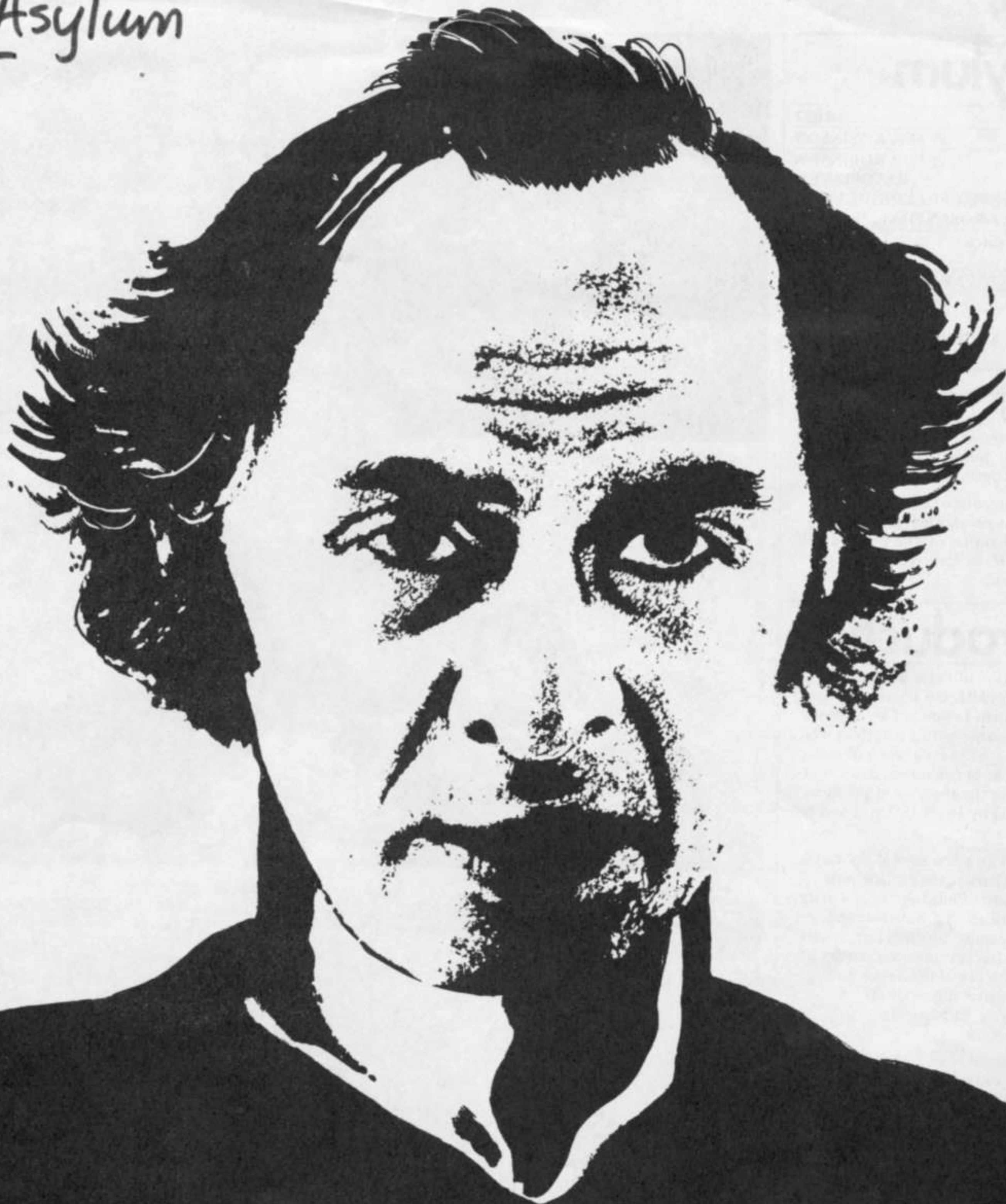


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Asylum

ASYLUM



ASYLUM

A feature-documentary in colour -
an experiment in communal living that
arose from the theory and practice of

R.D. LAING

A film by PETER ROBINSON

the **other** cinema

Asylum

USA 1972
Director PETER ROBINSON
Production PETER ROBINSON ASSOCIATES,
PETER FRELINGHUYSEN,
ARTHUR J. ROSENTHAL, New York
Camera/Editor RICHARD W. ADAMS
With RONALD D. LAING
DR. LEON REDLER
and the inhabitants
of the ARCHWAY COMMUNITY,
LONDON
95 mins Colour 16mm

ASYLUM, "the only thing we have in film that shows what we think works for – well, for people who feel that society is destroying them."

R.D. Laing, one of the most important psychotherapists of our time, and author of *The Divided Self*, *The Politics of Experience*, *Knots*, and others.

