COMMUNITY AS META-PHYSICIAN

Perspectives and Meta-perspectives on a

Therapeutic Community

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TEXT IS CLOSE TO THE EDGE OF THE PAGE IN THE ORIGINAL

'For it is at bottom utterly impossible

contemplatively to confront an event which,

on the one hand, is an ultimate experience,

and on the other, manifests itself in profound

emotional agitation, in the attitude of pure

intellectual restraint.'

Gerardus van der Leeuw

The Phenomenology of Religion

Abstract

The dissertation attempts to use the theory and practice of social phenomenology to reconstruct the lived experience of a seven month stay in an 'anti-psychiatric' therapeutic community. First, the historical background of the therapeutic community movement is explored; then the community I stayed in is described, under a variety of headings. Three 'case studies' of residents are presented.

A theoretical section then follows, which examines the preconditions for a valid social phenomenology. The work of Husserl and Sartre is considered, focusing on their later works in both cases. Whilst neither approach (Husserl's or Sartre's) is considered self-sufficient, it is argued that, via a cross-fertilisation of ideas, an adequate transcending synthesis is possible, indeed necessary.

The dissertation then returns to the empirical material and focuses on ritual as a mode of social togetherness. Ideas from Anthropology - particularly those of Victor Turner - are invoked this point; as also is an idea of R.D. Laing's, concerning ritualisation and so-called 'psychotic behaviour'.

The dissertation ends with an attempt to construct a 'morphological continuum', and with concluding summaries of the theoretical and empirical findings.

Contents

The purpose of an Introduction is, literally, to lead the reader into the book that follows. Perhaps the best way to do this is to describe, briefly, how I was 'le d into' writing this Ph.D dissertation.

As soon as I graduated (Keele University, 1972, Sociology and Psychology) I undertook a Master's Degree, by thesis, with the Keele Sociology Department. My main academic interests at the time were the philosophy of social science (particularly Marxist and phenomenological critiques of 'orthodox' approaches); and models of mental illness. My initial grandiose schemes for a vast synthesis soon resolved to a more manageable - though still vast! - aim: a systematic and rigorous review of one writer who also shared these interests, R.D. Laing, using Sartre's method of dialetical analysis, known as the 'progressive-regressive method' (Sartre 1968); and an pplication of the findings of this analysis to certain controversial issues in sociological theory. (The title of the thesis, submitted in November, 1973, was 'A Review of the Work of R.D. Laing, with special reference to the Sociological Usefulness of the Concept of Intelligibility'. In slightly modified form it has been published under the title 'R.D. Laing: his works and its relevance to Sociology'. Howarth-Williams 1977).

Fascinating and rewarding as it was to study, minutely, the development of one writer, I felt a considerable dissatisfaction in dealing only with texts; for (this was my interest in Laing), all the texts pointed beyond texts, to contexts: radically new contexts within which to help people deemed 'psychotic'. I knew that Laing and his co-workers had set up a prototype 'anti-psychiatric' therapeutic community, where their ideas could be put into practice; but the pivotal event for me was reading Mary Barnes' and Joe Berke's book (1971)

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which documents Mary's and Joe's experience of this 'prototype', Kingsley Hall. I was fired with enthusiasm by this very moving book, and resolved that I would somehow get to work in such a place. I duly visited several of the communities run by the Philadelphia Association (who 'ran' Kingsley Hall) and by the Arbour's Association, run by Joe Berke and Morty Schatzman. I soon realised that these places do not 'employ' people - anyone who wishes to live in one, on whatever basis, has to pay their way. At this point, I conceived the idea of doing a 'study' of one of these communities as a Ph.D, treating my stay as fieldwork. The idea was approved, at the University end, and the Social Science Research Council, to whom I am deeply indebted, generously supplied me with both maintenance and fieldwork grants. I had meanwhile approached various members of the Arbour's Association, several of whom (notably the psychotherapist Richard Goldberg) were enthusiastic about my plans. As far as Arbour's knew, no one had conducted a serious study of a therapeutic community run on these lines; I still know of no other attempt. All that remained, therefore, was for me to meet the community concerned, to see if we 'hit it off'. Fortunately, we did, and I arrived at the community on the 27th of February, 1974.

My 'role' within the community is described in the text; as far as my 'academic role' as a participant observer was concerned, I restricted myself to keeping a diary, and trying to keep as aware as possible of what was going on around and in me. Needless to say, the community was fully aware of my academic intentions.

I spent seven months living in the community, and became involved to a degree that was, at times, overwhelming. Sections of this dissertation document this involvement - I make no pretence to be continually dispassionate. For my purpose, initially, in writing this dissertation is to convey something of the quality of lived experiences (what Sartre, 1969, calls 'le vécu') within the community. To do this, I have

resorted to various devices, notably the use, where appropriate, of quotations from the lyrics of certain songs that were frequently to be heard on the community's stereo. (A discography of 'communally significant' records is presented in the appendices.) More importantly, perhaps, I have on the whole tried to describe what went on in relatively jargon-free language. I have endeavoured to keep theoretical exegeses separate from descriptive ones, because the experiences behind these were, at least initially, separate. As my stay went on, however, my theorising tended to coincide more and more with my everyday experience. I was reading Husserl, and other phenomenologists, during my stay, and I conceived the project of actual doing some phenomenology, and not just reading and writing about it. The results were not quite as spectacular as Colin Wilson (1969) portrays, but profound nevertheless. This practical phenomenology (which is described in Chapter 5) led me to an awareness of the ubiquity of ritualisation in the community, and this became the main substantive focus of the study. It is thus fitting that it should be at this point of the thesis, the discussion of ritual, that theoretical and descriptive exegeses merge. None of the writing up was done whilst I was at the community; indeed, writing up was delayed considerably by publishers' requests for revisions and additions to my M.A. thesis.

At this point, it would be as well to explain the structure of the dissertation and thereby elucidate the various aims involved in the work.

Chapter Two attempts to provide a background of historical ideas and practices that led to the birth of anti-psychiatry, and the early work of this movement. The ever-changing attitudes towards those called insane are traced briefly up to the advent of community psychiatry, the development of which is examined in greater detail, focusing on the work of Maxwell Jones. The contradictions inherent here are analysed as the impetus for the emergence of anti-psychiatry in the 1960s. I felt the early history of this movement was in particular need of exposition, as none has yet appeared in print.

Chapter Three begins the descriptive account of the Norbury community in which I lived. This chapter tries to paint the background picture, as it were; the specific Lebenswelt of the community, as the objective and intersubjective (material and human) ground on which the group praxis of the community is acted out.

Chapter Four presents a number of 'case studies' of individuals who went through the community whilst I was resident. The focus in this chapter, then, is very much on the individual: particularly, on what the individual 'makes' of the group, and of himself. Where possible, these studies are concluded with informal 'follow-up' information concerning their post-community experience. Also involved in these studies is a tentative evaluation of the success or failure of their stay.

Chapter Five represents a break in the stream of description. I felt it essential to step back, at precisely this point, to consider certain methodological and theoretical issues inherent in the undertaking. I consider, and expound briefly, the theoretical structures which gave me a methodology, basically an attempt at a dialetical phenomenological particpant observation. The work of Sartre (1969a, 1960) and Husserl (1973a, 1970a) are summarised as necessary, and I attempt to use each to overcome the faults of the other. I describe my own efforts to carry out a practical social phenomenology.

Chapter Six represents both a return to the descriptive stream, and an application of some theoretical insights. The focus here is on ritual as a mode of group togetherness. My phenomenological investigations led me to believe that an analysis of ritual would prove to be an efficient key to many of the dynamics I observed in the community. The anthropology of ritual is briefly surveyed, and a number of fruitful concepts from anthropology - particularly those forged by Victor Turner (1967, 1974) - are extracted and applied, and where necessary modified and expanded.

In a relatively little-known paper, Laing (1966) suggests that much 'psychotic behaviour' can fruitfully be seen as a deritualisation of 'normal' rituals. This seems an idea worthy of further investigation, and I use my data on community rituals to test the notion. The results tend to confirm Laing's view, though they also demand a refinement of the initial proposition. Chapter Six, then, is really the heart of the thesis.

Chapter Seven presents a consideration of the various 'contexts' within which the community finds itself. Tensions and even outright contradictions are found between the simultaneous demands of different contexts, and the resulting strains and antagonisms are briefly explored. This chapter concludes the descriptive account.

Finally, Chapter Eight provides a brief global summary of the nature of the community and suggests the idea of situating it on a 'morphological continuum'. An equally brief summary of the theory and method of social phenomenology is presented. The main substantive findings of the thesis are then recapitulated.

The appendices present various relevant data in a formalised fashion, as well as pertinent bibliographies, discography and so on. The notion of a morphological continuum is examined in detail.

To summarise, my aims then:

(1)   to provide a vivid, realistic, descriptive account of life in an anti-psychiatric therapeutic community

(2)   to account for the observed dynamics of group behaviour and experience, using concepts culled from anthropology, Marxism and phenomenology, with the focus on ritual in a micro-social setting

(3)   to examine in depth Laing's idea that much psychotic behaviour may be seen as a deritualisation of conventional ritual.

It only remains now, in this introduction, to express my gratitude to the many people who have contributed to this dissertation's coming together. The list is actually endless, but in particular to Professor Ronnie Frankenberg, my ever patient supervisor at Keele; to Stan Cohen, who pointed out the more glaring omissions and errors; to all the staff at Arbour's, particularly Richard Goldberg for his initial confidence and subsequent enthusiasm, and Morty Schatzman, for his trusting guidance; to all my friends who have helped me think through it, in countless conversation; and above all, to all the people I lived with at Norbury, to whom this dissertation is lovingly dedicated.

A HISTORICAL PERSPECTIVE ON

THERAPEUTIC COMMUNITIES

(1) Introduction

In this chapter, we shall be examining the idea of therapeutic

communities, and looking at their development in practice, from the

first prototypes, up to the founding of the one that I stayed in.

I do not attempt to provide a full history of therapeutic communities,

but rather to follow the lines of practices and ideas that led to the

specific one I stayed in. A full history would be tangential to the

needs of this thesis; even more so would be a history of mental

hospitals. Nevertheless, some account must be taken of the ideas and

practices to which therapeutic communities are supposedly an alternative,

even an advance. Historical ideas about confinement and rehabilitation

of the supposedly insane will, therefore, be briefly considered.

But first it may be instructive to look more closely at the bare

phrase 'therapeutic community'; particularly to look at the original

meanings of the words now in use: in this case 'therapeutin' and

'communitas'.

(2) Etymological Origins

To consider the 'community' first, the most proximate Latin term

is 'communitas' – of which we shall hear a good deal later. For now,

let us note that 'communitas' itself derives from two early Latin roots,

'com' – together, and 'oinos' – one. These roots, of course underlie

numerous words now in use such as common, communion, communicate,

communist, and so on.

The Oxford Dictionary gives numerous meanings for the word

'community' as such, the earliest being middle English (i.e. pre 1500):

'A body of people organised into a political, municipal or social unity'. The specific meaning, which corresponds most closely to our use of the term here, dates from 1727: 'A body of persons living together and practising common ownership, liability, etc. of goods'. The date is interesting; as we shall shortly see, it is roughly simultaneous with the emergence of the proto-mental-hospital, though the latter was hardly what we would call a hospital, and it certainly did not fulfil the criteria of the definition of community. But whatever the specific details of meaning, our use today retains the root meanings of one-togetherness.

The case is a little more complex with the word 'therapeutic'. For there appear to be (what we regard as) two discrete meanings in the Greek roots, to wit 'therapeutin' to heal, and 'therapeutai' servants or attendants. Thus we should strive to discern a double meaning of healing and service (and let us remind ourselves of the original meaning of 'heal', to make whole). The term 'therapeutae' in ecclesiastical Latin makes its first appearance in reference to a Jewish mystical sect who resided in Egypt in the first century A.D. We do not know their origins, but the book De Vita Contemplativa, attributed to Philo, describes the nature of the Sect which was, in fact, a community. Cooper (1967) suggests that they may be regarded as one of the earliest therapeutic communities, and not merely for etymological reasons. For although they emphasised the solitary life, adherents living individually in scattered houses, engaged in solitary meditation, they assembled once a week to assert and celebrate precisely their 'community' in the presence of each other and God. Certainly, they were not 'medical' in our sense of the word; but the striving for 'healing' as the accomplishment of wholeness, and mystical oneness with God was clearly their aim.

It would seem then, that the phrase 'therapeutic community' manifests an intrinsic harmony, considered etymologically. For we have

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seen that the core meaning of community is multiplicity-together-as-oneness, 'wholeness' in fact; and that of therapeutics an amalgam of healing and service. The latter corresponds, it seems to me, very closely to the Hippocratic notion of the vocation of 'physician'. R.D. Laing (1973) in response to the question 'how would you define a good psychiatrist' reminds us of what this vocation entailed:

"When a physician in the time of Hippocrates went to visit a village, he was expected to know about the prevailing winds, the changes of temperature and the humidity of the atmosphere. He was also expected to know about the nature of the social system of the place, and its economic and astrological position. He had to be aware of the world situation before he could find out what had happened inside a person's body." (P. 75 Translated from the French by John Tillisch.)

In other words, healing requires what may be called a totalizing perspective, the bringing together as one of a multiplicity of different aspects. The contribution of our age would seem to be the explicit recognition of this multiplicity as a multiplicity of persons. What we call a community. But here we are anticipating; before discussing present days contributions, we must first look back and consider historical approaches.

(3) Confinement and Community: The Situating of Madness

The story of confinement starts in Europe in the 17th century. In his detailed and brilliant analysis, Foucault (1967) shows how, all over Europe, houses of confinement proliferated in the 17th century. Starting apparently in Hamburg in 1620, the movement set up houses (often using the now unneeded leprosaria) which existed to shut away all those, who by their mere existence, constituted a threat to the confidence of the new social and economic order; paupers, criminals, and lunatics. To us, these categories appear distinct; yet it must be emphasised that the social sensibility of the 17th century found in them

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an abhorrent unity. To quote Foucault's words: "..... confinement was required by something quite different from any concern with curing the sick. What made it necessary was the imperative of labour. Our philanthropy prefers to recognise the signs of a benevolence towards sickness where there is only a condemnation of idleness." (1967 P.46) Thus the lunatic's crime and the criminal's madness lie in their negation of what Weber (1930) called 'The Spirit of Capitalism'. Weber's investigations provide us with an excellent account of all that the lunatic was not.

The confinement movement spread somewhat later to Britain, but by the end of the 18th century there were over a hundred houses of confinement in this country. (Foucault, ibid)

No such movement was, however, apparent in America at this time. Rothman (1971) carefully documents the rather ad-hoc nature of colonial Americans' attitudes and practices vis-a-vis this group. The poor and insane were kept within the community, supported, more or less, by private or public charity, and the criminal was dealt with essentially by physical means: whipping, stocks, and if necessary execution. There were no houses of confinement as such, and prisons were used exclusively for those awaiting trial or sentence. Prison detention was not a recognised form of punishment in itself, in this period of American history.

By the end of the 18th century in Europe, and slightly later in America, new ideas were bringing the two continents closer in their practice. In Europe, philanthropists such as John Howard expressed increasing outrage that lunatics should be confined with criminals and paupers. This reflects the growing conviction that insanity was an illness, and should thus be susceptible of a cure. Admittedly, it was an illness that had a moral cause, but this then demands a moral treatment - not a physical one. So we find Pinel in France'liberating' the

insane from their chained squalor and regular beatings, and Tuke in England doing a similar thing: a clear expression of Enlightenment humanitarianism. But their 'liberation' was conditional: in place of the physical chains, these humanitarians placed moral chains. As Foucault and Rothman show, the conviction of the early 19th century was that what amounted to inculcation of bourgeois morality, and ideology in general, in a context of rigorous separation from society at large, would effect a cure of lunacy - and indeed of poverty and criminality. Hence a large number of what can properly be called 'institutions' were built in this period, on both sides of the Atlantic. Rothman's analysis of the architecture and physical setting of American examples is compelling, and provides a material confirmation of the basically ideological analysis that Foucault gives of the European experience. Both place a paramount emphasis on the bourgeois values of regularity, order and work.

Another common feature of the European and American movements is their emphasis on silence, on the part of the inmates: a specific injunction against inmate communication is to be found repeatedly. This contrasts most strongly with the 20th century experience.

The initial optimism for these 'moral treatments' now seems incredible: as Rothman details, claims for 100% remission rates were not uncommon. That such figures say more about the wishes of the Medical Superintendents than the reality of the situation is shown by the remarkable speed of the decline of faith in such cure-alls. For by the latter half of the 19th century, most, if not all, such institutions had, in practice if not in theory, abandoned their rehabilitative aims, and contented themselves with mere confinement. Many factors no doubt contributed to this: the natural waning of enthusiasm for new ideas, a highly disruptive war in the American case have been posited; but surely the main cause was a simple lack

of any alternative, an absence of any positive method of rehabilitation.
Legal considerations, and overcrowding, meant that only well advanced
severe or chronic cases were admitted - and these were precisely those
least susceptible to moral treatment. It was not until the invention
of E.C.T. in 1937 by Colletti (see Berke 1973) that a supposedly humane,
effective physical treatment was available. The British 'Lunatics Act'
of 1845 made it compulsory for all admissions to be certified - a
situation that remained unaltered, at least on a legal level, until the
Act was revised in 1930 to allow voluntary status. The Lunatics Act
thus prevented, in effect, the possibility of early treatment, and out-
patient care.

Nevertheless, public opinion was changing, as was professional
opinion. Although the major professional effort in this period (late
19th - early 20th century) was classificatory - the names here are
Maudsley, Kraeplin and Bleuler - some genuinely new ideas were emerging.
Freud was, of course, working at this time, and his work put the emphasis
on understanding the environmental situations that led to insanity.
Despite the growth of psycho-analysis in the first decade of this
century (the first International Psychoanalytic Congress was held in
Salzburg in 1908, and in the following year the first International
Journal of Psychoanalysis was published and Freud and Jung made a
lecture tour of the United States), it was not until towards the end
of the First World War that psychoanalysis made any real impact on
psychiatry. The crucial phenomena here are the so-called 'war-neuroses',
including extreme shellshock. This affected public opinion in so far as
many of the country's heroes returned as apparently gibbering idiots;
yet this form of insanity could scarcely be dismissed as the result of
moral degeneracy, such as idleness or excessive masturbation (the 19th
century's favourite 'cause'). Nor yet, as professional opinion quickly
discovered, could it be treated effectively under a purely physical

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perspective, as a kind of advanced concussion. The phenomenon was clearly 'psychological' in origin, and for the first time, psychiatry began to espouse psychoanalytic ideas - albeit tentatively and unsystematically (see Brown, J.A.C. 1966).

Psychoanalytic ideas reached the public too, in the twenties, as Freud's work started to be translated into English, and the beginnings of the subsequently massive popular literature dealing with psycho-analysis appeared.

Although only Ernest Jones was British amongst Freud's early disciples (and it was he who single-handedly established orthodox psychoanalysis in this country) there was a larger group of psycho-analytically inclined workers in Britain in the 1920s and 1930s - notably at the Tavistock Clinic. The rise of Naziism led to the break up of the Austrian and German circles, and British psychoanalysis was boosted by a considerable number of 'refugee' psychoanalysts - including, of course, Freud himself.

These, and no doubt other factors, led to a weakening of the idea that mere confinement was enough. The total separation of the lunatic from society was questioned, and we see in the 1930s a general develop-ment of early, out-patient treatment: a move from confinement back to the community.

Just as the First World War brought changes so too did the Second World War. The horrors of Fascism, and by implication, its inherent authoritarianism and its geneticism, set up a reaction: a resurgence of 'humanitarian' ideals, a ye t greater stress on the environment, and the first 'Open Door' policy at Dingleton Hospital in Scotland in 1947 (see D. Clark 1974) are evidence of this, as indeed, is the whole National Health Movement.

Despite the changes recorded so far though, all treatments were, at this time, strictly individual. (In fact, the range of effective treatments was still very minimal. E.C.T., Insulin Coma therapy, and brain surgery existed, but the crucial event, the discovery of

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phenothiazine tranquilisers, was yet to come). The major effect of the War, however, was a rupturing of this individualism.

The Second World War provided the stimulus for a vast amount of research in social science. What would, in times of peace, have been mere academic problems - for example, the nature of group decision-making, leadership, conflict and conformity, group influences on perception and judgement, the nature of communication generally - all these and many more were literally matters of life and death under the circumstances of total war. Elaborate theorizing simply had to give way to pragmatic demands, with the result that social psychology discovered that the environment is all-important in the determination of behaviour, and that the most important part of any given person's environment is generally the other people in it. In a word, communication came to be recognised as a crucial element of all social situations. Communication theory became established in this immediate post-war period (Wiener 1948, Shannon and Weaver 1949, Cherry 1957).

(4)   The Work of T.F. Main

Psychiatry seems to have been painfully slow to catch on to these changes in social science (there is a profound ideological stratum in social sciences espousal of communication, and especially in psychiatry's reticence to do so; we shall examine this in the last chapter) although there have been a few with the imagination to see the relevence of communication to psychiatry.

One such was undoubtedly T.F. Main, to whom credit is due for the coining of the phrase 'Therapeutic Community'. (Main 1946 in Barnes E. 1968).

T.F. Main (then Lt. Col., R.A.M.C.) was appointed the position of full responsibility for advising on all psychiatric activities for the British 2nd and Canadian 3rd Armies in Europe during the later years

of the Second World War. He subsequently went to the Northfield

Military Hospital, near Birmingham where he appears to have exhibited

precisely the sort of imagination referred to above. It was at Northfield

that group therapy, a practical off-shoot of the then new field known as

group dynamics, got off the ground; more significantly for our purposes,

it was there that the concept of a therapeutic community developed,

largely thanks to Main. Before we turn to examine Main's ideas themselves,

let us just highlight their historical significance by noting that his

paper was written some eight years before the introduction of tranquillisers

in the control of the so-called 'mentally ill'.

In view of its epoch-making status, as well as its intrinsic worth

even today, it seems appropriate to quote from Main's article (which is

entitled 'The Hospital as a Therapeutic Institution').

"By tradition a hospital is a place wherein sick people may receive

shelter from the stormy blasts of life. The concept of a hospital as a

refuge too often means, however, that patients are robbed of their status

as responsible human beings. Too often they are called 'good' or 'bad'

only according to the degree of their passivity in the face of the

hospital's demand for their obedience, dependency, and gratitude ....

Isolated and dominated, the patient tends to remain gripped by the

hospital machine even in the games or prescribed occupations ....

The design of a hospital as a social retreat also ignores positive

therapeutic forces - the social support and emotional opportunities

that are granted in spontaneously structured communites ..... The

Northfield Experiment is an attempt to use a hospital not as an

organisation run by doctors in the interests of their own greater

technical efficiency, but as a community with the immediate aim offull

participation of all its members in its daily life ..... Ideally, it

has been conceived as a therapeutic setting with a spontaneous and

emotionally structured (rather than medically dictated) organisation

in which all staff and patients engage .....; there must be no barriers between the hospital and the rest of society ..... The anarchical rights of the doctor in the traditional hospital society have to be exchanged for the more sincere role of member in a real community .... He no longer owns 'his' patients." (Main In Barnes, ibid pp. 5-7)

It is perhaps difficult for us to completely appreciate now, thirty years later, the extent to which these ideas were subversive of conventional practise and indeed theory. We should bear in mind, of course, that in his daily practise Main was not concerned with, say chronic back-ward 'schizophrenics', but more with what would clinically be called neurotic and depressive states. But he is self-consciously making generalisations about mental hospitals as such, and psychiatry as a profession; these have immense ideological significance, particularly vis-a-vis the psychiatrists' professional role.

Unfortunately, Main does not tell us very much about the day-to-day running of this first therapeutic community. His paper is programmatic, theoretical, even moralistic. Furthermore, he did not stay at Northfield very long, but moved to the Cassel Hospital. Although J.R. Rees (1968 in Barnes ibid) asserts that "this process of creating and working on new ideas has been carried through at the Cassel Hospital" (p.x. ibid), it appears that the therapeutic community, as envisaged in Main's article, was not particularly focused upon. We shall briefly consider the Cassel Hospital shortly, but first let us return to the Northfield Experiment.

It must be emphasised that Main's innovatory ideas occurred in a historically very specific context, namely the caring for soldiers who were in a state of distress, emotional or otherwise, in the immediate post-war years. It is not surprising, then, that the Northfield did not remain the site of a continuous programme of innovation. It is

quite possible that the enthusiasm (and not all his colleagues were enthusiastic about the changes he envisaged) declined after his departure; it is equally possible that his ideas were simply too far ahead of their time to lay any permanent roots.

What little we can gather about the experiment highlights the issue of respect for the patients, and the changes required in doctors and nurses as a prerequisite for this. Thus Main emphasised the importance of allowing the patients a say in the running of the hospital, a voice in the planning of activities and facilities. As he shows, this necessitates a reduction in the role of psychiatrist as expert, which many doctors found threatening. This point highlights another that concerns Main; the recognition that staff too have 'problems', are emotional beings and so on. In fact, in another paper (Main 1957 in Barnes ibid) he specifically addresses himself to the question of the doctor's or therapist's need for the patient, and particularly the former's emotional response to lack of 'improvement' in the latter.

Thus at Northfield, patients were encouraged to perceive needs that were real to them, and to take steps to realise them. As Main (1946 p.9) notes:

"With the recognition of the legitimate aspirations of others, an increasing provision is freely made by the community for individual limitations and needs. One group of patients, who called themselves 'The Co-ordination Group', set up office and prepared to cater on demand to needs in real life which were not provided otherwise by the hospital."

Similarly, a respect for the individual's perception of what he needs was paramount, even if it did not conform to general treatment trends. Patients who simply wanted to withdraw from social activity, were permitted to do so, and given a single room, and no demands that they do something. As we shall see, Main really was ahead of his time in this; such an attitude is commonplace today in 'anti-psychiatric' communities - it was specifically opposed in the approach of Maxwell

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Jones, usually considered the founding father of therapeutic communities.

Similarly, the reality of depression was recognised. The soldiers at Northfield really had something to be depressed about, and there was a recognition of the naturalness of mourning over the death of one's comrades. Perhaps because 'The War' was such an obvious and perceivable object, responsible for depression, that Main and his colleagues were able to see it as other than pathological. A good many psychiatrists today seem unable to do this, presumably because the objective social causes that underlie depression today are not totalizable in that way. If one starts with (essentially middle-class) assumptions of progress, deferred gratification, not to mention the 'stiff upper lip', one is bound to find much depression pathological. On the other hand, if one assumes that the <u>understanding</u> of a person's experience requires a knowledge of his material and social context as well as a reliving of what he or she <u>makes</u> of that context, then it is impossible not to recognise depression as often the only rational and existentially true response. In the latter case, there is the choice, at least theoretically, of what to do about it: to change the context, or to change the person's response to it with anti-depressants, or indeed not interfere at all. From the former point of view, however, only the second choice, or analgous 'treatments', such as E.C.T. can appear as rational.

Main, it seems, worked from the second set of assumptions. Men who wished to mourn for their fellows were permitted to do so, whereas those who wished to avoid the pain were given the option of 'continuous narcosis'. (This was before the discovery of anti-depressants, such as Tofranil and Tryptizol, which now seem to be prescribed as a matter of routine in any case of depression, whatever the cause. Such, indeed, is progress, as the drug manufacturers would be the first to agree.) Those who felt angry were not given tranquillizers, as none existed, but were given jobs where aggressive feelings could be acted out without

any more pain being caused, with the astonishing result that they generally became less aggressive. Even that worst psychiatric taboo, regression, was permitted, a permanently darkened ward being made available. Main anticipates much of Laing's later ideas (1967) when he notes that patients generally only required a short period of such symbolic infantile regression before returning to a more whole adulthood.

Main gives no indication of the degree to which communality was institutionalised, but one suspects that it was not very great. He says nothing, for instance about the existence of regular staff-patient meetings, but emphasises self-determination in a context of spontaneity and sincerity. The chronic fear (on the part of staff) of spontaneity, that, from my experience, seems to characterise a mental hospital, could also be instrumental in the lack of development of his ideas of the time. In fact, it is precisely the existence of regular daily staff-patient meetings, with or without resulting patient self-determination, that seems to characterise subsequent therapeutic communities, even to be their defining feature. Thus, for example we find that Edelson (1970) (writing about an American therapeutic community), in a review of definitions says:

"Within (definitions emphasising the sociotherapeutic function) a therapeutic community may be considered synonymous with a democratic organisation. This kind of democratic organisation is typically characterised by equalitarianism ..... The most famous example is the therapeutic community described by Maxwell Jones and his associates at Belmont Hospital. As implied by the previous critical assessment of the equalitarian organisation, it is my position that democracy as a prepotent value is not adequate to guide staff participation nor to govern the choices made in a hospital community." (p. 175)

Staff-patient meetings were not a feature of the Cassell Hospital either, where Main went after Northfield, though certain problematic

areas of communality were explored. Andratschke (1961, in Barnes ibid) records the problems posed by having resident psycho-analytic doctors. Conventionally, the psycho-analyst is not supposed to see his patients out of sessions; at the Cassell this posed a problem as the analysts were, at least initially, also partly responsible for the daily management of his patients. A variety of solutions was attempted, culminating in the creation of a social therapy unit which assumed out-of-session respons-ibility, but conveyed information to analysts, who in turn could advise on, but not order, management. As we shall see subsequently, this contradiction, between communality and psycho-analytic orthodoxy is still problematic today.

(5) The Work of Maxwell Jones

The term 'Therapeutic Community' is probably associated more with Maxwell Jones than any other worker in the field; an adequare review of his work would be a book in itself, and indeed, at least one major study has been carried out (Rapoport 1960). A reading of Jones' own work (1952, 1968a and b), is of course, indispensable; for our more empirical purposes here, Rapoport's book Community as Doctor, is a more immediate source of information.

Jones, in his introduction to Rapoport's book, states that his interest in the concept of a therapeutic community dates back to 1940, occasioned by the War. In 1947 he set up the Industrial Neurosis Unit with an aim of community treatment of 'the hard core of the chronically unemployed'. The name was changed in 1954 to the Social Rehabilitation Unit, later to Belmont Hospital, and later again to the Henderson Hospital (after Sir David Henderson). The intake of patients changed over the years, with greater referrals from criminal courts, and thus 'even more socially troublesome types'. By the time of Rapoport's study, the bulk of patients were diagnosed as having 'personality disorders'; only 8% and 9% respectively were diagnosed 'neurotic' and

'psychotic' - a fact that should be borne in mind when comparing the Henderson with other communities.

Given the limited space available here, we shall have to be content with outlining the nature of daily life at Belmont (as far as can be ascertained from the literature) and them something of the ideology and theory that lies behind the daily life.

Rapoport (ibid, p. 306) includes as an appendix the letter that was routinely sent to new patients _prior_ to their arrival; as such, it forms an ideal introduction for us also. What follows is comprised entirely of quotes from the letter.

"The Unit has 100 beds (70 men and 30 women) and is part of a larger hospital for nervous disorders. Although you will have your own doctor most of your discussions will be in groups ....."

Timetable of Unit

You are called at 7.15 a.m.

Monday to Friday

8.30 - 9.45	Community meeting
10.15 - 11.45	Doctor's Group
1.00 - 3.45	Work Group (except Wednesday)
4.00 - 7.00	You are free to go out if you wish or chosse a recreation.
7.00 - 8.30	There is a social every evening.
9.00	Patients in pyjamas in wards.
10.00	Lights out

You will note that there is an opportunity for you to go out of the hospital (_if approved by the doctor_) between 4 - 7 p.m. ..... You are asked to be in the hospital by 9 p.m. on Saturdays and 7 p.m. on Sundays and in pyjamas by 9 p.m. for this is the time the night staff come on duty. _This 9 o'clock rule is a most important one_ ...

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You are expected to take an active part in your own treatment and in helping other patients. This you can do by talking in the various groups and trying to understand the meaning of your behaviour, difficulties with people at home or at work, etc. This we believe will help you more than giving you sleeping pills or medicines." (my emphases)

All reporters (Jones op.cit., Rapoport ibid, Clark 1974) seem agreed that the morning community meeting was the crux of the enterprise. Attendance was compulsory. What was the purpose of these meetings?

Primarily, the purpose seems to have been to keep everyone informed as to what was happening in the community. The previous 24 hours events were discussed, and, where crises had arisen, particular attention was paid to extracting the views and feelings of those involved. An atmosphere of openness and permissiveness was explicitly encouraged. In distinction to an orthodox mental hospital, patients were encouraged to express their feelings, not only about other patients but also about staff. Thus staff, as well as patients, were held to be <u>communally accountable</u> for their behaviour, and indeed, their experience.

The community meeting was invariably followed by a staff meeting, from which patients were excluded, during which the transactions of the community meeting were analysed and discussed. Here again, openness was emphasised, the novel feature being the opportunity for junior staff, i.e. nurses, to question or challenge, the behaviour of senior staff, i.e. doctors and administrators.

In addition, there were throughout the day a variety of other 'meetings', ranging from formal small group psychotherapy sessions, to spontaneous groups of staff and patients discussing issues over a cup of coffee. As Clark puts it:

"In all these there was some immediate business, but the main task was the social analysis of the 'here and now' - what was happening amongst the members of the groups at that time - always with the eventual aim of increasing the individual's awareness and understanding

of what he was doing to himself and to other people." (Clark op. cit. p. 30)

It should be apparent that Maxwell Jones must be held to be one of those who saw, and implemented, the relevance of communication, as a theoretical concept, for psychiatry. Thus, in his book, Beyond the Therapeutic Community, which claims to consider the theory behind (or 'beyond'?) the practise of individual communities, Jones singles out communication first and foremost. Criticising the hierarchical structure of most mental hospitals, he correctly notes that such a structure inevitably limits the efficiency, or even the very existence, of two way communication i.e. communication both 'down' and 'up' the hierarchy. (In fact, bearing in mind our etymological consideration of words with the root 'commun-', I would contest, by definition, the possibility of one-way communication. Admittedly, it is possible within a purely mathematical conception of communication; but as soon as human beings are involved, it must surely be two-way - even behavioural learning theorists are recognising this. See John Annett, 1971.) As we shall see, some theorists consider lack of adequate communication to be a cause of 'mental illness'. In a more subtle form this is also Bateson's stand (see Bateson et al 1956 but cf Bateson 1969): the 'double bind theory' is a theory of schizophrenia which locates the aetiology in self-contradictory communication patterns. In my experience, such patterns are endemic in orthodox mental hospitals.

But to return to Belmont, Rapoport's book gives a very clear idea of theoretical assumptions that seemed to be at work in the community. He subsumes these under three general propositions:

"Everything is treatment;

All treatment is rehabilitation;

All patients (once admitted) should get the same treatment"

(op. cit. p. 52)

It was the all-inclusive (total?) nature of the institution that most staff saw as its special quality; all personnel, and all activities are ideally to be harnessed in creating a mileu that is therapeutic for all. Indeed, it seems to me that many of the characteristics that Goffman (1968) finds in 'total institutions' are present here - we shall discuss this shortly. Rapoport (op. cit) notes a conceptual confusion in the second assumption above - indeed, it is the main criticism to be found in his book, that treatment and rehabilitation are of logically different orders, and that activities that further one may hinder the other. Jones' dictum that all treatment is rehabilitation is thus an invitation to conceptually invisible confusion. For example, a treatment aim may include middle class values, such as a stress on individual autonomy, the right to make one's own decisions, a liberal, even permissive attitude toward sexuality, etc. If, however, the patient is from a working class background (as most were) and is expected to return to a similar working class content, such middle class values could well be anti-rehabilatative. This strikes me as the central contradiction raised by Rapoport's study, and it is one we shall focus upon in the next chapter; Rapoport makes little of it (at least at the level of its true significance, which is political, rather than psychiatric) and Jones even less.

Rapoport finds four headings to account for the value systems (of the staff) that operated at Belmont. These were 'democratisation', 'Permisiveness', 'communalism' and 'reality confrontation'.

Democratisation indicates the belief that all members of the community should have an equal share of decision-making power. Whilst this value certainly is evident, it is equally evident that it is by no means fully implemented in practise. Every patient knows this even before arrival - witness the discretely bracketed 'if approved by the doctor', and the rules about getting up and going to bed in the letter

to new patients. Furthermore, Rapoport found that a majority of the staff 'partly agreed' with the statement:

"It is important in running a hospital that orders should be obeyed promptly and without question." (p. 55)

One presumes this refers to staff orders, rather than patient orders. The 'democracy' would seem to still retain traces of the Greek City State type.

Where democracy really seems to enter is in the 'doing' of treatment; patients were explicitly expected to assist in their own treatment, both with respect to themselves and other patients, and indeed, staff.

The elements of staff ideology that indicate a sense of a 'Total Institution' of the Goffman type must now be examined.

Within the heading of 'Communalism' the following attitude evoked 'strongly disagree' from the majority of staff:

"Many things a patient thinks while in hospital are nobody's business but his own and he shouldn't have to talk about them."

It would have been interesting if the same question had been asked with reference to what people think when they are not in hospital. For it seems to me that, in addition to expressing, as it were, a technical belief (that treatment is facilitated by total openness, and lack of privacy) this attitude tells us something about the staff's view of the relation between the community and society at large. For under the 'Reality Confrontation' heading, the following attitude evoked a majority 'strongly disagree':

"Psychiatric hospitals should provide a change from ordinary life with emphasis placed on rest, comfort, and escape from stress and strain."

This, as anyone with undergraduate psychology knows, is a badly constructed questionnaire item. Apart from 'loading' toward a negative answer by the use of perjurative words like 'escape', it is asking two discrete questions: should hospital provide a change from ordinary life; and should it be a place of rest etc.

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However, by considering this question with others quoted, it would seem that the staff both do and do not view the community as a radical change from ordinary life; and that insofar as it is a change, it is one in the direction of _greater_ stress and strain, or 'reality confrontation'. Certainly, the notion that everything a patient thinks should be common property contradicts the permissiveness value - a patient is not 'permitted' to harbour his private thoughts.

And yet, great emphasis has been laid, both by Jones himself, and indeed the entire social therapy movement, going back to Main, on the community being a microcosm of the social macrocosm, on the roles played being 'realistic', and _not_ in contradiction to those required of and in society.

Main, as we saw, was dubious about the traditional role of a hospital as a 'shelter from the stormy blasts of life'; but not because he was opposed to shelter, or rest, or even escape - all these, even to the point of narcosis, were available, _at the discretion of the patients._ His concern was that, when they were ready for it (by their own judgement) a _realistic_ set of roles, that were congruent with those awaiting the patient on his return to society, should be available.

At Belmont, this attitude seems to have been conspicuously absent. Involvement in a variety of roles was expected, almost from the word go, on the one hand; on the other, as Rapoport notes, the atmosphere or openness and mutual exploration often turned out to be anti-rehabilitative, as such an atmosphere is hardly that prevalent in the 'outside world'. Rapoport gives a picture of continual tension between the desire to create a social microcosm, on the rehabilitative rationale, and the desire to create a specifically therapeutic mileu, as a form of treatment, which, as indicated by the need for it at all, is clearly _other_ in nature than society.

Permissiveness is not generally considered to be an attribute of a total institution - we would do well to examine how far permissiveness went at Belmont.

One limit to permissiveness was set by the fact that Belmont was not a completely autonomous unit, but was merely a wing of a larger hospital; it also had its place within the contexts of the medical profession, the National Health Service and the British legal system. In practise, a great deal of tension, between demanded (or assumed) permissiveness from the community, and demanded conformity from the medical contexts, seems to have arisen at various times, and frequently was mediated personally by Jones. Thus he says:

"There were two major crises during my term of office. The first was a committee of enquiry set up by the Board of Management, with the unmistakable aim of terminating the therapeutic community. I faced this committee alone and found it one of the most traumatic experiences of my life, mainly because I was seen as a dangerous and deviant leader who was threatening the effectiveness and security of the parent hospital". (Jones 1968 b. p. 38)

But with respect to permissiveness as a purely internal matter, it seems that personal, and sexual, involvement was the main problematic area. The following quote from Rapoport is indicative:

"It is obviously best not to be permissive with a patient about to commit suicide ..... If two patients become involved in a sexual affair which represents a 'progressive' maturation experience for one and a 'regressive' exacerbation of symptoms for the other, how much permissiveness is to be granted and how is the situation to be managed if the pair persist even after interpretations make its pitfalls manifest? ..... Again, if staff members 'fall in love' with patients, it is felt that both may not only be distracted from their obligations to the treatment situation, but that here too, the feelings occurring within the treatment situation may not be the most enduring in the long run." (p. 73 - 74)

Clearly, in practice, how far permissiveness went was a variable matter; even if absolute boundaries could be set by rules, in practise rules do get broken. But the point here is, that it is taken for granted, by both Jones and Rapoport, that <u>some people 'have' permissiveness to grant to others</u>. It is less mystifying, in my opinion, to talk here about freedom, rather than permissiveness. The assumption is such that certain people (X), ultimately the staff, as it were, 'own' certain other people's (Y) freedoms, and let them (Y) have it, to the extent that they (X) feel that they (Y) will not abuse it. There are profound philosophical, political, psychological and even spiritual short-comings in such an assumption, and it is one which, as we shall, is rejected in later developments of the therapeutic community. For the present, however, we shall merely note that such a set of assumptions does give Belmont the flavour of a total institution, as seen by Goffman.

Certainly, the patients at Belmont had a far greater region of freedom and autonomy than their counterparts in orthodox mental hospitals, where staff-patient sexual relations are not seen as a 'distraction' but as a criminal offence that potentially carries a jail sentence. (Those gifted at exploring Master/Slave dialectics may care to ponder the situation where the Master who has sex with the Slave in one sort of prison becomes the Slave in another sort of prison.) But the point I wish to emphasise is that the change vis-a-vis the patients' freedom is here essentially a <u>quantitative</u>, not a qualitative change. Permissiveness is, indeed, an implicitly quantitative concept.

We have spent some time considering Belmont, as it was undoubtedly a most influential place. Many workers in psychiatry, and the social sciences, visited the place, and Jones himself has, by all accounts, been a tireless missionary for the cause of therapeutic communities. His Visiting Professorship, in Psychiatry, at Stanford, was immensely influential in spreading the idea of therapeutic communities in the United States.

Although Belmont was the prototype, other experiments in the direction of therapeutic communities were initiated, in Britain, during the fifties. Our interest here, it will be recalled, is not to catalogue every community as it appeared, but rather to indicate a direction, through history, that led to precisely the community we shall be examining in depth. We shall thus be concentrating on those experiments that have particular relevance in establishing that direction. But our choice here should not be taken to imply that that direction is the only direction that community experiments, could have, should have, or did in fact, go. Many experiments have been conducted, and as time goes on, more and more of these are less and less 'experimental', but are rather repetitions or contingent modifications of earlier genuine 'experiments', notably, of course, Belmont.

The direction that we are concerned with is that generally known as anti-psychiatry; it is to the immediate precursors of the anti-psychiatric communities that we now turn.

(6) Destructuring the Mental Hospital Ward -

The Early Work of Laing and Cooper

Although the books, and later work, (e.g. Kingsley Hall) of Laing and his colleagues are well known, his early work, prior to the publication of The Divided Self (Laing 1960) is not so well known (although see Mezan 1972 and Howarth-Williams 1977). In view of Laing's subsequent importance in the development of 'anti-psychiatry' (and notwithstanding his disowning of the latter term), it would seem desirable to examine his early, orienting, work as it clearly influenced his entire career.

Laing graduated from Glasgow University as a doctor of medicine in 1951, and was soon drafted into the Army, National Service still being operative in Britain then. (Ironically, he spent the interim 6 months starting a neuro-surgery internship!) According to Mezan (ibid), the Army 'summarily informed him that he was now a practising psychiatrist at the Army's Central Hospital'. (p. 166)

As far as I have been able to ascertain, the Army Central Hospital was none other than Northfield, where T.F. Main had carried out his epoch making experiments; although, of course, he was not there by the time Laing was doing his National Service. I have not been able to establish any direct link, or personal contact, between Laing and Main, though it seems highly likely that Laing was aware of Main's work, the Northfield Experiment in particular. Early colleagues of Laing's have also expressed this opinion to me, although none can confirm it definitely.

Laing's experience of the Army sounds anything but communal (hear Dialectics of Liberation Record D.L. 14 side 1): though he evidently became convinced of the need for a _personal_ relationship between psychiatrist and patient.

At any rate, on discharge from the Army in 1953, Laing got a job as a National Health psychiatrist in the Glasgow Royal Mental Hospital; he describes it in Mezan (ibid), and also in The Bird of Paradise (Laing 1967 b) - it sounds typically horrific; though as Laing points out: "it was full of eccentrics, and the patients were allowed to be far more eccentric then than you'll find nowadays in modern hospitals where they won't put up with it". (Mezan ibid p. 168)

It seems that either late in 1953 or early 1954, Laing decided to alter his orthodox mode of being a doctor; influenced by papers appearing in Medical journals (Laing mentions the names Adams and Enslow, but does not give any reference), and presumably by his Army experiences, he became more and more convinced that a radical alteration in the _human_ context in which patients were kept was necessary.

Unfortunately, there appears to be quite a discrepancy in the accounts of what happened given by Laing at the time (see Cameron Laing and McGhie 1955) and those given some 17 years later (Mezan). In the absence of a reply from Laing's personal assistant on this matter, I can only note the discrepancy - it is possible that the conservatism of the earlier account was diplomatic rather than factual.

The 1955 article states that:

"For six weeks one of us (Laing) spent an hour or two every day in the most refractory ward of the hospital. This ward houses 65 patients and is staffed by four (sometimes only two) nurses. Some of the patients, who were exceptionally noisy and violent, tended to absorb the energies of the nurses. Other patients were habitually passed over ..... From this group the observer selected 11 patients ..... The only criterion of selection was the patients' social isolation. Their ages ran from 22 to 63 years, and all had been in the same ward for over four years without even temporary remission. They were all schizophrenics." (p. 1384)

In the interview with Mezan, however, Laing says:

"I decided to live there to find out how it felt to be an inmate - to see how much their behaviour was a function of the way they were treated - which upset the patients at least as much as the staff. I think I was there for about two or three months altogether. My first night on the ward I was attacked by women from all sides, trying to pull my pants off ..... But eventually I came to be accepted as part of the ward. I had other duties as well ..... but I spent as much time on the ward as I could ..... Then I thought I'd try something - rearrange the nursing system by letting the nurses work out among themselves how they'd like to cover the ward, hopefully to establish a personal rather than a time-measured system of responsibility. But they wouldn't do it ..... So I drew up a fancy, respectable-looking research protocol, which is the only way you can get permission or co-operation to do these things ..... Anyway, what I did was to choose the twelve worst patients on the ward. The criteria were which patients were generally considered to be the most hopeless ..... The only provisos were that they hadn't had a leucotomy or lobotomy, which believe it or not was very hard to find out, and that they'd had a minimum of E.C.T." (p. 168) (All this was before the introduction of tranquillisers.)

Initially, the experiment was entirely in Laing's hands. Subsequently, Laing was offered a post as senior clinical registrar in psychiatry àt the Department of Psychological Medicine, Glasgow University. This necessitated his handing over the project to a three man team, Freeman, Cameron and McGhie, whose approach was evidently quite divergent to Laing's. However, in the beginning, Laing obtained a room, which was duly decorated and pleasantly furnished, and two nurses whose sole responsibility was the looking-after of these eleven worst patients during the day time. What happened was as follows:

At 9 a.m. each morning the two nurses escorted their charges over to the new room, where they stayed till lunch time (lunch was had back on the main ward). At 2 p.m. they were taken back to the room again till 5 p.m. This was done for five days a week. The nurses were given no instructions at all, except to present written reports each day, and sociograms recording the days interaction. The nurses met with the doctors (initially just Laing, later the other doctors and amazed occupational therapists) once a week for discussions.

The changes that occurred seem truly remarkable. Initially, the nurses related to their patients in stereotyped fashion, sedating them heavily, and trying to get them to do things: the standard approach of drugs and occupational therapy.

Soon, however, the novel aspect of this set up produced effects. The 'novelty' here was that prolonged relations between the same two nurses and the same eleven patients were possible; the nurses and patients actually got to know, like and respect each other. This contrasts sharply with orthodox set ups, where nurses are rotated in their duties, forming only the most meagre sort of 'relationship' with patients.

Profound changes occurred in the behaviour of both patients and nurses. The patients started to relate to each other in differentiatèd,

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individuated ways, and generally became less violent, more coherent verbally, but above all, more co-operative, both with nurses, and crucially, with each other. Thus, patients were able to get into personal projects - painting, rug-making, reading, later cooking and other domestic activities - without interference from other patients, and without coercion from the nurses.

The changes in the nurses were equally surprising and welcome. They ceased to be anxious and rigid, used sedatives less, ceased to insist on constant locked doors and supervision, and tended to show greater insight into their patients. Their general mode of relating shifted from control to understanding.

All this was evidently quite baffling to the hospital occupational therapists. I quote from the Lancet article:

"About this time (approx. 9 months) the hospital occupational therapists began to attend the weekly discussions. They asked how the nurses managed to get the patients to do so much to assist them. The reply was 'We never tell them to do anything. Now when we are doing something the patients come over to see what it is. Then they start to help, and often take over the entire job themselves. When we have a lot to do we sometimes ask for assistance as one would do among any group of people. It is not a good idea to try to get them to do something just for the sake of doing something'." (p. 1385)

Perhaps the most significant finding of all, however, occurred when one or other of the two nurses were absent, for holidays or due to illness. When this occurred, substitute nurses were used. The remarkable thing is that when these substitutions occurred, the patients tended to revert to their old unco-operative ways. Communal activities collapsed, quarrels were more frequent, and so on.

This is highly significant in that it affords a test as to whether it was the physical environment or the human environment that was

responsible for the improvements. It suggests strongly that it was the latter, as all material facilities - books, gramophone, cooking equipment etc. - were still present, yet a deterioration occurred. It suggests even, that the mere presence of human nurses is not enough; but rather it is the specifically interpersonal, relational, aspect of the human environment that is relevant. To quote Laing et al conclusions:

"We conclude that the physical material in the environment, whilst useful, was not the most important factor in producing the change. It was the nurses. And the most important thing about the nurses, and other people in the environment, is how they feel towards their patients. Our experiment has shown, we think, that the barrier between patients and staff is not erected solely by the patients but is a mutual construction. The removal of this barrier is a mutual activity." (p. 1386)

I think it is fairly apparent that what Laing was involved in here was the creation of a therapeutic community, although that phrase was not used as such. The following points should be noted. Firstly that, for the first time, as far as I can ascertain, the patient population consists of _very_ severely disturbed chronic 'schizophrenics', some of whom were overtly violent, all of whom had suffered the hospital violence of enforced deprivation of communality for at least four years prior to the experiment. To build a community with such members is a very different undertaking to Main's community of 'neurotics' and 'depressives', and Jones' community of chronically unemployed 'industrial neurotics'.

Secondly, it was both the patients _and_ the staff who changed, learned and benefitted from the communal experience. As they say, the removal of the barrier, which from one side is called 'schizophrenia' is indeed a mutual activity.

Thirdly, although not mentioned in my account, the two accounts given by Laing (1955 and Mezan 1972) both allude to considerable tensions between those involved in the experiment, and the rest of the hospital staff. In the next community we shall examine, these tensions

and contradictions reached a critical pitch, which was only resolvable
via a radically new orientation altogether. But we anticipate: for
there is still more to be learned from Laing's experiment.

We mentioned earlier that Laing was obliged to hand over the
'rumpus-room' experiment as it was called, to three colleagues at the
hospital. He continues the story:

"So I left this three man team in charge of continuing my project
and suggested that we write something up for the Lancet right away.
(The Lancet article details only the first 12 months of the project)
I thought it was important to publish that this sort of thing was
possible to do without spending any more money. Well, the next thing
I knew, they'd published a book on their own (see Freeman et al 1958).
The results showed that after 18 months all my patients had been
released back to their families - because they seemed a lot better.
And a year later they were all back again. Naturally! Nobody in those
days thought in terms of the family in relation to schizophrenia. I
was very angry on lots of counts - not least because I profoundly dis-
agreed with their approach and their conclusions. So I decided I'd
just better come out with a book of my own." (In Mezan p. 171) ("The
book of his own" was of course The Divided Self, which strangely does
not mention the Glasgow experiment; since this account was written,
Laing has published a further description (Laing 1976 pp 111 - 117).
This account tallies with that given in Mezan; no significant additional
information is presented.)

Here we can see quite clearly crystalised a fundamental divergence
of attitude to 'schizophrenia'. Laing tells us that in the early '50s'
he still believed that schizophrenia was genetic or biochemical in
origin (quoted in Gordon 1971); the results of his experiment must have
been the main factor in realigning his thinking.

Specifically, two entirely new areas of relevance are opened up
by his findings: firstly, as he said, to Gordon (ibid):

"A change in the way schizophrenics were treated could radically alter the nature of their schizophrenia". This undermines the notion of schizophrenia as a 'disease', in the same logical category as, say, pneumonia.

