

Transcultural transferability of transient therapeutic communities: the living-learning experience workshops

Jan Lees, Rex Haigh, Simone Bruschetta, Anando Chatterji, Veronica Dominguez-Bailey, Sandra Kelly, Aldo Lombardo, Shama Parkhe, João G. Pereira, Yousuf Rahimi and Barbara Rawlings

Abstract

Purpose – This paper aims to describe a method of training for practitioners in democratic Therapeutic Communities (TCs) which has been used in several settings across the world over the past 25 years: the “Living-Learning Experience” (LLE) workshop. It goes on to consider the cross-cultural implications of the work.

Design/methodology/approach – Drawing on the experience of running exactly the same programme in different countries and cultures, the paper examines the cross-cultural adaptability and describes necessary adaptations for local circumstances. It also contains original ethnographic research in UK and Italy; further study is planned for other countries.

Findings – The workshops are readily transferable to different cultures and are appreciated for their democratic and relational way of working.

Research limitations/implications – The ethnographic study examines the workshops in some depth, in UK and Italy, and could usefully be replicated in other countries. No quantitative, outcome or follow-up studies have yet been done, and this paper could contribute to the design of useful quantitative studies.

Practical implications – The paper demonstrates that the LLE is a useful experiential learning tool in widely different settings. It could be developed in different ways, such as for developing relational practice or establishing therapeutic environments in different settings.

Social implications – The workshops’ acceptance in widely different cultures indicates that the open and non-didactic format addresses essential and fundamental qualities required for therapeutic engagement and human relatedness.

Originality/value – This is the first description of the principles of democratic TCs being applied across different international settings. Its value extends beyond the TC field, to the use of democratic and relational principles’ applicability in therapeutic pedagogy and training.

Keywords Ethnography, Democratic therapeutic communities, Orthopedagogy, Cross-cultural transferability, Experiential training, Relational practice

Paper type Case study

(Information about the authors can be found at the end of this article.)

Introduction

There is an on-going debate in global mental health and cultural psychiatry about the transferability of mental health interventions across cultures. Global (western psychiatric) mental health is seen as largely based on diagnosis and medication, and accusations have been made against what is seen as western psychiatric and pharmacological imperialism – applying knowledge generated in wealthy countries to lower and middle income ones (Thornicroft *et al.*, 2017), and that therefore Western models are only applicable mostly to Western populations (Summerfield, 2008). The counter argument is that mental health is as much a social and cultural phenomenon as a biological one, and interventions need to

Received 12 June 2019
Revised 27 May 2020
Accepted 16 October 2020

consider the local and cultural context in which people live. Proponents of this argument also oppose the medicalization of normative distress, or the normal problems of living, such as grief, relationship breakdown and parent-child conflict (Seikkula and Olson, 2003; Davidson, 2005; Summerfield, 2008). Others make the case against psychiatric medication, at least for long-term use (Ho *et al.*, 2011; Whitaker, 2016; Wunderink *et al.*, 2013).

Democratic therapeutic communities (TCs) are developed from anti-biomedical models (Laing, 1967; Goffman, 1968; Foucault, 1965; Cooper, 1968) and encourage drug reduction as much as possible (Haigh, 2007). They also take account of the interface between the individual and their social and cultural setting (Jones, 1968). TCs involve user empowerment, and the development of a sense of agency; democratisation, through user involvement in the day to day running of the community, and shared decision-making; and peer therapy (Haigh, 2013). TCs, both democratic and substance abuse, operate all over the world, in diverse countries and cultures, and have had to adapt to local demands (Haigh and Lees, 2008). The acceptance of TC ideas and practice also fluctuate according to the status quo and the political and social environment. Haigh presents a number of arguments for surviving modernization and staying at the radical edge (Haigh, 2018).

Living-learning experience (LLE) workshops are a UK response to the need for training of TC workers, and are increasingly being used internationally to train local people to become TC workers, as well as providing an experience of group processes, and shared living (Lees *et al.*, 2016). The purpose of this paper is to demonstrate how these trainings operate abroad, and how they have been adapted to fit with local and cultural conventions, and language.

Four of the authors of this paper are from the UK, three are Italian, two are Indian, one is Uruguayan, one is British Jamaican, one is Portuguese, and one is Afghani. All have attended LLEs as recipients and staff members. All the authors have attended LLEs in the UK; five have attended LLEs in Italy; three of the British authors have been staff members at one of the Indian LLEs, and the other Indian LLEs have been staffed solely by the Indian authors; the Portuguese LLEs have been staffed by UK, Italian, Uruguayan and Indian authors. One of the authors is an ethnographic researcher who has conducted participant observation on LLEs in the UK and Italy. All the others are mental health practitioners in their home countries, including group analysts, psychotherapists, psychiatrists, psychologists, TC practitioners, nurses and social workers. One of the UK authors was a founder of the LLE format; all the other author-practitioners have become committed to the LLE approach as a consequence of their experience of attending as participants. The ethnographic researcher is independent and is not a member of the LLE staff team. The descriptions of the LLEs abroad have been written by the LLE staff in those countries, and those staff have also contributed the descriptions of LLEs that they have attended in other countries.

Living-learning experience workshops

LLE workshops, also known as transient TCs, are residential, experiential, training courses, specifically designed to help participants develop reflective practice skills, in the context of a structured programme of activities, and to explore the experience of being a member of a residential programme. LLEs also work with the TC practice of regarding everything that happens, in formal therapy time, cooking groups or social activities is available for reflection and learning. LLEs are run as enabling environments (EEs) or TCs. They are suitable for frontline and senior staff working in a variety of organisations such as day or residential mental health care settings; children's services; forensic mental health settings; and TCs. (Lees *et al.*, 2016, p. 57).