Introduction

The location of Peter Robinson's film, ASYLUM, is a small community in north London. Three houses there, together with a fourth in west London, are the outgrowth of an experiment in communal living that arose from the theory and practice conducted by Dr. R.D. Laing and his colleagues.

In 1964 Laing and several associates set up a charity, the Philadelphia Association ('Philadelphia' not after the American city, but from the Greek meaning brotherly or sisterly love). Extracts from their articles of association reveal the desire "to relieve mental illness of all descriptions, in particular schizophrenia.

"To undertake, or further research into the causes of mental illness, the means of its detection and prevention, and its treatment.

"To provide, or further, the provision of residential accommodation for persons suffering or who have suffered from mental illness ...

"To promote and organise training in the treatment of schizophrenia and other forms of mental illness."

In 1969, they report, the notion of schizophrenia as anything other than disease was quite recent. The view that 'schizophrenia' had to do with communication was fairly new; expectedly, it was coming not from the medical profession, but from the social scientists, sociologists, psychiatrists, anthropologists and others.

The medical model, they wrote: "pre-defines any field to which it is applied in its own terms, namely, diagnosis, prognosis, treatment, remission of symptoms and signs, cure of illness, relapse, etc." If you place a sequence of behaviour within the medical context, you will then, necessarily, see that behaviour within the terms of that context. It's something like that curious figure Laing included in his book, *The Divided Self*. If you place the figure



within the context 'human beings', you will see the silhouettes of two faces; if you place it within the context of 'objects' you will see a vase. If you place certain behaviour within the context of the medical model you will see schizophrenia; if you place that same piece or sequence within the context of ? then you will see ?

Kingsley Hall was an answer to the question of context. A range of social scientists were approaching the view that phenomena classified as 'schizophrenic' often, if not always, occurred within a field of complexly contradictory communication. Kingsley Hall, then, was a first attempt at such a context within which the contradictions in communication could be explored. More than that it proved to be "a melting pot . . .

"With no staff, patients, or institutional procedures, no resident has given another tranquillisers or sedatives. Behaviour is feasible there which is intolerable in most other places.

"People get up or stay in bed as they wish, eat what they want when they want, stay alone or be with others and generally make their own rules. Everyone has his or her own room. It is a place where people can be together and let each other be.

"There have been no suicides."

None of which may be particularly striking until one remembers that many of the people had been, and many others could be, as it were, chronically insane.

What is seen, instead of insanity, is estimated in an interim report issued in late 1972. Of the four households it is written: "For some they are genuine asylums, secure places of refuge. For all who live there, whatever their roles elsewhere have been or are (whether medical student, psychiatrist, patient, psychologist, social worker, etc.), these dwellings are crucibles where preconceptions are melted down in the direct experience of the wear and tear, agony and job, of living together.

"From participation in this venture a hitherto only tentatively glimpsed and hoped for strength and comfort has emerged."

What also emerges is that it is remarkable anything emerged. With the most meagre financial resources (they were lucky enough to rent Kingsley Hall for a nominal shilling a year) the project began. It has continued in physical surroundings that often were and are appalling. Lack of money has proven a near constant source of frustration and discomfort. The houses of ASYLUM were rented very cheaply from the London council; they were cheap because they were condemned — and shortly destroyed. The 'community' is constantly on the move.

In the early years the social context was impoverished as well. There was a dearth of support from the medical field, and neighbours reacted predictably, returning home, say, to discover a strange young man, seated in their kitchen, calmly and silently

having tea. Kingsley Hall was repeatedly stoned by neighbourhood youths.

In spite of being hampered by lack of funds, and the initial scarcity of social and medical support, the position looks good even in the respected idiom of statistics. Of the 255 people who lived in the houses until September 1972, roughly two-thirds (164) has been labelled 'mad'. 100 of them had already been in mental hospital; of those, 7% returned to hospital from the households, 11% returned after leaving, and 82% did not find it necessary to return to hospital at all.

As for the 91 who came to the community without having already been labelled in the medical model, it is reported that "no one who had not been in a mental hospital before went to one during or after their stay".

As the foundations were cast, then, the first few years reflect not only the agony and job of the crucible, but also the strength of its outpouring.

Kingsley Hall is now referred to as 'celebrated': many requests each week are received by houses that can accommodate two dozen at best. No one has been turned away because he or she lacked money, yet many have been turned away because the Association lacked the money to provide the accommodation and attention that many are seeking.

In response to demand by students and professionals the Association now conducts both long and short term training through seminars and study groups.

