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## The Discovery of the Therapeutic Community

The Northfield Experiments\*

### *Introduction*

One of the most important achievements of social psychiatry during World War II was the discovery of the therapeutic community. The idea of using all the relationships and activities of a residential psychiatric center to aid the therapeutic task was first put forward by Wilfred Bion in 1940 in what became known as the Wharncliffe Memorandum, a paper to his former analyst, John Rickman, then at the Wharncliffe neurosis center of the war-time Emergency Medical Service (EMS). When he tried to put this idea into practice Rickman got virtually nowhere in face of severe resistance among medical and administrative staff. It entailed a radical change in staff/patient relations which produced a figure/ground reversal in the traditional authoritarian hospital. In order to achieve active patient participation in treatment, power was to be redistributed away from its monopolization by the doctor and shared by other staff and patients in appropriate ways.

An occasion to test the efficacy of the therapeutic community idea arose in the autumn of 1942 at Northfield Military Hospital in Birmingham when psychiatrists were invited to try out new forms of treatment which would enable as many neurotic casualties as possible to be returned to military duties rather than be discharged to civilian life. Rickman, now in the Royal Army Medical Corps, had been posted to this hospital for some weeks when Bion joined him from the War Office Selection Boards (WOSBs).

The therapeutic community created by Bion in the training wing (TW), of which he was in charge, existed only six weeks before it was stopped by the Directorate of Army Psychiatry. The scheme had begun to succeed, enabling a number of alienated individuals to re-engage with the soldier's role. The chaos created, however, was intolerable to the wider hospital staff who clung to the traditional medical model. This brief project became known as the First Northfield Experiment.

\*A new paper presenting the first comprehensive account of these developments.

A year or so later, after discussion between Bion and Ronald Hargreaves (the anchor man throughout the war in the Directorate of Army Psychiatry), the scheme was revived in a new form. It was decided to put the TW under non-medical direction. Having had relevant experience in the WOSB organization, I was chosen as the officer in charge. Thus came into being the Second Northfield Experiment which for the first time embodied the therapeutic community idea in a whole organization. The success of the scheme had a profound effect on the civil resettlement units for repatriated prisoners of war, which followed on from it, and on many post-war developments. A new paradigm had been born.

Out of a personal, historical description I will draw some key principles affecting the nature of therapeutic communities as open systems, considered as part of, and interacting with, the wider society. I shall distinguish such principles from those which govern a community endeavoring to operate as a relatively "closed system," that is, one regarded as sufficiently independent to allow most of its problems to be analyzed with reference to its internal structure and without reference to its external environment.

The experience to be revisited was the first attempt at creating a therapeutic community as an open-system by intention and not just by accident. It was conducted during World War II at a critical phase of the war as an integral part of army psychiatry. I shall be reviewing that endeavor with the insights, knowledge and experience of the more than 40 years which have followed that beginning.

The country-at-war emphasized an environment which, at one level, could not be denied by the professional staff and patients of a hospital. Yet returning people to health in that setting posed considerable problems and difficult decisions for both staff and patients. All were military personnel with the professional staff in various therapeutic roles. The issues arising were not dealt with explicitly but appeared in stressful and rationalized forms, as when decisions had to be made concerning the return of men to the armed forces or to civilian life. It is important to consider how far the professional staff member's own purposes, values and approach to treatment were affected by the war-time environment. In the community and organizational life of today such problems and choices may not appear so sharply, but they are just as real and critical.

## Northfield I

### *The Philosophy*

While Bion and his colleagues at the WOSBs (Bion, 1946) were coming forward with new ideas about groups, some serious problems were affecting

military psychiatric hospitals dealing with breakdowns in battle and in units. The withdrawal of psychiatric casualties back to base and then to hospital seemed to be associated with a growing proportion of patients being returned to civilian life. It was as if "getting one's ticket," as it was called, had replaced the objective of hospital treatment—to enable rehabilitated officers, NCOs and men to return to the army. Even at one of the largest hospitals with 800 beds, Northfield Hospital near Birmingham, where the military medical staff appointed to develop their own treatment methods were highly qualified psychoanalysts and psychiatrists, the TW to which patients were transferred for review before leaving for the army or "civvy street" had no better statistics than the rest.

Bion was appointed to the command of the TW to develop his own approach based not only on the experience gained in WOSBs but on the Wharnccliffe Memorandum in which he had adumbrated the idea of a therapeutic community. He undertook a double role as officer commanding the TW and as psychiatrist helping his men to face the working through of issues following their treatment and to make decisions about their immediate future. Returning to the army might include changes of role, unit and conditions of work; returning to civilian life might entail relocation or learning a new job. Either course meant confronting not only the conscious and unconscious attitudes and desires of individuals, but the values and norms that had been established in the TW and hospital as part of the war effort.

Bion has made two public statements about the First Northfield Experiment, one with Rickman (1943) and one (1946) in an issue of the *Bulletin of the Menninger Clinic* devoted to Northfield. The following extract from the latter sets out his objectives, his approach and his views on the meaning of his success/failure:

An observer with combatant experience could not help being struck by the great gulf that yawned between the life led by patients in a psychiatric hospital, even when supposed to be ready for discharge, and the military life from which their breakdown had released them. Time and again treatment appears to be, in the broadest sense, sedative; sedative for doctors and patients alike. Occupational therapy meant helping keep the patients occupied—usually on a kindergarten level. Some patients had individual interviews; a few, usually the more spectacular, were dosed with hypnotics. Sometimes a critic might be forgiven for wondering whether these were intended to enable the doctor to go to sleep.

It thus seemed necessary to bring the atmosphere of the psychiatric hospital into closer relationship with the functions it ought to fulfill. Unfortunately for the success of any attempt to do this, psychiatry has already accepted the doubtful analogy of physical maladies and treatments as if they were in fact similar to neurotic disorders. The apparatus of the psychiatric hospital, huge buildings,