Chapter 6

When philosophy meets practice: setting up a Philadelphia Association community household

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Introduction

This chapter is concerned with the philosophy behind the Philadelphia Association (PA) therapeutic community households with regard to the kind of intervention they offer to people experiencing emotional suffering. It attempts to reflect on the scope of therapeutic[1] intervention for people in acute mental distress. In order to do so, it focuses on the setting up of a therapeutic community household in 2003. It examines the place of the new house in relation to the history of the PA therapeutic community households and in relation to the current predominant political and sociocultural climate around mental health.

The PA community households have existed for the last 40 years and have provided a home for a number of people suffering from acute mental distress. The so-called PA houses have had a turbulent history. Many have had to survive on meagre resources and have often had to close down at short notice and were seen as short-life housing. However, in more recent years the PA houses became more comfortable and stable and the invitation for residents to feel at home was literally put into practice. They have operated in a more organised way providing residents with a number of house meetings every week and requiring them to be in twice weekly individual psychotherapy outside the house.

Although the PA continued to work to a large extent with people having experienced psychotic breakdowns, florid psychosis could sometimes not be contained in the houses. This was due to the lack of live-in staff and structured day activities which characterises many other therapeutic community settings. Unlike settings where mental suffering is dealt with by professionals, the philosophy of the PA houses is tied in with the idea that mental suffering is best dealt with by living in an ordinary setting with people who have an understanding of it through their own personal experience (Cooper 1989). Therefore, the limits of what will be tolerated in the house at any particular time are up for negotiation (Barnes and Berke 2002).

One of the main reasons that florid psychosis cannot always be accommodated in the PA houses, however, is to do with a shift in the political climate. The anti-psychiatry movement as inspired by R.D. Laing and others (Laing 1960; Laing and Esterson 1964) was part of the revolutionary movement in the 1960s. There was then a climate among intellectual circles ripe for the critique and deconstruction of the predominant psychiatric system along with the deconstruction of other mainstream sociopolitical structures (Goffman 1961). Some of these criticisms were partly taken on board and have since been reflected on the flourishing of the various therapeutic community settings within and outside hospitals (Ingleby 1981). Recent mental health regulation (Mental Health Act 1983) meant that when somebody's mental suffering seems to put into question their safety or that of others, they are strongly encouraged to spend some time in a hospital setting, ideally with an understanding of therapeutic community work (Janssen 1994).

The two long-term PA houses developed throughout the 1980s and 1990s in the post-1960s' political climate in relation to mental health, where various other therapeutic community settings were being established. More recently though, the mental health political climate has once again shifted in favour of short-term interventions and a goal oriented, evidence-based practice. The setting up of a new PA community fell within this latter change of orientation in the philosophy around mental health. Within this context, it was an opportunity to rethink what the PA philosophy behind the therapeutic community households was and whether the original ideas were still valid or whether they had to be reviewed. Moreover, the difficulty of setting up such a community in a political climate opposed to this kind of project put into question whether the PA therapeutic households were still viable in the present culture.

The setting up of a new community has brought up questions such as: who are the people who would benefit most from living in a PA household? What are the implications and the risks of asking people often experiencing acute mental distress to live together in a meaningful way, without live-in staff? What are the limits of the PA invitation for residents to make themselves at home and what do these limits mean in terms of people feeling free to act out their distress? Is it possible for such a household to survive in a culture that seeks to fix mental distress through medication or quick therapies? How much space is there for the concept of a community in the present political climate of regulation? What is it that the PA houses can offer that is unique and of value?

The new PA community has so far survived and expanded against all odds. The residents who still live there and who were involved with its beginnings are very aware of the house's difficult history and its implications for the kind of support they received. Setting up a new community has proved a creative experience in terms of having to rethink the PA philosophy

and practice regarding the place of its community households in the wider world. This chapter aims to identify the parameters of the debate about community living and the PA's contribution to it in the present culture.

The recent history of the houses within the PA

Running community households was one of the central aims of the Philadelphia Association's foundation. The PA was founded by R.D. Laing and others as a charity aiming to relieve mental distress primarily through the running of its community households. The first such community Laing opened was Kingsley Hall (Barnes and Berke 2002). Later on, the PA also became a philosophy and psychotherapy training organisation as well as a forum for philosophical and political debate around the notion of mental illness. However, the charity status of the organisation is still nowadays primarily linked with its work around the relief of mental suffering through community living.

In the 1980s, following Laing's distancing from the organisation and his subsequent sudden death, much activity around acquiring and opening new community households had quietened down. Equally, the predominant culture in the PA houses has changed dramatically over the recent years. The atmosphere has shifted from the houses being asylum places for people experiencing breakdowns or wanting to regress, to the atmosphere of longer stay community households that are based on the family household, 'home' model. Such a shift was not organised and planned but rather a natural progression in the history of the PA houses.

