

Sanity and Friendship: The Therapeutic Element of Residential Living

Journal of Humanistic Psychology

1–12

© The Author(s) 2018

Reprints and permissions:

sagepub.com/journalsPermissions.nav

DOI: 10.1177/0022167818770328

journals.sagepub.com/home/jhp



Michael Guy Thompson¹

Abstract

In this article, I set out to describe my 7-year apprenticeship with R. D. Laing in London, between 1973 and 1980, 4 of those year which comprised my living in one of Laing's post-Kingsley Hall houses, Portland Road. My goal is to use the metaphor of friendship to explain how living in a house with no ostensible treatment or therapy can engender a healing experience for the people living in that house, many of whom would be diagnosed as schizophrenic if admitted to mental hospital. Though this particular example of this concept is located in a residential living situation, I believe that it holds much broader application, including individual psychotherapy.

Keywords

schizophrenia, extreme states, R. D. Laing, Kingsley Hall, antipsychiatry, existential therapy, friendship

In the early 1970s, I became acquainted with the work of R. D. Laing, and in 1973, I decided to relocate from California to London to work with him. I thought I would stay there a year and then return to my graduate studies in San

¹Free Association, Inc., San Francisco, CA, USA

Corresponding Author:

Michael Guy Thompson, Free Association, Inc., 2196 Union Street, San Francisco, CA 94123, USA.

Email: michaelguythompson@mac.com

Francisco. Instead, I stayed for 7 years, 7 remarkable years that changed my life. During that time, I trained as a psychoanalyst, and for 4 of those years I lived in one of Laing's post-Kingsley Hall communities, Portland Road. While there I met my future wife, and our two sons were born in London before we eventually returned to the United States.¹

Laing had become internationally famous for his radical experiment with alternative ways of treating schizophrenia. In fact, in 1973, the year I went to work with him, Laing was the most famous psychiatrist in the world. He was brilliant and charismatic, and the prolific author of numerous best-selling works, including *The Divided Self* (1960/1969) and *The Politics of Experience* (1967). In 1965, Laing established Kingsley Hall, a residential household for people who wanted an alternative to mental hospital. There were no paid staff, and no one had an assigned role, yet many therapists also lived there, including Laing. It was, as he put it, a "melting pot where preconceptions were melted down in the nitty-gritty of living together." Laing obviously had a way with words!

As no formal treatment was provided for the residents living there, many of whom had been diagnosed schizophrenic when previously in hospital, the question I want to pose here is, "What was the healing or therapeutic agent of living in such a community if no ostensible treatment was provided?" If we decide to abandon psychiatric nomenclature and the very concept of "treatment," even group therapy, then how can healing ostensibly occur? This paper will make reference to both Kingsley Hall and Portland Road, Kingsley Hall because that is where Laing conceived this model, and Portland Road because that is the community I was involved with and the one that I believe perfected this approach.

Part I

Both Kingsley Hall and Portland Road were informed by Laing's depiction of the schizoid personality, as illustrated in *The Divided Self* as a distinctive form of alienation that these residential household communities were best suited for relieving. Laing believed the schizoid person is alienated in a double sense. Because the schizoid individual is suffering from catastrophic anxiety, what Laing termed *ontological insecurity*, such a person is profoundly averse to getting too close to others, for fear that others will "engulf" him, by compromising what is left of his fragile autonomy. On the other hand, this person is just as anxious about being utterly alone in the world, isolated and estranged from others. So he threads a needle, as it were, between engulfment on the one extreme and isolation on the other, until the piece of ground he is clinging to is little more than the edge of a precipice. This is a very precarious place to be, not knowing whom to turn to or where to go to be safe. Laing conceived Kingsley Hall as a refuge or sanctuary where you

would be protected from being engulfed by others, but surrounded by compassionate people, many of whom are more or less like yourself. The premium there was on *asylum*, a safe place to be where you could have a room of your own if you wanted, where you could stay for as long as you wished.

By the time I arrived in London in 1973, Kingsley Hall had closed and was replaced by two household communities, the Archway Community and Portland Road, named after the neighborhoods in London where they were located. I opted to live in Portland Road and went into therapy with the psychoanalyst who established that household, Hugh Crawford. At this stage Laing was no longer involved with the houses directly.

