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Dr. Maller has written a fascinating account of his therapeutic community for the treatment of chronic patients at Pardessia Government Psychiatric Hospital. He and his team have undertaken the extraordinarily difficult task of developing a positive programme for a population of over 200 patients, most of whom had been hospitalised for 2 years or more. Everyone knows that after such a time in hospital the prognosis for schizophrenic patients is regarded as extremely poor. No such defeatist attitude is apparent in this book, but at the same time the difficulties are realistically appraised.

Dr. Maller and his team have paid great attention to the social organisation of the hospital, and in particular to the role of the patient. Their capacity to empathise with the patient and not expect communication on their (the staffs) terms, is probably a large factor in their apparent success. Their categorisation of chronic patients is practical and stresses the possibilities for readjustment and readaptation in this clinical group. (He dislikes the term rehabilitation when applied to this group.) He uses therapeutic community concepts modified to meet the needs of this type of patient. Essentially this means to use his terms, active, polarising and dynamic.

He indicates that left to himself the chronic patient lacks motivation and
action must be initiated by the staff in the first instance.
As the patient begins to identify himself with the patient/staff group, so a
progressive transfer of initiative and authority occurs from staff to patients. As
the patient gains confidence and self-awareness he is encouraged to become
involved in ever-widening parameters of social contact (the family) and work
(outside employment).
Discharged from hospital is seen as part of a continuum and the hospital
therapeutic community becomes linked with the treatment community outside.
In the therapeutic community at Pardessia therapy means a form of existential
psychotherapy along with anthropological philosophy. To most psychiatrists
in the US and the UK this is a relatively unfamiliar approach. Dr. Maller
goes further and quotes freely from the field of theological existentialism.
Despite my own lack of familiarity with the literature which he applies freely to
his thesis, I find his actual practice familiar and reasonable. Talking of their
programme and the facilitation of social communication he says: `The patient
succeeds in winning back his identity. Before the therapeutic community the
lack of contacts plunged him into the oblivion of his own person. Social contacts
remind him that he is a person distinct from his fellow-man, and that he exists
not only in the past and present, but also in the future. Delimitation and regaining
identity are stages which lead him to a prospective attitude towards himself."
In conclusion I would say that the therapeutic community outlined in this
book will probably change in many significant ways over the years. I miss some
important concepts, e.g. systems theory, learning theory or what I have called
social learning. These ideas are implicit up to a point, but could with advantage
be made more explicit. I also wonder how continuous is the process of learning
in both patients and staff. But these are only random impressions, without even
having seen the therapeutic community in action, and may well be erroneous. In
any case every therapeutic community must be unique to itself and I am left
with the strong impression that here is a model from which we can all learn.
The energy, vitality, and imaginative qualities of the treatment team at
Pardessia stand out in this account. Their programme and findings in treating
long stay mental patients deserve to be compared carefully with the best experiments
to date in this field. Maxwell Jones

Foreword
This book was born of a threefold meeting: the author's meeting with the
chronic patient, the therapeutic community and the land of Israel.
After two decades of eventful existence among patients who entered the
wards of a hospital, worried, fretted and left, I met the mental patient who
suffers because he is aware that he suffers, who suffers because he is no longer in
a state of anxiety, who is admitted to hospital and worries because he does not
know when he will be able to leave it. That was my meeting with the chronic
patient.

After two decades during which bolted doors opened and locked between me and the patients, I suddenly found myself seated round about a table with the hospital staff, beside my patient, facing his parents and sometimes his neighbours and employers. That was my meeting with the therapeutic community.

After two decades of supercilious sufficiency in front of a dozen or so of card-indexes into which I used to cram -- and, surprisingly, they fitted -- all the patients I had met, I suddenly met with the patient whom I had no card-index, or whom I ought to have split into several sections. He was the 'changing physiognomy' patient of an anosological, fluid, osmotic psychiatry -- like the society that engendered it.

Instead of the patient who invariably came from the same world, I met the patient who, before reaching me, had passed through an infinity of worlds, ways of thought and cultures. When the curtain was raised, the world that for two decades had seemed to me unique and monolitic proved to be multiple and kaleidoscopic.

Israel, melting pot of customs, cultures and suffering, was a small-scale reflection of this vast world. Israel taught me that in our age mankind had broken the tenets of hierarchy, that society is mobile and polycentric. Israel taught me that my fellow-man, whether healthy or sick, was the product of this society and should be interpreted as such. That was my meeting with Israel -- an example of osmotic society.

Actually the book did not take shape in deliberate planned form. Initially the need was felt to summarise activity during the first years of an institution for rehabilitation of the mental patient. Subsequently, however, I realised the clinical and philosophical implications of our deal. Thus, gradually, the administrative framework of the institution served merely as a pretext for an essay whose main objective emerged as the fundament of a theory of rehabilitation of the chronic patient.

For these reasons the first part takes shape as a report, while the second seeks to define the general framework of the rehabilitation process. The third part to some extent exceeds the limits of the two immediate objects of study: the chronic patient and the rehabilitating role of the therapeutic community. In that part I sought the answer to the existential problems that chronicity, as a modality of the patient's personality, and the therapeutic community, as expressing a way of thought and a society, raises in front of the modern psychiatrist.

The case histories that figure in part IV tend less to supply an ontological analysis of the phenomenology than to illustrate the trajectory of certain existences from the first appearance of the sickness until their social readjustment.

Emphasising the personal dynamic of the factors involved in that process, I have tried to bring out on the one hand the spontaneous situational constellations
derived from that dynamic, and on the other hand the corrective function of lucid therapeutical attitudes. Thus these ‘clinical biographies’ (Laing) illustrate how certain ‘destinies’ might turn into ‘meaningful existences’.

Again in the way of illustrative material requiring additional comment, I have enclosed some statistical data and some minutes of therapeutic community group meetings. I avoided detailed analysis of statistical material, however, in order to preserve this essay's mainly clinical and ontological character and its special focus on the interpersonal sphere. As regards the few minutes from our therapeutic community meetings, I wish to emphasise that they are intended merely as a more or less schematic form of documentation for part III. My hope is to try later a fuller and more thorough-going study on this topic.

After finishing the book I realised how incomplete it was and how many aspects remained undiscussed. I drew comfort, however, from the thought that I had not, initially, intended to write a manual on the chronic patient, nor a new synthesis of rehabilitation methods, but merely to record my comments on therapeutic community practice with those patients to whom, in my opinion, we ought to devote our utmost interest and effort.

I take this opportunity to extend my warmest thanks to Mrs. D. Shoshan, T. Golan and P. Moskovitsch, social workers of Pardessia Hospital, and B. Englard, head occupational therapist, for their substantial contribution in preparing the clinical and statistical material; to Mrs. R. Hacker, medical secretary of the institution and Mr. B. Mazliach for their technical assistance; to Mr. A. Weintraub for his worthy help in typing the text.

I wish to give due credit, with thanks, for passages quoted from leading authorities in the field.

To the staff of Pardessia my deep gratitude for its dedication to the difficult task of readjusting the long-term mental patient. The Author