Secondly, (and this is really Laing's most important discovery) that the family of origin of the patient is in the most intimate way connected with the 'aetiology' of the 'disease', for want (as yet) of a better word. (It should be noted that the Lancet article pre-dated Bateson's classic double bind paper by several months. Bateson 1956)

It seems that his co-workers, however, stuck to the prevailing medical assumptions: the disease of schizophrenia could be temporarily alleviated by intensive care, as the rumpus-room had proved; but left to itself (i.e. when the patients were returned to their families) the malévolent tendencies of the illness re-asserted themselves, thus leading to the observed fact that all the patients were back in hospital within a year of discharge. The fallacy here, of course, lies in the assumption that there is an entity 'schizophrenia', which is 'left to itself' in the context of the family wherein it was first manifest; that the family is, so to speak, neutral, vis-a-vis 'schizophrenia'. Much of Laing's subsequent work has been devoted to demonstrating the fallacy of that assumption. (see particularly Laing and Esterson 1964, Laing 1967a, Laing 1971)

It was to be another ten years before Laing would try another experiment on the lines of a therapeutic community; in the meanwhile, he devoted himself to being a psychotherapist in private practice, and to research, particularly into families of so-called schizophrenics. During these years, many therapeutic communities, of various sorts, were set up, in Britain and around the world. But the next one that concerns us was that established by a colleague of Laing's, Dr. David Cooper. The importance of Cooper's experiment cannot be over-emphasised because, as we shall see, it was the context in which certain fundamental

contradictions came to light, the attempt to transcend which led directly to the birth of 'anti-psychiatry'. It is to Cooper's work that we now turn.

Cooper came to Britain, from South Africa, in the mid 50s, and worked as a psychiatrist for the National Health Service. As he documents clearly in his book Psychiatry and Anti-Psychiatry (Cooper 1967. All quotes from the Paladin 1970 edition), he came to view mental hospitals as alienating institutions that perpetuated and aggravated the mystifications and violence in which 'schizophrenics' had been subject in their families. What was needed, he felt, was to create a situation within a mental hospital, where this tendency was at least arrested and hopefully reversed. He sums up the criteria for establishing this as follows:

"The central idea by which one must assess the worthwhileness of a form of social organisation proclaiming itself to be a therapeutic community is one that defines a certain relation between self and others. This relation, I have concluded, must be such that in the total structure solitude as enriching inwardness is maintained inviolate, while at the same time there is community in the sense of a contact between the inner worlds as well as the outer worlds of persons ..... In other words, the aim of a community that would be truly healing a community of freedoms, must be to produce a situation in which people can be with each other in such a way that they can actually leave each other alone." (p. 88)

Cooper noted that these criteria are conspicuously absent in most of what are known as therapeutic communities; and set about to remedy this state of affairs.

In January 1962, he took over a disused insulin coma ward for precisely these purposes. Naming it Villa 21, he created a special ward for young male 'schizophrenics' on their first admission. He perceived the possibility of fulfilling three needs.

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Firstly, it was felt desirable to isolate young, first-admission patients from more 'advanced' or chronic patients; to take advantage of the possibility of a less rigid form of ward organisation presented by this sort of patient relative to chronic patients.

Secondly, there was a need for a coherent research field, wherein research into the early 'stages' of 'schizophrenia', and the concomitant family background, could be carried out, away from the chaos and confusion of the typical admission ward.

Finally, Cooper asserts that it was necessary to see how far it was possible to establish an autonomous community within the organisational context of a mental hospital, and the National Health Service generally. It seems likely to me that the realisation of this as a need occurred post facto; be that as it may, the limited nature of this possibility was one of his major findings.

Briefly, the ward consisted of 19 beds, various day rooms, plus customary offices, toilets etc. The patients were all male, between 15 and 30 years old, mostly diagnosed schizophrenic, with a few bearing labels such as personality disorder, or adolescent emotional crisis. Staff were carefully screened to ensure compatibility with the non-institutional and group-therapeutic ideology that Cooper wished to establish. Possibly drawing from Laing's experience, efforts were made to minimise staff turnover. There were initially three doctors involved, though this changed so that Cooper worked in the Unit almost full time, and the other two less, thus facilitating daily community meetings with the same staff present.

Originally, the daily programme in the Unit was lightly structured, rather like other therapeutic communities, with regular community meetings, formal therapy groups, work groups and staff meetings. In addition, there were the usual 'spontaneous group meetings' characteristic of any community. Attendance at group sessions was compulsory, and thus,

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getting up in the morning was also compulsory. In addition, there were regulations about leaving the Unit, which was only permitted from Saturday lunch times to Sunday evening. Beyond that, the daily organisation of the Unit was, from the outset, fairly informal.

It is, perhaps, advisable to follow Cooper's own digression at this point: he notes that in setting up the Unit, he was guided by one central conviction. In his own words: "Before we have any chance of understanding what goes on in patients we have to have at least some elementary awareness about what goes on in the staff. We, therefore, aimed to explore in our day-to-day work the whole range of preconceptions, prejudices, and fantasies that staff have about each other and about the patients." (p. 100)

Cooper goes on to devote a great deal of space to illustrating what he calls 'institutional irrationality' which he defines as staff defences erected against illusory rather than real dangers. By means of examples of this concept, he illustrates admirably the violent destructive effect of the injection of staff fantasies into the daily reality of the institution.

One example concerns getting up in the morning. As Cooper says, one of the commonest fantasies that staff in mental hospitals appear to have is that if patients are not verbally or physically coerced into getting out of bed at the 'right' time, they will stay in bed and rot away, either mentally or physically. We need not go into Cooper's analysis of this fantasy on the part of the staff, nor the desire to stay in bed on the part of the patient; but it is interesting to note that the gradual abandoning of the compulsive rousing behaviour of the staff caused considerable anxiety and tension in and between the staff, but led to a considerable gain in autonomy on the part of the patients, who did in fact get up eventually.

Similarly, the staff compulsion to provide 'something to do' for the patients was gradually but successfully overcome.

Now the effect of these changes on the patients is not difficult to imagine - they were welcomed with open arms. But the effect on the staff was somewhat more problematic; for it challenges the very foundations of the role structure that staff often work so hard at taking for granted; it even prompts one to ask such taboo questions as "what am I doing here?"

This appears to be the critical point that Cooper and the rest of the staff reached at Villa 21. Their answer to these questions was "why do anything?" In practise, this meant that the staff restricted their function to controlling the drug cupboard, as was legally required, and dealing with administrative issues, i.e. communication with other hospital departments.

As may be expected, this did not go down too well with the hospital administration. Pressures were brought to bear on the Unit to conform, to tidy up, and to re-institute the recently abandoned rules. Thus not only were roles being abandoned or reversed, but the experiences attendant on them were so to speak swapped. For now it was the Staff who were double bound, and experiencing the bewilderment of living in, or out, an untenable situation. Cooper documents the strains and contradictions of being a staff member very clearly. Basically, the contradiction from the nurses point of view lies between their immediate environment, the Unit, and what might be called their 'professional' context. To quote Cooper:

"Outside the Unit they (the nurses) are subjected to very strong direct social and indirect financial pressures to conform and this inevitably becomes a pressure to conform inside the Unit. The staff social club and village pubs foster this insinuated indoctrination. But conformism in this context means a reversion to the prevalent primitive, ritualised nursing attitudes that run counter to the culture that has developed in the Unit. This means that nurses must choose

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between submission to external pressures, on the one hand, and adherence to the Unit principles, on the other. Until they do choose, their existence in the Unit is inevitably painfully confused." (p. 110)

In fact, it is hard to believe that the pain and perhaps the confusion too is greatly alleviated by a subjective act of commitment on the part of the nurse; the objective contradiction stands, and is no weaker for being clearly perceived. The naive adoption of an Us-and-Them attitude, whilst pragmatically efficient, to a degree, in stopping one from giving up altogether, cannot be viewed as a satisfactory state of affairs. It seems to me that Cooper came dangerously near this with Villa 21 - though it is hard to see what else he could have done. The amazing thing is that they 'got away with it' for so long.

Cooper makes relatively little, however, of what, to me, seems the absolutely fundamental point. After summarising the remarkable achievements of the staff and patients (in the direction of being neither to each other) he goes on to say that "a certain basic materiality in the situation remains. Staff are paid to be there, patients are not." (p. 112) This is indeed basic, and constitutes an absolutely fundamental barrier. Recalling our etymological investigation of the word 'community' it is, I would have thought, a matter of definition (as well as of 'moral' conviction) that the existence of such a barrier constitutes a contradiction, in the full dialectical sense. We shall meet this contradiction throughout the present work; I presume that Cooper felt inhibited from making more of it insofar as he was still living it himself whilst working for the National Health Service. He was to live it even more upon leaving the Unit, when he engaged himself solely in individual private practice. He has now in fact abandoned private practice; in his latest book (Cooper 1974) he can say "Some of them (National Health Psychiatrists) supplemented this sort of non-existence ..... by the further institution of 'individual' private practice - the last three words speak for themselves." (p. 58)

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We are in a position now, I think, to present Cooper's own conclusions about the Villa 21 experiment; they are crucial, as I have said, in that they pin-point the beginning of what is now 'appearing' to be a large and flourishing field 'within' psychiatry. But things are seldom how they appear .....

"The 'experiment' of the unit has had one quite certain 'result' and one certain 'conclusion'. The result is the establishment of the limits of institutional change, and these limits are found to be very closely drawn indeed - even in a progressive mental hospital. The conclusion is that if such a unit is to develop further, the development must take place outside the confines of the larger institution ..... The unit must ultimately become a place to which people choose to come in order to escape, with authentic guidance, the inexorable process of invalidation that grinds on 'outside'. It must become this rather than a place by means of which 'the others' deviously rid themselves of their own scarcely perceived violence by a medically certified human sacrifice to the gods of a society that seems determined to sink and drown in the mud of its illusions." (1970 p. 116)

(7) Creating the Alternative: Kingsley Hall

We turn now to consider the first 'anti-psychiatric' therapeutic community: Kingsley Hall. It is, perhaps, one of the hardest communities to write about, especially for those who,like myself, did not have the privilege of visiting the place; for a large part of its raison d'etre was to question and reject precisely those assumptions that previously determined the nature of a 'therapeutic community'. Also, despite the large volume of writings about Kingsley Hall, no one has ever documented its history as such. The most comprehensive source of information yet available is the book by Mary Barnes and Joe Berke (1971) entitled "Mary Barnes - Two Accounts of a Journey through Madness". Indeed, this book is an indispensable source for anyone wishing to understand what the anti-psychiatry movement is all about. For the record, I present

now a reasonably comprehensive bibliography relating to Kingsley Hall:

Schatzman, M.	Madness and Morals (In Berke, 1971 Counter Culture)
Laing, R.D.	Metanoia: Some Experiences at Kingsley Hall (In Ruitenbeek 1972 Going Crazy)
Laing, R.D.	1967 'The Study of Family and Social Contexts in Relation to the Origin of Schizophrenia' In Romano (ed) 1967 The Origins of Schizophrenia
Gillie, O.	1969 'Freedom Hall' In New Society 27th March, 1969
Hernton, C.	1968 'In Gandhi's Room' In Fire No. 10 1970
Nuttall, J.	1970 Bomb Culture
Gordon, J.	1971 Who is Mad Who is Sane? In Atlantic Monthly, January 1971

In addition, Dr. Leon Redler is reputed to be compiling an anthology of personal accounts of Kingsley Hall. To date, this has not appeared.

We have documented Cooper's gradual realisation of the need for a radically new sort of community, which was autonomous i.e. not under hospital auspices. But by all accounts, it was Laing who was the prime mover in the realisation of this project. A digression will be necessary at this point.

I am assuming thoughout this thesis a degree of familiarity with the basic views of Laing on the topic of 'schizophrenia', and mental illness generally. Nevertheless, a crucial shift in his views occurred around 1964 that requires highlighting as it provides the rationale for the history we are about the present. (For a fuller account of this shift see Howarth-Williams 1977)

Prior to 1964, Laing had come to view schizophrenia as a 'strategy' invented by the victim, to enable him to live in an unlivable situation; a strategy for at least a modicum of psychic survival within a 'double bind' life situation.

As his research and private practice progressed, however, he became impressed by the similarity of a number of personal accounts, given to him, of 'schizophrenic' breakdowns, from people who had received a <u>minimum</u> of psychiatric 'treatment'. Some of these 'protocols' as Laing termed them, were given to him by his patients, (the best known of which is Jesse Watkins, which forms Chapter 7 of The Politics of Experience); others are to be found in the literature on 'schizophrenia'. (Many are collected in Kaplan's (1964) brilliant book The Inner World of Mental Illness. Others include Percival's Narrative (Bateson 1961), and Beyond All Reason (Coate 1964).)

The pattern that emerges from these accounts is that, <u>left to itself</u>, there is a 'natural healing process' that a person may call upon, whereby the person goes on an 'inner voyage' which is experienced as an egoic death, into non-egoic or 'transcendental' realms of experience, and from which he will emerge 'reborn', into a new, better integrated ego. (Laing first documents this sequence in What is Schizophrenia? Laing 1964b) There are many accounts of such journeys in the context of anthropology, notably in Kilton Stewart's fascinating book Pygmies and Dream Giants (1955), and throughout the work of Mircea Eliade. It seems that Bateson was probably the first to recognise its relevance in recent times to Schizophrenia. In his introduction to Percival's Narrative, he says:

"It would appear that once precipitated into psychosis the patient has a course to run. He is, as it were, embarked upon a voyage of discovery which is only completed by his return to the normal world, to which he comes back with insights different from those of the

inhabitants who never embarked on such a voyage. Once begun, a
schizophrenic episode would appear to have as definite a course as
an initiation ceremony - a death and rebirth (p. xiii).

But of course to the clinical diagnostic eye, such a process
appears, in the first place as 'catatonic withdrawal', and soon as
'regression', and probably a host of other categories, depending on
the labelling preferences of the diagnosing psychiatrist. At any rate,
it is bound, from a clinical point of view, to be seen as the symptoms
of a pathological process. The psychiatrist, like any good bourgeois,
will tell you that progress is always forward: one invests in one's
identity; any depreciation of psychic capital is cause for alarm - the
revolutionary threats of death and rebirth invoke, therefore, the counter-
revolutionary strategies of tranquillisers, E.C.T., and perhaps even
a lobotomy/coup. And for inflation (of the ego, of course) we have
the cost-effective wage control of Eysenckian psychiatry! (Eysenck 1975
The Future of Psychiatry).

If, however, one is prepared to listen to those who have evaded
or minimised psychiatric intervention, then certain practical implications
follow. If it is indeed true that what appears to some as schizophrenia
is a natural healing process, then it is a matter of some urgency to
establish a social context in which such a journey can occur without
interference but with whatever support - physical, emotional or meta-
physical, as is necessary. Given the broad, mystified and alienating
meta-context of our society as it is at present, this may be quite an
undertaking. In particular, the role of the guide, for such a journey,
is highly problematic. Analogies immediately spring to mind of the guru,
and the shaman, and the guide for an L.S.D. trip, as envisaged by Leary.
One is reminded of Huxley's account of his mescalin experience:

" 'So you think you know where madness lies?' My answer was a
heartfelt Yes ..... 'Would you be able' my wife asked 'to fix your

attention on what the Tibetan Book of the Dead calls the Clear Light? .....' 'Perhaps', I answered at last, 'perhaps I could - but only if there were somebody there to tell me about the Clear Light ..... That's the point, I suppose, of the Tibetan Ritual - someone sitting there all the time and telling you what's what' .... What those Buddhist monks did for the dying and the dead, might not the modern psychiatrist do for the insane?" (Huxley 1959 p. 48)

Laing's first stated awareness of the need for such a setting appears to have been in a paper delivered to the First International Congress of Social Psychiatrists, where he said:

"An increasing number of doctors, nurses and patients now feel that what is required for the treatment of the acute breakdown is a small centre (with not more than 24 patients) that will be neither a mental hospital nor a psychiatric unit in a general hospital; where treatment will consist of the experience of community in a tranquil human setting, and where there will be people who have themselves been in and out of the world that the schizophrenic enters in terror, lost and confused. More people than are at present given a chance to be social therapists, possess patience, understanding, responsibility, stamina, and sometimes the capacity to act as guides." (Laing 1946a p. 192 - 3)

Shortly after making this pronouncement, Laing, and his colleagues Esterson, Cooper and Sid Briskin, a psychiatric social worker, and others, formed a registered charity by the name of the Philadelphia Association (Philadelphia means literally 'The City of Brotherly Love') with a view, amongst other things, 'to provide, or further, the provision of residential accommodation for persons suffering or who have suffered from mental illness." (From the Articles of Association of the Philadelphia Association, or P.A.)

It was not for another year, however, that a suitable place was found - and by all accounts, Laing was not that keen on Kingsley Hall when they found it. It was large, and rent free, however, so Kingsley Hall was 'it'.

The story of finding and setting up Kingsley Hall is told in Mary Barnes, and elsewhere, but briefly it runs as follows.

Set in the East End of London, it is a huge, imposing cubic building, three stories high - it looks rather like a disused prison, ironically. It has a fine history, going back to the days of Victorian philanthropy; Joe Berke records that many of the social services we take for granted now were pioneered in Kingsley Hall - perhaps eventually 'Langian' communities will be added to the list. In 1931 Gandhi stayed there, with only his goat and a straw mattress, whilst attempting (unsuccessfully) to negotiate the freedom of his country.

Structurally, the Hall had many things to recommend it, given the nature of the P.A.'s need: a large number of bedrooms, a sizeable basement, and a vast central communal room, that was socially and domestically the focus of the community.

Its geographical location, however, was not its strong point; many of the 'goings-on' there were bizarre from almost anyone's viewpoint - certainly from the neighbours, with whom relations were always strained, to put it mildly. This is a perenial hazard with a therapeutic community; we shall be examining this problem more formally later in the thesis.

But what of the 'social organisation' of Kingsley Hall? It is simply not possible to describe the social reality that was the community in ways that one would of any mental hospital ward, no matter how liberal, except in totally negative terms.

First and foremost, there were no 'staff', and no 'patients'. Whoever was living there at the time decided, against the available rooms, who else should move in. People would be invited to visit, perhaps stay for a meal, perhaps the night, and then, without a word of decision, you

were a member of the community. Some members were therapists - Laing,
Cooper and Esterson all lived there, as did several American therapists
working with the P.A. - Joe Berke, Morty Schatzman, Leon Redler, Jerry
Liss, and others. Some members were having therapy. Some had been
diagnosed as mentally ill, some had been in mental hospital. A few
returned to mental hospital.

But what about the Inner Voyages that Laing hoped to facilitate?
Several of these occurred at Kingsley Hall, the most well known being
Mary Barnes. Her story is told, by herself, and by Joe Berke, who was
her support and guide for much of the journey, in the book that carries
her name. We do not need to repeat her story here: suffice to say that
she 'regressed' a very long way - to a time that preceded her birth, and,
according to her, even preceded her conception. She was fed from a
bottle, smeared her faeces, and was generally tolerated and supported
through a stupifying range of experience and behaviour, almost any
element of which would have led to her detention in a mental hospital,
had it not been for the shelter afforded by Kingsley Hall. But she came
back to 'our' world again, and is now a writer and an amazingly moving
painter. When I met her, briefly, in 1974, she emanated 'vibes' that I
can only allude to as supremely gentle holiness.

The strain, of course, of living with a person who is undergoing
such an experience is tremendous; very few residents at Kingsley Hall
found it existentially necessary to journey as far as Mary. For some,
the 'experience of community' that both Laing and Cooper refer to was
enough. Morty Schatzman has summarised the situation excellently in his
indispensable article Madness and Morals (Schatzman 1970).

"The residents consider it best for a balance to exist between
those who are free to deal with ordinary social and economic needs: to
shop for food, wash dishes, scrub floors, clean toilets ..... and so on;
and those who cannot or choose not to, and wish to work upon themselves.

The men who seek the priceless pearl in the depths of the ocean may drown if no one is topside to monitor their oxygen supply. They need others to look after their physical requirements. No one who lives at Kingsley Hall sees those who perform work upon the external, material world as 'staff', and those who do not as 'patients'. There is no 'caste' system whereby people are forbidden to move freely from one sub-group to another, as in mental hospitals." (In Berke 1970 pp 310-1)

Here Schatzman makes what is surely the crucial point: that one is free, in a place like Kingsley Hall to engage in the experience of looking-after and being looked-after, without the depersonalising stasis entailed by adopting the role, conventionally co-extensive with the experience. The experiences themselves are thus radically enhanced. One can conveniently construct a matrix of the possibilities here:

	Looking After	Looked After
With role	A	B
Without role	C	D

Cells A and B correspond to 'staff' and 'patient'; no adequate term exists for cells C and D, though in some cases 'guide' and 'voyager' are appropriate. I have myself experienced Cells A, C and D. I can, and in subsequent chapters, shall, testify to the ease of the shift between C and D; I have observed the tension and limiting stigma attached to the theoretically possible shift between A and B.

Schatzman's analogy of a caste system is a powerful and relevant one; one could explore its applicability to the mental hospital (i.e. cells A and B) by noting and analysing such embodiments of concern over 'ritual purity' as the existence of separate toilet facilities, separate eating places, even different foods, for staff and patients. (In the mental hospital ward I worked in in 1972, the staff toilet was kept locked; I was expected to ask for the key, unlock it, and then return they key, rather than use the (unlockable!) patients' toilets, each

time I wanted to urinate. My refusal to bother to do so visibly upset some staff members.)

One failing of the caste analogy, however, is that it does not permit expression of the 'certain basic materiality' of the hospital situation that Cooper did at least mention: namely the staff are paid, patients are not. At Kingsley Hall, and other subsequent similar communities, this contradiction has been transcended, insofar as every one pays towards the cost of living there, and no one is employed to be there. This represents a crucial advance, and will be examined in detail later. Contradictions still exist, however, particularly with respect of therapists.

Over the years, Kingsley Hall appears to have changed enormously - reflecting, no doubt, the different characters of the people living there. In the heyday of the emergent London 'Underground' Movement, the Hall appears to have been something of a counter-cultural 'focus': all manner of avant-artists, musicians, poets and less readily definable 'freaks' did indeed 'freak out' at Kingsley Hall. Jeff Nuttall, in his book Bomb Culture, paints a vivid (and now, somewhat nostalgic) picture of those early days; and his comment, made with respect to London generally, was probably applicable to Kingsley Hall:

"It seems fastidious to pretend that the overriding agent which produced this new bizarrity, the new relaxation and colourful contrast to previous earnest tight-lipped attitudes, was not Lysergic Acid." (1970 p. 183)

Legal acid, I hasten to add: LSD was not of course, even a controlled drug until 1966; even after that, it remained legally available to British doctors. Baba Ram Dass (ex Richard Alpert) relates Laing's concern to use his (Laing's) acid when they took it together, because his was legal. (Quoted in Mezan op. cit.)

But all heydays pass, and by all accounts, Kingsley Hall was a rather depressing place in 1968. According to Joe Berke, however, Morty Schatzman moved in, and 'cleaned up the internal politics', and brought the community round for a second phase of 'togetherness'. This appears to have lasted until a few months before the P.A.'s lease for the Hall ran out, in summer 1970. Sadly, the lease was not renewed. The building remains, looking curiously out of place, or maybe out of time, in the midst of endless East End housing estates, smothered in barbed wire.

1970 appears to have seen an internal split in the P.A.; Esterson and Cooper had long since left (Esterson has recently formed a housing association himself, named the Sarah Danzig Trust, which promotes similar, though more structured communities), and some of the American therapists, who had been more active in the later days of Kingsley Hall, decided it was politic to form their own association. The reasons behind this split are quite extraordinarily difficult to get at; one is likely to get (at least, I got) several completely different stories depending on who one asks. But at any rate, in 1970, Drs. Morty Schatzman and Joe Berke, and Vivien Millet, Richard Goldberg and others formed the Arbours Housing Association, to carry on the work started at Kingsley Hall. (The P.A. is also carrying on the work - they run several households in London today, and run a training programme for therapists, as do the Arbours Association).

Finding a suitable house for a community is not an easy task, as the P.A. found in the mid sixties, and as Arbours found again in 1970. A house was found, however, in a southern part of London not far north of Croydon. The house is a lot smaller than Kingsley Hall, but also a lot more comfortable, and is set in suburbia, rather than the working class East End. The neighbours, although no more pleased than their counterparts in the East End, do not resort to physical violence in reaction to the equally 'bizarre' happenings.

Since finding this house, the Arbours Association has obtained other houses, mostly in North London, one of which is a Crisis Centre, believed to be unique in the facilities ir provides. (Further information about Arbours and its activities can be obtained by writing to them at 55 Dartmouth Park Road, N.W.5)

We have thus arrived at the community I stayed in. Before attempting to take the reader inside, I must conclude with a few brief comments on the anti-psychiatry movement, as it relates to the historical background presented earlier.

The first and most crucial point is that, unlike its immediate precursors, its prevailing ideology is one of freedom, not permissiveness. It is not the case that kindly authority figures in anti-psychiatric communities 'permit' a much wider range of activities; it is rather the realisation that no one has any permission to grant in the first place. Unlike the mental hospital where I worked, where exercising the legal right to leave frequently led to suspension of the right by sectioning, or by simply (and illegally) locking the doors, anyone in an anti-psychiatric community is truly and literally free to leave at any time. Yet many people chose to remain in them, perhaps within their own room, totally cut off from the rest of society. This is neither confinement, as seen by the 19th century mind, nor is it community psychiatry as seen by, for example, Maxwell Jones. The social isolation, so beloved of the asylums documented by Rothman, and the hectic, communal 'reality confrontation' documented by Rapoport, are both available options (amongst a variety of others): at the discretion and free choice of the individual concerned. That this represents a radical break with psychiatric tradition is, surely, obvious enough. The apocalyptic 'New Age' statements and aspirations of anti-psychiatry are, however, another matter. But we should be wise to defer a consideration of this until we know more about the daily life of a therapeutic community run on these lines. It is to the Arbours community in Norbury, where I stayed for seven months in 1974, that we now turn.

CHAPTER THREE

NORBURY

(i)   Introduction

In this chapter, we shall be presenting a general account of life in the Norbury community. As was mentioned earlier, Norbury was the first of the Arbours' communities, being now (1976) some six years old. During that time, a number of conventions, traditions, spoken and unspoken rules have accrued. At the same time, 'daily life' in the community has been by no means a stable, predictable affair, but rather has reflected the widely differing experiences of the 20 or so people who lived there during my stay. I shall attempt to illustrate the interplay of these sometimes opposing, sometimes complimentary, factors in the account that follows.

My descriptions fall into several parts: initially a general one describing the geographical and physical nature of the community, the irreducible back-drop against which experiences were lived out; then an account of the 'perceived functions' of the community, then a brief account of the entire personnel who lived or regularly visited there during my stay. At this point, we will have established merely the bare elements, out of which the community made itself.

The next step will be to present something perhaps resembling an 'ideal type' of a typical week at Norbury, culled from the 30-odd weeks that I spent there. Such an 'ideal type' is, in this context, essentially a heuristic device, whose function will be to serve as a comprehensible reference grid, to which can then be related an account of numerous 'issues' or 'features' of community life. The latter are of sufficient importance to require abstraction and consideration, but are meaningless without at least a preliminary knowledge of their actual context.

"What kind of house is this", he said

"Where I have come to roam?"

"It's not a house", said Judas Priest,

"It's not a house, it's a home."

<div align="right">

Bob Dylan 1968

(From the LP John Wesley Harding)

</div>

(ii)   The House

    The community resides in a large, council-owned house, in a suburban area of South London. The road is a quiet one, the house being a couple of minutes walk from the town shops, railway station, pub etc. The railway line runs along the bottom of the garden (a rectangle of about $\frac{1}{4}$ of an acre) a new resident or visitor usually has little sleep for the first night or two because of the roar of trains through the night.

    The house itself is three-stories high, containing three large bedrooms (one on ground floor, two on first floor), two medium ones (one on first, one on top floor) and three small ones (two on top floor, a minute one on the ground floor). The house was considered 'full' when the seven largest rooms were occupied.

    In addition, there was a bathroom with separate toilet, on the first floor, a kitchen and breakfast room (containing a water-heating stove that was undoubtedly the most unreliable, infuriating and craziest member of the community) and a large living room, replete with a bed/sofa, low table, a stereo, dozens of cushions and an incredibly tolerant cat.

    The 'decor' varied enormously from room to room: each resident decorated his own as he or she liked, ranging from multi-coloured psychedelic swirls to pure white. The two communal rooms contrasted each other radically: the breakfast room was dark, cosy and intimate, and periodically very sooty; the living room, however, was large and airy, a bay window onto the garden being the whole of one wall. Its very high ceiling, and decor, made it both spacious and spacy: one wall was blazing

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orange painted over with intricate mandalas in silver and gold. A
Chinese God of Death dances ferociously in a poster above the fireplace.
The stereo pumped out Bob Dylan for most of the day, occasionally inter-
spersed with anything from Edith Piaf to the Grateful Dead, the
Brandenbergs to Reggae.

Compared to other communities I have seen this was relatively
luxurious. There was almost always hot water, keeping warm was not
difficult, and only very seldom did we run out of essential supplies of
coffee, milk, food, etc. Though shambolic, no doubt, from the point of
view of our commuter-neighbours, the house seemed to me to be in very
good repair, clean and comfortable. Crucially, it was large enough and
solid enough, to ensure, usually (though not always) that one could sit
quietly in one's room, unaffected by the rest of the community, if
desired. Indeed, the periodic <u>lack</u> of this possibility was perhaps the
main criterion that a crisis in the community at large was occurring.

(iii) <u>The Perceived Functions of the Community</u>

What were the functions of the community? To answer this, we must
be clear about the issue of functions as perceived <u>by whom</u>?

Officially, the house has a status of a private household; legally
speaking, it was not at the time of my stay a 'hostel' or any other
similar status as perceived by local council authorities. It was rented
from the council by the Arbours Association, who are a registered charity.
The exact relation between 'the community' and 'Arbours' (as embodied,
say, in their management committee) has always been somewhat vague. All
Arbours houses are said to be self-regulating, insofar as they make their
own rules, and determine their own membership. Nevertheless, a considerable
degree of active liaison occurs: Arbours pays all the bills (rent, rates,
fuel, telephone charges etc.) except food, and one resident is elected
to collect and pass on rent from residents. Arbours' therapists visit
on a regular basis, to discuss communal problems as they arise; the house
is expected, in a rather ill-defined way, to give preference to prospective

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residents referred from other Arbours houses, particularly their Crisis
Centre, relative to people who came to us from outside the Arbours Net-
work altogether.

So far as I can gather, no one has ever formally defined the purpose
of the community; the following elements, however, are repeatedly
presented, one occasions such as visits from journalists, social workers,
foreign psychiatrists and, above all, prospective residents.

(1)   To provide an alternative to incarceration in a mental hospital.
This function operates on two distinct levels. First, as an immediate
alternative: i.e. the community as a less destructive environment for a
person going through a radical emotional crisis. In this instance, a
person might come to the community instead of being admitted (or re-
admitted) into a hospital.

Secondly, a person already in a mental hospital may leave the
hospital and come to the community. This is only likely to be permitted
(by the hospital) if they feel the person is on the way to 'recovery'.
In this sense, then, the community functions as something like a 'half-way
house'. A person who is in hospital feels that, in that environment,
they stand no chance of 'getting themselves together'; yet they are not
ready yet to return to their pre-hospital environment, nor ready to create
a new environment for themselves. Such a person sees the community,
then, as a transitional context.

(2)   Another Class of residents do not have this transient perspective,
at least, in the same way, but clearly view the community as providing
a more stable enduring context. Thus, for some people, the function of
the community is to provide a stimulating but secure, supportive but non-
mystifying domestic base, where they can live and 'feel at home', whilst
engaged in some other existential project. The best example here are
those people who desire both the challenge and support of a community
whilst 'going through' the experience of psycho-therapy. This 'going
through' is generally a longer and slower 'transience' than in (1) -

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one suspects a moral in this! In the main, this class of residents also

go out to work (unlike those in (1) above), and are generally more able

to give as well as receive support.

(3) To provide a valid field for personal endeavour on an academic plane.

This class of residents comprises basically students: medical and social

work students doing their placements, trainee psycho-therapists, foreign

students visiting London to 'find out about anti-psychiatry' (of which

there are an amazing number) and full time academics 'doing research!'

I myself fall in this last category.

This class has the privilege of not having to leave the community

each day for work; they are thus useful in being able to provide support

for those who need it during the day when those in (2) are out at work.

It is also this group that perhaps receives the greatest shock from the

community experience, in that they generally underestimate the degree of

support that they themselves need, from other residents.

(4) To provide a positive environment for a total 'freak out'.

I am referring here to the sort of function that Kingsley Hall

served for Mary Barnes. In fact, no one at Norbury went through that sort

of total voyage whilst I was there, or at least, not to a comparable

extent. To some extent, this is due to the existence of the Arbours

Crisis Centre, which is designed specifically to handle this sort of

event, where there is a team of therapists and other, non-qualified, but

gifted persons. Nevertheless, the community does accept people who are

severely disturbed, and who do not wish to go to a mental hospital, though

in a total household of seven, it is felt that sufficient attention

cannot usually be given to more than one such person at any given time.

(5) There are a host of minor functions which the community and/or

Arbours perceive it as fulfilling. Many of these relate to the spreading

of information about the alternatives-to-mental-hospital movement. Thus,

we received a great many visitors who did not wish to live in the

community, but were nevertheless interested in what we were doing. To

some extent, then, the community was used by Arbours as a "show piece"

for journalists, psychiatrists, etc. a tendency that was sometimes highly amusing, at others, highly irritating.

Similarly, the community acted as an Network node: countless people would ring up requesting information about a bewildering range of things, from 'how can I get to meet R.D. Laing' to 'do you know where I can get a bed for the night?' We kept a stack of phone numers and addresses by the telephone to redirect people to squatting organisations, legal advice centres, drug addiction centres, services like B.I.T. Release, or Cope, or whatever their needs were.

(iv)   Personnel

As indicated in the above section, people used the community for very different purposes, and thus, over widely differing lengths of time. Twenty three people paid rent during my stay; of these some stayed as little as two nights - one resident has been living in the community since its inception, over four years ago. Only two residents were still there when I left out of those who were there when I arrived. It would be meaningless to present figures for 'mean length of stay' in view of a range from two days to over four years. Consequently, I shall not attempt any quantitative generalisations, but rather present a chart of the 'facts' of who stayed for how long. (Some names have been changed, by request). (See Appendix)

In addition to residents, mention should be made at this point of the 'house therapists', who visited on a regular basis. In theory, at least, one evening a week, from one of two Arbours therapists. For most of my stay, these were Tom, who at the time ran the Crisis Centre, and who himself had lived at Norbury at one time, and Richard, who left Arbours shortly before I left Norbury, to return to the States. Occasionally, Joe Berke or Morty Schatzman would visit in their place, say, during summer holidays or in case of illness etc. All the therapists concerned were American, as were several of the residents. Approximately half of the residents, at any one time, were receiving psycho-therapy,

mostly from therapists outside the Arbours network. A minority used (voluntary) psychiatric medication.

To summarise the personnel chart briefly: with respect to those who stayed for a week or over, six were students (one university fieldwork, three social work placements, two foreign students on informal visits); five came from Arbours' houses; two came from mental hospital, one from a Richmond Fellowship Hostel, the remainder mainly having been referred via therapists. Of those that left, all the students returned to their academic institutions; one went to mental hospital, one to prison, three to squats, the remainder to their own homes or other communities. Ages ranged from 19 to early 40s.

(v)   Time Cycles: A 'Typical Week'

In terms of significant events, time at the community seemed to be structured cyclically. For example, at one extreme, there was the daily cycle with its evening meal, getting up and going to bed, etc., at the other extreme, a three-monthly cycle, a general meeting of the entire Network being held monthly in rotation at the three communities in operation during my stay. But structurally speaking, the weekly cycle was the most significant, for the community.

Starting on Monday morning, those that went out to work (three people for most of my stay) did so, getting up about 7.30 - 8.00. Those who did not work would usually get up about mid-morning. The day would be passed doing chores (shopping, occasional cleaning) reading, painting, yoga, playing music, writing poetry and above all talking; about therapy, dreams, personal history, academic matters, life in general.

A rota was established for cooking the evening meal, and washing up; generally, on Monday's, it was prepared by someone present in the house during the day, as Monday night was 'visitors night'.

Every Monday night was set aside to receive visitors; all those who rang during the week, asking to visit , were invited to come around 8 o'clock, on the following Monday. Usually between four and seven people would turn up, some of whom were wishing to move in, others being

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merely interested in the community.

The days, of course, during the week, were pretty much the same, with at least half the community out at work. The evening meal, then, was the primary communal focus; notice was expected if a person was not going to be around for it. The meal was generally an extended affair, often turning into a spontaneous discussion about community or Network affairs, or simply a session with the record player. Some of us would take ourselves down to the local pub, or if transport was available, a trip to the cinema.

As several members of the community had to be up early for work, there was, normally, a rule that there be no excessive noise after midnight. Unfortunately, (for the workers) a person going through a major crisis is unlikely to devote much attention to such a rule: the desire to break such rules may indeed be one of the 'critical' experiences involved for the person. In part, this was responsible for the regular fact that the student residents kept much later hours than those who worked: they were frequently up for most of the night, trying to hold a precarious balance between securing peace for those who needed sleep, and avoiding repressive measures against those threatening such peace. This was by no means an easy or invariably successful undertaking. One resident was partial to vigorously strumming an out-of-tune banjo, for hours on end, particularly at night. In view of the din prevailing some nights, it is remarkable that physical blows were only ever exchanged twice during my entire stay.

Thursday or Friday night usually saw a visit from Tom or Richard. If a crisis was on, each person would relate his view of the events, the therapist interpreting, questioning, occasionally advising, with an overall aim that a totalized perspective on the week's events could be established. If all was well, the visit would probably be less formal, discussion being perhaps quite unrelated to community events. The therpaist tended also to be regarded as a 'representative' of Arbours,

and thus was liable to receive criticisms, doubts, suggestions etc. about the running of the Association. We will be discussing the role of the visiting therapist more fully subsequently.

It was unusual for the whole community to be present at the weekend. Almost invariably two or more members would be away visiting friends, relatives etc. At the same time, the weekend was the most popular time for visits by friends of residents; one resident often brought her two young children to stay. A spontaneous mini-party might happen if the right records coincided with the right people, and the right amount of wine or what-have-you .....

"What do I do when my love is away

(Does it worry you to be alone)

 How do I feel by the end of the day

(Are you sad because you're on your own)

 No, I get by with a little help from my friends

 Mm, get high with a little help from my friends,

 Yes, I'm gonna try with a little help from my friends."

(Lennon-McCartney 1967)

A stroboscope, owned by one of the residents, added a new dimension to dancing once or twice. And then Sunday evening, down to earth again, getting ready for Monday morning.

(vi)   Important factors in 'daily life'

It will be recalled that the primary concepts used to focus the 'data' presented here are to be ritual and para-ritual, and their enigmatic relation. Much of what will be discussed in the chapter on ritual indeed involves issues of daily life; it would seem senseless, then, to present the data twice, as perhaps the title of this sub-section would imply. Consequently, our task here is a more subtle and intangible one: to present isolatable features of daily life that cannot be readily subsumed under the heading of ritual, but which were nevertheless present as a context, for some residents, and were aspects of the praxis of

other residents. We are dealing here with the implications of the environment being a _human_, that is, social environment, and yet not simply with the direct effect of one person's praxis on another. We are, in a word, involved with that realm identified by Husserl as the Lebenswelt. We are looking for identifiable issues, emerging as environmental factors, out of the lace-work patterns woven by the community's praxis.

One such issue is that of psycho-therapy. At the outset, two points should be clarified: firstly, there was no formal therapy of any kind conducted at the house itself; nor were there any therapists living in the house (though there had been in the past). This fact surprised many visitors, and prospective residents. American visitors, especially, I noticed had expectations of group therapy or encounter group sessions being held at the house. Thus any resident who wished to have (i.e. to pay for) formal therapy, had to leave the house and travel to his or her therapist.

Secondly, and this point is important, I have not myself received any form of formal therapy. Whilst this fact limits my scope in discussing therapy, it also, hopefully, limits the emotional coloration of what scope I have. My knowledge, then, is second-hand - but it is _purely_ second-hand.

The absence of formal therapy in the community should not, of course, be taken to imply the absence of therapeutic experience within the community. On the contrary, such experience can be all the more clearly seen, by virtue of that very absence of formality; certainly more clearly seen than in a community which structurally incorporates therapeutic sessions.

So in what sense was formal therapy present as an issue?

One element of the community's ideology that I noticed was frequently communicated to visitors was that there were no expectations that a resident would or would not start, continue, or cease, to have therapy

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upon moving into the community. This freedom, however, immediately

negates itself as the possibility of a limiting, categorising dichotomy:

the (comm) unity becomes those-that-have-it plus those-that-do-not.

Reading the diary I kept since my first visit, I found myself

making this dichotomy, and expecting a relevance in it, during the period

when I was visiting, prior to actually moving in. In fact, my expectations

were largely unfounded; for example, at no time did I perceive any status

attached to having or not having therapy. Though this is strictly

speculative, I feel certain that this state of affairs would have been

different had a therapist being living in the community.

So at what level was therapy relevant? One immediate obvious level

is that psycho-therapy is expensive: fees paid by residents ranged from

£5 to £20 an hour, with sessions from one to three times a week.

Consequently, therapy was an option only for those who were working,

or were financially endowed. At this level, therapy is a commodity:

it is subject, then, to all the vicissitudes pertaining to commodities

in a capitalist society - inflation, exploitation, investment, Marcusean

'false needs', the lot.

"And here I sit so patiently

Waiting to find out what price

You have to pay to get out of

Going through all these things twice"

(Bob Dylan 1966)

It was a frequent cause of anxiety, and thus, topic of conversation,

this question of therapist's bills. John, for example, wished to give

up his job, but realised that to do so meant giving up his therapist too.

We shall be considering his skillful resolution of this dilemma later.

Another resident, however, pointed out to me on an occasion when I

was questioning the economic basis of therapy, that there was, for her

at least, a valid objectivity in such a basis. She had bought her time

with her therapist; it cleared her of all moral obligations to her

therapist, and she thus felt fully justified in demanding the total

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attention of that person. It removed the possibility of guilt over inter-personal greed.

But therapy - or perhaps I should say therapists - were relevant, present in their absence, in less concrete ways. People talked about their therapists to greatly differing extents: Pete might want to recount his whole session, or eulogize wildly about his therapist, whereas Lucy hardly mentioned hers during my entire stay. One of the foreign students who visited us for a week or so said that it was as if the house was 'haunted' by the therapists, as if to say they were ghosts, perceivable psychic entities within the social space of the community. I think I would wish to avoid the macabre connotations of the analogy, but I know what he meant. One was constantly aware that some residents had a relationship, that is, a particular social space, that was exclusive and private. In itself, that is in no way problematic; but under the general therapeutic umbrella that lay over the community, it was difficult at times not to trespass on these spaces. With the expectations I had already referred to, I was myself guilty of this, perhaps, at the beginning. Certainly, I was keen to discover people's 'attitude' to therapy as an enterprise - not least because I was at the time considering the possibility of training to be a therapist. I was shocked to find that the first half-dozen or so therapands I spoke to advised me - some of them vehemently - against 'ever getting mixed up in it'. (Subsequently, this negative presentation was somewhat balanced by more enthusiastic accounts!)

A lot of time was devoted to talking about various different kinds of therapy. To some extent, an indicator of this is to be found in the list of communally read books (See Appendix). This list, which comprises those books that I observed as being 'communally present' (i.e. read by at least two members, and discussed communally), is an interesting pointer to the general intellectual gestalt of the community. For our purposes here, however, let us note the preponderance of books on therapy.

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It would be an exaggeration to say that each resident had his or her
'own' preferred form of therapy (with or without experience of it);
but there was a tendency towards that. Thus Pete was highly interested
in Janov's Primal Scream therapy, and usually quizzed any visitor who
was likely to know anything about it. In this way, Pete's personal
interest became what I have termed here an 'environmental factor', or
'issue'. John preferred Carl Rogers, and on my first visit to the
community, urged me to read his work. A woman at another Arbours
community was receiving Reichian therapy, which I became interested in.
We had a French student with us, who was studying under Lacan in Paris,
who attempted the impossible task of explaining Lacan's ideas in the
space of a week. We even had a social work student who claimed to be
an orthodox Freudian!

But therapy as a topic of conversation (and of silence) is only a
surface phenomenon: the issue goes deeper. It was hinted earlier that
there exists something of a contradiction between the practise of
communality, in the therapeutic context, and psycho-analytic orthodoxy.
We must explore this a little more deeply.

Freudian orthodoxy asserts the undesirability of social intercourse
between the analyst and his patient out of sessions. This was not a
daily problem at Norbury, insofar as no analysts or therapists lived
there. (The problem was displaced at Schatzman's house, which functioned
as a community, by a rule banning any of his patients being resident in
his community). But some residents at Norbury were in therapeutic
relationships with one or other of the visiting house therapists. In
practice, it was orthodoxy that was thrown to the wind here - but not
without one or two stormy gusts. At one time John was considering
breaking off his therapy with one of the visiting therapists, he rather
conspicuously absented himself from the community-therapist meeting -
thereby causing some anger amongst other residents, as there were issues
to be discussed that concerned him. (It seems the therapist concerned
felt similar anxieties, as he failed to turn up himself on the next

occasion!)

On a few occasions, too, tension was caused by Pete requesting to speak with the visiting therapist (with whom he had therapy) on his own for part of the visit. This caused an astonishingly powerful feeling of discomfort amongst all of us - not least the therapist, who was in fact being paid to make a communal visit. It was left to Jenny, as it often was, to verbalize our discontent, and thanks to her, we thrashed it all out, and came to a greater group awareness of what the visits meant to the community. Principally, I think, two factors were involved, one of which we can conveniently discuss in greater depth later, the other leading us further in our present direction.

The former factor involves the perception of the community as a unity: the visit from a relevant outsider facilitated this perception, whereas Pete's attempts at abduction of the therapist negated it.

The other factor concerns jealousy. Each of us felt that the visiting therapist was, in a mild send, 'our' therapist. To have him taken away by another (for by seeking to be alone with the therapist, Pete was defining himself as 'an other' to us) invoked what I can only infer to have been a jealousy based on group transference.

As I say, thanks to Jenny's courage in expressing her anger, we came to a conscious awareness of what was happening, and consciously applied to a rule against such on-the-side sessions. But the issue highlights a bigger one, namely that of jealousy between two patients who share the same therapist. It was Arbours policy to avoid such people living in the same community if possible. On the whole, this policy was 'successful' - though I recall one disastrous weekend when two patients of Joe Berke's came to stay.

This 'success', however, is a decidely negative one. For the ideology of Arbours as a whole stresses its nature as a network, the antithesis of mutual isolation; and indeed, such jealousy was to be observed in Network meetings. It would seem that the problem of multi-

valent transference within the context of a network (as opposed to a family) should be tackled by someone with the necessary expertise, i.e. an analyst. At the moment, I shall have to merely recognise it as an unresolved contradiction.

We have, perhaps, time to note one more problem, or potential danger, in this attempted 'socialisation', as it were, of the psycho-therapeutic endeavour.

Given the existence of transference, it follows that if one person wishes to 'get at' another, one way of doing so is to 'get at' that person's therapist, or rather, at their relationship. I observed this happening between Jenny, and a brilliantly manipulative man who left the community just before I actually moved in (i.e. I was able to observe their relationship during my period of visiting).

It seems that this man, Harve, had attempted, or at least intended, to establish numerous sexual relations within the community, some of them involving Jenny. His efforts, however, had been decidely thwarted. Rather than seeking his 'revenge' directly on Jenny, however, he seems to have tried to do so via her relationship with her analyst.

The latter was an analyst from the Philadelphia Association, and Harve made the most of the supposed antagonisms between the P.A. and Arbours, but to little avail. He was more 'successful' however, with respect to Jenny's relationship with her analyst. Specifically, he started spreading two sets of rumours: firstly, that Jenny wanted to marry her analyst; and secondly, that her analyst was engaged in various affairs, but not with Jenny.

The transformations that Harve's experience seems to have gone through are:

"I want her, but can't have her"
to   "She wants him, but can't have him".

Now the irony, if one may call it that, of the whole situation, is that Jenny was, in fact, remarkably open and honest about her relationship

with her analyst. She would be the first to agree, I am sure, that transference involves a sexual element; indeed, she has referred directly to it in relation to dreams, and self-consciously chose a sexual metaphor when I first asked her about her therapy, describing it at that time as 'like a marriage on the rocks'. But there is a world of difference between recognising and expressing one's _own_ transferential experience, and receiving, second, third or fourth hand, an account of superficially the 'same' experience, mediated via another's transference, idenitification, and so on. And clearly the danger here lies precisely in the communalisation of psycho-analytic relations. It needs a very clear head indeed to see through all these knots at the time; indeed, the time-lag inherent in a 'rumour' precludes it. Happily, Jenny _was_ able to unravel this one, with Harve's departure; it is one of the paradoxes of a community set-up that it both permitted the problem to arise, and facilitated its solution.

What other 'issues' permeated the interstices of the community's social space?

One issue of undoubtedly major importance in the community is reflected in the question 'how far can a freak out be allowed to go?' During my stay, three people went through experiences of such a nature that they constituted a crisis for the entire community. I was deeply involved with one of these, and shall be relating his 'case' in a subsequent chapter. Of the others, one left during my visiting period, and the other freaked out most critically during a brief period when I was absent, visiting the student community I had lived in prior to going to Norbury. Consequently, I shall be discussing here primarily the parameteres of the issue, rather than relating experiential data.

It will be recalled that the community held to a self-imposed limitation that only one person undergoing a very severe emotional disturbance should be resident at one time. We should remind ourselves of the ideology that underlies the criterion operating here.

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It was assumed, in the community (unlike in a mental hospital) that each person was responsible for his actions. Thus, <u>given</u> the community context, each person 'has' responsibility to the community, in that being a member is an 'action'. Thus there were <u>expectations</u> placed on residents, in an overt, conscious way, that they play their part in doing things - shopping, cooking and cleaning, primarily.

Some people, however, are simply not in a position to undertake that sort of responsibility. They were thus excused those sorts of obligations. The point here is to make the situation as clear to everyone as possible; the person concerned would be told something like this: "We do not think you are in a position to undertake to cook the evening meal once a week. Your actions seem to us to indicate this. If you feel differently - say, for example, you do wish to cook a meal one evening, just say so. Thus, we make very few demands on you; but what you do, you are still responsible for."

Perhaps a linguistic analogy may be helpful at this point, to grasp what is happening here. One speaks of morality, and its opposite, immorality. But also of amorality, which in effect transcends the other two. Likewise, we may speak of responsibility and irresponsibility; I would suggest that what the community did in the case of a severely disturbed individual was to extend the area of 'aresponsibility' relevant to them. For it is neither a matter of <u>denying</u> responsibility, nor of asserting irresponsibility; nor of asserting a completely unrealistic degree of responsibility (which would indeed have been irresponsible of the community). Thus the field in which they were <u>required</u> to be a 'person' in the full formal sense, was greatly reduced, to clear the way for them, as it were, and because there is, in fact, no other inter-personally non-violent option.

So, as few expectations as possible that such a person actually do anything are made; but whatever they do do, they are to be held responsible for.

A person who has his freedom negated as little as that is, in the context of an emotional crisis, likely to do some very upsetting things. There comes a point, therefore, where the balance between not restricting that person's freedom, and protecting the freedom of others must be established. The conviction here is that, with the responsibility issue, if lines are to be drawn, everyone should be aware (a) that a line is being drawn, and (b) what lies either side of that line. We are familiar with the mystifying effects of rules that pretend not to be rules (see Laing 1971, 'Rules and Metarules'). There was a conscious attempt in the community to make rules explicit.

One such rule concerned physical violence. It is not my intention to discuss the pros and cons of mutual physical violence; there was a rule at the community that any person who resorted to physical assault on other residents was liable, at the community's discretion, to being thrown out, on the spot. Such a person would have been offered the option of taking a physically restraining tranquillizer, such as Stelazine, if they wished. During my stay, only one incident of such violence occured, when one resident attempted to attack another with a bread knife. The police were called, and the person physically removed. No charges were pressed, nor was the person detained by the police.

A similar rule applied to sexual harassment, though the case is a lot more subtle here. Obviously, a sexual element often plays a significant part in an emotional crisis; the community was aware of the real need for an exceptional degree of tolerance in this matter. Thus there were no rules at a community level here; it was left to the individual. If a person felt he or she was being unduly harassed sexually, it was up to them to confront the person responsible in the community's presence. On one occasion an ultimatum was delivered to a male resident to 'leave off or get out'. Sadly, the decision was taken from him, as his mother removed him from the community and put him in a mental hospital. Beyond the aspect of harassment - which is a special

case of physical violence, no lines were drawn.

The parameters of a 'permissible freak out' consisted, then, almost entirely of issues based on physical violence towards persons. This allows a lot of scope: there were, of course, a lot of other rules, but it was recognised that these got broken, along with plates, teapots and windows, when a person freaked out. The parametric rules governing a freak out - i.e. no physical personal violence - consist only of those whose infringement leads to expulsion. The breaking of non-parametric rules was handled pretty much on an ad-hoc basis. For instance, when Burt took to playing the stereo very loud right through the night (which infringed the noise rule) it was tolerated in fact, (though accompanied by increasingly vehement requests and attempts to turn it down) for about three nights. On the fourth, my temper snapped - just before the others, I suspect; I disconnected the speakers, and rode the torrent of abuse from Burt that followed.

