of his thesis that he received the gold medal (Hillig, 1991).
5. In the above mentioned application Makarenko tells that the reason for his transfer from Kryukov to Poltava had been a white army attack on his school (Werke VII, 427), which in reality had never happened (Hillig, 1988, 211–212).
6. In his writings Makarenko does not really refer to or cite other people, and does not even mention by name those that he criticizes. Pecha (1979, 206–207) thinks that is a result of Makarenko's personality or social conditions. Makarenko already passes over the

Korolenko colony at Poltava before the establishment of the Gorky Colony with a few words in RL, and gives a mistaken impression of the date of its establishment and its charges (as if it had been established later than the Gorky Colony) in wanting to emphasize the uniqueness of his own colony. The same goes with the 'model' of the Dzerzhinsky Commune, "the first work commune of the OGPU" in Bolshevo. Makarenko does not refer to Korolenko's production either, even though he was familiar with his educational ideas. V.G. Korolenko's ideas on productive work and the educational meaning of an organized commune bear a fair resemblance to the principles Makarenko had (Hillig, 1980, 130–131).

Based on the foregoing:

1. According to the descriptions of Makarenko's former students and charges, his relationship to them seems to have been very good and close.
2. Conversely his relations to outside colleagues and authorities are characterized by a rigid, reserved and self-centered attitude and proneness to conflicts (Vascenko and Glantz).
3. The following characteristics especially come up in Makarenko's graphological analysis, the validity of which is questionable as mentioned above (Hillig): emotionality, empathy, introversion, unstable self-esteem, tendency towards feelings of inferiority and vulnerability, willpower, charisma and endurance (Pecha).
4. From Makarenko's activities it can be concluded, as almost everyone who has described his personality has stated, that it was his versatile talents, energy and perseverance that made his success possible. But then again, his speeches and writings are often characterized by inaccuracy connected with exaggeration and self-assertion that cannot solely be blamed on forgetfulness (Hillig). The authority conflicts typical of Makarenko are, according to Glantz, striving for independence from dominating father figures caused by Makarenko's family background (relationship to father), and at the same time for support from someone representing a positive, idealized father, who in Makarenko's case was Maxim Gorky. The support and admiration that Makarenko expressed for Joseph Stalin in the 1930's may also be a result of his problems with authorities. Naturally the social situation changed in the 1930's because of Stalin's persecutions and it directly threatened Makarenko's life, which must have influenced Makarenko's positive attitude towards Stalin.

As Makarenko's personality profile thus takes shape, how can his success in developing the communities be explained or understood from it? If we search for Makarenko's driving force in his personality, we can see its source in a feeling of inferiority deriving from his childhood (a clumsy boy with a big nose, eyeglasses and a stern father), which he ambitiously tried to compensate (this is what Pecha suggests, too). Makarenko's talents and moral up-bringing (Fere, 1973) had directed the compensating activities towards studying (the best pupil in his class, applying to Moscow University) and creating an unique career (developing a complete new kind of education 'without a model', building the best collective 'without a model' (Werke VII, 441).

In addition to his success in his career, Makarenko's self-esteem was fed by his position as the absolute leader of his colony (educating center) in relation to both the educators and the charges (cp. his sense of loneliness and depression during his last year). Both Makarenko's manner of choosing educators (for instance, Makarenko considered it a merit for Pyotr Ivanovich that "He took on trust all my pedagogical principles,..." (RL I, 267) and his view of the educator's role as a part of a seamlessly functioning collective both supported his position (Ostromenckaja, 1979, 69-70). The charges (as well as most educators) admired Makarenko and thus fed his self-esteem. In his collective Makarenko felt self-assured and safe ever since the beginning. He did not feel threatened from inside the collective and could behave freely and creatively, which made it possible to move on to democratic autonomy during the first year, which was also encouraged by the contemporary educational trend and experiences from other institutes.

In view of Makarenko's success, the most important thing was his ability to trust the charges and to get along with them. Even though the educating collective is of great importance, the key to success was the confidence between Makarenko and the charges. According to Ostromenckaja (1979, 68), there was no educating collective as a creative community in the Gorky Colony. The whole colony with its complex administration structure was "subject to a sole will".

Neither can we underestimate Makarenko's previous teaching experience of 15 years, from which, as well as from his brother Vitaly Semyonovich, he could have drawn methods and functional models (V. Makarenko, 1973).

### 5.3.2. Jones' personality

#### Jones' own description

As already quoted Jones describes his personality in the introduction of the book "Social psychiatry in practice. The idea of the Therapeutic Community" as having never been particularly bright (Jones, 1968 b, 15). In the interview on August 6, 1988, Jones characterized his personality in the following way:

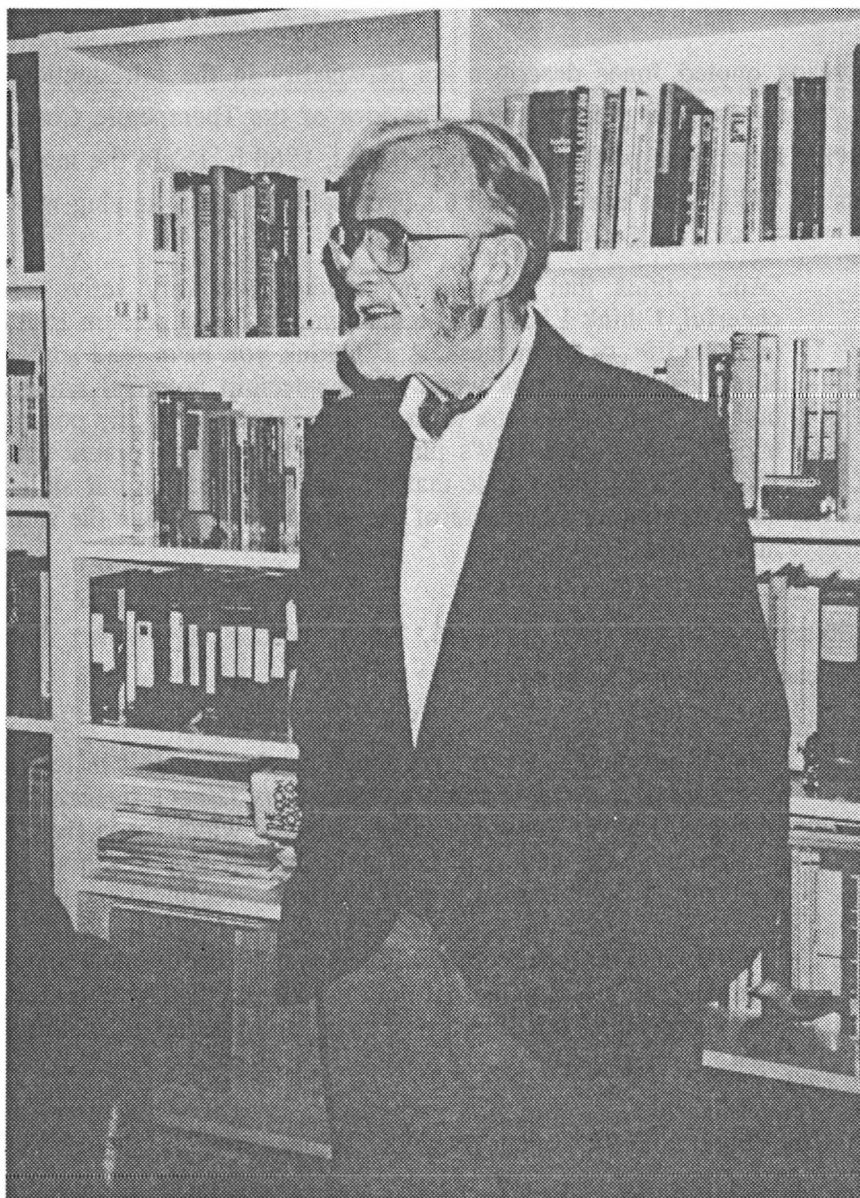
"And I think that because my mother was very active and very cheerful, I think I have that temperament, I very seldom lose enjoyment in life, or joyousness. And I think you have read some of this about my school days when I ... leadership potential emerged and but ... it was always in a team matrix, it was never any policy power trip, it was always "Let's play together, and let's practice together, and it will be our morale that will win as much as our skills". So I had a beginning awareness of the group as more than the sum of the individuals. ..."

Regarding Dennie Briggs' (1986, 2/63) question of whether Jones had always been rebellious, he answers:

"No. In my youth, I was very much conformist. But in retrospect, I rather think that was a reaction against my father's mercenary blood. You see, I never knew my father; he died when I was five. An adventurous young man, I've been told, he left Dublin University, and went out to South Africa to join a mounted regiment."

"But if Gerald (Jones' brother/K.M.) was a rebel, then I was a conformist. The moral values of both my mother and my brother deeply impressed me. I felt inferior to them, and needed an identity of my own."

In the letter from November 14, 1987 Jones described himself as almost always being interested in people, happy, and having much energy, having a strong belief in social equality and that he had spent his adult life in developing social systems of an "open" kind in mental hospitals, prisons, schools, and industry. In addition he had an increasing interest in spirituality and transcendentalism.



Picture 14. Maxwell Jones in his study at his home in Wolfville, taken in January, 1989.

In an interview in *The Medical Post* (April 7, 1987) Jones stated that after the therapeutic community went out of style, he had been left somehow isolated. In our conversations Jones also brought up his disappointment when he last took part in the Windsor Conference, where he felt he met with little response to his ideas. Jones also felt the placement of his article "Therapeutic Communities (Open Systems) and a Global System for Change" in the "Personal Viewpoint" section in the *International Journal of Therapeutic Communities* (1987, vol. 8, no 3) as a sort of a push aside. Jones felt they had established a new section in the magazine because they had not wanted to leave his article unpublished.

#### Maxwell Jones through the eyes of his colleagues

Dennie Briggs, a psychologist, already met Jones in the 1950's and visited both Henderson (1956) and Dingleton Hospitals (1969). Briggs' work especially in prison and school communities had affected Jones. They kept in touch until Jones' death. Dennie Briggs describes Jones in his letter from July 7, 1989 in the following way:

"It is difficult to describe Max; perhaps the enclosed dialogues will give you some ideas. He is utterly kind and mindful of all things (the incident of him rescuing a moth from the swimming pool is one example). A democrat in the highest sense; even people who do not agree with him acknowledge his insistence on democratic, open structures. His admitted tendency to want to control situations and people (manipulate) he's tried to contain by procedures he developed. He has had a tremendous effect on my life and we go to great lengths to keep contact. ..."

The Hospital Secretary/Treasurer of Dingleton Hospital, James (Jimmy) H. Millar, was one of Jones' closest colleagues during his time at Dingleton. In his book "The Process of Change" Jones describes Millar's work as the intermediary between the administration and the hospital in a very positive light. Mr. Millar describes Jones in his letter from February 26, 1989:

"Dr Maxwell Jones, C.B.E.

This man has unique qualities as a psychiatrist and also as a leader. He is a gentleman in the true British sense of the term and commands respect for his knowledge of humanity gained as a result of his world wide travels.

He has many skills and insight into human nature. His sensitivity and caring qualities are such that he can inspire individuals, groups as well as whole communities to look at their behaviour and social attitudes towards each other.

He takes a lively interest in sporting activities and is a welcome guest at social occasions where his wit and charm endears him to all classes of society.

I enjoyed working and learning from Dr Maxwell Jones between 1962 and 1969 and in particular I would acknowledge his charismatic leadership qualities."

Maxwell Jones' colleague and successor as the superintendent of Dingleton Hospital was Dr. Dan Jones. To my question about Maxwell Jones' personality he answered by describing him as a charismatic, energetic person, who wrote a lot and who had an ability to encourage other people towards creative thinking. According to Dan Jones he was a manipulator, but an open, non-authoritative leader, who could handle different kinds of groups.

#### My own impression of Maxwell Jones

My wife Riitta and I had a chance to visit Maxwell Jones and his wife Chris in Wolfville, Nova Scotia on August 3-8, 1988, and to discuss daily for hours with him, to meet their friends and also to spend some leisure time with them. During that time I became repeatedly surprised by Maxwell's (aged 81) energy, mental agility, sense of humor and hearty attentiveness that he showed as a true British gentleman on every occasion. My attention was caught by Maxwell's humorous, equal and direct manner of also speaking with children when we were having lunch with some of the Jones' friends.

On the other hand, Maxwell often brought up Anton Makarenko in our discussions. He was both interested and slightly worried about the way I compared him with Makarenko. Maxwell was among other things interested in



Makarenko's education, success at school, and how much he had travelled. As I was telling him about Makarenko, I said he had not a very good self-esteem, and Maxwell replied "Just like me".

Even though Maxwell had to give up physical exercises (eg. trampoline), his appearance, considering his age, was very youthful, good posture, brisk walk and surprisingly supple movements, which I noticed when he, for instance, kneeled down to operate the videotape recorder.

