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## Respect against all odds – the PA community households

*By Paul Gordon*

Forty years ago this year, a group of radical psychiatrists and others took over the lease of a large community settlement building in London's east end. The aim of RD Laing, David Cooper, Aaron Esterson and others was to provide a place of genuine asylum for those designated mentally ill, especially those fixed with the diagnosis of schizophrenia. Kingsley Hall, as the place was called, was to become a beacon in the emerging critical psychiatry movement - or anti psychiatry as it was sometimes wrongly called - as well as a focus for the emerging 'counter culture' of the times, a point of call for visiting radicals. Kingsley Hall put into question accepted ideas about sanity and insanity, normality and abnormality.

Whatever the myths about the place (and there were many) and maybe the less desirable truths, by the time the lease on Kingsley Hall expired in 1970 more than 120 ordinary people had gone there seeking a different kind of help to that proffered by mental hospitals - and found it. There had been, a PA report noted, no suicides. There had been room for behaviour which would have been regarded as intolerable elsewhere.

After Kingsley Hall the Philadelphia Association would go on to run more than 20 households. These communities, which have attracted a lot less attention, were however based on the same fundamental idea of respect for the individual experiencing serious, sometimes disabling mental and emotional distress, and a belief in letting people be. Long before the notion of 'care in the community' became government policy, PA houses were providing genuine care in communities for people who had no wish to be in a psychiatric hospital or to be heavily medicated or subject to other unwanted intervention.

Our houses have always aspired to be as ordinary as possible. A casual visitor would sense little difference indeed from other shared houses. Residents have their own rooms in a large, well-appointed family house with a garden. They simply pay rent at a level established by housing benefit. They shop, cook and look after the house. They stay in their rooms, watch TV, go to the pub or the park.

The main difference from other shared houses, of course, is that the people who live in them have particular experiences which have brought them there and in that the houses have a purpose. The purpose is to help people understand how they have come to be where they are and how, in time, they may come to take up a different place in relation to themselves and to others. This, in essence, is the work of the house and, in particular, of the meetings which take place in each house from 3 to 5 times a week depending on the circumstances of each house. The

meetings, which everyone is expected to attend, are facilitated by the house therapists and are the hub around which the houses revolve.

Anything and everything to do with the life of the house and the lives of the people in it can be and is discussed here - the difficulties people may be going through in themselves, how people are getting on with one another or not, who is doing (or not doing) the cleaning, the need for a new washing machine, and so on. Above all, the meetings are the places where people may try to speak to one another as truthfully as they can, about themselves and about each other. In time people may feel freer in themselves and with others and better able to accept themselves and others.

Although they are often referred to as therapeutic communities, the PA's community households differ in important respects from most such institutions. Unlike most therapeutic communities, PA houses have no formal structure or timetable of activities. There are no regular planned events, other than house meetings, and no treatment plans. The only rules are to attend house meetings, to pay rent and to respect other people and the property. Nor are there any staff. Our belief in the capacity of people to look after themselves and each other remains. The house therapists do not live in the houses but come to facilitate the house meetings and are available when necessary to residents at all other times.

PA communities are also unusual in that there is no limit on the time a resident may stay. This is crucial to people making the house a home, or trying to. It is totally contradictory to invite someone to make a place their home and then ask them to leave within 1 or 2 years, as can happen in other places. Given the degree of distress that people are in it is not uncommon for people to be able to settle in only after 1 or even 2 years. In practice residents are encouraged to move on after 4 years, although in some cases a longer stay is clearly advised.

We do not seek to treat people in any way. People who move in have an invitation to make themselves at home. Our houses try to strike a balance between allowing people an opportunity to do things in their own time and encouraging them when it is appropriate to take up activities outside the house for instance to study, to do voluntary work or to do training of some kind. Of course we want people to move on in their lives but they have to do so when they are genuinely ready to do so.

Our houses are also unusual in that they continue to operate with minimal bureaucracy attached. People may simply refer themselves and, indeed, most do so. A person expressing an interest in a house has, in the first instance, a meeting with one of the house therapists. If they agree that the house seems like a possible place for the person the potential resident is invited to the weekly house meeting for visitors, over a period of three or four weeks. By the end of this process everyone involved will have a clearer idea of the suitability of the potential resident and a consensus can be reached. It is not that residents have a veto on new residents. We are only too aware that people can tend to choose, even very subtly, people like themselves. What happens in the process of meeting and choosing new residents is truly democratic in allowing everyone a say and engaging in a genuine conversation. This process can be very difficult but it is another sign of taking people seriously and respecting their views.

We are sometimes asked ‘What sort of people do you take - schizophrenics? people with borderline personality disorder? self-harmers?’ We care little for such labels. Our houses have always been open to people who want to live in them regardless of any psychiatric or other diagnostic label. What matters is a wish to live in a particular house and a commitment to doing the emotional work that this involves. Many people who come to PA houses have had experience of psychiatric hospital; some have not. All have come to realise that their previous ways of coping have stopped working for them.

It is clear that being in a PA house makes returning to psychiatric hospital (or involvement with other mental health services) a lot less likely. This is obviously better for the individual concerned but it also saves a considerable amount of public money. People who come to our houses want to find better ways of dealing with their difficulties, more authentic ways of living their lives.

We certainly do not accept everyone. Those who have a history of violence and those with a current (or very recent) dependence on alcohol or drugs are unlikely to be accepted. The houses work for those with a reasonably high level of independent living and the level of support and containment they offer is simply not enough for many people. Of course a particular house at a particular time may not feel able to take someone who is seriously distressed. This is something to be respected but also opened up to question by the house therapists. All of us involved in the houses have been amazed at times at how people who are themselves in considerable difficulty can respond to others. It is always a struggle but our houses constantly put in question the notion of people as somehow fixed in a status of victim or patient

From the outset the PA and its communities have had to fight long and sometimes debilitating battles with those in authority, local councils especially, who have tried to impose their ways of working on us and would seek to undermine our ethos. It is one of the many ironies of this work that it can be far harder to deal with the demands of the different bureaucracies than it is to deal with severely distressed people. As a very small organisation we have at times felt close to being submerged by the demands placed on us for this policy or that, this inspection or that, this management structure. And yet we continue, for the time at least, to show what Auden called an affirming flame, continuing to believe, as our founders did, that what mental illness, emotional distress, call it what you will can, in time and with patience, be made sense of and, more important, worked through. And we continue to affirm the idea that genuine community, which is always a process never something arrived at, can help people find a more meaningful place in the world.