LLEs promote an understanding of processes in groups, and how to harness them to therapeutic benefit (Lees *et al.*, 2017). They provide a unique opportunity to experience belonging, agency, social learning and personal development (Haigh, 2013). They also

enable participants to apply knowledge of their own patterns of behaviour in the formation of therapeutic and other relationships; to experience, and subsequently understand and critically evaluate, the nature and impact of intensive group processes; to describe the impact of themselves on others, and vice-versa; to apply this knowledge in understanding their own emotional development; to understand and work therapeutically with the power dynamics common in complex environments and clinical work; and to make links between objective and subjective understanding of relationships (Lees *et al.*, 2016, p. 58).

According to Kennard, “the main purpose of the LLE format was, and is, to give participants the experience of what it is like to be a patient/resident in a TC. All psychodynamic therapy trainings view the experience of being a patient in the model as a crucial part of training, to fully appreciate how the model works, and to develop sensitivity to what the patient is going through. The workshop provided this opportunity, albeit briefly, for TC staff. It enabled them, for example, to feel what it was like to “act out” in the resident role in ways they cannot do as staff members – e.g. to walk out of a community meeting”. (Kennard, 2014, p. 75).

History of living-learning experiences

The first version of a transient TC was set up in 1978 by the Training Group of the Association of TCs, and these initial workshops became annual events until the late 1980s, but had ceased by 1990. Costs were kept low so as not to deter those on low salaries. The workshops included community meetings, small groups, seminars, experiential sessions such as psychodrama or art therapy, and structured community time, and were self-catering. Gradually, several interesting and familiar facets emerged, such as anxiety about the meal preparation, rivalry between the small groups, assumptions about gender roles, conflict, irritation with the staff members, and the development of rifts within the group. Kennard & Roberts (1978, 1980) concluded that these weekends seemed to demonstrate that it was possible for a strong, cohesive community feeling to develop very rapidly and for a number of learning and therapeutic experiences to develop out of this.

In 1995, these UK training workshops were revived and re-developed as “LLE” workshops, with a different format; they have continued to the present day. The new workshops were also residential, and also used TC principles, but with additional practical ideas (such as the clinical timetable, including community meeting agendas) which had been developed at Winterbourne TC in the UK (Knowles, 1997; Haigh, 2007, 2014); (Lees *et al.*, 2016). These new workshops were still intended for people wishing to learn what a TC is like, directly from the experience of being a member. This style of LLE workshop continues to date. The workshops have always been facilitated by group analysts and TC workers from Britain and abroad. The encouraging feedback from workshop participants justified their continuation and growth over the past 25 years, from twice to several times per year (Lombardo, 2014).

The format and structure of these workshops, and their theoretical underpinnings, are discussed below.

Practice

Each LLE workshop consists of three days, although more recently Growing Better Lives Community Interest Company, and its “Living and Learning” committee, which organizes the UK workshops, and helps facilitate those abroad, have also been offering some one-day bespoke workshops. The LLE format comprises:

- community meetings at the start and end of each day;
- five small groups;
- community catering;
- community time and social activities;

- crisis meetings as required;
- staff briefing and debriefing meetings for all groups; and
- evaluation questionnaires before and after the workshop, and at 3 month follow-up.

The membership of the three small groups is chosen by community members during the first community meeting; each group is subsequently facilitated by the same staff member throughout the workshop. Each group, in turn, will deal with cooking together and with tidying up and cleaning activities, as agreed upon in the first community meeting. The small groups and facilitators meet four times in the same room for spontaneous communication without a set agenda, and once in the kitchen, to prepare a community meal.

The workshop provides three daytime sessions and two evening sessions of 'community time', for community members to decide which issue or activity is of particular interest or relevance for the participants. Topics often voted for are art workshops, psychodrama, music, community walks, exploring the local environment, garden games, and other activities participants wish to offer to the community – these have included dancing, head massage, meditation, and dream workshops. In evening community time, the community often opts to play games (which illustrate dynamic processes for later reflection and discussion in the community) (Lees *et al.*, 2016).

The staff team is composed of a minimum of three group facilitators, with skills in group analysis and organisational dynamics. Depending on total delegate numbers, which have ranged from 9–29, there can also be up to three other co-facilitators, who are usually in administrative, and trainee staff, roles. No single person is in overall charge – rather the community is. Therefore, this course is a unique experience of granting real authority to every member of the learning community. Staff engage in peer group supervision during 15 min staff briefings and debriefings held before and after all community meetings and small groups. This is useful for staff members as it builds clear shared understanding of what is happening in the community, and helps them to deal with their own emotional responses (Lombardo, 2014, p. 6).

Setting boundaries has always been an integral part of psychoanalytic, group analytic, and TC work. LLEs recognise that protecting boundaries is also important to safeguard the function and identity of the whole place of work, here the transient TC. The way in which the LLE transient TCs are structured provides very clear firm boundaries, which contribute to creating an emotionally and physically safe, and enabling, environment. Examples of these boundaries are keeping to the published schedule of groups and good timekeeping, and agreeing ground rules in the first meeting. These include respecting others, confidentiality and mutually agreed processes for making democratic decisions.

Theory

Although initially the "Learning from Experience" workshops reflected Rapoport's (1960) four themes of TC practice – democratisation, permissiveness, confrontation and communalism, as a theoretical basis for the work, following the publication of Haigh's "quintessence" paper (Haigh, 1999) the "LLE" workshops have increasingly incorporated these therapeutic principles in their practice, alongside other TCs. These five principles, seen as an approximate developmental sequence, are attachment, containment, communication, involvement and agency. The experience of attachment is established in the milieu as a "sense of belonging"; psychological containment, through talking therapies and reflection, rather than physical, is the fundamental requirement of "emotional safety"; the "culture of openness" required for authentic communication relies on the first two (preverbal and more unconscious) principles. Involvement is a more social activity, concerned with members "finding their place amongst others"; agency is developing one's personal capacity for operating in and on the world – increasing personal confidence, and experiencing the

empowerment offered in a TC (Haigh, 2013; Lees *et al.*, 2016). Some of these principles have been researched and elaborated, for example “belongingness” and “responsible agency” (Pickard and Pearce, 2012).