A youthful appearance with regard to his age and good physical condition did not let Maxwell forget his age and eventual death of which he was reminded by several heart attacks and where he often referred to in our discussions. His increased interest in spiritualism in the 80's was a way of handling death and the anguish it causes.

In our discussions came Maxwell's tendency to influence and to hold on to his own ideas. He repeatedly came back to the theme of spiritualism that was interesting and inspiring to him, and offered me reading material and videotapes concerning the topic. To counterbalance this kind of tendency to persuade, which I could not directly and openly enough reject, he did not forget to come back to topics that I found interesting by asking before long: "What do you want? This is your time."

It was not easy for Maxwell, who had all his life been moving around and travelling all over the world, to adjust to the travel ban that his health required. Here he consoled himself with the beautiful nature that surrounded him and which he could even see through the window of his study, and with the fact that now his colleagues and friends came to him. However, the most important thing in Maxwell's life at that moment was his warm and loving relationship to his wife Chris, who with her warm humor realized confrontation and containment function in Maxwell's last therapeutic community.

### **5.3.3. Comparing Makarenko and Jones' personalities and their reflection on their leadership manners**

Jones stated that as a child he was a conformist and that he had felt inferior to his brother. His success at school was not particularly good and that might have been the reason why he did not trust his success when he started his medical studies. Instead he had natural talents in sports, especially in team

sports, where his leadership qualities also came out. In sports he had a chance to compensate for his conformity and intermediary success at school.

Makarenko had excellent success at school, but physically he was clumsy and socially seclusive. His interests were directed towards reading and music. In his studies he was ambitious. We may think that to compensate for his social clumsiness Makarenko concentrated on his studies.

Jones felt at home in the team and as its captain trusted himself and challenged on his own initiative, regardless of criticism from authorities, a considerably stronger rugby team to a game. This early incident that Jones often mentioned describes his social attitude towards authorities and later also towards his 'own team'. The whole development of the Jonesian therapeutic community tells about his critical attitude towards authorities and his loyalty towards the staff and the patients, his team.

Makarenko also felt at home with his pupils and charges. But just as it was with Jones, Makarenko's relationship to authorities also proved very problematic. Even though both Makarenko and Jones' relationship to authorities is very critical, they themselves have been unquestionable authorities, charismatic leaders in their communities. However, the way how they solved the problem of leading a community is different. In Makarenko's solution a collective must always have an educating center and one responsible leader, which already comes up in his discussion with Kalina Ivanovich Serdyuk in the first days of the Gorky Colony. Later Makarenko developed the concept of individual leadership, which was a logical extension of the foregoing. But the leader, whether of the whole collective or of a temporary detachment, must always be answerable to the whole collective.

The leadership model that Jones developed emphasizes multiple leadership, where power is divided among the whole leader group and delegated where it at any given time is needed. A part of the communal treatment ideology in a therapeutic community was to decentralize authority, which was also justified by therapeutic reasons.

It is impossible to say how much Makarenko and Jones' personalities and, on the other hand, social and historical circumstances have affected the choice of leadership model. It can be thought that a leader creates the community to suit his personality. Consequently, the background of Makarenko and Jones' relations to authorities and their leadership manners can be examined against their experiences in childhood. An individual's relationship to authorities devel-

ops from the relationship to his/her parents, and the most important periods in this development are the Oedipal stage and puberty.

Both Makarenko and Jones had a good and close relationship to their mothers. According to their descriptions, their mothers even resembled each other in character. They were both joyous women with a good sense of humor and lots of energy, and they took good care of their families. Theo Glantz (1969) emphasizes Makarenko's dependence on his mother. Makarenko would have been ready to leave Galina Salko, the woman he loved, for his mother and he did not marry until 40. As it is clear from the foregoing, Jones' relationship to his mother was very close and important to him. Jones married for the first time at 50.

Maxwell Jones lost his father at the age of five, in other words just at the Oedipal stage, and he had very few recollections of him. Makarenko's father was a distant, strict and straight-forward man, with whom Anton Makarenko had a severe conflict at the age of 20. Makarenko moved away from home and never made up with his father, who died when Makarenko was 28 (Fere, 1973).

Even though empirical evidence has to be considered completely insufficient for reliable psychoanalytical conclusions, I nevertheless dare bring up my hypothesis of the connection between Makarenko and Jones' family background and their different leadership manners. Based on their experiences Anton Makarenko ended up with individual leadership and Maxwell Jones with multiple leadership. Psychoanalytically thinking we may assume that the different chances Makarenko and Jones had to solve their Oedipal conflicts reflect themselves in the leadership manners they adopted.

Peter Neubauer (1960, 292) states in his article about the development and therapy of the children who have lost a parent:

"... the loss of a parent during the oedipal phase intensifies the fears and wishes of an already existing positive oedipus complex. Moreover, it leads to the readiness for the fixation of those conflicts which were uppermost in the parent-child relationship at the time of the parents disappearance."

Jones lost his father in the middle of his Oedipal development, and could thus not go through the detachment from his mother, work through his feelings of anger towards his father and identify positively with him (Manninen, 1991). Jones' ambivalence towards authorities shows itself in strong opposition to authorities (eg. doctors in hospital, professors at university) at the same time

when he himself was an authority figure (doctor, superintendent, professor). Against his domination and exercise of power Jones sought limiting authorities, in other words, independent and brave colleagues (containment function).

Makarenko's family situation gave him a chance to work through the oedipal conflict. The severeness and distance of the father, which came to a head in the final break, may have made it more difficult to identify with a positive father figure. On these grounds we could understand Makarenko's strong emphasis on masculinity (military dress, military features in the collective), principles of the educating center and individual leadership, difficulty in accepting the authority of others (equals), and continuous authority conflicts. Glantz (1969, 45–48) also connects Makarenko's authority problems with the distant and demanding relationship to his father, to which he needed compensation from a 'good father' that was represented by Maxim Gorky.

Despite the differences in their father–relationships, both Makarenko and Jones had conflicts with outside administration, in which respect they do not differ from many other reformers and pioneers. Britain's social liberation and general democratization after World War II naturally provides a different environment for leadership and exercise of power than the tradition of a czarist society, which fairly soon after the revolution wrapped itself in the Stalinist cloak. On the other hand, when we look at the inner situation of the communities, both Makarenko and Jones had, because of their stable formal position, a chance to choose relatively freely their leadership manners and because of that they could also realize their personalities.

## **6. THE DESTINIES OF MAKARENKO AND JONES' COMMUNITIES**

The influence of the founder of an organization or community is always decisive on the development of the organization's culture (Schein, 1987, 219–232). The fate of the communities which transform the practice of educational or health care organizations is to develop and die with their leaders. This was also the fate of the reformatory for boys directed by Kalevi Kaipio in the city

of Jyväskylä. After Anton Makarenko's leaving the Gorky Colony it started to go downhill very soon. In his letter to Maxim Gorky from October 5, 1932 Makarenko describes the situation in the Gorky Colony:

"The Gorky Colony I have not let out of my sight. They have gone through many difficult days. The leader has changed several times which is bad. But still worse was the Department of Public Education leading regular victorious struggle against all the remains of "Makarenkoism", and expelling all my collaborators. A lot of children have gone away voluntarily. Because of all these measures the Colony has become terribly poor this spring, and come down in every respect: there were written pages of escapes, thefts, and dipomania in Kharkovy newspapers." (Werke VII, 377).

Also the fate of the Dzerzhinsky Commune was an educational decline after Makarenko's leaving. During the time of the new director an active campaign against Makarenkoism was started. Concerning the development in 1935–1936 is told in the report of the deputy director of the economic administration of the People's Commissariat for Internal Affairs (NKVD) of the Ukrainian Soviet Socialist Republic:

"In the teaching and education of the work commune entit–led according to Dzerzhinsky, the following disturbances appeared:

1. Repeated absenteeism had been noted in the school work and in their workers' faculty ...
2. Some of pupils takes interest in drinking, card playing and such kind of things ...
3. Separate cases have come up where outsiders have stayed overnight in sleeping rooms ...
4. Some of the communards have made themselves guilty of thefts ... "

(Naumenko & Oksa, 1989).

According to Naumenko's and Oksa's (1989) article, based on archives, the state of the Commune rapidly became after Makarenko, and it was in a very bad condition during its last year. The pupils even threatened the life of the Commune's director. The Commune was closed in the summer 1938. In addition to the internal reasons, according to Götz Hillig's opinion, the general societal trend to close this kind of institutions also could have influenced the closing of the Dzerzhinsky Commune.

Henderson Hospital and the Dingleton Hospital therapeutic communities founded by Maxwell Jones still mainly keep operating according to Jonesian principles. Doctor J. Stuart Whiteley, the medical director of Henderson Hospital from 1966–1988, stated that the function has changed since Maxwell Jones' time toward the more therapeutic and dynamic direction. Dr Whiteley did not agree with the idea of multiple leadership. He emphasized the clear authority structure so that somebody must have the unambiguous responsibility for the community. The functional structure of Henderson Hospital reminded much of Maxwell Jones' time (Whiteley, 1972; Interview from August 8, 1986).

According to Dr. Dan Jones, the superintendent of Dingleton Hospital after Maxwell Jones, the hospital keeps functioning according to the same basic model as during Maxwell Jones' time. The community psychiatry has from then on developed, there are more small groups inside the hospital, and more has been invested in open care e.g. to living in small houses. Dr. Dan Jones does not find Dingleton Hospital as a pure therapeutic community, because there are many confused patients and the responsibility to carry out the therapeutic culture lies with the staff. The reform of the hospital administration in 1986 (General Management Arrangements) was causing uneasiness which was related by Dr. Dan Jones and the Principal psychologist John Ferguson (Interview from August 11, 1986).

There are many reasons why both of the collectives founded by Anton Makarenko fell soon after his leaving and why the communities founded by Maxwell Jones are still continuing their function much according to the principles and practices developed by him. It is difficult to figure out how much universal societal factors and how much internal factors of the communities can explain the different destinies of the communities.

Anton Makarenko got into frantic conflict with the external administration both at the Gorky Colony and the Dzerzhinsky Commune, where the productive aims were preferred to educational aims. That was why Makarenko's successor got into difficulties in preserving the administrative–functional autonomy (in the Gorky Colony) or was not even willing to continue according to Makarenkoian lines (in the Dzerzhinsky Commune). It could be seen that Makarenko failed in his community policy. On the other hand he did not succeed in creating a tough enough organization culture in his staff which would have guaranteed the continuity of collective education after his leaving. Probably no other person would have been able to do it considering the authoritarian traditions of the Soviet society and the totalitarian development at that time.

The communities of Maxwell Jones had an opportunity of functioning and developing under the societal conditions of democratization. On the other hand, Jones took a great interest in developing the staff community, and in decentralizing the management. The Jonesian idea of multiple leadership has probably had a significant influence on the surviving of his therapeutic communities. In addition the societal development in Britain contained nothing comparable to the purges in the USSR in the 1930's.

In spite of the different later fates of Makarenko and Jones' communities there were many common features in their development strategies and in the mode of action. Because Maxwell Jones developed his communities later than Anton Makarenko, he naturally had at least a theoretical possibility to get acquainted with and utilize Makarenko's experiences published in English ("Road to Life") in 1936.

## **7. DID MAXWELL JONES KNOW ANTON MAKARENKO AND HIS CONCEPT OF COLLECTIVE EDUCATION?**

I asked this in my first letter (from December 19, 1986) to Maxwell Jones who answered as follows:

"I thought about Makarenko's work in our original T.C. at Henderson Hospital (renamed in 1959 - before that Sutton - Belmont etc). I was there 1947 to '59. At that time we found Aichorn's work with post W.W. 2 adolescents in Vienna useful (Aichorn A. "Wayward Youth" New York, Viking Press 1935). Many other pioneers in this field are summarized in my book "Social Psychiatry in the Community, in Hospitals and in Prisons" (Charles C. Thomas, Illinois USA 1962."

In my letter from October 27, 1987 I returned to this question:

"And still I would like to return to your relationship with A. Makarenko's works. It remained to me a little bit obscure how well you were aware of his ideas and had those any role in your own work?"

In his reply from November 14, 1987 Maxwell Jones goes into particulars in regard to his relation with Anton Makarenko:

"I was aware of Makarenko's work and had translations of the 3 Vols of "the Road to Life". But his philosophy seemed to differ from mine eg. Vol 1 p. 14 He ridiculed the anarchistic theory of "free education" showing that it led to laxity, lack of initiative, inability to cope with difficulties etc. – Very different to my idea of an open system. But I admired what he accomplished nevertheless. "

At the same time Jones reminded me of Aichorn's influence:

"In those early days I greatly admired the work of A. Aichorn ..."