Hugh Crawford was profoundly influenced by Laing's depiction of the pre-schizophrenic, schizoid personality, who on the outer edge of a diagnostic continuum is usually diagnosed as schizophrenic, but he saw that person's redemption differently than Laing did. For Crawford, relief from chronic isolation was the more pressing issue, so no one was guaranteed a room of one's own at Portland Road. Everyone shared. Like Buddhist monasteries, privacy was neither a premium nor a virtue. What was emphasized was *togetherness*. Crawford believed that such people were already experts at living incognito, whether in the company of others or by themselves, so why encourage them with more of the same? The challenge was to generate an ambience of conviviality that would not feel threatening, but inviting. If people who came to live at Portland Road typically found relationships intrusive and artificial, then efforts should be made to offer ways of engaging with them that were protective, but *real*. Laing's and Crawford's respective views represented two very different interpretations of how to address this problem, from two very different personalities. Common wisdom at the Philadelphia Association was that Laing was the head of the organization, but that Crawford was its heart. For those of you familiar with the history of psychoanalysis, Crawford was Ferenczi to Laing's Freud.

Another way of articulating this distinction is that Portland Road was based on the healing power of facilitating relationships with others, in the form of a special type of friendship. This was rooted in Crawford's observation that the schizophrenic is a person "who has no friends," and needs opportunities to make friends with people he or she would otherwise avoid. So what kind of friendship are we talking about among people who have never been inclined to risk friendship before?

Aristotle on Friendship

Aristotle talks about three distinct kinds of friendship: the fair-weather friend, the collegial friend, and the true or genuine friend. Only true friendship endures,

because it is the only type of friendship that is predicated on accepting each other for who each person is, and loving that person accordingly. Residents at Portland Road craved this kind of friendship but were also afraid of it. By living together without any treatment program or overt therapy taking place, even group therapy, people were free to form meaningful relationships with each other so that, in time, they eventually formed alliances with one or more of the people living there. This process occurred haphazardly and spontaneously, with no overt efforts at match-making. To do so would have felt contrived.

Now I want to make a few observations about the nature of friendship, and how this pertains to communities such as Portland Road. Aristotle (2011, p. 181) once remarked, "Friendship seems to be the bond that holds communities together." The Greek word for friendship was *philia*, one of the three Greek words for love, *eros* and *agapé* being the other two. Laing named his organization the Philadelphia Association, which derives from the word, *philia*, because he conceived it as a brotherhood or sisterhood of friends. This means that friendship is a form of love, and without love as the essential element you have no friendship. *Philia*, as I am guessing you know, is also the root for the word "philosophy," which literally means: a love—or *friend*—of wisdom.

So what about these three forms of friendship that Aristotle talked about? Each one is rooted in the pursuit of the things in life that we love the most. The most basic is the love of pleasure, embodied in friendships with whom we share valued activities and interests. The second is characterized by our love of work, so this would include people with whom we conduct commerce, earn our living, the relationships that help us survive. The third is the most mysterious kind of friendship, and arguably the most rare. Aristotle refers to this as simply the "true" or genuine friend. This is the most intimate kind of friendship because it is the friend I am willing to share everything with, who I hide nothing from. This is the kind of friend I can count on when the chips are down. This is also a friend who I would never judge and who would never judge me, who accepts me for who I am. This is the kind of friend I would die for.

It is this third kind of friendship that Hugh Crawford was hoping to nurture at Portland Road. What I find most interesting about this form of friendship is its power to *transform*. Freud conceived the analytic relationship as one in which the therapist never passes judgment on the patient, embodied in his concept of neutrality. He believed that this lack of judgment is so unexpected that when we encounter it in the context of a therapeutic relationship it elicits a potentially transformative experience. We experience a sense of intimacy that is so powerful we nearly always feel a special affection for our therapist.