In the past, the work of many TCs was based on Bion’s ideas about “work groups” and “basic assumption groups” (Bion, 1961), and the Tavistock tradition of group relations (Bierer, 1944; Bridger, 1946; Ezriel, 1950). The transient TCs which Living and Learning provide are based more on the work of Foulkes, and the principles of Group Analysis (Foulkes, 1984; (Foulkes, 1990; Foulkes, 2012; Foulkes and Anthony, 1965; Lees *et al.*, 2017), as well as the sociotherapy and social learning of Jones (1953, 1968). The intention was to produce a workshop where the total responsibility for the participants’ experience of the event was given to the community, and the depth of learning from social processes was given at least as much priority as that from the psychological ones. The only fixed structure is the timetable of large and small groups, and the agendas for the community meetings.

Other group relations courses are specifically concerned with issues around authority and leadership (Lombardo, 2014). The LLE course focuses on the creation of a therapeutic and enabling environment. It also aims to provide an experience of “being on the other side”, with a generally playful and positive ethos, and the learning outcomes include being able to use in-depth relationships in clinical practice, and an understanding of one’s own “blind spots”. It is the work of the staff group to understand, analyse and contain the dynamics and processes occurring during the course, without interrupting the natural flow and process of the community (Haigh, 2014, p. 76). Within this framework, the projective processes and transferences that arise naturally are worked with by the whole community, rather than by staff artificially inducing them, or over-analysing them.

The learning outcomes for the LLE transient TCs are:

1. *Practical and transferable skills:*

- knowing how any organisation or psychosocial environment can be made more compassionate and “enabling”;
- having confidence in using relationships effectively at work;
- establishing and using reflective practice in work settings;
- being able to function more effectively within authoritarian hierarchies;
- having confidence to use one’s own and others’ emotional reactions as a valid part of working practice; and
- competence in the therapeutic management of risk, for those in clinical practice

2. *Knowledge and understanding:*

- understanding unequal power dynamics, and how they are used and misused in organisational settings;
- understanding how emotional and physical safety is best established and maintained through interpersonal relationships; and
- applying knowledge of one’s own patterns of behaviour in the formation of working and personal relationships.

3. *Intellectual skills:*

- to experience, understand and critically evaluate the nature and impact of intensive group processes;
- to describe the impact of one’s self on another, and vice-versa;

- to make links between objective and subjective understanding of relationships; and
- to apply this knowledge in understanding one's own emotional development ([Lees et al., 2016](#)).

[Lombardo \(2014\)](#) uses a different framework for describing the processes in a LLE workshop, which is not based on other group relations theories. He bases the process on identity, cohesion and empathy, and argued that acquiring a new membership in a democratic setting frees the self from the straitjacket of previous social identities (dictated by the usual working task), allowing for new parts of the personality to meet the new environment and learn from it. The new situation can evoke anxieties, which structured environments and clear rules can contain. It also gives space for introspection about one's own intimate self, when confronted with group equality. He also stated that there are non-specific effects on becoming a member of a large group when people join a LLE workshop. Intimacy, caring and cooperation tend to prevail among members in the LLE, because of its minimal structure and freedom of choice; both free communication in large groups, and safety in small introspective groups, promote cohesion. Lombardo proposes that the LLE structure seems more concerned with the creation of a cohesive matrix. For example, in LLE large groups, staff move between positions of being 'in the group' as equal members, supporting group members to help one another, and making group level interventions ([Foulkes, 1984, 1990, 2012; Foulkes and Anthony, 1965](#)), linked to some area of conflict of a single participant. In LLE small group activities, cohesion is promoted by the attempt to create a matrix of empathy and mutual support ([Lombardo, 2014](#)). Lombardo concludes that LLEs "allow for a sense of belonging, and gratitude for offering participants magnifying glasses and mirrors to see better what goes on, now in the heart, now in the brain and now in the gut of participants exposed to large group living. Both can be strengthened by reciprocal inputs of know-how, expertise and activities developed through years of practice". ([Lombardo, 2014](#), p. 9).

Locations of living-learning experiences

The UK workshops are mostly held at Commonwork Organic Farm and Study Centre in Kent, although others have been held at different locations in England, Wales and Northern Ireland; in Australia, Portugal and India; and also in various locations on the Italian mainland and in Sicily. Settings that provide good venues include social farms, co-operatives, and greencare charities, as well as TCs. Sometimes, LLEs are also held on the premises, before a TC is set up, to train new and inexperienced staff.

Living-learning experiences in Italy

In Italy, the first two LLEs were held in Erice, in Sicily, in 1999 and 2000. From 2000, LLEs in mainland Italy have also been held in Bologna, Grosseto, Firenze, Frascati, Marino, Montespertoli, Rimini, Roma, Spoleto, Verona, Vicenza, and Vicovaro. In Sicily, LLEs have also been held since 2000 in Catania, Caltagirone, Caltanissetta, Erice, Palermo, Piazza Armerina and Trapani.

The first use of the LLE timetable and format outside the UK was in Erice, western Sicily, in 1999. It was organised by one of the authors (AL) and a local colleague who had attended a British LLE two years previously. They were supported by two UK staff with LLE experience (RH and Jean Rees) as supervisors. The timetable was translated into Italian, and the programme was exactly the same: community meetings to start and finish each day, five 90-min small groups – four in-group analytic format and one for cooking, and community time to be spent as the community meetings decided.

The Italian staff spoke good English, but the British supervisors understood little Italian; the pre- and after-group staff meetings were conducted in English. The supervisors attended all the groups except the analytic small groups; these were translated ad-hoc by the Italian staff and occasionally by participants. It was therefore not possible for the supervisors to get a full picture of the conversations and interchanges, or any linguistic nuance or subtlety. However, they were fully involved in the overall actions of the community, such as meal preparation, games and music, and immersed in all the non-verbal communication.