August Aichorn (1878–1949), a teacher and a psychoanalyst, worked as the leader of reformatories for unsocial boys in Oberhollabrunn and St. Andrea during 1918–1922. Aichorn did trailblazing work when he applied the psychoanalysis that Sigmund Freud had created for institutional education. The respect for his work can be seen, among other things, in the fact that Freud himself wrote the prologue to Aichorn's book "Verwahrloste Jugend" published in 1925.

When we later (August 8,1988) discussed Makarenko, Maxwell mentioned how Makarenko had hit one of his pupils to preserve his system, and said that he himself could not have hit anyone. It seemed to me that Maxwell well recalled Makarenko's "Road to Life". That is why I returned to the question the day after. Then Maxwell confirmed that they had studied Makarenko's work a little at Henderson Hospital. Afterwards, he told that he had not read Makarenko.

It seems to me that Maxwell Jones was quite well acquainted with Makarenko's "Road to Life" during the first years at Henderson Hospital, but he has not made Makarenko's ideas his own. I have not noticed any reference to Makarenko in Jones' works.

\* \* \*

In the foregoing I have analyzed Anton Makarenko and Maxwell Jones' activities in developing educating and therapeutic communities and the social, communal and personal development conditions of their work. In this compar-



ison similarities have gained more emphasis than differences, which is mainly due to the choice of a community–developmental viewpoint. The comparison has not clearly brought up, for example, the differences in the theoretical backgrounds that directed Makarenko and Jones' education and treatment practices. Makarenko does not explicitly bring up a certain theoretical approach. Jones, again, rested his treatment thinking on a psychodynamic frame of reference.

After the Second World War, organization development has become one of the central targets of interest and research in social and behavioral sciences. Various schools have appeared around organization development trends that, from their own starting points, try to apply research material to practical development work (French & Bell, 1973; French, 1982; Burke, 1987). In the following section I will try to examine how the strategies and courses of action that Makarenko and Jones used in developing their communities fit together with certain well-known organization development strategies.

# **PART FOUR**

## 1. ABOUT ORGANIZATION DEVELOPMENT

### 1.1. Background

Systematic organization development can be seen to have started from the need for change in industry and business in the beginning of the 20th century. The American Frederick Taylor's book "The Principles of Scientific Management" was published in 1919. In the 1930's sociopsychological research produced the Human Relations Movement, the basic idea of which was that the basic unit of an organization should not be an individual but a group. The most important thing in developing social relations was thought to be the development of communication. The school of Human Relations also created the education model for social skills based on learning through experience and started to study the unofficial organization connected with human relations (Virkkunen and Miettinen, 1981, 26–28).

The history of actual organization development goes back to the 1940's. French and Bell (1973) separate two trends there: the laboratory centered and the one based on action research. The laboratory centered development used groups of human relations outside the organization (sensitivity training, T-groups) which aimed at teaching the members of the work community social skills. The problem was, however, that the skills were very weakly transferred to the actual work community. In the 1950's the laboratory research and the school of group dynamics started to apply their methods within an organization

by educating people coming from the same organization. This was when the problems between the groups were discovered and the focus of development became the complete organization. The role of outside consultants and development departments developed in the direction of the change agent.

The trend based on action research used the survey feedback method of the Research Center for Group Dynamics. In the survey feedback method the results of an opinion poll of the organization members were given to them at events (conferences) arranged for that purpose. To business and industry organizations, OD spread widely in the 1960's especially in the United States but also in other parts of the world (French and Bell, 1973, 33-42).

The systems theory has also had a remarkable effect on the organization development thinking and on the development strategies that have been put into practice. An organization is a social system. A system again is a set of elements, where the elements have mutual dependencies. Systems are viewed in an openness - closeness scale. Closed systems have little interaction with the environment whereas in an open system there is a constant change of material, energy and information with the environment. Also the openness of an organization can be evaluated in relation to its interaction with the environment (Goldhaber, 1981, 29-30).

## 1.2. What is Organization Development?

During the last twenty years the number of publications concerning organization development has increased with rapidly increasing speed. Wendel L. French writes:

"Organization development is a long-range effort to improve an organization's problem-solving and renewal processes, particularly through a more effective and collaborative management of organization culture - with special emphasis on the culture of formal work teams - with the assistance of a change agent, or catalyst, and the use of the theory and technology of applied behavioral science, including action research." (French, 1982, 603-604).

According to French the objectives of organization development programs will depend on the problems of each organization. Common problems to many organization are:

1. To increase the level of thrust and support among organization members
2. To increase the incidence of confronting organizational problems, both within groups and among groups, in contrast to "sweeping problems under the rug"
3. To create an environment in which the authority of an assigned role is augmented by personal authority based on expertise and knowledge
4. To increase the openness of communications laterally, vertically, and diagonally
5. To increase the level of personal enthusiasm and satisfaction in the organization
6. To find "synergistic" solutions to problems with greater frequency (where the sum end result is greater than the sum of the contributing elements)
7. To increase the level of self- and group responsibility in planning and implementation." (French, 1982, 606).

W. Warner Burke (1987, 9) states the following three criteria for organization development (OD):

"For change in an organization to be OD it must 1) respond to an actual and perceived need for change on the part of the client, 2) involve the client in the planning and implementation of the change, and 3) lead to change in the organization culture."

Burke emphasizes the third point so that organization development is a process of fundamental change in an organization's **culture**. Burke makes a difference between the visible and conscious features as the unique patterns of norms, standards, rules of conduct, authority structure, the exercise of power and values. According to Edgar Schein's definition, he also emphasizes the "deeper" levels of an organization's culture as basic assumptions and beliefs that are shared by members of an organization and are "taken-for-granted". OD, according to Burke, is a process of bringing to the conscious the implicit behavioral patterns that are helping and hindering development. Furthermore there is always a question in OD of changing the system as a whole (Burke, 1987, 10-13). The basic model of change comes from Lewin's action research

model which is depicted by Burke as follows: Perception of problem → Enter consultant → Data are collected → Feedback provided to client → Joint action planning → Action → Assessment → Feedback provided to client → Joint action planning → Action → etc. (continuing cycle) (Burke, 1987, 61).

In the following I will introduce two well known strategies of organization development generally used in Finland since the 1970's.

### **1.3. On organization development strategies**

#### **1.3.1. About the concept of strategy**

The concept of strategy goes back to warfare and leadership skills within it. In Greek the word strategy means leadership skill. In warfare, strategy refers to the skill of reaching the aim of the war by means of warfare with correctly chosen methods (Otavan Suuri Encyklopedia, 24, 9330). Based on the foregoing, strategy in a business organization can be defined as choosing and using those methods that help to reach the goals that have been set.

Ansoff (1965) connects the concept of strategy with making decisions on relations between the organization and its environment, especially those that deal with keeping or altering the direction of action. In this case strategy is closely connected with defining the business idea and goals of an organization.

The Swedish research workers Asplund, Stymme and Melin have, according to Sjöstrand (1981), emphasized the process nature of the concept of strategy. In a strategy, Asplund emphasizes problem solving and group dynamics, Stymme the process involved in preparation, and Melin the continuous nature of the preparation between individuals, the organization and the environment. Sjöstrand defines strategies as processes that correspond to creating long term relationships between the organization and its environment. ... To put it more clearly, strategic processes have been directed to maintain/change the specialized know-how of an organization as well as its overall know-how at different times. It is difficult to separate such functions that have solely obvious strategic consequences. Just like goals, strategies also admit several interpretations and are connected to interpretations and externalization by individuals (Sjöstrand, 1981, 64–65).

I will here define organization development strategy as decision-making related to choosing goals for the organization, planning the actions, choosing methods and putting them into practice, and evaluating the actions in questions inside the organization as well as in those concerning its relations to the environment.

In research concerning organization development strategies the central questions are, among other things, the following problems:

1. How to set the goals of the organization?
2. Who makes the decisions on them?
3. How to plan the actions of the organization?
4. Who are responsible for planning?
5. How to choose the methods and courses of action?
6. Who makes the decisions on them?
7. Who evaluates the actions and results, and how?

In the following I will analyze the organization development strategies Grid -OD by Blake and Mouton (1969, 1978), Management by objectives (MBO) and its variant, Management by Results. These strategies have been widely used in Finland since the 1970's (Tainio and Santalainen, 1984). It is natural that the strategies are flexibly applied depending on the nature of the organization and the situation. That is why it is not possible to answer all the above mentioned questions on the basis of the general principles of the strategies. My aim is to outline some central starting points, typical for the strategy, in their applications.

### 1.3.2. Grid -OD

Grid -OD is based on the two-dimensional managerial grid meant for analyzing and evaluating leadership behavior. The vertical dimension of the grid stands for concern for people and the horizontal axis represents concern for production. An ideal leader is the one who gets the highest score on both dimensions (9/9 style) (Blake & Mouton, 1969).

### Putting Grid into practice

Anyone can attend an open Grid seminar. The seminars are highly structured by their contents and structure. They usually start on Sunday night and end around noon on Friday. Blake and Mouton (1969, 77) describe the aims of the seminars as follows:

"These include (1) understanding your own Grid styles, (2) developing team action skills, (3) achieving unobstructed communication in each study team, (4) strengthening the use of critique for problem-solving and learning, and (5) analyzing your corporate work culture."

If Grid -OD seems interesting and more information on its applicability to their own organization is wanted, Blake and Mouton recommend that two organization members that have attended the Grid seminar attend an advanced course on Grid Organization Development that lasts a week. If the organization wants to apply the Grid as a means of development, it can train the members that have attended the previous seminars in the Instructor Development Seminar to act as instructors. The leader in the highest position in the organization should, however, attend the Grid seminar before inner training begins. The inner training can be started on every volunteer from any level of hierarchy in an in-company pilot Grid Seminar (Blake & Mouton, 1969, 81-82).

In the second stage a week's seminar concentrates on developing team work in real work teams in the organization (Blake & Mouton, 1969, 84-91). The third stage focuses on the development of the relationships between teams, mainly those that have to work together and have problems with co-operation. In practice the procedure proceeds in pairs so that each party separately draws up a description of an ideal relationship between the units. These descriptions are compared and analyzed in detail. In the same way the real prevailing relationship is separately described and then analyzed together. After that they create a co-operation development strategy with which the real situation can be developed towards the ideal state. The execution of the strategy is followed and evaluated (Blake & Mouton, 1969, 91-96).

The fourth stage covers the development of an ideal corporate strategy model. During preliminary work and a week's seminar, the management group aims at creating a model that should represent the corporation at its best. The present state and prevailing practices in the organization are compared with the



ideal model. From the things that have to be changed, the supreme management draws up a development strategy for the corporation.

In the fifth stage the strategy drawn up by the supreme management is applied and necessary rearrangements in each unit are carried out by the help of a planning team chosen for that purpose. There is another planning team for the development of the central management. A coordinator to assist the units has been chosen within or outside the organization, and he works directly under the supreme manager's orders.

In the sixth stage the effects of the Grid program are evaluated, hindrances to development and new possibilities are charted for the basis of the following stage of development (Blake & Mouton, 1969, 99–109).

### **1.3.3. Analyzing the application of the Grid –OD strategy**

The starting point for applying the strategy is to teach the concepts of Grid, the manners of thinking and actions. The aim of the open Grid seminar is to guide the participants to apply the grid concepts in their work team and in the evaluation of their own actions. The Grid program relating to a certain organization is started in developing the management's team work and teaching personal team work skills. Then it advances to studying and developing the co-operation between organization units and co-operation skills.

The responsibility for changing the whole organization culture on the basis of the Grid strategy lies in the supreme management that in its seminars creates an ideal model and derives from that the development goals. In the second stage, educated superiors with the help of a coordinator supporting the actions are responsible for taking the development goals to the unit level.

Based on the goal set by the supreme management, each unit led by a planning team which studies its own actions and gives its proposals for change. Follow-up and critical evaluation are carried out systematically from the diagnosis at the beginning up to the last stage of Grid.

In addition to developing leadership manners, organization atmosphere and working manners, Grid OD also aims at changing the organization holistically. The basic idea is, however, that change and development start in the individual (Honkanen, 1989, 54–55).

### 1.3.4. Management by objectives and results

The basic logic of management by objectives is the setting of objectives, planning, realization and follow-up (evaluation). The appearance of management by objectives dates back to the 1960's. According to John Humble (1982) management by objectives (MBO) is a comprehensive management style that simultaneously takes notice of the needs of the organization and the individual, and it is applied in all management activities. In practice the supreme management defines the aims of the corporation, the key areas of actions, draws up development strategies and principles for activities, and develops control and information systems (Humble, 1982, 43–44). According to Humble, an ideal system is one where the board of management makes it clear to themselves what the objectives of the corporation are, and then conveys them to the line management. MBO has to make certain that the objectives of each individual manager are connected with the overall objectives of the corporation.