It should be noted that criteria for the limits of a freak out are laid down on the basis of what is 'good' for the others in the community, rather than what is 'good' for the person freaking out. Getting this fact over to the person freaking out was at times difficult, though I felt, crucial, if the entire enterprise were not to be mystifying. That it should be for the others is a reflection of the community ideology again, that a person has, other things being equal, an absolute right to 'get into' whatever he wants. Of course, if there is one thing that other things never are, it is equal: the 'inequality' here being other people's right to freedom. The most extreme case of this, of course, is suicide. I take it as an obvious irreducible fact that a person has a right to commit suicide: if he has no right to his life, he has nothing. But whilst alive, and whilst a member of the community, the responsibilities still apply. Here we find the meaning in another parametric freak out rule, imposed by Joe Berke, as a director of Arbours, namely that any person in the network (this applies equally to his patients and members

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of the communities) is required to give two weeks' notice (of therapy
and/or residence) if they intend to commit suicide. At first sight,
this seems absurd; having watched it in operation - the only way in
fact to see it - I can assure the reader it is not. It's very 'absurdity'
- as it seems - is astonishingly powerful in cutting, like Manjushri's
Sword, through the knots that are binding a 'suicidal person'. As a
last word, the suicide rate in Arbours Communities, over five years, is
zero. This compares favourably to mental hospitals.

We move on now to consider a very different sort of 'factor' in
daily life. We are searching, it will be recalled, for relevant aspects
of the environment, hoping to reconstruct something of the 'feel of the
place'. Now one recurring environmental entity was the mandala.
Although normally connected with quite formal ritual usage (see Tucci,
1960), mandalas were not much used in this way at the community; yet they
continued to 'crop up'. In what follows, I shall be considering this
multi-level ubiquity, which itself is of the nature of mandala.

Firstly, then, there were actual concrete mandalas, visible in the
community. The room I stayed in had several posters of Tibetan thankas,
or painted mandalas, adorning the walls. Although the decor of a
person's room was emphatically considered his own affair, I received
very positive feedback from the community for introducing that particular
form of decor. The previous few residents of that particular room had
left the community under less than satisfactory circumstances; it was
felt that the room had never really had a positive character. With the
addition of the mandalas, however, the room 'came together', as someone
aptly put it. The room was nicknamed 'The Temple', and was often used,
by people other than myself, as a place to 'cool out'. Jenny,
particularly, remarked on the 'soothing' feeling she received from the
mandalas.

The living room also contained numerous mandalas, though these were
not of the traditional Tibetan sort. They had been produced by the

simple but amazingly effective technique of fixing a paper cake doily to the wall, spraying it with silver or gold paint, and then removing the doily. The result is far more potent than can be imagined from a written description - the wall dominated the room, but in an uplifting way. Many visitors remarked on the fact that it was extremely difficult to avoid gazing indefinitely at it.

There seemed to be a general interest in mandalas amongst residents - we spent many hours discussing them, and their significance. To some extent, inspiration here came from Miriam and Jose Arguelles' excellent book, Mandala (Arguelles, 1972), which was constantly to be found lying around in the living room. The book, which contains many beautiful examples of mandalas, was widely read and often prompted discussions on, and occasionally attempts at painting mandalas. Unfortunately, the only mandalas painted at the community that I now have, were those done by myself, these, in the main, being adaptations or copies of traditional Tibetan mandalas, for the purpose of meditation. I know other members of the community painted mandalas, but lack of access to them prevents the possibility of interpretation.

When I recently visited another of Arbours' communities, I was delighted to find that they held communal painting sessions, and regretted that we had not thought of the idea at Norbury. A theme is chosen - usually an abstract entity, such as 'strength' - and each person takes it in turn to add to the painting in such a fashion as to increasingly express the theme. The results which were displayed on the walls were overwhelmingly of a mandalic form, and I was impressed by the frequency of the swastika motif.

Jung, in his studies on mandalas, (Collected Works, Vol. 9 Part 1) draws attention particularly to the <u>dynamic</u> aspect of mandalas, which is frequently overlooked. He presents series of mandalas, and shows how they express a development, rather than a static state (see especially here 'A Study in the Process of Individuation). Hopefully,

the communal sessions at the community just referred to, could lead to a
sort of group analysis on this level.

A fascinating example of the dynamic aspects of the mandalic form
was sent to me by an American woman, who had visited the community over
a period of a few weeks. Although not actually conceived or executed in
the community, I feel justified in presenting it here, as it reflects
events and processes initiated in the community. Presented in the form
of a cartoon strip, it is entitled, "A Case for Love".
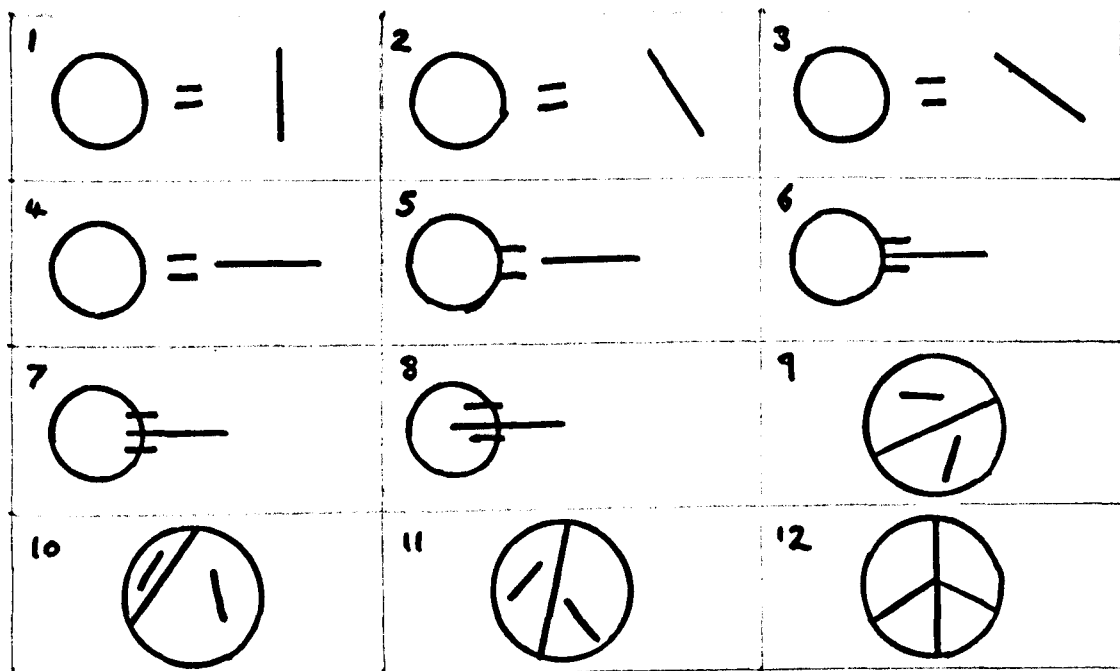
A number of points emerge from this, formally simple, but very
ingenious mandalic system. In (1), we have the initial situation, of
girl meets boy (note the similarity to anthropological conventions for
kinship, with which the subject was not familiar). Their attraction is
symbolized by the equals sign, yet they remain discrete entities. This
reflects the actual experience of the girl, in that she met someone who
was 'on her level', yet who she kept at a distance, as it were. Her
sex life at the time was exclusively lesbian.

Then in (2) to (4), the man is increasingly drawn towards her, he
'falls for her', in fact, reflecting the sudden falling-in-love

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experience of the couple. Slowly (as was the case) she allows him to approach and enter her.

In 9 the male and female aspects are united - a very common feature of mandalic sequences - and, in the process, both are enhanced, as indicated by the increase in size. But although united, a certain asymmetry prevails still. I take this to refer to a period of separation which occurred upon the woman's return to America. The period was a trying one, particularly for the woman, who felt ill at ease in America. It was also, so to speak, a trial period for the newly formed unity, expressed in the restless shifting of the elements in 9,10 and 11.

However, unity was to prevail, and the couple were to pass the 'trial', and we find the harmonious, symmetrical relationship expressed in the last picture, which alone is formally mandalic, and which of course, is also the well known symbol of peace. Although only the last element is strictly speaking a mandala, it is apparent that the power of the entire sequence derives from this synthesis.

In the above example, we have a couple - that is a social unit - which is being experienced, at least by one member, in mandalic form. This should alert us to certain possibilities. A digression will be necessary.

In much of his work, R.D. Laing draws on the originally Freudian notion of phantasy as a pre-verbal somatic modality of experience. In several works (notably, The Self and Others, and The Politics of the Family. Laing 1961, 1971) he modifies Freud's position, arguing for the possibility of social phantasy experience. By this is meant, very briefly, that an individual internalizes not only other people as individuals (as Freud demonstrated) but also <u>relations</u> between other people. Furthermore, there is invariably a phantasy component to this experience (in addition to, say, a perceptual component, an intellectual component, a memory component etc.).

Elsewhere (see Politics of Experience, Chapter 6) Laing argues for the existence of another modality of experience, which he terms Transcendental Experience. This modality is characterised by a number of features, but most importantly, it is non-egoic, and is populated by archetypal elements and beings. Although Laing never mentions it in this context, Jung's concept of the Collective Unconscious is obviously relevant here. In fact, one is right to view much of the evidence adduced by Laing as confirmatory of the existence of the Collective Unconscious (although Jung provides plenty of confirmation himself). It is not necessary of course, to accept all of Jung's theoretical formulations to appreciate the existence of 'something' which is the genetrix of archetypal, or transcendental experience. The term 'unconscious' is not entirely satisfactory, from a phenomenological point of view, as Laing himself was the first to stress.

But transcendental experience, as described by Laing, though not 'individual' in an egoic sense, seems to occur only in the context of the individual person - or possibly, a couple, as in the case of a voyager and a guide, who journey together through archetypal beyond-space-time. Cooper also describes transcendental experience between, or within, a couple, of a sexual nature (see Cooper 1974, p. 31).

I wonder, however, whether there cannot be transcendetal experience on a group level. This would take the form of each individual in the group non-egoically experiencing 'the Group' in terms of transcendental, or achetypal configuration. It seems that the mandala, (which literally means in Sanskrit, a circle) is the most likely candidate. Do we not speak of our 'circles of friends'? Particularly in instances when a group exists to further a project that is 'higher' than any individual, egoic pursuit, we find the circle invoked. We speak, for instance, of the Viennese Circle, whose centre was undoubtedly Freud.

But the centre of a mandala is traditionally empty, void. Herein lies the danger, one may almost say the blasphemy, of charisma. The

charismatic person may find himself precisely at the Nowhere point in the centre of the social mandala.

"He's a real Nowhere Man,

Living in his Nowhere Land,

Making all his Nowhere Plans,

For Nobody"

<div style="text-align: right">(Lennon and McCartney 1965)</div>

I was involved in a few such 'social transcendency systems' (if one may paraphrase Laing's Social Phantasy System) during my stay at Norbury. Invariably, they were mandalic in nature, occurring when a group was sitting in circle. One occasion, particularly stands out. Three of us were at a large pop festival in Hyde Park. A girl, complete stranger to all of us, appeared and sat down with us. It transpired that she was a patient of Sally's who, with Tom our visiting therapist, ran the Arbours Crisis Centre. This synchromistic event, I am sure, provided the spark of energy that enabled the archetypal form to emerge. She said she was lonely, and knew no one - we replied that she now knew us. Silently, we re-arranged ourselves to form a circle, or a square (classically, the mandala is the circling of the square, or vice versa). Our torsos, the gates of the mandala, remained seated, but our hands united and flowed, in ever changing patterns, but always with symmetrical end positions. No one spoke a word. Afterwards, (the experience lasted about an hour and a half, by clock time) we discussed it, and found that our experience was identical in many crucial respects. Particularly, we all had the sensation of completely losing our egos - a prerequisite for transcendental experience. Also, we all positively experienced the absence of a leader, or controller - the social void at the centre. We were oblivious to our imminent physical surroundings - the people all around us, and the several thousand watts of music - in fact we missed one of the groups we had come to see, although 'objectively' we must have sat through their entire performance. In any meaningful sense, we were

simply 'not there' - except for each other. And finally, we all agreed, with the enthusiasm of certainty, that to say we had been a mandala was the only succinct way to allude to the experience verbally.

That experience inspired me, in a number of ways. I felt convinced that one could not 'decide' to initiate such an experience, though the temptation was great. To do so, I felt, would be tantamount, at least initially, to placing oneself in the centre, which is to negate the mandala. Nevertheless, I felt convinced that if the experience had been what I felt it had been (as described above) that I should be able to observe similar, perhaps less striking, certainly less conscious examples of the same general phenomenon, of a social transcendency system. One could be misled into thinking that such occurrences might be very rare, on account of the admitted rarity of non-egoic experience. But here we run up once more against the phenomenological problems of the unconscious. What does it mean to talk of unconscious experience? It is paradoxical, as Laing makes so clear. If I was to find the examples I was looking for, then, I would have to discover, I realised, aspects of group activity that were not 'experienced', in a conscious way by the group, but which nevertheless manifested the traits already described. It should come as no surprise to learn that these were to be found particularly on the occasion of ritual behaviour. And we shall indeed be returning to this issue, in the chapter on ritual.

The reader may feel that a bewildering array of seemingly divergent topics has been considered in the discussion of mandalas in the community. I can only hope that one recognises this as being of the very essence of mandala; the cohesion of this section, or lack of it, reflects the degree to which my account reflects the true nature of that which I have been describing.

We have time now to evoke one more constant feature of the community environment; that is, music.

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I have always been perplexed at how little attention is paid to the role of music in people's lives by sociologists. Perhaps it is because 'my generation' was the first to grow up with the ubiquity of record players and transistors; but at any rate, it is abundantly obvious that devotion to music is a large factor in the structuring of sub-cultural groupings for people of my general age group. Perhaps it has always been so, I do not know; but it is patently so now.

It is extremely difficult to express briefly the role of the more gifted pop musicians in youth cultures; I can only hope to allude to a few demonstratable aspects, that have relevance here.

One such role is that of myth-carrier. When Eliade (1960) bemoaned the lack of mythical expression in our culture (i.e. in the mid-50s), and Jung before him, neither could have foreseen the emergence of musical poets, with followings of millions, who would fulfil - for large sections of youth, at any rate, precisely that lack. The impact of LSD on the pop music scene - initiated by the Beatles, and Bob Dylan in the mid-sixties, must be considered strongly catalytic in this respect. Analysis of the lyrics of many songs from this period, that are known to have been inspired by LSD, illustrate a startling emergence of mythical themes - in place of the stereotyped pseudo-romantic themes previously prevalent. One should perhaps draw attention to the work of the Incredible String Band, Jimi Hendrix, Jefferson Airplane, Leonard Cohen - in addition, of course, to the Beatles and Dylan.

At a more particular level, the ability to portray personnel experiences, typical of life today, in a fashion that encouraged identification between the listener and the singer, pinpoints another crucial role. Here again, it is the Beatles, Dylan and perhaps to a lesser extent, the Rolling Stones, who have done this par excellence. This role, as we are about to see, was crucial at the community.

Music played an enormous role in community life at Norbury. There was a stereo in the living room, which must have been on about 7 or 8 hours a day, most days. I kept a note of which records were played most:* although I would not want to present statistical data on the matter, one fact emerged beyond any doubt, that more Bob Dylan was played than all other records put together. (The total record collection available for playing exceeded 200 L.P.s, so the choice of Dylan's material was certainly not due to lack of alternatives!) In view of this, it would seem desirable to attempt to analyse the 'role' of Bob Dylan in the community.

The first and most important point, of course, is simply that Dylan is, by any standards, a brilliant poet. If the reader is not aware of this, I cannot hope to convince him of it, short of merely quoting endlessly. Naturally, one is referred at this point to his records, and to the anthology "Writings and Drawings by Bob Dylan" (Dylan 1973). But at any rate, he was regarded by almost all the residents at Norbury, I think, as 'the greatest living poet'.

One reason for this, I think, is that Dylan's style of writing is extremely conclusive to appropriation, by each listener, into his or her world of meaning. With his best songs, it is impossible to say 'they mean such-and-such'; but it is invariably possible to project oneself into the song, and experience the unity of the song within the meaning of one's own life. And indeed, the chaos of the song within the meaninglessness of one's life. It is, perhaps, his unparalleled ability to express, with beauty, the madness of normality today, that accounts for his popularity in the community. For example (it is time to let Dylan speak for himself), we played the song from which the following is taken, the day Nixon resigned. (The song was written in 1964)

* See Appendix

"Disillusioned words like bullets bark

As human gods aim for their mark

Made everything from toy guns that spark

To flesh coloured Christs that glow in the dark

It's easy to see without looking too far

That not much is really sacred.

While preachers preach of evil fates

Teachers teach that knowledge waits

Can lead to hundred-dollar plates

Goodness hides behind its gates

But even the President of the United States

Sometimes must have to stand naked.

And though the rules of the road have been lodged,

It's only people's games that you got to dodge,

And it's alright, Ma, I can make it."

(From the L.P. Bringing it all back home)

I could go on quoting endlessly; but it would seem pointless.
There may be some point, however, in considering how people in the
community 'used' Dylan as it were.

Two residents at Norbury clearly identified with Dylan to a degree
that would clinically be considered 'psychotic'. One of them, Mike,
was almost always to be seen wearing a harmonica holder - Dylan's
hallmark - (a device enabling one to play the harmonica simultaneously
with the guitar) and frequently strumming a banjo. On many occasions,
his speech consisted entirely of quotes from Dylan - usually a happy
choice for me, as we were thus able to communicate, as I 'know my Dylan'
as well as Mike did. On one occasion (during my visiting period), I
was trying to ascertain how he felt about my moving in. He stoo d with
his face about two inches in front of mine, and sang It's all over now,
Baby Blue.

"The highway is for gambles, better use your sense

Take what you have gathered from coincidence

The empty handed painter from your streets

Is drawing crazy patterns on your sheets

This sky, too, is folding under you

And it's all over now, Baby Blue."

I did not have a reply for that one.

Burt, too, identified strongly with Dylan. Though he did not quote him, his speech again mirrored Dylan - partly in form, partly in content. In form in that his monologues often had the same haunting quality that Dylan gets across, especially in Tarantula, his only published book (Dylan 1970). I cannot give a verbatim example of the sort of things Burt said, but I could quote many passages from Tarantula that bring back the sense of chaos conveyed by his speech. For instance:

"more blue pills father and gobble the little quaint pills / these gushing swans, rituals and chickens in your sleep - they've been given the O.K. and the mad search warrant yes and you, the famous Viking, snatching the time bomb from Sophia's filter tip, down some Jack Daniels and get out there to meet James Cagney ..... "

(Bootleg edition, p. 50)

When it came to talking about Dylan (Burt could be quite lucid if he chose to be, which was seldom) one of his main pre-occupations was that I should find and play him the song that Dylan had written specially for him, Burt. He seemed convinced that I was 'having him on' when I tried to explain that I could not do so, as I could not understand him. Looking back on it, however, I think I might know, now, what he meant. One recurrent theme in many of Dylan's songs is the plight of the 'loner', the victim chosen by fate to be the outsider. Many of Dylan's songs evoke myths of outlaws - Robin Hood, Jesse James, John Wesley Harding, Billy the Kid - others create myths from the same psychic materials that give those established myths their potency:

"Across the street they've nailed the curtains

They're getting ready for the feast

The Phantom of the Opera

Ina perfect image of a priest.

They're spoonfeeding Casanova

To get him to feel more assured

Then they'll kill him with self-confidence

After poisoning him with words

And the phantom shouting to skinny girls

'Get Outa Here if You Don't Know',

Casanova is just being punished for going

to Desolation Row"

 (From the L.P. Highway 61 Revisted)

It emerges from Dylan's biography (Scaduto, 1972) that Dylan
identified strongly with the family of myths associated with the Outlaw.
Both Burt and Mike were 'outlaws' in the mythical sense, and also the
literal sense in that both had been in prison, and mental hospital.
But Dylan's portrayal of the Outlaw is not entirely negative: it is
the Chimes of <u>Freedom</u> that are:

"Tolling for the searching one, on their

         speechless seeking trial

For the lonesome-hearted lovers

With too personal a tale

And for each unharmful gentle soul

Misplaced inside a jail .....

..... for the aching ones

whose wounds cannot be nursed

For the countless confused, accussed,

        misued, strung out ones and worse

And for every hung up person

In the whole wide universe."

 (From Another Side of Bob Dylan)

I imagine that it is the affirmation of the possibility of that freedom
that made Dylan bearable for someone like Burt.

Most people in the community, I found, had a special 'feel' for
one or two particular Dylan songs. I recall that Jenny's favourite was
'Just Like a Woman'; Sarah regarded 'Sad Eyed Lady of the Lowlands' as
"the greatest tribute to womanhood" - and then admitted, self-consciously,
that she sometimes allowed herself to identify with the Sad Eyed Lady:

"Now you stand with your thief,

you're on his parole,

With your holy medallion which your fingertips fold

And your saintlike face, and your ghostlike soul

Oh, Who among them do you think could destroy you?"

(From the L.P. Blonde on Blonde)

Pete and I agreed that Wedding Song, from the Planet Waves L.P., was
the most powerful love song we had ever heard.

Another quality of Bob Dylan, that can be exhilerating or traumatic,
is that frequently a line, or a whole verse, can 'jump out at you', pin-
pointing precisely a feeling, a situation, a fear, or whatever, of that
moment, when there is no question, at least at a conscious level, of
having chosen to hear the L.P. for those words. The occasions when this
synchronistic power, that seems inherent in his poetry, was manifest
in the community are far too numerous to recount; I shall be reconstructing
some of these moments, hopefully, invoking that power, by the use of
quotes in subsequent accounts of community events. At this stage, it
is fitting to give one such example, that occurred, not in fact in the
community, but a few days ago, whilst preparing notes for this section.
I was feeling overawed at the prospect of writing about Dylan, and
decided to immerse myself in Tarantula, in the hope of finding
inspiration. I opened the book at random, and looked down at the
following, with which, together with apologies to Dylan, I conclude this
section and chapter.

"here lies bob dylan

murdered

from behind

by trembling flesh

who after being refused by Lazarus,

jumped on him

for solitude

but was amazed to discover

that he was already

a streetcar and

that was exactly the end

of bob dylan.

here lies bob dylan

demolished by Vienna politeness -

which will now claim to have invented him

the cool people can

now write Fugues about him

and Cupid can now kick over his kerosene lamp -

bob dylan - killed by a discarded Oedipus

who turned

around

to investigate a ghost

and discovered that

the ghost too

was more than one person."

CHAPTER FOUR

'CASE STUDIES'

'General forms have their vitality in Particulars,

and every Particular is a Man.'

William Blake (Jerusalem)

(i)   Introduction

We move on now to present what can be called three 'case studies'
- though the term has unpleasant connotations of patienthood that we
would reject here. Before presenting these, however, we must first
describe our 'selection criteria', as well as, more generally, what we
hope to achieve, and what we cannot hope to achieve, with the perspec-
tives employed in this chapter.

It will be recalled that one of the aims of the present work is to
're-present' as much as possible of the totality of lived inter-
experience and inter-action that was the community; at all times, the
latter was a partially totalised multiplicity of individual perspectives
and metaperspectives. One may ask, therefore: why submit to the atomizing
tendency of a 'case study' approach? Does this not negate the very
dialectics that we claim to be exposing?

Such questions would indeed be disastrous for our enterprise, were
we to stop short, as it were, at the end of this chapter. But such is
not the case; on the contrary, this chapter only finds its raison d'etre
in the next chapter, where we attempt the synthetic transcendence of
indivudal perspectives, particularly via a dialectical analysis of ritual.

This chapter, then, constitutes the analytic moment of the total
dialectical enterprise: taken on its own, it would be falsehood; in
its dialectical context, it is a necessary part of the truth.

Ideally, this chapter would present a case study for _every_ 'case',
nut or otherwise. Each of these would present a cluster of perspectives
and metaperspectives, whose primary axis of orientation would be the
individual in each 'case'. By a 'cluster' I mean that the actual account
would consist of a mixture of direct perspectives (i.e. verbatim accounts
of the opinions, experiences etc. of the individual, as spoken or other-
wise communicated directly, by him); first order metaperspectives,
particularly, the perspective of the individual by the writer of the
'case' (i.e. me, and my view of the situation) but also verbatim accounts
of how others experienced, thought etc., of the individual; and higher
order metaperspectives, particularly (a) group totalisations, wherein
each attempts to make clear to the others his own perspective, and thus
to arrive at a communal awareness of awareness, so to speak, and (b)
group and individual perspectives on the 'case' individual's response
to group totalisations; (c) and so on.

The Herculean task of the next chapter would then, in this ideal
sense, be to integrate and synthesise all the complimentary and opposing
perspectives. However, such is only an ideal, and the reader is spared
the equally Herculean task of ploughing through the several volumes of
description that such a task would entail.

So this chapter restricts itself to the actually feasible task of
presenting such 'clusters' only in relation to three people. We must,
obviously, be selective, both with respect to cases described, and to
the parameters of what is presented in each case.

It is felt, particularly in view of the totalized perspective we
hope to establish in the next chapter, that each 'case' described should
include, not only the experience within the community, but also that of
coming to, and leaving, the community. In many ways, as we shall see,
the global entity "the experience of the community" (from the point of
view of one individual) can be grasped as the experience of a 'rite of
passage' (to use Van Gennep's phrase) into, through and out of, the
community.

Given the importance, then, in the present context of the observer's metaperspective (i.e. my view of things), we have already a limiting criterion for a case study: that the person involved should have both joined the community after me, and left it before me. It is worth noting, as an academic meta-observation, so to speak, that I am in an unusually fortunate position in being able to accept this limitation. It will be recalled that providing a valid field of academic endeavour for students was amongst the 'functions' fulfilled by the community. The 'case study' approach was the favoured one for most students who stayed in the community; that is, most students were required to submit a 'case study' (to their academic institutions) as a write up of their placement experience. Yet no other student, besides myself, stayed for longer than six weeks. For them, the limitation just described would have been impossible to accept. From my privileged position, of seven month stay, I can express doubts about the desirability of basing a case study on a six week period that is, for the person studied, merely the middle of a chain of events. Of course, from the studied person's point of view, similar doubts must arise with respect to a seven month period. But from the transcendent 'point of view' of the community, synthesised in the next chapter, such doubts are considerably asuaged by accepting the limiting criterion described above.

From this point on, selection is simple: I merely chose those three individuals who were there the longest. This maximises the data, and is arbitary enough to rule out 'bias' on my part.

A glance at the personnel chart shows who is to be chosen then: Sarah, Burt and Bob. It will be noticed that Bob was a social work student; that his being there in the community qualifies him for being a 'case' to be 'studied' testifies, I hope, to the actuality of rejecting the patienthood connotations of the term 'case study', mentioned at the beginning of the chapter.

So, for each of these three, I shall attempt to present some sort
of coherent picture, based on a variety of perspectives, whose principle
axis is the person themselves, of how they _used_ the community, of where
they _went_, by going through it.

"As one goes through it

one sees that the gate one went through

was the self that went through it ..."

(R.D. Laing 1970 p. 85)

In each 'case' then, we shall give a very brief biographical
description, an account of critical events that led up to joining the
community, something of their life in the community, and how they came
to leave. We start, somewhat nervously, then, with 'the Case of Burt'.

(ii)   _Burt_

"But to live outside the Law you must be honest,

I know you always say that you agree ....."

(Bob Dylan, 1966 From
Blonde on Blonde)

Burt was born in the early fifties, in New York, to Jewish parents.
His own accounts of his childhood and teens were extremely garbled,
consisting almost entirely of ironically enthusiastic accounts of the
several institutions in which he had been incarcerated - particularly a
place he called 'K.P.', a mental hospital on Long Island; plus occasional
diatribes against the New York 'pigs' (policemen). I gathered something
of his family background, however, from other sources (who knew them).

It appears that his father was something of a 'gangster', involved
in a number of covered-up illegal activities. Apparently, the parents
devoted a vast amount of energy to this covering up, working very hard
at maintaining the 'respectable family' image. We are familiar with
the highly mystifying nature of such a family context from the work of
Laing and Esterson (see especially Esterson 1970), and also with the
tendency of such families to 'elect' a member to bear their collective

guilt, and receive their collective badness. All the evidence I have, limited though it is, points to Burt's being a case in point. His parents had had him in institutions since an early age; and they had gone to considerable effort to 'remove' him from their daily life by bringing him to Britain. It was the considered opinion of one person who knew the family well that they would not welcome at all the eventual deportation order that Burt received.

But it was Burt himself, rather than reports of his parents, that initially made me suspect his 'election'. For he was obsessed with his 'record' - as he referred to his history of conflict with the police and mental health authorities. For hours on end he would ask wasn't it good that he'd been to K.P. this or that many times; shouldn't he be proud that he had been arrested so many times. Such questioning always seemed to amuse Burt; truly, he revelled in recounting and seeking praise and blame for his activities. He seemed, in fact, to be saying "Aren't I good, because I am so bad". It was this paradigmatic communication - that he never voiced in so many words - that made me suspect that he had been subjected to a thoroughly mystifying family background.

It seems likely, then, that the following transformations had been established on Burt's experience:

(a) The family needed to paradigmatically communicate to the world 'We are good'.

(b) This is in contradiction to a basic stratum of criminal activity; hence, a paradigmatic self-communication of 'We are good in spite of being bad'.

(c) It seems the family handled this by electing Burt to 'contain' the badness, via the act of having Burt 'contained' Thus: 'We, here, are good, because he, there, is bad'.

(d) A large part of Burt's ego (i.e. of the way he related to other people and things, in the world) was concerned with goodness and badness - particularly as manifest in delinquent

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criminal, or crazy behaviour. I suggest, therefore, that
what Burt was doing, in an attempt to establish some sense
of consistency in his ego, was to make the simplest possible
synthesis of the conflicting elements, thus:

'Iam good because I am bad'.

(e) This is self-contradictory, and crazy. Q.E.D.

Prior to coming to Norbury, Burt had been living in a similar,
though more structured community in North London. He had caused a lot
of trouble there, and had eventually been asked to leave. Unfortunately,
it was not until it was too late that we realised, at Norbury, that Burt
had somehow internalised a need to be rejected. If a community welcomed
him, he would, after a few weeks, act on his own initiative to get himself
rejected. To continue to show acceptance thus did one of two things:
either to reinforce his notion that he was good because he was bad,
which invariably led to ever more outrageous behaviour designed to bring
down rejection; or, to confuse and confound his ego, which was based on
such a confusion of good and bad. This tended to initiate a stream of
rhetorical questioning about his 'record', as indicated earlier. Thus
it seemed, Burt involved everyone else in the same sort of double binds
that had constricted him.

Burt was in therapy with one of the therapists associated with
Arbours, and as there were vacancies at Norbury, we were soon asked if
we would adcept Burt. I think everyone except myself had already met
Burt; I had only heard of him through Lucy, who was friendly with him.
At any rate, Burt visited ahd the community decided to accept him. I
think it was Jenny who said to me 'Well, you're honeymoon at Norbury is
over - bye bye peaceful community!'

Burt's arrival at the community was, in retrospect, very character-
istic: he was due to arrive, about 5 or 6 o'clock, for dinner on the
6th May. No sign. Come about 2 o'clock in the morning, as I was getting

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ready for bed, there was a hammering on the front door: Burt had arrived. He had taken the wrong train from Victoria, and ended up miles away in another suburb. He spent all his money on a taxi, and had walked as far as the taxi would not take him; he had also left all his luggage on the train, including his passport. We shall be considering some of this behaviour in the next chapter as subversive praxis, rather than an error due to process (to utilise Sartre's distinction); but for the moment, Burt had at least, and at last, arrived.

Rather to our surprise Burt was quite reserved for the first two or three weeks he was at Norbury. He was out of the community quite a lot - it took him several days to track down his luggage - and also used to visit his therapist during the day. He was, at first, not much given to talking - in total contrast to his later behaviour. In fact, I was surprised, one day during his second week, by the way he handled an American journalist who came by one lunchtime to see the community. Pete was not interested in 'being seen', and had retired to his room as soon as the journalist arrived. It was with gloom, then, that I considered the prospect of an hour or so's questioning from the journalist who struck me overwhelmingly on first contact as 'pseudo-hip'. It was with amazement that I listened to Burt rapping, at first slowly and incoherently, then more vigorously as he matched the journalist's enthusiasm, about how he figured he had made all these mistakes inhis past, and that there was no escaping from them, and that he was embarking on a painful voyage of re-discovery, and so on and so forth. As I sat amazed at Burt's lucidity, the journalist lapped it up, taking copious notes, and photographs. He left, obviously pleased, promising us a copy of the article he would write (which we never received) and wishing Burt well 'on his voyage'. I asked Burt what he had made of him, but he would only grin and say 'Jerk!' I asked him about what he had said, and again, just a grin and 'Bullshit'. I have often wondered whether it was the journalist, or me, or both of us, that Burt was taking for a ride there.

At the end of Burt's second week, Sarah moved into the community. This radically altered the nature of Burt's social environment, as it meant that there were now two people, one male, one female (myself and Sarah) around the house during the day (Pete still tended to keep himself to his room during most of the day). As we shall see, Burt induced Sarah and myself into a number of roles, though for a week or so, his behaviour remained relatively restrained.

I was in fact away, visiting friends to celebrate the end of their finals exams, when Burt started 'freaking out'. I knew, literally as I walked in the door on my return, that Burt had profoundly changed: he was pacing to and fro, as he was to do for weeks, and was moaning quietly to himself. His face showed signs of great pain. He was extremely handicapped physically; he was, for example, apparently incapable of rolling a cigarette, despite chain smoking (most people in the community who smoked rolled their own). Although he seemed to want to be left alone with his misery, I stayed up most of the night, occasionally rolling him a cigarette or making a cup of tea. I tried to listen to what he was saying but his speech was virtually non-verbal; about the only word I could make out, from hours of vocal sound, was 'father'. Eventually, he retired to his bedroom, and stayed there; I, too, went to bed.

When I awoke the following afternoon, Burt had gone out, nor did he come back that night. The next day we discovered that he had been arrested, apparently for assaulting a policeman, and was being held at Brixton Prison. My attempt at visiting him there remains a nightmare memory for me - I cannot imagine how Burt experienced it.

At any rate, after waiting for an hour or so, Sarah and I were called by the Prison guards. The guard informed us that we would not be able to see Burt, and then added 'he's a junkie, isn't he?' I replied that he was not - I would certainly have known if he had been using hard drugs in the last three weeks - and was informed that he was in the

psychiatric unit of the prison, and the doctor would be down to see us soon. Eventually a male nurse arrived who informed us that Burt was 'too ill' to receive visitors. On asking what this meant, we were informed that he was 'high as a kite', 'schizophrenic', and 'didn't know where he was'. I suggested that the latter might be because he didn't know who he was with, and that he might calm down a bit if he could see his friends. But no, he wouldn't recognise us, he didn't even know who he was, and he was talking absolute gibberish incessantly. The nurse made a great deal out of this last point, as he seemed to think it was the clinching factor on why we could not see him. Apart from being enraged, I was also fascinated to see how the nurse saw the problem. So I asked him if he had any idea of what might be causing Burt's 'illness'; did the doctor have any idea? 'Oh Yes', came the reply 'we know what's causing it. He's withdrawing from marry-joo-wanna' (his pronunciation of marijuana). When I got my breath back, I expressed doubt over this, and asked how they knew that this was responsible. 'Oh, he said so', replied our nurse! Further questioning of this medical assistance revealed that Burt had, in fact, supposedly mentioned the words 'grass' and 'joint', at some point since his admission. The nurse could not see any contradiction between the total meaninglessness of Burt's speech as a conclusive 'symptom' of schizophrenia, and his reference to grass as conclusive proof of the correct aetiology of his schizophrenia. Eventually I managed to ask the inevitable question, of how they were treating him: 'We're giving him drugs'. We left him 60 cigarettes, some matches and chocolate, which were graciously bestowed upon him on his discharge a week or so later.

From then on we were pre-occupied with trying to find out what had actually happened to Burt, and with securing bail. The former proved to be almost impossible, owing to the complete intractibility of the Police and Prison authorities, and the inherent unlikelihood of Burt's own account that he subsequently gave us; namely that he had broken into

a maternity hospital, and had been demanding treatment for V.D. under
the impression that he was in a clinic. At any rate, he had been making
a commotion somewhere, and the Police had been called. Burt was never
over-fond of the Police, and on this occasion had thrown a cup of coffee
over one officer, this being the 'assault' he was eventually charged with.
More relevant, however, was the fact that he had been to see Harve, the
man I described as 'brilliantly manipulative' in a previous chapter.

Harve had left Arbours on very bad terms with almost everyone,
except myself, paradoxically. He was clearly motivated by a strong
desire for 'revenge' against Arbours, whom he felt had misjudged his
behaviour at Norbury. He repeatedly attempted to get me to leave Arbours
and join his community, which he had set up in a very spacious squat in
North London. He was reasonably open about being 'in competition' with
Arbours; and his first major victory had been to take one of Arbours'
and Norbury's wealthiest residents with him to his squat. Subsequent
events indicated, I felt, that he was trying to do the same with Burt -
but was putting us 'through it' first.

Be that as it may, Burt had been to see Harve, shortly before being
picked up by the Police, and had consumed a sizeable quantity of a drug
less renowned as a cause of schizophrenia, whisky. This was to emerge
only slowly as a pattern which preceeded violent behaviour on Burt's part.

We were more successful in the second of our endeavours, the securing
of Bail for Burt. This application for bail was granted, to the conster-
nation of the Police, (£200 being put up by one of the Arbours' doctors)
on condition that Burt receive 'constant supervision from suitably
qualified personnel'. The magistrate deemed that I was 'suitably qualified'
and I went back to Brixton and bailed Burt out. He had been there ten
days.

The position was made as clear as possible to Burt; in particular,
the need to keep out of trouble, and to be together for his court case a
week later. It was suggested to him that he take transquillizers for the

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duration of the week as an expedient measure, to ensure these two needs.

As I was 'in charge' of him, it fell to me to regulate his consumption

of transquillizers. I had made it clear, both to Burt and the Arbours'

doctors, that under no circumstances would I try to make him take tran-

quillizers - if he asked for them, I would provide the appropriate dosage

at the appropriate time. Most days he consumed 20 mg of Stelazine. He

complained initially that it made him 'too stoned, and not even high',

which I can well believe, but also that it enabled him to control his

body better.

Burt's own account of how he came to be picked up indicated a sexual

component in his crisis that had hitherto not been manifest. In the

ensuing weeks it become more and more apparent. Although he frequehtly

attempted to masturbate, often in my or other people's presence, he

claimed that he could never actually reach an orgasm. About this time,

I noticed a change in his smoking habits: he smoked his cigarettes

increasingly vigorously, almost violently, and very noisily; he would tap

them so hard that they sometimes collapsed - and he would invariably stub

them out about one-third smoked. And then be asking for another one.

At the same time, I noticed the frequency with which he spilt drinks, or

any liquid, increased drastically. Generally, his capacity for making a

mess increased almost beyond belief.

His action with cigarettes and liquids seemed to me to be saying

something about his problem with masturbation; for though usually

oblivious to the mess he created, he was always very apologetic about

spilling drinks. On a couple of occasions also, he flooded the bathroom,

by leaving the taps turned on whilst he wandered off and apparently

forgot about having a bath. On both occasions, for one of which I was

the only other person in the house, he violently denied having been

responsible. I suggested to him that his actions might be reflecting, in

some symbolic way, his problems with masturbation, but he refused to hear

me, and never responded outwardly to such suggestions.

As far as I could tell, his sexual problems were also aggravated by his therapist, who was a vigorously male South American. On one occasion when I took Burt to see his therapist, he was very angry afterwards, shouting abuse generally, but particularly at his therapist's sexuality: 'Who does that dude think he is? Strutting up and down like that, showing off his dick'.

Another issue involving his therapist was that the latter refused to visit Burt in jail, saying, so I was informed, that to do so was 'unprofessional'. I was absolutely enraged about this, as, for one thing, I thought he would probably be the one person, in the absence of relatives, that would be able to get to see Burt in jail; in addition, I was disgusted that a therapeutic relationship should entail so much less than a friendship, at a critical point. I am still disgusted - though I also still find it hard to distinguish between Burt's therapist as a person and therapy as a profession, on this point - at any rate, it was whilst considering this issue that I finally rejected the idea of being a therapist myself. I asked Burt one day if he had expected his therapist to visit him; he replied 'Nah, too busy fucking his patients. Over' Such was Burt's perspective.

Eventually, the day arrived for Burt's trial, and duly togged up in my old school suit, and one of John's ties, he set off with a friend of his parents (who paid his fine) and myself. Under the circumstances, the trial went remarkably well, and his fine (£15) seemed to me to be quite lenient. He was warned that he would be dealt with severely if arrested again.

Back at the community, however, things did not improve greatly. On the Monday evening following the trial, Burt was extremely agitated, shouting abuse at various people, mostly therapists, in Arbours, and generally causing disturbance. I recognised one of the phrases that he used to put down Joe Berke as one of Harve's. Smelling a rate here, I rang Harve and asked him if he'd seen Burt recently; yes, he'd been round that afternoon.

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That evening, Bob, the social work student arrived, and was almost immediately attacked, though not hurt, by Burt. For a couple of hours Burt kept up a stream of abuse about 'that straight who thinks he's so hip', directed at Bob.

"You walk into the room

With a pencil in your hand

You see somebody naked

And you say 'Who is that man?'

You try so hard

But you don't understand

Just what you're gonna say

When you get home

Because something is happening here

But you don'tknow what it is

Do you, Mr. Jones?"

(Bob Dylan, from Highway 61 Revisited)

I think perhaps Bob felt something like Mr. Jones, after such a traumatic greeting. At any rate, he left the same day, being quite open about how freaked by Burt he was, and how he didn't feel he could possibly trust him, which precluded the possibility of being any use to him. He returned a week later, when Burt had left.

My suspicions about Harve using Burt to 'hit back' at the Norbury community were strengthened after another visit he made to Harve's community. Again he was exceptionally agitated, and kept saying 'I'm gonna kill that bastard Morty' (Schatzman). He demanded to know how much each resident at Norbury was paying (which was also one of Harve's pre-occupations) and on discovering that he was being charged considerably more than I was, flew into a fit of rage about being 'ripped-off'. Without realising what I was doing, I pointed out the fact that if anyone was being ripped-off, it was not him, it was his parents. He went completely apoplectic with rage, smashing anything in sight, insisting

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that it was him, not his parents, who were paying. I checked this out
- it was in fact his parents who were paying - and tried to think
through what had happened. A number of threads were emerging into a
pattern. This was the third time he had been physically violent after
visiting Harve. At no other times had he been violent in this way.
I knew Harve had used the issue of different people's financial contri-
butions in arousing hostility towards Arbours before. I did not yet know
that Burt tended to follow his own pattern, of getting himself thrown
out of places precisely at the point when he was being 'accepted'. I
attributed his violence as such to Harve's influence, whereas, in retro-
spect, I think that Harve had merely seen Burt's capacity for violence
more clearly than us, and was using it to what he saw as his advantage.
I suspect he had also realised what I had not yet realised, that Burt
was emotionally incapable of accepting the fact that he was financially
dependent on his parents. At any rate, a phone call from Harve clinched
his involvement in it, to my mind: Burt was welcome, he said, at his
community, if he got too much for us,

He was nearly too much that night. He had appeared to calm down
after venting his rage about money; the rest of the community, including
myself went to bed. I was awoken some hours later by a tremendous
racket in the living room (which was directly under my own room). I
went down ready to blow my top, and found Burt in the process of carving
up one of the walls with a bread knife. The orange wall with the
mandalas was covered in obscene drawings, and the whole room was generally
wrecked. After surveying the devastation for about a minute, which Burt
proudly displayed, item by item, I broke down in tears. I cannot relate
in words what followed - I scarcely have the capacity to even remember it.
But I know that I reached and expressed a despair unlike anything I had
previously known, and I am certain that Burt was, for a while, aware of
it. But like all his insights, it seemed, at least to judge from his
behaviour, to be fleeting. He soon resumed his mutilation of the wall.
I removed the bread knife and cried till dawn.

"We pointed out the way to go

And you scratched your name in the sand

Though you just thought it was nothing more

Than a place for you to stand

Now I want you to know that while we watched

You discover there was no one true

And I myself remember well,

I thought it was a childish thing to do ...

And now the heart is filled with gold

As if it was a purse

But, of, what kind of love is that

That goes from bad to worse?

Tears of rage, tears of grief

Must I always be the thief?

Come to me now, you know

We're so low

And life is brief"

<div align="right">Bob Dylan. Tears of Rage</div>

Predictably, the rest of the community were visibly upset at
Burt's destruction of this, the heart of the community. Be sure it was
no coincidence that Burt chose that room to destroy. Rather to my
surprise, however, it was decided by the community to 'accept' even
this act on Burt's part; we all expressed to him our anger and grief
at what he had done - but it was made clear that he had not broken
what I termed a 'parametric rule': he was not thrown out.

Two days later, I had an invitation to dinner from his parents'
friend, with whom I had become friendly. I saw Burt off to his
therapist, and then went on for an excellent meal, and learnt a great
deal about Burt's background. It was only then - this seems incredible
to me now - that I realised as a fully conscious thought that Burt
'needed' to be rejected, in order to feel secure, and that he was

engineering his own expulsion. This, I was informed, was already a pattern in Burt's life; and this parents' friend begged me to do all I could to prevent a repetition. I promised I would do my best, not realising I was already too late. Returning to Norbury late, I found community silent, and I went to bed relieved.

The next morning, I was awoken by a phone call from Harve, who delighted in telling me that 'the others' at Norbury had thrown Burt out, and that Burt was now at his place, and why don't I come on by some time. I spoke to Burt, and asked him exactly what had happened after his therapy session. He told me he had gone round to Harve's again (!) and then back to Norbury, and then ..... he tailed off into an endless diatribe against John, another Norbury resident.

Shortly after that, John appeared, with a severely scratched face - Burt had broken a parametric rule, attacked John, and at the sight of blood, the Police had been called, whilst Burt was held down. The Police arrived, were informed that charges would not be pressed, but that they would like Burt removed. He had arrived at Harve's.

Eventually, however, Harve found that he, too, could not break this self-destructuve pattern that Burt had internalised so well - once more, he was thrown out, and inevitably was picked up by the Police. Again he assaulted a policeman, this time more seriously. After a spell at Brixton where again I was refused permission to visit him, he was moved to Pentonville Prison, in solitary confinement. Somewhere along the line, the authorities realised he was American, and he has now been deported.

I have described Burt's case in considerable detail, as it is my conviction that one can learn as much, if not more, from 'failures' - and from the community's point of view, his case was a failure - as from 'successes' such as Sarah's case considered shortly. What then, can we learn from Burt?

It was mentioned earlier that Burt induced numerous relationships with Sarah and myself. Amongst these were those of the three of us being brothers and sisters, 'the children', with Jenny, John, Pete and Lucy as a double set of 'parents'. Burt actually got as far as verbalizing that one. Sarah and I talked a great deal about it, and could perceive the realities upon which such an indentification took place. None of us went out to work, and we tended, as Burt was often very restless in the evening, to go out to 'play' - cinemas, pubs, visiting friends, etc. - quite a lot.

Similarly, Sarah and I were, of course, his parents: we looked after him, after all. Pete was critical, in retrospect, of the way Sarah and I permitted Burt to act out these identifications, implying that we had colluded in Burt's delusions. Though I resented Pete's criticism at the time, I can see what he was getting at. We should have been more stubborn at pointing out the elements of social phantasy that Burt was manipulating. Similarly, we should, perhaps, have been more brutal in pointing out the degree to which Burt identified himself with cult figures like Bob Dylan and Jimi Hendrix (to whom Burt bore some physical resemblence, although he was white).

There is a point to be learned, too, from the episodes with Harve. I have often wondered whether it would have been justified to restrict Burt's freedom of movement for a period _after_ the trial, as it had been (on pain of losing £200) before it. Undoubtedly, things would have been different to some degree if we had. But I am inclined to doubt whether it would have been different in the long run. It seems to me that short of going 'cold turkey' on the drug of inter-personal relations, there was no way that Burt could have broken the insiduous pattern of the need for rejection. Obviously, from his actions, he did not choose to do that. The question then becomes: is one entitled to force a person to do that, 'for their own good'. It is my conviction that one is not entitled to do so. The lesson then becomes the hardest one of all to live with:

accepting the likelihood that one can do nothing, non-violently, for a
person like Burt, for whom physical violence is so intimately 'built in'
to their ego. Except, just possibly, to realise _how_ such a state of affairs
builds up in the first place, and to seek to avoid the same.

It was Reich's belief (1952) that 'nothing, absolutely nothing,'
could be done for people once they had, in their childhood, been submitted
to more than a critical amount of bio-energetic denial. After that, no
amount of anything could make any fundamental difference. I am not yet
as pessimistic or perhaps, as realistic, as Reich. But it does seem to
be a lesson of therapeutic communities that, where a person's armouring
(to use Reich's phrase) has had to be so hard that it chronically involves
physical violence, then indeed nothing can be done of a truly radical
nature. (I am taking for granted that the stuporose compliance induced
by major tranquillisers does not count as 'radical', that is going to the
roots).

"Oh help me in my weakness"

I heard the Drifter say

As they carried him from the courtroom,

And were taking him away.

"My trip hasn't been a pleasant one

And my time it isn't long

And I still do not know

What it was that I've done wrong."

"Oh stop that cursed jury",

cried the attendant and the nurse,

"The trial was bad enough,

But this is ten times worse."

Just then a bolt of lightning

Struck the courthouse out of shape,

And while everybody knelt to pray

The Drifter did escape.

(Bob Dylan 1968
From John Wesley Harding)

It may be objected the inevitability of failure is a negative and worthless thing to have learned - but I would beg to differ. For one thing, it reminds one, if one needs it (as I did) that no one set-up is going to suit everybody. I think it should be admitted openly that anti-psychiatric communities, of the sort considered here, are simply not appropriate places for physically violent people. The tendency to resort to violence is incommensurate with the dogma of freedom and responsibility that partakes of the essence of such communities' ideologies. This is in no sense a 'criticism' of such communities; on the contrary, it is a necessary fact. Necessary, that is, to the realisation of precisely those ideologies and dogmas of freedom, etc: Freedom as the recognition of Necessity.

The question arises, then, of what does happen to such violent people; the answer would seem to be: they've had it. This is not to deny the host of 'patching up' techniques available - tranquillisers, psycho-surgery, various forms of coercive re-conditioning - nor the availability of 'legitimate' channels for sublimation: the various violences, or 'Forces' as they are called, or for those who can manage a modicum of 'self control', careers such as politican, or psychiatrist. But I have severe doubts of the possibility of effecting a truly radical change in such a person without taking some sort of counter-violence stance that is incompatible with the ideology of 'anti-psychiatry'.

But this is not to say that I think this community should not have accepted Burt. Even though we knew that he had been violent in the past, it is essential to keep the option of 'giving the benefit of the doubt'. At the same time, it is equally essential, for both the community, and the potentially violent person, that if the community is not prepared to handle violence (i.e. is not prepared to have to limit another's freedom to secure its own) that it should make this a rule, and express it explicitly. This was done with Burt, and I am sure he did what he did in order to be thrown out.

Part of the need for such rules is that there is then an 'objective' yard stick against which the community can judge its own actions. For there is the whole question of 'guilt' involved here. Guilt is hard enough to handle on an individual level - at a community level it becomes almost impossible. There were some doubts raised, by Sarah, I think, about whether the community was 'guilty' of throwing Burt out too hastily. Although I bitterly regretted his being thrown out, I strenuously disagreed with Sarah over this, and attempted to lay down the situation as I saw it, i.e. as presented above, and we referred the issue to the whole community. Jenny had, in fact, talked about violence with me when I first arrived, and we had arrived more or less at the position described. But it was not until Burt that the principles had been tested and verified. In that sense, then, the community learned, by observation rather than a priori theorizing, several important features of its own nature.

As a concluding remark, I might mention some of the community's reactions to the sudden <u>absence</u> of Burt.

I think most of us felt depressed to a greater or lesser extent, by our communal inability to do anything for Burt. But more than that, I noticed how strongly we actually experienced his absence. (This applied especially to Sarah, Pete and myself who were with Burt in the day) At the same time, I noticed that we seemed to be 'finding each other' again. I think there was more to this than simply having that many more hours a day undominated by Burt's incessant speech: it seemed to me that the <u>structure</u> of relations within the community altered. Ideally, this 'structure' can be represented by the following diagram, where each dot represents a person, and each line a relation:
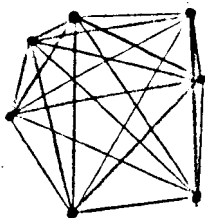
Without wishing to be too quantitative about it, this illustrates two facts, that everybody relates to everybody else, and some people are closer to each other than others. But it seems to me, and Jenny and Sarah, with whom I discussed this, agreed that during Burt's crisis, the structure had been more like this:
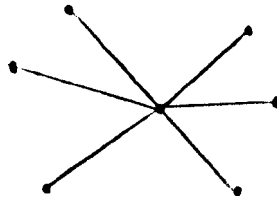
That is to say, we all related directly to Burt, but tended to relate to each other via Burt. This would explain both the strong experience of absence, and the sense of re-establishing contact with each other, when the nodal Burt was removed (whereupon the structure reverted to something more like the first diagram). When, subsequently, similarly pre-occupying crises occurred, I made a point of trying to maintain as much as possible of the ideal one-to-one structure, as many of the errors in the way we treated Burt (such as the collusion that Pete retrospectively pointed out) could thus be avoided. I concluded that the extremely egotistical nature of the restructuring that Burt effected was one of the dangers inherent in an unstaffed therapeutic community. Here again, I think, the community learned something from its experiences with Burt.