The most obvious observable differences were timekeeping, boundaries, silence and meals. In UK LLEs, nearly everyone was present at the starting time of community meetings; in Italy, many more people were late. Also, on the first day of the workshop, it was quite common for participants to arrive several hours late, although usually with advance notice. Also, Italian participants, including staff, took phone calls during community meetings (but not in the small groups!). Over the course of three days, punctuality improved, and most participants were on time for the later meetings. In UK community meetings, silences were quite common, and were often prolonged. This never happened in Italy – there was rarely more than a few seconds of silence, and participants frequently spoke over each other. The volume of speech was also generally louder, and there was more physical movement to emphasise points being made. Overall, all Italian participants were generally more relaxed about boundaries, and less anxious about maintaining the formalities than those in the other venues.

The preparation of meals was also notably different: the British workshops started with a large delivery of internet shopping, and there was limited scope for different meals to be prepared. There was often considerable anxiety and uncertainty expressed about being able to cook for the whole group. In Italy, the pantry was stocked with basic and fresh items (oil, pasta, tomatoes, vegetables, fish, meat, etc.), and the cooking groups seemed to produce their meals with rather less difficulty. Both Italian and English LLE groups often made considerable efforts to present the meals and set up the dining space in an attractive and comfortable way.

Organisationally, the Italian events took place at different venues across the country; the British ones were nearly always in the same buildings and rooms at Commonwork. This soon allowed the Kent workshops to assume a regular routine, whereas the Italian experience was usually of a staff team arriving the day before the participants and needing to work out how to adapt the premises, rooms and physical resources to the needs of a LLE workshop. This required a level of spontaneity, ingenuity and problem solving that has not been required in the Kent workshops for many years.

Two Italian events which demanded an even higher level of ingenuity and problem-solving, as well as tolerance and flexibility, were two LLEs which were held on an old converted fishing boat moored in Trapani, which travelled to the Egadi Islands and back over the three days, including one occasion when we dropped anchor in the Med and had a community meeting on the open deck! They were both induction events for teams of about a dozen NHS staff, who were about to start non-residential TCs in Oxford (2004) and Nottingham (2005). They were conducted in English by a mixture of British and Italian staff – none of the Italian boat crew spoke English, but there were bilingual staff members. The timetable was slightly modified, mainly to include working groups as well as small groups, and community meetings were held in a circle of about 15 chairs on the deck. The idyllic notion of community meetings afloat in the Mediterranean, followed by jumping overboard into the sea, was somewhat offset by the cramped conditions for cooking, living and sleeping, the primitive plumbing, and lack of hot water. However, there were also other delightful moments - on one occasion, late at night, we were joined by a large contingent of young occupants of another boat, and had a contest based around singing Sicilian love songs! So, the two LLEs served their function as team-building and character-building events – with perhaps more unavoidable closeness and bonding than the participants envisaged.

As well as TC staff, the LLEs in Italy have also been offered to the parents of patients in TCs, and to people in the commercial world.

Research into living-learning experiences in Sicily

Until 2018, Sicily was fortunate in that the Sicilian government supported the setting up of new TCs. Many of the TCs in Sicily include greencare (social and therapeutic horticulture, [Sempik et al., 2010](#)) as an important part of the therapeutic programme, and several LLEs have been held in these premises. LLEs in Sicily now include a research group, and more recently a development group, which run in parallel to the small analytic groups. The members of the research group are TC specialists on the staff of the “Visiting DTC Project” (an Italian Quality Accreditation Program for DTCs, similar to the “Community of Communities” in the UK).

The development group is involved in sharing and comparing organisational structures for best practice in LLEs and TCs associated with them. Sometimes, current service users are involved in the practical organisation and implementation of the LLEs. Some LLEs, which have been held in greencare organisations, have also included greencare activities as part of the LLE – e.g. harvesting food for meals, making marmalade and bread, and looking after the farms’ animals. As an attempt to mirror the local provision of group apartments, participants in some of the Sicilian LLEs are accommodated in group apartments, with group tasks ([Bruschetta and Barone, 2016](#)).

Barbara Rawlings, the LLE researcher from England, has attended LLEs in Kent in 2004 and 2014, and in Sicily 2015–2017, carrying out qualitative research by joining each course as a participant, or staff member, or both. The research is outlined in a later section of this paper. Each course was slightly different but there were mainly similarities of structure and purpose. All promoted shared decision-making and shared work and self-reflection and organised meetings and activities along the lines of an established TC.

The main difference between LLEs in England and Sicily is the language – it is very much easier for an English speaker to attend and understand the Kent LLE, where everyone speaks English all the time. In Sicily, although all the staff speak English to some degree, the researcher is very dependent on the interpreter for much of the structured time, and on the few participants who speak enough English for conversation outside meetings. This means that everything the participants say is filtered through interpretation. It is often clear that much is not being interpreted, not for any malicious reason, but because the interpreters have other therapeutic roles as well as linguistic ones. Thus the research often relies on post-hoc summaries, in staff meetings and corridor conversations, rather than real-time translation. However, for all that, the broad outline of events and outcomes is fairly clear, and the researcher has found that participants become as involved and committed as the Kent participants. The language barrier means that for the researcher, whilst each small issue cannot be understood and mulled over as they could be in Kent, the overall direction and feel of the LLE in Sicily is the same.

The second difference is the culture. Although Sicily is not that far away from England, people growing up there have had a very different experience of life, of education and of safety. There is still a concern that criminal organisations have the power to impose their will, despite recent work to limit their activities. People growing up in Sicily have a history of keeping thoughts and criticisms to themselves. This makes it harder for staff running TCs to persuade participants that it is a good idea to reveal their concerns, or talk about themselves, and as participants in the course, staff members find themselves equally reluctant to reveal all. On top of this cultural reluctance is a further layer – the LLE trainees already know some if not most of the other trainees through work or social life. Unlike the Kent programme, it is pretty well impossible to join a small group composed only of strangers. Added to this is the concern of some participants at least to secure jobs. The discussions revealed that not all of them were employed or had the job they wanted, and some of them at least were thinking more long-term than the three days of the LLE. At first sight, it seems that these issues would make the transferability of the LLE deeply

problematic. However, what happened is that the LLE offered a structure which allowed participants to experience for themselves the insecurities of their patients. As such, it provided participants with the TC experience they needed to operate in that culture.