Since 1983 the PA settled down to running only two communities. These PA houses had been open for over the last 20 years and were to a large extent run by the same therapists who had come to identify and be identified with the houses. One of these houses belonged to the PA, while the other belonged to a housing association.

The most recent acquisition of the PA was its house in Islington, which was bought through fundraising and was the third PA house to open, this occurring in January 1996. The house became a symbol of the new PA and therefore, a divisive factor within the organisation. It soon became clear, that the organisation had evolved in a way that had made the running of a new community household rather uncomfortable and possibly a conflict ridden issue for members.

The PA was now much more engaged with running a training in psychotherapy. The running of the houses as family households meant that fewer PA members were involved in the work of the houses and were interested in the link between the relief of mental suffering and community living. As a result of the new position of the organisation and of a number of its members, the new PA house never quite flourished in the way that the other two had.

It was centrally involved in and badly affected by the split of some members from the organisation in 1997. Once again, the split focused on the kind of therapeutic work that the PA was happy to endorse and what part psychoanalytic theory as well as the regulation of psychotherapy by an outside body could have in the PA's public profile. The PA members who were running the house at the time, seemed to operate increasingly separately from the rest of the organisation, excluding other members from a potential conversation about how the PA houses should be run and how they were part of the PA's philosophy and public profile. They eventually left to form with others another organisation more focused on the practice of psychoanalysis from a critical perspective.

The running of the house proved difficult after the split. As the original therapists opening the house had left the organisation, it was run by a new team of three therapists for a number of years. However, in 2002 one of the therapists resigned and some time after that, the other two resigned together as the low numbers of residents in the house meant that the external funding was being withdrawn. The two remaining residents had to be rehoused.

An opportunity presented itself to reopen this house under Supporting People funding in 2003. This coincided with a time when the way that the houses had been run separately from the organisation was being challenged. An attempt was made to re-integrate community living into the organisation by having debates around the philosophy underpinning the work of the houses and involving psychotherapy students in their running. My colleague, as a more established member of the PA, and I as a new, recently qualified member, reopened this community in March 2003. It began its new life with only two female residents, a very fragile initial setup, but the only option we had at the time other than deciding to close it down. It was a relief therefore, that they were soon joined by a third, male, resident.

At this point, partly because of circumstances, but also as a model that made sense, all three PA houses were each run by two therapists, one female and one male. Such a setup tied in with the idea of the parental couple as opposed to a community inspired by aspiring a charismatic leader.

The beginnings of the new PA community household were far from smooth as it was to be expected. Soon after it reopened the house lost its Supporting People funding primarily because it provided therapeutic support, even though it received a very positive feedback from the so-called service users. The viability of the project came to be questioned and there was considerable force within the organisation for closing it down, soon after it reopened. It was an unfortunate outcome of its difficult history that it came to be labelled as the bad or the weak PA house.

What came as a surprise during this turbulent time was that a second PA house, which was very well established and had full occupancy for most of its recent history also lost its Supporting People funding. As the building did not belong to the PA, there was no other option than to close it down.

The question was therefore raised of whether it was inevitable that all PA houses would have to close down, and the PA would have to reorient itself in terms of its charitable aims or whether the two remaining houses owned by the PA would have to survive through independent means.[2] This is still an open debate within the organisation. It ties in with less public funding and fewer resources being available for independent community projects. It seems that at the moment, the public authorities' 'goal-oriented approach' has led to the dismissal of difference and multiplicity of resources that independent charity work has provided for the public for many years.

Having to come up against funding difficulties and the very painful closing down of one PA household that had provided services to the community for a long time, was also an opportunity to re-evaluate what the PA community households can offer and to reappreciate the uniqueness of the service provided. It is these issues that have to be constantly revisited and be thought about in the current work of running the PA's newest community household.

Who would benefit from living in a PA community household?

The question of who would be most likely to be helped by living in a PA community household is tied up with the PA's philosophy and what the organisation stands for. The PA has traditionally questioned the idea of mental suffering as a form of illness during which the patient needs to be treated by experts who know what is wrong with him/her. This questioning is enhanced by some rigorous understanding of phenomenology and some continental philosophy (Gordon and Mayo 2004) which deconstructs the place of knowledge and scientific expertise in our understanding of the human condition (Heaton 2000: 34–42; Merleau-Ponty 1962).