(iii)   Sarah

We move on now to consider the second of our 'cases', Sarah.

Sarah is English, 28 years old, with two children and a husband, from whom she is separated. When she first visited the community, she was still in a mental hospital, the visit having been organised by her psychiatric social worker. She was exceedingly depressed, and did not speak a word on her first visit. Nevertheless, the community 'took to her', she came again with her P.S.W. and then later on her own. We invited her to stay for a weekend, during which time she 'opened up'

about herself a great deal, and she was invited to move in. I shall recount the experiences she had prior to moving to Norbury, as they are quite instructive about the nature of mental hospitals and their difference from the Norbury community.

She had gone to University after leaving school, to study English. She said she had been 'a sort of beatnick', which involved her in such things as the Aldermaston Marches, 'hanging around with folk singers', and, inevitably, appreciating Bob Dylan who was, of course, at that time, the hero of the 'protest movement'.

"Come you mothers and fathers

Throughout the land

And don't criticise

What you can't understand

Your sons and your daughters

Are beyond your command

Your old road is rapidly aging

Please get out of the new one

If you can't lend your hand

For the times, they are a-changin' ".

        Bob Dylan. The Times They are a-changin' (1963)

"Schizophrenia is caused by the fact that young people no longer obey their parents" (Journal of Mental Science 1904 p. 272 Quoted by Cooper 1967)

However, at University she had met a man, a drama student, who led her away from her beatnick past, into a highly status-conscious social whirl, centred on the drama scene at Cambridge. They got married when she was 19, and she had two sons, when she was 21 and 24 respectively.

She said that in those days, after leaving University, she was 'euphoric all the time'. She bemoaned her present apathy and lack of energy, contrasting it to the boundless energy she had had in her early 20s.

Things started to go wrong with her marriage however. She found the social obligations - dinner parties etc. - required by her husband too much, and she took her children away with her for a holiday in Cornwall. She started feeling very paranoid, returned to London, convinced she was being followed, a feeling which she made true by a reckless bout of shoplifting. She was picked up by the Police, and eventually hospitalised. She was put on drugs and was released after six weeks. She returned to her euphoric state, but found that coping with her children as well as a job (her marriage had by now broken up) became an increasing strain.

Very suddenly, she told me, she was 'Launched' into a radically new mode of experience that seems, from her description, to fit Laing's description of transcendental experience. She experienced a sudden rush of 'hightened reality'; everything, or rather, everybody, was larger than life. She described her experience as predominantly religious (although she was not normally a 'religious' person) - she divided all the people she saw into either gods or devils. One afternoon, she started staring at the sun, for a prolonged time - then, on seeing her children, she started to scream. Their faces, she said, were grotesquely red, and she identified them as devils, or demons. The neighbours heard her screaming and called the Police, who in turn, called a doctor. At this point, she was at the height of a full blown religious experience, and she became convinced that she was Christ, and was to be sacrificed for the sins of the world (these being embodied in her 'diabolical' children).

Her fears were entirely justified. The Police, six of them, held her down, her arms outstretched to the ground, and thus crucified her. The doctor/centurion pierced her side with a hyperdermic spear, and she was taken to Hell. Literally.

'Hell', for her, was a mental hospital, that truly does sound hellish. She was given vast amounts of tranquillisers, which brought her out of her transcendental hell, to be sure; she gradually stopped

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experiencing people as gods and devils, and herself as Christ. But her religious hell was replaced by a secular one, and her purgatory became a ghastly depression. The hospital gave her a series of electric shocks, the standard treatment for depression - 13 of them. And, as they usually do, they 'worked': she ceased feeling depressed. Unfortunately, however, she could not work out <u>why</u> she had felt depressed, nor could she understand why she no longer felt depressed. She merely had a vague and incomprehensible memory that was impossible to relate to her current experience. She had resisted the suggestion of shock treatment, when she was first asked to sign a form authorising it (she was technically a voluntary patient), but she was informed that unless she consented to it, she would be 'sectioned' whereupon it would be given to her whether she wanted it or not. It was pointed out to her that it was inher interest to avoid a sectioning order, and thus to consent 'voluntarily'; happily, she had enough insight to do so.

Upon release from the hospital, however, she became depressed again, and attempted to commit suicide by jumping out of a first storey window. She told me that part of her knew she was unlikely to actually kill herself by doing so, but at any rate, she did it, and broke her leg. Again, she was hospitalised in a different hospital, first in a general ward, whilst her leg was in plaster, and then transferred to a psychiatric wing, as she was still depressed, withdrawn, and mute. She was put on a large dosage of stelazine, which contributed considerably to her depression, it seems. Like most major tranquillisers, Stelazine appears to have an adverse effect on muscle tone, and combined with the forced inactivity of a broken leg, she put on weight considerably. She experienced this very negatively, as she had had a slim and highly attractive figure prior to her hospitalisation. (Let me stress, this was no fantasy on her part, I saw photographs of her with her children taken just before her last hospitalisation; the change, over just a few months, although perhaps not as pronounced as she had made out, was clearly visible).

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Luckily for her, however, this hospital did not blackmail her, with threats of sectioning, and apart from the idiotic prescription of Stelazine (which is not even primarily an anti-depressant) her life was not greatly interfered with. Furthermore, she was fortunate in having a P.S.W. who realised that it was quite unnecessary for her to remain in hospital, and that what she needed was supportive stimulation, rather than the mindless inactivity of a psychiatric ward. The P.S.W. had heard of Arbours, through friends of hers, and one evening, she obtained permission to bring Sarah for an evening visit.

She was, I must admit, a sorry sight, that first evening. Her face expressed unremitting gloom, her body sagged from the weight of her depression and jellyfying effect of the tranquillisers. (Perhaps I should add that I had taken Stelazine myself when I was giving it to Burt, believing as I do, that it is immoral to give someone a psychotropic drug unless one is prepared to experience it, at least once, oneself; so my knowledge of the drug contains the stratum of subjectivity that is a prerequisite for objectivity - or bias, according to one's epistemology.) She did not speak, or respond to questions. She was still on crutches.

Despite a total lack of enthusiasm on Sarah's part, she was invited to visit again, which she did, again accompanied by her P.S.W. a week later. On this occasion she spoke, saying that she might like to move in, but relapsed into gloom on being told how much it would cost. I suggested that she could get social security to pay her rent, if it could be arranged with Arbours that she didn't have to pay too much. I had been feeling uneasy about what I saw as the elitist nature of Arbours, being an 'option' only for relatively wealthy people. This would be a 'test case', I felt, and I resolved that I would do my uttermost to make sure that Sarah was not 'squeezed out' in favour of wealthier prospective residents. At any rate, we all liked her, felt that the community would be good for her, and her for us, and she was invited to come and spend a few days on a 'trial visit', if the hospital co-operated.

In due course, she arrived, and got on well with everyone. She was still extremely depressed, but in the context of sympathetic people interested in her background, her depression changed, from a general, all-encompassing gloom, to specific feelings about specific things. She began, in fact, to structure her present experience, isolating issues about which she was depressed, relating these to past events and feelings. Thus, by having to 'present herself' to us, verbally, she began to undo the literally 'de-structive' damage done by the electro-shock treatment. She could do so only slowly - it was obvious that a vague ill defined depression, clouded over by the tranquillisers, was easier to accept, in some ways, than specific depressive issues, which demanded action to resolve them.

It was decided that we would accept Sarah, if she wanted to come, which she earnestly did. The hospital was not quite so eager, however, and she was forced to wait another three weeks.

She eventually moved in on the 21st May, by which time Burt was with us; though luckily, I think, for her, hewas at that time still relatively withdrawn.

Gradually, it became clearer to her, and to us, 'where she was at'. She became clearer about the issues in her life that were bothering her. Initially, her main pre-occupation was with the way her life had been 'damaged' by her hospitalisations. Where once she had been active, sociable and an extremely capable mother, she was now lethargic, and incapable of 'doing anything'. She had been terrified, when she came to visit, when she discovered that she would be expected to join in activities like shopping and cooking, and had initially said she couldn't come on that basis. I had to accompany her to the shops on the occasion of the first meal she prepared. Gradually, as she recovered her destroyed self-confidence, it became apparent that she was, in fact, an excellent cook.

Another issue was, as I said, her figure, the spoiling of which she attributed to the tranquillisers. She told me that the hospital had told her she would have to carry on taking tranquillisers, for at least another five years. She complained also that she felt dizzy, could not organise her thoughts to motivate action and, although she felt restless, found it very difficult to undertake anything, even down to getting up in the morning. She asked me what I thought about Stelazine, so I told her, and showed her the 'Product Information' on it, given in the MIMS Annual Compendium (of which I had a copy). Among the 'mild and infrequent' side effects listed, were: 'Lassitude, drowsiness, dry mouth, dizziness, blurred vision, and transient restlessness'. (MIMS Annual Compendium 1972 p. 219) She stopped taking Stelazine within a week or two of moving in. For a few days she said she felt very nervous and anxious, but gradually realised that she could think clearly about her own life for the first time in ages.

She began to develop a personal project, which concerned why she was at Norbury. Her ambition, she realised, was to be able to look after her children again (they were, since her hospitalisation, with her husband). This entailed 're-contacting', as she put it, the energy sources deep within her, and re-learning how to channel them appropriately. The former happened fairly soon after she gave up tranquillisers; the latter was a much longer business. Only gradually did she regain her confidence over such mundane matters as cooking, shopping and laundry.

When Burt started to freak out, however, she was thrown in at the deep end, so to speak, with respect to emotional demands. Burt formed an intense and very demanding relationship with Sarah, that involved, as we saw, elements of motherhood, and also peerhood. Burt would insist, for example, that he lie with his head on her lap, and generally indicated a strong degree of dependence. Now, I do not know if that was a 'good thing' for Burt; but retrospectively it was certainly good for Sarah. For it was through her intense and exhausting relationship with Burt that she realised she had the capacity to look after her own, real children.

It was soon after Burt left that she began to seriously re-establish contact with her children; she had them visit the community, and at one time, considered the possibility of having them move in.

This possibility provoked a great deal of thought and discussion, on the part of all of us. Sarah felt uncertain as to whether she was ready to undertake the task of looking after them on her own, yet a decision had to be made, as her husband was soon to move to a new job, and had to hand them over to her, or effectively take them right away from her. The community was split over the desirability of young children living in, but eventually she made the decision and she left Norbury to live in a flat, with her children.

But her relationship with Burt, and myself, had taught her other things. For it will be recalled that another fantasy role structure was involved, of Burt, Sarah and myself as 'the children'. The hectic 'social rounds' with Burt and myself, the pubs, the Bob Dylan sessions, and the 'hippie' life-style that we led in the community generally, put Sarah in touch with a long forgotten past. She realised, as never before, that she had abdicated her right to enjoy herself; she saw clearly just how much she had sacrificed in her role as obliging and 'socially presentable' wife (to an audience she did not, in fact, respect) and as a mother; she understood her 'crucifixion' as a symbolic expression of this sacrifice, and her hospital treatment as a misunderstanding of it. She understood, in a word, the meaning, the truth, of her depression, her lowlands.

"... Why did they pick you to sympathise with their side?

Oh, how could they ever mistake you?

They wished you'd accepted the blame for the farm,

But with the sea at your feet, and the phony false alarm,

And with the child of the hoodlum, wrapped in your arms,

How could they ever, ever, persuade you?

With your sheet-metal memory of Cannery Row

And your magazine husband

who one day just had to go

And your gentleness now,

which you just can't help but show .....

And your saint-like face, and your ghost-like soul,

Oh, who among them, do you think could ever destroy you?

Sad eyed lady, of the lowlands ......"

(Bob Dylan 1966   From Blonde on Blonde)

Understandably, when this realisation first began to dawn, it 'depressed' Sarah even more. But the crucial fact, never suspected by the man behind the E.C.T. machine, is that depression is not some mysterious pathological intervention, but is a _real_ response, with its own, admittedly obscure, rationality, to a _real_ situation, that demands a _real_, objective change in the person's social existence. Furthermore, it is a prerequisite for bringing about the latter that the _real_ situation, to which the depression is a response, be clearly seen, and experienced in its painful totality.

Sarah realised, then, not only the 'facts' about her past, but also that she could not re-live it, in the concrete sense. The 'high times' with (relatively) no cares that she experienced at Norbury were 'true' in some senses: they recalled a repressed part of her, they enabled her to regain certain lost abilities, and they were also just plain 'good times', absolutely valid in their own here-and-now, in themselves.

But as with all growth situations, there was a dialectic involved, a contradiction. There was, as she realised, an element of _unreality_ about her freedom at Norbury, given the (ultimately) inescapable fact that she was a 28 year old mother of two children. The realisation of this contradiction was what determined, I think, her choice _not_ to try and bring her children to the community. She came, eventually, to a satisfactory synthesis of her responsibility to her children and her desire for freedom. She moved out, having spent a little over three months in the community, well able to cope with her children, _and_ to

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lead a life of her own. Her fears that the tranquillisers had ruined her sexual attractiveness were proved wrong when she found a boy-friend.

Although we were all happy for her, it was nevertheless sad when she actually came to leave. I was delighted, therefore, by the following synchronistic event. She had fixed the date she was to leave the community some while in advance, and as the day drew near, we were looking round for something good to do on her last night. We joked that as Bob Dylan had played such an enormous part in her life at Norbury, and in our relationship, that it should be something involving him - perhaps he would turn up mysteriously and do a concert in Lonbn on Sarah's last night! Well, Bob Dylan couldn't make it, but we discovered to our delight that one of the late-night cinemas in London was showing a film of one of Dylan's British tours that very night! So off we went, and Dylan saw Sarah well on her way, into a new life. With an irony as positive as it was unavoidable, the film was called 'Don't Look Back'.

(iv)   Bob

We come now to consider the last of our 'case studies', that of Bob.

Bob was an Englishman, in his early to mid-twenties. He had come to Norbury as a social work student, doing a placement as a part of his course. As such, he was the first student to stay any length of time whilst I was at the community, and I valued having a fellow academic to wrangle with, although - or perhaps because - our academic inclinations differed considerably.

He described himself as 'a real city boy'; he liked people, and plenty of activity. He contributed a great deal of organising energy to the community, and, was good at 'getting people off their arses', particularly in pursuit of good beer, a matter on which he was something of a connoisseur! He bemoaned the quietness and isolatior of Norbury, preferring the rush of central London, which fascinated me, as I was overwhelmed by precisely the city-like nature of Norbury, having lived in the country all my life.

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He had been to University at Newcastle, and on getting his degree had gone to India for some time. I was quite surprised when I learnt this, as such a typically 'hippie' undertaking seemed alien to the impression he gave now. I subsequently discovered that his trip to India had been a very painful and disturbing experience for him - he attributed much of his present personality to a reaction to the trip. At any rate, on his return he enrolled as a social work student in a London college, which he was in the midst of when he came to Norbury.

He had visited Norbury only briefly before he came to stay, so none of us really knew what to expect; and in view of his immediate 'welcome', I think the same applied to him!

He arrived late one afternoon, right in the middle of one of Burt's violent episodes. Burt, it seemed, took an instant dislike to him, and started pushing him around, and generally being unpleasant. This got on Bob's nerves, and he shoved Burt aside with a depricating gesture. Burt was enraged, and attacked Bob, and had to be restrained; furthermore, although he was usually mercurial in his likes and dislikes, on this occasion he showed no signs of easing up on his dislike of Bob.

Bob was visibly upset by this reaction, which evidently precipitated him into quite a crisis. On the one hand, he was eager to be involved in Norbury, and very loathe to risk 'copping out' as soon as he arrived. On the other hand, Burt obviously disliked him, and he felt that his presence might jeoparidse the stability of the community at large. But his feelings went deeper than that, as he intimated that afternoon. I subsequently discovered that Bob himself had something of a violent streak in him, deep down, that had once surfaced uncontrollably. He told me later that he had feared that prolonged agitation from Burt might release a similar uncontrollable violence again, that he would surely have regretted subsequently. At any rate, he decided to leave, after consultation by phone with his supervisors, and to ring up a week later to see how things were.

As it happened, Burt had been thrown out by the time Bob rang back, and so he eventually joined the community at the beginning of July.

The period that Bob was with us, was, in the main, a fairly quiet one - at least, a non-critical one. I cannot know how he would have behaved under the heavy strain of a crisis, but as it was, his organising energy was channelled into 'pushing upwards' rather than 'holding together' activity. (I Ching Hexagrams 46 + 8).

He flourished on regularity, and although the latter is not my strong point, I benefitted and enjoyed the activities that his predispositions facilitated. He took great delight, for instance, in cooking a good breakfast, each morning, where I did my best to be up by lunchtime. He amazed me by his apparently boundless early morning energy and mental astuteness at an hour when I could barely think. But my amazement turned increasingly to respect when he turned his breakfast sessions into dream seminars. This is a perfect example of the positive side of his regularity, that, at other times, I found over-regimented. For months I had toyed with the idea, but wildly unpredictable bedtimes had precluded it. Once he had initiated it, however, I made a point of getting up and joining in. Bob was quite well-versed in Freud, and the seminars remain a cherished memory for me.

Similarly, he injected a note of energy and enthusiasm into long summer evenings when the rest of the community was back from work. It will be recalled that the community had become somewhat dichotomized during Burt's stay into the 'children' - Burt, Sarah and myself - and the 'grown-ups' - Jenny, John, Lucy and Pete. Bob was perhaps the ideal person to restore a sense of unity to the community, arriving, as he did, in the wake of Burt. Particularly, with Jenny, but to some extent with all of us, he had the ability to bring out good spirits. He succeeded in getting the community out of the house - down to a good pub, or a cinema - where I might have suggested just sitting round with the record player.

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Once, in a discussion we were all having on astrology, he asked me
if I could guess his birth sign. I replied unhesitatingly 'you must be
a Capricorn', and indeed he was (in fact he was a double Capricorn, i.e.
not only the sun, but also his 'ascendant' or Eastern horizon, was in
Capricorn at the time of his birth). Certainly, almost every aspect of
his personality fitted that traditionally attributed to Capricorn. (Of
course, I would not dare to suggest that this was any more than co-incidence
- but then, who can truly say he knows what a coincidence is? Or is not?)

Amongst these is, traditionally, and also with Bob, a strong concern
for ambition and status in worldly matters. Although he 'held back' with
respect to himself, by and large, over career matters, he was obviously
concerned about others in the community in these matters. With the deter-
mination also supposedly typical of Capricornians, he expressed his concern
over the lack of progress in Jenny's job, and her 'career' as a therapand.

Jenny had been in therapy for several years - it was apparent to
anyone who knew her that she 'knew the ropes' as far as therapy was
concerned, in Bob's opinion, better than many a therapist. Certainly,
one could hardly fail to be impressed by her ability to encourage Monday
night visitors to 'open up'; she had the combined skill and gentleness
to bring a person out of themselves, where a direct question might have
resulted in them shutting themselves firmly and finally up. I had
noticed this many times - she had done it with Sarah, and I suppose with
me - but I had attributed it, unthinkingly, to some inherent trait or
asset in her. Bob, however, who soon noticed it too, was convinced it
was a learnt skill, derived from her considerable experience of therapy.
But what really seemed to upset him was that she made no use of this gift -
or acquisition, as I suppose he saw it -outside the community. This to
him, was indeed the height of Jenny's craziness. She was not particularly
happy in her job - certainly the people she worked with sounded 'beneath
her' in intelligence and in capacity for experience - yet she had stuck
at it for eight years, Whereas to me that was simply incomprehensible,

to Bob it was clearly wrong; and her urged her to pack it in, and take a job where her skills would benefit her.

Similarly, Jenny had complained of the stasis in her therapy. And here again, although I imagine Bob refrained from ever directly urging her to give up her therapist (at least, I hope he did) I know that it was his opinion that she should do so, and he fertilised the seeds of doubt already in Jenny's mind.

In fact, after Bob had left, Jenny took time off, both from work, and later, from therapy, although in the end she decided to resume both. What I think Bob had got across was not a false 'change at any cost', but rather a greater awareness of the fact that to continue at something is just as much of an act, a decision, praxis, in fact, as is the act or decision of change; and that is a valuable awareness.

Bob was required to submit a 'case study' after his time at Norbury; he chose Sarah as his subject. Here again, his energy and motivation worked for the better. Sarah was just emerging from the tumultuous relationship with Burt; Bob's tendency to state what he thought very forcefully, and his tendency to get you to do the same, helped to 'centre' Sarah's awareness, particularly in respect to her children. Although I think she resented some of the things he said (naturally, he showed her what he had written) I think both she and Bob would agree that this was an example of the academic sub-function of the community vindicated.

It is very hard to answer the most important question with respect to Bob's stay: namely, what did he get out of it. He expressed some disappointment that things had been so quiet during his stay - though, of course, he had chosen to avoid prolonged confrontation with Burt. As I have tried to indicate, it is my belief that he was in fact of more 'value' to the community in the calm after the storm of Burt than he would have been during it, or during a similar though less drastic storm that blew up shortly after he left, involving a resident who moved in during Bob's last week. Perhaps I over-estimate his Capricornian

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traits, but I doubt he would have had sufficient flexibility to assist greatly in such a crisis; as it was, he gave us solidarity when it was most needed. Paradoxically, then, I would judge the 'case of Bob' to be a 'success', from the community's point of view, though perhaps not so much from his. In some way that I cannot adequately express in words, I found confirmation of this on the occasion of meeting him again, some months later, at a Network Christmas Party. Where I, and other Norbury residents were delighted to see him, he seemed in some way to be embarrassed. I cannot explain this apparent discrepancy, but it indicates to me some lack of satisfaction, or wholeness, in his perspective or his feelings, about his relationship to the community.

Like all the students who stayed at Norbury, Bob returned to his academic institution on leaving. One must conclude, presumably, that students are less open to radical changes in life-style than other classes of residents. Perhaps we do have too much to lose.

CHAPTER FIVE

TOWARDS A PRACTICAL
SOCIAL PHENOMENOLOGY

In this chapter I would like to step back from the flow of description of Norbury, and say something about what conceptual apparatus I arrived at the community with, what I left with, how it changed, and how it partially determined the end-result which you are reading: in a word, I should like to discuss some issues of 'methodology'. I Say 'conceptual' as I used no concrete apparatus beyond a diary.

My basic situation, in academic social science terms, was obviously that of 'participant observer' though in many ways I would prefer to re-stress the phrase as 'observant participant': even before I arrived, participating was more important, _for me_, than observing.

Looking back, I can now see quite clearly that the intellectual and ethical apparatus that I arrived with, to assist my participation-observation, was basically Sartrean: ideas and convictions derived from the writings of Sartre (particularly Being and Nothingness, Search for a Method, and Critique de la Raison Dialectique /Sartre 1969a, 1968, 1960 1976_7) both directly and filtered through the works of Laing, Cooper and others. So how did this background condition my praxis; how did these ideas participate in my observation, how did I observe my own participation?

The essence of the 'Sartrean' assumptions that guided and inspired me is stated, with the succinctness of genius by Sartre in Being and Nothingness: it says all that really needs to be said about the dialectics of participant observation, to one who is about to try it.

"Being seen by the Other is the truth of seeing the Other"
(Sartre 1969a, p. 257)

I took this to mean (and su bsequent experience confirms and reconfirms it) that one can only expect to get a 'true' Picture of the Other person (or persons) if one is _open_ to them, permitting or encouraging them to perceive a 'true' picture of oneself. It means that openness is a shared activity, truth a mutual discovery. It meant, for certain, subordinating, perhaps even transcending, my 'role' as a social scientist: I knew from the outset that I could not get away with hiding (myself) behind a mask of detached observer, aloof expert, sociology post-grad, or other species of non-being. I could not, that is, if I wanted to actually _see_ anything.

So my immediate 'methodological problem' (and it really was immediate) was: how to be open with someone called crazy - i.e. who acts in highly unpredictable, potentially disturbing ways.

In the first instance, my 'solution' was basically to assume there was no problem - or rather, not to assume there was one - not, in fact, to _think_ at all, but, as far as possible, to merely act: to do more or less anything that came to me, including those things which I might normally stop myself from doing because of what other people might think. Hence, as I describe elsewhere, I found myself jiving with Mike, for example.

However, this sort of no-mind spontaneity was only half the story; for me, Participant Observation involved two problematic areas: how to be there, and how to think about what I experienced (including the experience of being there). The specific dialectic I had to establish in my own praxis was how to think what was going on at the same time as doing what was going on; how to think about the total situation and myself in it without jeopardising that essential spontaneity.

As I say, my initial assumptions were based on Sartre's philosophical writings, particularly as these have found more methodological expression in the work of Laing et al. In particular, Sartre's conception of the unity of a group as being the interiority of each members totalisation of the group was an idea that fascinated me; furthermore, practical

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attempts to use the idea (notably to be found in Laing and Esterson 1964 and Esterson 1972), whilst being encouraging, did not seem to me to have been through or exhaustive in their use of the idea. My fieldwork seemed like the ideal opportunity to take it further.

I rapidly discovered, however, that I kept coming headlong against the very things that left me dissatisfied in Laing and Esterson's work. In the latter, one frequently finds issues glossed as 'requiring deeper phenomenological analysis' or 'further totalisation'. In my own case, I kept finding that I could not reduce all that was going on to the praxis of individuals, that whilst there certainly was totalisation, there was not only totalisation. (I had not then, as I have now, read the remarkable interview with Sartre(in Sartre 1974) in which he is taken to task over precisely this point.) Moreover, I increasingly found it an alienating mode of thought: far from facilitating simultaneous thought and action, I found I could only think that way _after_ the event.

As is always the case, I suppose, one's ideas and methods develop as one goes along; and for once I would agree with B.F. Skinner, that 'one sometimes gets lucky'.

My luck took the form of finally getting round to reading Husserl – and reading him in that particular context, of a community. I was familiar, in a vague way, with Husserl's ideas already, but I had not, to any significant degree, read and worked on Husserl's writings themselves. Doing so, and consciously working at synthesizing thought and action, theory and method, led me to an intimacy with (and I admit, an affection for) Husserl's work that is hard to express and harder still to justify. My first attempt to do so led me to go too far _into_ Husserl, and not enough around him; this attempt will probably do the converse.

Reduced to absolute basics, I take two fundamental ideas from Husserl: the epoché or phenomenological reduction; and the Lebenswelt. I consider my theoretical praxis to be incomprehensible without some account of these terms and their meanings for Husserl. I shall consider the epoché first.

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Husserl's philosophical starting point is Intentionality. By this is meant the idea that consciousness is always consciousness of something; whatever the modality (perception, imagination, dream, etc.) one can always distinguish between the _object_ of consciousness, and the _consciousness_ of the object. The latter, Husserl says, is noetic (from the noun, noesis): it is a meaning-giving act. Corresponding to every noesis, there is a noema, or noematic correlate. This refers to the meaning-content thus 'given' in the noetic, meaning-giving act. Husserl considered that the task of philosophy was the elucidation of the basic noematic structure of human consciousness. It need not concernus _why_ he thought that; what matters is that he developed a method for doing so. That method is precisely the epoché, or phenomenological reduction.

Although the term first appears in 1907 (significantly, I am certain, as Husserl was at that time undergoing a major personal/professional crisis), it was conceived in increasingly radical degress throughout the development of Husserl's philosophy. In the first instance, it merely involves the suspension, or bracketing, of existential assumptions with respect to whatever object is phenomenologically reduced. Suppose it is the candle of my desk. In this first 'mild' reduction, I merely bracket my assumption concerning the empirical reality of that candle. Note, I do not _deny_ its reality: that would be a counter-assumption. I merely refrain from making any judgement, any assumption. It may, then, be real, hallucinatory, a dream, or whatever - I don't care. During the reduction, my sole attention is on it as a phenomenon: that is, as an intentional object, presented to my consciousness.

The next step in the epoché is the bracketing of _all_ existential assumptions including that of my own ego. This, Husserl claims, yields a realm which reveals pure essences, available to the intuition of the transcendental ego. Even later, there is yet a further step, a yet more radical reduction. For even the realm of pure essences still reveals an inter- subjective world, a world of common, shared meanings. In this

final epoché, all meanings not derived from my own self are bracketed, to reveal what Husserl calls 'my sphere of peculiar ownness'.

We need not follow Husserl into that admittedly peculiar sphere! The general sense of the epoché should be apparent: that by bracketing one's assumptions of thinghood, one may be afforded a deeper insight into the nature of the thing as one apprehends it.

So what then of social phenomenology? How and why was Husserl's idea of relevance to me?

It seemed to me that what often 'came between' people, as we say, what blinded one to the other, was the assumed thinghood of a label. For instance: x calls y a p. z then relates to y, sees y as, a p. (Let x be a psychiatrist, ⚁ an employer, ρ a schizophrenic. Or x a vice-chancellor, p a professor, z a student. All are labels; some appear benign, others do not. All potentially stand between direct person-to-person contact.)

So I conceived the idea of performing an epoché as a part of on-going social interaction. That is, I attempted to systematically bracket, or suspend as many assumptions and judgements about the person I was with, myself, and the situation we were in, as I could. Assumptions such as 'that person is: crazy/a woman/a responsible adult/co-extensive with the physical body I see/over there whereas I am over here/a therapist/ experiencing and therefore making judgements about me/and so on'.

Furthermore, I found that I could do the same reduction one level up so to speak: not only could I reduce my own experience (as described above) but I could reduce what they gave me of theirs, i.e. their communication. I could, that is to say, listen to their discourse without making any judgements as to sense or nonsense and the like; and, I could think about doing it at the same time. I found, then, in this modification of Husserl's idea of epoché, the conceptual apparatus to solve the first of the problematic areas of participant observation: how to be there in an open, spontaneous way. Of course, actually doing it is not always so easy: not only is there the mental habit of projection to get

over; there are habits of action as well. Judgements often predicate duties; in social phenomenology, actions may be 'bracketed', or 'suspended' too. That is to say, one has to acquire the ability <u>not to interfere</u>.

The global concern to be-with, then, resolved into being-open (via the epoché) and a respect for the being of the other as a 'letting-be', a refusal to interfere (also based on the epoché though less directly). Hence, I came, via a different route, to very much the same conclusion as Cooper, who wrote

> "The aim of a community that would be truly healing, a community of freedoms, must be to produce a situation in which people can be with each other in such a way that they can actually leave each other alone ..... We have to rediscover the lost meaning of the Taoist principle of wu-wei, the principle of non-action, but a positive non-action that requires an effort of self-containment, an effort to cease interference, to 'lay off' other people and give them and oneself a chance."

<p style="text-align:right">(Cooper 1970, p. 88-9)</p>

Cooper rightly stresses the effort involved in this.

To sum up provisionally, then, the idea of epoché, derived from but not identical with that of Husserl, for me involved the following:

(a)   a practical method of opening myself up to other people, by not projecting between us a set of pre-judging conceptual categories, and, corrobaritively, refraining from certain typical actions based on those judgements.

(b)   a practical method of observing myself, particularly my prejudices, but generally my own patterns of thought. As such, the epoché could quite validly be called a meditational exercise.

(c)   a whole, articulated, more or less coherent and comprehensible philosophical system with which to think about (a) and (b), and the contents they revealed. The relevance of all these to the

activity of particpant observation is surely apparent.

I have said very little about (c): the fact that the epoché is not
an isolated concept - there could be no such thing anyway - but on the
contrary, it is part of a vast system which we may call 'Husserl's
philosophy'. At one time, I thought this system might replace Sartre's
as the answer to my second basic problematic area of participant observa-
tion: how to think my data. I shall not, on this occasion, go into
details of why Husserl's system, like Sartre's, has its failings. But
I cannot yet leave Husserl, because, although I reject his system, I
make extensive use, in subsequent chapters, of another important term
in his philosophy. Its occurrence in this thesis reflects its place in
my thought, which itself is conditioned by (a) its importance in
Husserl's system, (b) its relevance to what I found precisely lacking in
Sartre, but most importantly (c) its very real applicability (for me, at
the time and subsequently) in thinking what was happening at Norbury.
The term is Lebenswelt.

The Lebenswelt, or 'Life-World' is a term that undergoes many trans-
formations in the course of Husserl's work. He was aware of the many
difficulties inhis earlier presentations, notably in the Cartesian
Meditations (Husserl 1973a), but, unfortunately, most of his later work
devoted to overcoming these is little known, mostly untranslated, and
a great deal of it unpublished. I shall not here go into the details
of the concepts' development (for this, see Carr, 1974), but rather
attempt to present the more important of its terminal features. The
account that follows, then, is based on my synthesis of (a) the relatively
few later Husserl texts available (Husserl 1965 and 1970 plus small,
translated extracts from the unpublished Husserl archives) (b) a
thorough reading of the work of the so-called Husserlian Left (particu-
larly Paci 1972, Piccone 1971, Rovatti 1970 and Piana 1972) (c) assorted
other works, particularly Carr, 1974 and Schmueli 1973.

At its most basic, the Lebenswelt is the 'background' world of common experience: it is the world as presented in direct, immediate pre-categorial experience, prior to the imposition of scientific or other categories. It is nevertheless a human world, for the Lebenswelt is none other than the actual world we live in. It is thus also, even primarily, an historical world, and as such, a Lebenswelt is relative to a given society at a given time.

The Lebenswelt is, then, the pre-categorial foundation of our social experience; it thus is the basis for all practical activity, including theoretical activity - or theoretical praxis, as Husserl, presaging Althusser, himself calls it.

Science is such a theoretical venture. But the Crisis that Husserl speaks of is a crisis of the meaning of science, for man. For science has, in its theoretical abstracting, turned man against himself. Science, like any other human activity, starts from the Lebenswelt. Yet, it attempts to grasp man himself in terms of the abstract idealised categories it imposes on the world. Thus, science loses touch, Husserl says, with the Lebenswelt, and thus with its human meaning, its very telos.

To redress the situation, we need a science of the Lebenswelt - a science, that is, of real concrete men in society, not a pseudo-science based on projected, idealised categories. But how is this to proceed, if not by projecting such categories? The answer, as we might suspect, lies in transcendental phenomenology. The demand that the Crisis of Meaning makes is that we should perform the phenomenological reduction, to so to speak, blast our way through the occluding categories that filter our experience, to perceive, quite simply, the Lebenswelt. By 'bracketing ' the theories of science, and any other empirical-existential considerations, i.e. by performing the epoché to the transcendental subject, we can take the Lebenswelt at 'face value'. Nothwithstanding the relativity of each Lebenswelt, all exhibit a certain variant structure: it is extended in space and time (as experiential structures,

not physical categories) and it exhibits regularity (the scientific idealisation here is that of causality).

One important feature of the Lebenswelt is that it is intersubjective; indeed, Husserl claims that it is in the Lebenswelt that we finally reach the transcendental foundation of intersubjectivity. It is in the pre-categorial world that we come to 'know' our sociality; upon the basis of this we do then, subsequently, express it in idealised terms: 'the world is actually full of other people' etc. But if this is so, then it follows that the 'transcendental ego' is none other than the concrete, experiencing man - I, myself. Certainly, there are many passages where Husserl suggests this strongly, though he is sometimes equivocal.

At any rate, the so-called 'materialist readings' of the later works of Husserl, take this line and whilst not agreeing with Piccone, Paci et al, who seem able to read the whole of Marx in later Husserl, I take here a basically materialist concept of the Lebenswelt. Before examining how such a concept was so illuminating, however, it will be indispensable to give a brief account of the ideas of Sartre as expressed in the Critique of Dialectical Reason (Sartre 1976) and its introduction, published separately as The Search for a Method (Sartre 1968).

The Search for a Method deals with two main issues: a critique of so-called 'dogmatic Marxism' (in fact, the 'Marxism' of the later Lucaks, although his name does not appear in the book), and an account of Existentialism as an 'auxiliary discipline' within Marxism. It is hopefully unnecessary to spell out the former in detail; there have been many such critiques since the 50s. Briefly, the salient features are rejection of the following tendencies in orthodox Marxism: the inability to grasp individuals in their individuality; the dogmatic subsuming of specific historical instances in terms of pre-given categories; the reduction of everything to the blind effulgence of necessary 'laws' of historical development and class conflict; an atrophied theory of consciousness and its relation to social being; and a hyperstatisation of the dialectic, especially between the so-called 'base' and the

'superstructure' (particularly through the Stalinist notion of 'infra-structure'). (For detailed accounts of these tendencies, see Sartre 1968 and Piccone 1971. Also the section on Marxism in Paci 1972)

The other issue, that of Existentialism 'within' Marxism, demands our fuller attention. Sartre sees the role of Existentialism as a mediating auxiliary discipline, and in that respect, similar to psycho-analysis or sociology. Indeed, it is precisely the short-comings of 'orthodox' Marxism that condition the necessity of existentialism as an ideological mediation within Marxism at the present time. Sartre quotes Marx as follows: 'In a letter to Lassalle, (Marx) defines his method as a pursuit which "rises from the abstracf to the conrete". And for him the concrete is the hierarchical totalisation of determinations and of hierarchized realities.' (Sartre 1968 p. 49) Existentialism then, for Sartre, is a 'necessary moment' within this hierarchical totalisation; its special realm of significance is the irreducibility of the individual. In appraising an author, for example, we need existentialism (and psycho-analysis) to illuminate the irreducibility of the author's individual identity within his prevailing social order. To cite Sartre's favourite example, Flaubert: we cannot explain away Madame Bovary by saying Flaubert was a bourgeois; this is true but not enough: we need to know why every bourgeois was not Flaubert.

Laing and his co-workers Esterson and Cooper are amongst the few workers who seem to have taken Sartre's prescriptions seriously in theory and practise (Laing and Esterson 1964, Laing 1965, Cooper 1967). Esterson particularly, in his brilliant work The Leaves of Spring (Esterson 1972) offers a paradigm of this approach, presenting as he does just such a 'hierarchical totalisation' of psycho-analysis, phenomenology and existentialism within a broad Marxist framework, as applied to the study of a supposedly 'schizophrenic' woman.

We move on now to consider the Critique itself. Reduced to its absolute basic, the Critique attempts to portray the a priori relations

between the individual and history. What this entails is a demonstration of how the totalizing praxis of individuals is itself totalized 'in exteriority' (is beyond the individual's level) in groups (whereby it, the individual's praxis, becomes other than his own) and further, how groups' praxes become other to themselves in history. The structure of the Critique reflects these aims. The Introduction deals with the nature of the dialectic, both as ontology (social reality is ontologically constituted by concrete dialectics) and epistemologically (knowledge of social reality is a dialectical form of knowledge). Book One, entitled 'From Individual Praxis to the Practico-Inert' details Sartre's notion of individual praxis as totalisation: that is, as an active, on-going synthesis of an individual's project (intentionality) and his concrete field of possibilities. It explores how human relations act as a mediation between different sectors of materiality; specifically, how material scarcity universally conditions men's relations to each other. Under conditions of scarcity (which though contingent, are nevertheless universal) the world appears as 'object of consumption' wherein each other man is 'one too many'. Scarcity, then, constitutes the negative unity of men. Probing deeper into this unity, Sartre shows that scarcity gives rise to two forms of necessity which arise as dialectical experiences within the structure of the unity. Both are said to be a priori forms of alienation, and are termed objectification and alteration.

Objectification refers to the 'theft of praxis through matter': worked-on matter embodies, locks up, man's free flowing praxis; furthermore, under Capitalist modes of production, the theft is actual, in that a worker's objectifications, the fruits of his labour, are actually appropriated by others. Sartre seems closest to the Marx of the Economic and Philosophic Manuscripts here - or perhaps even to Hegel, given his insistence that objectification is a priori form of alienation.

Alteration occurs when an individual's praxis changes from action-for-himself into action-for-others. The structure of this movement Sartre terms alterity. Socialisation, it seems to me, is largely a matter of internalised alterity.

Thus we have two structures of alienation: Objectification - 'being-outside-in-the-Thing' and Alteration - 'being-Other-for-the-Other'. Both forms, insofar as they are negations of an individual's freedom, have an inert, dead quality; yet they are the effulgence of praxis: Sartre calls this mode of being the Practico-Inert. It is the latent meaning in a tool, and the inhumanity of a bureaucracy.

Sartre uses the concept of the practico-inert to illuminate the formation of groups. The first of these he considers is the 'minimal' group, the series. A series is a group wherein each is other to the other. Sartre uses the example of a bus queue. The people in the queue are a 'plurality of solitudes'; each lives out the project: I have nothing to do with you. The sole significance of every other for each is as a number in a series, between each and the thing (the bus). The bus is an object, worked-on-matter, an example of the practico-inert: the series is the most basic, most altered form of group conditioned by the practico-inert. For it is indeed the bus and only the bus, that totalises this multiplicity of solitudes into a group, a bus queue, a series. The series, in a sense, is neither individual praxis nor group praxis: indeed, as a practico-inert field, it is an 'anti-dialectic'. The practico-inert field is the negation of individual and group praxis; and it is also negated by these praxes. The negation of the practico-inert field by a multiplicity is termed by Sartre an Apocalypse, and begins the process of group fusion. It is to these issues that he turns in the second part of the Critique, entitled From the Group to History.

Sartre starts by considering how a series transforms itself into a group-in-fusion; his answer rests on the notion of the 'third', i.e. an observer of a 'dyadic' relation. The group is not - as many sociologists have thought, binary - individual:group - but ternary: each as a third totalising the others and being so totalised as 'us' by each other. And ternary relations are not serial - other, elsewhere - but fused - us, here-now. Sartre stresses that there is no 'hyper-synthesis', no

'priviliged synthesis of syntheses'; rather, the unity of the fused group is said to be the _interior_ of each synthesis.

For a group to achieve permanence, it is necessary to re-invent, continually, this totalising interiorisation that constitutes the group, via what Sartre calls the 'Pledge', imposed on each by each with 'terror'.

Then follows a consideration of organisation and institutionalisation within groups; of structure and function; of the difference between group praxis and process (hopefully familiar from Laing's repeated use of this distinction. Laing 1962, Laing and Esterson 1964); and finally, a direct consideration of the individual in a class society.

Although the Kantian title, Critique of Dialectical Reason strongly suggests it, it should be emphasised that Sartre is only attempting the a priori foundations, not the actual presence of, a 'materialist anthropology', i.e. science of men. He repeatedly asserts (Sartre 1969 and in 1974) that he will apply this schema to the concrete case of our own history, in the projected second volume of Critique. In view of his failing health, this now (1976) seems unlikely to appear.

Reactions to and criticisms of the Critique have been, on the whole, unilluminating (for a comprehensive review of the relevant literature here, see Lapointe and Lapointe 1974). An exception to this is an interview with Sartre himself, conducted by the New Left Review (Sartre 1969 op cit). The interviewer takes Sartre to task over the issue of social facts as totalisations, asking whether they do not have 'an intrinsic order of their own, which is not deducible from the criss-crossing of innumerable totalisation' (ibid p. 51). Witness, most obviously, the case of language. Sartre attempts to side-step this, saying there is totalisation in the use of language; but, as the interviewer acutely points out, the issue is whether there is _only_ totalisation. It must be admitted, that in the interview, and in the Critique itself, Sartre fails adequately to account for this: a sphere (or spheres) of regularity, structure, that are _not_ the result of ultimately individual instances of praxis. Language is, of course, only one such sphere. It seems to

me very much as if the problematic region for Sartre is precisely that denoted by Husserl as the Lebenswelt: the pre-intentional background of regularity and structure for human intersubjectivity. But before we return, finally, to Husserl, let us recapitulate Sartre's achievements.

Firstly, Sartre shows that solipsism is ultimately not a problem of knowledge, but a problem of being. Sartre might have paraphrased Marx as follows: the philosophers have only attempted to know the world; the point however is to live it. A number of points follow from this. In the first place, we must oppose, on this view, any theory/methodology that seeks to reduce human beings to mere objects of knowledge; Sartre has shown that philosophically such an enterprise is without ultimate validity.

It follows then that the social scientist must face up to the implications of a personal relationship to the people he studies. Sartre's accounts of bad faith and other inauthentic modes of being indicate a high degree of personal openness, coupled with self-awareness, are necessary for a social scientist, at least for one in prolonged contact with those he is studying. This no doubt imposes certain limitations upon the practise of 'participant observation'. It also opens countless vistas .....

Sartre has vividly portrayed certain basic forms of alienation, and certain basic forms of togetherness. These poles of relatedness, and the moving contours of the dialectics between them, provide countless signposts for the construction of social maps; they are concepts that, once grasped, actually 'work' (at least I have found it so).

Being and Nothingness, Sartre says (op cit p 42) 'is a monument of rationality'. It seems to me that, to a lesser extent, the same is true of his other major philosophical work, the Critique. For his schema only works where there is at least some degree of intentionality 'within' the active individuals considered; even 'within Marxism', Sartre cannot completely shake off the Cogito, and its rationality. Nor, in my opinion, does his account of the occlusion of free praxis in alterated group praxis

account for certain 'social facts' that are genetically and onto-
logically transcendant of any specific group - notably the case of
language.

Considering Sartre's Critique, and the later conceptions of Husserl's
Lebenswelt together, it seems to me that we have two different approaches
to the same thing; moreover, the strong points in each can be used to
overcome the weak points in the other. A clear understanding of this
is indispensable to grasping the meaning of the interpretations of my
data on ritual, presented in the next chapter. How, then, does this
cross-fertilisation of Sartre and Husserl work?

Sartre (lacking a 'background' concept) was forced to see <u>everything</u>
as totalisation, and ultimately, therefore, every action, through and
through, as praxis, albeit alienated. His concept of process is, in
the end, chimerical. He finds it very difficult, therefore, to account
for certain social phenomena: to consider the case of language, this
would clearly be, on Husserl's view, initially a feature of the Lebens-
welt (Husserl in fact considers language, and its role in the constitu-
tion of intersubjectivity in the manuscript indexed as A-V-6, A-V-23,
and A-H-1 at the Husserl Archives in Freiburg. Cited in Piana 1972).
There is no problem for Husserl - as there is for Sartre - in a regularity,
an order that is not directly constituted by individual praxis, that is
autonomous. For the Lebenswelt - although historically relative -
ultimately constitutes intersubjectivity, as an experience; and the
former is typified by structures of varying degrees of variance and
invariance that are transcendant with respect to any given individual.

Let us consider a concrete example: Aronson (1973), in his excellent
appraisal of the Critique, takes Sartre to task over his supposedly
central concept: scarcity. We shall have cause later to question Sartre's
ubiquity of scarcity ourselves; here, let us see how Aronson responds.
He argues that the concept of scarcity is simply a 'sophisticated,
alluringly "Marxized" restatement' of Sartre's original ontology (i.e.

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as in Being and Nothingness, or earlier), that wherein Hell is Other People. Aronson makes the excellent point, however, that:

'Sartre has forgotten, left out, ignored ..... that however exploitative, societies would not last a single day were they not co-operative, did they not feed and clothe and house their members. The society may indeed be unable to produce enough, but its scarcity - and how to distribute it - can only be determined in a context which includes existing social ways of arranging the common struggle for survival and an existing level of productive capacity.' (ibid p. 73)

In other words, one cannot have pure total exploitation, but only exploitation that is, so to speak, protected from itself by a degree of co-operation. Scarcity conditions an inherently violent structure: but of necessity, it must, it seems to me, also 'condition' (or at least permit) exactly the opposite as well, if there is to be society at all. Once again, Sartre is presenting too black-and-white a picture - or, perhaps, an only black picture.

I should like to see in this background of co-operation that lies over ultimate scarcity - that indeed, may function to mask or even perpetuate it - a structure of the Lebenswelt. For that is the level on which such 'co-operation' is experienced: as a background assumption that, for instance, I can walk into a shop, had over some money, and get some food in return. Such a sequence is co-operation, masking exploitation, over the face of scarcity. On Sartre's scheme, the shop-keeper should just shoot me and take my money; likewise, I should just loot and plunder his shop. Sartre's failure is to explain how co-operation and harmony are possible; Husserl's failure was to show that the assumptions of the Lebenswelt are often, in fact, 'wrong', illusory and mask-like.

I should also like to suggest that the concept of the Lebenswelt improves Sartre's account of group formation. Certainly, groups can and do form in the way he depicts; but cannot people relate directly to each other, within groups, without a pledge, imposed by terror, to interiorise

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the relations as a totality? It is my experience that they can, and it would seem necessary to invoke a concept like the Lebenswelt to account for this 'shared possibility'. In a subsequent chapter, we shall discuss at length the concept of 'communitas'; briefly, this is a very free-flowing, non-structured benign mode of human togetherness – and it seems to me that it is one that is maximally conditioned by a 'structure' of the Lebenswelt, and minimally by reciprocal totalisations.

Nevertheless, Husserl is still, in our view, beset by difficulties: not least, that to the end, he seems to be working within an epistemological problematic – his concern is always with knowledge. Sartre has shown conclusively that _within_ this problematic, solipsism cannot be refuted. Our Husserlian investigations tend to confirm this. This leads, throughout Husserl's exposition of the structures of intersubjectivity, to a view of 'others' as in some sense reflections of self. The concept of the Lebenswelt would be unacceptable if it implied homogeneity of consciousness or if it required an abandonment of Sartre's ultimate conception of the uniqueness of the individual. That it need not be so will perhaps be more apparent in the next chapter, where the concept is actually used in the handling of observations. At this point, it would best to return to the original concerns of this chapter: the forging of conceptual tools with which to think about on-going experience.

I take it as axiomatic that this is a concern of social science: the 'occlusion', the 'Crisis of Meaning' that results from Objectivism (behaviourism in psychology, positivism in Sociology) are only too well documented in Husserl's later work, and more recently, in the work of R.D. Laing and others.

Nevertheless, it strikes me that Husserl is himself open to this charge, though in a different, more subtle way. Husserl sought to clarify the transcendental structures of human intersubjectivity; and he felt – at least for most of his life – that this was possible through the exposition of eidetic essences, revealed through transcendental phenomen-

ology. It seems fruitless to me to undertake a word-by-word search -
as members of the Husserlian Left do - for evidence that, very late in
his life, Husserl became 'existentialised', 'materialised', 'historicised'
or whatever; that he perceived that a 'return to the world' was called
for, just as decades earlier he had called for a return 'to the things
themselves'. For whether Husserl knew it or not, we know it, certainly
since Sartre. For Sartre established, once and for all, <u>that it is
invalid to reduce people to mere objects of knowledge</u>. That is the
whole import of existentialism for social science, and it is all but
overwhelming. For 'knowledge' cannot breach the gulf of solipsism: and
to the extent that Husserl did remain within the problematic of 'knowledge'
he commits (an admittedly refined) version of the Objectivist fallacy.

So what are the implications of this for social science? Sartre
says that to establish comprehension requires a <u>relation of being</u> with
those one wishes to comprehend. The same point is made more formally in
the Critique, in the discussion of 'thirds' (observers of interaction).
Any observer of the human scene must include his own presence in the
observed field as a factor. The observer exists in a dialectical
relation to that which he observes.

This strikes most forcefully at the enterprise within social science
called 'Participant Observation'.

If we are to take the dialectics Sartre illuminates seriously, then,
we are compelled to strive for a satisfactory relation of being-with
those we study. If indeed being-seen is the truth of seeing, then it
would follow that openness to others is a prerequisite of vision. My
experience at the community confirms my belief in that statement entirely.
My clearest vision of other people in the community coincided invariably
with occasions when I was most deeply and openly accessible to them.
Indeed, an ability to 'open up' was perhaps the most important criterion
for the community in selecting students and social workers who wished to
'help' in the community; an unverbalised awareness of Sartre's being-
seen/seeing dialectic undoubtedly underlies this.

It has often been remarked that many of the words used to describe social functioning find their etymological roots in Greek drama. I am thinking here particularly of role, or social persona, in its original meaning of 'mask'. Now a mask is precisely that which precludes direct vision; and so indeed, is a social role. (This is not to necessarily denigrate the instrumental importance of sometimes adopting roles, merely a statement of what happens when one does.) I think we can see here the rationality behind the community's - and my own as a 'sociologist's' - aversion to the adoption of role structures within the community. Most critical here is the abandonment of the staff-patient role dichotomy. We shall return to this point in the final chapter.

Being-open is, however, only one feature required by being-with. Just as important is a respect for the being of the other. I conceive this as a 'letting-be', a refusal to interfere, in the being of the other.

Certainly, this was the aim of the Norbury community. But, I would maintain, these aims are applicable on a much broader level: we are required, by the very broad, abstract considerations presented by Sartre and others, to adopt this attitude towards society, if we are to consider ourselves as propounding the Logos of the Socia, i.e. if we think we are 'sociologists'. It is an ethical - and indeed political - imperative that our total relation to anyone we 'study' should be a 'letting-be' as affirmation of their freedom, and ours.

The Taoist principle of non-action should be not thought of as synonymous with mere passivity: as Cooper suggests, it may require a tremendous effort. Furthermore, as anyone familiar with Taoist texts - for instance, the I Ching - will know, it does not suggest that one will not be 'doing anything'. It is fiendishly difficult to express in words the full meaning of the term; the I Ching speaks of 'action in harmony with the time'; Laing describes it (using Jungian terminology) as 'a cessation of action from the ego, and (instead) action coming from the self'. (Dialectics of Liberation Record D.L.13) Certainly it should not be denigrated as an apolitical, quietistic withdrawal (see Jacoby 1973, Sedgewick 1971).