As an outsider, the researcher noted how difficult it was for participants in Sicily to criticise the staff, or the LLE. This is not however a problem confined to Sicily, although it may be clearer there. Participants characteristically feel conflicted about coming forward in public with criticisms of those whom they regard as leaders, and addressing those conflicts in large and small meetings is as difficult and as important in Kent as it is anywhere else. This problem with criticism then was not regarded as a special cultural difference, but as something to which all TC training anywhere would need to pay attention (Rawlings, 2005, 2017).

Living-learning experience in Australia

In 2007, the Australasian Therapeutic Community Association (ATCA) collaborated with the Living and Learning team to set up an LLE in Lyrebird Park, near Melbourne. It was advertised with the 2007 ATCA annual conference, and participants were mostly delegates who had just attended the event. They were all clinical staff from a variety of TCs, many of which were for addictions. Because of this, there was a no alcohol rule for the LLE. In the UK LLEs, the community would normally decide an alcohol policy by negotiation in the first community meeting, but for this workshop, that decision was made before it started. Give the Australian consumption of meat, it is not surprising that there were no vegetarians in the group – this is rarely the case elsewhere. There were two assistant therapists of aboriginal descent, who felt empowered enough by the LLE process to persuade the community to start and finish the workshop with blessings of the land. The participants enthusiastically engaged in the games and social activities, but were less familiar with the small group experiences, and so were less able to use it effectively. However, apart from this, the visiting UK group analyst, who was a member of the staff team, felt that the LLE model transferred very easily to the Australian setting, and the participants' responses to the experience, and leaving it, was very similar to those elsewhere.

Planned (but not implemented) living-learning experiences in Afghanistan

In 2010, a member of the UK LLE team was involved in the development of a project proposal and its implementation, which was intended to strengthen the existing mental health services in Kabul, and to develop various training programmes for clinicians based in Kabul Psychiatric Hospital. The project was funded by the European Union and implemented by International Medical Corps UK (IMC). Kabul Psychiatric Hospital is run by the Ministry of Public Health of Afghanistan, with 128 employees covering a male and a female psychiatric ward, a centre for drug and alcohol detoxification, and a busy outpatient clinic. The development of a programme with multiple LLE workshops was included in the wider project, with the aim of training clinicians in Kabul Psychiatric Hospital in psychosocial intervention methods. The programme had to be extensively reviewed and was adapted to consider the cultural aspects of Afghani society, as well as Islamic prayer times, within the daily activities. Lengthy discussions were held with local staff to ensure the workshops would be run in a way that was suitably sensitive to the local needs and cultural norms.

Some of the cultural, religious and language differences compared to the LLE training in the UK are as follows:

- Providing separate residential accommodation for female trainees and future participants was one of the challenges that had never needed to be considered elsewhere. The requirement was that men and women were accommodated entirely separately with separate washing and sleeping facilities, with no opportunity for contact between the last evening group and breakfast the next morning. Concerns were expressed by some female members of staff that even if separate female accommodation was provided, their families might still not agree for them to stay overnight.

- The arrangements needed to allow sufficient flexibility to include the five Islamic prayer times, two of which fell within the programmed activities during the day. It was envisaged that this would be an important point of discussion in the first community meeting and the training sessions would have to be arranged around the prayer times.
- Consumption of alcohol was never even considered and was strictly prohibited.
- The LLE staff would need to be made aware that including men in domestic chores, such as cooking and cleaning, would be a challenge, and would need to be discussed in community meetings.
- English is not a common language in Afghanistan. Training and group meetings would be conducted in Farsi (Dari) language in Kabul. English speaking trainers would have to communicate through an interpreter.

An activity that was felt to be particularly appealing for local participants was for community time to include opportunities for horticulture and activities in the natural environment, although finding a suitable piece of land in Kabul was a challenge. A recently refurbished park, Chehil Sotoon or Babur Garden located at the bottom of Asemaei Mountain within a historical palace, was suggested as a site with large gardens and sufficient rooms for meetings during the day, returning to residential accommodations in the evening.

The LLE programme was welcomed by the clinicians, hospital management and the Ministry of Public Health of Afghanistan, but due to concerns about the safety and security of visiting LLE staff at the time, the leadership of IMC could not support the continuation of the programme.

Considering the vast changes in weather and temperature in four different seasons in Afghanistan, spring season (April to June) would be the best time of the year to hold such programme in Afghanistan. Spring is also the season of preparing the land and gardens for planting trees, flowers and cultivating crops which will not only provide an opportunity for LLE training but to support the development of green spaces too, which are badly needed in the country. Afghanistan is an agricultural country, with agro-processing accounting for more than 90% of total manufacturing, which mostly happens in rural areas, so relational aspects of greencare would be particularly appropriate here.

Once the security situation of the country improves, LLE programmes can easily be expanded to rural areas, where using nature as part of therapeutic programmes is easier, and highly beneficial to people in the areas where there is no easy access to mental health services. The opportunity to set up the staff training LLEs has not so far been implemented, but the preparatory discussions and initial plans demonstrated that it would be possible to adapt these workshops in ways that would be culturally appropriate in Afghanistan, but would involve accommodation and flexibility from both staff and participants.

Living-learning experiences in India

There have been five LLEs run in Southern India between 2015 and 2018 – at Penukonda, which was originally a women’s empowerment centre, located near a village in Andhra Pradesh; and in Bengaluru. These LLEs have been held in English, as a common language, with translation from other participants into various regional languages for those who did not speak English – and one small group said they struggled to understand the English, and accent, of one of the group facilitators, who was a Londoner! The Penukonda site presented challenges – particularly the local monkeys, who stole some of our food before the LLE started, and more over the course of the LLE; and the remoteness of the site. In addition, the accommodation was rudimentary, and a challenge for all the participants, but especially for the Western staff. Maintaining electricity and water supplies was a major challenge.