But the most important thing to take home about these three types of friendship is that, ideally, we find elements of each in every friend with whom

we love. Every friendship has the potential for shared joy, for making us more productive, and for feeling better about ourselves, as a consequence of the acceptance we derive from each other. This is the kind of friendship that is the bedrock of successful marriages. The British psychoanalyst, Masud Khan, added a fourth type of friendship that he characterized as “crucial” friendship, modeled on the therapy experience. This is a friendship that is so accepting of who you are as a person that it has the power to change you into a better person, and an undeniably happier one. I prefer to call this a *mutative* friendship, due to its power to transform. This is ideally the kind of friendship you enjoyed with your own therapist, if you were very lucky.

To summarize what I have said so far:

- A friend is someone in whose company we take pleasure.
- Friendships are *enduring*. You may have a one-off sexual encounter with a seductive stranger you will never see again, but a friend is a person you *want* to see again, and again, and again.
- As noted earlier, Aristotle believed that friendships form a bond that holds a community together. But not all communities are bound by friendship. Most communities are composed of people who do not necessarily take delight in being together, who may enjoy some degree of conviviality or companionship, but who basically put up with each other. They may dutifully, even earnestly, try as they may, contractually help each other. But such communities, strictly speaking, are not founded on *friendship*, because the people involved do not love each other.
- For Aristotle, even friendships that are rooted exclusively in the pursuit of pleasure, such as friends who share a passion for golf or the movies, are nevertheless cemented by a shared interest that bonds them together, in common cause, through which they experience mutual delight . . . even when these activities are the sole basis of the friendship.
- Another ingredient of friendship is the mutual dependency and trust shared between friends, especially when one of them gets into trouble. This quality of mutual reliance is an essential element to all friendships, for without trust and mutual regard you cannot really love the other person.
- Not all commercial relationships are rooted in love. Business relations where people merely use one another for personal gain or advantage, with a disregard for the other’s welfare, do not offer the ingredients for what Aristotle characterizes as a friendship rooted in *philia*. The business acquaintance who, after he has cut your throat, says that you should not “take it personally,” that “it’s only business,” is not much of a friend.

- Groups and institutions in which *philia* is absent is the norm in mental hospitals. On a more subtle level, *philia* is absent even in most groups that aspire to become therapeutic communities, that may champion what they depict as social, or community, even a milieu approach to “group therapy.” Instead, they compensate for the absence of *philia* with modes of communication that are technological in nature.

They feed on contrived and incessant “feedback,” a technique for forcibly baring your feelings, whether you want to share those feelings or not, in the guise of “check-ins,” and other convoluted modes of pseudo-communication. Here, technology has replaced the more simple, if elusive opportunity for developing genuine friendship. I am not talking about the technology of medication, or strait jackets, or lobotomy, but the calculated use of conversation that passes for getting to know one another.

Ideally, friendships have a crucial bearing on what people living in therapeutic communities get from the experience, whether they can say that the time living there was genuinely worthwhile. It goes without saying that life in any community that conceives itself as therapeutic, including those that dispense with therapeutic interventions, is not going to be easy.

What I am characterizing as fostering meaningful, intimate friendships in communal settings is the consequence of two essential factors:

- Such communities are focused on helping people who have never learned how to form intimate relations with others, who have historically found relationships more painful than rewarding. These communities do not try to develop “self-sufficiency,” but rather *mutual dependency*, as a catalyst for developing genuine fellowship with others.
- The therapeutic element in these places is subtle. It is rooted in nothing more complex than the attentiveness that each participant is encouraged to direct on *oneself in relation to everyone else* in the community. You might call this kind of attentiveness a form of meditation, because by it we focus our attention on the life that we are sharing with others, in the day-to-day, nitty-gritty excitement and boredom that comprises any domestic relationship.

This is a necessarily arduous discipline. Because of its inherently unpredictable nature, periods of dissatisfaction and malaise are inevitable. In fact, such incidents of disenchantment and anguish are valuable. The aim is not to achieve a semblance of contrived cheerfulness that is mandated, for example, in summer camp or on cruise ships. Instead, the aim, as in psychotherapy, is to make a space for each person’s suffering, and allow that suffering to

breathe, unmolested. This way we learn to respect each other's pain when it arises, and embrace it, even when we are affected by it.

This is because the feeling that I am accepted by others, no matter how miserable or difficult I am to live with, elicits a sense of freedom that is itself healing.

