



'The world is full of big bad wolves': investigating the experimental therapeutic spaces of R.D. Laing and Aaron Esterson

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Abstract

In conjunction with the recent critical assessments of the life and work of R.D. Laing, this paper seeks to demonstrate what is revealed when Laing's work on families and created spaces of mental health care are examined through a geographical lens. The paper begins with an exploration of Laing's time at the Tavistock Clinic in London during the 1960s, and of the co-authored text with Aaron Esterson entitled, *Sanity, Madness and the Family* (1964). The study then seeks to demonstrate the importance Laing and his colleague placed on the time-space situatedness of patients and their worlds. Finally, an account is provided of Laing's and Esterson's spatial thinking in relation to their creation of both real and imagined spaces of therapeutic care.

Keywords

Aaron Esterson, families, place, R.D. Laing, therapeutic communities, *Sanity, Madness and the Family*

Introduction

Eccentric, charlatan, self-publicist, captivator and trickster are simply a few of the words that have been used by biographers to describe the Scottish psychiatrist R.D. Laing since his death in 1989. When first looking through the several published biographies that exist on Laing (see Clay, 1996), it is curious to note how little attention is paid to the work that earned him the reputation of being arguably one of Scotland's most important public intellectuals (Miller, 2004). Mullan (1997: vii) argues that if Laing had only written *The Divided Self* his place in the twentieth century would be assured, but instead the controversial nature of many of his personal encounters and his difficult character traits are what have appeared in the press.

Recently, however, there has been a surge of interest in Laing and his work that has led to a range of critical studies. These include accounts of a father from his son (A Laing, 1994, 2006), an

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attempt to situate his ideas in their wider Scottish context (Miller, 2004, 2008a), an investigation into his early work and case notes (Beveridge, 2011), an exploration of his childhood worlds (McGeachan, 2013a), examinations into the connections between his therapeutic ideas and spirituality (Miller, 2009), and cinematic depictions of his place in 1960s psychiatry (Fowler, 2012), to name but a few. This journal, *History of Psychiatry*, has provided an important forum for examining the legacies of Laing's work. For example, Abrahamson (2007), in his critical evaluation of the results of the 'Rumpus Room' experiment, importantly highlights the ambiguities that exist in Laing's accounts of his own work. This experiment took place between 1954 and 1955, in the refractory ward of Gartnavel Hospital, and was developed by Laing and his colleagues John L. Cameron and Thomas Freeman on the premise of developing interpersonal relationships between patients and staff through the creation of a set-aside room in the hospital.¹ The results of the research, published in *The Lancet*, showed that during the experiment the patients' behaviour altered and they became more 'social' than before, taking part in activities that required contact with others and spaces elsewhere in the hospital (Cameron, Laing and McGie, 1955). Arguably, inside the 'Rumpus Room' there emerged a small community that allowed individuals to attach value to the room and the people within it. Laing's own autobiography (1985: 117) claimed that after the experiment all the female patients involved were discharged from the hospital, but within one year they had all been readmitted, leaving him to ponder what was happening beyond the institution's walls. Abrahamson (2007) contends that these statements about the discharge of the patients were full of discrepancies, highlighting Beveridge's (2011: xv) claims that Laing was indeed a master storyteller, particularly in regard to his own life. Nevertheless, Abrahamson concludes that the anomalies in Laing's account of the project still do not negate the compassion and determination he showed for working with a more fully human image of the 'psychotic' patient, and, arguably, here remains a key reason why studies into his life and work continue to grow in popularity.

These previous studies all demonstrate a creative attempt to reinterpret Laing's life and work through different specific approaches, and this paper is an attempt to follow in this inventive vein of practice, and to push forward the 'Rumpus Room' debates. In taking a 'geographical' perspective to the work and life of Laing, I argue that a range of places, sites and spaces that have previously been underexplored in other works appear for further consideration. In response to Scull's (2004: 432) earlier provocations in this journal to take 'place' seriously, at the micro- and macroscopic level, I wish to demonstrate the importance of exploring 'the multiplying sites within which madness is contained (or not contained)' beyond the traditional mental hospital or asylum. This paper seeks to argue that by opening up the places in which Laing was immersed, the sites he became encapsulated by and the spaces he passionately created, another of the many lives of Laing appears for critical consideration. Beginning with the case study of Anne, this paper seeks to situate Laing's thinking in the post-Gartnavel period of his career. Moving to investigate Laing's time spent at the Tavistock Clinic in London, and the co-authored text with Aaron Esterson entitled *Sanity, Madness and the Family* (1964) produced during this period, I attempt to demonstrate the importance that Laing and his colleague placed on the time-space situatedness of patients' and their worlds. Through using the case-study of Lucie Blair, this paper highlights the concern of the authors for examining the very fabric and texture of the worlds experienced by individuals with mental health problems, as well as the spaces of 'madness' towards which this drew them. Following this, the paper then provides an account of Laing and Esterson's spatial thinking in relation to their creation of both real and imagined spaces of therapeutic care, from their planned 'centre' to the physical emergence of the project of Kingsley Hall. In doing so, this paper contributes to the continuing creative attempts of re-examining the life and work of Laing, and the ongoing interest in exploring the histories of experimental mental health care.

