

## A year in a Community Therapeutic Household

### or Don't be a patient

I stayed for about a year, when I was aged about 24, in a 'Therapeutic Community Household' in London, England, which was run by the Philadelphia Association. The Philadelphia Association was set up by the sixties psychiatrist R.D. Laing, whose central mantra was that *schizophrenia* did not exist - as anything more than a label given by some to others within certain social contexts. Strange, then that the charitable objectives of the Philadelphia Association include a bland statement about treating schizophrenia. Nothing here about it not existing, about it being a social construct. In the space of exactly nothing we move from an apparently radical position to a very conventional and bourgeois, not to mention potentially profitable, notion of illness and treatment.

About 7 - 10 people lived in the house, a large one in a plush area of London. Psychotherapists attached to the Philadelphia Association, an organisation which sees itself as existing in the tradition of psychoanalysis and even existentialist philosophy, visited for 'meetings' which were held 3 or 4 times a week, at set times. Attendance at one main meeting was *de rigueur* and it was expected that residents would attend some of the others as well.

The meetings were somewhat strained and artificial. Residents would be encouraged to talk about what was going on for them and their relations to other residents and the psychotherapists would comment on what was said. The only moment of excitement I recall was when one resident became quite angry about something and shouted. Usually the tone was stilted and monotonous. Nothing ever happened. The scene is reminiscent of descriptions of the therapy circles in *One Flew Over the Cuckoo's Nest* (Ken Kesey); the patients (who are also there voluntarily to McMurphy's bewilderment) don't say too much because they don't want to be humiliated by the Big Nurse and have psychiatric fingers pointed at them. This reticence is interpreted as part of and proof of the 'illness' of the patients. They struggle to speak so they must be 'ill'. In fact the opposite is the case; the inmates are reluctant to speak because they still have some self-respect and don't want, naturally, to be humiliated by being treated as a 'patient' for ordinary life problems. It is the therapists who lack this basic psychological insight. In one piece of advertising literature for Arbours - a therapy school founded around the same time as the Philadelphia Association with links to R.D. Laing and which has made a similar transition from 'existential' radicalism to the more profitable mainstream - which I saw at the time there appeared a nice Freudian slip. The leaflet referred to the 'unsight' of the psychotherapists.

The meetings themselves were, according to the literature about the households, run along psychoanalytic lines. In fact they had a strong *moral* tone. An air of judgement hung over them; this would perhaps explain the monotony. No one wanted to put their head on the block. I was surprised when I arrived to discover that the meetings had this largely unforgiving tenor. I had envisaged damaged and lost people helping each other, talking about their difficulties, offering each other support, perhaps following the example provided by the stronger and healthier therapists. In fact fearfulness of judgement and recrimination were strongly present. It would not be correct to say that patients were encouraged to snipe at each other, but the expectation was that you would bring up

*grievances* against each other. You would then be encouraged to 'look at' these and hey presto would generally find that some *fault* lay in you. Masson quotes Freud in this regard: "A string of reproaches against other people leads one to suspect the existence of a string of self-reproaches with the same content . All that need to be done is to turn back each particular reproach on to the speaker himself". [1] A psychoanalytic cure; especially if you can goad people into making reproaches of others to get the ball rolling. No wonder everyone kept quiet. But this keeping quiet doesn't bother psychoanalysis; it is interpreted as part of the resistance, taken as confirmation of the illness of the patient, and anyway, since they are being paid who cares if it is interminable anyway?

The residents at the Philadelphia Association claimed Housing Benefit (a form of social security) which was paid to the Philadelphia Association as rent. The therapists paid themselves out of this for attending the meetings. When I arrived there was the inevitable delay with the council about my claim for Benefit. I discovered at one meeting that the chief psychotherapist was so eager to get the money paid that without even asking me he had been round to the Council who administered this grant to individuals (such as myself) to chivvy them along with my claim. So much for patient autonomy. I mentioned this to Leon Redler some time later. I felt that as Leon was a senior member of the Philadelphia Association he might be concerned about this obvious breach of therapy's stated protocols. He listened studiously (which cost me £30.00) and said nothing.

