OCCASIONAL PAPERS
Publications by members of the Philadelphia Association

A home is broken: the closure of a Philadelphia Association household

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"When I came to a PA house, I felt I had been scooped out of the sea onto a boat and when I left, I felt I had been put back into the sea."

Shirland Road resident who has had to leave due to the house closing

Since RD Laing and others founded the PA at Kingsley Hall in 1965, people of all ages have come from all over the world to live in our communities as an alternative to a stay in a mental hospital. Others came simply moved by a search for a different ethic of living together. With mental health on the agenda, issues of control and incarceration – the good of the individual as opposed to the good of society – were debated during the dialectics of liberation where Laing and others took a position on the cutting edge of a philosophical / psychoanalytical / political discourse. Questions abounded on what it is to be human, what rights we have and when those rights are lost. Human suffering and how to address it were at the core of the debate: was mental illness an illness at all?

Communities were set up to offer asylum to people who had been diagnosed with schizophrenia. Schizophrenia, or mental illness in general, were starting to be seen as socially constructed and not personally constructed; madness seen as differing from the cultural norm.

At the time, a diagnosis of mental illness (psychosis) brought about what today would be regarded as an appalling collection of inhuman treatments: insulin injections which produced coma, ECT, straight-jacketing, isolation. Patients were forceably medicated and leucotomised.

The PA was created as a mental health charity offering asylum in its communities as an alternative to the "maddening" environment of the hospital, which tended to reproduce family patterns. It was always clear to Laing that madness was created out of the family crazy making relationships and that the one designated mad in a family was often the sanest. Approaching this from a different angle, the French psychoanalyst Jacques Lacan postulated that it takes three generations to produce a psychotic. Meeting with families of the designated patient provided enough reasonable evidence to support these views.

The prevailing ethos in the communities was one of facilitating being and letting be, and psychotic episodes were understood as an attempt to heal, a chance to re-structure oneself in a more harmonious, less conflicted way, well away from the pernicious influences of the family of origin. Another part of the family model was proposed as an experimental context: the community. At the beginning, the community was characterised by eliminating hierarchical structures meant to dissolve the oppositional power system of them and us – patients / therapists – children / parents – individuals / society.

I am not sure this part of the experiment succeeded entirely but everybody got a great deal out of it. Things became possible which were unthinkable and undoable a few years previously. The doors of the psychiatric hospitals flew wide open, and other doors too that nobody knew were there. It was both profoundly moving and intellectually exciting. People who had experienced being stripped of their rights were acknowledged and listened to, and others gave up their recognized position, which had become stifling. It all happened in high spirits.

The prevailing ethos in our communities was one that questioned and refuted the hard-line positions held by the psychiatric establishment and society at large on the treatment of mental illness. "Treatment" became a dirty word, a word to poke fun at, to laugh at, and nobody living there was medicated.

Quite the opposite, the residents were somewhat encouraged to let it all hang out, and interference with the natural processes of healing was seen as blocking our potential capacity to heal at worst and/or retarding and constricting it at best. The process of "losing" one's mind was seen as a journey to self-recovery, the only path to it.

Many people benefited, Mary Barnes is the most famous, but others too regressed to an early state of being, where they had to be fed and turned in their bed to avoid bedsores for extensive periods. For example, one resident remained in bed for two years in a regressed condition. He had entered the community in his early 20's, expressing a strong wish to withdraw. Before, he had been in and out of hospital where he was given a series of ECT courses that amounted to 84 treatments, to stop him doing precisely that. He recovered well and went on to lead a productive life.

Other people didn't, they remained locked in their no exit world like hamsters in cages. I often wondered what made the difference between recovering or not recovering, finding one's way or losing it. It seemed to me it was not due to intelligence or resilience but having what seemed to be an inner sense of direction as to what to do in order to get better that nothing and no-one could distract you from.

The communities, such as Kingsley Hall and to an extent the early ones that followed it, were self-governing. After the Kingsley Hall experiment of living together, mixing therapists with "patients" (visitors were often asked to say which category anyone belonged to – and often got it wrong), then it moved to a different model of therapists visiting without being residents living in the community.

The exception was Hugh Crawford who was the therapist for three communities, two in Portland Road in an expensive part of Notting Hill and another near Oxford, which he visited once a week. All or most of the residents were in individual therapy with him and his consulting room was on the ground floor of one of the Portland Road houses. I will always remember him giving a seminar with a huge young man sitting on his lap, pulling cigarettes out of his mouth, smoking them, then putting them back in Hugh's mouth the wrong way round. Hugh died at 58 and the belief spread that he had not spared or protected himself sufficiently from the incredible load he was carrying. This was in spite of the fact that many people within the PA community gave their support, to the extent of joining rosters to assist in looking after the well being of residents going through psychotic episodes.