I have noted three facets of friendship that have a bearing on the atmosphere that people living together may share: the enjoyment we feel in the company of others, the regard we invariably experience for a person we love, and the encouragement we derive from being part of a community that we genuinely belong to. My thesis is that friendships are not only desirable, but an essential precondition for the well-being of any community, especially one that aspires to be therapeutic.

Part II

Now I want to turn my attention to the problem of isolation and alienation that is so characteristic of people who live in these places. According to Heidegger, the experience of loneliness, isolation, and alienation, and their accompanying sense of homelessness, are not limited to the schizoid or schizophrenic individuals described by Laing in *The Divided Self*. Heidegger believed that these characteristics are not solely symptomatic of people suffering from "psychopathology," but essential aspects of the human condition we all share. These so-called symptoms are not, strictly speaking, pathological, but existential. Some experience these bouts of loneliness and alienation more profoundly than others, but none of us are strangers to what it feels like to be lonely and afraid.

People who get diagnosed as suffering from a psychotic something or other are at the extremities of what our culture, any culture is prepared to tolerate. There is little sympathy for people who remind us of the private fears we hold inside and conceal from others. There is no way of connecting with such people without accessing that part of our own selves that is intimately familiar with what those fears are like. The reason that friendship and community are important to those so alienated is because intimacy makes us whole again, by providing a sense of belonging to something and someone bigger than myself.

It is the experience of being a part of something bigger than me that is the basis of the spiritual experience, the feeling of being loved by the world I live in.

One of the pastimes that friends value the most is the time they spend together simply *conversing*. When we engage in conversation with a friend who is dear to us, we treasure the opportunity to share the things that concern us, including the things we like to complain about. This is why Freud made

conversation his so-called treatment regimen. We crave conversation with others because it is the source of how we experience intimacy, by disclosing who we are to someone we trust will value our point of view. Early in his career Freud realized that talking to each other in this way is so powerful that he labeled his method the “talking cure.”

There seems to be a continuum along a scale whereby the healthier a person is, the easier it becomes to self-disclose in this way. This is why the so-called schizophrenic finds this kind of disclosure so frightening. Dare he or she risk being that vulnerable and transparent to others?

So, how did the pursuit of friendship manifest at Portland Road, and what types of friendships resulted? For one thing, I would have to admit that the kinds of friendships I have been describing were not typical there. If anything, the friendships formed at Portland Road were paradoxical, and often one-sided. The pursuit of pleasure was rarely apparent. We are talking about people who, for the most part, had no previous experience of friendship. You might say that most of the people living there regarded each other in the same way that porcupines make love: *cautiously!* Those of us who were not as crazy formed friendships readily with each other, but what about those who were paranoid or schizophrenic, or unremittingly depressed?

Portland Road was a complicated, yet carefully orchestrated mix of individuals with varied motives for being there. At its peak, 14 people shared the house, comprising seven bedrooms. They were more or less divided into two groups, sometimes not that distinct from each other. The larger group was composed of people who had either spent some time in a mental hospital or would have had they not found their way to Portland Road. The other group was composed of people, like myself, who had no history of a psychotic break, but who lived there because we wanted to experience what it would be like, or because we wanted to be a part of Laing’s mission to change the world, or because we were struggling with problems of our own that we believed living in such an environment may prove helpful, for us. We may have been in the Philadelphia Association’s analytic training program and wanted to deepen our understanding of sanity and madness. Or we may have been in therapy with Hugh Crawford, and he may have persuaded us to give it a try. The motives could be many and complex, and no doubt most of them were unconscious.

Whatever our motives may have been, it was crucial to the success of Portland Road that relatively healthy or sane people wanted to be a part of it. Without them, who would take it upon themselves to buy groceries, do the cooking and cleaning, and add an element of enjoyment to the experience? Without such people the place would have been depressing. This core group easily made friends with one another and were bound together in a way that reminded me of my experience in Vietnam, a kind of *esprit de corp*. It was

those of us who were able to form friendships who were the first to befriend the other, more insulated residents of the house. So what were friendships like for them, and how successful were they in fostering their own friendships?