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But how does one act in this non-egoic, harmonised fashion? How
are theoria (meaning 'contemplation of one's acts') and praxis (action)
to be synthesised? We need to recall here the notion of the dialectical
criterion of truth. Here, for once, we agree with Piccone and the
Husserlian Left: that a true idea is one that facilitates effective action
in the world. Far and away the most lucid writer here is Esterson(1972)
particularly his chapters 'Dialectical Science', and 'Dialectrical Truth'.

Dialectical truth, according to Esterson (following Sartre) has a
fourfold nature: the truth of one's knowledge, and the truth of one's
acts, in respect to oneself, and of the social system one is part of.
Thus, vis-a-vis an observer, the truth of his relation to the system
resolves into two stages, theoretical (knowledge) and practical (action -
which may take the form of non-interference).

In the theoretical moment of this, Esterson suggests, the observer
requires a guiding thread, which should be the likely 'principle contra-
diction'. The formulation of this contradiction is, as it were, a guiding
hypothesis: the truth of it is tested in praxis which will act to resolve
the contradiction. 'A valid totalisation should enable the observer to
act effectively in relation to the field.' (ibid p. 232)

But, as I said, 'acting effectively' may very well take the form of
positive non-interference. This seems particularly likely to me in the
case of the 'psychiatric' domain. Michel Foucault and Gilles Deleuze
(authors of Madness and Civilisation, and Capitalisme et Schizophrenie:
L'anti-Oedipe respectively: 1967, 1972) in a discussion on intellectuals
and power (Foucault and Deleuze 1973) make a number of significant points
here. Talking about the relation between theory and practise, Deleuze
mocks the notion that practise is an 'application' of theory: rather he
sees 'theory (as) a relay from one practise to another'. (p. 103).
Foucault replies:

"The role of the intellectual is no longer to place himself a
'little ahead or a bit to the side' so to speak the silent truth of all.
Rather it is to struggle against the forms of power in relation to which

he is both object and instrument ..... This is why theory will never express, translate, or apply a practise: it is a practise. But, as you say, it is regional and local ..... It is not a struggle for suddenly attaining consciousness ..... but for undermining and capturing authority with all those who struggle for it.' (p. 104)

The 'authority' in question for us is psychiatric authority; and Deleuze's continuation of the debate certainly has relevance here:

'That's right, a theory is exactly like a tool box ..... it must be useful, it must work. And not for itself ..... Theory does not totalise, it generates and multiplies ..... This is why the notion of reform is so stupid and hypocritical. Either the reform is elaborated by people claiming to be representatives, and making a profession of speaking in in the name of others - which is a parcelling out of authority .... Or else it is a reform demanded by those whom it most concerns - in which case it ceases to be a reform: it becomes revoluntionary action.' (p.104-5)

I would say that the 'theories' of Laing, Cooper and others have indeed acted as tool boxes: and it is not a matter of reform within hospitals, 'applying' these new theories to people (as Cooper's Villa 21 experiment showed); but rather, a matter of self-governing communities where - as Deleuze concludes - 'the people involved finally speak for themselves'. And if I am 'theorising' about what was experienced in such a community, it is in the hope that such theory will 'generate and multiply' more practical instances.

So, to establish a 'relation of being' requires openness in oneself and respect for, i.e. openness to the 'being' of others. I said earlier that I found Husserl's notion of the Lebenswelt conducive to this. This must be explained.

Notwithstanding the ingenious polemic of the Husserlian Left, by far the greatest use of this concept has been via the Sociology of Schutz. It will be recalled, however, that Schutz appropriated essentially the Cartesian Meditation concept - certainly, it is largely a pre-Crisis one.

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It can be shown how this involves Schutz in a series of dangerous assumptions based on a 'homogeneity of consciousness' within the Lebenswelt. Indeed, it would not be unfair to summarise Schutz's conception of the Lebenswelt as 'that which can be socially taken for granted'. Ethnomethodology's use of Schutz confirms this.

In a sense, my use of the concept is exactly the opposite of this. For it seems to me that Husserl's explication of the Lebenswelt brilliantly documents precisely that which cannot be taken for granted under certain extreme conditions, usually referred to as 'psychosis'.

Dialectically, it is necessary to understand the structure of the 'taken-for-granted' before its 'refusal-to-be-granted' can be comprehended. This is what one is up against when trying to be-with someone called 'psychotic'. This is Husserl's genius: that he laid bare the transcendental structures of 'normal' experience, thus conditioning the possibility of comprehension of para-normality, by providing as it were conceptual co-ordinates.

It would be laborious and unnecessary, at this point, to attempt to echo the structures that Husserl revealed, one by one, and illustrate how these structures are unbound in 'psychotic' experience. But we may perhaps give a few examples, which hopefully will show, not only the power, but also the weakness of Husserl's concept: that is to say, to justify both our use and our refinement of his concept. This may also serve to explain the rationale behind our choice of centralising concept, deployed in the next chapter, of ritual.

The Lebenswelt, we are told, is the backdrop in front of which our social existence is acted out. It is the material ('physical', 'natural', 'empirical', etc.) world of objects, but also the intersubjective matrix ('Geist', 'culture') which imbues these with meaning. As such, it is the 'world of opinions', beliefs and conceptions, images etc. that prevail in the cultural environment of an historical community'. (Schnueli 1973 p. 145) At a relatively 'shallow' level, then, it is the locus of

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conventional meanings attached to human behaviour: we return to this level shortly. At a deeper level, however, it includes the very basic structures of our experience; structure that can be alluded to with such words as 'language', 'space' and 'time'. Husserl attempted to show how categories such as these have their pre-categorial transcendental foundations in the Lebenswelt, and how these structure our intersubjective experience. I suggest that Husserl's findings are not, however, a priori truths (as he certainly hoped) but statistical generalisations of an extremely high order of generality in that there are possible exceptions, variance within these supposed 'invariant structures'.

Consider the example of time. Husserl devoted an entire work (Husserl 1966) to explicating the 'phenomenology of internal time-consciousness'; his conception, brilliant though it is, is entirely linear; time past — now — future. Now this is certainly how most people, most of the 'time' experience time: a chain of nows becoming thens, flowing into a chain of future thens becoming nows. Linear temporality is an invariant structure of the Lebenswelt, Husserl would say. (In fact, Husserl's account is a lot more refined than this; his purpose is to show how consciousness can be always 'now' yet span time, as when one perceives a melody, i.e. a structure over time. But despite his 'triangular' conception, involving retention, appresentation, etc. his overall schema remains ultimately linear.)

But experience forces one to recognise that time is not always linear. The anthropologist Leach, in a brilliant paper entitled 'The Symbolic Representation of Time' (Leach 1971), makes some important points. He asks how we experience time, and replies, in three ways. Firstly, as repetition: durations, time-intervals, begin and end with 'the same thing ' - a pulse, midnight, New Year's Day. Secondly, as aging or entropy. All organisms undergo a uni-directional, irreversible process of decay. Thirdly, there is the experience of the rate of time; in particular, its acceleration. Leach notes that 'the biological individual ages at

a pace that is ever slowing down in relation to the sequence of stellar time. Biological processes ..... operate much faster during childhood than in old age. But since our sensations are geared to our biological processes rather than to the stars, time's chariot appears to proceed at ever increasing speed.' (p. 132-133) I would prefer to say that it moves at a pace inversely proportional to growth: there are rises and dips in the overall deceleration of growth rate.

Leach goes on to argue that the first experience leads to a 'pendulum' concept of time, rather than a linear one. The metaphor is not exact, as he admits; the essence of the process is alternation, which, mathematically, is a circular process. Time as a cycle, or circle, is just as much a possibility as time as linear. Linear time, then, is a feature of time that finds a possibly excessive place in our Lebenswelt. (This is probably linked to broad political ideology: one cannot conceive of 'progress' or even history, on a purely cyclical notion of time.)

If one denies that time is linear, one is (in our society) likely to be called crazy; yet it is apparent that some people do not experience time in this way. Other alternatives include cyclical time, negative time (the experience that time is going backwards) or even 'out of time' all together in an eternal now-point, with no extensionality whatever. At the risk of being called crazy, I admit to having experienced time in the first and last of these ways, though for only short periods as measured by clock time. All three, however, have been reported to me, by people who have been called 'psychotic'.

'Normally' one does indeed take it for granted that time is proceeding forwards, as do the people around you: it is a feature of the Lebenswelt. It is not easy to be with someone who insists that time is going backwards; but it is a good deal easier if one regards 'time' as an 'intentional structure' as Husserl puts it, rather than as an immutable transcendental datum. It is even easier if one also keeps in mind the power, one might almost say the pressure, of the Lebenswelt and its

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imposing assumptions - such as that time is forwardly linear. For to assert that time is flowing backwards is to deny the Lebenswelt, and this is a dangerous undertaking. So, my point is that I found Husserl's notion a useful reminder that even the most basic categories of experience have the characteristic of intentionality. What Husserl seems to have failed to recognise is that even the most basic intentional structures are subject to individual variation; this fact is masked, ultimately, by the epistemological problematic that Husserl surrounds himself in, leading to his (unwarranted) assumptions of invariance and homogeneity. Naturally, this prevented him from appreciating the negating, oppressive side of the Lebenswelt - the side that in the end says to such a person: you are crazy. Reflection on Husserl's notion of Lebenswelt, then, helped me to understand why it is not necessary to say to a person 'you are crazy', and how, in detail, it inhibits being-with that person.

Language, we saw, is a feature of the Lebenswelt. It is apparent by now, from the work of Laing, Cooper, Schatzman et al that much of what is taken to be 'psychosis' is merely an idiosyncratic use of language (I present examples of this in the next chapter.) Here again, we can see this as a negation of Lebensweltische assumptions. Amongst the rules that constitute the Lebenswelt are rules about how words are to be used: some people break these rules, and some people punish those who do. Some of the people in the Norbury community quite consistently broke some of these rules. I found it necessary to do, in fact, what Husserl claimed to do: to perform a phenomenological epoché. That is, one brackets all the 'common-sense' assumptions, including existential ones, and then one simply looks at what you have left. Or, more likely, listens. Without judgement as to sense or nonsense, reality or irreality. Only in this way, it seems to me, can one be sufficiently receptive to the world view being, directly or indirectly, communicated to one. This, indeed, is a mode of the Taoist Wu-Wei, and it is extremely hard work! One never realises the extent to which Lebensweltische assumptions and the

judgements they imply,   are automatic until one attempts their

suspension. But it may well be an absolute prerequisite to being-with

someone, if they are somewhere that is, statistically, very far out.

Of course, one returns to the everyday world afterwards, hopefully

with a conceptual image culled from the interaction. One is then in a

position to examine what contradictions are apparent, and thus what action

is called for. Very often, I have found, the most important action is

to terminate 'common-sense' demands and projections on the individual

concerned, as the 'principle contradiction' is one of intentionality;

i.e. one person 'sees' things in a radically different way from those

around him. Beyond that, there may very well be 'internal' contradic-

tions within his or her own world view. If the person's world view

as a whole is denied, these internal contradictions may never be resolved.

And quite possibly, they have entered that non-consensus reality, adopted

that world view, precisely to work out those contradictions which may

merely be reflections of other, more mundane contradictions in their

life. To deny a person's world view may thus be to deny him the right

to grow through transcendence of their own contradictions.

One of the 'shallow' structures of the Lebenswelt is that known as

'good manners' - or more generally, social conventions and rituals for

interaction. These Husserl admits are historically and culturally

relative. But that is not to say that they can be broken without risk.

But nor, indeed, can they be entirely taken for granted. As the next

chapter shows, social rituals are frequently subverted, and ascriptions

of craziness frequently follow as a result. That the rituals themselves

- and perhaps the reactions to their transgression - are features of the

Lebenswelt is apparent enough. Here I should like to comment merely on

the methodology involved in perceiving them - for on the whole, I do not

discuss this in the next chapter. Again, it is a matter of phenomenological

reduction: to perceive such a regular occurrence as say a handshake or

an evening meal in its bare structure - as a phenomenon, in fact - it

is necessary to suspend one's everyday Lebensweltische programmes for how to act socially. By this, I do not mean one ceases to act, or even that one acts differently; merely that one suspends all judgements of the sort 'well, of course, this is what one does' or 'doing this automatically entails doing that'. Husserl constantly reiterates that, in pure phenomenology, one does not <u>doubt</u>, or <u>deny</u>, the findings of science: one merely suspends judgement. Similarly, in social phenomenology, one does not necessarily act so as to defy the norms - one merely brackets the automaticness of the routines: precisely to see them as they are: namely, as praxis but (usually) with a low index of reflective awareness. For social phenomenology, the first stage of the epoché, the first reduction, is so to speak from convention to action: the Durkheimian 'thinghood' of social facts is 'bracketed' to reveal acting individuals. But at the same time, judgements of transgressions of conventions - what I shall call 'deritualisations' - are similarly bracketed; again for the same reason: to see this behaviour as praxis, rather than as 'psychotic behaviour', 'deviancy' or whatever. Subsequent phenomenological reductions, i.e. suspension of the taken-for-grantedness of experiential categories, may be necessary, depending on the degree of mutual alienation between the individual concerned with whom one wishes to relate and the Lebenswelt one finds oneself in. In this way, contradiction and inconsistency are revealed within the Lebenswelt - a situation Husserl appears to have overlooked, and which Sartre sees to the exclusion of all else - for, let it not be forgotten, each conscious subject is a part of the Lebenswelt, no matter how much a 'deviant' he may be. Husserl wrestled in vain with this problem: that the Lebenswelt is both constitutive of and constituted by transcendental subjectivity i.e. conscious subjects. The issue is only graspable as a dialectic, and Husserl's antipathy to dialectics is well known.

It is not enough, however, merely to perform the epoché: it is necessary to return to the level one started from, to synthesise. Here

a dialectical conception is essential; we have already witnessed

Husserl's failure to achieve this 'constitution' as he calls it, and

the reasons for this failure. Having perceived the level of praxis

involved (and this may involve the 'theoretical praxis' of intentionality,

the praxis of functioning concepts) one must still account for the

inter-action, describe the inter-subjectivity; particularly where this

is sedimented into a Lebenswelt of conventions and transgressions,

expectations and judgements: rituals and deritualisations. It is with

these theoretical and methodological considerations in mind that we

turn to the next chapter, concerned with rituals in the Norbury

community.

CHAPTER SIX

THE RITUAL PRAXIS

(i)   The Purposes of this Chapter

We have spent a considerable time examining matters of primarily

theoretical importance; we promised to return to more empirical matters

in this chapter. We do so, however, via yet more intellectual plundering;

this time, from the conceptual warehouse of anthropology.

Our last consideration of empirical material was the chapter on

'case studies'. Useful as these are, in providing a picture of what it

is like to go through such a community, they do, in one sense, belie the

very essence of a community: its 'togetherness'. The case study approach

has an intrinsically atomizing tendency (cf. Laing and Esterson 1970

p. 15 - 27) which is inhibitory of the attempt, made here, to grasp the

'lived experience' ("le vecu" - Sartre 1969) of the community as a whole.

It is with concepts taken from anthropology, but refined, where necessary,

by our philosophical insights, that we hope tonegate this tendency.

Conceiving the whole thesis as a dialectical attempt, this chapter hopes

to be a synethetic moment.

During my stay at the community, and afterwards when reading my field-

work notes, I was struck by the ubiquity of ritualisation, in community

life, and also the prevalence of attempts to subvert such ritualisations.

Another dichotomy that reflection consistently revealed was that between

structure (experienced as human mediation, hierarchy, role etc.) and

spontaneous togetherness (experienced as anything from suspension of

'normal' role distance, to mystical union.) The categories of ritual,

and social structure are, of course, cornerstones of anthropology; the

concept of anti-structure has been brilliantly studied by Turner (1969,

1974 a); the concept of de-ritualisation, or para-ritualisation is

virtually unexplored.

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This is not the place to rehearse the seemingly endless debates conducted by anthropologists on the nature of social structure; but it should perhaps be said that my use here is British rather than Continental: to be specific, it owes very little to Levi-Strauss. This is not a partisan (let alone patriotic) stance; it merely reflects the fact that my intentions are nearer to the descriptive ethnographic Radcliffe-Brownian approach, than the cross-cultural comparative, abstract Levi-Straussian one. (I consider only one 'society'; more precisely, one example of a sub-culture within one society.)

Nearer, but not identical. The nearest to the approach that I would wish to take is that described by Turner as 'the diachronic process' - though I should wish to stress the notion of praxis, as distinct from process. (Turner 1968 Preface)

To see a process as a multiplicity of praxes is to view a situation dialectically (Laing and Cooper 1964). This chapter is largely concerned with developing dialectical viewpoints on social structure, and ritual. We begin with the latter.

(ii)   The Anthropology of Ritual

Turner (1969, 1974 b. All page references to Pelican 1974 edition) notes (Chapter 1) that when he began his fieldwork in Africa, ritual was not a feature of social life that anthropologists paid a great deal of attention to; his work is a testament to the enormity of this oversight, and, it seems, a potent force in correcting it. We shall return to Turner's work in detail.

Another seminal figure in the anthropology of ritual has been Audrey Richards (particularly, Richards 1956). Whilst her own work is not of direct importance to us, we may conveniently take a book compiled in her honour as our starting point; I refer to 'The Interpretation of Ritual' by J.S. La Fontaine (1972 Quotes from Social Science Paperback edition 1974).

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La Fontaine notes that, although there is considerable divergence in the nature of the approaches taken by the contributors (e.g. between Goody's intra-cultural analysis and Firth's cross-cultural comparisons, or Botts' psycho-analytic approach versus Leach's structural one) all writers share certain common themes, these being symptomatic of 'the modern approach to the study of ritual'. The most significant of these is expressed by La Fontaine as follows:

'An important assumption is that "ritual" refers to all symbolic behaviour and is not to be confined to actions associated with religious institutions. Indeed, the problem of defining ritual is no longer important ..... Ritual expresses cultural values; it "says" something and therefore has meaning as part of a non-verbal system of communication'. (p. xvii) I concur with this approach entirely. Leach effectively gave his stamp of approval to this view in a paper on ritualisation (Leach 1966) when, making a tripartite distinction between rational-technical, communicative, and magical types of behaviour, he deemed that the latter two (and not just the last) be termed ritual. Turner (1968) also considers this approach 'fruitful'. It should be noted, however, that not all 'modern' writers share this particular symptom of modernity. Geertz, for example, in his otherwise excellent paper 'Religion as a Cultural System' (In ASA Monograph No. 3 1968) bluntly defines ritual as religious: 'For it is in ritual - i.e. consecrated behaviour - .....' (p. 28). I would wish to specifically disavow this definition, and , on similar grounds, Fortes'. (1966)

Nor is the study of ritual restricted (any more) to 'exotic' tribes - though that tendency is still pronounced. Turner 'Brings it all Back Home' (Dylan) when he discusses hippies, and indeed, Bob Dylan, (operata cit) and Pocock's 'Ritual in Industrial Society' (1974) is an attempt to explore the meaning of religious and secular ritual in our own society. Pocock's approach, however, is on ritual at a macro-social level; ours, in this thesis, is more micro-social.

In these respects (secular, non-exotic, micro-social) our usage here is comparable to Goffman's. (See Goffman 1967, Interaction Ritual, esp, 'On Face-Work'). It differs, however, in that Goffman's is an almost purely descriptive usage: it is a 'weak' concept, in terms of its a priori links with other concepts. Our usage attempts to be a 'strong' one - see below.

Every field of study seems to have its founding father, and the anthropology of ritual is no exception; nor has any latter-day Oedipus challenged the right of Van Gennep to lay claim to this privilege.

Van Gennep published 'Les Rites de Passage' in 1908 (translated 1960) and, like most social science of its day, it was primarily documentary and classificatory, rather than explanatory or phenomenological. Nevertheless, it is remarkable for its anticipation of the functional approach in the way it accounts for ritual. The reader today tends to be overwhelmed by the Frazerian mass of ethnographic examples, and it is mainly the classificatory system, rather than the documentary evidence, that qualifies the book for its classic status. A brief account of Van Gennep's schema will be indispensable.

Basically, Van Gennep sees life in society as consisting of a series of crises which involve the person in a corresponding series of ontological shifts, from one existential status to another. The purpose of much ritual, Van Gennep argues, is to facilitate these shifts, these passages, to enable human beings to cope with these crises satisfactorily.

The main crises that Van Gennep recognised were as follows:

Birth	(Non-existence	→	Existence)
Social Puberty	(Childhood	→	Adulthood)
Marriage	(Siblinghood	→	Parenthood)
Initiation	(Non-member	→	Member of Special Group)
Death	(Existence	→	Non-existence)

He found that rites of passge could generally be divided into three phases, which he termed separation, margin and re-aggregation. The marginal phase he also called the liminal phase.

In the first phase, separation, the individual (or group) is separated, both ritually and often spatially, from the social context in which they have previously resided.

In the liminal phase, the individual is, so to speak, in no-man's-land. The norms and conventions, the rights and duties, that he is accustomed to are no longer operative - they may even be directly inverted. The impact of social structure is at its lowest: role differences are minimised, status attributions are bracketed, and so on.

In the re-aggregation phase, the tendency of the liminal phase is reversed. New roles and statuses are ascribed, new rights and duties bestowed: in a word, social structure returns.

Van Gennep went on to construct a system for classifying different sorts of rites of passage, using cumulative binary distinctions. Most importantly, he distinguished between:

Dynamistic/Animistic

The former invoke a non-personalist concept of power as responsible for the efficacy of the rite. The concept of mana is probably the best known of these. The latter category denotes the rites that invoke some living personification of potency.

Direct/Indirect

In direct rites, results are expected to be produced by the rite itself, without mediation or delay, whereas indirect rites are effective through some invoked external agency, who or which, as it were, acts on behalf of the supplicants.

Sympathetic/Contagious

Here, the former denotes a rite whose efficacy is believed to be based upon reciprocal action: like acts upon like, opposite upon opposite, part on whole, and so on. The latter category, on the other hand, denotes rites based on belief that potent characteristics are transmissible, and frequently even material.

Positive/Negative

'Negative rites' refer mainly to ritual avoidance, either as taboos, or some form of ex-communication. Concepts of purity and pollution are generally involved.

Whilst this sort of binary classification has obvious value, in sorting through ethnographic material, anthropologists have tended to be submerged in futile debates as to which category a particular rite belongs to. The positivistic obsession with generalisation (which such a system is designed to facilitate) is also somewhat out of favour, at least on this side of the channel. We will not follow, then, the fate of this part of Van Gennep's work, but rather, will concentrate on the extremely fruitful development of his three-phase serial conception of the typical rite of passage. This development has so far been effected almost single-handed by Victor Turner. It is to his work that we now turn.

In his book 'The Ritual Process', Turner concentrates on exploring the nature of the liminal phase in rites of passage, and from there, develops a general notion of 'liminality'. The word 'liminal' derives from the Latin 'limen', meaning 'threshold'; a liminal person, then, is one who exists on the threshold or margin of society. This may be a very temporary state, as in a rite of passage, or it may be more permanent, as in a sub-culture that exists in some way 'outside' or 'on the edge' of society - such as Sadhus in India, full-time hippies in the West, gypsies, and so on. Or it may fall in between, in terms of time span; many students, for instance, treat at least a portion of their university career as a liminal period, between parental control, and the demands of a job and/or marriage.

The qualities of liminality are, of necessity, ambiguous, says Turner. The differentiation achieved by social structure is absent and, indeed, liminality is contrasted diametrically with what Turner calls 'Status System'. He offers a large list of binary oppositions which highlight this, from which I now quote:

Liminality	Status System
Humility	Pride of Position
Transition	State
Totality	Partiality
Communitas	Structure
Equality	Inequality
Absence of Status	Status
Minimisation of Sex Distinction	Maximisation
Absence of Property	Property
Absence of Rank	Distinctions of Rank
Disregard for personal appearance	Regard for appearance
Nakedness or lack of sartorial distinction	Sartorial distinction

A liminal person, then, has been stripped of rank, status, possessions, and rights; in its place, he has equality with other liminal beings, and he is likely to experience his sociality in the mode of communitas, a term we shall shortly be considering. He is, in Bob Dylan's terms, 'a Rolling Stone':

'Once upon a time you dressed so fine

Threw the bums a dime in your prime, didn't you?

... You used to laugh about

Everybody that was hangin' out

Now you don't talk so loud

Now you don't seem so proud ...

When you got nothin', you got nothin' to lose

You're invisible now, you got no secrets to conceal

How does it feel

To be on your own

With no direction home

Of complete   unknown

Like a Rolling Stone?'

(Bob Dylan 1965, From the LP
Highway 61 Revisited)

More important even that liminality, perhaps, is Turner's concept
of communitas. I shall let him speak for himself.

'It is as though there are here two major "models" for human inter-
relatedness, juxtaposed and alternating. The first is of society as a
structured, differentiatied and often hierarchical system of politico-
legal-economic positions with many types of evaluation, separating men in
terms of "more" or "less". The second, which emerges recognisably in the
liminal period, is of society as an unstructured or rudimentarily struc-
tured and relatively undifferentiated comitatus, community, or even
communion of equal individuals ..... I prefer the Latin term 'communitas'.'
(p. 82)

Turner notes that liminality, wherein communitas as a mode of relating
is usually present, is almost everywhere regarded (by those who are not
liminal) as dangerous, polluting, or inauspicious (unless kept within
strict ritual boundaries e.g. by initiation). The nature of communitas
sheds light on this. From the viewpoint of one who has invested himself
rigidly in a social structure, communitas would appear as subversive and
anarchical - even where the liminars (to coin a phrase) are not <u>directly</u>
attacking the socially structured person. The response to hippies in the
West certainly bears this out, as anywone who has (like the author) been
spat upon in the street for having long hair, will agree.

In his more recent book 'Dramas, Fields and Metaphors' (Turner 1974)
Turner has refined his concepts - originally culled from the narrow context
of a phase in a rite of passage - and offered something approaching a
paradigm for conceptualising 'the human scene'.

The 'two models for human relatedness' mentioned earlier, are
referred to as structure and anti-structure. We are, hopefully, familiar
with the British notion of social structure; anti-structure, however, has
been singularly overlooked by anthropologists, Turner maintains. The
term '<u>anti</u>-structure' is, he admits, perhaps unfortunate; for it should
not imply 'a radical negativity', so much as a dialectical pole, set
against structure. Anti-structure is defined by the concepts of liminality

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and communitas (ibid p. 273) - but these terms are now themselves
expanded.

Where liminality once referred merely to a phase in a rite, it now
refers to any form of standing aside from, or in between, social structure.
Furthermore, the category 'liminoid' is introduced, to refer to 'stepping
out' forms of activity as practised in post-industrial revolution society.
Generally, these turn out to be leisure activities.

It seems to me that Turner is occasionally inconsistent in his use
of the term liminality. In The Ritual Process, and in Dramas, Fields and
Metaphors, he explicitly states that liminality is one of three 'aspects
of culture' conducive to communitas - the others being Outsiderhood, and
Structural Inferiority (by which is meant occupying the lowest rung in
status-hierarchy). At times in the more recent work, however, the term
liminality appears to be used to cover all three; I shall endeavour to
be explicit in my usage.

Communitas is also refined in the newer work; specifically, three
forms are identified: (1) Existential or spontaneous communitas. This is
a direct subjective (or rather inter-subjective) mode of lived experience,
wherein those experiencing it relate immediately - man-to-man, as we say -
as free autonomous, authentic persons (Buber's I-Thou, or We, relationship)
and tend to conceive of mankind as a global, unstructured and free
community. The profundity of the experience may vary of course; how far
the 'tendency' goes, how 'global' the human frame of reference is, will
depend on the context. The mystical experience of the essential unity .
of all living beings is presumably one pole. (2) Normative communitas.
Here, an initial spontaneous communitas is organised into a relatively
stable enduring institution, with a consequent measure of structure incor-
porated, but with the avowed aim of perpetuating the experience of
existential communitas. An example here would be the ashrams of Guru
Maharaji's Divine Light Mission. (3) Ideological communitas. This refers
to 'a variety of utopian models or blueprints of societies believed by

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their authors to exemplify or supply the optimal conditions for exis-
tential communitas'. Examples here would include the Sermon on the
Mount, and much of the writing of William Morris.

The occurrence of existential communitas is very wide spread, and
also usually very ephemeral; at its shallowest, it occurs when one
talks to one's fellow travellers on the train when something out of the
ordinary happens. Even this trivial example, however, points up the
link between liminality and communitas. For 'the unexpected' is precisely
the suspension of the normal pattern of events, it is a 'stepping out'
from the expected flow , and as such is, however temporarily, liminal.

In Turner's conception, this sort of regular occurrence - for though
each instance is unpredictable, instances do keep happening, to everyone
- reflects a basic human need. 'Man cannot live by structure alone'
would seem to be the gist of Turner's argument; we all need to break
through our structurally prescribed masks occasionally. Like all needs,
however, the need for communitas is varyingly satisfied - from outright
repression of it to life-long devotion to it. (The individual determinants
of 'capacity for communitas' - though not considered by Turner - would
make a fascinating object for study.)

But nor, of course, can man live by communitas alone. Turner is in
no way partisan about this - he does not idealise communitas, in the way
that, say, Timoty Leary does (Leary 1970). In concluding his book
Dramas, Fields and Metaphors, he has this to say:

'Structure and anti-structure are not Cain and Abel .....; they
are rather Blake's Contraries that must be "redeemed by destroying the
Negation" ..... Man is both a structural and an anti-structural entity,
who grows through anti-structure and conserves through structure.'
(op. cit p. 298).

Whilst I take the points about growth, and conservation, it seems to
me that there is a good deal more to this dialectic of structure, and anti-
structure. Specifically, the analysis of group formation given by Sartre

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(1960), with its primal concept of scarcity, seems relevant here - though Turner's conception is a welcome antidote to Sartre's inveterate Hobbesianism, summed up in his phrase 'Hell is Other People'. We shall return to Sartre's insight, however, in a concrete context shortly.

Also implicated in this dialectic is our focal conept, ritual. For ritual cannot be just neatly subsumed under 'structure' or 'anti-structure'; indeed, in some respects, I shall argue that ritual is but one Redeemer of Blake's Contraries. To suggest this, it will be necessary to, as it were, catalogue some of the rituals that I observed, and participated in, in the above-mentioned concrete context, to wit, the community. But before doing this, it would be as well to see if we can first use Turner's concepts, to shed a general light on community life.

(iii) Liminality and the Community

THE Concept of liminality is initially useful in providing a coherent image for one of the main functions of the community as a whole. In many ways, a period of residence at Norbury is a liminal period. Recalling the features of liminality, the following resonances spring to mind. Like the liminar, the resident is, if he wishes to be (and most did) set apart from role structure that characterised his pre-residential existence; critically, the roles of offspring (in fact, member of family in general); and hospital patient. (It may be objected that 'resident' is a directly analogous role to 'patient' - I would beg to differ, on two counts. Firstly, being a resident was a free choice, for which the person was directly responsible, whereas in a mental hospital, this is frequently not the case - though one could equivocate here about role attachment and role commitment (Goffman 1961). Secondly, and much more importantly, the role of patient is constituted by other people adopting the roles of doctor, nurse, etc. Within the social universe considered, i.e. the hospital, only some, not all, persons can be patients. In the community, however, no such internal dichotomies operated - everyone who was there was a resident.)

The suspension of kinship ties, so characteristic of liminal situations, was most marked. Visits by residents' relatives were rare, and when they did occur, frequently had the flavour of trespass. At least two residents were living there precisely to avoid living with their parents; Harve had lived there (without his wife) since starting marital therapy; and Sarah was living there till she felt able to return to look after her two children. (The extreme uncertainty experienced by the whole community when it was suggested that Sarah's children move in, is perhaps significant here.)

Other roles that were abandoned by some residents included job-holder, student and prison-inmate. To opt out of working is certainly a liminal characteristic, though perhaps, in Turner's terms, it is liminoid rather than truly liminal, in that it entails adopting another 'role', of social security or medical insurance claimant. As for the student role, all I can say is that I did not experience myself as 'a student'. This subjective view is perhaps given some objectivity by the fact that I conspicuously failed to complete some outstanding university work, left over from a previous research project, whilst living in the community!

I have already drawn attention to the lack of status differentiation, and hierarchy within the community. There were times, to be sure, when something resembling a 'leader' would emerge, but this was invariably spontaneous and unofficial; any attempt to perpetuate such a position was rejected. Referring back to the list of binary oppositions that characterise liminality (see above, & Turner 1974, p. 92-3) we find most of them observable within the community. The minimisation of sex-distinction for instance, was clearly present: in contrast to prevailing norms, men and women were equally expected to cook, go shopping, and do housework. To a lesser extent, disregard for personal appearance, and even nudity, were, at least for some residents, a liminal characteristic. Predictably, there were considerable differences here between those who worked and those who did not. But perhaps the most definitive feature establishing the

liminality of the place was that Turner dichotomizes as Transition veRsus
State. Without exception, all residents regarded their stay in the community
as transitional; the community was something one went through. Views
varied, of course, as to what was an appropriate length of time for this
passage; in general, a few months was regarded as ideal, and I detected
some concern that one resident had been there since the community started.

The view of liminality presented by Turner fits very well with the
overall conception of the community held by the Arbours Network (as
communicated to the community by therapists, training programme students,
and residents of other Arbours communities). It was seen as a place where
one could remove external pressures and constraints, in order to 'get in
tune with oneself', preparatory to a return to the everyday world again.
Indeed, the essence of liminality is embodied in the very name of the
organisation, the Arbours; for the name is taken from the Bible - 'And
they shall rest seven days in arbours' - where it refers to sites of
temporary refuge for the persecuted Israelites.

I have so far described the liminality of the community as a 'social
process'; that is, as both a social context, and a group of agents. An
interesting parallel (which in fact may be nearer to Turner's, and even
Van Gennep's original conception of liminality) is to consider the
individual 'psychotic breakdown' as a rite of passage, with its own
liminal phase.

Laing (1967) has cogently argued that, if not interfered with, what
is known as a 'psychotic breakdown' can be more fruitfully regarded as an
Inner Voyage (see also Bateson, 1961). Such a voyage can bear quite
startlingly close resemblence to Rites of Passage, as classicaly described.
Both involve a symbolic death (the in the case of the 'psychotic', the
death of the ego); a 'timeless' period spent 'somewhere else' or even
'nowhere', during which the voyager may be visited by all manner of
'transcendental' beings; and then a return, and eventually a rebirth back
into the world. Such Inner Voyages have been described by Bateson (ibid),

Laing (1968 and ibid), Kaplan (1964), Cooper (1971), Barnes and Berke (1971) and others. Although Turner does not mention 'psychosis', he is certainly correct when he says: 'Van Gennep made a striking discovery when he demonstrated, in his comparative work on rites of passage, that human culture had become cognizant of a tripartite movement in space-time. His focus was restricted to ritual, but his paradigm covers many extra-ritual processes'. (The Ritual Process 1974, p. 13)

One could equivocate over the term 'culture' being made the subject in the above sentence; for it is dubious whether an individual's ability to engage in this movement is culturally induced - there are records of such movements occurring quite spontaneously. This is not to deny that this ability can be and in many societies is the raw material for cultural elaboration; but the movement itself seems to be genuinely archetypal (cf Jung collected Works, Vd. 9).

Turner notes (ibid p. 253) that in liminality one often finds symbolic reference to animal or vegetable life: 'It is culture too that eradicates these distinctions in liminality, but in doing so culture is forced to use the idiom of nature ..... Thus it is in liminality and also in those phases of ritual that abut on liminality that one finds profuse symbolic reference to beasts, birds and vegatation ..... One dies _into_ nature to be reborn _from_ it.'

This too, it seems to me, links liminality with 'psychosis'; I shall give two examples. David Cooper recounts the story of a young girl who was committed to a mental hospital, because she had the 'delusion' that she was a plant (she knew the correct Latin name for herself, which, unfortunately, Cooper does not give). In keeping with a vegetable life-form, she was mute, and very thin. Gradually, it became apparent to Cooper that she was using her whole body as a metaphor; she was engaged in silent growth; she was extending her roots deeper into life, and so on. (Cooper 1967, Dialectics of Liberation .P. No. 3) Within a positivist frame of reference, certainly, the girl is 'deluded'. But, in the end,

is it not the psychiatrist who is deluded here? Can it not be granted that her saying she is a plant is, logically and linguistically, identical to a Bororo saying he is a parakeet? (Geertz 1968). The difference being only that people agree with the Bororo when he says it, whereas very few people in our society, it seems, are prepared to permit a metaphor that is not avowed as such by its user. (Unless it's a medical-model metaphor..)

The second example I have has, happily, a more positive outcome. One of the Norbury residents, John, had a period that seems very much on the Inner Voyage lines. For seven days he was 'up with the gods' as he put it, during which time he became convinced that he was a caterpillar. He would not stand up (he was exceptionally tall) but moved around, even up and down stairs, in a wriggling, crawling fashion. On the seventh day, of course, he 'lost his old skin' and quite simply became a butterfly. For a few weeks he was prone to 'fly about' a bit, and certainly wore some bizzare clothes; but - because no one told him he was not a butterfly, or worse, not a caterpillar, - he was able to go through the metaphor; metaphor became metamorphosis, and he gradually came to a conceptual, verbalised awareness of what he had done to himself.

(iv)   Communitas and the Community

We come now to consider the concept of communitas, as it illuminates the social life of the community. It will be recalled that Turner distinguishes three forms of communitas; forms (1) and (2) only are relevant here.

Clearly, the community is an institution; can we ascertain whether it fulfils the criteria for communitas (2) - that of an institution founded with existential communitas (1) as its telos? I was not there at the time it was founded, and like all creations, the creation of Arbours is already a myth. But one thing is certain: Kingsley Hall, the prototype of this sort of community, was most certainly alive with the spirit of communitas. Yet the difference most often cited, to distinguish the Arbours from the P.A. (who ran Kingsley Hall, and which the founders of Arbours

had previously been members) was that Arbours' places were more 'structured'. Furthermore (and here we are in myth already) the reasons given for the split - essentially between Schatzman and Berke, and Laing - that constituted Arbours, although they vary according to the persuasion of the informant, invariably cluster around the notion of Leader.

But we should be careful to distinguish between the Network and the Community here; the former certainly has a structure, and a rigid one in terms of who occupies the high-status roles. But it is unrigid in that - as we shall shortly illustrate - there are occasions when its structural qualities are negated, when communitas is visible. It would be nearer the truth to say that the institution's aim was the creation and maintenance of liminal spaces - communities - which will involve, but are not reducible to, communitas.

As for the Community itself, that is, in the collective conception of its members, I think communitas was much nearer to being the aim, than was (or could be) the case with the Network as a whole. The first pointer to this is in what could, rather dryly perhaps, be called the 'selection criteria for community membership'. As it turned out, this was an area of masked conflict, a conflict ultimately between structure and anti-structure, as represented by the wishes of the Network and the Community respectively. From the Community's point of view, however, the matter was clear; whoever was living there decided who else should do so if a vacancy came up. (This was nominally the Network's position also; as we shall see, what they said and did were not always the same.) At any rate, it was explained to me, both by the community's visiting therapist, and by members of the community, that selection was on the basis of 'if we like you and you like us'. The question implicitly asked of a potential resident was not 'Is this the sort of person the community needs?' (i.e. structural requirement) but rather, the more intuitive questions of the sort 'Does this person harmonize? Do we get good vibes? Is there the potential for free rapport? Does the person refrain from game-playing?' All these

criteria, it seems to me (they were levelled at me and I, in turn, levelled them at others when I was resident) are designed to secure the possibility of communitas (1).

The hostility to role structures was made apparent to me in a very direct way, when I first arrived. I have discussed the manipulative power of a man called Harve, who was then resident, in an earlier chapter. At the time of my arrival, Harve was engaged in making a film (he was an excellent photographer) but rather than just film whatever happened (which he claimed to be doing) he was in fact deeply engaged in 'casting' several members of the community in what amounted to 'roles'. The hostility this aroused was astonishing, and it resulted in Harve leaving the community.

A similar, though less protracted conflict aro se over Bob, the social worker's, over-zealous interest in psycho-analysis. He had an excellent knowledge of Freud, but several residents got rapidly annoyed by his habit of 'analysing' them, or interpreting their behaviour. No doubt in part the feelings were as simple as 'what a cheek'; but I suspect it went deeper than that; some of Turner's observations can perhaps help us to penetrate the situation.

Turner suggests (1974, p. 46 ff) that two concepts from Zen Buddhism, namely prajna and vijnana, have social correlates in communitas and structure. Prajna, normally though inadequaly translated as 'intuition' or 'wisdom', denotes a form of awareness that is synthetic, and grasping of wholeness; it constantly seeks to integrate and totalise, and in its highest form - prajna-paramita - it is a total awareness of, and identity with, the Unity of all things. (In many ways, it resembles Hegel's Idea, at the pinnacle of his Logic.) Vijnana, on the other hand, is divisive, analytic, discriminatory; it seeks ever finer detail in it s discursive understanding. I say 'on the other hand', but this is in fact, inappropriate - Vijnana is fingers, if Prajna is a hand, for as Suzuki (who

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Turner quotes) says: 'Parts are parts of the whole; parts never exist by themselves for if they did, they would not be parts'. (Suzuki. Quoted in Turner ibid.)

From these, and other considerations, Turner argues very convincingly that the source of these very basic concepts lies in the dual social modalities, communitas and structure. And here too, as in Zen, the truth of the matter is not two, but one hand dapping: communitas, as experience, is the synthetic transcendence of all social structure, the anthropocosmos.

I may seem to have digressed from Bob's psycho-analysing - perhaps a diagram will help to 'bring it all together'. Essentially, Turner is saying:

Prajna : Vijnana : : Communitas : Structure

I suggest that - at least for residents in therapy or analysis with someone (the majority), that the following holds:

Prajna : Vijnana : : Communitas : Structure

    ..   ..

Intuition, Therapy, : : Community : Consulting
Dislike for Analysis   Room
Analysis

Inother words, in the community communitas rules (or should do); analysis implies role structure (analyst v. analysand) and as such belongs outside the community. Vijnana, like Bob, therapists, and social structure always analyses.

This, of course, is to paint a rather black and white picture; but I have been discussing Communitas (2), i.e. the extent to which it is the aim of the Community to exhibit communitas. I think in general it aimed for, and valued, anti-structure above structure; and, as always, there are exceptions to prove the rule. I discussed in an earlier chapter how Burt effected a structuring of the community with himself as a node, such that everyone tended to relate 'via' him, thus:
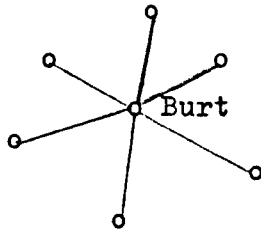
and also how, shortly after, this resolved into:
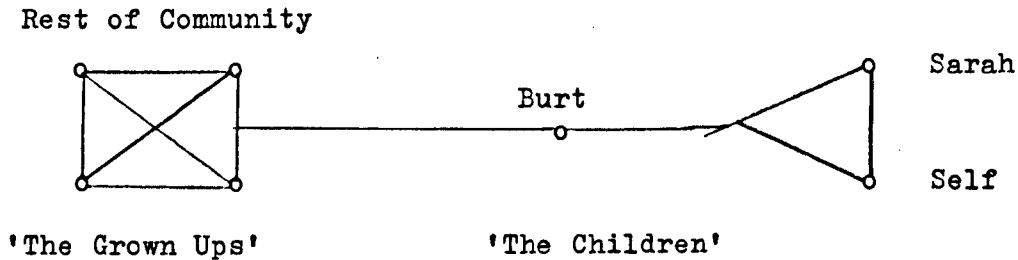
In other words, the original group of seven was split, into 3 and 4, with Burt, and only Burt, relating directly to everyone. Naturally, this destroyed all sense of communitas - in fact, it nearly destroyed the community! The example is interesting, however, for a number of reasons. Firstly, although we have here structure, there is no hierarchy. As far as I can tell, the structure was the result of role prescriptions placed on Sarah and myself by Dr. Schatzman to 'look after' Burt (he was on £200 bail). But whilst communitas was lost, liminality was not lost, but polarised; specifically, to the right in my diagram. Sarah and I found our lives becoming more and more chaotic, and respective sleep patterns more and more unpredictable, and our community-orientated activity less and less noticeable. We were absent - 'outside' - from the community more and more, taking Burt out to pubs, cinemas etc., i.e. what Turner calls 'liminoid' activities. Burt himself is probably the most liminal character I've ever met. At the same time, the other members of the community (three of whom had jobs) engaged in notably less liminoid activity, going to bed early (sleep was a rare commodity with Burt around!) instead of , say, a group session round the record player.

I have gone into this example at length because I think it highlights an important point. Turner says anti-structure is defined by communitas

and liminality - so briefly, I note here that liminality and communitas are not of necessity correlated. More immediate though, is the dialectic between structure and anti-structure operating here, within the community. For though - or rather be€ause - liminality is 'between', or 'on the edge of' structure, it would not be liminality unless there were a structure to be next to. For here we have, as it were, spatial rather than temporal liminality; and it is the liminality which dialectically conditions the structure that it is on the edge of. So we have the rather paradoxical conclusion that, upon the introduction of a highly liminal actor to the scene:

(1) Communitas is lost.

(2) From the point of view of the community, structure and
     role are imposed.

But (3) From the point of view of individuals, everything gets
          very chaotic.

Underlying these conclusions I think, is a more basic contradiction: one can be highly liminal and yet diametrically opposed to communitas. Burt embodied this, with his utter lack of concern for social norm, duties, structure in general, with an equal lack of respect or consideration for others (let alone mankind) - to the point of physical violence. As Dylan put it:

'To live outside the Law

You must be honest.'

(1966 From Blonde on Blonde)

Unfortunately, Burt wasn't.

But what, then, are we to make of the concept of anti-structure: is the violent liminar anti-structural or structural? And what of Turner's optimism, that Man grows through anti-structure?

It appears that we shall have to examine Turner's fundamental concepts even more fundamentally: to recapitulate briefly, the conceptual

structure proposed by Turner is, as I see it, something like this:

Structure v. Anti-structure →Communitas (1, 2 & 3)
                             →Liminality

Reduced to this skeletal form, certain _logical_ inconsistencies emerge; specifically, the three 'types' of communitas are logically discontinuous; and there is a discontinuity also between liminality and communitas (1), the latter being the definitional referent for types (2) and (3).

Communitas (1) is an _experience_ - specifically, it is what Husserl would have called a 'modality of inter-subjectivity'. (There are, infact, some remarkable parallels between Turner's conception and what Husserl calls 'the technological sense of European Man'. cf "Philosophy and the Crisis of European Man" (In Husserl 1965).)

Communitas (2) is an _institution_, a social entity, and an element within a broader structure ('society') regardless of the degree of _internal_ structure it has.

Communitas (3) is a cultural _object_, an artifact, although in non-literate societies it may not be concrete, but rather a verbal tradition (cf. Eliade 1968, especially Chapter III 'Nostalgia for Paradise in the Primitive Traditions').

The justification for using one word to say so much is, I suppose, that each 'type' is involved in producing the other. But strictly speaking, this is invalid: (1), (2) and (3) are not 'types' ofsome higher species; (2) and (3) are instances of what Sartre calls the 'Practice-Inert', whereas (1) is a form of consciousness and action. Without (1), there could be no (2) or (3); the converse is not the case. Logically, (1) must be accorded priority.

This, however, leads us straight into the next logical tension, between communitas and liminality. For liminality as defined is not an experience; it is, precisely because itdefines anti-structure, a structural concept. The very meaning of the term depends, dialectically, on the

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concept of the structure: the notion of liminality without structure is self-contradictory.

This is not the case with communitas - there is nothing logically inconsistent about the idea of communitas to the exclusion of structure-experience. (This, in fact, is about the extent of the truth of communitas (3)!). As Sartre (1960) has shown, it is scarcity that contingently conditions free human praxis, in the direction of alienating structure.

To put it another way, one can be liminal, and be unhappy, resentful etc. about the fact directly; it makes no sense, however - it is indeed self-contradictory - to resent communitas (in oneself).

It seems that Turner's schema is in need of some refinement; and it is here that Sartre's insights, depressing though they are, can help us to redress the balance caused by Turner's naively benign view of liminality.

It will be recalled that Sartre (1960) sees the concepts of scarcity, and correlatively, need, as irreducible starting points for comprehending human existence. Because of scarcity, Sartre maintains, the world exists as an ensemble of commodities. Other men, then, are what comes between us and the satisfaction of our needs. Each other is an 'excess', 'one-too-many'; thus scarcity constitutes the "negative unity of the multi-plicity of men".

Men are not passive in the face of scarcity; on the contrary, scarcity also conditions what Sartre calls the two 'primal alienations': objectifi-cation, and alterity. The former is the result of labour (as praxis constituted by need); the latter is the result, if you like, of the division of labour, and occurs when my-action-for-me becomes (is 'alterated into') my-action-for-others. The fruits of my labour are taken away from me. Scarcity, therefore, ruptures 'abstract, pure, unmediated reciprocity', and violence occurs. In conditions of scarcity - conditions that are contingent but, to some extent, universal - we have an alterated human world, where it is one against all. Sartre's basic perception here seems curiously similar to Hobbes'.

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Of course, matters do not rest this way - indeed, the bulk of the
Critique is taken up with a discussion of how groups are formed, on the
basis of this 'negative unity'; how through interiorisation of the
'pledge', individual multiplicities of praxes are sedimented into the
practico-inert of groups.

'Well, the hobo jumped up,

He came down, naturally.

He stole my baby,

Then he wanted to steal me.

But I'm pledging my time to you,

Hoping you'll come through too.'

(Bob Dylan 1966 From Blonde on Blonde)

Now it seems to me that Sartre is talking about a fundamental
experience that is equal in profundity but opposite in nature to that
described by Turner as communitas. Indeed, better words to represent
anti-communitas than 'the negative unity of the multiplicity of men' could
hardly be found. And is not Sartre's 'pure unmediated reciprocity'
(which is broken by scarcity) Turner's communitas?

These are parametric concepts that we are using here, and it would
be as well to endeavour to present them in some coherent form. One
observation should facilitate this. Sartre is frequently criticised
(see, for example, Aronson 1973) for his unduly negative, pessimistic
view of human existence; similarly, I have accused Turner's view of being
naively benign. There is objective truth in both original positions, <u>but</u>
<u>only</u> if they are viewed as complementary, rather than exclusive. If we
oppose this pair of world views, summarised provisionally as, say, 'benign'
and 'malevolent', we can, I think, begin to establish the coherence aspired
to above. I propose the following matrix as a resolution of the contra-
dictions we discovered inherent in Turner.

		Social SPace	
Affective Determinant	Affective World View	Structure	Liminality (Anti-structure)
?	Benign	Co-operation A Mutual Help	Communitas B
Scarcity (?) (Sartre)	Malevolent	Exploitation C Privilege System	Alterity D 'Each man for himself'

Under this conception, the violent liminar - such as Burt - is no longer a paradox. I am well aware, of course, that a phrase such as 'Affective World View' immediately begs a determinant; and it is certain that no one word can adequately fill either of the far-left cells. It is possible, for instance, that the Affective Determinant should be in the third dimension, rather than fully correlated; this would permit the (quite likely) possibility that cell A and cell B (or C and D) have different determinants for the 'same' affective world view.

Also likely is that some existing sociological concepts could fruitfully be mapped onto this matrix; for example, it would seem at least feasible that cells C and D could receive 'alienation' (in the classical Marxist sense) and 'anomie' respectively.

But perhaps we have enough to be going on with already; for these cells are not to be thought of too rigidly - there are complex dialectics between them. I should like to explore some of these, with particular reference to the Norbury Community.

Communitas is, as Turner points out, unbounded, open-ended, infinite in its range and domain. As such, it contrasts sharply with commodities, or more generally, resources - by which I mean not only material goods such as food, but also human potentials such as patience, intelligence and even time.

Social structure (i.e. cells A and C) has, on the whole, been seen primarily as a response to the undesirableness of Cell D. Turner has made

an invaluable contribution by pointing out that it is also a 'response' to the impracticality of permanent residence in cell B, (I use the word 'response' in the faith that its cause-and-effect temporality stratum of meaning has finally been bracketed); furthermore, that cell B is likewise a 'response' to the sterility of permanent residence in cells A or C.

Ideally, then, a society - or any other social unit - would exist in some blissful sort of oscillation between cells A and B; and certainly, that is an adequate way to describe the pious hopes of the Norbury community, and the Arbours Network in general.

But, of course, it isn't quite like that. A person, in our society, who, for whatever reason, resides significantly in cell D, is very likely to be penalised (i.e. moved to cell C), and one of the commonest penalties is to be designated 'psychopathic', 'psychotic', etc. The effect of this tends to be to keep that person in cell C or Cell D; the former, if he is institutionalised and the latter if not. Now, in these terms, one function of a community like Norbury is to provide a context in which a person can move from C or D to B, and eventually, to B and A. Thus, although B and then A are the aim, achieving this means incorporating D - which is the very antithesis of B.