The 'place' of the family

During the 1950s there was an increase in the use of film to demonstrate the 'facts' and practices of mental health treatment within the mental hospital. One particular film, entitled *Breakdown*, was made to depict psychodynamic explanations and treatment of hospital procedures through the case history of a patient called Anne.² The film begins by showing Anne's brother coming to visit her in a mental institution. On meeting the doctor, Anne's brother is told of how she came to be admitted to the ward:

One evening Anne's friends call her to take her to a dance. Anne hides in the clothes closet and does not emerge until they have left. Her mother is angry and frightened. The girl sits by the pond, takes off her shoes and stockings, and paddles her feet in the water. Auditory hallucinations begin. In the silence of the night, broken only by ghostly voices, Anne smears herself with mud ... Some time later Anne comes home – dazed, muddy, cuddling a bundle of old rags as though they were a baby ... She turns on the phonograph full blast to drown out the tormenting voices, then, crossing the room, smashes her fist through the windowpane. (Nichtenhauser, Coleman and Ruhe, 1953a: 79)

These events lead to Anne's incarceration, and the film shows the institution in which she is confined and the physical treatments, such as electroconvulsive therapy (ECT), that she is given. After the tour of the hospital, the film returns to a group therapy session in which patients are being prepared for the outside world. As Anne is then released from the hospital, the film portrays snapshots of Anne's home and the smiling family members awaiting her return before fading to black to signal the end of Anne's story. However, where this film ends is *exactly* where Laing's new ideas about his patients and their worlds – informed by time spent in the insulin coma wards at the Royal Victoria Military Hospital (McGeachan, 2013b) and the refractory wards at Gartnavel Royal (Beveridge, 2011) – were taking flight. The space of home and the family unit within it was becoming increasingly central to Laing's theoretical understanding of 'madness', and as he left Glasgow for London in October 1956 to work at the Tavistock Clinic and to train at the Institute of Psychoanalysis, he intended upon making this private world his main investigative concern.

Throughout Laing's time at the Tavistock Clinic, there was arguably an element of frustration permeating his work, since he felt increasingly dragged away from working with the 'psychotic' and more disturbed patients to dealing with more settled individuals in outpatient facilities (Beveridge, 2011: 272). Laing's passion was always the plight of the persons termed 'psychotic' or 'schizophrenic', where he described the literal meaning not to be 'split mind' or 'split personality' but a condition of 'broken-heartedness' (Laing, Lee and Sherret, 1960: 2). Teaming up with fellow Scottish psychiatrist Aaron Esterson,³ whom he met in the Psychiatric Unit at Stobhill Hospital, they aimed to undertake research in which patients in psychiatric care labelled as 'schizophrenic' could be studied with reference to the context of their home environment, in the hope that greater understanding about their situation could occur.⁴ The publication from this five-year study was entitled *Sanity, Madness and the Family: Families of Schizophrenics* (1964), and consisted of 11 case studies of female patients and the stories of their lives and families as presented to the researchers. These women were all diagnosed 'schizophrenic' by at least two senior psychiatrists and had all been admitted to hospital, some for a short period of time and others for a prolonged period of many years (Laing and Esterson, 1990: 15). One of the most remarkable aspects about this text, as noted in a reflective article on Laing's work, was the nature of involving the family itself in the process:

The novel aspect of the investigation was that parents and relatives, in all possible combinations, were drawn into the interviews. It's a harrowing read as a pattern emerges of patients dubbed bad or mad, whose

symptoms, the authors suggest, can be read as tortured strategies to deal with unliveable situations. (Lynch, 1984: 32)

It was clear to Laing and Esterson that to see the patients in isolation from their social situation, pulled apart as it were from their immediate, everyday social environment, especially in their family homes, was to miss an important aspect of the individual's world: namely his or her relations with others, especially his or her family. Thus, they stated:⁵

Each person not only is an object in the world with others but in a position in space and time from which he experiences, constitutes, and acts in *his* world. He is his own centre, with his own point of view, and it is precisely each person's *perspective* on the situation that he shares with others that we wish to discover. (Laing and Esterson, 1990: 19, original italics)

This concentration on time-space situatedness is a profoundly environmental or 'geographical' vision that is intimately connected to the existential and phenomenological traditions from which Laing drew considerable inspiration.

In order to explore these private worlds, Laing and Esterson had to create a methodology that would work for such an unusual project. Not only were they attempting to engage in assessing the intricate behaviour existing between family members in a variety of combinations, but they were also attempting to move away from the artificial setting of the mental institution into the place from which the person originally came: the home. The environment of home was hence a key factor, and the two men were acutely aware of how important this space was for the people they were treating. It is recognized that 'the whole architecture, the compartments, the divisions of the different rooms, the different storeys, the walls, roof, windows, doors and all the rest of it, are all part of the system that one is in with other people inside the family' (Laing, 1967: 11–12). The introduction to the study insisted:

The way in which a family deploys itself in space and time, what space, what time, and what things are private and shared, and by whom – these and many other questions are best answered by seeing what sort of world the family has itself fleshed out for itself, both as a whole and differentially for each of its members. (Laing and Esterson, 1990: 21)

All of this demonstrates how the micro-geographies of families and family homes mattered deeply to the study and the authors. In order to gain greater access into these secretive worlds, they conducted a small number of interviews within the home of the individual seeking psychiatric treatment, with further interviews conducted within hospital office spaces. All the exchanges were tape-recorded, as they explained to the families that this 'was our memory, with it, we could attend to what was being said without simultaneously trying to remember everything' (Laing and Esterson, 1990: 24). Reportedly, at no point did any of the family members ask for the investigation into their world to be stopped (p. 24). This fact in itself signals the intense emotional networks that the research was touching upon, but indicates the effect it had of never (seemingly) trampling upon them.

