The First World War. Influenced by the new psychology emanating from Vienna & Zurich, Dr Hugh Crichton-Miller, a neurologist, develops pioneering psychotherapeutic methods of treating shell-shocked and neurotic soldiers. He becomes convinced of the need to establish a clinic providing similar services to civilians of limited means.

Dr. Crichton-Miller organises a meeting of supporters and donors. They create the Tavistock Institute of Medical Psychology and pledge £300 a year for three years to establish a clinic on a trial basis and make Crichton-Miller’s vision a reality.

Assuming that psychotherapeutic clinics would soon open in larger hospitals, the clinic is to open on a trial basis and make Crichton-Miller’s vision a reality.

After struggling to find a landlord willing to let to it, the Tavistock Square Clinic for Functional Nervous Disorders opens in a house at 51 Tavistock Square in central London (it was originally to be just the ‘Tavistock Clinic’, but the General Post Office had complained that this was confusing). It soon became known to most as ‘the Tavi’. The building is furnished with donated items from the (mostly voluntary staff members and their friends and family).

Part of Crichton-Miller’s vision was to de-medicalise patient’s experience, so there were no beds, no medical equipment and no white coats. This was highly unusual at the time, and it remains a feature of the trust today that it does not feel like a medical institution, and one cannot easily tell staff from patients.

The first patient, a child, is seen on 27 September 1920, prompting Crichton-Miller to say that his ‘dream has come true’. It is one of the first outpatient psychotherapy clinics in Britain, and predates the establishment of child guidance clinics by some years.

The Tavi establishes itself as a psychotherapy centre for traumatised and neurotic children and adults. It forges strong links with other professional organisations, and begins to receive referrals from distinguished and often more orthodox institutions. A waiting list quickly develops, and the validity of psychotherapy as a form of treatment is increasingly being recognised.

Training is a key part of the Tavistock’s work from early on, though it is initially informal. 389 lectures are given in the first 7 years.

The Tavistock Square Clinic is formally incorporated. Crichton-Miller had originally conceived of the Tavistock as a model that would quickly be copied elsewhere, and had thus thought of the Tavistock Square Clinic itself as a temporary measure. By the late 1920s, however, it was clear that this was not happening, so the clinic was incorporated on 5 August 1929. After this the running of the clinic was formalised, with paid administration staff hired and modest, means-tested fees introduced for patients.

A second building is acquired and used as a hostel for patients who lived too far away to attend regularly. It houses 14 patients at any one time & functions as an early example of a ‘therapeutic community’.

An extension appeal is launched to acquire larger premises and to endow the Tavistock Institute of Medical Psychology.

The Joint Committee of the National Council for Mental Hygiene and the Tavistock Square Clinic is established, and organises the first mental health conference in Britain in the same year.

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Training becomes more organised. In the early 1930s the Tavi sets up a pioneering course for social workers in mental health, helping to establish psychiatric social work as a profession in the UK. Two clinical tutors are appointed and begin holding weekly post-graduate seminars. The course in clinical psychology for child guidance staff becomes an official course of the University of London, bringing the long-standing goal of becoming a recognised post-graduate training institution one step closer. LSE students also begin attending the Tavistock for practical work in the social casework department.

Patient numbers increase fast – by 1931 there is a long waiting list, which has to be closed and the most urgent patients prioritised in order to preserve the quality of the service. The 1930 Mental Treatment Act was passed, signifying a new era of British psychiatry. It addressed and vindicated many of Crichton-Miller’s ideas, for example the economic benefits of a population in good mental health, & the importance of preventative psychiatry (promoted by the growing ‘mental hygiene’ movement, which was pioneered by Clifford Beers in the US and with which the Tavistock quickly became associated).

The Psychopathic Clinic (later the Portman Clinic) is founded as the clinical arm of the Institute for the Study and Treatment of Delinquency. The Institute had been founded by a group of psychoanalysts, including Edward Glover and Kate Friedlander. They are inspired by the work of Grace Pailthorpe, who applied psychoanalytic ideas to her work in women’s prisons after WWI. Its early Vice-Presidents included Sigmund Freud, Carl Jung, H. G. Wells and other distinguished figures. The aims of the clinic from the start were thorough assessment, diagnosis and research. While the majority of the Portman’s theory and treatment is psychoanalytic, it is multidisciplinary from the start, working with social workers and psychologists.

The Tavistock’s Extension Fund acquires new premises in Malet Street, Bloomsbury. These provide more space and facilities such as a lecture theatre, canteen and playroom in the Children’s Department. The Psychopathic Clinic (later the Portman Clinic) is founded as the clinical arm of the Institute for the Study and Treatment of Delinquency. The Institute had been founded by a group of psychoanalysts, including Edward Glover and Kate Friedlander. They are inspired by the work of Grace Pailthorpe, who applied psychoanalytic ideas to her work in women’s prisons after WWI. Its early Vice-Presidents included Sigmund Freud, Carl Jung, H. G. Wells and other distinguished figures. The aims of the clinic from the start were thorough assessment, diagnosis and research. While the majority of the Portman’s theory and treatment is psychoanalytic, it is multidisciplinary from the start, working with social workers and psychologists.