Each manager agrees on his key tasks with his superior and fits them into the overall objectives of the organization. Key objectives are operationalized to performance objectives, the reaching of which can be measured. Each manager has to agree with his immediate subordinates on their key tasks and short term development plans. Fitting the key tasks between different managers together can also be done by a team. Consultants are trained to carry through MBO in the complete corporation, and they give advice on the methods that best suit each situation (Humble, 1982, 39, 58–62). In common development discussions the manager and his subordinate together evaluate the results reached, consider means to correct defects, and set new objectives (Humble, 1982, 63–64).

At its best MBO aims at defining tasks and evaluating performances both carried out in a body. In addition to objective-orientation it also emphasizes the importance of problem-solving discussions of the superiors and those within the work teams. In their worst forms MBO programs are one-sided and authoritarian methods that help to force the workers to follow the rules worked out by their superiors (French and Bell, 1973, 171; French, 1982, 341–344).

Management by results is a method for developing management and organizations based on management by objectives, and it aims at improving the defects of MBO. Management by results uses the concepts of goal result, situation management and result follow-up. The following short description of management by results is based on the book "Tulosjohtaminen" (Management

by results) (1986, 7th edition) by Santalainen, Voutilainen, Porenne and Nissinen, and *Tulosjohtaminen uudistuu ja uudistaa* (Management by results renewed and renewing) (1988) by Santalainen, Voutilainen and Porenne.

The definition of results is preceded by an analysis of future visions and the volition state of the management. A lack of volition has to be changed into a conscious target-oriented volition. Planning starts with a starting point analysis and conclusions drawn from that. The starting point analysis provides the basis for the definition of the goals, i.e. the long term key results of the complete organization and its parts. By setting goals the supreme management specifies what is aimed at with the business ideas.

In yearly planning the key results for the organization and the units are decided upon, based on strategic planning in which 4–6 key results are chosen. They are put in a priority order and after that detailed targets are defined according to the chosen target level. Santalainen et al. (1988, 146–147) emphasize the practice of result discussions connected with the yearly planning, which aims at connecting people's individual targets with reaching the daily result.

The realization of management by results is seen as situation management, i.e. as a daily management process. Situation management has to be adapted to the organization's outward and inward circumstances that contribute to defining the choice of management and interaction styles and management methods. Central methods and techniques in management by results are careful planning of how to spend time, result discussions between superiors and subordinates, feedback techniques as a means of interaction and evaluation, decision-making techniques with consensus decisions as ideals, reward practices, consultation and personal training, methods for choosing and evaluating personnel, delegation of result power and accountability, and techniques that support management behavior, e.g. meeting and team work techniques. Creativity and assertiveness are seen as the foundations of management by results.

Connected to situation management, the superior plans clear result objectives for the personnel, especially the short term ones. Accountability and result power connected with result objectives is delegated to the subordinate in private result discussions. In making the result, teamwork is used only when it is really necessary (Santalainen et al., 1986, 162).

The role of teamwork in realizing the result objectives has in the 1980's grown mainly through the application of result circles. The result circles offer the personnel possibilities to influence the defining, planning, realizing and

evaluating the objectives of their own group (Santalainen, Voutilainen & Porenne, 1988, 111–115).

Following the realization of the results is a fundamental part of management by results. The follow-up evaluates how the economic and support results have been realized, and then necessary conclusions are made that form the basis for planning the following stage.

Kauppinen, Nissinen and Peltonen (1988, 42) state that the time of a bureaucratic planning system where the results are measured in money only and the objectives are set from above only, is definitely gone. They emphasize the importance of process consultation and small groups more than was previously done. Using small groups in development and problem-solving is justified by the fact that it leads to an increase in the workers' commitment (Kauppinen et al., 1988, 121–122).

### **1.3.5. Analyzing the application strategies of management by objectives and management by results**

The logic of management by objectives is based on action research, whereas management by results has greatly been affected by systems theoretical approach: in an organization everything affects everything. Management by objectives and management by results start their practical applications from the highest level of hierarchy in the organization. The supreme management sets the whole organization's goals, result objectives and makes the choices of strategies (Humble, 1982, 43; Santalainen et al., 1986, 80; 1988, 127)

The rest of the management and the superior level take part in making the yearly plans and setting the result objectives for each unit (Humble, 1982; Santalainen et al. 1986, 81). Result objectives and key results that aim at the realization of the result objectives of the whole organization are defined for each of the superiors. The superior presents the result objectives of his unit to the subordinate in the point of the result discussion that deals with the following term. Based on them, the subordinate's result objectives and realization schedule are decided upon (Santalainen et al., 1986, 105, 174; 1988, 98, 127).

Management by objectives and management by results are based on setting objectives and strategies from above, and taking them stage by stage, defined at each unit down to the performance level. Also the personnel's participation possibilities are emphasized by the applications being put into practice.

A successful superior takes the personnel along in participating development work, where everyone can immediately influence the development of his own work (Santalainen et al., 1986, 162). However, the subordinate's participation in planning, setting the objectives and decision-making is reasonable only thus far as is necessary for securing their commitment (Santalainen et al., 1986, 80).

In addition to that, a connecting thought in management by objectives and management by results is the centrality of the individual: the aim is to define result objectives separately for each manager, superior and worker (Santalainen et al., 1986, 162). Along with the expansion of the result circles and the double team in the 80's has increased the groups' chances to define their own objectives.

The basis of management by objectives and management by results lies strongly in the reality of business life, where defining the final result criterion is unambiguous: profitability. In the public sector and especially in fields like health care, education or social services the result criteria are more ambiguous. That is why the scope of the supreme management in setting the objectives and choosing the strategies is probably not so tightly dictated by the owners' one-sided interests as in the private sector. In these circumstances there are, in principle, great possibilities for organizations to take the objectives of the basic level, i.e. objectives that come from the performance level, upward and to work out strategies in a more democratic way than in management by objectives or management by results in the private sector.

## **2. DEVELOPMENT STRATEGIES OF ANTON MAKARENKO AND MAXWELL JONES IN COMPARISON TO THE PRESENTED OD METHODS**

In the following comparison I will call Grid -OD and management by objectives and management by results '**objective and result responsibility centered development strategy**' because in all of them the starting point of development of the whole organization is the definition of the organization's goals and objectives and result responsibility thinking concerning an individual or a unit.

These strategies have also basically the same phases of application (Tainio & Santalainen, 1984). In comparison I will concentrate on the method of setting objectives, the advance from objectives into actions, evaluation of actions and results, control of change, and role of the organization's internal change agents. The main points of view in the comparison consist of the construction of common social reality (Berger & Luckmann, 1967; Schutz, 1975) and learning in the organizational frame of reference (Morgan, 1986).

Even though Berger and Luckmann do not apply their ideas of constructing reality to any analysis of a concrete society (Pirttilä & Aittola, 1988) or community, I think their views open a crucial viewpoint to the analysis of organization activities and development. For example Bloor, McKeganey and Fonkert (1988) have applied Berger and Luckmann's approach in their sociological study on the action of therapeutic communities.

### **2.1. Method of setting the objectives**

In the objective and result responsibility centered development strategy (Grid - OD, management by objectives and management by results), the starting point of development is setting the objectives which, to put it in a very simplified way, happens by first analyzing the state of the organization and then by visualizing the ideal organization. This is the basis for setting new objectives for the organization, from which new courses of action are derived to reach the objectives. Comparing the objectives to the results that have been reached creates a basis for revising the courses of action and for setting new objectives.

The objectives in Makarenko and Jones' communities had been given only in the form of the basic task: to educate a new kind of Soviet citizen (Makarenko) and to examine, treat and rehabilitate patients suffering from effort syndrome (Mill Hill), adjustment problems caused by captivity during the war (Dartford) and chronic unemployment and personality disorders connected with it (Henderson Hospital).

Fairly soon both Makarenko and Jones realized that the education and treatment models they had learned and followed did not work as they should have in the new, different circumstances. Instead of resorting to the power of their formal positions (leader) to maintain the traditional organization model

and courses of action, they both resorted to the help of the communities to find better solutions (Agyris et al., 1985, 50–51). Continual discussions with the staff, the charges and the patients created a sense of solidarity, a secure atmosphere, where it was possible for the people to bring up their emotions and ideas. Their responsibility for the community and for each other grew. The meaning of the peer group as a positive resource proved valuable in solving conflict situations in the communities, in developing courses of action as well as in setting the objectives (cp. Morgan, 1986, 91–95).

Notable in both Makarenko and Jones' communities in comparison to objective and result responsibility centered strategies was the fact that they did not set long term objectives but tried daily to solve situations and problems by continually discussing them and making decisions together. The objectives arose from the community members's interaction process which defined the state and needs of the community and created the common reality (Berger & Luckmann, 1967, 43–48). The activities in the Gorky Colony developed through estimating the acute needs and utilizing the possibilities that the circumstances had to offer. New staff members and the skills they had contributed to the development of new activities, such as smithy, production of cartwheels, milling, cattle breeding, and various hobby and cultural activities. The close co-operation of the staff and the patients at Mill Hill resulted in an active and versatile hobby and treatment culture. The ideas were developed in common discussions, sometimes introduced by the staff, charges/patients, sometimes by the leader. The development did not happen on the basis of long term planning or objective setting, but it came from and changed in a long interaction process.

The objective setting of the objective and result responsibility centered development strategy starts primarily in the reality defined by the supreme management and the owners (private or public), which can greatly differ from the reality of the organization's lower levels and various units (Schutz, 1975, 123–127). Further, the objectives set by the management may not respond at all to the needs or the views of the organization on the basic level or in the middle management. Even though the lower level can to some extent affect the objectives in their own level, it is rather difficult to change the setting of the whole organization's objectives from below. There is a danger of getting into a vicious circle of diminishing alternatives. If the lower organization level has to adjust its objectives to the overall objectives of the organization, it may not

fully commit itself to them. It is especially difficult to commit oneself to alternatives that in practice are a threat to the gained position or benefits.

This can lead to a situation where there is commitment at all levels of hierarchy to some objectives and alternatives, but not to all of them. Since it is difficult from below to have accepted new objectives that 'exceed' the organization's objectives or differ from them, the situation ends up in the vicious circle of narrowing alternatives, which can be seen in weak commitment by people at the lower levels of hierarchy.

An organization's social reality is not stable, but it changes continuously on all levels of hierarchy. Thus to survey the 'present state' at long intervals, for example annually, is not sufficient for setting objectives and choosing a strategy and it 'grows old' fast (cp. Beer & Walton, 1987, 356). In Makarenko and Jones' communities the state of the community as well as the objectives were constantly under common examination and necessary changes made.

## 2.2. From objectives into actions

In Makarenko and Jones' communities the same people who lived, talked, discussed and sought solutions to the problems in their community together, also realized them. This kind of common course of action that covered every member of the community prevented the formation of a gap between the leadership, the staff and the charges/patients. Problems experienced together and analyzed by discussion as well as the joy that came from solving and overcoming them were shared. All this increased the sense of solidarity and the self-confidence of the community.

In the objective and result responsibility centered development strategy the objectives of the whole organization are first set by the supreme management that in co-operation with the subordinates fits them to objectives concerning each separate unit. The task of the foremen in the separate units is to bring the objectives to the personnel of their own units, for instance, in private development discussions or group discussions. In this case the personnel of the lower levels, especially of the performance level, has no chance to interact or discuss with the supreme management, to perceive immediately the state of the whole organization or to create the common reality (Berger & Luckmann,



1967, 174). Consequently, the objectives received through many steps are experienced as impersonal, given from above, and they cannot really be affected even though they can be discussed. The commitment given in discussions with the superiors does not always lead to a commitment in actions.

The crucial difference in bringing the objectives to actions between Makarenko and Jones and the objective and result responsibility centered strategy is the sequentiality and the direction from above downward of the latter, and the simultaneity and commonness of the former.

The lack of common reality that covers all levels of the organization shows itself also in a lack of a **common language**. In the objective and result responsibility center strategy they have tried to solve the problem by teaching common concepts that would make it possible to describe, analyze and develop the community and its objectives (objective, key objective, result objective and so on). In the communities of Makarenko and Jones, the common language is created through constant co-operation and interaction of the various parts of the organization. By studying the everyday life, by sharing personal experiences with other people they gradually learn a common language that covers the whole organization. At the same time communal experience and identity are being created (Berger & Luckmann, 1967, 51-53).

### **2.3. Evaluation of activities and results**

In the objective and result responsibility centered development strategy the evaluation of results is carried out in accountable units in development discussions between superiors and subordinates yearly, every six months or as has been agreed. The evaluation can also be done in groups if the objectives have been set, for instance, for each result circle.

In practice the foreman of each unit is responsible for his own unit to his superior, with whom he also evaluates the results and sets new objectives. The overall view of the objectives of the organization is finally perceived by the supreme management, whose task based on the overall view is to define new objectives decide on the strategy to be used on the organization level.