The overarching purpose was to foster a greater sense of understanding of the person labelled 'the patient' and his or her created worlds.⁶ However, it is important to note that, as psychiatrists, Laing and Esterson held a peculiar professional position in *not* accepting 'schizophrenia' as a biochemical, neurophysiological or psychological fact. In addition to this, in a third draft to the second edition of the text, they claimed: 'we are not trying to show in this book that schizophrenia does *not* exist. We *start off* from an agnostic position. It may: we do not know' (p. 3, original italics).

This claim signalling their desire for their research to be read not as a study of schizophrenic patients but as people who have been diagnosed 'schizophrenic' by a medical source. Laing and Esterson (1990: 12) attempted to set their project a clear research aim: 'Our question is: are the experience and behaviour that psychiatrists take as signs and symptoms of schizophrenia more socially intelligible than has come to be supposed?'. In doing so, they wished to present the family's thoughts and words that were uncovered from inside the texture of the home and to demonstrate the significance of these intricate networks of family lives to the ways in which individuals experiencing mental health problems were viewed and subsequently treated. In many ways the authors wished to demonstrate the 'situated' production of lives, experiences and conducts that may lead to a given family member being 'cast out' for psychiatric labelling, and the devastating consequences it can have for those involved.

The worlds of Lucie Blair

Throughout Laing's work developed at the Tavistock Clinic and beyond, there is a clear preoccupation with experience, but there is also evidence that he turned his attention to an existential analysis of action, asking about how behaviour relates to the individual's experience in interpersonal relations and 'what effect *can* one person have on another?' (Laing, 1972: 155, original italics).⁷ This question arose from Laing's concern to expand accounts of experience and action in imagination, dream and phantasy to encompass a whole 'nexus' of others, imagined, dreamed, phantasied or 'real' (p. 81). Laing (1972: 86) argued that, in order to achieve an authentic social identity,⁸ an individual must not only have an identity-for-self but also an identity-for-others, given that these two forms of identity cannot be divorced from one another. This claim indicates that one's self-identity is always reliant upon one's own experience of the other in numerous complex forms, and Laing declared that 'the world of the adult, as of the child, is "*a unity of the given and the constructed*"' (Laing, Phillipson and Lee, 1966: 187, original italics). Laing (1972: 82) argued that, when attempting to compose an account of a person, one must be constantly aware that each person is always acting upon others but also being acted upon by others. This suggests that the individuals who Laing was attempting to understand are not the only agents in their world, for they are always caught in an array of different social relationships with others and their environments, as demonstrated through the work of *Sanity, Madness and the Family*.

One particular case study from this text that details these processes centres upon a 37-year-old woman named Lucie Blair (for full case description, see Laing and Esterson, 1990: 51–74).⁹ Lucie had been diagnosed as suffering from chronic schizophrenia, resulting in her receiving psychiatric care for 12 years before coming into contact with them. The hospital records describe Lucie as having auditory hallucinations, ideas of reference and influence, being perplexed about the meaning of life, her affect flattened, and suffering from varying delusions of persecution (p. 51). Before being admitted to hospital, Lucie lived at home with her mother, father and younger sister, Mamie, who tragically died a short time after Lucie's hospitalization. Laing and Esterson (1990: 52) recalled that: 'Inside the Blair house time has stood still since before the turn of the century. The front garden is overgrown with a profusion of trees, plants, weeds. The inside is stuffy and dark. The living-room and front parlour are cluttered with Victorian and Edwardian bric-a-brac.' The aesthetics of the house had been preserved exactly as it appeared when Mr Blair was a child, and in light of the distinctive spaces of this family environment the authors attempted to chart Lucie's situation from a social phenomenological viewpoint. To Laing and Esterson, Mr Blair appeared as a dominating figure and extremely over-protective of his wife and daughter. Mrs Blair noted that her husband would carefully watch over every movement of Lucie, requiring her to account for every moment that she spent outside of the domains of the home. He told her that if she went out

alone she would be kidnapped, raped or murdered, and he continuously recited stories of what would happen to her if she left the 'security' of home.¹⁰ When Lucie was a teenager, she attempted to bring friends home, but her father snubbed them and ridiculed Lucie in their presence. This domineering manifestation created ripples across the other members of the family, and it appeared that Mrs Blair was very fearful of 'crossing' her husband, which had a direct effect on her relationship with her daughter. The complex relationships that Lucie had with her parents were amplified by the loss of her sister Mamie, as Lucie herself stated:

I still believe that quite unconsciously I miss my sister. I lost my sister about ten years ago and I think subconsciously I must be grieving even now ... I must be feeling terribly lonely and not realising why ... At the time of her passing I was in hospital you see, and I didn't know much about it. You've really got to realise loneliness instead of allowing yourself to be stunned by it. (quoted in Laing and Esterson, 1990: 61)

Lucie had a very close relationship with her sister and, by losing her only companion in the closed family system, she was left to fall deeper into despair.

Laing and Esterson wished to account for Lucie's situation from her own point of view in order, however partially, to understand the position in which she found herself. Lucie's main concerns revolved around her feelings of uncertainty as to the importance or seriousness of the issues that she was expressing, coupled to doubts that consistently plagued her as to whether she was describing real events or if everything was in fact in her imagination (Laing and Esterson, 1990: 58). Lucie said: 'I can't trust what I see. It doesn't get backed up. It doesn't get confirmed in any way – just left to drift, you know. I think that's probably what my trouble is. Anything I might say, it has no backing up. It's all due to imagination, you know.' (quoted on p. 58).