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The Tavi is launched.
A formal supervision
process is established – all clinical staff
now have a supervision
session with a
colleague after 50
sessions with a
patient.

Hugh Crichton-
Miller resigns as
Medical Director
and is replaced by
the Deputy
Director, John
Rawlings Rees.

Carl Jung
gives a week-
long series of
lectures at the
Tavistock.

The Children’s
Department
is renamed the
Children & Par-
tein Department
in recognition of
the clinic’s policy
to treating
parents as well as
children, and its
aim to
“understand the
child as the father
of the man and
the parents as
conditioning the
new generation of
children”, at that
time an unusual
approach (Dicks).

A follow-up study to
assess results of
treatment is launched.
The Tavi is one of the
first institutions
to carry out such
research.

A formal supervision
process is established – all clinical staff
now have a supervision
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patient.

The Tavistock’s
residential
hostel closes – the clinic
now has so many
patients it is impossible
to put up all those from
outside London.

The Psychopathic
Clinic and the Insti-
tute for the
Study and Treat-
ment of Delin-
quency (as it is now
called) secure
their own
premises at 8
Portman
Street. The
clinic changes
its name to
the Tavistock
Clinic.

The Second World War
breaks out. Arrangements
had already been made to
evacuate, and on the first
day of the war the staff move
most of the clinical records &
some furniture to the halls of
residence of Westfield
Women’s College in
Hampstead. The clinic never
closes during the war. A core
of staff not fighting move in,
sleeping in the student rooms
at night and seeing patients
in them during the day. Most
of the furniture and commit-
tee records are put into
storage and later lost in
bombing. With no funds to
pay staff, most of them carry
on unpaid. Clinical staff pool
the money they earn from
private practice to help staff
returning from the war &
contribute to the clinic’s
overheads.

Centres for the treatment of
war neuroses are set up,
including one at Stanbor-
oughs Hydro, where Hugh
Crichton-Miller becomes
Medical Director.
After being close to bankruptcy and unable to pay staff, the financial situation improves with an unexpected legacy of £14,000. The Tavistock’s training receives official approval from the University of London, a long-held goal. Through the work in the army, clinic staff begin to build stronger links with the field of psychoanalysis. A meeting is held with John Bowlby and John Rickman to discuss possible cooperation. The war ends. As head of army psychiatry during the war, J. R. Rees and the group around him (including Wilfred Bion) had done pioneering work on preventative psychiatry based around morale, officer-troop relations and selection procedures. After the war this develops into the Tavistock’s new focus on group relations & social psychiatry.

The clinic acquires a new building at 2 Beaumont Street and moves in in August 1945. At the inauguration, a £22,000 grant from the Rockefeller Foundation to develop work in social and preventative psychiatry. A new division, the Tavistock Institute of Human Relations, is created to carry on this new work.

J. R. Rees resigns, and J. D. Sutherland becomes the new Medical Director and head of the Adult Department. John Bowlby becomes Deputy Medical Director.

A quarterly journal, Human Relations, is published jointly by the Tavistock Clinic and the Tavistock Institute of Human Relations. An in-house publishers is set up, Tavistock Publications (click here for a list of publications).

The National Health Service comes into being. The Tavistock Institute of Human Relations (TIHR) legally separates from the Tavistock Clinic, while remaining part of the same umbrella organisation. This means it is able to earn fees to support training and research in the whole organisation, as well as the Institute’s group relations work. The Tavistock Clinic becomes part of the new health service, providing clinical services under the administration of the North West Metropolitan Regional Hospital Board.

Similarly, the Portman Clinic becomes part of the NHS, while the Institute for the Study and Treatment of Delinquency remains independent. The organisations formally separate but continue living in the same building.

At the Tavistock, the Adult Department is reorganised into two units. Both Adult and C & P Departments refine their assessment procedures and hone the model of extensive assessments of new patients by a fully multi-disciplinary team.

Training expands. The Royal Medico-Psychological Association (now Royal College of Psychiatrists) recognises the Tavistock as an official training centre for the Diploma in Psychological Medicine. The Home Office approaches the Tavistock to provide training for probation workers, trainee clinical psychologist posts are established, and courses for GPs resume. A joint Tavistock Clinic – TIHR training panel is established.

The Association of Child Psychotherapy is formed, linking the Tavistock with the other early training bodies in the field.