The rationale behind such an enterprise seems to be the conviction that it is either easier or better to move, as it were, anti-clockwise round the cells (C → D → B → A) rather than clockwise (C → A or D → C → A). The latter, the clockwise conception, seems to be the conviction of the 'medical model' system, i.e. structured mental hospitals. If Turner is right, that social structure finds its transcendental origins in communitas, and that the three phase movement (separation, liminality, re-integration) is a basic, universal human movement, then it would seem that the anti-clockwise direction is indeed preferable.

But then one is confronted by a serious problem: if one permits an individual to enter a radically liminal space-time from cell C, he is as likely to go to D as to B; one thus has to somehow cope with D, till B

is attained, without resorting to a variant of C, and without sliding wholesale into D. When such a person was resident, then, the community was in a permanent state of tension between the various cells. It should, perhaps, be emphasised at this point, that these are not black-and-white categories; to some extent the community, and indeed any social grouping based on commensality, is permanently in such a state of tension, and is permanently trying to do something about it. But such tension was undoubtedly more prevalent, and potentially more insidious, in the community, given its purpose, than it would be in, say, a monestary or a school.

I propose that one outstanding way in which the community sought, albeit unconsciously, to remove such tension, and effect the desired movement, was through <u>ritual</u>. Furthermore, I propose that one frequent way in which a cell D occupant opposed this was by <u>deritualisation</u>, or <u>pararitualisation</u> of these community rituals. This latter idea derives in part from the (apparently unexplored) suggestion made by Laing (1966) in a relatively little known paper, that what is called 'abnormal' or 'psychotic' behaviour can frequently be seen as a deritualisation of a 'normal' social ritual. And so, finally, we turn to examine in detail ritual in the community.

(v)   <u>Ritualisation and Deritualisation in the Community</u>

This section is largely involved with cataloguing, and discussing the significance of, the various sorts of rituals that I observed in operation at the Norbury community. It would be as well, then, at this point, to specify the meaning I attach to the central terms used in this enterprise.

We have already discussed the liberation of the word 'ritual' from a context that is by definition 'religious'. In fact, none of the rituals I describe are 'religious', or 'sacred', or whatever. Definitionally, I fellow Leach's prescription (1966) that (in addition to its religious/ magical potential) ritual refers to 'behaviour which forms part of a

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signalling system and which serves to 'communicate information' not because of any mechanical link between means and ends but because of the existence of a culturally defined communication code'. (p. 404). It follows that we shall be interested in <u>what</u> the community is telling itself; in <u>how</u> it does this; in <u>why</u> it is 'necessary' to do this; and in the general significance of attempts to <u>deny</u> the 'truth' of these communications.

Further, I follow Leach (ibid) and Turner (op cit) in stressing that such communication is frequently via a <u>non-verbal</u> mode of symbol: a particular social configuration, a ritually potent object or substance (food, for example, or drugs) can 'say' a great deal more than extended verbal discourse. As Leach notes, summarising his paper:

'These really are the main points I want to make in this brief paper:
(1) In ritual, the verbal part and the behavioural part are not separable
(2) As compared with written or writable speech, the "language" of ritual is enormously condensed; a great variety of alternative meanings being implicit in the same category sets.' (op cit p. 408)

Leach dichotomizes two fundamental categories of information that needs to be communicated, through ritual, from generation to generation: information about Nature, and information about Society. This dichotomy undergoes a transformation when set against our own needs in this section: I observed no rituals that communicated information about Nature at the community. A comparable dichotomy, however, seems to be between (1) information about objects and (2) information about relations directly between human beings. This transformation seems likely to arise in any anthropology set in city, as opposed to a 'tribal' context.

We should also note a transformation in the meaning of 'generation'; for a 'generation' at Norbury is not a life time but a period of a few months or years at most. Nevertheless, the word is applicable; we speak of generations of students, for example. Given the relatively rapid turnover of residents, it is clear that much information about the

community must be transmitted quite rapidly if the 'community' as an entity that is transcendent of its particular members at a given time, is to have an enduring existence. Clearly if this is to be achieved, rituals must take place when residents are there to receive the communications inherent to them. This may seem a trivial point, but it highlights an important fact: that rituals are to be expected on occasions of communality. By the latter I mean those occasions (rare, when measured as a percentage of clock-time) when all or most current members of the community were actively present, and were directing their praxis in the direction of a group praxis; when, in fact, the members of the community functioned as a community.

The tendency for such occasions of communality to exhibit identifiable pattern, and to possess a symbolic, that is communicative, function: this I call ritualisation. 'A ritual', then, is merely one concrete example of the outcome of this tendency. In these terms, then, there is no such thing as a 'private ritual', beloved of psycho-analytic writers (cf Freud, Totem and Taboo). Gluckman, in his work on Van Gennep (1962) approaches this point, but seems to swerve away at the last moment. Correctly, he denies the validity of the phrase 'private ritual' as used by the psycho-analysts, preferring the term 'ceremonial'. The reason he gives, however, seems to miss the point: namely that ritual must be 'religious'. His argument thus goes: 'ritual' cannot be private, because it is 'religious'; this does not follow. The correct reason why private ritual is a contradiction is because ritual is precisely an occasion of communality - 'religious' or otherwise. This point - continually fogged over in anthropology - should have been apparent at least since Durkheim.

Psycho-analytic writers have tended to view various 'neuroses' (particularly those varieties termed 'obsessional' and 'compulsive') as being private analogs of religious ritual. My focus here is not on neuroses, or neurotic behaviour, so much as 'psychotic' behaviour. Specifically, I use the term 'deritualisation' or 'para-ritualisation' to

refer to attempts, on the part of individuals, to subvert or destructure, or otherwise negatively communicate about, ritualisation performed by the rest of the community. Furthermore, I shall test, as a hypothesis, Laing's suggestion that what is called 'psychotic behaviour' is often precisely this sort of para-ritualisation.

To put some of this in terms of the matrix I advanced in the previous section: I see ritual as a dialectical mediator between the requirements of structure (cell A) (particularly the aspect of mutual co-operation), the individual and group orientation towards communitas (cell B), and the problems arising out of residents' cell D tendencies in a context of scarcity. The other side of the coin here is deritualisation as a <u>breaking</u> of taboos (negative rituals, in Van Gennep's phrase) or, as we would call them, rules. Turner frequently remarks that liminality (i.e. what I call cell B, only) is a 'sacred' condition, and as such is hedged around with taboos. In this sense, my cell D is, so to speak, a 'blasphemous' condition, where the taboos are broken, and liminal chaos is unleashed.

With these general comments in mind, then, let us turn to examine the rituals observed. Some sort of 'classification' is necessary, and again, Van Gennep can help us here: I distinguish first of all between 'Rites of Passage' and 'Domestic-Cycle rituals'.

(vi)   <u>Rites of Passage</u>

It will be recalled that I sought to conceive of a person's whole stay at the community as a liminal period, and thus their movement into, through, and out of, the community as a protracted 'rite of passage'. We must examine this notion in more depth.

A note here on the perspective from which this account is being written. Most of the rituals involved concern admission and departure (separation, and re-aggregation phases, in Van Gennep's terms). I, like any ex-resident, have a dual perspective on this: I went through the community that others went through. Although I cannot develop this point here, it seems to me that a consideration of this dialectic might clarify

some cloudy issues in the theory and methodlogy of 'participant observation'
in social science. And I might also add that it is fitting, in view of
our earlier discussion of prajna and vijnana, that it was the Prajna-
Paramita (The Parameters of Wisdom?) that Laing was quoting in the 'knot'
where he says:

'As one goes through it

one sees that the gate one went through

was the self that went through it.'

(Laing 1970, p. 85)

This is perhaps true of all liminal passages.

So what rituals are involved in coming to the community?

This was one region of community life that was quite formalised;
in fact, it became more formalised during my stay, as the result of a
conflict mentioned earlier.

The first ritual to be discussed is the Monday evening ('open-house'
sessions. The community was 'open' every Monday evening after dinner for
visitors who were interested, for whatever reason, in seeing and meeting
the community. Not all of these were interested in becoming residents -
many had academic or professional interest, or even just plain curiosit y.
But the majority of Monday visitors thought that they at least <u>might</u> want
to live there. For the moment, I shall consider only these visitors.

Generally, what happened was that a person would hear of the Arbours,
ring the Network offices, and be referred to the community, whereupon they
would be invited to visit on the following Monday. Monday evenings were
definitely regarded as communal events; there was a vague but discernible
expectation that all residents should be present, in the living room where
the meetings were held, to help 'present the community' to visitors.
This was regarded as something of a chore; the same questions were asked
over and over, and it was frequently quite hard work to ascertain exactly
why a visitor was interested in living in the community.

From the visitor's point of view (I first visited on a Monday evening)

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the occasion was often very confusing. Firstly, lack of staff/patient
dualities (which many visitors were not aware of) and thus lack of
discernible signs for identifying anybody, led to confusion and often
anxiety. The only way to tell who was a resident was either to ask, point
blank, or sit and infer it from conversations. Generally, the evening
passed with a blend of residents asking non-residents 'What is your
interest in the community?' and non-residents asking residents (and other
non-residents!) 'What goes on here?' in varying degrees of detail.

For the visitor who wished to live in the community, a number of
things were essential. They had to establish some degree of rapport with
residents, presenting themselves as simultaneously in need of being
accepted (there were always more people wanting to come than vacancies),
and yet capable of coping with the community's life style. That is to say,
in need of help and support, but also capable of giving the same. This
is quite a subtle balance, and the two-way communication - in this instance,
almost completely verbal - was strongly ritualised, at least from the
residents' end. 'Cross-examination' of a visitor was shared, and its
anxiety-provoking aspects hopefully minimised, by each resident taking a
turn at asking a visitor the pertinent questions. (How did you come to
hear of us? Why do you feel you want to live here? How will you pay for
your stay? How do you feel about the demands we would make on you? and
so on.) This sharing of questioning was felt to be quite important
(hence the importance of high resident attendance), for a number of reasons.
It minimised the tendency, often very pronounced, on the part of the
visitors, to project the role of 'leader' onto any particular resident.
It gave the visitor a better idea of 'who' was living there already; and
correlatively, it facilitated the discussion of the night's visitors that
invariably followed the departure of the last visitor. All these functions,
I think, can be seen as safeguarding the community; in matrix terms,
safeguarding its cell A and B aspects from potential cell C or D
situations.

It should perhaps be stressed that the same considerations, though with different emphasis, were brought to bear on someone who presented themselves more as a 'helper' than 'in need of help'; or, if you like, whose 'needs' appeared to be more academic or professional than personal. Such candidates were closely screened with respect to their ability to receive help and support. A person who 'came on all together' as Lucy bfilliantly put it once, who was not prepared to admit their own capacity for freaking out, their own madness, in fact, would be regarded with utmost suspicion. I was questioned closely, for example, as to freak-outs I had had, and why I thought I was able to study and understand other people's freak-outs.

The next step towards becoming a resident was, I think without exception, being invited to come to visit again on a Monday evening. At the second visit, the community would communicate its collective feelings about the person (established during the discussions after the first visit), and, if they were positive, the person was usually invited to come for a longer visit. - most often a weekend. This then, was a sort of trial visit, during which the person saw the community in its daily functioning - as opposed to the ritual occasion of a Monday evening - and likewise, the community was able to form a more total impression of the candidate.

It was over this ritual - the trial visit - and the need for it, that the afore-mentioned conflict arose, between the Network's and the Community's perception of the Community. It was official policy - ritually communicated and actualised by Monday and trial visits - that community residents decided the membership of the community. Certain non-resident Network members - specifically, the Crisis Centre therapists - although they apparently agreed with that policy, also felt that 'priority' should be accorded to persons who had been staying at the Crisis Centre, and who were now ready for a period of less intensive support, at an Arbours community. The conflict arose with the case of Pete, who first visited

the community from the Crisis Centre. We all liked him, and he was invited for a weekend visit. The Crisis Centre therapists, however, seemed to feel that the 'priority' accorded to their patients rendered the trial visit unnecessary, and after a four-day visit, Pete found that he no longer had a room at the Crisis Centre. The community's expectation was that he should return there before the decision was made as to whether to accept him. The decision - fortunately for Pete - was yes; but considerable bad feeling was caused by the fact that the community was almost forced to that decision. The incident prompted a debate, at Network level, on the issue of community autonomy, and - as Turner's, and Gluckman's work have constantly suggested - a 'deep' social structure is made visible through such conflict. Jenny and myself, in particular., held out for community autonomy here, and ultimately of course, the power does lie within the community. But the resentment clearly expressed by some of the therapists when this fact was overtly stated was very illuminating. The conflict was healthy, however,; shortly afterwards 'priority' was expected to be shown towards another Crisis Centre patient who, after a trial visit was, in fact, turned down by the community. The Crisis Centre was furious, by all accounts, but at least the issue was able to be resolved unambiguously.

The trial visit ritual also affords our first example of deritualisation: our subject here is Burt.

Burt had visited the community a couple of times, and was duly invited for a trial visit. It was anticipated, from what we had seen of him, that he would alter the community's life considerably, and it was with considerable anticipation that we awaited his arrival for the evening meal - the main regular 'occasion of communality' , and itself a significant ritual. We waited and waited, eventually having the meal without him. The wine bought to welcome him (an example of what I shall call 'drug-use ritual') was consumed, and gradually people retired to bed.

As already described, he arrived about 2 o'clock, subverting several rituals in the process, and communicating his paradoxical status: he was trying to be 'there' and 'not-there'; within the community, but outside all expectations, liminal to the limit. I don't know if that piece of his behaviour would be regarded as 'psychotic', but her certainly flouted a number of conventions - he missed the meal prepared in his honour, he failed to notify us that he would be late, he arrived noisily at 2 A.M. - and needless to say, he did not apologise, but on the contrary, regarded it as highly amusing. I do not doubt that his behaviour was praxis, not accident (process) albeit alienated praxis.

My own 'trial visit' afforded me a vivid experience of overtly 'crazy' behaviour, which I subsequeutly came to see as a para-ritualisation. I had visited the community on a Monday evening, and was eager to move in. Further weekly visits, on Mondays only were impractical, as I was living in North Staffordshire at the time. My parents, however, lived only ten miles away from the community, so a 'special' sort of trial visit was arranged, over the 'phone; namely,that I should spend a week living at my parents, but coming up to the community in the day, maybe staying over-night a few times if everything went well. As it happened, the community was in a crisis at the time; there was considerable tension over Harve's proposed movie, and Mike was in a profound state of agitation, and was disturbing everybody by his all night banjo-playing sessions. The situation was complicated by the feeling, on several residents' parts, that Harve was responsible for 'egging Mike on', particularly in his noisy activities.

At any rate, I was told to arrive on a Wednesday afternoon, and to let myself in if no one was there - 'the back door's always open'. I rang the front door bell, which provoked a sound of considerable commotion, followed rapidly by someone putting on the latest Bob Dylan record (inevitably!) (for the 'record', it was Planet Waves Side 2). I could hear shouting, and someone running around inside; shortly after, Mike

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(who I had not met on my previous visit) came tearing out of the back
door (First subversion: I had rung the front door bell) wearing an
harmonica holder (Dylan's "hall mark"), and generally acting very freaked
at my presence. (I subsequently discovered he was expecting me.) He
ran up the road, leaving me on the doorstep, then came racing back in,
waving at me to follow him, through the back door. Following cautiously,
I discovered he had blocked (but not locked) the back door (Second sub-
version: come in/Don't come in). I heard him go upstairs, hesitated,
and then pushed my way in. More uproar, then a shout from Mike "Come In!"
I made my way into the living room, and waited. After a minute or so,
Mike crashed in, and standing within an inch from my face yelled "I'm
warning you, do you wanna see some real live blood? Piss off!", and then
left the room (Third subversion, to say the least). Feeling somewhat
bombed out, I decided to sit and wait, and immersed myself in the extra-
ordinary variety of books lying around the living room.

Meanwhile, Planet Waves was still playing, till, near the end of the
side, it got to a scratch, where it stuck, repeating the same one second
phrase over and over. For literally 2½ hours. Although the record player
was upstairs, it was very loud, and the repeated phrase rapidly got on my
nerves. I knew Mike was upstairs, and could have moved the record on;
but he didn't. Pondering his inaction as praxis, I decided that it was
either an attempt to get me upstairs, or to drive me out - or, in view of
his earlier behaviour, more likely both. I decided to just sit it out.
After about half an hour, the repeated phrase took on a distinctly 'mantric'
quality, and I was in a very strange state of consciousness by 6 o'clock
when other residents began returning. Where Mike was by that time, I
have no idea.

    'I met a man whose name was Time

    And he said "I must be going",

    But just how long ago that was,

    I have no way of knowing.'

                    (Robin Williamson, 1968 October Song)

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Fortunately for me, Jenny and Lucy, who arrived about 6 o'clock, did not attempt any para-ritualisations and I was provided with coffee, a meal, and some very welcome conversation. Jenny found it most amusing that all the men had 'absented themselves for my arrival' (Mike had retreated to the top floor, John and Harve both rang to say they would be late in, and not to hold the evening meal up for them.)

Eventually, however, I got to meet all the members of the community. On my second day, Mike made a less violent para-ritualised attempt to greet/reject me: he just walked up, and held out his hand, apparently to initiate the highly formalised ritual greeting of a handshake. I took his hand, shook it and discovered that he would not let it go: subversion again. I sensed that this was literally a 'make-or-break' situation, and was, of course, very eager to 'make it'. I was struck, fortunately, by a sudden inspiration and, with him still gripping my hand, I began to 'jive', pulling his hand to and fro, spinning and turning, and so on; Mike was delighted and immediately joined in, whilst Harve, bless his heart, struck up something resembling a jig on his violin, which was lying around in the living room. The dancing - not to mention the jig - got very frenetic, and within a minute the three of us collapsed in a heap, I, for my part, exhaused but very relieved!

So much for the 'trial visit' ritual and its subversions. We have next to consider the process of actually moving in, and defining a 'personal space' and thus, integration into the community.

The process of moving in is, in essence, choosing/being allocated a room. Here again, a formalised procedure was in operation. There was a convention that whenever a room was vacated, the remaining residents had the option of moving into it, the resident of longest standing having first choice and so on. This is a highly interesting ritualised procedure, as it is the only example I found, in my entire stay, of a status/privilege hierarchy; and it is significant that (by reference to the 'generation' analogy again) it was on the basis of 'age' - 'community age', that is,

not absolute age. It is also one of the few ritualised sequences that
I never saw deritualised.

The issue came up when I arrived to move in. Between my trial visit
period and actually moving in (a two week period during which I returned
to get my belongings from Staffordshire, and generally tie up loose ends
at University), the crisis, with Harve, had reached its peak, and he had
moved out to a squat in North London. Sadly, he had also taken Mike with
him. There were thus two vacated rooms, plus another tiny room, usually
reserved for guests, empty. As it happened, no one there wanted to change
rooms, though the possibility was discussed, and I had to delay actually
unloading my belongings as one resident was absent at the time. But the
choice came to me, and I chose Harve's room, and set about 'making it my
own' (which, for me, consisted largely of setting up my stereo, and a
large quantity of Tantric posters, or 'tankhas'). I was surprised at the
lack of ritualisation here: in my University circles it was expected that
one 'inaugurated' a new room with a 'scene', usually involving the presence
of friends, various 'drug-use rituals' (alcohol, cannabis, perhaps even
LSD - 'to suss out the vibes of the room': cf Castaneda 1968, The Teachings
of Don Juan), the playing of favourite records - a sort of sub-cultural
equivalent of 'house-warming'. No such ritual seemed to be expected,
however, and I had to make a very deliberate attempt to get people into
my room. I discovered that a spatial dichotomy was in operation in the
community, whereby personal space (own room) and communal space (living
room, kitchen, breakfast room and garden) were sharply distinguished. On
retrospect, however, I can see this as what Van Gennep terms a 'negative
rite', i.e. a taboo, against trespassing on personal space. This reflects
the very specific purposes and ideology of the community; the taboo
existed to legitimate the option, open to all members, of withdrawing from
social interaction. And like most taboos, it was periodically broken -
or deritualised, as I would say. It is significant, in terms of the
hypothesis that I wish to explore, concerning so-called psychotic behaviour

and deritualisation, that the three individuals during my stay who were, in clinical terms, the most 'disturbed' (namely, Mike, Burt and Sinclair) were the three and only three individuals who, to my knowledge, broke this taboo by walking, uninvited and unannounced, into people's bedrooms. In the case of Mike and Sinclair, the issue is complicated, and the infringement worsened, by the fact that they chose women's rooms, during the night, to trespass on. Such a deritualisation was viewed in very grave terms, even if no physical harassment was involved, and although clinical terminology was not in general evoked, such behaviour was certainly seen as evidence of a 'problem' on the infringer's part. This, it seems to me, provides a striking confirmation of the hypothesis I am concerned with.

As soon as a person had a room, he or she was 'officially' a member of the community. However, in practice, a number of confirmatory rituals were expected before this official status was made phenomenologically real. The most notable of these were: cooking one's first meal; attending one's first Monday evening session as a resident; and attending the first group session with the community's visiting therapist. I defer a discussion of the first of these till the section on food rituals in general; the second has been discussed already - at this point, it is sufficient to point out merely that such attendance basically involves being seen to be in an information-giving 'role': here again, we can see clearly what Leach calls the 'communicative' aspect of ritual.

The same point can be made about the last of these three, attendance at the group therapy session. It confirms one in the status of group-member by the tacit assumption that one is validly 'in a position' to have something to say (to communicate) concerning the action and experience of community members. In this context, it is the personal pole of what I shall elsewhere call a 'becoming-an-object-communally-for-others ritual', or less clumsily, alterity rituals (cf Sartre 1960). The specific form of alienation here is that one is a member of the community because someone

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<u>outside</u> the community sees you as being such. I shall discuss alterity rituals in their own right shortly; the orientation here is on these as a phase of an individual's integration into the community. To miss any such session was one rapid way to define oneself as an 'outsider' with respect to the community; to miss the first of one's stay would have been taken badly, I think; as far as I can recall, no one did, during my stay - although Sarah came near to it, refusing, as she did, to speak throughout it, thus effectively deritualising the crucial, communicative function of the ritual. (It hardly need be added that muteness is regarded as a psychotic 'symptom'.)

Analogous to these ritual attendances vis-a-vis the community was attendance at the monthly Network Meetings (held at the different communities in rotation) vis-a-vis being a member of the Network. Here again, as soon as you lived in the community, you were, ipso facto, a member of the Network - but it was expected that one was <u>seen </u>to be such. Pete subverted this one, as he absented himself from Norbury on the occasion of his first Network Meeting, which happened to be at Norbury, by spending the afternoon at the Crisis Centre. Recalling that Pete came to Norbury from the Centre his behaviour was seen as in some way 'regressive', although I think the disapproval his action caused was more due to his avoiding the chore (itself a ritual) of helping prepare a meal for the assembled Network!

I have discussed at length the rituals involved in 'becoming a member of the community'. Almost all of these have, as it were, a dual aspect: they are rites of <u>separation</u> from the role structure of everyday life (note that - with the exception of the room-choosing one, all are concerned with various ways of defining the new member as equal, and on a par with existing members, and several specifically involve role negations, i.e. they have a liminal quality); they can also be seen as rites of <u>initiation</u> into the 'secret society' of Community of Network. The second aspect may seem more apparent than the first, but I think this is

ultimately misleading: for one joins the community specifically with a

view to leaving it again. One's stay is, as I have said, essentially a

liminal phase; and this is highlighted by the next set of rituals we

consider, those associated with leaving the community, and being re-

absorbed into the outside world.

Here again, a highly ritualised sequence is observable, as are

infringements of the sequence and 'bad feeling' as a result of such

infringement.

The 'ideal' sequence, as far as I have been able to put it together,

seems to be something like this:

(1) Initial announcement of intention to leave.

(2) Formation of plans and gradual orientation towards the reality

     external to the community.

(3) Announcement of intended departure date.

(4) Farewell 'party', exchange of gifts, goodbyes etc.

(5) Return as 'visitor' to confirm change of status.

(1) is relatively unproblematic, although it should perhaps be

said that it does not necessarily proceed (2); indeed, it only proceeds

the making public of (2). From the individual's point of view, (2) to some

extent precedes (1) in that one was expected to have a 'reason' for

leaving; if one just 'left', without having anything planned to get into,

this was somehow felt to be a subversion of the purpose of the community.

This is in keeping with its liminal nature.

Examples of (2) are numerous, and generally involve either the person

being absent from the community for periods prior to actually leaving,

i.e. vacating their room; or, the other way around, the person having

visitors, often for a short stay, with whom they intended to live on

departure. For instance, shortly before he left, John spent an increasing

amount of time involved in co-counselling, a form of mutual therapy

unfortunately not espoused by the Arbours Association. It was also at

this time that he ceased attending the group sessions with our visiting

therapist; he also terminated his private relationship with his own

therapist (who was, in fact, the same person as the visiting therapist).

In these and other ways, he gradually defined himself more and more as

an outsider. Unfortunately (to my mind) he deritualised this sequence by

omitting to carry out (3), and just split one day, announcing his departure

only in retrospect, as a fait accompli. He thus precluded the possibility

of (4), and it took quite a lot of (5) to patch up the bad feeling caused.

(He had moved into a co-counselling commune, where he stayed before

taking a job and moving to a different part of the country.)

Sarah, on the other hand, completed this ritual sequence, and was

able to draw on the 'goodwill' of the community after she left. I have

already described how she had increasing contact with her children and

her ex-husband who was looking after them ('kinship ties re-asserted in

post-liminal phase', as anthropologists would say). Unlike John, she did

announce her departure and her farewell, also already described, took the

form of a slap-up meal, plenty of wine, and a trip to see a Bob Dylan film

(see Case Studies above). All in all, I think she constitutes one of the

community's most moving and convincing 'success stories' and I feel sure

that her successful completion of the ritual departure sequence confirmed

this. In fact, her 'story' provides an arresting demonstration that the

archetypal movement 'discovered' by Van Gennep, and the ritual forms that

go with it, can and do _work_ in a modern industrial society: _given_ the

appropriate mediating institutions. (This contrasts most tellingly with

the agonising failure of her several hospitalisations.)

One way of radically deritualising the departure sequence is, of

course, to get oneself thrown out. That this constitutes a 'deritualisation'

via what can be seen as 'psychotic' behaviour is obvious, and as an example,

perhaps trivial. But there is an interesting point to be made: of the

three people who left under blatantly unsatisfactory conditions - Harve,

Burt and Sinclair - all three left the community with, as Jenny put it,

'a bitter taste in our mouths'. This indicates, it seems to me, that the ritualised sequence (which these three deritualised in the extreme) is as much for the benefit of those that <u>remain</u> as for those who go. One is reminded of funerals here, and of course, leaving is a sort of 'dying out of the community' (as well as a rebirth into the world). In these terms, then, the spirit of communitas that, say, a farewell part generates, is an affirmation (a communication to itself) that the life of the community will continue after that person has 'died' out of it. Communitas tells the community that its 'real' life is transcendent of its individual members, who, needs must, die. The same is true, of course, for 'birth'; the spirit of communitas is present in the ritual meals and welcomes that are made when a person is 'born into' the community (i.e. joins it). Here again, we can see ritual as a dialectical mediator between communitas and structured co-operation.

Levi-Strauss (1969) has written most learnedly about the gift relationship and reciprocity, and sees it as pointing to the universality of structure. Much as I hesitate to contradict Levi-Strauss, I prefer to see this underlying reciprocity (cf Sartre's 'pure unmediated reciprocity 1960) which conditions the gift relationship as evincing communitas rather than structure. When I gave the community a particularly beautiful candle, on my departure, I felt I was symbolically saying 'we are still together', or that I was symbolically denying that I was taking my property, and myself, away. I must admit, I was confirmed in this view when Lucy, who did not know I had bought the community a candle, gave me in return a pottery candle holder! Furthermore, on the card attached to the candle, I had quoted a favourite community record, by the Incredible Band, which I quote again now:

'One light, One light

The light is One, though the lamps be many.'

(Mike Heron, From the LP
'The Big Huge' 1968)

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This exhausts our account of 'rites of passage' through the community. We move on, then, to consider what I have called 'Domestic Cycle Rituals'. By this I mean more or less regular, and frequent, ritualised occasions of communality. For our purposes, these can be divided into three categories: (1) Food Use Rituals; (2) Drug Use Rituals and (3) Alterity Rituals.

(vii) <u>Food Use Rituals</u>

By far the most frequent and predictable 'occasion of communality' was the evening meal. There was an expectation that everyone should attend this, at least unless expected absence was announced in advance. Unlike other meals - Breakfast, lunch or intermediate snacks - dinner was prepared by <u>one</u> person for the <u>whole</u> community. Here again, a ritualised sequence was typical.

Whoever was cooking the evening meal was also responsible for the preliminary shopping. Who cooked on which night was a matter of choice, there being a blank sheet posted up in the kitchen, on which one wrote one's name under the evening one wanted to cook. There was also a small blackboard on which one was expected to notify expected absence for that evening's meal. As there were typically seven residents, each person usually cooked one night a week. The choice of what to cook was entirely up to the cook - within financial limits. (Money for food was taken from a kitty jar, to which each residence contributed, directly or indirectly, about £4 per week. This sum was usually augmented by about £5 a week from the standing house account.) With the exception of Burt, who was a vegetarian ('meat makes me fart') no residents during my stay had any specific form of prescribed or adopted diet.

It would perhaps be as well to describe a 'typical' evening meal. (See Appendix Five for typical menus).

The meal was generally eaten about 7 - 8 o'clock, thus allowing those who had therapy sessions after work time to return. It was expected that the room the meal was eaten in - usually the living room, but for

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one period, round the table in the breakfast room - was reasonably tidy.
This was by no means always an easy task to achieve, particularly when
Burt was resident. The cook would be responsible for layout of cutlery,
plates, glasses for water, or wine, bread and so on, and surprisingly
often, a display of flowers in the centre of the table, or candles (during
the winter). Generally, an effort was made by virtually all residents to
make the evening meal an 'occasion' and not just something to satisfy
hunger. In due time, the cry would go out 'Dinner's ready', and the
dishes would be carried in. Each person helped themselves, and sat on
the floor or cushions, to eat their meal. There was a similar choice-rota
for washing up as for cooking.

The meal was almost always a fiarly protracted affair, for the good
reason that it was the only reliable, regular occasion that the community
was assembled but no outsiders were present. Indeed, as I shall show,
the presence of guests radically transformed this ritual occasion, and
unless their presence was agreed upon by other residents in advance
tended to constitute a deritualisation.

We can perhaps best understand the nature of the ritual by examining
what else, besides actually eating, typically happened (or did not
happen) at the evening meal.

Most noticeably, it was the occasion for group discussion, frequently,
about community matters. It was during the evening meals that the community
perceived itself, directly, as a community. Indeed, Lucy once remarked
caustically that the community only existed when we sat down to eat, and
there is a sense of truth in this. In fact, this applies not only to the
community, but also to ordinary families. An interesting point here arises
with the negative instance of this phenomenon: some communities, formed
for very specific purposes actually ban conversation (i.e. expressed
communality) at meals - particularly, convents or monasteries. The
rationale here seems to be that the communality of the community is
transcendental, non-secular, in essence; secular occasions must have

their communality suppressed, therefore. In these terms, however, the Norbury community had an 'immenent' essence. If anyone had a matter they wanted to discuss, at a community level, this would almost invariably be done at this time. In this sense, then, the evening meal falls half-way between the informal discussions, typically between two or three people, that went on all day, and the more formal group discussions in the presence of a non-resident, such as visits from the Community's therapist, Network Meetings, and so on. Of all the rituals I observed, none show so clearly the self-communicating aspect of ritual as the evening meal.

One 'taboo' that was in operation has bearing on this. The community owned a stereo that was kept in the living room, which tended to be on from morning till late at night. There was an explicit rule, however, that it should be off whilst the meal was actually being eaten. Although no overt reasons, to my knowledge, were ever given for this, it was, I am sure, because it was felt, probably correctly, that it would inhibit the sort of group discussion that was expected to occur.

Typically associated with this ritual of the evening meal were various drug use rituals. I shall discuss these in their own right shortly, but here I should like to point out their correlation. Whenever possible (financially) a couple of litres of cheap wine were bought to accompany the meal - typically three or four nights a week. Whilst this was ostensibly because wine 'goes' with a good meal, it was quite apparent that it was not the taste, but the effect of the wine that was relevant. The disinhibtory effect of wine scarcely requires documentary evidence; its loosening-up effect has a profound, and in my opinion, thoroughly beneficial effect on the group discussions that accompanied and followed the meal. I might add that it usually was only a loosening-up effect - it takes a lot of wine to get seven people (who are used to drinking it regularly) overtly drunk, i.e. to the point where it becomes inhibitory again, of creative conversation.

It is interesting to note, also, that it was only after meals that coffee, or tea, was typically made for everyone. At other times, people tended to make it for themselves, when they wanted. The same applies to cigarettes: these were often offered around after a meal, in sharp contrast to all other times when individuals smoked their own. And it was not always just cigarettes that were passed around; if cannabis was ever smoked in the community, it tended to be done communally, after an evening meal, when, again, it would of course be shared amongst those who smoked it (the clear majority). Dissimilar as they are in most respects, wine and cannabis - particularly grass, the form favoured in the community - share the property of stimulating good conversation. (cf Berke and Hernton 1974)

All these examples show quite clearly, I think, that evening meals were an occasion - the occasion - for the generation of communitas within the community. The presence of all the members (i.e. no internal structuration, even of a contingent nature); the sharing equally of that which is not normally shared; the expansion of consciousness induced by moderate quantities of drugs, particularly wine and unprocessed marijuana; the presence of 'ritual objects' - flowers, candles etc: all these contribute to a sense of joyous unstructured togetherness, or communitas. This is confirmed, I think, by the tendency and the expectation that the togetherness of the meal would 'carry over' into the evening and perhaps through the night.

Let us be clear what this ritual is achieving. We all need to eat, and there is, given financial resources, a definite limit to the availability of food. We have, in Sartre's terms, a context of scarcity. It does not take too much imagination, I think, to envisage the chaos that would result if no institution for sharing out the food existed. So structure is invoked: cooking rota, controlled food kitty, more or less set meal times, and so on. But the end result, apart from full bellies, is the experience of communitas. In my matrix terms, then, we are

potentially in the insiduous cell D condition, where it is every man for himself in the scramble for food (breakfast was something like this!). But a certain structure is agreed upon, i.e. we move to cell A, rituals occur, and the community slides, as a whole, blissfully over to cell B. The ritual is truly dialectical here: it is constitutive of the structure of Cell A, and regulative of the experience of cell B (cf Cooper 1967). It should perhaps be stressed just how different this 'assumption of commensality' is from a mental hospital (or indeed, from many of our institutions: factories, schools, even universities!). In all these, a sort of caste system operates whereby full commensality is specifically prohibited, via segregated eating facilities; the reader will also recall my account, in Chapter 2, of the existence of separate toilet facilities for staff and patients in mental hospitals. It seems that the whole objective nutrition cycle, from preparation to excretion is particularly prone to the mapping of hierarchized status distinctions. Such a hierarchy is, of course, the cell C alternative.

We must now consider deritualisations of this paramount ritual. The most obvious way of doing this was to be absent or very late without fore-warning, thus negating the projected totalisation of 'us-all-together'. Again, the ostensible reason given for why notice should be given was the pragmatic one that food would otherwise be wasted; but it is equally apparent that this was not the real source of disapproval. (For one thing, the food never was wasted!) The question of giving notice is very subtle here: for there was no question of a duty to attend, come what may, one could be absent as often as one liked - with notice. It was rather a question of anticipated togetherness, and the subversion of that.

An equal and opposite form of deritualisation was found in unannounced guests being brought in for meals. I myself was a culprit here, as I often had friends turn up in the afternoon, who often 'hung around' till the evening. Unease at their presence was never more marked than at the evening meal. The reasons for this are fairly clear. It was not so much

that there were 'private' things to be discussed that could not be said
in front of strangers, so much as that their presence imposed a rudimentary
structure - Us - Them - on the proceedings which could, unless good rapport
was very rapidly established negate the communitas feeling. In Sartrean
terms, the group as 'the community', based on pure reciprocity, is
detotalised into 'the community plus guests'. Interestingly, this de-
ritualisation could be para-ritualised again by visitors bringing a
bottle of wine, or some grass, or in fact, any shareable consumable.

Another way of deritualising this ritual was to subvert the benign
cell A - cell B attributes of the situation by acting in a cell D manner.
Examples here would include private hoarding of communal food, buying
expensive food for oneself with the kitty money, or simply eating all the
food in the house. All these happened at one time or another, and such
actions certainly were seen as crazy, but also as reprehensible: mad and
bad. Thus one night Sinclair appeared to eat his way through all 14 eggs
that were in the fridge, leaving none for breakfast; similarly, jars and
jars of honey, jam and so on were found up in Mike's room after he left.
Both these - but particularly the former - produced intensely negative
emotional reactions, as, too, did one resident's temporary phase of buying
himself tins of salmon with the kitty money. The point I am making here
is that these deritualisations were not taken primarily as evidence of
craziness, but as a subversion of the 'share and share alike' ethic, and
as such, constituted a threat to the ethicalunity of the community, i.e.
to communitas.

The very importance of the evening meal ritual to the community made
the occasion a sensitive one; that is to say, behaviour that might be
scarcely noticed at other times took on a negative significance at meal
times. Thus Burt's restlessness was often disruptive of the meal. He
seemed incapable of, or unwilling to, sit in one place for more than a few
seconds, and soon after we had all sat down to eat, Burt would be up again,
stomping round the room. This fact takes on greater significance if it

is recalled that, most of the time, we sat on the floor to eat, with
our plates also on the floor in front of us. On several occasions Burt
quite literally 'put his foot in it', walking over somebody's dinner, or
kicking over someone's glass of wine. This deritualisation was particularly
ill-received. A further consequence of his incessant roaming was that he
tended to forget where his own plate was, and would sit down in front of
someone else, and start eating off their plate. On one occasion when
Burt had been getting on my nerves all afternoon, he finally snapped me
by stubbing out his cigarette in some rice that I was eating. I got really
angry and started yelling at him. He yelled back that I should not be so
'bitchy', and (this is typical of Burt) it was alright because he'd roll
me another cigarette!

A much more enjoyable form of 'disruption' was effected by Sinclair
on one occasion when he danced his famous 'fertility dance' in the middle
of the Indian table-cloth set out on the floor. Unlike Burt's disruptions,
Sinclair's seemed more in the nature of a para-ritualisation than a
merely negative deritualisation. The meal was brought to a stand-still,
precisely by his amazing movements. There was food all over the place,
and we grabbed what we could before it was ground into the carpet; but
somehow Sinclair effected a 'flash-contact-high'. The spirit of communitas
was not destroyed - as with Burt - but rather, in an instant, transmitted
to a different, and much higher, energy level.

The importance attached to the evening meal was manifested - and negated
- in other ways too. For instance, there were expectations that a certain
amount of time and effort be put into the preparation of the meal by the
cook. It is in keeping with the meal being a _ritual_, and not just a
matter of reducing hunger, that it should be felt necessary that the food
should, as it were, embody the 'spirit' (in the broad German sense, of
Geist) of the cook; that it should be the fruit of labour, and not a mere
commodity. This feeling, usually a background assumption, was apparent
on occasions of its absence - as when Burt simply presented the community

with a vast mountain of cooked white rice for dinner. Perhaps a more
striking example was when Pete went out and used the kitty money to buy
everyone Kentucky Fried Chicken and chips for dinner, instead of cooking
a meal himself. This was felt to be a subversion of the real purpose of
the meal. Again we can see the communicative 'function' of ritual here;
though, as is often the case, the message communicated is only clearly
visible on occasion of deritualisation. In this case, for instance,
Pete was clearly perplexed and upset by the negative reaction given to
his Kentucky Fried - I think he regarded it as 'a treat'. But through
the experience, he learnt that, within this social context, certain things
were expected of him: the ritual taught him that social groups require
one to give of oneself, and not merely to be instrumentally efficient in
satisfying needs. He later told me that this one, seemingly insignificant
affair, had revealed to him a whole paradigm of 'being-with-others' that
had been problematic in its absence for him.

Food is used, as any anthropologist will testify, to 'say' a great
many things. I have already noted that visitors would often bring
'gifts' of wine to share, and thus establish reciprocity. Some used
food - usually of an exotic nature - to do the same thing. One visiting
journalist, for instance, turned up with a massive box of cream cakes;
and whenBurt's guardian came to stay the night (before one of Burt's
court appearances), he stunned the community with a lavish gift of
Turkish confectionery.

The inverse of this, of course, is the ritual of inviting a guest
for dinner. This ritual has the communicative effect of defining the
guest as temporarily 'one of us', and it is significant that this privilege
was most frequently bestowed upon prospective residents that the
community felt it would like to have as future residents.

Some mention should perhaps be made of 'special meals'. Some of
these merely reflect ritual occasions recognised as such by society at
large; an example here would be the massive turkey that was cooked at

Easter. (This ritual was in fact 'subverted' by the community's cat, who got at the turkey whilst it was thawing out. Oedipuss, as the cat was called, was not however branded 'psychotic'.)

More significant was the fact that a gigantic meal was always prepared for the whole Network, to be eaten after the meeting proper was over. The function of this collective meal seems to be a Network level analog of the regular community evening meal.. I have already discussed Pete's subversion of this ritual.

In general then, food-use rituals confirm our broad conception of the nature of ritualisation. They act as prescriptions for individual praxis in such a way that group praxis shall be of the cell A, tending to cell B variety, protecting the group from the destructive danger of cell D (which is a permanent possibility, given the universal need for food, and a context of scarcity). They are constitutive, in that they do secure a just and egalitarian distribution of vital goods: and regulative in their communicative aspect: they 'tell' social structure to their incumbents, and simultaneously condition the possibility and express the desirability of communitas, as the ethical unity of the group. Deritualisations are frequent, and generally consist of a negation of this unity, either by effecting a non-egalitarian structuration - 'Us v. Them' (cell C) or by reducing the situation to 'each man for himself' (cell D). To a lesser extent, however, are these seen as evidence of 'craziness'; moral judgements (bad rather than mad ·) seem more frequent responses to this sort of deritualisation.

(viii) <u>Drug Use Rituals</u>

In this section, I consider rituals connected with the use of drugs, the most important of these being alcohol and cannabis, but also considered are LSD and pharmaceutical drugs such as tranquillizers.

The anthropology of drug use, and the extraordinarily rich body of rituals and myths associated with them is a very much neglected field of study. The work of Carlos Castaneda (Castaneda 1968) has gone some way

to remedying this, if only on the level of pointing out the need. (His name is quoted with approval, for the first time, in the latest A.S.A. publication 1976). Mention should also be made of the excellent anthology edited by Michael Harner, 'Hallicinogeus and Shamanism '. (Harner 1973). Harner is correct when he points out that the paucity of this field is a function of 'participant observers" failure, in fact, to participate in this particular field. The contributions he had edited are a welcome exception to this; and I hope the observations I present (being also participations) are a modest addition in this same direction.

The first drug considered, however, is not hallucinogenic, being alcohol. (Although see James 1960 p. 373. Interestingly James' description of sobriety versus drunkenness exactly parallel's Turner's vijnana versus prajna.) I have considered already the role that wine played in the evening meal ritual: it goes without saying that the direct phenomeno-logical effect of this drug is irreducible for any consideration of the ritual. One is a different person after a few glasses of wine; and this effect seems to be multiplied rather than merely added in a group setting. (See, for example, Bruun 1959 and 1963, and Pelto 1963. For a systematic review of the anthropological literature on alcohol, see Popham and Yawney 1967).

Not all rituals connected with alcohol actually took place in the community. I am referring to the ritual sequence known as 'going to the Pub'. There were several pubs in the vicinity of the community, and at different times, different patterns of pub-visiting could be observed.

Pub-going must be one of the most common forms of activities in Britain, and it seems to me that it fits Turner's description (1974) of leisure activities in industrial societies as being 'liminoid'. I noticed that 'going to the pub' was often an excuse for engaging in conversations that, in all probability, would not have occurred in the community. In other words, certain structural restraints on intimacy could be bracketed, or temporarily suspended, in the liminoid setting of

a pub. (This is not to say, of course, that the Pub does not, in other circumstances, provide the ground for social distinction.) Here, we should note that there is a harmony between the social institution thus afforded by the pub, and the phenomenological effect of the drug sold there, namely the disinhibtory nature of aloohol. Note, however, that here again there is not a correlation between liminality and communitas. Two people might go off to the pub not to feel more 'together' with the community, but on the contrary, because they wanted to deepen their specific relationship with each other, to be away from the global gaze of the community.

The opposite of this occurred in the relatively infrequent occasions when the whole community visited a pub. It seems significant that this occurred most often after occasions when the community had been a 'communal object' as perceived by others, i.e. most commonly after Network meetings at the community or after Monday evening visitors had left. The effect of this ritual seemed to be to 'loosen up' the totalisation projected onto the community by the totalising perspective of visitors etc. Communitas was particularly conspicuous during these pub sessions (a spatial metaphor here is found in buying of 'rounds'), just as it is conspicously absent when the community was objectified by being on display to visitors. The ritual moved us from structured totality to free-flowing communitas.

Alcohol also affords us one of the few supposedly 'therapeutic' rituals that I participated in in the community. The subject here again was Burt. Burt was unwilling to take sedative pills to sleep at night, yet he complained of insomnia; moreover, the entire community complained of his insomnia! For he was, as already mentioned, prone to being very noisy when awake. The matter was referred to Dr. Schatzman, who suggested that alcohol would probably be beneficial, inparticular, wine or cider. (For documentary evidence in support of this view, see Dock, 'The Clinical Value of Alcohol', and Lucia 'The Antiquity of Alcohol in

Diet and Medicine'. In Lucia (ed) 1963) Arbours would pay, he said, for my costs incurred in buying Burt a regular evening drink. I was initially dubious about this, as it had been after drinking whisky that Burt had attacked a policeman; furthermore, he was still on bail, from that attack. However, I gave it a try for a week or so, buying wine (Burt would not touch cider) in the evenings. It was an enjoyable ritual (and one of the few that Burt did not subvert!); though I still have my doubts as to how effective it was, overall. Certainly, we _did_ get more sleep (perhaps because Sarah and I also consumed the wine!) and so did Burt; but he was noisier than ever in the later evening before bedtime. We resolved this dilemma frequently by going out with Burt plus wine, for walks in the park and so on. As such, this 'ritual' was one of the forces that tended to effect the structuring of the community, discussed earlier, into Burt-Sarah-myself, and everyone-else. Viewed in this light, it is perhaps more of an anti-ritual. On the whole, I do not think it was a good idea: it smacks of privilege, and it caused no little amount of jealousy on other residents' parts - understandably.

We move on now to consider the use of cannabis in the community.

All residents in the community (during my stay) had at some time or another tried cannabis, though not all were current users. Furthermore, one should distinguish between active and casual users. By the former, I mean those people who, on a more or less regular basis, buy, and consume cannabis; by the latter, I mean those people who seldom or never buy and possess the substance, but who are happy to consume it if the occasion arises, and who are in general, conversant with and sympathetic to the rituals associated with cannabis use. The clear majority of residents were of the latter category. It follows, then, that cannabis use in the community was not regular and predictable (as inthe case of alcohol) but intermittent, and dependent on the presence of an 'active user' or the circumstances of 'a special occasion' - such as a birthday - when a casual user might procure a 'quid deal' or so. Active users were typically

visitors - visiting students, or therapists, or Monday night visitors,
or just visiting friends.

No one who has participatingly observed cannabis-use can fail to be
impressed by the ritual nature of the event. Becker and Walton have
written about patterns of use in the United States (Becker 1963; Walton
1938) and have concluded that these are based on fear of discovery and
avoidance of wasting the valuable commodity. From the participant
observer's view, these seem rather negative determinants for such a
positive social experience. By contract Mikuriya (In Arronson and Osmond
1970) in a participant study of kif use in Morrocco, makes some interesting
observations. Neither fear of discovery nor scarcity can account for
patterns here, as its use is culturally (if not legally) sanctioned, and
the supply plentiful and cheap. Naturally, there are great differences
in usage pattern, but there are also highly significant similarities,
which are all the more striking given the radically different cultural
and economic contexts. Mikuriya writes:

'A similarity between the practises of United States marijuana smokers
and the Moroccan kif smokers is the physical arrangement of the groups.
Both groups tend to sit in circles, either around a table or else lounging
about on the floor on cushions ..... Also similar was the content of the
conversation during sessions of kif smoking. As with the United States
user, his Moroccan counterpart often spins stories of legendary types and
preparations of kif he had sampled, seen, or heard about.' (op cit p. 125)
(Cg here, Sharma 1975 Chronic Use of Cannabis in Nepal)

It hardly need be pointed out that these 'physical arrangements' are
precisely those observed on the occasion of cannabis smoking in the
community. In particular, the sitting in a circle is highly significant
(cf. my 'social transcendancy system'. Chapter 3)

The smoking of cannabis in the community was highly ritualised.
Typically, though not exclusively, it occurred after a meal, in a group
context, and accompanied (and was felt to enhance) the enjoyment of music

or conversation. The ritual sequence was initiated by asking permission
(in the case of a visitor) to 'roll a joint'. (The rolling ceremony
itself, although not a 'ritual' in our sense, being an individual activity,
nevertheless usually follows a routinised course which may be quite idio-
syncratic. Significant, too, is the fact that in most contexts which I
have observed, it is a male prerogative. I attempted to initiative
conversations exploring this prerogative, the explanations offered ranging
from greed (the roller gets the first smoke of the 'joint'!) to specula-
tions about the phallic nature of a joint.)

Upon completion of rolling, the group typically is arranged in the
afore-mentioned circular fashion, and the joint is lit. Each person
takes about 3 - 6 'hits' before passing it on to the next person. Ideally,
a joint is big enough to last two (or more) complete cycles around the
circle of smokers before being extinguished. Extreme care is usually
taken to ensure the 'correct' circular succession in passing the joint on;
note thatthis presupposes the participants do not change their position
in the circle relative to other participants.

Certain fairly obvious points emerge from this ritual. Note that
it is a _sharing_ of one object: the consumption of an identical quantity
of cannabis divided in individually rolled cigarettes, one to each smoker,
would definitely not achieve the same effect. This contrasts with, say,
the ritual of wine drinking where each person does usually have his or
her own glass; and, indeed, with ordinary cigarette smoking. The smoking
of a joint is much more akin, behaviourally speaking, to a 'communion' -
indeed, on any unbiased view, it is one. The communicative component
of the ritual is quite clearly - often explicitly - 'we are One'. It is
interesting to note, also, that the circle is the two-dimensional analogue
of the sphere, which is that form towards which a fluid will tend if not
disrupted by external pressures. It is in fact that form wherein surface
tension is at a minimum. I pointed this out on one occasion, when Jill
had said how relaxed and confident marijuana made her feel, and it was

agreed that the ritual, as it were, minimised the surface tension of the community, drew us closer together, specifically in the form of a circle. What I did not know at the time, but which now seems highly appropriate and significant, is that the word 'ritual' derives from the Latin word 'ritus' which itself derives from the Sanskrit root 'RIT' meaning 'flow'! It would seem that a ritual like cannabis smoking is, at least, etymologically, paradigmatic. Anthropological literature, at any rate, testifies to the ubiquity of the circle as a spatial form appropriate to the consumption of relaxant and/or consciousness-expanding drugs. (One could draw interesting analogies with the North American Indian phenomenon of 'peace pipes')

But like most of the rituals observed in the community, the ritual of cannabis smoking was periodically 'deritualised'. I have stressed the importance, in the ritual, of seating arrangements, and observation of the 'correct' cyclical sequence for passing on the joint. It follows, a priori, that subversions of the ritual as a whole may occur through infringements of these conventions; and indeed, these occurred from time to time. Burt, for instance, deritualised the ritual frequently, as a result of his inability or unwillingness to keep still. He was often 'unable' to wait his turn, and would march over to whoever had the joint, take it, and then pass it onto someone on the other side of the circle; or, occasionally, just wander out of the room with it. The ritual is typically a peaceful co-operative one, characterised by a <u>lack</u> of individual assertive interjections of this sort; although Burt's behaviour was regarded as irritating and inconsiderate rather than 'psychotic', it certainly constituted a 'deritualisation'. Another way of deritualising this sharing ritual is to keep the joint 'too long' - to 'bogart the joint' as the film Easy Rider puts it. Mike was rather prone to this (as was Burt); I think it is apparent that this constitutes 'cell D' type behaviour: a subversion of the sharing ethic in the context of the scarcity of the commodity in question.

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Cannabis is, of course, illegal and one might expect that this fact
would have ritual consequences. In fact, it did not, at least as far as
I could observe. There was a notice, from the Arbours administration,
that anyone 'found' using illegal drugs would be asked to leave the
community within 24 hours; but then, if one makes a point of not looking,
one will not find ..... Many writers (Laing 1964, Esterson 1964, Schatzman
1974, Schofield 1970) have drawn attention to the fact that the only known
harmful side effect of moderate cannabis use is its illegality; some have
drawn analogies to the prohibition of alcohol in America, though this is
to some extent misleading as alcohol, unlike cannabis, is physiologically
addictive. At any rate, my observations of cannabis use in the community
certainly led me to agree with Laing when he says:

'The simplest short summary of its action is that it induces an
enhanced sense of delight and serenity. It is my impression that it is a
useful therapeutic agent in people who feel mildly unreal and deperson-
alised, that is, people who would probably be diagnosed as ambulatory
schizophrenics.' (Laing 1964. Reprinted in Andrews & Winkenoog 1972)

The literature on the therapeutic nature of cannabis is vast, not-
withstanding the fact that the recommendation in the Wootton Report that 'the
existing law which inhibits research requiring the smoking of cannabis
should be amended' (HMSO 1968 Quoted in Andrews and Vinkenoog, op cit),
has been systematically ignored. Two useful compendia which include
therapeutically orientated texts are Andrews and Vinkenoog (op cit) and
Solomon (1969). Cannabis can, technically, still be prescribed in Britain
(1976) though the British Medical Association is highly opposed to the
practise. Although a rigorous pioneering study of the therapeutic uses
of cannabis was published (in the British Medical Journal) as long ago as
1947 (Stockings 1947, Reprinted in Solomon op cit), virtually no follow
ups have been carried out. This is perhaps not unrelated to the fact
that the drug manufacturers would not be able to patent (i.e. commercially
exploit) cannabis, as they can with tranquillizers and anti-depressants.

