

## **ACL CONFERENCE**

Lake George NY

PLENARY SESSION – Thursday, 4<sup>th</sup> November, 2-3.30pm

**Recovery without Drugs?**

**A New Look at Kingsley Hall and the Soteria Projekt**

*All the lonely people where do they all come from?*

*Facts, Feelings and Experience from the Philadelphia Association London*

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Member of the P.A.

Talk in Lake George Conference  
Association for Community Living  
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Ladies and Gentlemen,  
Dear Colleagues and friends,

Imagine you freak out, come to the end of your tether, can't hold it together anymore.

*Where would you go?*

Imagine you enter a way of being and experiencing the world, which other people call mad, and your nearest and dearest can't cope with your presence any longer.

*To whom would you turn?*

Imagine you are out of your wits, completely gone over the hill, you've lost it, plunged into the wild waves of the unknown.

*What would you need?*

"Suppose," said R.D. Laing (1927 – 1989) "you do not want to be jolted out of it, but believe that this is something you want to go through. Who will allow you to go through it? Where will you be allowed to plumb the depth of your agony, despair, bewilderment, confusion, perplexity, until a new beginning dawns? No one is asking you to, if you don't want to. But just suppose you felt you have to."<sup>1</sup>

Imagine there are folks who will listen to you, respect you, take you seriously, understand your weird experiences, language and gestures, and can make sense, together with you, of your disturbing experience?

Imagine there is human warmth, camaraderie, tolerance, forbearance, a refreshing and new consistency in bonding to your emerging vulnerable true Self?

You who are in attendance at this conference today all know, when one goes through such a suffering experience, it is very difficult to continue to live one's ordinary social, professional and private life. Then what one wants is a place of refuge, an asylum – a safe place, a

sanctuary – from all the hassle of daily living, all the good intentions and advice, even treatment proposed or imposed by all those who think they know best what is good for us.

Remember the dictum: *To do good and to do no harm*<sup>2</sup>. (Hippocrates of Kos, 460-370BC) no injury was to be done to the patient in the name of his or her treatment. A very important principle, if we want our places of support for other people to be experienced as asylums. See, it really depends on who is running what ward or place, and in whose name he or she is providing this care.

The household communities, operating since 1964 under the auspices of the Philadelphia Association (PA), are founded on the principle of offering asylum, where one can have, if one desires and wants, a pleasant room of one's own, while other people see to it that the basic human needs are cared for: food, warmth and shelter. In the PA we try to hold a balance between care, concern, attention, mindfulness and letting be...

One of the main reasons for my invitation to speak to you here - and I am ever so pleased to be given this fortunate challenge - must lie in the fact that I have lived in a therapeutic household, the Archway Community, of the Philadelphia Association London, from Autumn 1976 to the Summer of 1977. The houses I lived in were 27 Shaftsbury Road, and 132 Tollington Park Road, North London. I speak to you not only as someone who trained in Community and Psychotherapy within the P.A., but also as someone who has had to pause, be patient, to wait and trust through what disturbed me, and made me disturbing. In February 1981, four years after leaving the households, I graduated, and I was elected an Associate Member of the P.A. in Spring 81. Ronnie Laing and I remained friends until his early death, at the age of 61. Presently I am an ordinary Member of the P.A.

The PA was founded by the psychiatrists R.D.Laing, Aaron Esterson, David Cooper, ophthalmic surgeon and psychotherapist, John Heaton, writer and social activist Clancy Sigal, the social worker Sidney Briskin, the city business man, Raymond Blake, and Joan Cunnold, who had been a chief ward nurse in William Sargant's unit at St.Thomas's. The presence of Joan Cunnold was of particular moment then, as it is of historical significance now, because, as Ronnie had commented to Bob Mullan, "She had got in touch with me because she was the nurse in charge of all that electric shock stuff that Sargant would do. She thought Sargant was mad."<sup>3</sup>