The staff newsletter is first published.
Important research work begins coming out of the Tavistock. Particularly influential is work by Michael Balint & John Bowlby. Balint’s research on the relationship between GP and patient has a profound influence on the training and practice of GPs. Bowlby’s work on attachment theory is widely regarded as amongst the most important work in developmental psychology.

Systemic Family Therapy begins to develop, focusing on the interaction between children, adolescents and parents within families. Although from the very start parents had been seen alongside children, it is only during the 1950s that family therapy begins to evolve into a separate discipline. The Tavistock is pioneering in this field, and later offers some of the first family therapy training.

1950s

1954

- The Tavistock Association is founded to facilitate co-operation and integration between the Tavistock Clinic and the TIHR.
- The Family Discussion Bureau becomes part of the TIHR.
- The clinic’s administration is transferred from the NWMRHB to the Paddington Group, which already governs the Child Guidance Training Centre and the Portman Clinic.

1956

1959

- The Adolescent Unit is created, led by Derek Miller and Dugmore Hunter. Read more about adolescent services.
- It is originally housed in rented premises in Hallam Street.
During the 1960s the Tavistock Clinic becomes more integrated with British psychiatry, and with the wider mental health movement. Two ex-Tavi staff become Medical Directors of the National Association for Mental Health. A section for psychotherapy and social psychiatry is established within the Royal Medico-Psychological Association. Relations with the psychoanalytic movement also become much closer, with many psychoanalysts now at the Tavistock (although it is generally the less orthodox psychoanalysts who wish to work in the multidisciplinary environment of the Tavistock).

Despite these increasing links with the mental health field, the Tavi remained somewhat idiosyncratic, especially in its commitment to a community-centred approach. This is best expressed in the continuing expansion of training to other professions - doctors, teachers, health visitors, probation workers and so on.

The Tavistock begins to devise more reliable methods for assessing therapeutic processes, and particularly the effects of psychotherapy versus other treatments.

Regular research seminars begin, open to all clinical staff and visitors.

International links are built on. Many Tavi staff lecture or train abroad, and the clinic receives many international visitors, lecturers and trainees.

The Portman organises a major conference as part of World Mental Health Year, leading to the publication of Sexual Deviation, a key text in the field.

The foundation stone of the new building on Belsize Lane is laid by J. R. Rees.

The new building (the current home of the Tavistock & Portman NHS Foundation Trust) is opened in May 1967 by HRH Princess Marina.

Along with the Tavistock Clinic (including the new Adolescent Unit) and the THIR, the Child Guidance Training Centre (completely independent from the Tavistock) also moves in to the building. It is nicknamed ‘The Freud Hilton’ by staff.

The Young People’s Consultation Centre in Hampstead merges with the Adolescent Unit and moves into Belsize Lane. This enables the unit to offer a 24-hour walk-in service. Links are also established with Southfields, a new adolescent inpatient centre in Hendon.

John Bowlby retires as head of Children & Parents after 22 years. He is succeeded by Marion McKenzie.

A new system is introduced where the Chair of the Professional Committee is elected by a ballot of all professional staff. The title of Medical Director is dropped, but later reinstated.

J. D. Sutherland resigns as Chair of the Professional Committee (and head of the clinic) and is replaced by Robert H. Gosling.
1970s and 1980s

1970
The Portman Clinic moves to its current location on Fitzjohns Avenue.
Its staff by now include Psychiatric Social Workers, Clinical Psychologists, Consultant Psychotherapists and a Consultant Physician.

1980s
The first clinical family therapy training begins, one of the first courses of its kind.
The first ever doctorate in systemic family therapy is later offered jointly by the Tavistock and the University of East London.
In the late 1980s the Portman is among the first mental health institutions to create non-medical adult psychotherapy posts.
A series of workshops, Consulting to Institutions is set up by Anton Obholzer, which later informs the work of the Tavistock Consultancy Service.

1982
The Portman Clinic celebrates its 50th anniversary with an international inter-disciplinary conference, Understanding the Violent Individual.

1983

1985
The Child Guidance Training Centre becomes part of the Children & Parents Department. The Mulberry Bush Day Unit, which is part of the CGTC, also becomes part of the Tavistock.
Anton Obholzer becomes Chair of the Professional Committee.

The is established as an independent charity to support and promote the Tavistock Clinic and its values, and to fundraise and advocate for mental health work in general.
The foundation’s achievements include supporting the establishment of the Psychotherapy Outcome Research & Evaluation Unit & the world’s first professorial chair in Child Psychotherapy.
The Portman Clinic plays a leading role in establishing the International Association for Forensic Psychotherapy. Estela Welldon of the Portman becomes its first President. It has since held 14 international conferences with considerable involvement from Portman staff.