In Makarenko and Jones' communities evaluation was constant and done by all the members of the community. Each department evaluated its activities

on all sides in the daily general meetings. The daily meetings of the community, open for all the members of the community, offered an equitable forum for everyone to get information on the state of the community. Everyone had an equal right to bring up positive features, defects, present his ideas, expectations and emotions.

**The continuous evaluation** carried out in the department and community meetings gave at the same time a chance to immediately take necessary measures. The versatility and objectivity of the evaluation were supported by information and views given by people on all levels of hierarchy in the organization. The grounds for necessary activities or organizational changes became clear to the participants because everyone had a chance to ask right there anything that had been left unclear. Also everyone's chance to influence the decisions made on the grounds of the evaluation guaranteed optimal commitment to carrying out the decisions. The decisions could deal not only with activities but also with organizational changes or human relations.

In Jones' communities, the effects of the activities were also evaluated by systematic research. The rehabilitation unit at Mill Hill was originally an experience and research natured unit. The research connected with activities and results at Dartford and Henderson Hospital helped to develop courses of action as well as to give information of the units to the outside world. The respect towards the unit, its independence and self-confidence were also remarkably affected by the research (Manning, 1989, 193-198). Even though Makarenko did not in his time have a chance to conduct similar research work, his books and articles had the same effect by making the collectives, their courses of action and results known in and outside the Soviet Union. The research work in Jones' communities may be considered as the primary stage of modern organization development.

#### **2.4. Control of change**

The objective and result responsibility centered development strategy tries to control change with systematic planning, integrated objective setting for the whole organization and its separate units, controlling their realization and systematic evaluation (Tainio & Santalainen, 1984).

In Makarenko and Jones' communities change was controlled by constant studying of the activities of the organization and its departments. The observers were all the members of the communities. The strategy was to learn through living by analyzing their own everyday life. Conclusions, decisions on activities or community life were done immediately in the required forum either in a meeting of the whole community or in a detachment/ward or Commanders Council/the SSC meeting. This was how activities and the functional and social structure of the community was under constant observation. In the figure below I shall try to demonstrate this chain of interaction.

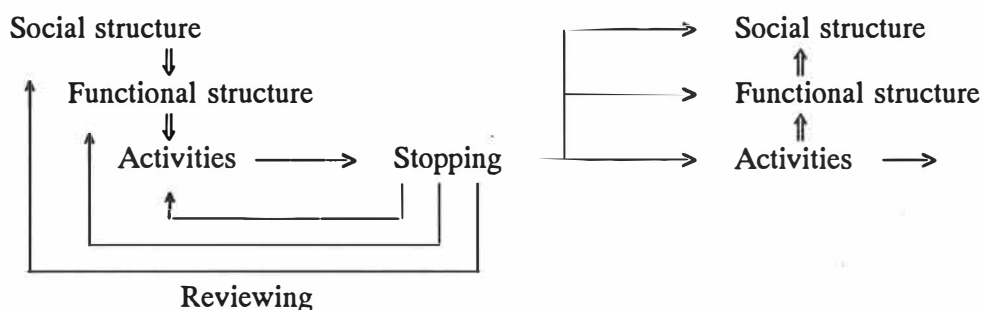


FIGURE 3. The interaction chain of activities and functional and social structures of an organization.

The social structure of a community with its power relations, positions and roles naturally affects the functions of the community and the behavior of its members. The social structure can be seen in the official chart of the organization as well as in an unofficial form which is often difficult to detect. On the other hand, each individual tries conscientiously or unconscientiously to force his community to correspond to the structures he has internalized (personality features and structures) in order to feel that the community is controllable and secure (Hinshelwood, 1987).

By the functional structure I mean the "schedule" of the community's everyday life that tells what goes on in the community and its parts, or at least what should go on. When individuals start and finish their work, where and how, when they have breaks or meetings in different compositions. The daily and weekly functional structures of an individual depend on his position and duties in the organization. The functional structure of the community usually complements and supports the official and unofficial social structures. It devel-

ops rather quickly and is difficult to change because it becomes a routine which gives a sense of security to the members, the behavioral norms that evolve in a community also can add pressure to adhere to habitual functional structure (Berger & Luckmann, 1967, 74-75; Gersick & Hackman, 1990). A common feature in both Makarenko and Jones' communities was a clear and regular daily functional structure that covered the whole community.

It is very difficult to see all the effects of everyday life activities since many of them are fairly unaware, routinized, or tacit (Berger & Luckmann, 1967, 71; Polanyi, 1967; Giddens, 1984; Argyris et al., 1985, 49-50; Gersick & Hackman, 1990). In order to find out the real effects of the activities, the functional structure of the community should include time for regular and often enough repeated stoppings and meetings for the whole community, the departments and other necessary groups, where the effects and meaning of the activities from the point of view of the primary task of the community could be examined together.

It is just the stopping and studying of everyday life that includes the possibility of communal self-awareness and creative development of activities and the social structure. Jones calls it social learning and Schön (1983, 163) refers to it as "reflective conversation with the situation" (Argyris et al., 1985, 52). For example the social structure of the unit and the staff roles were constantly changed to meet changing needs and as a result of the new insight which resulted from the community meetings at Henderson Hospital (Baker et al., 1953). In addition to examining what has been done and lived through together, the most important things from the point of view of social learning are crisis and conflict situations, where people express their emotions and opinions more openly than usual. In order to have the crises and conflicts serve the development of the community and a controlled change, there has to be common time and a common forum, a crisis meeting, to study and solve them together (Jones, 1968, 69-87).

In Makarenko and Jones' communities regular meetings for the whole community gave everyone a chance to have a living contact with the organization as a whole, its problems, plans and achievements. The meetings for the whole community provided an excellent forum for the flow of information and for settling conflicts between departments and units. Conflicts between people and groups were settled within the community or group where they had occurred. In both Makarenko and Jones' communities problems and critical situations in the departments were brought to everyone's knowledge in the common

meetings. Jones emphasizes the role of an impartial facilitator in conflict situations.

To develop a community and to control a change it is not enough that each community member stops to examine his life and behavior by himself. It is necessary to stop together and share the individual experiences regularly with the unit and the members of the whole community. Only through sharing, i.e. through listening with responsibility and open talking is it possible to create common reality, to change it by common decisions and actions, to control it. Without regular common stopping and open communication there will not be any common reality. Each community member has to create his own fantasy of the reality without being able to check its accuracy. The fantasies (individual or communal) will, however, steer the individual's interpretations and actions (Schutz, 1975, 123-127). Based on them the leader/management will make plans, set objectives and choose strategies. The less there is time and possibilities in the community to share and create common reality, the weaker the foundation where it functions and plans its future, and the weaker chances it has to learn from its experiences, to develop.

## **2.5. Role of the organization's internal change agents**

In guaranteeing the change in the objective and accountability centered development strategy internal consultants, the advisors, have a central role, and they help the managers find suitable action procedures. In Makarenko and Jones' communities internal advisors were not chosen or educated. Communal handling of matters that was based on equality offered everyone a chance to act as an advisor and an internal change agent. Some community members showed greater courage, responsibility and abilities than others, and they could be chosen commanders for a certain time in Makarenko's collective. Jones uses the concepts of risk taker and facilitator when speaking of community members that helped in opening the communication and in bringing up and solving problems.

## 2.6. Community development from the point of view of learning

Gareth Morgan, a professor of Administrative Studies at York University, Toronto, looks at organizations in the light of various metaphors. To analyze an organization with a brain metaphor leads to a question of organizational learning, where Morgan (1986, 84–89) differentiates single-loop and double-loop learning. Single-loop learning requires that the system must have the capacity to sense, monitor, and scan significant aspects of their environment. It must be able to relate this information to the operating norms that guide the system behavior. It must be able to detect significant deviations from these norms, and it must be able to initiate corrective action when discrepancies are detected.

An example of single-loop learning is, for instance cybernetically controlled heating system where the minimal and maximal temperatures represent the adjusted norms between which the temperature has to stay. If the temperature falls below the minimum norm, the system registers it and starts the heating until the temperature goes above the adjusted norm.

The system can not change the norms that have been given. But a characteristic of double-loop learning is the ability to regulate norms that guide actions, i.e. the ability of learning to learn. Morgan describes how organizations often stop at single-loop learning.

"For example, many organizations have become proficient at single-loop learning, developing an ability to scan the environment, to set objectives, and to monitor the general performance of the system in relation to these objectives. This basic skill is often institutionalized in the form of information systems designed to keep the organization "on course". For example, budgets often maintain single-loop learning by monitoring expenditures, sales, profits, and other indications of performance to ensure that organizational activities remain within the limits established through the budgeting process. Advances in computing have done much to foster the use of this kind of single-loop control. Through the use of "exception reports", which highlight critical deviations, managers and employees are often able to zero in on potential problems. Interestingly, a memory function is also often built into these single-loop controls, previous levels of achievement being used as standards to control current levels." (Morgan, 1986, 89).

Morgan lists the following features connected with an organization's structure and function as obstacles for double-loop learning:

1. A bureaucratic organization causes the thinking of its members to become fragmented. Interests and responsibilities are directed only towards clearly defined objectives, structures and roles. The flow of information is weak in the organization, and each part of the organization has its own view of the whole. The structure of the organization results in limited rationality which is ideal for strengthening the boundaries between the parts. The members' responsibility of the sector determined for them is strengthened and rewarded. Action policy or principles are seldom questioned, and only a few would have a chance to do it because of the lack of an overall view.
2. Holding on to the principle of bureaucratic responsibility forms the second obstacle to double-loop learning. When an individual is held responsible for his performances in an organization where success is rewarded and failure punished, he naturally tries to conceal his failures from the superiors and to emphasize his successes. The managers are easily told just what is thought they want to hear. In an organization like this uncertainty is not tolerated, and also the management tries to give the impression that they are on top of facts. Only such problems are found interesting that have ready solutions. Problems that are difficult to solve are belittled or postponed in hope for solutions that would come up later.
3. A gap between what people say and what they do is the third obstacle of double-loop learning. When difficult problems are faced, former operations models are reinforced instead of attempting to study the nature and effects of the problem. A threatening situation reinforces group think or group mindsets on the basis of social reinforcement.

"Individuals, groups, and departments may thus develop espoused theories that effectively prevent them from understanding and dealing with their problems. Double-looped learning requires that we bridge this gulf between theory and reality so that it becomes possible to challenge the values and norms embedded in the theories in use, as well as those that are espoused." (Morgan, 1986, 89-91).

Morgan (1986, 91-95) regards the following qualities of an organization as the prerequisites for double-looped learning:

1. "encourage and value an openness and reflectivity that accepts error and uncertainty as an inevitable feature of life in complex and changing environment ... .."
2. "encourage an approach to the analysis and solution of complex problems that recognizes the importance of exploring different viewpoints. ... .. This is best facilitated by managerial philosophies that recognize the importance of probing the various dimensions of a situation, and allow constructive conflict and debate between advocates of competing perspectives. ... .."
3. "avoid imposing structures of action upon organized settings. This principle relates to the importance of inquiry-driven action. In contrast with traditional approaches to planning, which tend to impose goals, objectives, and targets, it is important to devise means where intelligence and direction can emerge from ongoing organizational processes. ... .. Double-loop learning is thus best understood as a process which, in essence, questions the limits that are to be placed on action. ... .. The effect of this approach to strategy is to define the evolving space of possible actions that satisfy critical limits. This leaves room for specific action plans to be generated on an ongoing basis and tested against these constraints for viability. ... Action emerges as a result of the learning process: it is not imposed. ... .."
4. "facilitating the development of learning to learn relates the need to make interventions and create organizational structures and processes that help implement the above principles."

As an example of an organization that is learning to learn, Morgan describes a holographic organization, where in the ideal case each unit has all the information and know-how that the whole organization possesses at its disposal. In a computer firm with a holographic organization model, each unit with 14-18 workers had the responsibility of manufacturing their product from beginning to end - from acquisition of raw materials to shipping - independently. The workers themselves decided on their working hours, quality control, and they even administered skills-certification tests to their colleagues (Morgan, 1986, 103-105).

In the objective and result responsibility centered development strategy the emphasis in setting the objectives is in the supreme management's reality or view of the organization, because it is just the supreme management that sets the objectives that concern the whole organization. When the objectives are taken down in the organization hierarchy, it happens by sectors or units and is the responsibility of the manager concerned. The same procedure is followed



when the objectives for the next lower organization level are defined. The most important strategic choices are also made on the highest level of the organization. Each lower organization level has to adjust its strategies and means to the whole.

This way of putting the objective and result responsibility centered development strategy into practice will not bridge the gaps between the different hierarchy levels of the organization or the horizontal units, neither does it construct a common reality of the overall state of the organization. Objectives and strategies set from above form the organization members norms that guide the action, and they can not be changed much or questioned by the members. That is why the objective and result responsibility centered development strategy offers the majority of organization personnel a chance for single-loop learning only.