Lucie found it difficult to trust her own perceptions, which became apparent in how she would often retract the statements once made, making it difficult for others to decipher what she meant. Lucie's relations with others in the outside world, away from the family were fraught, in that how she viewed others, and how she thought they saw her, were all mediated by her father and subsequently backed up by her mother. Lucie observed that:

He's [Mr Blair] put that into my mind, my subconscious mind – that I can't be trusted, and I'll always be – you know – the big bad wolf will come after me – the world is full of big bad wolves – he's got that impregnated into my brain in some way, into my subconscious mind. And occasionally it seems to come to the surface all the time, you know – that the world is full of big bad wolves. (quoted on p. 62)¹¹

For the authors, Lucie's identity-for-herself was inextricably bound to how her mother and father saw her or, as her mother and father told her, how 'They', the people outside the family, saw her. Mr Blair attempted to create an insular world within the family home that could not be penetrated by 'Them' outside. For him, Lucie had a definite place at home and he believed that outside was a world full of dangerous individuals ('big bad wolves') that were all the same and could not be trusted. This situation left Lucie cut off: not only had she been brought up not to trust others, being told never to believe that any remark was ever 'innocent' or that it did not 'mean' more than it appeared to mean, but she also learned not to trust herself (p. 67). When Lucie tried to see herself or 'Them' *for herself*, or to fathom how 'They' viewed her, she was consistently drawn back *to hear* what her father had told her about herself or about what 'They' thought of her. For Laing and Esterson, this led to Lucie living in a continuous world of confusion, completely unable to trust the fabric of her experience with no one who could, or would, confirm or validate her own point of view.

The act of confirmation in this case, and in many others from *Sanity, Madness and the Family*, was a crucial element in any relationship, since 'the slightest sign of recognition from another at

least confirms one's presence in *his* world' (Laing, 1972: 98, original italics). The act of confirmation can be visual, tactile or auditory, and may differ in intensity and quality, but it is necessary, especially in childhood, for recognizing an individual's being and for helping to gain autonomy. In summary:

The characteristic family pattern that has emerged from the studies of families of schizophrenics does not so much involve a child who is subject to outright neglect or even to obvious trauma, but a child who has been subjected to subtle but persistent disconfirmation, usually unwittingly. (Laing, 1972: 100)

This ongoing, often invisible, act of disconfirmation can arguably lead to individuals becoming confused and puzzled towards others' acts in the world around them and uncertain about their own place as an agent in the world in their own right. Laing (1972: 136) believed that every human being required a significance that he formulated as meaning a 'place in another person's world', and he reckoned that it was through the act of confirmation that this 'placing' could be attained. The internalization of particular 'given' positions can be seen in Lucie's story, as in many other family situations, and it is clear that her view of the wider world was always fixed through the terms of her original family experience. During World War II, Lucie was called up and therefore spent some time outside of the family confines, but during this time it appeared that she did not find any more freedom than she had under the reigns of her parents.¹² Laing (1972: 135) speculated that the amount of 'room' felt by an individual is dependent upon the room that they give themselves, but also upon the room that they are granted by others; and this dual relationship is particularly important. Lucie was still curtailed through internalizing the social realities that were mediated to her by her family, and it was through this lens that she experienced (and construed to experience) everything. Laing insisted that certain acts such as disconfirmation often put individuals in an untenable position, in an existential sense, with acute social implications from which it is very difficult ever to break.

Within Lucie's family situation, it was clear to the authors that she was being placed in a barely tenable position whereby her efforts (to fight) to create her own sense of identity outside the world of the family were seen as either 'mad' or 'bad' behaviour. For Laing and Esterson, the Blairs were consistently tying one another in knots that caused considerable constraint and confusion for all involved, but for the most part they appeared completely unaware of what was happening.¹³ Psychiatric reports completed at the beginning of Lucie's 12-year incarceration reported that the Blair family offered an 'unfavourable environment' for their daughter, but they did nothing except remove her from the home to the institution.¹⁴ Laing and Esterson (1990: 74) argued that there was a need to think about Lucie's circumstances and attempt to understand them from within her home and family environment, and in doing so they believed it became possible to view Lucie's thoughts and actions, not as 'mad' or 'signs' of a schizophrenic condition, but as an intelligible response to her own social situation, a theme that would re-emerge strongly in their future experimental ventures.

Imagining spaces of 'asylum'

The research compiled in *Sanity, Madness and the Family* was never intended to sit as a singular entity. In a draft paper for the second edition of the text, Laing and Esterson (1964a) revealed that it was supposed to be the first part of three volumes of study on the subject of family and schizophrenia, with volume two containing a critical examination of other studies of families in relation to psychosis, and volume three a study of a contrast group of 'ordinary' families. Here they underlined the conclusions already revealed by the previous study, proposing the need to push further

into the realms of families deemed ‘normal’ to uncover a contrast between them and the families of schizophrenics. Laing and Esterson hoped not only to develop theoretical thinking about families in general by composing ‘ideographically, individual pictures or gestalts of each family we study’ (Laing and Esterson, 1964a: 8), but also to develop a method that would allow them to detect the differences between the families under consideration. One aspect of this method was to create an audio-visual record of the families, for they were as interested in what they could see as what they could hear (p. 13). The men were acutely aware that, in order to gaze into the inner sanctum of the home, they needed to capture not only the words and actions of its members but also what was often hidden behind the layers of family history and among the gaps and silences. In order to do this, they suggested: ‘We would wish therefore to make seven short films of families (fifteen minutes in length) in order to explore the possibility of making reliable and valid observation of the kinetic patterns in these families’ (p. 13). Exploring these kinetic patterns – literally, regularities in physical and emotional ‘movements’ of family members – through film would have been an innovative procedure. The tape-recorder memory of the past would be replaced with flickering images capturing movements, bodily connections and gestures, all lost to the magnetic strip on the cassette.