The possibility of somebody benefiting from living in a PA house is not so much dependent on the severity of somebody's mental health history and on the diagnoses they have been given, but on the nature of what the person sees as the way forward. If somebody comes to a PA house wanting to be treated for their illness rather than to be given space to unravel their history and make sense of it on their own terms, then a PA house is not likely to be the best place for them. In a phenomenological sense, what a PA house offers is the possibility of lived time and experience, of 'coming into being' with others (Dasein) as opposed to a mechanical existence in terms of an imposed outside structure on one's time (Heidegger 1985: 135–223). What is also on offer in the house is the possibility to connect with one's history and to be able to see how it contributes to one's present situation as well as to the kind of relationships the person forms with others. As Gadamer argues, such an understanding is not about one's objective knowledge of the past, but about the embodiment of the past in the present moment (Gadamer 1975).

In practice, however, the understanding of what the PA houses stand for and what they can offer can be confusing for all concerned. This was probably one of the most crucial things that the reopening of a new PA community household has taught me. The fact that somebody's diagnosis and history of hospitalisation are not the deciding factor for whether they would make a good candidate does not mean that anybody can benefit from living in such a house. There are certainly some factors in somebody's history that are strong indications for their unsuitability such as a history of violence and current or recent alcohol or drug addiction. Such factors of exclusion are not based on the PA's therapists' expertise, but rather on common sense. As mentioned earlier, the PA houses operate with a minimum of imposed structure on the residents' week. In the case of the newest house, residents are required to attend three house meetings a week of 1½ hours each and twice-weekly individual psychotherapy. People who struggle with addictions or who have difficulty respecting others' boundaries might feel they have very little with which to get by in such an environment.

The real difficulty of assessing whether somebody will make good use of a PA house, however, is deciding on the more subtle ways in which living with others in a relatively unstructured environment might not help somebody thrive. When people are distressed, they often tend to either withdraw and minimise interaction with others or demand to have somebody else with them all the time, as being on their own can feel agonising. In fact, it is either of these factors that most people we interview describe as their most difficult behaviour. As mentioned earlier, one of the major cultural shifts in the PA houses' history has been the shift from relatively open communities that were often the forum of meetings of the organisation and inherently connected with the goings-on within it, to community households similar to a family home. The implications of such a shift for the everyday living in the community is that there is less scope for people having company most of the time if they need it or for withdrawing without endangering themselves while living in a PA household.

In this sense, the function of the PA households nowadays is based even more than in the past on the ability of the residents to exercise their own judgement over their situation. Residents need to constantly assess whether living with others in an ordinary way, where they have the opportunity to both address things and get space, but where neither of these comes as an immediate response to their distress when it is acute, is something that they can bear. The therapists' role in the process of considering a candidate for the houses is to assess whether connecting with one's history through examining their present relationship with others is something that the candidate is interested in doing at this particular moment in their lives. For the therapists to assume that a potential resident is likely to manage to stay with their distress and not seek or need some other kind of

intervention such as hospitalisation would be to believe that the therapists have some objective knowledge/expertise over the course of another person's suffering.

Therefore, the process of setting up a new community household has meant that new residents had to face up to the difficulty of bearing their suffering and the implications of doing so. Some of them decided they needed to alleviate their distress by going into hospital or leaving the house altogether. The consequent feelings of frustration, pain, failure, disappointment and/or endurance were what the whole of the community including the therapists and residents in less acute distress also had to bear.

Living in a PA house: what is on offer?

I would like to attempt to answer this question by briefly exploring a terrible incident that marked the beginnings of the newest PA community. In its early days, the house had three residents. The meetings seemed rather long. Residents had plenty of space to explore their histories, but took considerably less space to explore the difficulties of living with each other. We often acknowledged but rarely elaborated on the fact that the house felt rather fragile, unsure of its ability to survive aggression.

One of the residents (I will call him Alex), the third person who came to live in the house, and the only male resident for a while, was particularly fragile. He used the meetings to explore his past and to unravel the vast amounts of suffering he had had to endure as a child. It was clear to people who had developed a closer relationship with him that there was very little life force in his history.[3] There was a real question about what kind of reparative experience[4] he could have in the house.

The house developed and, about 6 months after its opening, it looked like new residents would be moving in. This opened up the possibility of more conflict and aggression within the house. It was clear that such a change did not agree with Alex. He quickly withdrew into his room, socialised much less and attended fewer meetings and therapy sessions. A lot of the ideas he expressed in the few meetings he did attend were about people following him and the house not being able to protect him from intruders. However, the predominant desire he expressed was to withdraw from the world, which could take the form of living in the countryside. He had indeed done this in the past, but had found that he could not really withdraw from people completely. He was left to do so in the house to an extent, but was frequently interrupted by other residents and the therapists expressing concern and residents offering to help or engage him by preparing a meal for him etc. Despite this, he withdrew further and further and with Christmas approaching there was real concern expressed by residents about his well-being, especially how he and the house would cope during the forthcoming break from house meetings.