Much of the food was obtained from a large out-of-town supermarket near Bengaluru, and comprised mostly rice, fish, chicken and spices, with fruit and vegetables coming from the

market in Penukonda. Going to the small Penukonda market for extra items just before the participants arrived, as is often needed in the UK, was an adventure quite different from visiting Sainsbury's in Sevenoaks, Kent. A lot of the cooking was done on an open wood fire, and the amount spent on food was considerably less than for any other LLE outside India! Again, as in Italy, there were no set menus, but there was no anxiety about cooking, even if participants had not cooked before; all participated equally, and with a sense of fun. As in the UK, the cooking groups brought out everyone's competitive spirit, which involved efforts to produce the best meal, and the best table decorations, gleaned from anything available in the local environment – sometimes even as a distraction from the over-cooked rice.

External boundary management had constantly to be addressed, including the tension between those who were afraid of monkeys, those who wanted to kill the monkeys, and those who wanted either to scare them off, or leave them alone. This issue also challenged cultural norms within the staff team, with some animal lovers, some monkey haters, and others opposed to killing anything. In some ways the antisocial, food stealing monkeys represented the anti-group, or potential saboteurs of the community, and they certainly created tension and lively debate within the community. On another occasion, a very large water tank overflowed, making it difficult to get access from the sleeping areas to the rest of the community rooms.

Despite the practical difficulties of working in buildings which had been little maintained for some years, the remote location, the rudimentary facilities and the monkey problem, the overall experience of the LLE was surprisingly similar to those held in Kent, although these challenges led to more crisis meetings being held in India than in other LLEs. Ironically, these crisis meetings also served the function of containing other wider anxieties about the general LLE experience.

The programme had identical timings to all the other LLEs, and punctuality was good – but only after scheduling community meetings, for example, from 9.03–9.48 (instead of 9–9.45) – to emphasise the precision of timing which is expected. There were suitable rooms and outside areas for the usual groups and activities – although these areas presented challenges, because of the monkeys and mosquitoes. Over the three days, there was the usual mixture of serious therapeutic conversations and playful activities – leading to marked sadness at the ending. It seemed that participants were more keen, group-minded and energetic than those on the British courses – but this may be because the average age was much younger, and many were students or graduates in psychology. Indian culture is less individualistic, and while chatting in groups is commonplace, talking about one's thoughts, feelings and opinions in groups is more of a challenge for the LLE participants. Despite all this, the LLEs in India have felt very similar to those elsewhere.

Living-learning experiences in Portugal

The LLE workshops are a new development in Portugal, resulting from the work of Casa de Alba – the first democratic TC for mental health in the country ([G. Pereira and Romão de Sousa, 2014](#)). Casa de Alba (part of Romão de Sousa Foundation) concluded that training in Portugal for this kind of experiential work is non-existent or inappropriate. With this in mind, the management of Casa de Alba decided to organize comprehensive training events in 2016 and 2018, aimed mainly for Casa de Alba staff, but also open to other professionals, including delegates from the Caribbean, India, Egypt and the UK.

The venue was a small homely hotel and holiday complex, with a large and rather ornate sitting room to accommodate the community meetings. It was not used by anybody else for the time of the LLE, and the proprietor helped us to acclimatise to the kitchen, and to some extent with meals – such as preparing the breakfasts, as well the first and last days' lunches (which were not allocated to participants' small groups). The food was all purchased the

day before the workshop from a large supermarket, and it was a great help that the proprietor was bilingual in English and Portuguese.

Prior to the first Portuguese LLE, the Clinical Director of Casa de Alba, a registered Psychotherapist, attended one LLE in Kent as a participant. He was accompanied by a young Clinical Psychologist, also part of the clinical team. When comparing the Kent LLE with the Portuguese LLE, there are a number of explicit and implicit differences that appear to be present. At an explicit level, language was more evident as a difficulty in Portugal, which impacted on potential social closeness. When the Portuguese staff attended the LLE in Kent, it seemed to them that issues of nationality were less prominent for the British than the Portuguese, and that individuality and personal characteristics were more important to the British. Portuguese people seem to need to affirm their nationality to others. This led also to the demonstration of individual cultural differences, with the Portuguese group leading in bringing food issues to the experience of the workshop. Food became a central theme in different ways: defensively, creatively and as a social lubricant.

Interestingly, the first Portuguese workshop was one of the most international LLEs ever, including the five LLE staff members who were from five different countries, and three different continents! A significant adaptation in Portugal was to have two bilingual translators available (one staff and one participant), although they were not used much. Differences in age and professional backgrounds were also relevant, with the Portuguese group being considerably younger, and with more participants from a medical background. Despite the language and culture differences, it appears that the central themes were similar in both LLEs, leading to the belief that experiential training of this kind is transferable to different cultures. Themes such as surprise, discomfort, trust, belongingness, safety, leaving and experiencing being a TC resident were central in both LLEs.

Comparative research on living-learning experiences

So far, research has covered LLEs in Kent and Sicily ([Rawlings, 2017](#)). A transient TC set up in Milan has also been studied, but is not reported here. Although this was run on similar lines, it was not run as a LLE, but was part of the Learning from Action project run on the lines of a Group Relations conference ([Rawlings, 2017](#)). This research involved participant observation and detailed notes were taken during the fieldwork and subsequently analysed using thematic analysis methodology ([Braun and Clarke, 2006](#)).

Early LLE research in Kent ([Rawlings, 2005](#)) suggested that pre- and post- feedback questionnaires would be a useful means of learning about participants' views, and these were devised. These questionnaires were anonymous, and usually completed by everyone. A later three-month follow-up questionnaire has produced much lower response rates, and a different means of collecting that data may be needed. Immediately following the programme, most participants say that the training has met their needs, that they feel they have learned more about themselves, and that the staff have provided group leadership role models to which they would like to aspire. Much of the feedback describes how challenging and exposing it feels to be expected to make decisions, or to reveal inner processes, and how this has illuminated participants' understanding of their clients' concerns and difficulties. Since experiential training of this kind requires that participants are put into a situation which is authentic in character, and that within this context they learn from their own experiences, activities and reactions, the Community of Communities audit standards are used to consider the quality of the transient therapeutic community (LLE) which is created and run anew for each programme. The Community of Communities is a

standards-based, peer-led quality improvement network based at the Royal College of Psychiatrists in London.