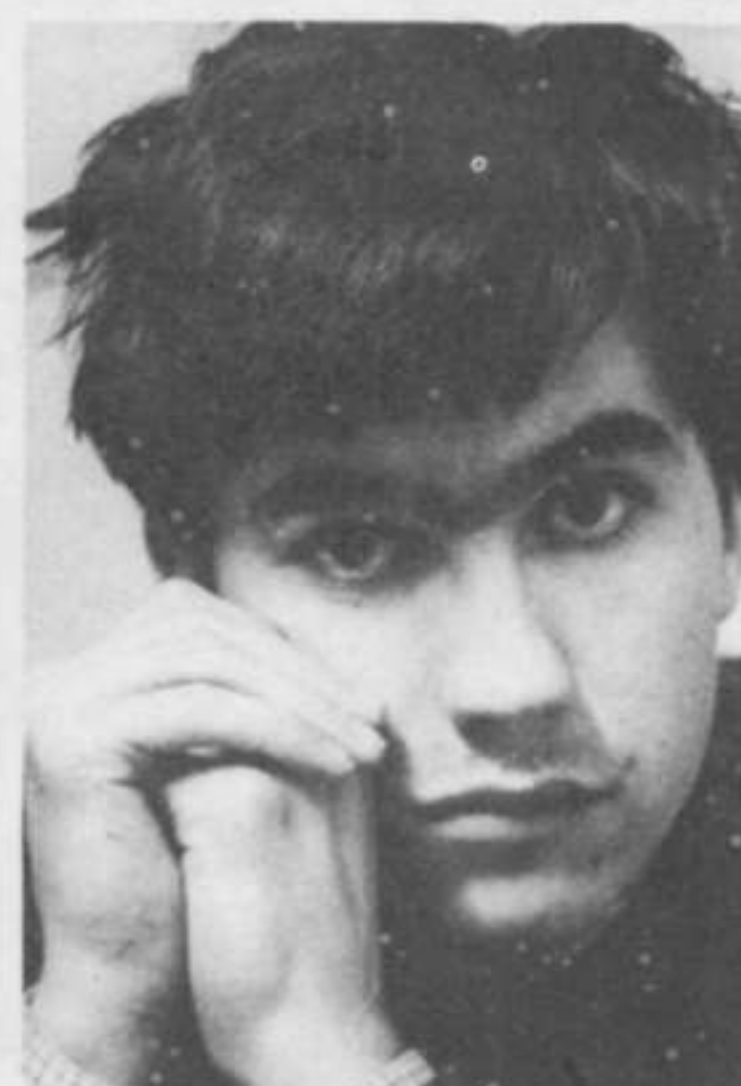
Having grown beyond the embryonic stage, the financial problem is acute. Many of the people seeking a refuge have little or no money, and are not in a state of mind to get any. Money is needed to subsidise them, as well as to train those who render asylum. And, in particular, money is mostly needed to purchase permanent places of residence, houses that are themselves safe from destruction.

To this end, it is hoped, the film, ASYLUM, may serve. The Philadelphia Association has not previously made a broadly based appeal for funds. Now it plans to. Anyone who sees the film sees not only what his donation would contribute to, but also what it would alleviate.

It is unusual to walk away from the film untouched. On the front of the 1972 Philadelphia Association report their stand the words of Revelations, third chapter, eighth verse: "... I have set before thee an open door, and no man can shut it."

MICHAEL YOCUM, London

MICHAEL YOCUM is a psychotherapist training and studying with the Philadelphia Association. He lived in Kingsley Hall and the Archway households from 1969-1972. At present, in addition to his practice and study he is assisting Dr. Leon Redler in editing a book on the Kingsley Hall - Archway project.



PETER ROBINSON worked before the first world war in various theatres in Cardiff, Liverpool, London and finally in New York. During the war he has a fighter pilot for the RAF. After 1945 he devoted himself to painting. He only started to shoot films in 1963. Amongst other things he has produced a sequence of story films. He was in Brazil for UNESCO to study the use of film and TV in Latin American schools. He was also involved in preparations for *SESAME STREET*.

PETER ROBINSON: LOOKING AT LAING by Steve Waugh

"I had a girlfriend when I was sixteen who became schizophrenic and so I thought I'd read Freud to find out what had happened. I never did find out. I read quite a lot of Freud, but I never saw any connection between what he was talking about and what I was aware of in myself.

"I was over fifty before I came across *The Divided Self*, and I was completely bowled over, because here was a guy who seemed to be writing to me about stuff that I felt. I was immensely impressed, and I wrote to him."

Jamie is a teenage boy who has been living in the Archway Community among some colleagues of Laing's and some former mental patients. His father decides to come and take him away. After we meet the father, we need no Freud to understand why Jamie is 'crazy'.

The father is the most normal man in *ASYLUM*. We watch him arrange the details of Jamie's life behind his back, first a new chest of drawers, and then a woman. 'Now there's one other thing I've arranged,' he begins. 'I thought it was time that Jamie had a female friend ... I've found a girl, she may be calling here to take him out to the zoo ... build up his ego.' And then adds that he wants it to seem accidental. 'I don't want him to think that it's all been arranged.'