He did not want to go into hospital. He had made that very clear. While we were discussing with the house residents what could be done to help him, it emerged that he was actually not in his room as we had thought and had not been there since the night before. His things were packed as though he was about to go. Later on that day, after reporting him missing to the police, we were told that he had been found dead in an area of London connected with his history. He had jumped from the top of a building.

It is difficult to describe the impact that his suicide had on everybody in the house who had been involved with him. There was, of course, anger and frustration that this had to be the outcome of his stay in the house. But the main feeling shared by everybody involved with him was that of deep sadness that his life had been so damaged that he could feel no hope for a reparative experience (Winnicott 1965). Residents said that he left a number of thank you notes within the house.

The night after he died, I had a dream of a grave in an open green space and the word peaceful written on it. It felt as though that dream were a communication from him or rather a manifestation of my experience of him. During the summer of the year he died, Alex had become very distressed and tormented by memories of abuse. During the summer holiday, he had called me a number of times and described his suffering. At the time, it had felt as though he was asking me to carry his suffering in a way that was not possible for another human being to do. He had then expressed a wish for peace, peace that seemed to me at the time to only belong to the pre-birth, pre-world, possibly womb environment. The dream of the grave seemed in a very sad way to be the fulfilment of his wish.

Alex had kept minimal contact with his family. We had no idea which, if any, relatives existed, let alone where they were. His funeral was undertaken by the PA and a close friend of his, who told us that he was always afraid he would hear the news of his death. The other residents were centrally involved in holding a reception in the house after his funeral for people he had lived with when he was young and his friends. The experience was undoubtedly disturbing and upsetting for them, as well as the whole of the house and the PA. It has marked the history of the house for many years since.

Had we been able to, we would, of course, have wanted to prevent his suicide from taking place. When we interview would-be residents, we do ask them whether they are likely to harm themselves while living in the house. The irony, of course, is that, often, people who express suicidal thoughts do so as a way of expressing anger, frustration and distress and are less likely to act on their thoughts. It is easier to focus on what could have been done or can be done in the future than to stay with the reality of the enormous suffering that people we work with often bring with them. It is precisely the reality of some people's tremendous emotional suffering that the PA's work takes on board.

The PA houses have traditionally been sanctuaries for people whose lives have fallen into pieces and who wanted a breathing space. More recently, there has been more of an emphasis on therapeutic work and what can be achieved through living in a PA house. What is often the case, however, and Alex's story is an extreme example of it, is that what people want to achieve out of being in a PA house, does not coincide with the therapists' idea of healing and health. Being given the opportunity, to have the space to think about how they want their lives to evolve is what residents find invaluable in a PA house.

In place of a conclusion: opportunities and limitations

Most people who come to a PA house believe that there is scope in their lives for reparation. However, in order to have a reparative experience, they engage in a painful process of looking at what has gone wrong so far. Having the space to reflect about one's life is particularly difficult when somebody feels they have had limited choices and control over the damage they have suffered.

Part of the process of feeling better and moving on is about recovering the ability to live in the present and realising that one can have more control over one's life as an adult. People who come to our houses often reach this conclusion, through their experience of living with others who attempt to understand and respect them. Being able to move on also involves coming to terms with one's losses. It is often a process that as well as enabling people to feel alive, makes them face up to their limitations.

We live in a culture that seeks concrete evidence of progress and achievement. Evidence often entails a fixed notion of what a well person is supposed to be like. The PA houses invite people to think about their own lives and histories and about how they want their lives to be as opposed to how they are expected to be. Their ideas about their lives are being tested in an environment where they attempt to live with others in a meaningful way.

Notes

1 The word 'therapeutic' is used in this chapter in its broader sense of facilitating healing rather than to indicate the application of a particular kind of therapy.
2 The two remaining PA houses are both PA properties. The fact that there is minimal therapeutic structure in the houses means, therefore, that they can be viable financially through the rent that the residents pay and that can be covered by housing benefit. However, relying on housing benefit as the only means of financing the houses makes their existence rather fragile, as full house occupancy is necessary for them to be financially viable.
3 I am referring to life force in the sense of the origins of creativity as Winnicott describes it in his book *Human Nature*. According to Winnicott, the infant discovers the breast, i.e. perceives the existence of continuous, sensitive to his needs, care as something he generates himself. According to Winnicott, this is the

basis of human creativity/aliveness cf. D.W. Winnicott, *Human Nature*, London: Free Association Books, 1988, pp. 100–115.

4 The term reparation is used in Kleinian theory to describe the infant's aggressive impulses towards the breast and its progressive realisation of the mother's ability to survive his aggression. Winnicott accepts the Kleinian basis of the term, but uses it primarily in relation to the mother's ability to tune into her baby and provide a sense of continuity (Winnicott 1965). In this chapter, I am using the words reparation, reparative experience to indicate the possibility of a facilitating, stable and sensitive environment in the Winnicottian sense.

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