Overall, the research, using these standards, has found that the general TC structures are in place, and that the TC atmosphere of openness, reflection and challenge is encouraged. The qualitative part of the research has mostly adopted the form of describing the activities as they chronologically unfold. Building on the basic understanding this has provided, further research in Kent and Sicily may pinpoint specific issues to discuss. Research into LLEs in Portugal and India, which has not yet been carried out, will provide further information about the transferability of the programme.

This is a long-term research project. LLEs run infrequently, each one is slightly different, and it has taken time for their basic shape and content to develop. In a sense, this report on the research is formative rather than summative. It continues to develop along with the programme, as there is more to see, further issues to explore, and experience-based changes to be made to the research method. In Sicily, for example, a group of Italian-speaking researchers have been identified and are working alongside the researcher on the current LLEs. To participate in this research group, the researchers must have been participants of previous LLEs themselves, and undertaken the formal training for expert evaluators of DTCs.

For example, from 19 to 21 October 2018 the Visiting DTC Project organized a LLE in a small town on the Florentine hills (Montespertoli, FI), where besides Simone Bruschetta (as Supervisor) were involved the three facilitators Giuseppe Biagi, Amelia Frasca and Rosanna Percolla, all TC Specialists of the same Quality Programme, who had been members of the research group led by Barbara Rawlings, at the LLE on the social farm of Caltagirone the previous year (27–29 May 2017).

Hopefully, similar developments will be possible in other countries, and some succession for the research programme will be established.

Discussion

We have been surprised, and encouraged, by the fact, that the LLE format has transferred quite easily to contexts abroad, and has been enthusiastically taken up and modified by practitioners in various countries. The intensity of the LLE experience, and the speed with which participants have attached to, and been able to use, the transient and short term TC has been the same in different cultural contexts. Participants have responded well to the egalitarian, democratic and empowering culture of the experiential workshops. The research and general feedback suggest that participants across cultures feel they learn a great deal from these experiential events, both about TCs, and also about themselves in relation to others.

The three major elements of these workshops are always: the programme; the participants; and the staff team. The programme is designed to be minimal, and is implemented in all the LLEs. This structure is essential to provide a psychologically containing framework for the experiential work. However, the programme also provides ample space for flexibility, spontaneity and creativity, and therefore allows adaptation to different cultures. Much of the programme incorporates normal social and relational activities, such as meeting, talking, cooking and eating. It is what the participants bring to the LLEs that makes them an intense relational experience, and different from everyday life. Each LLE is different, and this is down to the participants, and the environment – the aim is not to transfer a fixed and rigid model, but facilitate a flexible and open model of “being with” each other, rather than of staff “doing to” participants. Participants respond to the egalitarian and democratic processes of the LLEs, and this is one of the major aspects allowing their transferability. The staff team need to be able stay in the background, and only intervene if required by the community. In

this way, responsibility for the experience rests with the whole community, and is shared by all. This appears to be independent of cultural context.

The staff members need to be experienced in this way of working, and be able to work cohesively together; it is an added advantage if staff members have a range of cross-cultural experiences themselves.

Language is only an issue in talking groups. Activity based groups, games, music and cooking can be culturally specific, but can also be non-verbal, so that people can watch, learn and participate – the “LLE”. Even language barriers can be overcome by participants’ willingness in these workshops to help each other as much as possible.

Whether in luxurious settings and exotic locations, or in primitive settings without creature comforts, this experiential training seems to serve its purpose across cultures, as long as a group of people comes together with the willingness to explore the unknown.

References

- Bierer, J. (1944), *A New Form of Group Psychotherapy [Abridged]*, SAGE Publications.
- Bion, W.R. (1961), *Experiences in Groups: And Other Papers*, Tavistock Publishers, London.
- Braun, V. and Clarke, V. (2006), “Using thematic analysis in psychology”, *Qualitative Research in Psychology*, Vol. 3 No. 2, pp. 77-101.
- Bridger, H. (1946), “The northfield experiment”, *Bulletin of the Menninger Clinic*, Vol. 10, p. 7176.
- Bruschetta, S. and Barone, R. (2016), “Group-apartments for recovery of people with psychosis in Italy: democratic therapeutic communities in post-modern social communities”, *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 37 No. 4, pp. 213-226.
- Cooper, D. (1968), *The Dialectics of Liberation*, Harmondsworth, Penguin.
- Davidson, L. (2005), “Recovery, self management and the expert patient -changing the culture of mental health from a UK perspective”, *Journal of Mental Health*, Vol. 14 No. 1, pp. 25-35.
- Ezriel, H. (1950), “A psycho-analytic approach to group treatment”, *British Journal of Medical Psychology*, Vol. 23 Nos 1/2, pp. 59-74.
- Foucault, M. (1965), *Madness and Civilization: A History of Insanity in the Age of Reason*, Book, Whole, New York, Pantheon.
- Foulkes, S.H. (1984), *Therapeutic Group Analysis*, Karnac Books.
- Foulkes, S.H. (1990), *Selected Papers: Psychoanalysis and Group Analysis*, Karnac Books, London.
- Foulkes, S.H. (2012), *Group Analytic Psychotherapy: Method and Principles*, Karnac Books.
- Foulkes, S.H. and Anthony, E.J. (1965), *Group Psychotherapy: The Psycho-Analytic Approach*, Penguin, Harmondsworth.
- G. Pereira, J.G. and Romão de Sousa, J. (2014), “Casa de Alba: therapeutic community for severe mental health problems”, *European Journal of Psychotherapy & Counselling*, Vol. 16 No. 1, pp. 61-68.
- Goffman, E. (1968), “Asylums: essays on the social situation of mental patients and other inmates”, *Book, Whole*, AldineTransaction.
- Haigh, R. (1999), *The Quintessence of a Therapeutic Environment – Five Essential Qualities*, Jessica Kingsley, Lond.
- Haigh, R. (2007), “The new day TCs: five radical features”, *Ther. Communities*, Vol. 28, pp. 111-126.
- Haigh, R. (2013), “The quintessence of a therapeutic environment”, *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 34 No. 1, pp. 6-15.
- Haigh, R. (2018), “Therapeutic communities for the future: surviving modernisation and staying at the radical edge”, in *The Neurobiology-Psychotherapy-Pharmacology Intervention Triangle: The Need for Common Sense in 21st Century Mental Health*, Vernon Press, Wilmington, DE, pp. 111-126.

