
An Introduction to Therapeutic Communities is written in a jargon-free, questioning, non-dogmatic, conversational style. This accessibility makes it an appropriate choice to start this exciting new series. David Kennard’s gift is to make therapeutic community ideas seem obvious, and to show how they grow out of a common sense approach to caring for each other, based on ideas of collective responsibility, *agape* (fellowship, brotherly love) and citizenship which are part of our heritage and shared humanity.

Kennard brings a broad and international perspective to the subject. The chapter on behavioural or concept therapeutic communities for drug addicts, which are widespread in the USA, describes them sympathetically, and although some of the religious and hierarchical ideas will not appeal to those involved in the British therapeutic community movement, the attempt to bridge this divide is welcome.

The influence of the therapeutic community approach on psychiatry generally is described and the book makes it clear that the future of therapeutic community ideas has relevance for the community and the voluntary sector as much as for specific NHS units.

The chapter on personality disorder is the weakest in the book with no mention of the changes in this service user group or advances in our understandings. The definitions are also misleading and do not tie up with ICD-10 or DSM-IV. Similarly, the chapter on anti-psychiatry would have been more understandable to today’s readers if it had pointed out that Mary Barnes (about whom a book and then a play was written) would today have been labelled as suffering from borderline personality disorder rather than schizophrenia. The book was first published in 1983 and although extensively rewritten, one or two passages seem dated. The imaginary first day for three new staff members echoed my experience as a junior psychiatrist but showed little awareness of the interim changes: more clarity of structure and attempts to create a reassuring secure base for staff as well as residents.

Chapters on moral treatment, planned environmental therapy, the therapeutic community approach and anti-psychiatry raise important, perhaps unfashionable questions, about how society approaches mental ill health and what psychiatry’s role should be. The relationship between wider changes in society and how we care for people with mental illnesses and disturbances is a fascinating one. Why, for example, should therapeutic communities have been popular in Holland in the 1980s and be on the demise now, whereas in Britain the reverse is happening? How have Christianity, Marxism, two World Wars and the swinging sixties influenced the practice of psychiatry? In a time of rapid and government-led change it is surely important that psychiatrists think about these questions if we are to affect the organisation of care rather than passively reflect prevailing ideologies. This book is a good starting point and I would encourage all consultants to read it and recommend it to their trainees.

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