Laing, a Scottish doctor of psychological medicine, as psychiatry was then still called, trained from 1956-1960 as Psychoanalyst in the independent group, or middle group, in the British Psychoanalytic movement. He was supervised by Donald Winnicott (1896-1971) and Marion Milner (1900-1993) and was in training analysis with Charles Rycroft (1914-1998). He was a member of the Family Research Unit, in research in Schizophrenia, of the Tavistock Institute of Human Relations, and worked as a senior registrar and later as consultant psychiatrist at the Tavistock Clinic London. Laing's work at the clinic focused on the process and praxis in pathogenetic family interactions, and the disturbed and disturbing communication therein; he observed and recorded over a hundred families of so-called schizophrenic persons, from which he later published eleven case studies in his book *Sanity, Madness and the Family*.<sup>4</sup>

With his own and his research team's vivid observations of family interactions and communications, Laing laid the foundations for a new method of research and recording interactions in couples and families. This methodology was articulated by Laing, Phillipson and Lee in a book entitled *Interpersonal Perception*.<sup>5</sup>

The researches and methodology presented by Laing et. al. in *Sanity, Madness and the Family* and *Interpersonal Perception* were preceded by a seminal experiment that Laing had conducted in the early 1950's at Glasgow's Gartnavel Royal Mental Hospital. In a paper published in the *Lancet* in 1956, Laing and his co-authors referred to it as The Rumpus Room Experiment.<sup>6</sup>

As later commentators Friedman et. al. described it:

R.D. Laing placed a number of chronic female schizophrenic patients in a pleasant room with two nurses. The patients spend the whole day in this room where they were provided with various occupational materials. The patients were drawn from the crowded female refractory ward where the nursing personnel rarely exceeded five or six. Dr. Laing's intention was to observe the impact, if any, of the new environment, and of the closer contact between nurses and patients. He obtained information about the activities of the group first through weekly discussions with the nursing staff. This was soon afterwards integrated with the existing meeting conducted for the nurses attending the analytic groups. Second, he spend about an hour daily in the room participating in the work and observing directly."<sup>7</sup>

On the first day of the experiment, the twelve most hopeless and 'completely withdrawn' patients, had to be shepherded from the ward across to the new day room. "The second day", Laing writes, "I had one of the most moving experiences of my life on that ward. There they all were clustered around the locked door, just waiting to get out and over there with two nurses and me. And they hopped and skipped and twiddled around and whatnot on their way over. So much for 'completely withdrawn'."<sup>8</sup>

What the 26 year-old Laing observed was a gradual disappearance of behaviour which was diagnosed "schizophrenic", and after a year, all were discharged. However, eventually they all came back: was it "hospitalisation", was it that they no longer had any others outside that made a life possible? Has not Gartnavel become their home? This fact alone can teach us something. What would you say?

R.D. Laing published *The Divided Self* in 1960.<sup>9</sup> He described in those pages the difference between an ontologically secure person, living from the core of the true Self, and an ontologically insecure person, hiding and guarding her or his core self, through the false self system.

In his second book, *The Self and Others*,<sup>10</sup> Laing described how we live our individual situation always already in a two- or three- person relationships influencing our emotional life; that is to say, how we develop coping, even survival strategies, in our primary scenario. We apply personal and social fantasy as defence modes to cope with projections and mappings from others onto us. I will not bother you with a theoretical reflection of the tradition Laing was writing in, like Winnicott and Ferenczi. Suffice to say, he is very alive within the tradition of social Phenomenology and existential analysis.

Laing's existential studies of the nature of madness, of suffering, and experience made it clear to him that a new way of looking at people's behaviour and experience needs logically a new way of treating people, if he was not going to betray his scientific insights as a medical doctor as well as a philosopher of mental health. He was inspired very much by Jürgen Ruesch and

Gregory Bateson<sup>11</sup>, among other theorists of communication and the social matrix of psychiatry. The old fashioned way of coping with extreme human mental troubles had become obsolete and redundant. Laing moved in a direction to shift the treatment paradigm in order to make a real contribution to the commonweal.

Laing's endeavor was to set up places of modern sanctuary, true asylums in the old sense of the term, safe place – where true psychiatry, the art of healing the soul, or warming a cold soul by an *iatros*, a healer – can take place. He was not interested in curing symptoms: his aim was to practice a healing approach which enables and empowers patients to find the healing solution within our own selves. *Make your self a vessel*, the anthropologist Francis Huxley, a long time member of the P.A., loved to remark.