For a comprehensive bibliography of marijuana texts, including therapeutically orientated ones, see Addiction Research Foundations, Bibliographic Series No. 3 'A Guide to the Marijuana Literature' (1968).

But my concern here is with the social effects of cannabis use as a ritual, rather than its individual effects, therapeutic, hedonistic or otherwise. Isee the rituals as serving to regulate the consumption of a scarce and relatively expensive commodity (although, in terms of 'cost efficiency' it was at the time of my stay cheaper than alcohol) i.e. to protect the community from cell D behaviour; furthermore, through a subtle interaction of the social (and perhaps even metaphysical) facts communicated by the ritual procedure, and the direct phenomenological nature of the individual experience caused by the drug, the rituals effected the desired shift from cell A to cell B: i.e. they were conducive to communitas.

I said I was concerned with the social effects: one common argument against cannabis is that it 'leads to harder drugs'. Statistics of the form 'x percent of heroin addicts had first tried cannabis' (where x approximates 100) were and still are invoked. The fallacy here of course is that x (or more) percent of addicts had also tried beer, yet few regard beer as 'leading to ' heroin. The argument is doubly fallacious in that its only trace of truth lies precisely in the illegality of cannabis: given this, the buyer must resort to technically criminal means to obtain it, and thus stands some chance of coming in contact with actually danger-ous drugs. So let me make it quite explicit; at no time during my stay did any resident, to my knowledge, either consume or express the desire to consume any 'hard' drug - by which I mean, heroin, cocaine, morphine, opium or the like. Furthermore, on only one occasion did a resident express an active desire to take L.S.D. - an admittedly dangerous though scarcely addictive drug. Although it is something of a digression vis-a-vis ritual, I shall describe this episode, for the sake of completeness.

In contrast to cannabis, very few residents had had experience with LSD; perhaps significantly, these were almost exclusively students, including myself. Nevertheless, most residents were interested in LSD, often (as in John's or Sarah's case) because they felt they had had experiences that were in many respects analagous to the LSD EXPERIENCE. (cf Huxley 1959 and Laing 1968). Furthermore, one frequent visitor to the community, who was himself training to be a therapist, had undergone several years of LSD therapy with Laing; generally, the possibilities and dangers of guided LSD-use was a frequent topic of conversation in the community. Indeed, I had anticipated that its use in the community would be prevalent; in this I was quite wrong.

Nevertheless, it was known in the community that I had in the past had several LSD 'trips' and had been with countless people during their trips, whilst at University. When Lucy decided, after much deliberation, that she would like to try LSD for the first time, she asked me if I would mind being her 'guide' for the trip. She had a 'reliable source' for pure LSD, she said, and so, after much deliberation on my part, I agreed.

The role of LSD guide is a very, very subtle one (see Cooper 1974, Ch. 3) and I was well aware of the possible dangers. It seemed, however, that she would take the LSD whether I agreed to be with her or not, and had I rejected her by refusing, this in itself could have jeopardised her trip. We talked about it a great deal before the event, and agreed that my role should be passive, and practical; I would not talk unless she initiated conversation, or was visibly in distress; I would leave her alone if she wished to be; and would confine my activities to practical matters such as putting on records, making cups of tea and generally 'getting things together'. The appointed day came along, and as luck would have it, it was gloriously sunny. I had fixed the stereo speakers up in the garden, and the first few hours passed with her enjoying the music, the colours and her own thoughts, whilst I did yoga and meditated. She spoke seldom, and seemed very content to 'do nothing'.

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After a few hours, she suggested a walk in the park nearby, to get away
from the noise of the trains, and other residents - particularly a
visiting Italian student who was getting on her nerves. Where the earlier
portion of her trip had been sensual, 'outer' orientated, this phase was
by contrast 'inner', and taken up with 'untangling the knots' (her phrase)
particularly with respect to issues in her family, and her therapy (she
told me this only later, of course). After an hour or two in the park,
we returned to the community, in time for the evening meal. For some
reason, this was a particularly mellow 'laid back' affair, and several
of us - Jenny and myself particularly - felt a sort of 'contact high' with
Lucy, who for her part, enjoyed the spontaneous party atmosphere as a
'welcome back to planet Earth':

> 'Picture yourself in a boat on a river
>
> With tangerine trees and marmalade skies
>
> Somebody calls you, you answer quite slowly
>
> A girl with kaleidescope eyes .....
>
> Everyone smiles as you drift past the flowers
>
> That grow so incredibly high.
>
> Newspaper taxis appear on the shore
>
> Waiting to take you away
>
> Climb in the back with your head in the clouds
>
> And you're gone
>
> Lucy in the Sky with Diamonds.'
>
> > (Lennon & McCartney 1967 From the LP
> > 'Sergeant Pepper's Lonely Hearts
> > Club Band'

Discussing her trip afterwards, Lucy confirmed that it had been a
'good one': true, she had been confronted 'internally' by a number of
unpleasant experiences; but the context - the set and setting had been
calm and reassuring (the importance of this cannot be over-emphasised),
and she had not panicked, nor had she taken so large a dose that she was
out of control. More importantly, she had been able to discuss her trip

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at length with her therapist, and generally the trip had 'crystallised', or made more easily graspable, numerous issues relating to her therapy. Indeed, she regarded the experience as a catalyst to progress in her therapy, and though she felt no need to repeat the LSD experience, she continued to regard it as highly fruitful - as well as a lot of fun.

Mention should perhaps be made of the use of pharmaceutical drugs, such as Stelazine etc. Generally speaking, the ideology of the community was hostile to them, though not to the point of constituting a 'taboo'. Various residents were, at one time or another, on tranquillizers, though this was the exception rather than the rule. The only thing resembling a 'ritual' here was the occasion when Burt was encouraged to take Stelazine prior to his court case, it being explained to him that a degree of verbal and motor passivity - such as Stelazine induces - would act in his favour. I have already discussed the procedure adopted in this instance; it scarcely warrants the term 'ritual'.

Prior to my stay in the community, there had apparently been something of a 'craze' for so-called 'abuse' of certain pharmaceutical drugs, notably barbiturates. (These being consumed with alcohol to induce a semi-conscious state of 'mindlessness'.) Whilst it is doubtful whether using drugs for 'kicks' constitutes more of an 'abuse' than the indiscriminate prescribing of them for supposedly medical reasons, it cannot be denied that they are dangerous, however taken, and scarcely subtle or stimulating in their affect. Knowledge of this craze has caused Dr. Joe Berke to visit the community - to point out the dangers, and happily they were no longer in use when I arrived.

Alcohol and cannabis, then, were by far the most prevalent drugs used in the community, and the most ritualised in their use. We have seen that, as for direct drug actions, these were used, communally, to relax, stimulate conversation and so on; the rituals associated had, once again, the combined effect of communicating a sense of group unity, and regulating their relative scarcity. In other words, the rituals protected the

community from its own cell D tendencies, and facilitated a cell B mode of social existence. In this latter respect, the rituals are in harmony with, but also reinforce, a particular phenomenological possibility of the drugs themselves. Subversions of these rituals were fairly common, and tended to be the sudden interjection of cell D type behaviour. We have seen that these were seen more as inconsideratmness - even perhaps 'bad manners' - or greed, rather than evidence of 'psychosis' per se.

(ix)   Alterity Rituals

We come now to consider the final category of rituals as such, 'alterity rituals', or 'becoming-an-object-communally-for-others rituals'. These are occasions which manifest· a ritualised sequence wherein the community is perceived in some sense as a 'totality' by agents outside the community, and through which the community comes to see itself as a totality. (Hence the name, alterity') Examples of such external agents would include visiting professionals - TV, press, psychiatrists - or group occasions like Network Meetings. We have in fact already described one such alterity ritual - the Monday evening - we shall not repeat the account.

The first alterity ritual I wish to discuss concerns the weekly visits (usually Thursday evenings) by the community's therapist.

The community was supposed to receive - and usually did receive - a weekly visit from an Arbours Therapist. For most of my stay, this involved visits on alternate weeks by Tom, who ran the Crisis Centre, and Richard, who edited the Network Newsletter. Both saw patients privately, in their own offices in North London, in fact, both had at least one Norbury resident as a patient - a fact not without complications, as we shall see.

The way the ritual was supposed to go was as follows. Richard or Tom would ring up and say which evening they were coming, and whether they were coming for the evening meal - the latter being preferred and to some extent expected. In due course they would arrive, perhaps with a bottle

of wine or other consumables, and the first hour or so would pass in general conversation, Network gossip and so on. Eventually someone would raise a point of direct bearing to the community and its residents; from there on it was the therapist's job to get to the root of the matter ('radical' therapy?), to involve everyone, and generally get a group session going in such a fashion that any conflicts or tensions were brought into the open, and hopefully resolved.

The sessions used to puzzle me, because they did work - yet the therapists very seldom seemed to actually do anything - frequently, they hardly said anything. One advantage of viewing the occasions as alterity rituals is that it suggests why this is so. (This perspective also has a bearing, incidentally, on the nature of the conventional dyadic therapy.) I think the therapeutic advantage of the sessions lay precisely in the totalisation achieved by trying to give an account of 'what's going on at Norbury'. Indeed, that last phrase, with a question mark added, was frequently how Richard would initiate the session. It was emphatically the community that was in receipt of therapy, rather than individuals. This entails an 'alteration' (in the Sartrean sense) such that each individual seeks to see how the external agent (therapist) is seeing the community as a whole. This is highly conducive to a cell A type social existence, and inhibitory of cell C and D, but also of cell B. Except on rare occasions (specifically, when there were no 'problems') these sessions were not characterised by communitas, but rather by a pledge to co-operate in the face of differences. The projection of the role 'our therapist' onto Tom or Richard, and their confirmation of this role was instrumental in achieving this, as can be seen by the fact that other 'external totalisers' - TV men for example - did not effect this. It is also indicated by deritualisation of the procedure. These occurred in two fashions; firstly, if Tom or Richard for some reason declined to accept the role, either by not coming at all, or by reluctance to 'get down to it' when there. (It should perhaps be pointed out that the

community paid £10 a week to Arbours to 'cover the costs' of this ritual.)
Secondly, and more significantly, subversions occasionally occurred through
a resident actualising the (usually latent) contradiction between Tom or
Richard's role as community therapist and private therapist. Pete, for
example, would sometimes attempt to 'abduct' Tom, (with whom he had had an
intense private relationship during his Crisis Centre stay) for a one-to-
one session, on supposedly group session occasions. This was on the whole
very badly received, both by Tom, who was thus placed in a double bind,
and by the rest of the community, who felt 'cheated'. Paradoxically, of
course, this is symptomatic of precisely the sort of internal conflict
which the visiting therapist was supposed to resolve; and indeed, the
whole issue came out one night in a particularly heated situation. It
was resolved by making an explicit ruling against such private consulta-
tions. To a lesser extent, John did the same thing with Richard, who was
his private therapist.

A different situation arose when the external observer was, relatively
speaking, anonymous. I am thinking of occasions when the community was
visited by interested (if not interesting!) psychiatrists, particularly
from overseas, and professionals from the media industries. At one point,
for instance, the BBC did a TV programme featuring Arbours, and other
alternative institutions, and the producer wished to film at Norbury. In
the end, the community decided against this, for reasons that I never
fully understood. But his visits, and other similar ones by journalists,
and so on, were responded to in a manner that, so to speak, already pre-
supposed the totalisation effected by visting therapists referred to
above. To some extent it was an 'alteration' achieved through the out-
sider's perspective, which (at least in the case of the media professionals)
was conspicuously that of 'community-as-a-whole'. This pseudo-totalisation
(manifest linguistically, for instance, by the constant use by residents
of words like 'we', or 'the community') seemed to be an attempt to pre-
serve a sense of unity in the face of a disintegrative analytic threat.

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The most interesting example of an 'alterity ritual' however, is the Network Meeting; indeed, this phenomenon is saturated with events of anthropological interest.

Network Meetings were held monthly in rotation at the various communities (the Crisis Centre excluded). To some extent, it was an occasion on which the residents at Norbury were totalised, by other members of the Network as 'Norbury'. Again, linguistic usage points this up: if some policy that effected the whole Network was being discussed, someone might say 'What does Norbury think about that?', and so on. I experienced this quite overwhelmingly on the occasion of my first Network Meeting, which was held at one of the North London communities. Its effect is to define one a member of the Network, but first and foremost as a member of 'Norbury'. It effects then, an imposition of social structure. Ritually, it functions to communicate knowledge of the existing structure; although, as I shall now show, it does so precisely through an occasion that also _transcends_ that structure.

For in many respects, these meetings were also liminal, and benign in outlook, i.e. cell B type occasions. Network has, classically (Bott 1957, Barnes 1954) been seen exclusively as a _structural_ concept. I should like to see it also as a communitas concept. I have a vivid memory of one meeting where someone asked, quite bluntly, what was the supposed purpose of the Network. Joe Berke (a founder member of Arbours) undertook to answer and gave as near an exact definition of communitas, under a therapeutic umbrella, as one could wish for. He stressed that it was a 'loose' term, characterised by mutual self-help, reciprocity, lack of formality, hierarchy, status and so on, contrasting this all the while with the typical operation of mental hospitals.

Certainly, the Network Meeting confirms this view in part. But only because the view is indeed partial. Joe was only presenting one aspect of the Network; it has an almost opposite aspect as well, characterised by hierarchy: medically trained psycho-analysts (Berke, and Schatzman);

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non-medically trained psycho-therapists (Tom, Richard and numerous others); non-therapists who nevertheless had prescribed roles (magazine staff, Crisis Centre staff, Arbours administration staff, trainee therapists) and community residents. This hierarchy is constituted and communicated through two channels: decision making power and ascribed verbal authority.

It must be stressed that these are two complementary features of the organisation as a whole. Any particular situation involving the Network necessarily involves both features, structure and communitas.

One way of looking at the Network Meeting, however, is to regard it as an occasion for producing oscillation between these poles of structure and communitas: most meetings, were, in fact, polarised in the direction Structure ⟶ Communitas. This fits well with the significant fact that a meta-communal Network meal always followed the meeting proper.

Many of the things I observed in the meetings correspond with Turner's conceptions of 'liminal situations'. Turner says:

'Major liminal situations are occasions on which a society takes cognizance of itself, or rather where, in an interval between their incumbency of special fixed positions, members of that society may obtain an approximation, however limited, to a global view of man's place in the cosmos. (One) may, therefore, learn about social structure in communitas'. (Turner 1974 p. 239-240)

In many ways, Network meetings were used as occasions where the roles (described in the hierarchy above) are suspended, or even reversed. It was accepted, for instance, that these meetings were the correct occasion for therapists to be criticised by their patients or other Network members; I frequently noted that a senior therapist's 'hang ups' would be publicly exposed, his prejudices or failings criticised and so on. This strikes me as a very healthy convention. (See Sartre 'The Man with the tape recorder' in Sartre 1974 for an example of what can happen in the absence of such a convention). Yet, everyone is aware that such criticisms can be made, in this liminal situation, <u>in direct contrast to 'normal'</u>

<u>situations</u> when they would, to some extent, be 'out of place' (sic!).

Truly, one does learn structure through anti-structure, and ritual is the

essence of this dialectic.

Turner also notes the prevalence of myth in liminal situations,

particularly myths or origin. (See also here Eliade 1968). I too noted

this prevalence, in the repeated telling of the Arbours Creation Myth –

told, of course, by the ritual Elders, Schatzman and Berke. Here again,

we see the communicative, almost educational nature of ritual.

Once again, however, we have subversions or deritualisations; in

this instance, though, the agent is a senior therapist, rather than a

disturbed resident.

An intense debate had been raging over the use of Arbours funds to

help the Network magazine. The two co-editors (who were both women) had

pushed it to a vote, and secured the loan they wanted, by democratic means.

At this point, Morty Schatzman interjected that he thought the meeting

should know that the two women were in therapy, with himself and Joe

Berke respectively. The result was devastating – the meeting was abandoned

forthwith. It is incomprehensible to me, but it seems unavoidable to

interpret this as a gross and savagely invalidating imposition of the

structure therapist-therapand, sane-insane, situation. It certainly

knocked communitas for six! It is significant that almost all the people

I discussed it with said 'Morty must have gone crazy!'

Which brings us, full circle, back to our hypothesis, that some

psychotic behaviour can be seen as a deritualisation of conventional

ritual. It is time now to summarise our findings concerning ritual,

social structure and anti-structure, deritualisation and 'psychotic'

behaviour.

(x)   <u>The Ritual Praxis</u>

Our focus throughout has been on ritual as a dialectical mediator

in the complex of community life; we are now in a position to situate

this concept more precisely.

All groups consist of a multiplicity of individuals, each engaged in their own praxis, yet each also engaged, somehow, in contributing to, conforming to, and rebelling against, something called group praxis, or group behaviour and experience. How is this possible? Sartre's reply (1960) basically involves what he calls 'The Pledge'; that is, the internalisation, in each individual, of the totalisation performed by each in the direction of group unity. Sartre sees this as a surrender of individual freedom, a rupture of 'pure unmediated reciprocity', conditioned by contingent but universal scarcity. His conception of group praxis is thus a structural one, characterised by the negativity of constraint, effected through internalisation, and alterity.

In many ways, Husserl asked the same question, 'How is group praxis possible?' when he investigated the phenomenology of intersubjectivity (Husserl 1973 a). His final answer rests on the historico-phenomenological concept of the Lebenswelt. We have seen that this concept involves a pre-scientific mode of intersubjective knowledge, that, empirically speaking, takes the form of a background of broad, universalised assumptions (that are transcendental with respect to any specific individual or group), and which further posits what Schutz (1966 Vol. 1) calls a 'common-sense' notion of a basic homogeneity of consciousness, within the world. Husserl was concerned primarily with the transcendental structure of this form of consciousness, whereas Schutz was closer to the level usually considered by social scientists.

Our investigations of ritual have shown, I think, that neither approach - Sartre's or Husserl's - is theoretically adequate to account for the total phenomenon of 'group praxis'. For, using the concept of communitas, suitably refined, we have demonstrated that not all modes of human togetherness - group praxis - have this feature of internalised group constraint that Sartre documents so well. Further, our examples of deritualisations strike a blow at the concept of Lebenswelt as presented by Husserl. It is precisely these typical assumptions, posited by the

concept of the Lebenswelt, that _cannot be taken for granted_ when one is living with a person like Burt, for example.

I suggested earlier that communitas, as experience, is a modality of intersubjectivity. Specifically, it is one that has comparatively clear transcendental foundations, to be found ultimately in the sense of cosmic unity posited by many religions, and alluded to by many philosophers - including Hume, Marx and Husserl. One expression of it, as we saw, is to be found in the Buddhist concept of prajna. It is anti-structural par excellence, and it seems to me, a necessary theoretical antidote to Sartre's equally basic concept of intersubjectivity as internalised constraint.

Similarly, Sartre's unerring emphasis on contradiction, and the 'irreducibility of individual consciousness' provies an antidote to Husserl's essentialism, which leads, as we saw, to unwarranted assumptions of homogeneity and ultimately to false methodologies that suppress contradiction and dialectic, such as ethnomethodology.

But what of ritual itself? I suggest that ritual can be seen as one modality of group praxis, that is, as a constituting and constituted dialectic. Let us explain this. I accept Husserl's _general_ approach, of attempting to elucidate transcendental 'structures' of human togetherness: indeed, the cells that I posited in the matrix are such 'structures', i.e. a priori possibilities of human togetherness. But these do not exist as isolated abstract conditions: concrete social life involves a complex flux between these various modalities. Ritual is one means of 'fixing' the concrete here and now as a realisation of one of these possibilities, of effecting a _shift_ from one to the other, and of communicating about the desirability of these possibilities. Ritual is thus both a mode of human togetherness, and a means for achieving it; it has both ontological and instrumental aspects.

In our specific case, that of ritual in the Norbury community, we saw that different rituals were and achieved different modes of social

togetherness. This can best be detailed diagrammatically: the following

are meant to convey the <u>polarising</u> nature of ritual; that is, its efficacy

in producing, or maintaining an intentional bias, from left to right as

presented below. In other words, rituals either shift the group from

left to right or protect the group from slipping from right to left as a

social vector. Let us remind ourselves of the matrix again, to facilitate

a comprehension of these vectors.

<div align="center">Social Space</div>

Affective world-view	Structure	Liminality
Benign	A Co-operation Mutual Help	B Communitas
Malevolent	C Exploitation Privilege Hierarchy	Alterity D 'Each man for himself'

The following vectors have been observed and described; they are

accompanied by examples.

A → B   (Role reversal in Network Meetings)

C → A   (Norbury exercising its right to determine its
             own membership)

C → B   (Sharing of 'interviewing' duties on Monday nights)

D → A   (Visiting therapist rituals)

D → B   (Cannabis and alcohol use rituals)

On this basis, deritualisation is a counter-vector; again the

following have been noted:

A → C   (Morty Schatzman's subversion of democracy in
             a Network Meeting)

A → D   (Pete's subversion of visiting therapist ritual)

B → C   (Not observed)

B → D   (Mike 'bogarting the joint')

What is the relation between these vectors and their counter-

vectors?

If, as Sartre says, there are two dialectics in any group praxis - the constituted dialectic of the group, and the constituting dialectics of the individuals, then I would add that there can be a third, a sort of de-constituting dialectic, which is the dialectic between ritual and deritualisation.

This view is borne out by my data on deritualisation: in all cases it 'constitutes' a 'de-constitution', a negation of the group praxis, a denial of group unity; but, there are several modalities of group unity, expressed in different sorts of ritual. Specifically, some rituals served to maintain the community as a practical, functioning entity (i.e. to maintain a cell A situation (these include essentially most of the 'rites of passage', and those connected with ensuring the regular occurrence of important events: cooking rotas, 'conflict-reducing' rituals such as visits from therapists, 'personal space' rituals and so on). Surveying my data, we find that serious deritualisations of these rituals do indeed tend to be seen as 'craziness'. The term used by Laing, in formulating the idea we are trying to test, namely 'psychotic behaviour', was not exactly a fashionable one in the community; nevertheless, stripped of its pseudo-medical connotations of 'illness', this is very much the idea involved in the community's response to such deritualisations.

The other main function of the rituals observed was the maintenance of the community as communitas i.e. a cell B situation. Paramount here were the drug use rituals, the rituals connected with the consumption of food as an event (as opposed to those merely designed to ensure its presence) and some of the rites of passage. If we examine deritualisations of these rituals, we find the response is less frequently that of 'craziness' but more likely to be one of inconsderateness, rudeness, or 'bad manners'.

Let us compare these two broad classes of ritual, and the associated classes of response to their subversion.

Cell A is a structured situation: it is a domain of experience wherein a practical totalisation is in operation, and functions as a response to scarcity. To speak loosely, it is a 'Sartrean' mode of social being (in terms of the duality characterised in the previous chapter by the work of Sartre and Husserl).

Cell B, however, is unstructured; it is a domain of experience that is open ended, untotalised, and based on a precategorical institution of unity, of benign human togetherness. It is one domain of experience wherein Husserl's undifferentiated notion of harmonious homogenous Lebenswelt has a self-sufficient validity.

What of negations, then, of these states? One distinction sheds a lot of light here: the cell A condition is a necessary one, cell B merely a desirable one. Co-operative totalisations are performed because without them social life is impossible – as Sartre amply demonstrates. Communitas as experience, however, is not essential in this life and death sense: one seeks communitas because life is more pleasant if one does (the word 'pleasant' may be rationalised as 'authentic', 'spiritual', 'sincere', 'worthwhile' etc.) But life could go on without it – and indeed largely does so for much of the time for many people.

I suggest that it is in this distinction that we find the reason for the different responses to deritualisation. In a certain irreducible way it is more 'serious' if a group's cell A functioning is disturbed than its cell B functioning. On this view, then, a person is likely to be 'crazy' if he threatens the practical life of a group, and more likely to be 'bad mannered' etc. if he threatens their 'spiritual' (or whatever) togetherness.

It should be recalled, of course, that all this is in the context of a community dedicated to exploding the 'myth of mental illness'. Much of what was tolerated as 'bad manners' or just a plain nuisance would, quite possibly, be regarded as 'psychotic' in other contexts – including admission wards.

So what are we to conclude, then, of the deritualisation hypothesis?

Firstly, it must be stressed that the 'variable' we have tested is deritualisation, not 'psychotic behaviour'. I have not, and could not have, recorded all examples of attributions to psychosis, and examined these to see if they were deritualisations. What I have established, however, is

(a) That some deritualisations are seen as 'crazy', and thus that the converse is true.

(b) That, in the main, it is only those deritualisations that subvert the practical functioning unity of the community that are seen as 'crazy'; the other, far larger class of deritualisations offend rather than directly threaten the community. 'Good manners' is a shallow structure of the Lebenswelt, just as Communitas is a deep structure: either way, the majority of deritualisations observed can be seen as instances where Lebensweltische assumptions are negated.

(c) It seems likely that, in less 'anti-psychiatric' contexts, much of this larger class of deritualisation would be seen as 'crazy'. Another way of saying this is that the specific Lebenswelt of the Norbury community is one in which far greater latitude in matters of what constitutes 'craziness' is given, than is the case in the broad general Lebenswelt of our society.

In conclusion, then, although we find Laing's suggestion to be generally confirmed, it seems desirable to, as it were, invert his articulation of the idea. The starting point is the perception of much social praxis as ritual, with the manifold 'functions' that this implies thus highlighted. One is then confronted with subversions of this group praxis as a deritualisation. Responses to such deritualisations will depend on

(a) the nature of the praxis subverted, and

(b) the nature of the Lebenswelt within which the subversion takes place.
In the case of Norbury, the Lebenswelt (as a set of working assumptions to make life livable) was specifically constructed in such a way as to minimise

ascriptions of craziness; though even here, a certain class of deritualisations (as specified above) were still seen as crazy (which is not to deny that further phenomenological investigation would reveal the 'intentional structure' of such behaviour). On the whole, however, deritualisations evoked _emotional_ responses rather than intellectual/judgemental ones: irritation, anger, sadness or disgust, for example, rather than verbal ascriptions of craziness or psychosis. Such a response seems to me to be much more 'healthy', certainly phenomenologically more real.

Outside the special context of a community like Norbury, however, it seems likely that such responses are overlaid with precisely this sort of verbalised judgement. Such judgements may even repress the (phenomenologically prior) emotional response, as is frequently the case in psychiatry. Here indeed, deritualisation is seen as psychotic. For rituals are precisely one aspect of the 'what-can-be-taken-for-granted' within a Lebenswelt, that Husserl and Schutz speak of. The Lebenswelt of our society at large is one that has incorporated a pseudo-scientific system of categories, centered on an unrecognisedly metaphorical use of the word 'illness', that occludes a direct vision of 'disturbing' (i.e. generative on 'negative' emotion) behaviour, but instead 'pre-interprets' (as Husserl says) this behaviour via these categories. Viewed in this light, much the specific Lebenswelt of Norbury, and many of the rituals that comprise it, are nothing other than an attempt to live a phenomenological reduction: specifically, a reduction that strives to 'bracket' the occluding categories of psychiatric pseudo-science, in order to experience a more nearly pre-categorical, 'authentic' mode of intersubjectivity. As such, the community itself is an exercise in 'social phenomenology'. We shall pursue this point, particularly in relation to Husserl's prophetic vision of a 'Crisis of the Meaning of Science', in the final chapter.

CHAPTER SEVEN

COMMUNITY AND META-COMMUNITY

(i)   Introduction

We have now considered the internal 'daily life' of the community in

some detail; it has been necessary, in the course of this, to consider also

factors that are strictly speaking external to the community. For the

community is not insular, it is not a floating island in a sea of social

relations that are wholly other than it. But although external factors

have been unavoidably in our account so far, we have not as yet considered

these formally; it is time to do so.

Before considering in detail any specific factors, it would be as well

to clear the ground a bit by making a few a priori classificatory and

ontological distinctions.

We are concerned here with contexts. There are a virtually limitless

number of contexts that one could say that the community was 'in'. These

range in importance from total irrelevance to total determination; but

these are relative categories. For instance, the community exists 'in the

context of' a mid-to-late twentieth century Western European form of the

capitalist mode of organisation. This is relevant as a context if the

community is being compared to, say, a community of Tibetan Buddhists in

the Himalayas, or a British monastic community in the fifteenth century.

But it is not relevant in the same way if it is compared with, say, a

present-day British boarding school. Not that it will be irrelevant;

merely relevant in a different way.

So we need some way of classifying contexts, if we are not to be sub-

merged in chaos. We have already considered the relevance of the broad

historical and ideological contexts; our concern here is with more immediate

and specific contexts.

I distinguish, then, between three categories of relevant context:

(1) Purely geographical

(2) Social-geographical

(3) Institutional

Briefly, these entail the following:

Purely geographical: Here are grouped the relevances of such facts
as that the community was situated in a suburb of London, as opposed to
the centre of London, or the countryside; it was near a large park, and
so on.

Social-geographical: Here we consider the relevance of significant
other people who inhabit the locality in which the community finds itself.
Primarily, this involves people such as neighbours, neighbourhoold chil-
dren, shop-keepers, publicans, local police etc.

Institutional: Finally we consider the relevance of certain
institutional structures that although not constantly present in a physical
sense, are nevertheless 'present' as a context, i.e. as a more or less
consistent system of relevance and partial determination, with respect
to the community. Here particularly, such contexts vary enormously in
their broadness, in the extent to which they are unique to the community,
or shared with other social entities. For instance, the community resides
within the institutional contexts of the British legal system, and the
Arbours Association Network. The former context is shared by the neigh-
bouring houses, the latter is not. These, perhaps, are the extremes of
generality and uniqueness of institutional contexts; most of the institu-
tional contexts we shall consider fall between these two: as, for instance,
the local Council, or the mental hospital system.

But the term 'relevance' is somewhat vague; particularly in the
case of the (2) and (3), which are both human contexts, it will be
necessary in principle to bear in mind certain distinctions. These sorts
of contexts are 'relevant' because they are the loci of the possibilities
of praxis. But here we must ask: the praxis of whom? For we must

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distinguish between those contexts that occasion praxis on the part of the community residents, and those that preclude this. But even in this latter case, it is praxis that is involved; but it is the praxis of _others_ (from the community's point of view). Here we see a curious but crucial dialectic. For there are, as we shall see, certain forms of institutional praxis that are, as it were, thrust upon residents in such a way as to tend to _preclude_ reciprocal praxis. Such praxis appears, in a contradictory manner, to be process. We shall illustrate this shortly.

There is, quite generally, an intimate link between the concepts of relevance and praxis. We are not here concerned to make cross-cultural comparisons, nor even, primarily, intra-cultural comparisons. Rather, we are attempting to reconstruct the nature of the experience of community living. Praxis is involved even in the case of non-human, or purely geographical contexts. For instance, the proximity of the Park was, objectively, the same for the neighbouring houses as for the community. But the _relevance_ of the Park depends not merely on its proximity, but primarily on the _use_ of it, if any, by the community, or our neighbours, i.e. on praxis.

In the case of human or institutional contexts, it is necessary in addition to consider the praxis of the others; it may be necessary to expose what appears as process as being praxis. In this case, it is important to bear in mind the extent to which such praxis renders possible, or impossible, reciprocal praxis.

(ii) _Purely Geographical Contexts_

We begin concretely by examining those aspects of the physical and geographical locality of the community that were relevant for its members, in the sense described above.

Again, there is no limit - or rather, only an arbitrary one - to the range of factors that can truly be said to be relevant: if one takes only a pragmatic notion of relevance. For instance, 'things would have been different' had the community not been in a temperate climate zone. But

the abstract possibility that the community be situated, say, in a tropical jungle, or a South Sea island, was not experienced as a possibility. My criterion, then, for the relevance of relevances, is based not on pragmatism, but on phenomenology; the experiencing of the possibility of things being otherwise.

The broadest level of relevance at which such a criterion operated, concerned the fact that the geographical context was an urban rather than a rural one. Specifically, it was suburban. How was this relevant? How did it effect the experience, and the praxis, of the community's members?

Firstly, it meant that residents who wished to do so could get jobs in central London, but that they had to commute in order to do so. The significance of twice-daily rush-hour travel in London should not be under-estimated for anybody!

Secondly, it meant that residents had to travel quite a significant distance to visit their therapists (or remain in London after work) as most of the therapists involved worked either in Central or North London. In some cases, this created problems. Burt's therapist, for instance, lived in North London; in view of his potentially violent, certainly bizzare, behaviour and his £200 bail, it was necessary, during the period between securing bail and the trial, that Burt be accompanied when he went to see his therapist.

Related to this point is another, that most of Arbours' activity was situated in North London: the other communities, the Crisis Centre, and the homes and offices of all the Arbours' therapists were in North London. Whereas, in an emergency, the other communities could expect a therapist 'on the scene' perhaps in a matter of minutes, at Norbury it was a matter of hours, if at all. Naturally, in view of the tedious journey, we were more reticent to call for help, and less likely to get it than other communities. At times, I felt that this was a good thing; it meant the community was more inclined to face its problems itself. On the other hand, it meant we tended to miss out on the spontaneous visits that other communities received. Norbury, it was felt, was not 'where the action was'

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as far as Arbours was concerned. Even with the scheduled visits, for
which the community paid, there was a tendency, corroborated by off-the-
cuff statements by therapists, to view the visiting therapists as viewing
our visits as an undesirable chore, because of the journey.

On the other hand, we were a lot nearer the countryside than any of
the other communities; our chances of 'getting away from it all' were
consequently better. Quite often (when a car was available) several of
us would take off to a country pub, to go for a country walk, and thus
experience a release from the tensions of city life much more easily than
our fellows who lived more centrally in the city.

So far we have only considered the broad geographical site; we should
not dismiss small scale geographical features of that broad site. One
particularly striking feature was the house's close proximity to a main
line railway. It is interesting to note how different residents reacted
to the trains, which were loud and frequent. Most residents were disturbed
by them, at least for the first few days, or more likely, nights.
Eventually, however, I found them paraodixacally comforting. Discussing
them one day with one resident, we agreed that their very regularity put
them, experientially, on a par with other regular and solid, reliable
aspects of the environment, in the often shifting, sometimes groundless
regions of one's own consciousness, albeit a largely subliminal one. We
joked about the Freudian symbolism of trains, and I suggested that we
would probably all get very insecure without realising why if there had
been a train strike!

The trains clearly entered quite deeply into some residents conscious-
ness. Pete was inspired by the trains to write down some of his thoughts.
He produced a 'newspaper' called 'The Daily Dyclopse' ("All the news that's
misfit to print"), which contained a leader entitled 'A train goes by',
in which he identified the motion of the train as the flow of his
phantasies, and the role of the conductor with his own internalised
authority figures. Another resident reacted more negatively, insisting

that we should erect a vast barrier at the bottom of the garden, to protect the community's air from the insidious pollution of the trains.

There were occasions when the noise of trains became an intolerable intrusion. On such occasions, the Park which was five minutes walk away provided an open air refuge, and was used at times by some residents for such things as silent meditation, or as a peaceful place just to 'be' on the occasion of taking L.S.D.

(iii) Social-Geographical Environment

: In this section we are concerned with the specifically human components of the community's context. The most immediate of these was, of course, the neighbours.

The house was a fairly typical large suburban semi, set in a decidedly middle-class road. The contact with neighbours was predictably minimal; with the exception of the two houses on either side, the only contact I had with neighbours was, unbelievably but truthfully, on the occasion of a double murder and suicide a few houses up the road, when half the street came out to see what the dozens of Police Cars and ambulances were doing. The other half peered from behind their lace curtains, lest their guilt be discovered .....

On one side of the house lived a family with several young children, with whom we had an excellent rapport, as our garden, largely untended except for a patch of strawberries, provided an excellent playground - as well as a seasonal feeding ground! - for them.

On the other side, however, by a strange and amusing irony, lived a mental hospital charge nurse. This man, who was a charge nurse under a well known psychiatrist renowned for his faith in ECT to win the battle for the minds of his patients, was evidently upset at the going's-on in the community. He was most unhappy about a number of residents being allowed out of mental hospitals, and found it particularly difficult to believe that there really were no staff in the community. But despite his radically different outlook he was, in effect, tolerant, at least until

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Mike took to playing the banjo at night. At this he understandably·
threatened to complain to the authorities (i.e. the Council, who owned
the house). This unfortunate exception aside (it was to have serious
repercussions, as we shall see below), relations with neighbours were
surprisingly good, viz. non-existent. This, though far from ideal, com-
pares favourably with the Kingsley Hall experience, in the working class
East End, where neighbours 'shouted that we were "looneys", "drug addicts",
"layabouts" and "perverts" ..... The neighbourhood children ..... unscrewed
the front-door bell, and smashed the front door with an axe.' (A Kingsley
Hall resident, quoted by Schatzman, 1970)

It was impossible to know to what extent 'other people' knew about
the Community, or even how much they noticed the residents. We used to
frequent the local pub quite a bit, though no one there seemed keen to
develop the contact, a fact that I could not help comparing to my previous
experience of community living, in a small mining village in Staffordshire,
where my friends and I had been bought a round by the barman on our first
visit to the village's local pub! In the past, I was told, certain
Norbury residents had been banned from the pub.

One group of neighbours that was certainly aware of the existence of
the community was the local Police, who resided at the bottom of the road.
Again, it was not clear how much they knew, but they had had contact with
the community, and had been inside it once or twice. In spite of the
often alarming nature of the contacts, relations with them were on the
whole good; they seldom interfered. Nevertheless, the extreme proximity
of the Police Station meant that it was prudent, if one was freaking out,
to cease to do so visibly upon going out of the community. Indeed, one
has that feeling quite generally about towns, and there is a body of
opinion that favours the countryside, the more remote the better, for
therapeutic (or other sorts of) communities. Unfortunately, the financial
problems about the latter are usually prohibitive, and poverty gets the
better of paranoia. At least one Norbury resident had been hospitalised
for non-violent freaking-out in the street.

Other representatives of the local bourgeoisie included the Church - or rather Churches. The standard denominations appeared to have given up some time ago trying to interest residents in the Church, but we did receive periodic calls from crew-cut Americans offering salvation and warning damnation. They continued to pester us with the former, until one resident told them we were all Buddhist Marxists, at which they decided, so it seems, to consign us to the latter.

(iv) Institutional Contexts

We come now to the last category of contexts, those of institutions. Here again it will be necessary to delve a little further into our terminology, to make a further distinction.

In the first place, any micro-social entity in Britain, be it a family, a business, a gang or a community, exists within the broad context of the legal, administrative and executive structure of Britain; some, like a criminal gang, will attempt to minimise the relevance, the degree of determination, implied by being in such a context; others, like a particular mental hospital, will rather be a constituent part of that context whilst simultaneously being 'in' the context.

Thus, any micro-social entity finds itself situated within a more or less complex horizontal structure comprised of relations between itself and other constitutive parts, and their relationships to the whole; it is a part of a 'structure-in-dominance' in Althusserian terminology. We are here concerned with the relevance of this structure and its constituents; that is, with the possibilities and impossibilities of praxis afforded by it.

We concentrate on the notion of praxis partly because it exposes the limitations of the notion of structure. That is, because, although the constitutive parts - mental hospitals, law courts, the Police etc. - are omnipresent and always related,i.e. they are structured, they are not 'omni-relevant'. Although an entity such as a community always resides within this broad context, the notion of structure thus implied is an abstract one, insofar as, on the level of praxis, such an entity has only

occasional _intersections_ with the concrete institutional parts (such as the Law Courts). For by 'the concrete institutional parts' we mean nothing else than the organised praxis of the human members of those 'parts'; and their praxis is only occasionally relevant to the praxis of those who comprise the 'entity' i.e. inour case, the community.

Our first task, then, will be to document and discuss precisely these 'intersections', as I observed them at Norbury. But I spoke of 'distinctions'; what then are these periodically relevant institutions distinguished from? Clearly, this must be answered before we continue.

The Norbury community existed in one institutional context wherein it was not a matter of periodic intersections, but of a constant structural relationship of constitutive part to regulative whole: the 'whole' in this instance being the Arbours Association Network. It is this omnipresent and omni-relevant context that I wish to distinguish from the sort of relevance possessed by institutions such as law courts and mental hospitals. It is to the latter, however, that we turn first.

It will be recalled from Chapter 3 that amongst the perceived functions of the community was to be present as some sort of alternative to mental hospitals; it would seem logical, then, to begin by discussing the community's 'intersections' with this class of institution, as these are likely to be both relevant and delicate.

Some residents had previously been in mental hospitals; some went to mental hospitals on leaving. But at no time – at least during my stay – did the community _as a whole_ have a 'relationship' with a mental hospital. Generally, in fact, relationships with mental hospitals were mediated through other institutions; that is, via people acting as members or representatives of other institutions.

For instance, in the case of those who went to mental hospitals after the community, there was in all cases mediating praxis, usually on the part of the Police, though in one case on the part of the person's mother; no one voluntarily and by their own initiative admitted themselves to a

mental hospital. In Burt's case, to take a specific example, not only the Police, but the prison system and the law courts all contributed their mediating praxis, disguised as and even called the 'due process of law'.

Similarly, Sarah, who was in a mental hospital prior to coming to Norbury, was unable to effect the move by her own agency: she was an invalid, in the hospital's eyes, and thus her praxis was invalid. Only a person invested with an institutional right to praxis could effect the move - in Sarah's case, her psychiatric social worker. This is not the place to analyse the role of the psychiatric - or any other sort of - social worker; but I would suggest that one could fruitfully regard a large part of their job as being the exercising of an institutionally invested right to be the agent of a mediating praxis in situations where what appears to be process abounds. It might be interesting - though tangential to our purposes - to construct a list of binary pairs, a la Levi-Strauss, correlating with the praxis-process pair, to facilitate a structuralist comparison of the mental patient-psychiatric social worker et al situation with the 'schizophrenic' child-family psychiatrist et al situation.

What is significant for us here, however, is that in the end, the hospital did accept the social worker's praxis as valid, they did allow Sarah to leave the hospital and come to Norbury. It is impossible to know how much, if anything, the hospital knew of the community, and the disparity between its ideology and their own, let alone what opinion they might have had about it. It would be unwise, I think, to infer from their release of Sarah even an active tolerance of the community's ideology; it is unlikely that they were aware of it. But it is undeniable that the community, and others like it, are in fact acting as direct alternatives to mental hospitals. Experience with other mediating institutions suggests that the reasons for this are not wholly ideological.

One such other institution is that of the local counci. In recent years several London councils, and a few elsewhere, have included the

Arbours communities, and other similar ones, within the scope of their sickness grants. That is to say, if a person is, in the opinion of a doctor or psychiatrist, in need of mental hospitalisation, he is in theory eligible for a council grant to live in a therapeutic community, such as Norbury. When I first discovered this, I naively took it to indicate a radical ideological shift on the part of certain councils. In some cases, this is no doubt a factor. But important, I suspect, is that latest hobby-horse of Eysenck's (Eysenck 1975) psychiatric cost efficiency. For it costs something like £100 a week to keep a person in a mental hospital, whereas a typical council grant to live in an Arbours community might be a quarter of that. The thought of saving £75 a week per head is no mean consideration, for any council. (Of course, whilst Eysenck might agree about the cost, he would probably not accept the 'efficiency' .....)

Unfortunately, not all relations with the council have been so fruitful (from the community's point of view). It was mentioned earlier that a neighbour reported the community to the local council (which is Croydon). As a result of this, the Council made investigations, and discovered presumably from the G.L.C. that we were a therapeutic community. In due course, the Arbours Association received a letter from Croydon Council, asserting that Norbury was in breach of planning regulations. After many months it transpired that, in the council's eyes, Norbury must be either a single family, which it patently is not, or a hostel, or a boarding house. In either of the latter cases, planning permission is required. If it is granted, a vast amount of architectural alteration would be required - fire escapes from every bedroom, the lot. Of course, in actual fact, the community is in none of these categories; but the amazing, and to me quite _frightening_ fact, is that the council explicitly does not have a category for people who just want to live together in one house. In the terms referred to earlier, the praxis of the council members and employees is so alienated from personal project, and ossified in and through their bureaucracy, that it appears as process to all but the most

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ardent phenomenologist. For by refusing to accept the plain obvious
facts (which they had visited the community to ascertain for themselves)
of the community's life style, they were in effect denying each resident's
life as praxis. For grown people simply to share a house was, for the
council, literally a non-existent mode of existence.

Of course, investigating the non-existent is a slow process; time
goes on, and as yet there has been no response to Arbour's refusal to
apply for planning permission. What will eventually happen is an open
question.

As regards the institutions of Police Force, and Law Courts, here
again there were no specific relations between these and the community as
a whole. The nearest to it came, perhaps, on the occasion of Burt's
request for bail. On that instance, the magistrate sought reassurances
that Burt would be kept under 'supervision by qualified personnel'.
Fortunately, he did not specify the qualifications required, and
Dr. Schatzman's assurances that I was 'qualified' were accepted. This
case, however, highlights an interesting set of tensions that I observed
a number of times. The skeleton of these can best be conveyed as follows:

(1) Community within Network ⎤
(2) Community within Society ⎬ Tensions
(3) Network within Society ⎦
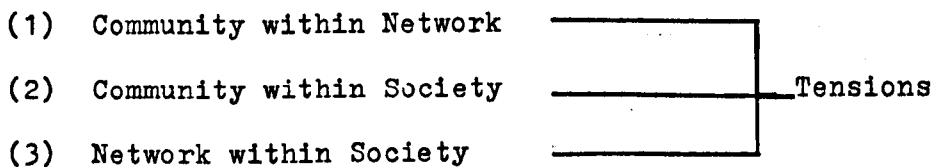
Here we have three hierafchical terms, Community, Network and Society.
These generate the three contextual relations indicated. In some instances,
there were tensions, if not outright contradictions between these different
but overlapping relations.

I have already described in some detail (1), in the previous chapter.
It will be recalled that the relation was, on the whole, a loosly struc-
tured one, that tended on occasions to communitas, or anti-structure.
Although a structure could be observed - particularly when conflict arose -
the Network generally attempted to communicate to itself an image of
looseness, of informality - a 'hip' image, one might say.

But against this one has to set the image the Network communicated to outsiders, i.e. to 'society' - in other words, relation (3). As the example above shows, Dr. Schatzman had to communicate a rather different image to the Law Courts, of efficiency, responsibility - a 'straight' image, in fact. We thus have a tension:

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         'Hip'                          'Straight'
Community  <——————————  Network  ——————————>  Society
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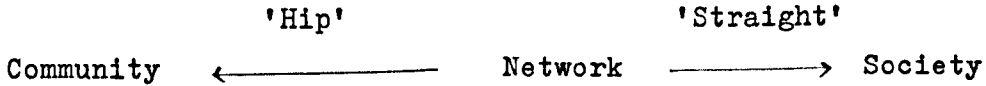
A similar situation arose when a Network meeting was filmed for BBC television. Here, the image required was a more subtle balance between 'hip' and 'straight': the programme was designed to show 'progressive' alternatives to mental hospitals: yet it was felt important to retain an image of responsibility and seriousness. I noted the following with some amusement. Both Schatzman and Berke (the directors of Arbours) have had writings published that are either overtly sympathetic to, or against the suppression of 'soft drugs', specifically cannabis (Schatzman 1974, and Berke & Hernton 1974). Yet, during a discussion in the Network Meeting being filmed, when somehow the topic came around to Joe Berke's book, Morty Schatzman became quite agitated, whispering to Joe not to mention the title ('The Cannabis Experience') - presumably on the assumption that a link between Arbours and Cannabis would be derogatory to the image of the former. This contrasts quite strikingly with the occasion when Joe was dispatched to the Norbury Community to give a talk on drugs, being an 'expert' in the matter: and, equally strikingly, with the disregard for the notice signed by Schatzman in the hall at Norbury that the use of illegal drugs was forbidden. The latter was regarded merely as a legal safeguard, on Arbours part. The tension here, then, is:

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                  Concerning Cannabis:
                                              Police
       Positive/Neutral          Negative
Community  <——————————  Network  ——————————>  Society
                                  Neutral      B.B.C.
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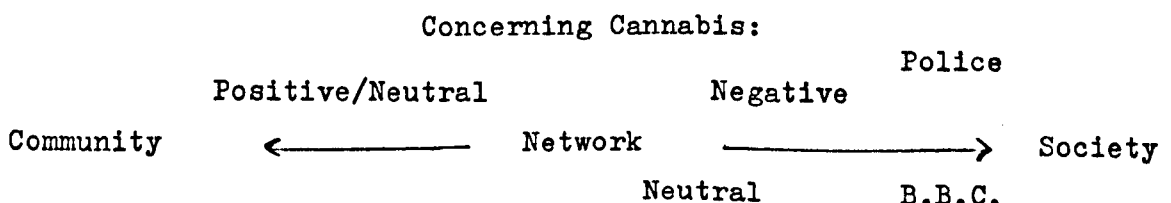
Similar sorts of tension arose on the community's part. At about the same time that the community had to pretend to be staffed and organised (For Burt's magistrate), it had to appear exactly the opposite for the Council inspection concerning planning regulation. Thus:

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                    Informal              Staffed
                    Household             Hostel

   Council      <————————   Community   ————————>   Magistrate
                    of friends
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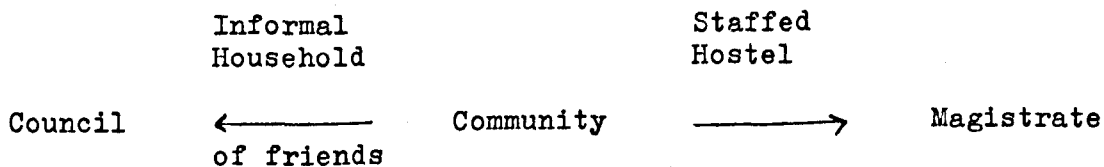
Similar sorts of conflicts and tension arose concerning the Network's and /or the community's image as presented to other alternative psychiatric bodies (Cope, the Philadelphia Association); mental hospitals; 'straight' and 'hip' press; residents' parents; students' academic institutions; neighbours and so on. I think it should be apparent that we are dealing here with alterity with a vengeance. It is indeed a mode of alienation, and the (sometimes very rapid) 'alterations' required in members' praxis was frequently experienced as a considerable strain. To some extent, this strain was eased by what I have described as 'alterity rituals'; to a considerable extent, also, the problem was felt to be the Network's, rather than the community's, and the issue passed to Network staff.

Nevertheless, it is clear that the question of the community's context is not, and cannot be, a simple one. There are many contexts, and some demand a different being of the community to others. Contexts are not, therefore, to be though of as passive receptacles, but on the contrary, as determining structures that can radically alter the praxis of community members. The degree of alienation involved in these 'alterations' would seem to be a function of the possibility that the community's praxis could, reciprocally, determine and alter the praxis of the 'context': for in the end, contexts are people. Thus, the neighbours, for example, who at first were suspicious of the community, were to some extent 'converted' to the idea through the community explaining what it was all about. This contrasts sharply with, say, the case of the council. The reasons

for this are to be found in notions of structure. The council representatives who visited the community did not come as persons, but as roles, within a more rigid structure. Many of the conflicts or tensions mentioned arose precisely because the community, or the Network, lacked a rigid, unambiguous structure. Here again, we see the community's liminality - but this time, in the dark light shed by the contexts it was liminal too. Liminality, Turner warned, is a dangerous condition and we can see why. In a complex society such as ours (that is, one in which a manifold of overlapping, rigidifying, 'contexts' exist) any organisation that aspires to liminality, that wishes, if you like, to be 'nowhere', runs the risk of being placed, willy nilly, in two contradictory 'somewheres'. The opportunities for getting lost are indeed legion.

In conclusion then, the tensions described, the alterity experienced, are a measure of the alienation of the community from the meta-community, the institutional contexts that surround it. We have seen how these are variably relevant, in terms of the praxis that is facilitated or inhibited, by their praxis.

The context that perhaps would have been most relevant was in this case missing entirely: that is, 'community' in the classical sociological sense (Frankenberg 1970, 1966 b). Norbury conspicuously lacked this quality - and this is indeed in itself a measure of alienation. It is perhaps pointless to speculate what sort of a 'context' this sort of 'community' would have provided; the working class 'community' surrounding Kingsley Hall was far from sympathetic. This was, in fact, a motivating factor in Arbour's decision to situate a community in a middle-class area.

Be that as it may, we shall be examining the sociological concept of 'community' in the next, and final, chapter. Our account of the Norbury community, and its various contexts being completed, it is to this that we now turn.