In the light of the above presented structure of an organization that is learning to learn, the communities of Anton Makarenko and Maxwell Jones correspond to the principles listed by Morgan. The regular daily meetings of the detachments/wards and the open meetings for the whole community, where the action and social structure of the organization was constantly examined and evaluated together from the point of view of the organization's basic idea, prevented the development of a fragmented view of the organization and supported the maintenance of an up-to-date overall view. Difficult problems were not wanted to be concealed or solved quickly and formalistically. They were discussed in the whole community, and in more important decisions Jones required consensus. Conflicts and crises were also handled openly and communally. There were no long term plans, and objectives were not set from above.

Jones sums up his attitude towards setting objectives and long term planning when he worked at Dingleton:

"In reaching our goal of an open system at Dingleton, we came to realize that the process was more important than the goal itself. When I was asked during my latter years at Dingleton what I thought would be achieved in the next few years, I was unable to make a prediction; we were becoming much less goal oriented, and were prepared to wait for things to 'happen'. This was in sharp contrast to the 'management by objectives', considered the efficient approach to planning at that time." (Jones, 1982, 144-145).

### 3. TOWARDS A PROCESS CENTERED ORGANIZATION DEVELOPMENT STRATEGY

The education and treatment communities that Anton Makarenko and Maxwell Jones developed in different social circumstances and historical situations have both notably influenced later education and treatment practices. It is very interesting that they both used a fairly similar strategy in creating their communities. Knowing neither Makarenko nor Jones' actions we ended up in a rather similar development strategy in the boys' reformatory of the city of Jyväskylä in the 70's, even though the social conditions differed crucially from the time after the revolution in the Soviet Union or from the period during and after the Second World War in Britain. In the foregoing I have described and compared Makarenko and Jones' communities and their development with each other and in a preliminary way also with more recent views in organization development. In the following I will sum up Makarenko and Jones' experiences using a development model describing the development of education and treatment organizations which I will call process centered organization development strategy.

The emphasis of the process centered development strategy lies in examining everyday life on all of its levels. The community is developed as a whole from the bottom upwards by planning, making decisions, carrying them out and following them with the strength of the whole community. Each basic unit starts in its own community by discussing its problems, successes and failures, seeking solutions and setting objectives.

Fitting the needs together will inevitable come up against the exercise of power. The individual or group that has most power in the community will be able to satisfy his/its needs and to forward his/its own interests better than the others. For real equality to come about in fitting the needs and objectives together, decision-making has to be based on basic level democracy.

The central features of process centered organization development are examining everyday life, creating collective experiences, learning a common language, and an increase in communal self-esteem and in the level of aspiration. The realization of these features requires the development of such a functional structure of a community that often gives a chance to share and regularly and sufficiently analyze individual and communal experiences and what has

been lived through and done together (social learning in the Jonesian sense and construction of common social reality according to Berger & Luckmann).

### **3.1. Examining everyday life**

The objective and result responsibility centered development strategy starts out by cross-sectionally surveying the present state of the organization and, based on the survey, carries out the choice of objectives and strategies, while the starting point of the process centered development strategy is the common examination of everyday life and actions. It means that the leadership, staff and the charges/patients have to discuss together the work, the community, problems, successes, difficulties, and emotions and experiences connected to them.

The discussions take place while working and in various meetings of the departments, work groups, and the whole organization. The essential thing here is open talking and responsible listening whether the discussion deals with commonplace matters, small joys or sorrows, or more difficult problems of the community.

The regular, daily repeated meetings continuously create common reality on the levels of the units as well as of the whole organization. Each member of the organization has a chance to get information on the state of the organization and its units and to influence their action. By discussing and examining together the everyday action of the organization and the units and by comparing it with their basic task it is possible to become aware of inappropriate routines (Giddens) and the tacit knowledge (Polanyi) or theories-in-use (Argyris et al.) that direct the action.

### **3.2. Creating collective experiences and setting the objectives**

By talking about their work and work community people share their personal thoughts and emotions, and thus create common, collective experiences, from which the traditions of the community develop. Gradually they construct a

common reality and view of their work and work community, its difficulties, weaknesses, and positive and negative features. The need to solve problems that have been shared and experienced together brings up natural common goals.

Courses of action and seeking a means to solve problems that are felt common are familiar to everyone and making a commitment to them is not a problem. If consensus can not be reached in important matters concerning the community, it is better to shelve the matter than to take a vote. Voting can rather scatter than strengthen the developing community.

Successes at solving problems and winning difficulties strengthen communal self-esteem and lead to the setting of more demanding objectives. The objectives thus rise from the communal process 'down below'. Also failures are shared and examining them can be used as a source for learning.

Gradually collective experience that results from discussions and open communication lays a firm ground to a community that becomes solid at the bottom and set objectives independently. The increase of communal self-esteem shows itself also in a rising of the level of aspirations. More demanding objectives set from below function as challenges and bring forward the development of the community just as the spikes of a mountain climber take him closer to the top.

### **3.3. Learning a common language**

In discussions on matters connected to work and the work community in a concrete way, differences in language usage between different hierarchy levels of the organization, professional and other groups can be noticed. Through education and individual experiences concepts can have different meanings on different people and can thus create misunderstandings and problems (Berger & Luckmann).

If the community development starts primarily with talks about common objectives and principles, the consensus reached may also be left on the speech level and lead to contradicting practices because of misunderstandings and verbal unclarities. If the community, for example, starts talking about the need

for common meetings, people's different experiences from meetings may lead even to heated disagreements about their usefulness, and they can thus prevent the realization of the basic prerequisite of development. It would be better just to meet and after that discuss the common experience, what worked well in the meeting and what could be improved (Ladberg & Björling, 1984).

Organization development usually starts by teaching the management and later the rest of the staff the 'new language', i.e. the concepts of the development model. Difficulties in learning the new concepts can turn into a hindrance of real development, especially on the basic level of the organization. In the process centered development strategy the language is not taught by an outside consultant, but people learn it as result of daily interaction and common meetings.

### **3.4. Meetings and creating the functional structure of the community**

The functional structure of a community in education and treatment organizations naturally comprises the functions required by the organization's basic task, such as different therapies and treatment procedures, discussions, work and often hobbies and recreation. All functions should support the realization of the basic task.

In the process centered development strategy, the functional structure, i.e. the daily, weekly, monthly and yearly "schedule", regularly includes time for stopping in groups, units and the whole community to examine the action.

Reserving regular common time is not, however, a guarantee of its appropriate use. Especially at the beginning of community development, department or community meetings can feel oppressive and real problems or important matters are not reached. In order to learn to use the meetings as a means of controlling communal development, open talking and responsible listening, the meetings have to occur frequently enough. Additionally, meetings also have to be examined together. This means that the meeting has to be closed twice. For instance, if there are 60 minutes reserved for a meeting, it could be agreed beforehand that the handling of matters will last 45 minutes and the rest of the time, 15 minutes will be used for examining the meeting together.

Examining the meeting together could be done, for example, by discussing the following questions:

- Did we handle the matters we were supposed to? If not, then why not? What did we handle?
- Was an important matter left without being handled? If it was, then why?
- Was everyone able to say what he had wanted? If not, then why not?
- Was everyone listened to? If not, then why not?
- How was the atmosphere of the meeting?
- Did we make good use of the time reserved for the meeting? If not, then why not?

In this type of examination of the meeting everyone has to consider and discuss the function of the group as well as the relationships and roles of the members and their own behavior and role.

In the same way it is useful to stop to examine what has been done and lived through in the part of other functions. To share one's own experiences and views with others gives them a new, deeper meaning. Most of us probably have a habit of stopping every once in a while to consider the meaning of our work and life, to analyze our successes and failures or to plan our future. We create common reality with those people that we share our thoughts and feelings with.

In a work community, which is busy and does not have a common forum or time to share experiences and exchange views, everyone can have his own reality that has very little in common with the reality of other workers or the superiors. Without a common reality there is no common language, no common views of work and the work community, and no common objectives. Common reality does not come about without a continuous chance for interaction. Personal interaction can not be replaced by any technical media of communication (Berger & Luckmann).

Through the years, both Makarenko and Jones' communities ended up with a rather stable functional structure. The functional structure of Henderson Hospital in the 1980's does not differ much from the one established in the 1950's. A stabilized functional structure also creates predictability and security in the community when patients and staff change.

### 3.5. Participative leadership and leading an interaction process

Traditionally the vertical distance between the leader and the charges/patients is long. Usually it is longer, the bigger the organization is. It can be presumed that the communal reality of the supreme manager and, for instance, the basic level worker is rather different, as the studies of Chris Argyris (1981) show.

In process centered development the leader's activity and participation in as many common meetings as is possible is a prerequisite for communal development. The leader acts as the model for open communication and listening. The leader's responsibility is at first to encourage open talking and later to receive criticism from the staff and the charges and the patients. When the criticism does not seem fair, it may be difficult to take it without defending oneself or even being aggressive. But it may be most difficult to take apt and justified criticism. The success of common situations is directly connected with the leader's self-esteem and social skills.

If the leader's self-esteem is strong and he keeps to the common meetings, they gradually start to become more open and the real defects that bother the members of the organization or its action are reached. Similar open communication and readiness to confrontation are also important in the leader group in order for the new democratic organization culture to survive when the leader changes (the Jonesian multiple leadership).

The present legislatively ratified and prevailing power relations in Finnish organization in the public and private sectors do not make it possible to develop the work community towards a democratic and open system without the voluntary co-operation of the leader. That is why the leader has to conscientiously use his power in the beginning of the development to create common forums and common time and to promote open communication, but he has to know when to withdraw from power when the system works and the new communal culture has its bearers and defenders on all levels of the organization. Then again, a community has critical periods when it is necessary for the leader to be active and to exercise his power. The leader's task is above all to lead the interaction process.

In leading a process the most central factors are creating a common forum for discussions and decision-making on all organization levels, giving feedback on the development and achievements of the organization, and keeping the primary task exposed by asking repeatedly in the common meetings "What we

do and how we do it, serve the realization of the primary task of the organization?". Instead of resorting to ordering or controlling, the leader should make the staff think, talk and act independently by asking the right questions.

The structure of an organization should be upward permeable and it should support free participation. The meetings of the leadership group and other decision-making bodies should be open for all that are willing to participate. Also, the leader should be available for anyone whenever someone in the organizations wants to meet him. It is not enough that leaders 'walk and talk' with people. To guarantee openness and equality, meetings for the whole organization are necessary, where all units and every individual has a chance to ask questions and ask anyone for grounds for anything that is on his mind.

### **3.6. Role of research**

The process centered development strategy is based on examining and immediately utilizing the feedback people get from each other and their actions. The task of research would be to collect and give systematic information on the action and the culture of the community and on its effects in realizing the primary task. Research should be a part of a continuous process and not a separate action that has been planned years ahead and rigidly follows a pattern.

### **3.7. Further perspectives**

From the point of view of further development, the process centered development strategy seems to have fruitful junctions with, for instance, the systemic frame of reference that has been developed and applied within family therapy (Selvini Palazoli, Boscolo, Geccin & Prata, 1978; Gelcer, McGabe & Smith-Resnick, 1990, 193-197) and with network therapy (eg. Honkanen Paasolainen, 1991; Ikonen-Nylund & Petterson, 1991). In network therapy the examination and support of the individual or the the family that has been identified as the client/patient is done in network meetings, where several experts,



the client family and the members of its support network talk and make decisions in co-operation based on equality. In this kind of face-to-face interaction they learn a common language, and create a common reality by bringing up different viewpoints and by making agreements on the measures to be taken. Jaakko Seikkula (1991) deliberates the function of the language in the network meetings in an interesting way. Based on the theories of Baht and Vygotsky he emphasizes that the meaning of language/words is always primarily connected to each interaction situation, which implies that common language is possible only in relation to a certain context, for instance work or work community.

In the development of public administration organizations the process centered development strategy can be seen to represent the third development stage. In Finland, public administration was developed and its operation was controlled up to the 60's by regulating and directing the resources appropriated for it. As the social sector expanded, the scantiness of the resources forced the politicians to pay attention to the results that had been received with the resources. In the 70's and 80's the organizational development of public administration was based on applying model of development by objectives and results. By setting clear and concrete objectives to an organization and by controlling the attainment of them it was aimed at increasing the efficiency of public administration and at holding down the expenditure. Despite the partial delegation of decision-making power to the units and to the basic level of the organization, which is a requirement of result accountability, objective and result responsibility centered development, setting the objectives, and strategic control which have been left in the hands of the organization management. Thus the development models based on resource control and objective/result control can both be considered as ones that are led and controlled from above.