#### THE FIRST HOUSHOLD

Kingsley Hall was founded in 1912. by Doris and Muriel Lester, and called in memory of their brother Kingsley Lester, who died in 1914, leaving what money he had for their social work in Bow, towards 'educational, social and recreational' purposes. The Lester sisters practised a radical stand in the Political Arena, maintaining for example a strong link with the Suffragettes Movement and during the General Strikes of 1926, Kingsley Hall becomes a shelter and soup kitchen for workers. Gandhi stayed at Kingsley Hall in 1933, while negotiating the independence of India with the British Prime Minister.

In 1965, R.D. Laing and his colleagues asked the Lesters for use of the Hall as a community for themselves and a few people in profound states of mental distress. As a result, Kingsley Hall became home to one of the most radical experiments in psychology and psychotherapy of the time. Based on the notion that psychosis, a state of reality akin to living in a waking dream, is not an illness simply to be eliminated through a variety of treatments. The P.A. sought to allow psychotic people the space to explore their madness and internal chaos.

Ronnie Laing, when speaking to Bob Mullan in 1989, on Kingsley Hall<sup>12</sup>, said:

Things are so complex, so let's take the simplest instance you can and concentrate on it. I thought, well, maybe if there were a few people who were imbued with this sort of thing (Buddhist meditation, T.I.), and were living together with people who were in disturbed states of mind, they all might get themselves tuned. They might settle down, and maybe the most important therapeutic factor was the presence of other people in a balanced, wholesome, healthy, sane state of mind.

#### KINGSLY HALL: SUMMARY DATA

Kingsley Hall had accommodated 14 people at any one time. From June 1965 to June 1970, 119 people stayed there: 40 women and 79 men. The age groups were: 16-19 years of age, 4 men and 1 woman (5); 20-29 years of age, 47 men and 28 women (75); 30-39 years of age, 20 men and 8 women (28); 40-49 years of age, 6 men and 1 woman (7); and finally the over 50s included 2 men and 2 women (4).<sup>13</sup> We can see from these data, the largest populations were comprised of people aged 20 to 40 years, representing between them, approximately 85% of the total population.

The members of the PA. held seminars and training groups at Kingsley Hall. The subjects included studies of deviance, critique of clinical perspective, the double bind and relative theories, family studies, phenomenology of psychosis, the history of psychiatry and psychotherapy, the anthropology of houses, music, yoga and meditation. Members of the community have conducted training in Intervention in social situations, including social phenomenological research into the social context of the origins of so-called schizophrenia.

In his talk entitled, “Metanoia: Some experiences at Kingsley Hall”, which he gave in 1968 in Paris, at the Congress «*Recherches*»: *L’enfant, la psychose et l’institution*, Laing spoke on two hypotheses that informed his work in this experimental community:

1. Whatever it is that clinically is diagnosed as acute schizophrenia or schizophreniform breakdown, may itself be a resource a human being calls upon when all else seems impossible.
2. If the *set* and the *setting* can be changed (from the mental hospital model), the experience may be so transformed, that it no longer need be regarded as “psychotic” at all.

Thus the members of the P.A. have changed the paradigm: instead of arresting it with drugs and other means, we follow and try to assist the movement of what is called an acute psychotic episode. We are *with* - in the spirit of Loren Mosher’s “To be with, rather than do for” - the person who is in a transformation, or as Laing had proposed the term, *metanoia*. It is from the Greek Christian Bible, usually translated as repentance; in French, as conversion. Literally, it means: *a change of mind*. We allow this change of mind to happen. And what is allowed is not forbidden. This is easy to talk about, but it is not easy to live through, as most of the testimonies show.<sup>14 15</sup>

When Bob Mullan asked Laing in 1989 why he had not written much about Kingsley Hall, he replied, "I haven't written about it for a number of reasons. One is that I've still got it on my list to write about." In terms of hypothesis and outcome, theory and practice, Laing called it a draw, as far as it went.

I mean, who would know which way the wind would blow, if anyone was prepared to lather the thing with a bit of social oil. NIMH and Loren Mosher, and Soteria House. It wasn't a forgone conclusion in the mid-'70 that the beginnings of an alternative practical serious approach could be adopted elsewhere. I didn't realise that the Italians had not the slightest interest in this, they were only interested in decanting their mental hospital population, making no provision or response to that distress or any other kind. I thought that if the Italians had picked it up then...There was Batselier, who developed a place that could have developed.<sup>16</sup>

Batselier, a Professor of Criminology, held a conference called «*Strategie Von De Kleinschaligheid – Theorie & Praktijk van de Av-Antipsychiatrie*» (21-25 Sept. 1981), at University of Louvain, under the auspices of the International Philadelphia Association,<sup>17</sup> attended by round 600 people.