The timings of the meetings, usually in the middle of the day, meant that it was practically impossible to live in the household and work. The arrangements, effectively prevented residents working other than at part-time or casual jobs, served to keep the patients on the dole and denied them normal opportunities for getting out of a bad situation - getting a job, getting some money and moving on. Of course a resident could get a job and leave but if you had a full-time day job it would not have been possible to stay in the house. If having some form of regular full-time employment is accepted as being part of being a normal healthy member of society it is odd that a charity whose aim was to relieve the suffering of the 'mentally ill', should shut the door to them on their finding this way out of their suffering. The patients were effectively kept 'ill'. This lack of interest in jobs and work is consistent with a psychoanalytic notion that the answer lies within, in some unravelling of layers of deception in the patient's psyche. It is also consistent with the general lack of interest in the world that psychoanalysis displays. And, of course, keeping the patients out of work effectively kept them subjugated to the therapists, increasing the 'asymmetry' of the relationship (the non-reciprocal nature of it) even further. The therapists, in work (not least because of the group of people designated patients who lived in the household) and thus well-dressed and confident, would arrive to hold forums with the tethered group of patients who, being unemployed, were poorly dressed, and lacking in self-confidence. It is difficult to avoid the sense that the therapeutic community household was being treated as a cash-cow by members of the Philadelphia Association.

To dwell on this point a little further; a microcosm was created which existed separately from mainstream society. This is of course the 19th century asylum of Samuel Tuke, described by Michel Foucault in *Madness and Civilisation*. Residents did not talk about their problems in the world and receive support from other residents; rather they were encouraged to talk exclusively about their problems with other residents in the house. (The possibility that residents might have been able to support each other was structurally excluded). The therapists of course did not have to admit to any problems and by virtue of the role of therapist were essentially set above the patients. (It is no accident that the

Philadelphia Association literature refers to 'taking up' the role of therapist; it is a promotion to moral and emotional supervisor. if you went to the kind to school that had a 'God Soc' it is a little bit like that). The outside world receded further and further into the distance. The therapists supervised the patients who were able to 'cook and clean for themselves' (as the leaflet I saw patronisingly declared) - but there was a strict role division between the therapists and patients, as strict say, as that between teachers and 'pupils' in a school, and maybe even stricter than between mental health workers and patients in health service settings.

In the last couple of months that I was there I became quite conflictual with the chief therapist, someone called Joe Friedman. I felt that he belittled the residents and I felt quite angry. (It was Mr Friedman who took it upon himself to arrange my housing benefit claim for me without asking - and despite the fact that he had in fact no authority whatsoever to do this). One of the other therapists made a 'therapeutic intervention' in this regard. He said "does Joe remind you of your father?". This is a classic piece of psychoanalysis; the suggestion is that my anger with Joe is because of *my internal* problems - nothing to do with the real world and external truth. The patient's perceptions are devalued and a pseudo-medical explanation is substituted which is in the interests of the therapists and which reinforces the notion of the complainant as being ill, a patient. The possibility that I was angry with Joe because of his manner and way of treating the residents in the household i.e. for the reason I stated is not considered . Instead of this straightforward and political account of my anger the therapist seeks an explanation relating to 'transference' - an explanation which neatly rescued Joe from any possible criticism. Masson recounts a therapist telling his patient "You are the sick one". This was at least the suggestion here, (and neatly done too by way of a question so the author of it could back down and once again point the finger at me - but these are your thoughts, I didn't say that you were transferring your feelings about your father onto Joe...). In his account of Freud's Dora case [2] Masson highlights how despite agreeing that the young woman in question had ample reason to be in conflict with the many adults around her (for example her father had seemingly permitted her to be seduced by his friend, a friend with whose wife he was having an affair) Freud cannot help tending towards an explanation for the young woman's malcontentedness in her own *inner psychological history*, in her own sexual feelings and desires. In therapy the patient is always necessarily at fault. If external reality were the problem the therapist might be called upon to act in solidarity with his clients rather than 'treat' them - even if all that meant was not colluding with abusers and others who are unsympathetic to the 'patient'. But this would lead potentially to the business of therapy unravelling. For example; had the therapist who offered (tacitly) the interpretation that my anger towards Mr Friedman was symptomatic of transference not done that but instead considered that I might have a point (in a normal and straightforward manner) that would have led to considerable awkwardness. What if the chief therapist was in fact not 'up to the job' or had certain attitudes which were less than full of genuine concern for his clients? The one who suggested (tacitly) it was my internal problem would then perhaps have to been called on to do something. At the least this could have led to a conflict between him and the other therapists; the roles of therapist and patient would have begun to break down. It could potentially have been liberating all round; with the slightly 'ill' patients recovering their balance quite quickly and the more seriously 'ill' therapists realising that managing other peoples' lives is no substitute for dealing with your own problems and having a life of your own.

In truth though don't expect solidarity, insight and love from the therapy profession right

now; the only way to break out of the asylum is to take the route taken by the Chief in *One Flew Over the Cuckoo's Nest*.

Just leave.

1. Jeffrey Masson Against Therapy Fontana 1992 p 102 (In Chp. 2)

2 Jeffrey Masson *ibid.* Chp. 2