It is the only moment of premeditated guile in the whole movie.

Most of *ASYLUM* is purposefully unthought out, by both the residents and the filmmakers and this lack of pretension pervades the film.

The frame is always crowded with soda cans and books, plates of food, dirty dishes and the sayings written on the walls ("Faith Full Yet With Beast" and "Leon has a good brain"), the effluvia of life in the Community. The technique seems sloppy, with the sound man and Robinson himself constantly slipping into the frame, until we realise that they are not just slipping in. They have become a part of the film because they have become a part of the Community.

"The most remarkable aspect of living there," said Peter, "was the relationship that developed almost immediately with almost everyone in the place. Everyone felt themselves to be in an atmosphere in which it was proper and fair and desirable to uncover oneself and speak openly."

One of the things that Laing suggested was that *schizophrenese* (the sort of lingo that schizophrenics talk in for



the purpose of keeping their listeners at a distance) was a language that he's heard enough of so that he got the clues and he understood pretty well what was being said. And he suggested that we might get together with a couple of dyed-in-the-wool, genuine, 100%, schizophrenics who might talk with him, and he might interpret for the camera what they were actually saying, and ask them at the same time if they thought that his interpretation was fair. Because, he said, 'There isn't one of them that can't understand plain English, but they just don't like to talk it, because it opens them up too much.'

"So we settled on the idea of simply going and living in the Archway Community, and doing our best to report the life that was led there as fairly as we could."

There are other visitors to the Archway Community. One is a medical student from 'the States'. He seems to be having a hard time. He complains to the camera that he feels that he isn't communicating with David, one of the residents. But David's *schizophrenese* answer is perfectly clear to all of us as he raps a casserole cover and then raps the head of another resident, explaining to the medical student, 'There is a difference.'

Later another American, this one a shrink, complains that David has been hitting him. David's reply is again quite clear. 'Those who live in glass houses shouldn't throw stones', he tells the American psychiatrist.

... No one lives in the Archway Community as therapist, no one as patient. The important thing, says Laing in the film, is that there be

'a few people around who have got themselves enough together so that they don't feel they have to help other people who are not wanting the help, and are willing to help when it is wanted'. The only rule is that everyone pay his rent each week, because no one supports the community ...

... Because Peter hadn't the slightest idea what it was going to consist of when he started shooting it, *ASYLUM* presents no slick advertisement for Laing but a painfully real documentary experience ... residents getting 'better' and relapsing. The reality of painful confrontations, down to the long, last confrontation with David, in which he is made to face pure reality ...

Reviews

"Beautifully done ... the first and only feature film to be sanctioned by Laing ..."

Howard Smith,
THE VILLAGE VOICE

"... there are some tense moments, and they are explored but not exploited by this enterprising but humanly decent film."

Roger Greenspun,
NEW YORK TIMES

ASYLUM ... "is really a *communique* from some other, unexplored sub-continent of the soul ... sucks one in totally with its eloquence, giving ... form, sound and substances to individual anguish ... an excruciating experience ... its audience may be too stunned to speak up ... its creator and R.D. Laing ... are not 'anti-psychiatric'. They are pro-human."

PSYCHIATRIC NEWS

4p # 26865
"... almost terrifyingly involving ... Barely has a movie screening ever seemed such an important intellectual event." Martin Knelman,
TORONTO GLOBE & MAIL

Also

Peter Robinson has also made two short films which consist of conversations with R.D. Laing ... The films were shot in Dr. Laing's house in London, with the garden and the sounds of the city, of his household and of his three year old son's voice in the background. (His son appears briefly in one film.)

Breathing and Running

Director	PETER ROBINSON	
18 mins	Colour	16mm

Taking stock of himself one summer's day some years ago, Dr. Laing noticed that his left nostril was not 'working'. That observation led him into self-analysis, to break the mental bonds he'd been tied up since before he could remember. The process helped him to see connections between his experience of being born, taking up track, (he used to run the mile) and the asthma that attacked him as a young man. How he is freeing himself, bit by bit, tells us how we might start to free ourselves.

Psychiatry and Violence

Director	PETER ROBINSON	
23 mins	Colour	16mm

Dr. Laing sees psychiatry as an extremely violent branch of medicine. He compares psychiatry and the search for mental 'illness' with the Inquisition and the search for witchcraft. He recalls the first case of schizophrenia and the 'non-injurious' torture that was used to treat it in those days ... and still is, he says. He talks about his relation to 'the revolution' ... and other things.

Friends of the Philadelphia Association

THE PHILADELPHIA ASSOCIATION (a registered Charity) Chairman: R. D. Laing invite you to become a Friend of the Philadelphia Association. You can do so by donating £10 for one year/£40 for five years. Friends of the Philadelphia Association receive the Association's Newsletter. Please send your donations to:
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W11 4LQ

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