Although these plans never led to a finished publication, the majority of the work, a reported 15 ‘normal’ families interviewed (Laing and Esterson, 1964a: 1), was indeed carried out. It has been documented by some that Laing was bored rigid by these so-called ‘normal’ families (see A Laing, 2004) and, as his preference for dealing with ‘psychosis’ showed, this could be why the research never gained published status. A further reason could have been the high levels of critique that the initial study received from many fellow medical practitioners and the media, who saw this text as supporting the diabolical argument that ‘families cause madness’ (A Laing, 2006: 74), thus connecting it deeply to the heart of the ‘anti-psychiatry’ movement.¹⁵ This reaction was difficult to suppress, and Laing and Esterson felt compelled to defend their thesis by creating a preface to the second edition reiterating their initial stance on schizophrenia as ‘an assumption, a theory, a hypothesis, but not a *fact*’ (Laing and Esterson, 1990: 11, original italics). Negative criticism of this work failed to fade over time, and in an interview from 1984 Laing was still defending the work:

The point is still misunderstood and argued with on the wicket that I said that parents cause schizophrenia by their terribly peculiar mental conduct to their children. Except I’m not adopting that hypothesis in the first place in the sense that there is such an entity as ‘schizophrenia’ and I’m not saying that it’s caused by the family. (quoted in Lynch, 1984: 32)

The families whose identities are disguised through careful narrative reconstruction, but whose most intimate life moments are printed, never reportedly asked to be taken out of the second edition. However, the criticism proved to have significant consequences for the careers of both Laing and Esterson, with Laing eventually moving away from a career at the Tavistock, and Esterson leaving his clinical career that was the foundation of the research conducted. In a letter written to *The New Review* in response to a critical article by Thomas S. Szasz (1977), Esterson (1977) revealed:

I might point out that my appointment at West Hospital was terminated explicitly because of this work [*Sanity, Madness and the Family*]. I was told by a Regional Hospital Board committee that while they had the highest regard for what I was doing they felt it would be in my own interests if I sought a research appointment rather than a clinical one.

Esterson’s removal from clinical to private practice as an existential psychoanalyst and family therapist, and Laing’s move away from mainstream psychiatry, signalled a change in direction for

both individuals as they were beginning to envision their research anew, outside the conventions of the medical establishment. Esterson was mesmerized by many of the families encountered in the research conducted on families of 'schizophrenics', leading him to continue thinking and producing work on both the individual families and the puzzles that they had presented to him.¹⁶

New paths lay ahead for the men, built upon the foundations of the family research. Important notions about tracing 'schizophrenia' out of the asylum and into a host of different spaces came through strongly in the research for *Sanity, Madness and the Family*, resonating with Laing's previous thinking on the results of the 'Rumpus Room' experiment. Questions remained over this 'post-asylum' vision, but Laing and Esterson began to think more clearly than ever about the prospect of creating 'better' spaces for individuals with mental health problems and where these people could possibly be 'treated'. Around the same time as Laing and Esterson were pursuing funding for their study into 'normal' families, they drafted an application to The Foundation's Fund For Research In Psychiatry for funds to support a vision of 'a centre' in which the hypothesis that schizophrenia is 'much less of an organic illness ... than a reaction to social stress of a particular kind' (Laing and Esterson, 1964b: 1) could be researched. This space was imagined by the authors to be 'a place of refuge for persons who have already disintegrated' (p. 2), and it would use methods of treatment such as family therapy in preference to physical treatments. The aim of this 'fictional' place, inspired by the previous work on the family and also by Laing's maturing vision of true 'asylum',¹⁷ was to allow the type of therapy to be matched to the personal and complex conditions as experienced by the individual: 'in other words, unlike a mental hospital or similar institution, the social milieu will be adapted to the patient, and not the patient to the milieu' (p. 2). The centre was arguably important, not only because of the alternative therapies that it could offer, but also because of the particular approach to 'illness' that it could take. Due to their awareness of different family dynamics from their previous studies, Laing and Esterson aimed to make this centre a place which could provide 'a benign social matrix for persons with breakdowns to live in and work from, while taking part in individual and family therapeutic sessions' (p. 2). This application, as well as again highlighting their spatial sensitivities to aspects of mental health care, signalled a significant step in their investigations as it was a model whose very conceptual foundations formed a larger project entitled The Philadelphia Association which attempted to bring this vision of 'asylum' to life.

Creating places of experimental mental health care

The Philadelphia Association (PA) was founded officially in 1965, by Laing, Esterson, David Cooper, John Heaton, Clancy Sigal, Sidney Briskin, Raymond Blake and Joan Cunnold (Itten, 2005: 2). This diverse mix of psychiatrists, therapists, medical staff and artists all believed in the need for a change to the way that mental illness was being seen and treated in society. The main aim of The PA was to set up household communities, hence 'homes' on the scale of the domestic homes previously researched, that could be 'places of sanctuary, asylum, refuge, dwelling' and also a vehicle to 'change the way the "facts" of "mental health" and "mental illness" are seen by many people' (PA, 1971–1984). These household communities were designed to be dwellings 'where preconceptions are melted down in the direct experience of the wear and tear, agony and joy, excitement and boredom, hope and despair, of living together' (PA, 1971–1984). This notion of co-habiting in a household environment, developed by Laing and Esterson through their recent studies at the Tavistock Clinic but also echoing the premise of the 'Rumpus Room' experiment, became pivotal in the project's approach to therapy, fuelling the notion that by fusing people together in one living environment the patient/doctor boundaries could be broken down. The Association set up a number of household communities throughout London, the most famous being Kingsley Hall, but also including The Archway Community, The Grove, Mayfield Road, and

Portland Road (PA, 1978). When commenting on the houses, Laing revealed that ‘a lot goes on in these eight places. Each place is a world unto itself, with its own drama’ (quoted in Wykert, 1978: 28). The distinctly different nature of each household was formed not only by the physical location and structure of the building itself, but also by the range of people who occupied these spaces.