All the major cracks in the field of alternative mental health providers and provisions were there: the main struggle was to get the *practice* into the centre of debate, and not the theory. You all know the truism: The Gulf between Theory and Practice cannot be bridged through and with knowledge. It is experience, and its fruit *phronesis* – wisdom of daily living – that enables one to take the leap.

Laing continues,

It certainly was not a failure...That for the time it went on, people lived there who would have been living nowhere else – except in a mental hospital – who were not on drugs, not getting electric shocks or anything else, who came and went as they pleased. There were no suicides, there were no murders, no one died there, no one got pregnant there, and there was no forbidding of anything. Well, that in itself is a demonstration...You could be in any state of mind you liked but you had to be have in a certain way. We had to work that out as we went along. My dictum was *no transgressive behaviour*. Just because you are out of your mind doesn't mean you can take a hammer and bash someone's skull in. If you think you can do that then I'm phoning the police. I don't care what world you're in or whether you're in the sixth dimension or the 27<sup>th</sup> dimension, don't do that! However, my attitude in that respect wasn't shared by other people who were actually there. This was the area of doing you own thing, you know if someone needs to smash a door backwards and forwards for several hours every night and keep everyone in earshot awake, well that's their thing. I couldn't negotiate with what I thought was a complete loss of common sense. If there weren't enough other people who had common sense, it wouldn't work....

I was sadder but hopefully wiser. But my contribution of harmlessness and compassion but without at the same time finding a tactical, workable, pragmatic, operational down –to-earth nitty gritty sort of thing that could work for other people was becoming a black hole for me.<sup>18</sup>

In Kingsley Hall, there were no staff and no patients, no one was in the role of a psychiatrist, psychotherapist or social worker and no one was in the role of patient. This experiment has shown conclusively, that many who behave in what is seen typically schizophrenic way in some places, called mental hospitals, behave differently in Kingsley Hall or other households of the PA. What unfolded in terms of behaviour and experience, was both more mundane than was expected and, in other respects, strange and new. "In those households there are rules, there are no rules against rules, but there is a rule that all rules are open for examination and revision. Some of the people in Kingsley Hall, have grown up in family systems with really fancy sets of rules, are expert at ferreting out concealed metarules, once in a place where they discover this activity is appreciated."<sup>19</sup>

Some of the rules were:

1. All the rules are open to be questioned., including this one.
2. If you need support in whatever way, existential, psychological, social, economical, physical, ask for it.
3. Self regulation, auto-rhythmia is fine, up to the point where it trespasses onto others.

David Bell, who lived in Kingsley Hall, and later at Archway Community, had a special flair, as a former mathematician, to suss out metarules. One of his favourites was:

Some rules of the censor are:

Thou shalt spoil life for others

Thou shalt not love play

Love life and live again! I reply.<sup>20</sup>

## AN ARGUMENT FOR SANCTUARY

*From September 1964 to December 1976, 405 people have stayed for more than 72 hours in the London households. Of these, 156 had been in hospital previously; 43 went to hospital during or after their stay at one of our houses. No one who had not been in a mental hospital before went to one after their stay.*<sup>21</sup>

Unfortunately, there are no recent statistics to provide external validation of the hypothesis that a strategy of small-scale community mental health sanctuaries – which has been since the 1960's a matter of informed common-sense – is the right and true way to help people in states of profound despair and mental distress. They are cost-effective in the socio-economic sense, as Luc Ciompi and his research team at the University of Bern, Switzerland, have shown in their first and so far only replica study, of Loren Mosher's "Soteria"<sup>22</sup>, and a pragmatic response to this form of social and mental misery, which will never go away.

