The "therapeutic community" is analysed on the basis of a case study (by participant observation) of Daytop Village, an established therapeutic community for drug addicts run by former addicts who have graduated from the program. The framework of the description is: recruitment, ideology, structure (including work, authority, communication, feedback, and treatment), and social control. The "school" is compared and contrasted with the therapeutic community. Making allowance for the considerable differences (especially in recruitment), we suggest some implications from the therapeutic community for the emotional, social, and moral education aspects of the school. It is suggested that the main reason for the relatively great effectiveness of Daytop at resocialization is the fact that two, sharply differing socialization settings (a "Hard" face and a "Soft-Hard" one) are both operative there with provisions for separating them and coping with the conflict between them.

For the purposes of this paper, the therapeutic community is defined as a group of people sharing a common commitment to changing their behaviour and attitudes and going about it in a cooperative way. Empirically it seems most often to be the case that membership in such a group involves a full-time residential commitment and sometimes is expected to take priority over any other commitments (such as familial ones) that a member may have.

Only in fairly recent times, say within the last 20 years, have attempts been made to organize such groups. Two independent movements in this field may be noted. The first began in Britain and is associated with the name of Maxwell Jones. This movement took place mainly within the context of psychiatric hospitals. The other movement has grown up in the United States, where it has taken the form of self-help groups for drug addicts, led by ex-drug addicts, normally without the benefit of professionally trained staff. Whereas the British branch of the therapeutic community movement is represented today by four hospitals or units within hospitals, the American branch is represented by several autonomous organizations of ex-drug addicts, notably Synanon (the pioneer of the movement), Daytop, and the Phoenix House program of New York City. Altogether they include well over 20 separate establishments containing in excess of 1,000 addicts or ex-addicts in all phases of treatment.

It will be noted that both of these movements operate outside the normal educational system and are concerned with the treatment of persons who have broken down and found themselves socially defined as invalids and/or deviants. They are agencies of resocialization, a fact that distinguishes them from the normal school system.

Therapeutic communities and schools are alike in that both are supposed to help their members to de-
velop new social identities and the ability to live up to them. The difference lies in the relative emphasis on this objective compared to the other organizational goals. In the school this objective is usually one amongst several goals and it is not often the most important; in the therapeutic community it is the main focus of all activities. For the student of socialization processes therefore the therapeutic community is a most valuable laboratory where he may expect to see these processes operating in their most intensified form, uncluttered by other irrelevant processes.

To subsume these two movements under the same definition may seem to produce critical conceptual problems from the outset. Can the professional staff of the hospital side of the movement be regarded as having a "commitment to changing their own behaviour and attitudes"? To the same extent as their "patients," they cannot. Although they are not in the position of having rejected a former way of life, and unlike the conventional doctor in his relationship with patients, they do accept the right of patients and colleagues to confront them, and their right to demand an answer. Those who do not accept these rights cannot be considered as members of the therapeutic community, though they may work for it.

In the first half of the present paper, we describe one therapeutic community—about the most radical one in existence—which the writer has been studying first-hand. The model used in this analysis is then used to make some comparisons between the operation of the school and that of the therapeutic community. Lastly some ways are discussed in which the school might approach more closely the model of the therapeutic community, thereby improving its effectiveness at socialization.

**Daytop Village**

Daytop Village is a therapeutic community treating approximately 250 male and female former drug addicts in three houses located in Manhattan, Staten Island, and upstate New York. All treatment staff are former addicts who have worked their way through the Daytop program. The program was started in 1965 as a pilot project with 25 men on probation and its success in the early stages apparently owes much to the charismatic leadership of David Deitch, an ex-addict and graduate of Synanon.

The success rate of treatment programs of this kind is extremely difficult to assess. Comparison with other programs is vitiated by the unresolved question of comparability of intake. There is, further, the problem of comparable criteria of success. This paper is not the place to discuss such technical questions. Suffice it to note that from January 1965 to June 1966 Daytop accepted 225 residents. Of these, 25% left in the first month and are excluded from the analysis. By June 1968 (not less than two years after admission) a further 25% had left and 43 were officially "confirmed" as having "completed the course" (not counting two who were confirmed but later relapsed). A further 30 of those who left prematurely were known to be drug-free at three months to over a year after having left Daytop. This figure would give a minimum success rate of .44—minimum because it does not include those still in treatment at June 1968 and still to be confirmed, nor those who left prematurely and relapsed to drug use but who would later return to Daytop and succeed on the second or later attempt. On the other hand, this figure must not be used to make exaggerated claims for Daytop. We can speak only of those who presented themselves for treatment and were accepted; obviously they are far from being a cross-section of the addict population.

Several impressions strike one on first acquaintance with Daytop: the residents to whom one speaks are very courteous; they speak with evident pride of their new life; they speak with evident pride of their new life; the place is immaculately maintained; when orders are given the recipients invariably comply with them uncomplainingly and usually with a show of cheerfulness; they speak with unusually direct candour and honesty; and there is a strong fraternal feeling among residents. Another level of impressions comes later: the heavy demands for conformity made in this group and the high level achieved; the sense of each one's fate being bound up with the others'—like people adrift in a lifeboat who can survive only if they all exert their utmost efforts in harmony.

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4 The name DAYTOP was originally an acronym: Drug Addicts Treated on Probation.

5 For these statistics I am indebted to Gene Adler, formerly Director of Training and Research, Daytop Village Inc.