The vision of The PA was deeply embedded within the need for a physical space that could embody all the conceptions of asylum for which the Association stood, and to put them into practice. Laing and Esterson’s previous imaginings of a ‘centre’ were now beginning to demand a physical presence on the landscape. The homes themselves were visualized as a key entity in the therapeutic process for those who lived within their confines. One former resident noted:

A constant feature of the life style of these houses, is, as we have said the relation to the house itself, as an extension of one’s own body ... Whichever nuances prevails [*sic*], the house tends to be felt as an animated, benign or malevolent life support system. (Laing, Redler and Zeal, 1966–1983¹⁸)

The previous studies conducted on families, coupled to the experience of working with patients in different mental institutions, had left the founders of The PA acutely aware of the need to think fully about the environment to be created for their own project. Adrian Laing (1994: 101) details a private set of encounters that took place behind the closed doors of Laing’s own home in 23 Granville Road, in which a core group of individuals discussed the need to find ‘the place’ in which their ideals of asylum could become a working reality. These Friday night ‘mush meetings’ (p. 101) began in 1963, and were a chance for these key members to share their different imaginings of what ‘the place’, as it was known (Clay, 1996: 121), should and could be.

‘The place’ for Laing had to be somewhere where ‘true’ asylum could be found, and where people were given the opportunity to be with others who attempted to understand their suffering and confusion, reinforcing Laing’s belief that relationships could heal. Esterson envisioned ‘the place’ in a slightly different way as he had previously spent two years in Israel working as a kibbutz doctor, experiencing a democratic community where the patients were in charge of running everything (A Laing, 1994: 102). In a letter to Adrian Laing (1994: 103) about his ideal imagining of ‘the place’, Esterson suggested that it should be ‘a tranquil social setting, with no more structure than was needed to keep people warm and fed (if that was what they wanted) and safe, without intrusion upon them, neither the intrusion of structure, nor the intrusion of other people’s chaos’. For Esterson, the barrier between patients and doctors was one that had to be disintegrated in order for healing to occur, and the setting had to incorporate this aim into its foundations.

One of the core members of ‘the brothers’, a term given to the group by Sigal (A Laing, 1994: 101), had a very clear vision of his ‘place’ and had already made significant steps towards putting it into practice. In 1962 Cooper had created Villa 21, a ward at Shenley Hospital near London for young schizophrenics (Schatzman, 1971: 251; see Wall, 2013). This was a ward where staff were no longer put ‘in charge’ of the ‘patients’ and it was therefore up to the ‘patients’ to decide when they were treated or not, and tellingly Cooper called his project an ‘experiment in anti-psychiatry’ (Schatzman, 1971: 251).¹⁹ After a number of failed attempts to find a place, Briskin offered his own home as a residence in October 1964, and in effect it became the first ‘household’ that the group developed (A Laing, 1994: 103). These different imaginings of what ‘the place’ could be nonetheless drove the group to keep searching for their ideal dwelling that could become the perfect location. This break came in 1965 when the group stumbled upon a community centre in the East End of London called Kingsley Hall, and it was from here that ‘the brothers’ truly began to put their imaginings of ‘the place’ into practice.

London’s East End was devastatingly affected by the Great Depression of the 1920s, with many people reporting that the huge amount of poverty tore the very soul out of a community once

renowned for its vibrancy. Two sisters, Muriel and Dorothy Lester, daughters of a local wealthy engineer, observed this decline and attempted to contribute something to the East End that 'would have both real and practical value and serve as a symbol of their beliefs and commitment' (Attenborough, n.d.); and it was this space that they called Kingsley Hall in memory of their brother. Kingsley Hall was the Lester sisters' attempt to provide the area with a space that could be used for a variety of different functions and could bring a sense of community back into the East End. Kingsley Hall was officially opened in 1923, as 'London's First Children's House' and then reopened as a 'new' Kingsley Hall in 1928 (A Laing, 1994: 104).

For those who inhabited Kingsley Hall during The PA's project, it was a mixed experience, which has been eloquently demonstrated in the recent publication by Dominic Harris entitled *The Residents* (2012). This work documents a number of transcribed memories from residents, visitors, workers and neighbours of the project, powerfully exposing the complex and varied experiences of their time spent in or near the twisting corridors of this experimental 'home'. Some of the occupants had been diagnosed as severely schizophrenic and, as one biographer notes, 'Kingsley Hall was indeed a place with madness at its core' (Clay, 1996: 126). One resident, Francis, called himself a refugee from the Sixth Dimension; another Helen, would consistently cover her face in white make-up, gliding around the house like its ghost (p. 125). Referrals could come from a variety of sources. Many referred themselves while others, 'on the verge of a breakdown, needing to come to somewhere to be looked after, or "on the run" from mental hospitals, came either by discreet referral or of their own accord' (p. 126). For many of these people, Kingsley Hall really was their last chance to attempt to be understood. For some of the residents, it was the ability to find a space permitting them a freedom away from the conventions of society that allowed them to feel more comfortable in expressing themselves without the fear of being misunderstood. For others, it was a place of terror and despair where they were unable to find peace from their ongoing internal struggles (Harris, 2012).