"It is in everyone's interest – patients, families, taxpayers," stated Laing in 1984, on the occasion of the Silver Jubilee of the Richmond Fellowship, "that the response of society to this situation be as efficacious at all levels as it can possibly be....Therefore, whatever else our society feels called upon to provide for people in this form of distress, by way of regimes and therapies of whatever varieties, we should not forget, as the Italians seem to have done, that it is both necessary and feasible to set up small-scale genuine asylums or sanctuaries for those of us who would be lost, literally, without them."<sup>23</sup>

We who have gathered here, live all in modern secular Christian, Jewish, Islamic, Hindu or Buddhist communities, where there is no longer a shared social-cultural-spiritual Cosmology. You and I no longer have a chance to get visited by a tribal healer, nor can I travel to an Aesclepiian sanctuary.<sup>24</sup>

We no longer live in paradise... Nevertheless, we can cultivate an Aesclepiian psychotherapeutic approach, cultivating the reciprocity of perspectives and innocence of vision, always already asking us before we do anything to anyone in the name of someone: to imagine what you would feel like if you were one of them, a patient, a client, a user; and treat them in the way you would like them to treat you, if you were in their position.

Epidaurus in Greece, the healing centre of the Aesclepiian healing arts, was successfully busy from round 600BC until about 200 AD. Aesclepius, son of Apollo, disciple of Cherion and friend of dogs and snakes, having underworld connections with Hades and Dionyos, is still the healing God of therapeutic communities, such as the PA houses or Soteria houses. This tradition believed that there is a power or *energeia*, which attracts an illness, brings it our into the open and can also heal it. Therefore, in order to heal, that *energeia* had to be actualised or cultivated. This was done by a process of incubation. This took place underground, in snake holes, where the patients, after cleansing and singing rituals, spend a day and night of healing sleep. Some say it was for three days and according to other writers,<sup>25</sup> with psychedelic substance, and/or with snakes in company. On re-emerging the patient would tell their healing dreams and visions to the therapist, who often do nothing but listen attentively with unconditional love. The content of the healing dreams would direct and form the basis of the treatment. R.D .Laing, said in an interview with the Greek Journal CHIOS, in 1984:

I call my type of therapy – Integral Therapy, because integral means the whole and that means that I don't confine myself say to practising so called psychotherapy or psychoanalysis or any particular method...I regard

myself as a priest of Aesclepius... a method of healing which is incubation... the skilful method of helping people out of catastrophic states of mind that they want to be helped out of themselves. That is therapy. And the main factor in this skilful means, in this method of therapy, is one's own presence, one's own relationship to the universe.<sup>26</sup>

See, there are ancestors to what we moderns like to practice. We come together on this conference to listen to each other. Our aim is to find fresh possibilities to care for others in dire need, to practice non intrusively, to be honest and authentic, clear and amicable as therapists in generally comfortable places..

“Healer heal thy self!” The way I treat my self is determined through the way I was treated in my family as a child growing up in a specific culture, class, area, age, and milieu. At least seven generations, we are told, is the echo-wave of emotional family spirits. That is why, as a helpers, guides, social workers and psychotherapists, we truly need to be able to reflect upon my own basic fold, in the present many-foldlessness. I need to be able to separate my existential issues from my psychological, and spiritual ones.

#### IN CLOSING

“So what?” you might sigh.

Imagine Kingsley Hall and the later houses of the P.A. - what was going on in there?

In the PA, we residents have:

- Control of Environment within the Household
- Freedom of Movement
- Authority and Decision making power,
- Control over Personal Time and Self Expression
- Freedom of Self-experience and Experience of Others.

Consider the degree to which any institutionalised patient would know these freedoms.

From my experience and others living in Archway Community, who have been to day centres, mental hospitals and the Richmond Fellowship, the PA. provides one the most freedom and letting be, to get through one's numbers and complete the circle of the stay.

This circle of stay is usually in three stages: The first one is generally in the swing of rushing about, doing things frantically. The second is a going down, like a spiral, to the bottom of things and issues. After one has reached the bottom as the ground of ones core or true Self, one moves slowly into the third stage, where new initiatives become apparent again and people start to find their own pace and place in life. It is important not to resist any activity impulses coming from within, to let oneself go, so that one does not become the prisoner of one's own past conditioning experience.

The P.A. households, past and present, vary enormously in their openness to the outside world. Some are rather like a closed family system. Some are very cool to outsiders, seeing them as intruders, others have an open heart and are welcoming.

The prime maxim of the houses in general is: *each member should do what he or she wants to do*. Nevertheless, a PA. household is a community of interest.