The Tavistock becomes an independent NHS trust, achieving trust status in the fourth wave of applications. At the same time the Tavistock joins forces with the Portman Clinic, and the new trust becomes the Tavistock and Portman NHS Trust. Anton Obholzer becomes Chief Executive of the new trust. Tony Vinehall, previously of Unilever, becomes the Chair of the Trust Board.

For the first time, a training contract is negotiated with the NHS alongside the contract for clinical services. This is a key development in the Tavistock’s evolution as a recognised national training centre in mental health.

For the first time, social workers are employed directly by the Tavistock, funded by the NHS.

The Tavistock Institute of Human Relations moves to new premises in central London.

The Gender Identity Development Unit becomes a part of the Tavistock & Portman NHS Trust. It was founded in 1989 by Domenico Di Ceglie in the Department of Child Psychiatry at St George’s Hospital. It remains the only service in the UK offering multidisciplinary support to young people with gender identity problems.

The BBC films a six-part series, The Talking Cure, at the trust, based on the Tavistock’s clinical work. Maggie Wakelin-Saint becomes the trust’s new Chair.
A Centre for Mental Health in Nursing is set up jointly with Middlesex University to provide new training programmes in nursing.

The trust, together with the University of East London, appoints a Chair in Child Psychotherapy – the first of its kind.

The Northern School of Child Psychotherapy is also launched in Leeds, providing training to the whole of the north, and the director is appointed jointly with the trust.

The trust is one of the first five organisations in London to achieve Improving Working Lives status.

Anton Obholzer retires and is succeeded as Chief Executive by Nick Temple.

The trust, together with the University of East London, appoints a Chair in Child Psychotherapy – the first of its kind.

The trust achieves foundation trust status in the first wave of applications, after an intense and challenging application process. It is one of the first mental health trusts to do so.

The first Nursing Director is appointed, Dr Neil Brimblecombe.

Systemic Psychotherapy is recognised as one of the trust’s official disciplines.

Matthew Patrick is appointed Trust Clinical Director – a new post akin to the old position of Chair of the Professional Committee.

Nicholas Selby succeeds Maggie Wakelin-Saint as Chair of the Trust Board.

This completes the current list of six official disciplines at the trust: Child Psychotherapy; Medical and Psychiatry; Nursing; Psychology; Social Work; and Systemic Psychotherapy.

The trust wins a contract to become the main provider of tier 2 CAMHS services in Camden. This allows the provision of increasingly innovative and integrated tier 2 and 3 services to Camden residents.

This can be seen in the context of a broader shift in approach towards increasingly multi-modal forms of psychological therapies.

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Louise Lyons becomes the new Trust Clinical Director, the first non-psychiatrist to hold the post.

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History of Research

Research has been a key element of the Tavistock’s work since its inception, and ‘no research without therapy and no therapy without research’ part of the clinic’s doctrine from its early years. In Hugh Crichton-Miller’s first annual report after the clinic opened in 1920, he asked for funds to pursue research so that the Tavi could not only alleviate symptoms but research causes of disorders, & thus contribute to prevention of mental health problems.

The clinic’s first major research project was launched in 1935 – a follow-up study to assess the results of treatment 3 years after discharge. It is one of the first such studies to be done, though this sort of work is now routine in any mental health institution. The results were compared at discharge and 3 years later, and findings split by gender and class, amongst other variables.

In 1936 the first research fellowships were established at the Tavistock Clinic. First Dr A. T. Macbeth Wilson became the Rockefeller Fellow, working on psychological and social causes of peptic ulcer. Then, in the same year, Dr Eric Wittkower became the Sir Halley Stewart Fellow, working on similar psychosomatic method. They developed considerable research links with other institutions, particularly hospitals.

During the Second World War, almost all training and research has to stop in order to continue clinical services. After the war, new thinking on group relations leads to the setting up of the Tavistock Institute of Human Relations. When the NHS is created in 1948, TIHR becomes separate. It is thus able to earn fees & support research across the organisation, while the clinical arm of the organisation is publicly funded.

During the 1960s the Tavistock’s research arm develops considerably. Methods are honed and standardised; weekly research seminars, open to all clinical staff, begin. John Bowlby and Jock Sutherland define the Tavistock’s 3 main areas of clinical research – psychodynamic & therapeutic processes, the detection & assessment of pathological family process and the pathological sequelae of loss.

There have been many positive developments and successes in research in recent years. One notable success has been the launch of the Psychotherapy Outcome Research and Evaluation Unit (PERU), whose Adult Depression Study will be the first randomised controlled trial of psychoanalytic psychotherapy in the treatment of refactory depression. More recently the systemic psychotherapy group at the Tavistock has been granted research centre status and funding by the University of East London. The new research centre should contribute substantially to research in the systemic field, particularly through the creation of a database of all family therapy research.
References

H. V. Dicks, Fifty Years of the Tavistock Clinic; Routledge & Kegan Paul, 1970.
Interviews with past and present Tavistock staff.