CHAPTER EIGHT

CONCLUSION

In this chapter, we shall attempt to provide a more global view of the community by suggesting its place in a possible 'morphological continuum'. I also summarise my adaptation of Sartre and Husserl in the direction of a practical social phenomenology; my adaptation of Turner's position and, thus, my explanation of the observed data on rituals; and finally, a few comments on anti-psychiatry in general, and Norbury's place within it.

(i) Community and Mental Hospital: Another Continuum

Several features define the global nature of the Norbury Community. These are perhaps best illustrated by contrasts to alternative methods of coping with the so-called 'mentally-ill'.

Probably the fundamental feature is that no one 'has' to be in a community like Norbury - nobody is 'sent there'; and one is free to leave at any time - crucially, no punitive responses occur at the decision of a resident to exercise this freedom to leave. In all these respects, the community differs from a mental hospital. Admittedly, the majority of hospital admissions are, legally, voluntary; the majority of patients have the legal right to leave. But, as explained in Chapter Two, this right is frequently illusory; its exercise leads to the suspension of the right. In general, people are 'sent to' a hospital - they 'came to' the community. A hospital, one might say, is always 'there'; a community like Norbury is 'here'. Existentially, the real freedom to be somewhere else is a precondition for really being here.

The second fundamental feature is the absence of staff-patient role dichotomies; and, very much hand-in-hand with this, the question of money.

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I have argued that amongst the aims of the community was the achievement of what might be called a 'transparent social space'; that is, one in which the truth of seeing the other as being seen by the other is an affirmed truth. Conducive to this is the mode of being defined by Turner as Communitas - the very word whose etymological roots began this dissertation. We have seen how role structure precludes this mode, and occludes the desired transparency. The lack of staff-patient roles, then, is crucial to the entire enterprise.

One way of describing this lack is to say that the community manifested an exceptionally low degree of institutionalised 'division of labour'. This patently contrasts with the situation of a mental hospital.

This has been a 'study of a community': this fact, and the above mentioned feature, division of labour, should alert us to a possible analogy with works of synthesis on other sorts of 'community studies'. I have in mind two works by Frankenberg: his 'Morphological Continuum' (in Frankenberg 1966 a. Quotes from revised 1970 edition) and a paper in the ASA monograph No. 4 (Barton 1968b) 'British Community Studies: Problems of Synthesis' (Frankenberg 1966b).

In both these works, Frankenberg advances a theoretical continuum, by building polar models, which he terms Rural and less-Rural; any specific field study of a community (in the conventional sociological meaning, not the psychiatric meaning) can then be placed on this continuum. The correlating features of the continuum (i.e. 'predicted' by the polar models) can then be tested against the field observations. In the earlier work (1966 a) Frankenberg specifies a large number (A through Y) of bi-polar features expected to correlate; in the 1966 b work, his method is to isolate sets of concepts from classical sociology, modern sociology and social anthropology. Significantly, the first of these is Division of Labour (1966 b, p. 131).

In the Appendix, I examine the possibilities of constructing an analogous continuum between the anti-psychiatric therapeutic community,

and the orthodox mental hospital. I take Frankenberg's categories and examine their applicability to this continuum. I present this as an appendix, rather than as a part of the main text, for a number of reasons. Its scope is, obviously very much broader than that of the dissertation so far, involving reference to the vast body of literature on contemporary mentalhospitals. Whilst aware of this literature, I cannot claim to have the same degree of familiarity with it as I have with the anti-psychiatric literature. My reading experience here reflects my field experience; although I have first hand experience of working in a mental hospital, the depth of this experience is not of the same order as that pertaining to the alternative psychiatry movement.

Secondly, the idea of constructing such a continuum has only recently occurred to me. As the Appendix indicates, it <u>appears</u> to be a highly fruitful analogy; I feel sure, however, that currently unseen 'snags' would occur in its development - particularly with respect to the role of 'history' across the continuum. At any rate, it would be an act of bad faith to present is a fait accompli, when, in fact, it is an idea as yet hardly explored. In other words, the work I present in this dissertation is work-in-progress, not a final statement. This seems to me to be inevitable; it certainly fits with the theory deployed in this work, derived from Sartre. As he says, 'there are no final totalities in history, only totalisations in progress'.

(ii)   <u>Social Phenomenology: The Science of the Lebenswelt</u>

We have, throughout this dissertation, been attempting a gradual synthesis between the schemas proposed by Sartre, on the one hand, and Husserl on the other. In both instances, it is the later work of these writers that is considered more fruitful. It is time now to recapitulate our progress in this direction.

Sartre's view, it will be recalled, starts from the concrete situated individual. He exists in a dialectical relation to his material, and his

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human, environment; though the former is universally conditioned by scarcity and the latter thus viciously ruptured by need. By 'totalising' his (subjective) 'project' with (objective) materiality, he performs 'praxis'; but this is subject to an immediate 'theft' via two a priori forms of alienation: objectification and alteration (the process of alterity). Objectified (i.e. acted upon) matter is known as the 'practico-inert' and is significant in that it conditions the formation of groups: initially, the 'minimal group', the series, where only the practico-inert object totalises the group: the common object is the only common reference point. Under conditions of threat, however, the group can begin to totalise itself: each member, as 'third' totalises every other member as 'us': this Sartre terms the 'Apocalypse'. The unity of the group is thus the interior of each individual's synthesis. To maintain a group, however, on this basis, it is necessary to re-invent the initial, totalising threat; this work of permanent re-invention Sartre calls 'violence', and it is said to achieve the 'Pledge'. As I understand it, this is the interiorisation of the threat as the threat of the dissolution of the group back into a series. In a comparable fashion, groups intereact, group praxis becomes objectified and alterated, and history becomes possible, through the alienated and alienating constitution of classes, and class struggle.

We objected to Sartre's schema because to put too much emphasis on individual totalisation; there is the problem of the autonomy of historical processes, such as class struggle - though this is not a direct problem for us. More drastically, for our use of Sartre, is his inability to explain other autonomous structured instances, notably language. We questioned also whether violence, totalisation under threat, shattered reciprocity - 'negative unity', as Sartre himself calls it - is, empirically speaking, the only way in which group praxis can occur. Our own experience, and the theoretical concepts developed by Turner necessitated a negative reply - and thus a theoretical lacuna. (It is possible that in his most

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recent works, notably one three-volume study of Flaubert (Sartre 1971 - 2)
Sartre is moving in much the same direction as envisaged here. His concept
of 'le vecu' (roughly 'lived experience') appears, from his brief comments
in Sartre 1969, to correspond closely to that which I try to establish
here. 'Le vecu' is expounded in the Flaubert studies, but lack of
familiarity with these volumes prevents a detailed analysis; Gore (1973)
questions whether the total world readership for the Flaubert studies
exceeds two hundred. They comprise approaching 3,000 pages of untranslated
Sartrean French!)

Although the schema developed over the majority of Husserl's works,
including the Cartesian Meditation was found to be lacking, his terminal
texts, notably The Crisis of European Sciences and Transcendental
Phenomenology (Husserl 1970 a) show evidence of a 'materialised' and
'historicised' re-working of his crucial concept of the Lebenswelt. It
was argued that this concept can replace the above lacuna, subject to
certain modifications. It was shown that Husserl's notion of the Lebens-
welt implied a theoretically unacceptable 'homogeneity of consciousness'
within the Lebenswelt, but that this implication - although still present
in the later texts - was no longer a conditioned necessity. We undertook,
then, to cross-fertilise Sartrean dialectics and the late Husserlian
phenomenology of the Lebenswelt. How does this work?

We have tried to <u>establish</u> this synthesis in the handling of empirical
data, rather than a priori - particularly through ritual. This has been
achieved by a variety of focal perspectives on the concept of ritual:
specifically as:

    (a) Group praxis, interaction

    (b) Communication

    (c) A feature of the Lebenswelt

A ritual is something people do, it is praxis. This is unproblematic.
But, just as language cannot be accounted for <u>purely</u> as individual total-
isation, neither can ritual as a communication system, as a 'language'
itself, if you will.

This is where the Lebenswelt, as a pre-constituted system of inter-subjective meaning, comes in. It is the already totalised backdrop against which our praxis has an intersubjective (and not merely subjective) meaning. All communication presupposes a Lebenswelt.

In this conception, however, the Lebenswelt is not the homogeneity Husserl imagined. For there is a dialectic here, between the Lebenswelt and praxis: each is susceptible to the other. Certainly the Lebenswelt contains a stratum of sedimented praxis, though it is not (as Sartre would maintain) ultimately reducible to praxis.

The term Lebenswelt is operative at a variety of different levels: in addition to embracing the pre-categorical material world (including other human bodies) it is the foundation of all meaning construction. We have, in previous chapters, challenged Husserl's notion of 'invariant structure' of the Lebenswelt (such as Time, and Space) and attempted to articulate the role of praxis in constituting both the deep and more shallow structures - one example of which is ritual.

One feature of the Lebenswelt that helps us specifically with the Sartrean lacuna is that which Turner identifies as Communitas. This is the region where Husserl's homogeneity has validity - as a transcendental possibility, not an actuality. Communitas is a pre-categorical experience (hence its essence of unstructuredness) of the unity of all transcendental egos i.e. thinking consciousness; that is its intentional structure, in purified form. It may or may not be objectified via 'communitastic' group praxis. This is at the heart, I imagine, of what, in Chapter Two, I called a Social Transcendency System, by analogy to Laing's Social Phantasy System. Husserl once remarked (1966 p. 68) that 'not to be self-giving is the essence of phantasy'. This certainly fits Laing's conception of a social phantasy system. It is perhaps not pushing things too far to say that to be self-sharing is the essence of a Social Transcendency System.

We have so far only considered theory; but what of social phenomen-
ology as practice? I have spoken, in Chapter Five, of the 'political'
and 'ethical' demands; I do not think they need to be repeated. But a
word or two about the method of phenomenology as such is called for.

Cooper defined phenomenology as 'the study of experience from the
"inside", with as little intrusion as possible by conceptual thought'
(Dialectics of Liberation Record D.L.3) and this is an excellent first
approximation.

The essence of phenomenology as a practice is the phenomenological
reduction. At various stages in his life, Husserl conceived of this in
varying degrees of radicalness. As far as social phenomenology goes, I
cannot envisage the practical necessity of practising the super-radical
reductions, the first and second epoches, as Husserl terms them (See
Husserl 1973 a); that is to say, the progressive bracketing of existential
assumptions about the material world, the existence of other egos, the
existence of one's own empirical ego, and finally, even bracketing all
strata of meaning pertaining to any cultural artifact, any meaning deriv-
ative from another consciousness; thus yielding 'my peculiar sphere of
ownness' - though I can heartily recommend it as a meditative exercise.
A peculiar sphere, indeed! (The similarity between this phenomenological
exercise and some traditional meditational exercises as practised by
Tibetan Buddhism is quite startling. Alexandra David-Neal, for instance
- who was herself initiated into the practises in Tibet - records an
almost identical sequence in her fascinating book 'Magic and Mystery in
Tibet' (David-Neal 1975). I cannot pursue these links here, both for
lack of space and of 'experience. I hope, however, to devote a subsequent
work to exploring the similarities, and differences between the practice
of phenomenology, and Buddhist meditation. Here again, I must stress
that my comments on social phenomenology are to be viewed as provisional
remarks within work in progress.)

For social phenomenology, it is usually sufficient to bracket only

the first of these: that is, one's 'existential assumptions' concerning

the world. This does not just mean imaginig there isn't a world: that

would be a denial, not a bracketing. What is involved is the _suspension_

of conceptual categories with which one apprehends the world as existing.

One then pays attention to the phenomena of one's experience as phenomena.

When one has done this, one is in a position to listen to another person's

discourse and to observe other features of his behaviour, _without_ making

judgements as to the 'correctness' of these (as one has suspended the

category system of one's own, which facilitates such judgement). In this

way, it is possible to obtain a clear picture of the way in which the

other person's social reality is constructed: one can grasp his 'intentional

structure'. It is then necessary, as explained before, to return to one's

own assumptions, investigate contradiction, and plan action, recalling,

meanwhile, Esterson's 'Dialectical Criterion of Truth' (see Chapter Five).

Some categories of meaning are privately constructed, others are, as

it were, foist upon us, by our experience in the Lebenswelt. Late in his

life, Husserl realised that the imposition of certain supposedly scientific

category systems constituted so much of a distortion as to constitute a

'crisis'. I have described his view in Chapter Five. It seems to me

that the crucial area of this crisis (the crisis of the 'meaning of man'

it will be recalled) is psychiatry: the supposedly scientific approach

to men in crises.

(iii) Ritual and the Community

The main part of this thesis dealt with rituals and their signifi-

cance. It is desirable to summarise our findings in this direction.

Surveying the very substantial anthropological data on ritual, it

became apparent that the conception of ritual exposed by Leach and

Turner is of most relevance to my needs, to wit ritual as communicative

and secular.

Turner, following Van Gennep, develops the concept of liminality,

using the additional concepts of communitas, structure and anti-structure.

The demands of my data on ritual in the community required that Turner's conceptions themselves be developed, and I posited a matrix situation as follows:

Affective World View	Structure	Anti-Structure
Benign	Co-operation A	Communitas B
Malevolent	Exploitation C	One-against-all D

This extension overcomes what is, for Turner, a paradox: the anti-communitas liminal person.

Large numbers of rituals were observed and recorded, and it was found convenient to classify these into two broad categories - Rites of Passage and Domestic Cycle Rituals - and further, to sub-classify the latter set as Food Use Rituals, Drug Use Rituals, and Alterity Rituals. It was shown that the purpose of these rituals is to maintain the community in a social state corresponding to Cells A or B (the benign ones) of my matrix.

Hand in hand with the observation of rituals went the observation of <u>subversion</u> of rituals. Almost all of the observed rituals were, at some time, subverted or deritualised. I paid particular attention to these deritualisations, and showed that they threaten to move the community from its desirable cell A or cell B functioning to undesirable cell C or cell D functioning.

Responses on the part of the community to such deritualisation were particularly interesting. Originally testing Laing's notion that such deritualisation often earns its proponent the label 'psychotic', I found that reference to the A - D matrix clarifies the situation. Specifically, deritualisations that threatended cell A functions - what may be called the practical unity of the community - did indeed tend to be seen as 'psychotic' or 'crazy' or whatever.

Deritualisations that threatened cell B functions - what may be called the ethical unity of the community - were not, however, seen as crazy so much as rude, inconsiderate, obnoxious etc.

Underlying this distinction of response is undoubtedly a distinction of perception: that it is seen that cell B is _desirable_, whereas cell A is _necessary_. The preservation of the practical unity of the community (say, in terms of food) has an over-riding importance.

The experience of handling the ritual data illustrates and confirms the conclusions of Chapter Five, on theoretical considerations. Communitas is a perfect example of the sort of thing that Sartre _fails_ to explain, but which can be rendered comprehensible with Husserlian insights. Conversely, the deritualisation data, so easily explicable on a Sartrean basis, cannot be handled using Husserl's categories. I think I have shown that a Sartre/Husserl cross-fertilisation assists us to handle _all_ data.

The community's response to deritualisation highlighted another point. They were, by and large, of an emotional rather than intellectual nature and I have argued that this is, phenomenologically, a more valid form of response. Such validity is seen as a specific and deliberate aspect of the community's Lebenswelt. In this sense, then, the community as a whole is an exercise in social phenomenology: the community tries to 'bracket' pre-interpretive judgements, and to respond on the phenomeno-logically prior level of emotion - and then go on and hopefully discover the sources of these emotions. I argue that this contrasts quite distinctly with the typical psychiatric situation wherein a genuine emotional response is seldom reached as the emotive phenomenon is pre-interpreted via clinical categories. This is precisely the 'crisis' of Husserl that was discussed at the end of the previous section. It may well be that the emotional possibilities afforded to residents in a community like Norbury are the most important feature distinguishing such a place from an orthodox mental hospital.

A central concept in psycho-analytic theory, that also passes over into grosser psychiatric clinical assessment, is the notion of regression. I think it is apparent that much of the behaviour and experience I have documented in the community would be seen, in the orthodox psycho-analytic and clinical psychiatric terms as regression. Laing has frequently drawn attention to the unsatisfactory nature of this concept, as well as to psychiatry's antipathy to the phenomenon it refers to (see Laing 1968, 1967 b). I think the concepts I have used throughout this work allow a better articulation of this notion of regression.

Schatzman, following Laing, reminds us that so-called 'primitive' man used a form of psychotherapy forgotten by 'Western Man': the return to Chaos. In Schatzman's words:

'To cure himself "archaic" and "primitive" man goes back beyond the experience of his personal past ..... beyond the time of this world to enter a mythical, eternal time that preceds all origins. He disintergrates, or is disintegrated, as a person who exists in historical egoic time and undergoes psychic chaos which 'he' experiences as contemporaneous with the amorphous Being whose interior was ruptured by the cosmogeny. His rebirth into existence repeats the creation of Cosmos out of Chaos.' (Schatzman op cit) (These ideas, as Schatzman notes, derive largely from the work of Eliade 1964, 1968.)

It seems to me, however, that this return is merely the extreme end of a very common sort of 'movement', that is usually far less extreme. For what is involved here is a reversal of the tendency to impose categories on one's experience - a reversal of what might be called the vijnana tendency, towards the prajna tendency (see Chapter Six). I suggest that this conceptual anti-structuration is the mental correlate of the social condition that Turner calls liminality: the suspension of social structure conditions the suspension of cognitive structure.

Regression, it seems to me, is a term applied to this movement - or rather, to the initial phase of it. And this is precisely its error:

the term corresponds _only_ to the going-back phase, and this obliterates awareness of the other two phases: the liminal phase proper, and the return phase. Further, by defining the initial phase as pathological, and by attempting to arrest it, it in fact _perpetuates_ it as a tendency, because the other phases are prevented from spontaneously occurring.

I see a full blown 'death and rebirth' as described by Eliade, Laing and Schatzman then, as an extreme form of that general oscillation I have described in this thesis, between structure and liminality. And if this oscillatory flow is as fundamental and 'natural' as it seems, then it would follow that being allowed to 'go back' is a pre-condition of being able to go forward. It further follows from this that any situation that is dedicated to helping people go forward must allow them to go backward first. This, it seems to me, is _the_ way in which the Norbury community, and others like it, are a 'success' where mental hospitals are a 'failure', and it is the liminality of the former, and the structure of the latter, that are responsible for this.

So what of individuals' assessments? No one during my stay went through the sort of total death-rebirth that Schatzman talks about, and which is exemplified by Mary Barnes' experience at Kingsley Hall (Barnes and Berke 1971). Most people, however, experienced the movement I have described to a lesser extent. Most residents who left during my stay felt that their lives had become more satisfactorily ordered by going through a greater degree of chaos. The best example here is probably Sarah (see Chapter Four).

On this basis, there were of course failures as well: Harve, Burt and Sinclair all left the community under less than ideal situations, and none of these appeared (to me, and to other residents) to have benefitted particularly from the experience, although all three said they had, overall, enjoyed it.

It will be recalled that the primary stated aim of the community was to be an alternative to mental hospital. Two 'statistics' testify to the

community's success in this direction. Firstly, <u>no one</u>, of his own free will, left the community to enter a mental hospital. Secondly, <u>everyone</u> who had previously been in a mental hospital (the majority) said the community was vastly preferable. These facts speak for themselves.

Speaking personally, I am unspeakably glad that I went there. Although I underwent a great deal of pain, and disillusionment, I sincerely felt the experience did me a lot of good - as well as on the whole being highly enjoyable. This latter point is by no means insignificant: 'fun' is a highly therapeutic experience, and living in a community like Norbury is, for a large part, fun; I have never heard anybody say a mental hospital is conducive to fun.

In conclusion then, although I have doubts about the politics of organising such communities, particularly in relation to the original revoluntionary vision of anti-psychiatry, I have no doubts whatever that they are 'a good thing', and that there should be more of them. And so, to end with an understatement that in fact states it all, I would say of Norbury: it's a better place to be than a mentalhospital.

'And, in the end

The love you take

Is equal to

The love you make.'

(Lennon and McCartney, 1969
From the L.P. Abbey Road)

APPENDICES

(1) Discography of Communally Significant Records

(2) Bibliography of Communally Significant Books

(3) Breakdown of Residents

(4) Typical Weekly Menu in the Community

(5) A Morphological Continuum

Discography of Communally

Significant Records

Below is given a discography of those long playing records which
I observed to be played significantly more than the other records avail-
able (total number of L.P.s available over 200); and further, which
frequently stimulated conversations concerning the meaning of the lyrics
or the exceptional quality of the music, or inspired dancing, and so on.
In other words, these L.P.s were (a) a regular feature of the objective
(specifically, acoustic) environment; (b) a stratum of meaning, within
the total meaning-structure of every-day experience in the community;
and (c) were responsible for inducing various forms of communal praxis.
In respect of all these features, then, they constitute a segment of the
community's Lebenswelt, in Husserl's sense of 'thereness-for-everyone'.

Band, The	Stage Fright
Beatles, The	Sergeant Pepper's Lonely Hearts' Club Band
	(1967 Parlaphone)
"	Magical Mystery Tour
"	Abbey Road
Cliff, Jimmy	The Harder They Come: Soundtrack
Dylan, Bob	Another Side of Bob Dylan
"	Bringing it all Back Home
"	Highway 61 Revisited
"	Blonde on Blonde (1966 Columbia)
"	John Wesley Harding (1967 Columbia)
"	Great White Wonder (Bootleg)
"	Planet Waves
"	Before the Flood

Greatful Dead, The	Live Dead
"	Working Man's Dead
Hendrix, Jimmy	Electric Ladyland
"	Rainbow Bridge: Soundtrack
Incredible String Band	Wee Tam and Big Huge
Oldfield, Mike	Tubular Bells
Traffic	Low Spark of High Heeled Boys
Van Morrison	Astral Weeks

Bibliography of Communally

Significant Books

Analagous considerations apply to this bibliography as to the discography in Appendix One. Below, then, are books that were read by several, if not all, members of the community: they were discussed, often communally, and tended to be left lying around in the living room: again, 'thereness-for-everybody'.

Argueles, M & J (1972)   Mandala (Shambhala Publications)

Cooper, D (1972)   Death of the Family (Penguin)

Dick, P K (1967)   The Three Stigmata of Palmer Eldritch
                            (Manor Books)

Douglas, M (1973)   Natural Symbols (Baric & Jenkins)

Dylan, B (1971)   Tarantula (MacGibbon)

     "   (1973)   Writings and Drawings (Cape)

Foudrain, J (1974)   Not Made of Wood (Quartet Books)

Green, H (1972)   I Never promised you a rose garden
                            (Pan Books)

Janov, A (1974)   The Primal Revolution (Garnstone)

     "   (1973)   The Primal Scream (Garnstone)

Ram Dass, B (1971)   Be Here Now (Lama Foundation)

Reich, W (1968)   Function of the Orgasm (Panther)

Rogers, C (1965)   Client-Centered Therapy (Constable)

Scaduto, A (1972)   Dylan: A Biography (Abacus)

APPENDIX THREE

<div align="center">

Breakdown of Residents

</div>

'You never give me your numbers,

You only give me your situation

But in the middle of investigation,

I break down ..... '

(Lennon & McCartney 1969
From the L.P. Abbey Road)

The following figures, tables etc. are based on community residence from the beginning of my 'trial visit' period, till I left: i.e. from 11th March, 1974 till 21st September, 1974. For these purposes, 'residence' is defined by the criterion of paying rent; it does not include visitors who might have stayed as guests for a weeked, for example.

Total number of residents	:	20
Total number of male residents	:	14
Total number of female residents	:	6

Of these twenty, a proportion were short stay visits by students interested in the community.

Thus:

Visiting students, total	:	5
Visiting students, French	:	1
Visiting students, Italian	:	1
Visiting students, Dutch	:	2
Visiting students, English	:	1

The remainder, 15, were relatively more permanent. Of these, the following breakdown is possible:

Social work students	:	3
University students	:	2
Trainee therapist	:	1
Non-students	:	9

Thus, there were 9 persons there during this period who were not there in any sort of academic or professional fashion. Of these:

$$Male \quad : \quad 6$$

$$Female \quad : \quad 3$$

Table One presents, in graphic form, the entire residence of the community from before my visit to just after it, broken down (statistically, not psychotically ..) by sex, and extra-communal role.

Table Two consists of data pertaining to the above-mentioned nine non-students. Note that eight - and possibly nine - out of nine had had previous experience of patienthood in a mental hospital; all except one had psychotherapy (in all cases, the therapists were members of either the Arbours Association or the Philadelphia Association); only one left the community to go to mental hospital, and this was not of his own choice; about half had had experience of other communities prior to Norbury - in most, though not all, cases these were other Arbours communities; about the same proportion left to go to other communities - these in the main, were not Arbours communities. The self assessments speak for themselves, but should be amplified by reference to the Case Studies, and other descriptive sections.

TABLE I
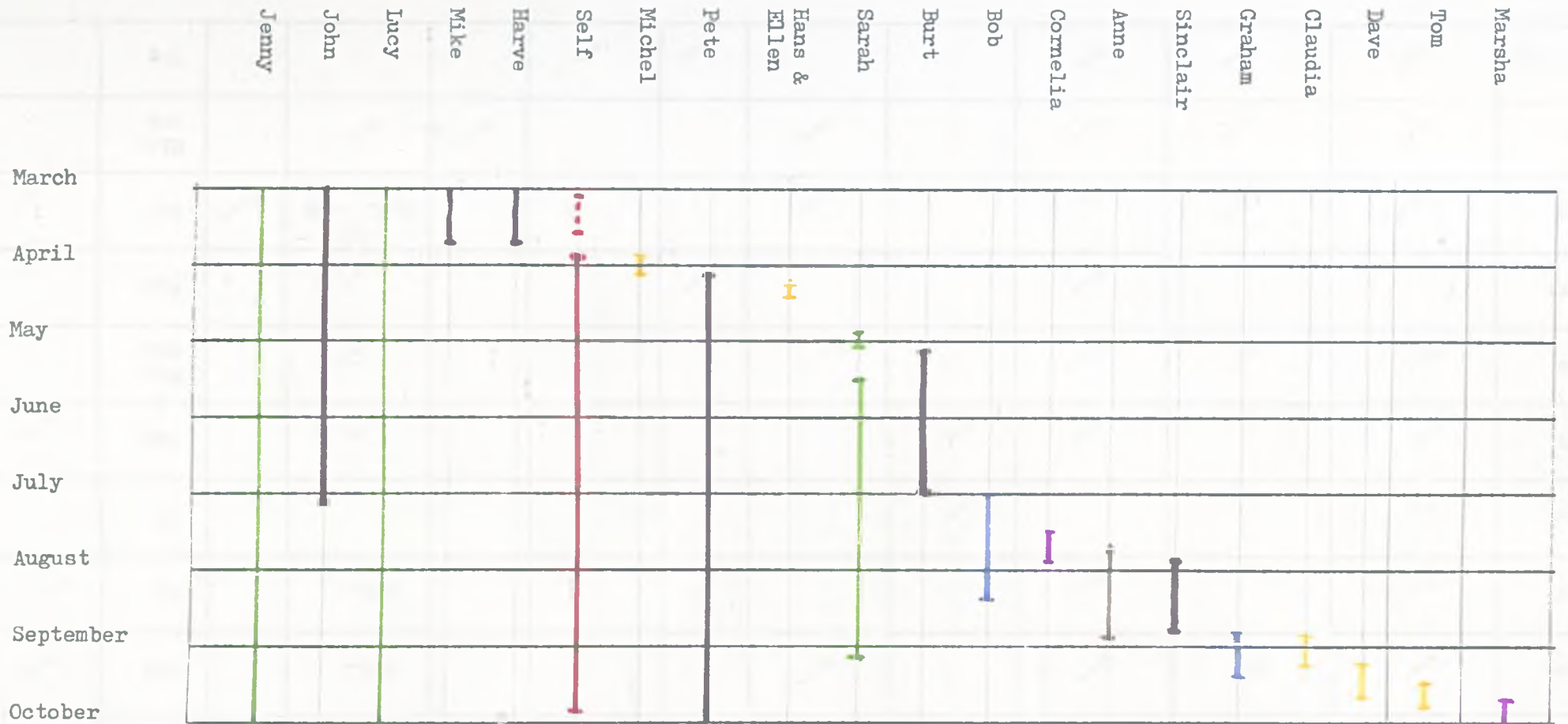
Jenny John Lucy Mike Harve Self Michel Pete Hans & Ellen Sarah Burt Bob Cornelia Anne Sinclair Graham Claudia Dave Tom Marsha

March
April
May
June
July
August
September
October

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TABLE II

	Mental Hospital Experience	Therapeutic Community Experience	Therapy Experience	CAME TO NORBURY FROM:			LEFT NORBURY TO GO TO:				AUXILLIARY DATA:		
				Mental Hospital	Other Community	Own Home	Mental Hospital	Prison	Other Community	Own Home	Approx Age	Job Holder at Norbury	Self assessment of stay
Jenny	✓	✓	✓		✓				S.R.		30s	✓	Positive
Lucy	✓		✓			✓			S.R.		19	✓	Positive
Sarah	✓			✓						✓	28		Highly Positive
John	✓		✓	✓					✓		30s	✓	Highly Positive
Mike	✓	✓	✓		✓				✓		Mid 20s		No Comment
Harve	?		✓			✓			✓		30s		Negative
Pete	✓	✓	✓		✓				S.R. →	✓	20		Highly Positive
Burt	✓	✓	✓		✓		✓ ←	✓			Mid 20s		Negative
Sinclair	✓	✓	✓				✓	✓			30s		No Comment

S.R. = Still Resident when I left

Typical Weekly Menu

Below is given a typical weekly menu for the communal evening meal; as already explained, other meals were an individual affair. Note that the main meal was not invariably followed by a sweet; I have not included ubiquitous extras such as bread and butter, dessert fruit, or beverages with or after the meal.

Monday	Cheese pie, salad, ratatouille
Tuesday	Chicken Korma Curry, saffron rice, alu dhum; fruit salad and ice cream
Wednesday	Kedgeree, garlic bread; chocolate cake
Thursday	Meat loaf; Baked Apples
Friday	Sausages, baked potatoes, fried vegetables, salad; fresh fruit in yoghurt
Saturday	Mackerel in cheese sauce, peas, salad
Sunday	Stuffed marrow, fried rice; blackberry pie

A Morphological Continuum

Presented below is an attempt to construct a 'morphological continuum' (See Frankenberg op cit) between the two extremes of anti-psychiatric therapeutic community, and orthodox mental hospital. Before constructing my continuum, a word or two about data sources.

Unfortunately, regions of the continuum I propose are very sparsely illuminated by satisfactory studies. As already mentioned, this is the only study I know of a community at the 'anti-psychiatric' end; the validity of what I say obviously requires many more studies of similar communities - preferably in America and Italy, as well as in Britain. The data, such as I have, on the anti-psychiatric pole come from (a) my study of the Norbury community;(b) my visits and stays at other such communities in London and to a lesser extent, my experience of communities in the United States; (c) my role as News Editor for the Arbours Network Magazine: this involved me in reading a large amount of correspondence and bulletins from similar organisations, both in Britain and the United States; (d) conversations with visitors to Norbury who were engaged in similar endeavours; from these I learned about European - particularly Italian and French - anti-psychiatry; (e) finally, the pitifully small published literature on such communities: at present, this is limited to reports of early 'anti-psychiatry' experiments (Villa 21, Kingsley Hall) and occasional newspaper articles (see for example, Riley's 'Back to Health, by Sharing' in the Daily Telegraph 12.3.75).

For the middle of the continuum, we have more published data. Here are the staffed therapeutic communities, of the sort pioneered by Maxwell Jones. The seminal text here is Rapoport (1960). See Edelson (1970) for a comprehensive bibliography.

As for the hospital end, there is a massive amount of data - though the widely divergent approaches taken by different workers makes synthesis

difficult. An immediate distinction presents itself between the critical texts and those, generally more positivistic, ones that (to my mind) leave the real questions unasked. One should not forget, of course, the fictional or semi-fictional accounts by novelists, that can often be at least as informative as so-called 'scientific' studies. Here, one thinks immediately of Kesey's 'One Flew over the Cuckoo's Nest', and Sylvia Platt's 'The Bell Jar'.

Of the former, critical texts, the classics are Goffman's Asylums (1968) and Foucaults' Madness and Civilization (1967). Much of Szasz's work has importance here, as does that of Scheff, (1967) and Garfinkel (1956).

Also 'critical', though perhaps to a lesser extent, are works by Braginsky, Braginsky and Ring (1969), Belknap (1956) and Hoenig and Hamilton (1969), and of course Rothman (1971).

Of the latter, particular mention should be made of pioneering work by Caudill et al (1952), Caudill (1958) and Stanton and Schwartz (1954). Salisbury (1962) was possibly the first to employ a specifically anthropological approach to a mental hospital. Important work has also been done by Jones and Sidebotham (1962), Dunham and Weinberg (1960) and Rosengren and Lefton (1969).

The definitional polarity that I wish to employ in my continuum is Division of Labour. At one end, then, we have the anti-psychiatric therapeutic community (APTC for short) which I shall define for these purposes, as a residential unit comprising a group of persons, at least some of whom have been called 'mentally ill' wherein there are, by design, no institutionalised roles called 'staff' and 'patient' (or synonymous terms). By 'institutionalised' I mean objectified by hierarchized power and/or wage payments (to staff). The APTC manifests low division of labour: everybody tends to do everything - though not (usually!) all at the same time.

At the other end, we have the orthodox mental hospital (OMH), the model for which has been amply described by Goffman (who, incidentally, uses remarkably 'structural' terms to build this model, for a supposed 'action theorist'). Its defining feature, for our purposes, is the fact that its population is radically (that is, 'to the roots') dichotomised into those who are there as occupants of a paid role, whose power is conferred and legitimated by a hierarchised system, ultimately the legal and executive systems of the Law Courts and the Police (see Her Majesty's Stationery Office, The Mental Health Act 1959); and those whose presence is paid for by the State, whose legal rights are minimal, and whose power varies inversely with the power of the afore-mentioned role occupants, the staff. In terms of Division of Labour, this is where the division is sharpest. Action performed by one group is precisely that not performed by the other. Legalsanctions and enforced administrative procedure prohibit transition from one role to the other, and minimise the creation of roles that transcend the basic dichotomy (e.g. controls on drugs, prohibition of sexual relations between staff and patients).

In between these poles we find a host of other set ups. Starting from the APTC end, we move to similarly 'liberal' set ups, but where there are paid power invested individuals who typically 'do things' that residents do not, but which are not yet part of the 'State Apparatus'. There are many examples of this in the United States - and to an extent, the Norbury Community, with its visiting therapists, tends towards this. The emphasis here is still on community, and sharing, rather than division, of lagour; but the existence of some participants who are paid and others who are not, imposes a rudimentary role structure.

As we move across the continuum towards the OMH, we come across communities wherein these paid participants have ever-increasing power, and responsibility for what goes on. The situation here may still be such that decisions are taken democractically, 'treatment' undertaken communally and so on; but there is an increasing tendency for the paid members to have

the power to impose and enforce <u>rules</u> that govern the behaviour of the unpaid members.

At a critical point in the transition along the continuum, the community becomes officially a State institution. The exact point will vary, of course, according to the prevailing medico-legal ideology of the country involved: in Britain, for instance, this point is further 'left' than in the United States. Two categories of community are discernable here: those that are affiliated to a mental hospital, and those that are not. It is impossible, due to lack of data, to suggest the relative positions on the continuum for these two types - in all likelihood, they overlap. Here, we find such communities as T.F. Main's Northfield Experiment, and the Henderson Clinic. Increasing numbers of mental hospitals are conducting 'experiments' (which are thus less and less 'experimental') with therapeutic communities as a discreet region of the total hospital set up. The hospital I worked in, for instance, (Netherne in Surrey) had a separate building run on community lines - although the staff power investment was very high, and selection for patient resident-hood quite critical.

More data is desperately needed on the nature of these experiments <u>within</u> mental hospitals structures, particularly from the resident's point of view; some signs indicate that many - despite their State umbrella - would need to be placed well to the left of my continuum. Laing (1973) asserts that 'In London, there are now five hospitals which work along the main lines of the policy first put into practice at Kingsley Hall'. I find this hard to believe, in the light of what Kingsley Hall residents (notably Schatzman, Berke and Goldberg) have told me of Kingsley Hall. (See also 'Beware the Maudseley' in Copeman 2, 1974.) Nevertheless, one must take account of - and wholeheartedly praise - such moves as the recent Brookwood Experiment (Rily 1975). Brookwood is a large mental hospital in Surrey, which in conjunction with the South West Surrey Association for Mental Health, and various charities, organised the

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purchasing of a large Edwardian house to be used as a <u>resident run</u>
community. It is visited by staff social workers, who have a statutory
responsibility for the place, but no resident staff. As such, its place
on the continuum is well to the left, despite its legal status as a
'State' institution.

My procedure now, having established the parameters of this continuum,
will be to follow Frankenberg's pioneering work, and examine the corre-
lations between the bi-polar categories he adduces, and the data I have.
For it is remarkable how many of his binary pairs that constitute his
continuum apply also to mine. The situation so far, then, is this:

A.P.T.C. ————————————————————————————— O.M.H.

Low Division of Labour.   High Division of Labour.
i.e. no staff/patients.   Staff/patient dichotomy.

Provisionally, we may map onto this:

                        Brookwood
    Kingsley Hall   Goffman's Asylums

                    Norbury   Typical mental hospital
Households   Philadelphia Assoc- ward
run by Cope   iation Households Henderson
                                       Clinic

Frankenberg denotes the elements of his models by the letters A
through Y. Our procedure thus, is to go through these, mapping them onto
the above continuum, and testing their applicability by reference to my
data. Applicability is denoted by an asterix at the mid-point.

(a) Community   *   Association

     'Community' here refers to the diversity and frequency of inter-
     action, and perception of common interests, as against 'Association'
     which refers to a greater number of more specific and less frequent
     relationships, and perception of common needs, rather than interests.
     This fits my continuum very well. Naturally, the 'community' has
     a 'community nature', and certainly, residents have common interests.

There is no doubt of the left part fitting. I think it fair to
say that the O.M.H. has an associative nature, viewed as a whole.
Although a patient in a hospital ward tends to relate frequently
to the same individuals (other patients) the sense of community in
a hospital - as in a City, in Frankenberg's case - is rent assunder
by the larger scale of the latter, the 'cog in the machine' exper-
ience. Certainly, too, 'need' is an organising feature of the
O.M.H. rather than interest: patients supposedly 'need' treatment,
and staff 'need' patients (or else they wouldn't be staff).

(b)   Social Fields   Social Fields
        Involving Few   *   Involving Many

This distinction refers to the size of any given individual's
social field. This correlates directly: an APTC of the size of
a typical OMH is unthinkable, certainly non-existent. In the
former, each individual regularly interacts with probably less
than a dozen others; in the latter, the wards themselves are
larger than that, and there tends to be a wide range of staff
(nurses, doctors, occupational therapists etc).

(c)   Multiple Role Relationships ? Overlapping Role Relationships

This distinction only party correlates. The Urban/OMH end tends
to: people play different roles to different people, rather than
different roles to the same people. I have reservations about the
other end, because, as I have shown, roles as such are minimised
in the APTC. But insofar as, at this end, people have more total
all-embracing relations, this too correlates.

(d)   Role Conflict Within   ?   Role Conflict in
        a role set   different role sets

The same reservations apply here with the term role : but insofar
as this distinction emphasies what Frankenberg (following Merton)
calls the 'transparency' of the rural role set, as against the opacity
of the urban equivalent, this correlates.

(e)   Simple Economy   Diverse Economy

This quite clearly does not correlate: the APTC includes a range

of livelihoods, from salarial posts, through wage - labourers, to

grant and social security recipients. In the OMH, all members

ultimately are paid for by the State. What _would_ correlate here,

however, is the ideal fantasy of many APTCs (and of many 'hippy'

communes) to be economically self-sufficient through small scale

agriculture. I know of no APTCs that are anywhere near this -

most are situated in cities, and this is clearly the origin of the

non-correlation. An irony here is that, before the National Health

Service, many mental hospitals _were_ self-sufficient with their own

farms.

(f)   Little Division of Labour   *   Extreme differentiation
                                                and specialisation

Correlates by definition.

(g)   Mechanical Solidarity   *   Organic Solidarity

The distinction here is between solidarity based on uniformity of

individuals, as against solidarity based on complementarity through

division of labour. This correlates well: the lack of role distin-

ction in the APTC ensures a degree of mechanical solidarity, and

likewise the role structure of the OMH ensures organic solidarity.

(h)   Complexity   *   Complication

This refers to the fact that, in a small scale society, development

in relationships means 'deeper' multi-dimensional (i.e. more complex)

ties with a limited number of actors, as against, in larger scale

one, development as a larger _number_ of relatively 'shallower' but

possibly conflicting ties - hence more 'complicated'. This corre-

lates well at both end: relationships between enduring members of an

APTC become deeper and more complex, whereas a nurse of a patient

who remains in an OMH tends to accumulate shallower relations.

(i) Ascribed Status   ?   Achieved Status

Considerable modification of this dimension is necessary to achieve

a fit. In Frankenberg's use, ascribed status refers to status

inherited from one's family, 'who' one is, whereas achieved status

refers to status attained by occupational or other roles - 'what'

one is. Certainly, the latter applies at the OMH end of my continuum.

At the other end, however, family has no bearing whatever. True,

there is a concern for 'who' rather than 'what' one is; but this

is not generally a matter of status ascription. Furthermore,

status may well be accorded to outsiders, such as therapists, i.e.

'what' criteria.

(j) Status   ?   Contract

This, as Frankenberg notes, is merely a rephrasing of (i). The

rephrasing requires no further comment, vis-a-vis its relevance

here.

(k) Total Status   ?   Partial Status

This refers to status in rural settings being independent of

context, as opposed to dependent on context in urban situations.

Here again, the structure correlates, particularly on the right

end: a charge nurse may have high status on the ward, but low

status at a staff meeting. Comparable reservations for the use

of the word 'status' in APTCs apply as for the word 'role', however.

The structure, nevertheless, is comparable: the evaluation of a

person, the respect accorded him (analogues of 'status') are, at

the left end, situationallyindependent.

(l) Education from Status   Status from Education

This distinction is not applicable at all.

(m) Role Embracement   * ?   Role Commitment

This distinction refers to the allembracing nature of role accept-

ance in rural communities, versus the mere functional or pragmatic

attachment typical in urban settings. Again, we have reservations

about the word role; but it seems likely that an APTC resident

embraces the situation more totally than a hospital patient, if

only because he is free to leave. Further, it was apparent that

many nurses in the hospital I worked in regarded their role as

'just a job'.

(n) Close knit Networks   *   Loose Knit Networks

This correlates well: the community is itself a close knit network,

and owing to its particularised role structure, the OMH tends to

have loose knit ones.

(o) Locals   ?   Cosmopolitans

This refers to the tendency in rural settings for individuals to

seek power in terms of local values, and in this way, to dominate

local life, whereas, in urban contexts, this is subordinate to

individuals as embodiments of the power and values of broader

society. An analogous distinction here, perhaps, is between

individual eccentricities as event-determinants versus hospital

authority figures as embodiments of the OMH ideology.

(p) Low Density   *   High Density
     Role Texture   Role Texture

Role texture refers simply to a synthesis of various features of

role: low density denotes broad roles, diffuse role definition,

overt role development, equality in role distributions and long-

standing role relationships; high density, the converse of these.

Our comments so far establish, with the 'role' reservation, the

correlation of this distinction.

(q)   Economic Class   Economic Class
      One division amongst   * ?   Dominating social life
      many   through cash nexus

This distinction is present, though perhaps less marked. I never

observed class barriers, or even distinctions in operation at

Norbury, though this may reflect the overall middle-class bias of

psychotherapy itself. Social class 'dominates' in the OMH to the

extent that there tends to be a correlation between class and power

hierarchy thus: high class ──→ low class: doctors ──→ nurses ──→

patients.

(r)   Latent function   Manifest function

This refers to the relatively greater frequency of latent functions

in rural behaviour than in urban behaviour. I must confess to

severe doubts as to the validity of this in Frankenberg's continuum;

certainly I do not see it as relevant to my own.

(s)   Relations of Conjunction   *   Segregation of
      and Disjunction   Conflicting Groups

This refers to the fact that, in a small society, conflicts cannot

be spatially segregated, as they can in the larger urban contexts,

and must therefore be somehow resolved. This distinction applies

most forcefully to my continuum. The APTC aims specifically at

bringing conflicts into the open, with a view to their resolution.

In the OMH, not only are the 'conflicting' groups of staff and

patient physically segregated for much of the time but, permanent

structures exist precisely to segregate conflict: continuous con-

flict between patients frequently leads to one patient being moved

to another ward; special wards exist for violent patients.

Frankenberg notes, following Radcliffe-Brown (1952) that joking

relationships are often involved in the rural resolution of conflict.

I observed this frequently in the community. It is interesting, too,

that on 'liminoid' occasions in mental hospitals, when, to some
extent Staff/patient barriers are removed, this phenomenon occurs.
Thus, at the hospital I worked in, the Christmas entertainments
included a 'review' in which patients lampooned certain senior
staff members.

It is the conviction of the APTC ideology that growth occurs through
conflict: the importance of this distinction cannot be over-
emphasised: although, in ideal term, the APTC brings conflicts
into the open, rather than sublimates them in joking relations etc.
as typical in rural communities.

(t) Organisation by   * ?   Organisation by
    General Unanimity   Voting System

Here, an extension of the dimension is necessary. The left hand
corresponds with decision making procedures in the APTC; the voting
system however, applies more to the middle of my continuum, rather
than the end, where organisation is, as it were dictatorial, and
not even democratic. The reality of this dimension seems to me to
be the degree of alienation inherent in the decision making pro-
cedures.

(u) Conflict and Rebellion   Cleavage and Revolution

This dimension does not appear relevant.

(v) Regional focus of life   Occupational focus of life

This distinction becomes blurred when projected onto my continuum,
for obvious reasons; to w it the residential nature of both the
APTC and the OMH - at least for patients. Further, many members
of the former may have jobs outside the community. Generally, its
relevance is minimal.

(w) Integration   *   Alienation and Estrangement

Here again, an adjustment is necessary when these concepts are

mapped onto my continuum. In Frankenberg's schema, these concepts refer, in the classical Marxist sense, to the worker's relation to his products. In the case of my continuum, the 'product' concerned is the quality of interaction: and in these terms, certainly there is an exact correlation.

(x) Acceptance of   Normlessness,
     Norms and Conflict   anomie

This does not seem to correlate

(y) High Social Redundancy   *   Low Social Redundancy

Redundancy here refers to the Communication theory concept. Again, it is based on the feature of role: in fact, as far as I can tell, 'social redundancy' is the inverse of 'role texture', and to this extent this dimension, too, correlates.

These exhaust the distinctions employed by Frankenberg. Looking back, we find that, of the twenty five proposed by Frankenberg, thirteen of these correlate on my continuum more or less exactly, six with only minor reservations or revisions, and a further six that are either irrelevant or counter-correlative. By any standards, this is a remarkable parallel. Furthermore, an examination of precisely which do, and which do not correlate, indicates that the similarity lies in the overall factor 'lack of role structure' versus 'role structure', which itself is dependent on the primal factor, the division of labour. Those that do not correlate, it will be noted, tend to be themselves discrete regions of behaviour and experience, with their own autonomy: education, economic mode of production, broad social change, and so on. It is to be expected that my continuum, dealing as it does with institutions not societies, would lack discrimination on these broader features of the (relatively) macro-social.

All these parallels and similarities, however, should not cause us to overlook one absolutely crucial difference between Frankenberg's

continuum and my own: in the former, history polarizes a movement from left to right; in the latter, a movement from right to left. Perhaps I should, at this point, echo Frankenberg's reservations about history; his work, he warns 'must be regarded as the work of a realistic, model-building sociologist, not a romantic, theorising historian' (1970, p. 286). I should be glad, at any rate, if my work were so regarded. In support of this, I would claim to have established a 'morphological continuum' polarised by two models of extreme types of institution, which may serve to facilitate comparative studies of the various ways of handling 'mental illness'. Comparisons may be articulated by reference to the numerous distinctions that I found to correlate, given the evidence so far available. As always, 'more studies are needed'.

It seems to me that the potency of the continuum I offer can be increased by a certain degree of condensation, by a sort of non-numerical 'factor analysis'. The following appears to be, at least initially, a satisfactory synthesis, in ideal typical terms:

		A.P.T.C.	O.M.H.
(1)	Division of Labour	Low	High
(2)	Social Transparency	High	Low
(3)	Power Distribution	Integrated	Alienated
(4)	Conflict	Integrative	Disintegrative

(1) has been discussed at length already; it includes, fundamentally, the degree to which activity is differentially prescribed or proscribed and the degree of cash nexification within this.

(2) Social transparency refers to the degree to which relations are personally direct and unmediated, or indirect, impersonal, and mediated through role and status ascriptions, physical distinctions (such as uniforms, separated dormitorial, eating, toilet, and other arrangements) and so on.

(3) Power distribution refers to the degree to which members retain or

lose the power to make the decisions which affect them. The decisions involved here notably include treatment procedures, the right to leave, sexual relations, and rule-making.

(4) Conflict. The distinction here is between conflict viewed as potentially positive, to be openly admitted and traced to source, as against conflict viewed as purely negative, disruptive, to be contained, and where necessary, neutralised by chemical (drugs) or physical (segregation) means. It should be stressed that instances where expression of conflict is encouraged but nevertheless mediated and controlled (as, for instance, in a staff-run group therapy session) tends towards the right of this continuum.

At this point, we should perhaps see where the Norbury Community lies on this continuum.

Evidently, it is well to the left; the question is: what specific features, if any, pull it to the right?

In terms of division of labour, it was I think, slightly right of extreme left. Although there was no internal division as such, a degree of division is imposed by the existence of the professional Arbours therapists, particularly the 'visiting therapist'. It will be recalled that this was, nominally, a paid post. The community recognised - and paid for - the specialised expertise of such a therapist; his role was felt to be important, necessary, and beneficial to the community. At one time the Norbury Community (and many of its precursors) had a resident therapist living in, which obviated the need for a visiting therapist. It conditions the possibility, however, of internal role and status structuration. In either case, the insidiousness of this apparently necessary division of labour is presumably an inverse function of the ability of individuals concerned.

In terms of social transparency, the community was very high. This term, social transparency, includes within its positive pole of meaning Turner's concept of communitas, and, in view of what has been said of this,

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this should alert us to a particular point, easily misunderstood. The transparency is essentially a feature of the community, and its aims, rather than of specific individuals. That is to say, there was very little at the <u>institutional</u> level to inhibit transparency; but this is not to say that any given individual might not <u>choose</u> to be socially opaque, merely that he would not be <u>forced</u> to be so by the nature of the institution.

In terms of power distribution, we have seen that this was highly integrated: residents decided who lived there, what rules should apply; each had responsibility for his own choice of 'treatment', if any, and anyone was free to leave at any time. (The one exception to this was Burt, whilst he was on bail. This fact, however, does not reflect the community, but rather the legal system with which the community inter-sected, through Burt).

A degree of power alienation existed through the decision-making apparatus of the Arbours Network. I have described how one aspect of this - residential 'priority' to ex-Crisis Centre patients - was reintegrated during my stay. In an ultimate sense, however, a degree of alienation still prevails. If, for example, Arbours decided to fold up the community there would be little the current residents could do to oppose this. Indeed, this alienation may in the end be effected, through the Council, if they insist that the community is in breach of planning permission (see Chapter Seven). In this very broad sense, <u>any</u> institution whatever suffers a degree of power alienation, if only because certain things are illegal.

In terms of conflict, again the community attempted to be integrative, and was on the whole fairly successful, although I have remarked that tension glossed by joking is here a measure of failure. A variant of conflict as disintegrative segreation occurs, of course, in the case where someone was thrown out. To the extent that this happens (twice during my stay) the community fails in its ideal aims.

Frankenberg notes (1970 p. 287) that rural communitas develop rituals to deal with (or 'socialise') conflict that arises through transparency. Substituting 'anti-psychiatric' once again for rural, this fits my findings exactly. A great many of the rituals we studied have this conflict-reducing function; and we found deritualisation to be frequently conflict-provoking. The most significant conflict-reducing rituals, of course, were the group discussions - though this is conflict-reduction with a difference: reduction through focused attention, not diffused occlusion (as in, say, joking). This is perhaps more comprehensible if we remember the communicative function of ritual: here, this is as it were a meta-communication concerning the tolerant-group ideology - the ideology of no social segregation, i.e. the opposite of the mental hospital ideology.

In 'Problems of Synthesis' (1966 b) Frankenberg bemoans the almost total lack of 'detailed studies' of what Turner calls 'social dramas' in our own society. He quotes, too, Turner's description of social drama as a conflict situation that affords 'transparency' - though that is, of course, transparency for the anthropologist. At Norbury, there was an attempt to use conflict to promote transparency for the conflicting participants. Of course, this was not always effective; as already described, in some instances, the drama ended as Schism, not Continuity (Turner 1957) - as in the instance when Burt was thrown out.

At any rate, it is my hope that the continuum advanced here - and indeed the whole dissertation - promotes both more detailed studies, and attempts at synthesis. I feel I have adduced considerable evidence that, if the vision afforded by the transparency thus yielded is to be shared by the participants as well as the observers, then we should expect to be well on the left of the continuum. But perhaps I am here already anticipating future work .....

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