Kingsley Hall, however, fell into difficulty because in many ways it began to fulfil its own prophecy (A Laing, 1994: 106). Throughout the 1960s it became one of the 'in' places to visit with 'artists' in all their guises keen to be part of the revolution that was imagined to be brewing.²⁰ The 'homes' were not only designed as places of refuge, but were also intended to hold seminars, conferences and summer schools that would promote a greater awareness of the different ways in which 'madness' could be understood (PA, 1971–1984); and therefore in many ways 'Kingsley Hall was a site of pedagogic action, a school that prepared its students for a world which did not yet exist but which they, educated as they were in its ways, would help, it was hoped, to create' (Crossley, 1999: 818). Alongside the enormous popularity that Kingsley Hall was gaining within the artistic community, it was becoming increasingly clear that Kingsley Hall, and indeed the name R.D. Laing, was becoming more and more tied to the New Left movement and the term 'anti-psychiatry'. Adrian Laing (1994: 108) noted that:

There was a feeling of revolution about Kingsley Hall. The ideas and the people were so radical that the focal issues created the feeling that Kingsley Hall was the paradigm of psychiatric revolt, itself part of a wider, greater revolt, against the 'old order'. It was all terribly exciting. The philosophy was to find one's true and authentic self, to let go of the preconceived ideas of one's false self as imposed by the family and society at large.

The excitement that was attached to Kingsley Hall, as a revolutionary experiment that might cause a social revolution, could only be sustained for so long, however, as it became clear that the different ideologies present at the beginning of the project continued to play and clash through its happening. Each of the key players pushed for their way of thinking about 'the place' to be dominant,

and in so doing left themselves exposed and weaker to the critics who were literally banging on the Association's doors.²¹ This connection between 'anti-psychiatry' and The PA led to Kingsley Hall being strongly associated as an 'anti-establishment' place that was bound significantly to the New Left, and one that then found it difficult to maintain momentum as the 'counter culture' of the 1960s slipped slowly away.

Kingsley Hall was officially boarded up by The PA in the summer of 1970. By this time the physical building had fallen into disrepair and many of the founders' friendships, including Laing and Esterson's, had been stretched beyond repair. For many, it was the end of an era, since for them Kingsley Hall was their whole world while for others it was a relief finally to see the end of such a troublesome experiment. The spirit of Kingsley Hall nonetheless remains 'alive' in many ways, and is arguably a testament to the true work of Laing and his colleagues.²² For many of the residents, the memories of their time spent in the place and the experiences that they and other residents went through are of uppermost importance in their judging of the success or failure of the project. However, as one former resident poignantly reflected:

Does 'Kingsley-Hall' succeed? An irrelevant question: it does no harm, it does not 'cure'. *It stands silent, peopled by real ghosts; so silent that, given time, given luck, they may hear their own hearts beat and elucidate the rhythm.* (quoted in Schatzman, 1971: 272, original italics)

The PA is still operational in the present day, with many community households continuing to produce spaces where people can come together and attempt to live with others in times of difficulty (Philadelphia Association, 2013). These households may be less obvious to the eye than the grand building of Kingsley Hall, but they exist silently and anonymously in the streets of London, still pursuing the ideal visions of 'a place' discussed during the candle-lit 'mush meetings' of the 1960s, and still questioning the standardized models of 'madness' that are often still too easily taken for granted. For Laing and Esterson the creation of such places was an integral part of their attempts to understand the worlds of individuals experiencing mental health problems, and the continuation of their existence is, for many, a true testament to their legacy.

Conclusions

The schizophrenic is part of a social jigsaw. When the whole jigsaw is put together, then we find his disturbance fits into place within his or her particular social subsystem just as naturally, – comprehensibly – intelligibly, as the psychiatrist fits the network he operates within. (Laing, 1966: 2)

In conjunction with the recent critical and creative assessments of the life and work of Laing, this paper has sought to demonstrate what is revealed when Laing's work into families and experimental spaces of mental health care are examined through a geographical lens. Previous attention given to the 'Rumpus Room' experiment in Gartnavel Hospital has demonstrated the emergence of Laing's approach to researching the social dynamics and interpersonal relations of mental health care. However, by using this work as a pathway to Laing's critical insights into the care of mental health patients, this paper has attempted to push such debates further into a different set of places, sites and spaces. In detailing the continually forming ideas about the spaces of 'madness' and mental health care in Laing and Esterson's work through the project *Sanity, Madness and the Family*, plans for a 'centre' and the eventual formation of The PA and the 'home' of Kingsley Hall, this paper has sought to demonstrate the importance of viewing the experimental therapeutic work of Laing and Esterson through a spatial lens. Their specific focus

on investigating the micro-geographies of families and family homes, in conjunction with their desire to create facilities in which individuals experiencing mental health problems could go outside the traditional hospital setting, led to the emergence of a series of experimental projects – both imaginatively and as physical sites on the landscape – that have yet to receive significant critical attention in the historical literature.