- Haigh, R. and Lees, J. (2008), "Fusion TCs: divergent histories, converging challenges", *Ther. Communities*, Vol. 29, pp. 347-374.
- Haigh, R. and Lees, J. (2014), "LFE and LLE workshops: explaining the history", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 35 No. 2.
- Ho, B.-C., Andreasen, N.C., Ziebell, S., Pierson, R. and Magnotta, V. (2011), "Long-term antipsychotic treatment and brain volumes: a longitudinal study of first-episode schizophrenia", *Archives of General Psychiatry*, Vol. 68 No. 2, pp. 128-137.
- Jones, M. (1953), "The therapeutic community", *A New Treatment Method in Psychiatry*, Basic Books, New York, NY.
- Jones, M. (1968), *Social Psychiatry in Practice: The Idea of the Therapeutic Community*, Penguin.
- Kennard, D. (2014), "Learning from experience in therapeutic community living (letter)", *Therapeutic Communities*, Vol. 35 No. 2, p. 75.
- Kennard, D. and Roberts, J. (1978), "Learning from experience in therapeutic community living – a residential weekend", *Group Analysis*, Vol. 11 No. 3, pp. 223-226.
- Kennard, D. and Roberts, J. (1980), "Therapeutic community training – a one year follow-up", *Group Analysis*, Vol. 13 No. 1, pp. 54-56.
- Knowles, J. (1997), "'The reading model': an integrated psychotherapy service", *Psychiatric Bulletin*, Vol. 21 No. 2, pp. 84-87.
- Laing, R.D. (1967), "The politics of experience", *Book, Whole*, Harmondsworth, Penguin UK.
- Lees, J., Haigh, R. and Tucker, S. (2017), "Therapeutic communities and group analysis", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 38 No. 2, pp. 87-107.
- Lees, J., Haigh, R., Lombardo, A., Rawlings, B. and Pearce, S. (2016), "Transient therapeutic communities: the 'living-learning experience' trainings", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 37 No. 2.
- Lombardo, A. (2014), "LLE and LfA: two powerful tools for TC workers", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 35 No. 1, pp. 5-9.
- Pickard, H. and Pearce, S. (2012), *Addiction in Context: Philosophical Lessons from a Personality Disorder Clinic*, Addict. Self-Control ednlevy, Oxford Univ. Press.
- Rapoport, R. (1960), *Community as Doctor: New Perspectives on a Therapeutic Community*, Tavistock Publications, London.
- Rawlings, B. (2005), "The temporary therapeutic community: a qualitative evaluation of an ATC training weekend", *Therapeutic Communities*, Vol. 26, pp. 6-18.
- Rawlings, B. (2017), "Training for democratic therapeutic community staff: a description and evaluation of three experiential workshops", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 38 No. 1, pp. 10-22.
- Seikkula, J. and Olson, M.E. (2003), "The open dialogue approach to acute psychosis: its poetics and micropolitics", *Family Process*, Vol. 42 No. 3, pp. 403-418.
- Sempik, J., Hine, R. and Wilcox, D. (2010), "Green care: a conceptual framework, a report of the working group on the health benefits of green care, COST action 866, green care in agriculture", Loughborough University.
- Summerfield, D. (2008), "How scientifically valid is the knowledge base of global mental health?", *BMJ*, Vol. 336 No. 7651, p. 992.
- Thornicroft, G., Chatterji, S., Evans-Lacko, S., Gruber, M., Sampson, N., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Andrade, L. and Borges, G. (2017), "Undertreatment of people with major depressive disorder in 21 countries", *British Journal of Psychiatry*, Vol. 210 No. 2, pp. 119-124.
- Whitaker, R. (2016), "The case against antipsychotics: a review of their Long-Term effects", *Geraadpleegd Op 21*.
- Wunderink, L., Nieboer, R.M., Wiersma, D., Sytema, S. and Nienhuis, F.J. (2013), "Recovery in remitted first-episode psychosis at 7 years of follow-up of an early dose reduction/discontinuation or maintenance treatment strategy: long-term follow-up of a 2-year randomized clinical trial", *JAMA Psychiatry*, Vol. 70 No. 9, pp. 913-920.

Further reading

Haigh, R. and Jan, L. (2014), "LFE and LLE workshops: explaining the history", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 35.

Author affiliations

Jan Lees is a TC researcher from Nottingham, UK.

Rex Haigh is a medical psychotherapist in Berkshire, UK.

Simone Bruschetta is based at the Visiting DTC Project, Catania, Italy.

Anando Chatterji is a director of the Hank Nunn Institute, Bengaluru, India.

Veronica Dominguez-Bailey is a psychotherapist in Deal, UK.

Sandra Kelly is a group analyst in Leicester, UK.

Aldo Lombardo is a psychiatrist in Rome, Italy.

Shama Parkhe is a director of the Hank Nunn Institute, Bengaluru, India.

João G. Pereira is clinical and research lead of the Romão de Sousa Foundation, Estremoz, Portugal.

Yousuf Rahimi is a psychiatrist in Wokingham, UK.

Barbara Rawlings is a researcher in Manchester, UK.

Corresponding author

Jan Lees can be contacted at: janine.lees@gmail.com

For instructions on how to order reprints of this article, please visit our website:

www.emeraldgrouppublishing.com/licensing/reprints.htm

Or contact us for further details: permissions@emeraldinsight.com