I have experienced, on a personal level, that there was an up and down of spiritual and physical discipline, the lack of which leads to a point of boredom with no initiative whatsoever. Then the begging moment where one only wants things done for oneself. If they don't materialise, lets find a scapegoat to be blame for the state one is in.

There is a soul swing between wanting to be open and tolerant to those in severe distress, and yet, if someone should rock the boat too much, and personal self-interests are endangered, like a balanced household, then there is no way that a person like that could stay on too long. The courage to say no in the first place is called for as an important therapeutic key, to realise one's own personal limits and boundaries.<sup>27</sup>

Imagine how the meeting with R.D.Laing has influenced and inspired Loren Mosher, whom I consider the brightest, most courageous and wittiest student, if you allow me to say so for now, of Laing's work. Mosher, together with Alma Menn, Voice Hendrix and many others, has not only set up healing communities, such as Soteria California, Crossing Place, Washington, among others, but has done the hithertofore most thorough social phenomenological outcome studies, *through madness to deliverance*.<sup>28</sup>

In Germany there is now a large Soteria movement, formed into a working association; the inaugural meeting took place in Bremen, in 1995, the proceedings of which are published in *Die Soteria-Idee lebt*<sup>29</sup>. The Soteria idea lives: together with my team of *The Villa Therapeutica*<sup>30</sup>, I was participating in this vivid gathering. Villa Therapeutica envisaged to make a further step along the way from Soteria, by having a four fold setting: A therapeutic community, linked with a crisis guest house connected with a crisis centre and a research institute, with a council of social and medical scientists such as the late Loren Mosher, Mary Barnes, Ross Speck among others. Unfortunately the local Government managed to stall our project, by not taking us on the official hospital list. Now there is another project in the air, called Maison Mary Barnes...a post Soteria, post Villa Therapeutica asylum, as free as the bird of paradise.

Finally, I would propose to you, to imagine someone allowed to go through a natural cycle of a psychosis, as a breakthrough to the true Self thus the beginning of a healing journey, and you as aid or professional helper can partake in this adventure of natural healing, without interference of chemical anti-psychotics, to experience a reality based on the authority of one's own psyche, rather than power- and theory- based authority. A *metanoia* experience indeed! To simply be free to *change one's mind*.

Thank you for lending me your ear.

<sup>1</sup> Laing, R.D. (1977), *Asylum*. Leaflet of the Philadelphia Association, London.

<sup>2</sup> "Of the Epidemics", Book I *The Hippocratic Corpus*, translated by Francis Adams, MIT.

<sup>3</sup> Laing, R.D., in Mullan 1995, *Mad To Be Normal – Conversations with R.D.Laing*. London, Free Association Books, p.176

<sup>4</sup> Laing, R.D., Esterson, A. 1964 *Sanity, Madness & The Family, Vol.1. Families of Schizophrenics*. London. Tavistock Publications.

<sup>5</sup> Laing, R.D., Phillipson, H., Lee, A.R. 1966 *Interpersonal Perception. A Theory and Method of Research*. Foreword by Marie Jahoda. London, Tavistock Publications.

<sup>6</sup> Cameron, J.L., Laing, R.D., McGhie, A. 1956 Patient and Nurse. *The Lancet* 31.Dec., 1384

<sup>7</sup> Freeman, T., Cameron, J.L., McGhie, A., 1958 *Chronic Schizophrenia*, London, Tavistock Publ., p.6

<sup>8</sup> Laing, R.D. 1976 *The Facts of Life* London, Allan Lane, p.115-116

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<sup>9</sup> Laing, R.D. 1960 *The Divided Self*. London, Tavistock Publications

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- <sup>17</sup> Pennen, E. (Ed) (1982) *Strategie van de Kleinschaligheid .Integrale weergave van het Kongres*. (Leuven, Onderzoekscentrum Marginaliteit)
- <sup>18</sup> Mullan, B. (1995) Mad to be Normal. Conversations with R.D. Laing (London, FA Books) p.189-190
- <sup>19</sup> Laing, R.D. (1971) *The Politics of the Family and Other Essays*. (London, Tavistock Publications) p.51
- <sup>20</sup> Bell, D. (1977) Some Rules , Dedication in privat copy of Theodor Itten
- <sup>21</sup> Laing, R.D. (1977), *Asylum*. Leaflet of the Philadelphia Association, London.
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