In the process centered development strategy the emphasis lies primarily on developing the organization from below upward, guided by the needs of the clients/patients/charges. The principle of comprehensiveness means that all levels of hierarchy and all the units should co-operate, and the task of the management is to create the forums for co-operation, to coordinate it, and to fit the objectives of the units together. The reason why I think that the process centered development represents the third stage of organization development is that it gives up centralized control from above. Real autonomy is created for the basic level units in relation to both the objectives and the means. Development within the units and between the units is carried out by continuous

co-operation and mutual (not hierarchical) control. The principle of self-regulation can be seen as the permeable principle both on the individual and the community levels. In the process centered development strategy many of the features that Gareth Morgan (1986, 103–105) attached to a holographic organization seem to come true.

## SUMMARY

This study has compared the establishment and development of the Russo-Soviet Anton Makarenko's collective and the Scottish psychiatrist Maxwell Jones' therapeutic community. The research material is chiefly composed of Makarenko and Jones' own books and articles. The approach is mainly phenomenological and concentrates on the analysis of the communities' inner development. The material Makarenko and Jones have produced is different in that Makarenko has written and described the life in his collectives mainly in his novels, and Jones' production, again, is documentary and scientific.

The object of the analysis has been on the development of the communities' central principles, forms of action and social structures. The material on each theme has had to be described widely enough in order to become a part of the analysis. The material on Makarenko's collective deals mainly with the development of one collective developed and led by Makarenko himself (the first students and staff of the Dzerzhinsky Commune came from the Gorky Colony with Makarenko). Jones' production covers not only the communities he developed and led (Mill Hill, Dartford and Henderson Hospital) but also the development of a traditional mental hospital (Dingleton Hospital) into a therapeutic community. Thus the analyses of the communities' development differ from each other in their extent and structure.

The reliability of the material I have estimated with the statements of Makarenko and Jones' contemporaries (co-workers, pupils) and with the material I have received from correspondence and interviews with some of Jones' co-workers. Even though some of Jones' analyses of his communities

have been criticized as inadequate from the sociological point of view (Manning), I consider his material on behalf of the versatility and details more reliable than Makarenko's material. Nevertheless, Makarenko's material is very abundant, and, according to his contemporaries and other documents, reliable enough for the analysis of the community's development process.

In the study concerning the development of the communities I have tried to find those unexpressed development strategies in the background that Makarenko and Jones have followed (Argyris et al.; Giddens). The results show that Makarenko and Jones have followed a fairly similar development strategy, which resembles my own experiences from developing the boys' reformatory of the city of Jyväskylä in the 1970's (Kaipio). Both Makarenko and Jones' communities started out with the leader leading discussions with the entire staff and charges/patients. The community and the actions of the members were studied together and evaluated on the basis of the community's primary task and the members' needs.

As a result of these common discussions, the community's functional structure and common meetings as its crucial part took shape. Through sharing their own experiences the members of the community, from the leader to the charges and patients, created common collective experience, and a common social reality (Berger & Luckmann; Schutz), from which the community's respective development needs, objectives and ways of action were derived. A sense of solidarity and communal self-esteem were strengthened.

At the beginning of Makarenko and Jones' communities, critical situations in the societies (World War I and the Socialist Revolution/Makarenko and World War II and the period after that/Jones), and difficulties caused by scanty resources, promoted administrative autonomy and the communities' functional independence. In the end, however, it was Makarenko and Jones' personalities that were decisive in the utilization of the premises created by the social conditions. Their talents, charismatic personalities and social skills were connected to a certain kind of self-doubt, and the compensation of that has probably been a part of the strong motivation that was necessary to carry out the outstanding development work that they have done. Their strong international influence is decisively due to their wide literary production that deals with their actions and communities.

In spite of the different theoretical approaches (social psychological/Makarenko and psychodynamic/Jones) to education and treatment, Makarenko and Jones had many common features and similar solutions in their practical

actions and in the way they developed their communities. This may be explained by their pragmatic hold and values that emphasize equality and democracy; since the late 1920's those values became an increasingly stronger socialist and later communist content for Makarenko. In leadership manners Makarenko emphasized the principle of individual leadership, whereas Jones' central leadership model was based on multiple leadership in the form of a team. Regardless of these differences it was common to the inner decision-making in Makarenko and Jones' communities that the decision-making bodies were open for all the members of the community. As leaders they were both always available for anyone who wanted to meet them.

I have compared the development strategy that Makarenko and Jones followed, referred to as the process centered development strategy, to the well known strategies also used to develop education and treatment communities, Grid OD, Management by Objectives and Management by Results, which I have called the objective and result responsibility centered development strategy. The essential differences come up in the table below. The descriptions are presented at a very general level and they mainly characterize the typical emphases of the two development strategies.

TABLE 5. Differences between the objective and result responsibility centered and the process centered development strategies.

Result and responsibility centered development strategy	Process centered development strategy
The objectives are set and the strategy chosen by the supreme management.	Objective setting and strategy choice proceeds from below upward.
Comprehensiveness means that all parts of the organization are connected to the development in accordance to the plans of the supreme management.	Comprehensiveness means that each level of hierarchy and each unit are in continuous face-to-face interaction, where objectives and strategies fit together.

The organization's 'present state' is examined by surveys at intervals according to the management's plans.

Participating leadership means that managers listen to their subordinates privately or in group situations.

Objectives for each unit are determined from above and applied to the objectives set for the whole organization.

The units' action is directed, coordinated and controlled from above.

Decision-making takes place in groups 'closed for outsiders'.

The language of organization development is learned through education.

The development strategy is a given model according to which it has to be proceeded.

Survey of the 'present state' is a continuous common examination of the work, community's activities, everyday life. This does not exclude periodic surveys of the community's present state.

Participating leadership means supporting the interaction process between the group and the community, and open communication between the members through organizing common forums and through participating in their actions.

The organization's overall objectives are derived from the basic task by fitting the units' objectives together and by respecting the units' autonomy.

The units' action is directed and controlled on the same level in the organization's common meetings, where each unit's actions and plans meet with the evaluation of the leaders and all the other units.

Meetings of all the decisionmaking bodies are open for the community members.

Common language is learned through continuous interaction and examining everyday life.

The core of the development strategy is to create such a functional structure for a community that it makes it possible for the community and its members to regularly question and examine together the actions and routines.

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The outline of the process centered development strategy represents a new kind of development thinking, which has a clear connection to the school of sociology of knowledge represented by Berger and Luckmann from the point of view of constructing common social reality. On the other hand, it is connected to the communal application of double loop learning (Morgan), where the central point is to continuously examine and evaluate the members' and the community's actions, habits and automatic routines (Argyris et al.; Gersick & Hackman; Giddens; Jones). The principle of constant examination requires common forums and reserving a regular common time for the functional structure. The leaders' and the superiors' active participation and ability to lead the community's interaction processes is a prerequisite for the process centered development.

## TIIVISTELMÄ

Tutkimuksessa on verrattu venäläis-neuvostoliittoaisen Anton Makarenkon kollektiivin ja skotlantilaisen psykiatrin Maxwell Jonesin terapeuttisen yhteisön syntymistä ja kehittymistä. Tutkimusaineisto perustuu pääasiassa Makarenkon ja Jonesin omiin kirjoihin ja artikkeleihin. Tutkimuksen lähestymistapa on lähinnä fenomenologinen ja keskittyy yhteisön sisäisen kehityksen analyysiin. Makarenkon ja Jonesin tuottama aineisto poikkeaa toisistaan siten, että Makarenko on kirjoittanut ja kuvannut kollektiiviensa elämää lähinnä romaaneissaan ja Jonesin tuotanto on puolestaan dokumentaarista ja tieteellistä.

Analyysin kohteena ovat olleet yhteisöjen keskeisten periaatteiden, toimintatapojen ja sosiaalisten rakenteiden kehittyminen. Kuhunkin teemaan liittyvän aineiston on täytynyt olla riittävän laajasti kuvattu, jotta se on voitu ottaa mukaan analyysiin. Makarenkon kollektiiveja koskeva aineisto kuvaa periaatteessa yhden hänen itsensä kehittämän ja johtaman kollektiivin kehitystä (Dzerzhinkin kommuunin ensimmäiset oppilaat ja henkilökunta tulivat Makarenkon mukana Gorkyn siirtolasta). Jonesin tuotanto kattaa paitsi hänen kehittämiensä ja johtamiensa yhteisöjen (Mill Hill, Dartford ja Henderson Hospital) myös perinteisen mielisairaalan (Dingleton Hospital) kehittämisen terapeutiksi yhteisöksi. Näin ollen yhteisöjen kehittymisen analyysit poikkeavat sekä laajuudeltaan että rakenteeltaan toisistaan.

Aineiston luotettavuutta olen arvioinut Makarenkon ja Jonesin aikaisten (työtoverit, oppilaat) sekä Jonesin eräiden työtovereiden kanssa käymäni kirjeenvaihdon ja haastatteluin saamani aineiston perusteella. Vaikka joitakin Jonesin analyysieja yhteisöistään on arvosteltu sosiologisesta näkökulmasta



puutteelliseksi (Manning), pidän hänen aineistoaan monipuolisuuden ja yksityiskohtien osalta luotettavampana kuin Makarenkon aineistoa. Kuitenkin Makarenkon aineisto on erittäin runsas ja sekä aikalaisten arvioiden että muista asiakirjoista saatujen tietojen mukaan myös riittävän luotettava yhteisön kehitysprosessin analyysiä varten.

Yhteisöjen kehitystä koskevassa tutkimuksessa olen pyrkinyt löytämään ne taustalla olleet julkilausumattomat kehittämisstrategiat, joita Makarenko ja Jones noudattivat (Argyris et al.; Giddens). Tulokset osoittivat Makarenkon ja Jonesin noudattaneen varsin samantapaista kehittämisstrategiaa, joka muistutti myös omia kokemuksiani 16 paikkaisen Jyväskylän kaupungin poikien oppilaskotiyhteisön kehittämistä Suomessa 1970 -luvulla (Kaipio). Sekä Makarenkon että Jonesin yhteisöissä lähdettiin liikkeelle johtajan johdolla koko henkilökunnan ja kasvatettavien/potilaiden kanssa keskustellen. Yhteisöä ja jäsenten toimintaa tutkittiin yhdessä ja arvioitiin yhteisön perustehtävän ja jäsenten tarpeiden pohjalta.

Näiden yhteisten keskustelujen tuloksena muotoutui yhteisön toiminnallinen rakenne ja yhteiset kokoukset sen olennaisena osana. Jakamalla omaa kokemustaan yhteisön jäsenet johtajasta kasvatettaviin ja potilaisiin loivat yhteistä kollektiivista kokemuspohjaa, yhteistä sosiaalista todellisuutta (Berger & Luckmann; Schutz), josta hahmottuivat yhteisön kunkinhetkiset kehittämistarpeet, tavoitteet ja toimintatavat. Yhteenkuuluvuuden tunne ja yhteisöllinen itsetunto vahvistuivat.

Makarenkon ja Jonesin yhteisöjen alkuvaiheissa yhteiskunnalliset kriisiolosuhteet (ensimmäinen maailmansota ja sosialistinen vallankumous/Makarenko sekä toinen maailmansota ja sen jälkeinen aika/Jones) huolimatta resursien niukkuuden aiheuttamista vaikeuksista edistivät hallinnollista autonomiaa ja yhteisöjen toiminnallista itsenäisyyttä. Makarenkon ja Jonesin persoonallisuuden ominaisuudet ratkaisivat kuitenkin viimekädessä sen, että yhteiskunnallisten olosuhteiden luomat edellytykset kyettiin käyttämään hyväksi. Heidän kyvykkyytensä, karismaattisuutensa ja sosiaaliset taitonsa yhdistyivät toisaalta jonkinasteisiin itsetunto-ongelmiin, joiden kompensoiminen lienee ollut osana sitä vahvaa motivaatiota, jota heidän mittavan kehittämistyönsä läpivieminen on edellyttänyt. Heidän laaja kansainvälisen vaikutuksensa perustuu ratkaisevasti molempien laajaan kirjalliseen tuotantoon, jossa he kuvasivat toimintaansa ja yhteisöjään.

Huolimatta kasvatukseen ja hoitoon liittyvistä erilaisista teoreettisista (sosiaalipsykologinen/Makarenko ja psykodynaaminen/Jones) lähestymis-

tavoista Makarenkon ja Jonesin käytännön toiminnassa ja yhteisön kehittämisessä oli paljon yhteisiä piirteitä ja samantapaisia ratkaisuja. Tämä selittyneheidän pragmaattisesta otteestaan ja tasa-arvoisuutta ja demokratiaa korostavista arvoistaan, jotka Makarenkolla saivat 20-luvun lopulta lähtien yhä vahvemman sosialistisen ja myöhemmin kommunistisen sisällön. Johtamistavassa Makarenko korosti yksilöpäällikkyyden periaatetta, mutta Jonesin keskeinen johtamismalli perustui tiimimuotoiseen monijohtajuuteen. Näistä eroista huolimatta Makarenkon ja Jonesin yhteisöjen sisäiselle päätöksenteolle oli yhteistä päättävien elimien avoimuus kaikille yhteisön jäsenille. Molemmat olivat johtajina myös jatkuvasti halukkaiden tavattavissa.

