

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 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 residents 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 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. He listened carefully (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. That is, by making it effectively impossible for residents to work (have a full-time job) the residents were neatly coerced into being out of work. The arrangements, which prevented residents working other than at part-time or casual jobs, kept the patients on the dole and closer to madness. The psychotherapists had a financial interest in keeping people 'ill' for longer as it sustained the project. The state mental health system in the UK can possibly be accused of patching people up with short-term behavioural treatments and getting them back into the work-force too quickly, motivated as it is by an ethic of keeping the work-force moving. Psychotherapists in private practice have perhaps their own ethic; one charge which can be rendered against them is that they seek to prolong the state of 'illness' for as long as possible, for their private financial gain.

Of course a resident could get a job and leave but if you had a full-time job it would not have been possible to stay in the house. What is interesting is that as long as you stayed in the house you were only permitted to do so on the basis of being unemployed. 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 residents were confined to a role, were situated in a specific social position, that made it possible for the therapists to treat them as mad. This lack of interest in jobs and work is consistent with a psycho-analytic 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 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 house-hold was being treated as a cash-cow.

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 the air was of fearfulness of judgement and recrimination. 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. A psychoanalytic cure. 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?

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 outside world receded further and further into the distance. The connection of full-time work was already broken. I was startled when the chief therapist said one day that "most people will re-join their family". A model was presented here of alienation from the family through madness and eventual 're-joining' with the family which I had not encountered before, and which, at the age of 24 and long since having flown (or fled) the nest I felt did not apply to me. Sit here and eat your porridge and when you can behave like a proper human being you can go and re-join your family. This was the true 19th century asylum.