Following this and learning a lesson from it, Shirland Road was started over 20 years ago on the reasonable assumption there was safety in numbers; four therapists, all male (!), visiting a community of nine residents. When one of the therapists moved out of London, he was replaced by a woman, me. Later another therapist left and we were down to three. By then the us and them had clearly been reinstated and the limits of therapy made obvious once more. We, the therapists, had busy lives. We came for set times, up to five times a week. The meetings took place (and still do) around a huge table that had been specially built for the purpose. The Shirland Road premises were leased from Paddington Churches, a housing association; the funding came from the Department of Housing and Housing Benefit.

Along the years what we were offering changed from a model, which valued the free expression of emotions in whatever extreme form it might unleash, to one which prioritised containment and worked with respected concepts psychoanalysis was using widely, such as transference, repression and repetition.

Prospective residents were not coming from all over the world any more but from local boroughs, often through social workers. In the end we were funded by the local authorities, something Laing had always opposed. There had been three therapists, with different strengths and weaknesses, working together for years at Shirland Road but after the death of our friend and colleague Robin Cooper in a mountain climbing accident, we did not replace him.

The other two PA communities, The Grove and Freegrove, belonged to the PA and had functioned for a long time, not terribly well, with a team of three therapists each: personal alliances, power struggles, together with politics, style and intellect, who knows. Three is a difficult number in most situations so I cannot help but note that after many years, the model we settled for emerged in all the PA houses, a team of two therapists, a traditional couple, ironical given Laing's critique of the nuclear family; we had moved away from the male-dominated experience, no longer did the women stay at home with the babies.

A different kind of people came to us, only a few of them were aware of Laing's ideas and even fewer had read '*The Divided Self*'. Some were just out of hospital and could not face living on their own. Some were living on their own and could bear it no longer, isolated, and unable to fit in, make friends or hold a job, a bed-sit for their horizon. The majority of them had mental breakdowns followed by hospitalisation. With no place in the world, would they find a place in our community?

Having no place in the world is an expression of time and space not secured for them by their family of origin for a variety of reasons. There we were, offering them time and space, our minds and our emotions, a potential new family, a possibility to establish some surer ground in a temporary home and then leave, able to tolerate the loss.

Nobody came who was not in survival mode. Coming in was hard. First you had to ring and be invited to a Thursday meeting at a time in your life where making phone calls seemed an

unmanageable task. Then you visited, sat around the table with a bunch of awkward strangers asking awkward questions for a number of visits until some consensus was reached, yes, no, or come back next week, we are not sure.

The pressure put on you when making a demand to enter the community – feeling at your most distressed and dejected – could seem unbearably cruel. But certainly it was a good indicator of things to come if you were accepted.

It could go on and on – Deliberation, Acceptance or Rejection. With acceptance came the honeymoon, usually short-lived. And then your worst nightmare crept up.

It crept up in the strangest way, out of the ordinariness of living together, cooking meals, eating together, which furniture to buy, which colour to paint the walls, cleaning rosters falling through, shit in the loos, not a mug in sight. Decisions, decisions. Your rights, your wants, your desires. Other people's rights, desires and wants and their brick wall – yours. What was not sorted between you and others had to come out in the wash and be repeated here: I hate you, you behave like my mother, my father, my sister, you are them. On and on.

One change we also faced was that psychotic episodes were not welcomed by the community but feared instead; the prospect of broken windows in the middle of winter, sleepless nights and keeping constant vigil were no longer an activity the community or the PA at large regarded as desirable. These days florid psychosis ends up controlled by psychiatric care.

Finding one's place within the community is the precondition of finding one's place in the world at large. Taking others into account little by little means privileging the good of the community over the good of the individual. On one side, the ordinariness of living together; on the other, the baggage you crawled in with; your childhood circumstances, parents, grandparents and ancestors, what you made of the cards you had been dealt, what you can accommodate, what you can't.

An event we have to accommodate is the closure of Shirland Road Community on the 31st of March 2006. Since we found out, over a year ago, therapists and residents alike have been swimming in the unreality of it. We fail to believe it. Our certainty in the value of our work and its effects is too strong, our capacity for denial too great. The horror of it, we kept from ourselves and responded at first with inertia and empty words to this body blow, hoping for miracles to rain hard cash on us. Nowadays, it is catching up with us: we have three residents who are unable to manage life on their own. The ones who could, have been re-housed in one-bedroom flats.

Twenty thousand pounds is needed to run one of our therapeutic communities for one year. A house is needed which could be lent to us on a peppercorn rent. For the remaining finance needed income support is sufficient.

In the face of the world we live in, it seems little to ask for, to change people's lives. To quote from a resident: 'I now have moments when I see that my life could be different, that I could have a future, which is very exciting. This just would not have happened without the kind of therapeutic support I get from this community.'

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November 2005