For Laing, the puzzles presented to him through the stories of individuals, such as Anne and Lucie, were ones that haunted his thoughts throughout his professional career and profoundly influenced how he imagined and implemented forms of mental health care. His experiences of the ‘Rumpus Room’ experiment, and the results it implied, led him to set his sights beyond the institutional walls of the mental hospital and back into wider society. The work of Maxwell Jones on ‘therapeutic communities’, although arguably underplayed by Laing (Andrews, 1998: 130–1), was highly influential to his thinking because it highlighted the ‘idea of the therapeutic community and of opening the doors’ (Laing, quoted in Andrews, 1998: 130). These ideas clearly resonate with Laing and Esterson’s conceptualization of a ‘centre’ and the eventual formation of The PA Association. Laing’s desire to enter into the private spaces of home, in order to investigate the intimate interrelations between family members, entailed attentiveness to the time-space situatedness of individuals and their everyday worlds that has yet to be fully examined. The ‘big bad wolves’ that came to light in Lucie’s story could not be separated from the worlds in which they were situated, and it was this intriguing interplay between individuals and their worlds that Laing explored through his studies and which then informed his own experimental investigations. By viewing Laing’s work, and that of his closest colleagues, through a geographical lens, this paper has illuminated a different set of places, sites and spaces for further critical consideration and has signalled their importance in the histories of experimental mental health care.

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Notes

1. For further information about the particularities about this experiment, see Cameron, Laing and McGhie, 1955; Andrews, 1998.
2. Details of this film are taken from a range of 51 films collected in Nichtenhauser et al., 1953b.
3. Esterson was born in Glasgow in 1923 and, after being demobilised from the Royal Navy, entered Glasgow University where he graduated as a Doctor of Medicine in 1951. He worked in general practice until taking up psychiatry in 1954, and between then and 1962 he held a number of appointments in British mental hospitals and psychiatric units. Esterson became disenchanted with the practice of therapy in the National Health Service and he entered private practice in 1962 as an existential psychoanalyst and family therapist. He died, at the age of 75, in 1999.
4. Although both Laing and Esterson wished to conduct the interviews in the home, the majority of the interviews actually took place within the institutions themselves, demonstrating the acute practical difficulties associated with such experimental mental health research.
5. The original language has been retained in all quotes.
6. Miller’s (2008b) discussions around Laing’s use of two different kinds of understanding in his work is important to note here.

7. This is a critical question that permeates throughout text, *Interpersonal Perception* (1966), co-authored by Laing, Phillipson and Lee. The research for this book was conducted during Laing's time at the Tavistock Institute of Human Relations, and centres around the study of married couples. For a more detailed discussion of Laing's connection to existential and phenomenological traditions, see Beveridge, 2011: 101–41.
8. This is potentially problematic as it suggests that Laing may have a critical stance on identities that are 'inauthentic', a difficulty that is inherent in Relph's (1976) distinction between 'authentic' and 'inauthentic' places.
9. Every care was taken to protect the anonymity of the families involved in this research and therefore all names are pseudonyms.
10. Laing and Esterson (1990: 55) noted that they were aware of the inferences to which these observations point in relation to psychoanalytic theory – such as that Mr Blair struggles with his unconscious incestuous feelings towards his daughter – but this is an approach that they chose not to take.
11. Again, the reference to Freudian interpretation is noted by the authors, particularly in reference to 'wolves', but they are clear not to be taken down this track in this case.
12. Three months into Lucie's service, she fell pregnant and Mr Blair refused to have her in the house for one year after he found out and strictly forbade any mention of the whole episode. He also would not allow Mrs Blair to see the child. Curiously, this story is not followed up in Laing and Esterson's investigation.
13. The theme of knots is a recurrent one in Laing's later work and he published a book of poems, *Knots* (1970), in which he portrayed the intricate binds within which people are tied up.
14. This is not to suggest that this was in any way a simple act, for it would have undoubtedly caused immense emotional difficulty for those involved. However, it does highlight that this was the only way in which this particular system of mental health care dealt with such individuals at the time.
15. It is important to note here that families, as well as asylum and psychiatric care more generally, were the focus of anti-psychiatric critique.
16. Esterson followed up one of the case studies, the Danzig family, in a book entitled *The Leaves of Spring: Schizophrenia, Family and Sacrifice* (1972). This work attempted to pick up from where the previous study had left off and to show a much more detailed picture of the different family structures that appeared to the researchers.
17. Notes from the archive reveal Laing's interest in 'asylum' and it is possible to chart this developing of his 'post-asylum' vision through this period; see Laing, 1964.
18. This material is dated 1966–1983 as it consists of a diverse collection of fragmented pieces put together in the archive under the particular project of Kingsley Hall.
19. Laing's work is often regarded as part of a movement which flourished during the 1960s. During this time, in Europe and North America, a varied scepticism towards conventional psychiatric diagnosis, treatment and care was developing; see Miller, 2004. This movement came to be known as 'anti-psychiatry', the term made popular by the British psychiatrist David Cooper in *Psychiatry and Anti-Psychiatry* (1967).
20. Adrian Laing (1994: 108–10) discusses the connection to these feelings of revolution that Kingsley Hall appeared to inspire and the mind-altering substances, the most popular being LSD-25, that were being experimented with by the household. Under the Misuse of Drugs Act 1964 a qualified doctor was entitled to prescribe LSD to patients, so there was nothing illegal about the 'trips' that many of the individuals living in Kingsley Hall were experiencing. However, Laing's personal use of the drug is well documented and, as Adrian Laing (1994: 109) observed, 'there was ... a very thin line between self-indulgence and self-awareness'.
21. Kingsley Hall was reportedly left in a state of disrepair by The PA, and many individuals were demanding their presence be removed from the community; see Harris, 2012.
22. This point is also reflected in Spandler's (2009) discussions of spaces of psychiatric contention through the historical case study of the therapeutic community Paddington Day Hospital.

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