Makarenkon ja Jonesin toteuttamaa kehittämisstrategiaa, jota kutsun prosessikeskeiseksi kehittämisstrategiaksi, olen verrannut tunnettuihin ja myös kasvatus- ja hoitoyhteisöjen kehittämiseen käytettyihin Grid OD:hen, tavoitejohtamiseen ja tulosjohtamiseen, joita olen kutsunut tavoite- ja tulosvastuukeskeiseksi kehittämisstrategiaksi. Keskeisimmät erot käyvät ilmi alla olevan taulukon kuvauksista, jotka ovat erittäin yleisellä tasolla esitetyjä ja luonnehtivat lähinnä kummankin kehittämisstrategian tyypillisiä painotuksia.

TAULUKKO 5. Tavoite- ja tulosvastuukeskeisen kehittämisstrategian ja prosessikeskeisen kehittämisstrategian eroavuuksia.

Tavoite- ja tulosvastuukeskeinen kehittämisstrategia	Prosessikeskeinen kehittämisstrategia
Tavoitteiden asettaminen ja strategian valinta tehdään ylimmässä johdossa.	Ensisijaisesti alhaalta ylöspäin etenevä tavoitteiden asettaminen ja strategian valinta.
Kokonaisvaltaisuus tarkoittaa lähinnä kaikkien organisaation osien kytkemistä kehittämiseen ylimmän johdon suunnitelmien mukaisesti.	Kokonaisvaltaisuus tarkoittaa kaikkien hierarkiatasojen ja yksiköiden jatkuvaa henkilökohtaista vuorovaikutusta, jossa sovitetaan yhteen tavoitteita ja strategioita.

Organisaation 'nykytilan' tutkiminen toteutetaan määräajoin ja johdon suunnitelman mukaan tapahtuvien kartoituksin.

Osallistuva johtaminen tarkoittaa lähinnä esimiesjohtoista alaisten kuulemista kahdenkeskisissä tai ryhmätilanteissa.

Organisaation yksikkökohtaiset tavoitteet määritellään ylhäältä ja sopeuttaen koko organisaatiolle asetettuihin tavoitteisiin.

Osayksiköiden toimintaa ohjataan, koordinoidaan ja valvotaan ylhäältä.

Päätöksenteko tapahtuu 'ulkopuolisilta suljetuissa' ryhmissä.

Organisaation kehittämiskieli opetetaan koulutuksen avulla.

Kehittämisstrategia on etukäteen annettu malli, jonka mukaan edetään.

'Nykytilan' kartoitus on jatkuvaa, päivittäistä työyhteisön toiminnan ja arkipäivän yhdessä tapahtuvaa tutkimista. Tämä ei sulje pois määräaikaista yhteisön tilan kartoituksia.

Osallistuva johtaminen merkitsee ryhmän ja yhteisön vuorovaikutusprosessin ja jäsenten avoimen kommunikaation tukemista organisoidulla yhteisillä foorumeilla ja osallistumisella niiden toimintaan.

Organisaation kokonaistavoitteet muotoutuvat perustehtävän pohjalta yksiköiden tavoitteet yhteensovittamalla ja yksiköiden autonomiaa kunnioittaen.

Yksiköiden toimintaa ohjataan ja kontrolloidaan samalta tasolta organisaation yhteisissä kokouksissa, jossa niiden toiminta ja suunnitelmat joutuvat niin johdon kuin kaikkien muidenkin yksiköiden arvioitaviksi.

Kaikkien päättävien elinten kokoukset ovat avoimia yhteisön jäsenille.

Yhteinen kieli opitaan jatkuvan vuorovaikutuksen ja arkipäivän tutkimisen kautta.

Kehittämisstrategian ydin on sellaisen yhteisön toiminnallisen rakenteen luominen, joka mahdollistaa säännöllisen yhteisön ja sen jäsenten toiminnan ja rutiinien yhdessä tapahtuvan problematisoinnin ja tutkimisen.

Prosessikeskeisen kehittämisstrategian hahmotelma edustaa uudenlaista yhteisön kehittämisajattelua, jolla on selkeät kytkennät Bergerin ja Luckmannin edustamaan tiedonsosiologiseen suuntaukseen yhteisen sosiaalisen todellisuuden rakentamisen näkökulmasta. Toisaalta se liittyy kaksikehäisen oppimisen yhteisölliseen soveltamiseen (Morgan), jossa keskeistä on yhteisön jäsenten oman ja yhteisön toiminnan, tottumusten ja automaattisten rutiinien jatkuva tutkiminen ja arviointi (Argyris et al.; Gersick & Hackman; Giddens; Jones). Jatkuvan tutkimisen periaate edellyttää yhteisiä foorumeja ja säännöllisen yhteisen ajan varaamista yhteisön toiminnalliseen rakenteeseen. Johtajien ja esimiesten aktiivinen osallistuminen ja kyky yhteisön vuorovaikutusprosessien johtamiseen on prosessikeskeisen kehittämisen välttämätön edellytys.

КАРИ МУРТО

НА ПУТИ К ХОРОШО ФУНКЦИОНИРУЮЩЕЙ КОММУНЕ  
Развитие модели коммуны Антона Макаренко  
и  
Максвелла Джонса

РЕЗЮМЕ

Цель этого исследования – сравнительный анализ становления и развития русско-советской коммуны Антона Макаренко и терапевтической общины шотландского психиатра Максвелла Джонса. Материал основан на собственных книгах и статьях Макаренко и Джонса. Подход в основном феноменологичен и сконцентрирован на анализе внутреннего развития коммуны (общины). Материалы Макаренко и Джонса различны, так как Макаренко описывает жизнь в своих коллективах в беллетристических повестях, а труды Джонса документальны и научны.

Предмет анализа базируется на развитии основных принципов коммуны (общины), типах деятельности и социальных структурах. Материал по каждой теме должен быть хорошо изложен, чтобы стать частью анализа. Макаренко сам обработал материалы по проблеме развития одного коллектива (первые студенты и помощники Макаренко в "Коммуне им. Дзержинского" пришли из "Колонии им. Горького" вместе с ним). Исследования Джонса затрагивают не только общины, которые он создавал и возглавлял сам, но также и превращение обычной больницы (больница им. Лингльтона) в терапевтическую общину. Таким образом анализы развития коммун (общин) различаются по своему охвату и структуре.

Достоверность материала я оценивал, опираясь на утверждения современников (коллег, студентов) Макаренко и Джонса, а также на материал, который я почерпнул из корреспонденций и интервью некоторых из сотрудников Джонса. И хотя даже некоторые из исследований Джонса, касающиеся общин были раскритикованы как неадекватные социологической точке зрения ((Мэннинг), тем не менее

я придерживаюсь мнения, что материалы Джонса, по причине их лабильности и множества деталей, были более достоверными, нежели материалы Макаренко. Несмотря на это, материал Макаренко очень обилен и, по свидетельствам его современников, а также на основе других документов, достаточно достоверен для применения его в анализе процесса развития коммуны(общины).

В процессе работы, касающейся развития коммун(общин), я попытался найти те, незаметные на первый взгляд, формы стратегии развития, которым следовали Макаренко и Джонс (Гидденс). Результаты показывают, что Макаренко и Джонс применяли достаточно идеотичную стратегию, которая похожа на мой собственный опыт в области развития исправительной колонии для мальчиков в городе Йёвёскилё в 70-х годах (Кайпио). Как коммуна Макаренко, так община Джонса начинали с дискуссий руководителей со всем составом работников данного учреждения, а также с заключёнными/пациентами. Коммуна(община и деятельность её членов исследовались взаимосвязанно и основывались на главной задаче коммуны (общины) и нуждах её членов.

В результате этих дискуссий функциональная структура коммуны (общины) и общие собрания приобрели законченную форму. Путём обмена собственным опытом члены коммуны(общины), от руководителя до заключённых/пациентов, создали систему коллективного опыта (Шутц, Бергер/Лукман), на которой основываются соответствующие потребности развития коммуны(общины), её цели и действия. Были укреплены чувства солидарности и самоуважения.

В начале деятельности коммун(общин) Макаренко и Джонса, критическая ситуация в обществе (Первая мировая война и социалистическая революция(Макаренко) и Вторая мировая война и послевоенные годы(Джонс)) и трудности вызванные недостатком ресурсов повышали административную автономию и функциональную независимость коммун

(общин). В конце концов именно личный авторитет Макаренко и Джонса свели на нет трудности, возникшие в определённых общественных условиях. Их талант, очарование личностей и социальные навыки были связаны в определённой степени с внутренними сомнениями. Сильная система мотивации была необходима для развития выдающейся работы, которую они выполняли. Сильное международное влияние Джоунса и Макаренко в решающей степени множеству их литературных трудов, на страницах которых разбирались проблемы коммун(общин) и их собственные действия.

Несмотря на различные теоретические подходы (социально-психологический у Макаренко и психодинамический у Джонса) к проблемам обучения и содержания, у Макаренко и Джонса было много общих особенностей и похожих решений в их практических действиях и путях развития их коммун(общин). Это может быть объяснено прагматическим подходом и системой ценностей, которые подчёркивали равенство и демократию; начиная с конца 20-х годов эти ценности наполнялись для Макаренко в возрастающей степени социалистическим, а позднее коммунистическим содержанием. В кодексе руководителя Макаренко подчёркивался принцип личного руководства, в то время как модель централизованного управления Джонса основывалась на руководстве нескольких людей в форме группы лидеров. Не взирая на эти различия, общей чертой являлось то, что в процессе принятия решений мог участвовать каждый член коммуны(общины). Как руководители Макаренко и Джонс были доступны для любого, кто хотел бы встретиться с ними и высказать свои предложения.

Я сравнил стратегию, которой следовали Макаренко и Джонс (со ссылкой на стратегию развития) с хорошо известными стратегиями, также использовавшимися в развитии образования и попечения членов общины: "администрирование по целям" и "администрирование по конечным результатам", которое я назвал "целевой и результативной ответственностью." Существенные различия приведены в таблице ниже.



Описания являются очень общими и они в основном характеризуют черты, типичные для двух стратегий развития.

ТАБЛИЦА 5. "Различия между целевой и результативной ответственностью и стратегией развития Макаренко/Джонса".

Целевая и результативная ответственность	Стратегия развития Макаренко/Джонса
Руководящий административный орган общины ставит цели и выбирает стратегию	Процесс выбора цели и стратегии идёт снизу наверх
Всесторонность означает: все части организации связаны с развитием в соответствии с указаниями и планами руководящего органа общины.	Всесторонность означает: каждый уровень иерархии и каждый член общины работают вместе в поисках цели и стратегии
"Современное состояние" организации рассматривается в обзорах и дискуссиях в рамках планов руководства	Обзор "современного состояния" - постоянное общее исследование работы коммуны (общины), её повседневной жизни. Это, впрочем не исключает периодические общие обзоры современного состояния коммуны (общины).
Участие в управлении означает, что администрация выслушивает мнения своих подопечных о своей работе и целях в личных или групповых беседах	Участие в управлении означает поддержку процесса взаимодействия между группами и в самой коммуне (общине) поддерживает процесс коммуникации между её членами путём организации общих собраний и участия в действиях членов.
Задачи для каждого члена диктуются сверху и рассчитаны на достижение целей поставленных перед всей организацией	Основные цели организации основаны на её главной задаче, которая состоит в сочетании целей отдельных членов и уважении их самостоятельности.
Принятие решений происходит в группах "полностью закрытых для посторонних"	Собрания, посвящённые принятию решений открыты для каждого члена коммуны (общины)
Действия членов руководятся, направляются и контролируются в соответствии с целями руководства	Действия членов руководятся и контролируются на одном уровне на общих собраниях организации, где каждый план или действие члена оценивается другими

	членами и руководством организации
Язык организационного развития изучается через образование	Общий язык изучается путём продолжительного взаимодействия
Стратегия развития—готовая модель, в соответствии с которой осуществляются все действия	Основа стратегии развития призвана создавать такую функциональную структуру для коммуны (общины), которая помогает членам регулярно спрашивать и проверять друг друга в действиях и выполнении правил

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Абрис стратегии развития Макаренко/Джонса представляет собой новый тип развития мышления, который непосредственно связан со школой социологии знания, созданной Бергером и Лукманом с точки зрения создания общей общественной реальности. С другой стороны он связан с применением теории "двойной петли" Моргана, где отправной точкой является продолжительная проверка и оценка действий членов коммуны (общины) и коммуны (общины) самой, привычек и обязательных правил (Джонс, Гершик и Хакмэн). Принцип постоянной проверки требует общих собраний и экономит регулярное общее время для функциональной структуры. Активное участие руководителей и возможность руководить процессом общения подготавливает почву для стратегии развития.

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