Because of the degree of estrangement that many of the people living at Portland Road endured, whatever friendships they formed with each other had something of a quality of “shared insularity,” a state, you might say, of *friend-lessness*. Due to the emphasis on authentically being who you are, a kind of celebration of being different also contributed to the absence of friendly overtures. A degree of friendship was sometimes broached in an ironic sense, when two people backing in retreat from the outside world kind of “bump into” each other. They might like one another, to a degree, but if a genuine friendship is to flourish, there has to be an overt turning about and *facing* each other. This requires a change of heart from the ordinary resentful, insolent attitude toward the world that characterized the typical resident living there. It is hard to make friends when you resent the life that you are living, when you have had little success at finding happiness.

While people at Portland Road were perfectly free to make friends, they were also free to *not* make friends. Fear of compliance and behaving the way “one is expected to” may serve as a powerful motive to deliberately not be friendly to others, for the sake of a sad attempt at behaving authentically. Most of the people living there were in open rebellion against the dictates of conventional society and the public false-self that the healthy person accepts as a matter of course, but for the paranoid schizophrenic is perceived as an abdication of control and personal integrity. From this position, it may be difficult to comprehend the virtue of friendship. After all, it may be to them a kind of Trojan Horse designed to get inside one’s psyche for ulterior motives.

Yet this was only one side of the equation. The residents were not only wary of the potential dangers of intimacy. They also had problems with being on their own, with a limited capacity to enjoy their own company, or to pursue their own interests. Consequently, they tended to find their self-imposed solitude unbearable. It was in this context that risks were sometimes taken, when they might share a moment of conviviality with another person. Because they were able to witness the kinds of friendships forming among the more social members of the community, they also had an opportunity to get a sense of how eagerly some people wanted to be intimate with others. For some, given the families they came from, this may have been the first time they ever witnessed people treating each other with genuine affection, and even love.

Because of their deeply ingrained distrust of others, Hugh Crawford dispensed with conventional “group therapy.” One of the deadliest instruments of torture that I witnessed in mental hospitals was the group therapy sessions that all the patients were required to attend. Even I felt acutely uncomfortable

in these settings, and I was a student with a badge of invulnerability. Yet I could easily recognize the subtle efforts to persuade patients to share their deepest feelings with everyone on command, and to respond appropriately to the staff's efforts to get them out of their shell, and to "be nice."

Portland Road dispensed with coercive efforts of this nature. Instead, we shared dinner together, then gathered in the kitchen or living room for post-dinner conversation. Usually, one person would ask Hugh Crawford something or other and begin to converse with him. Similar to Fritz Perls' conception of Gestalt therapy, but without the "hot seat," Crawford would share a conversation with this person while the rest of us listened on, enraptured. The focus for the evening would be on that person and that person alone, lost in conversation, with the rest of us keenly attentive to what this person was disclosing to us. It was clear to me that this was Crawford's way of forming friendships with each of the people living there.

Many of us were in individual therapy with Crawford, but it was not required or expected. The more regressed members of the community were typically loathe to leave the house, so the visits by Crawford were opportunities they seized on to connect with him, sometimes in desperation. Somehow this worked. I am not sure how, but without Crawford's presence and obvious love that he had for everyone living there, I do not think it could have worked. It was this experience that finally brought home to me Freud's admonition that psychoanalysis is a cure through love. It also taught me that the essential healing element in any relationship appears to be the degree to which people feel *connected* to each other, which is to say, the degree to which each person feels a part of the other's world, and that others, in turn, are a part of one's own. This is intimacy at its core. Portland Road had no other intention than to facilitate this experience, on terms that each individual set for himself or herself.

It is difficult, perhaps impossible, to comprehend how a therapeutic community such as Kingsley Hall or Portland Road can be therapeutic with no ostensible therapy. This, I think, was an aspect of both Laing's and Crawford's genius: to recognize that what we typically conceive as therapy is simply too contrived to help most people, especially those who are wary of contrivances of any kind. Instead, they believed that households of this nature could only work if, in lieu of this or that treatment regimen, you bring people together for no other purpose than to live together, like people all over the world manage to do, as naturally and intimately as possible. This can only be done, as Laing once noted, in the spirit of live and let live. As in any relationship, when the chips are down, you take your chances, and I will take mine, in the to and fro, and the wear and tear, of sharing your life with the community you are a part of, for better or for worse.

Addendum

Where so we stand today? It has been many years since a Laingian-style residential house has existed in the United States. In the 1970s there was a proliferation of such place, mainly in California, that were at least in part influenced by Laing's pioneering efforts in London. Most notably, *Soteria House* in Palo Alto, founded in the early 1970s by Loren Mosher, a psychiatrist working for the NIMH and who was in a position to help fund such work. Mosher visited Kingsley Hall and was so taken with Laing's concept that he decided to set up something similar in San Jose, California, under the stewardship of Alma Menn. This project was so successful that they opened a second house nearby, *Emanon*. Both ceased operations in the early 1980s due to lack of funding. John Perry, the Jungian analyst, established a similar project in San Francisco in the early 1970s called *Diabasis*, based on Jungian principles. It too closed its doors after a few years due to funding problems. Another project in Martinez, California, *I-Ward*, was initiated by a small group of forward-thinking clinicians who were attached to Contra Costa County Community Mental Health to provide respite for individuals experiencing a psychotic break, without medicating them. And finally, a group of colleagues and I set up a place in Marin County, California, called *Shadows* after I returned from London to California in the early 1980s. Though that program was also successful it too closed its doors after a few years due to funding issues. The only other program that I am aware of that was founded on Laingian principles was *Burch House* in New Hampshire, founded by David Goldblatt, a student of Laing's, in the late 1970s. It flourished the longest of all, for nearly 20 years, until it too was obliged to close its doors.

I am happy to announce that after all these years a new project of this nature is in the process of being established in the San Francisco Bay Area by a group of colleagues and myself. We are calling it *Gnosis Retreat Center*, and it will be completely off the grid in terms of couching it as a "treatment" program. It will be the most similar program to Kingsley Hall and Portland Road than any of the other past projects just mentioned. People in extreme states who do not want to be treated by psychiatry will have the opportunity to live there for a year or more until they have had the chance to see their way through their ordeal and establish a more viable sense of self. It will be privately funded in order to avoid the heartbreak of fickle public funding authorities, whether county, state, or federal, that fund a program with enthusiasm only to withdraw such funding when they lose interest. If you are interested in learning more about this project go to our website at: www.gnosisretreatcenter.org.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Note

1. For a more detailed description of Laing's work and what it was like to live in one of these houses, see my book, *The Death of Desire: An Existential Study in Sanity and Madness*, 2nd edition (2016).

References

- Aristotle. (2011). *Nichomachean ethics* (R. Bartlett & S. Collins, Trans.). Chicago, IL: University of Chicago Press.
- Laing, R. D. (1967). *The politics of experience*. New York, NY: Ballantine Books.
- Laing, R. D. (1969). *The divided self: An existential study in sanity and madness*. New York, NY: Penguin Books. (Original work published 1960)
- Thompson, M. G. (2016). *The death of desire: An existential study in sanity and madness*, 2nd edition. New York, NY: Routledge.

Author Biography



Michael Guy Thompson, PhD, received his psychoanalytic training from R. D. Laing and associates at the Philadelphia Association in London, and his PhD in clinical psychology from The Wright Institute, Berkeley. He is a personal and supervising analyst and faculty member, Psychoanalytic Institute of Northern California, and adjunct professor at the California Institute of Integral Studies, San Francisco. He is also founder and director of Free Association, Inc., a not-for-profit organization devoted to the relief of severe emotional distress.

He is the author numerous journal articles, book chapters, and reviews on psychoanalysis, phenomenology, and schizophrenia, as well as five books, the most recent of which are *The Legacy of R. D. Laing: An Appraisal of His Contemporary Relevance* (Editor), 2015, and *The Death of Desire: An Existential Study in Sanity and Madness* (2nd edition), 2016. He has lectured extensively throughout the United States, Canada, Mexico, Great Britain, Spain, and Australia, and is a member of various psychoanalytic organizations, including the International Psychoanalytical Association. He practices existential psychoanalysis in San Francisco and lives in Marin County, CA (www.mguythompson.com).