

People and places

Ronald David Laing 1927–1989: an appreciation

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It is unarguable that R. D. Laing was the best-known and, certainly outside mainstream psychiatry, the most influential psychiatrist of his time. His ideas have continued to exercise an astonishing appeal to writers, film directors, sociologists and philosophers. He epitomised for many the so-called anti-psychiatry movement and its portrayal of psychiatrists as agents of social control, psychiatric institutions as centres of degradation and psychiatric treatment as a process of invalidation. His rolling Glaswegian rhetoric summoned forth once again the compelling romantic concept of the psychotically ill as bearers of a potent insight into the fallibility, the malevolence and the violence at the heart of the human condition. He was, as his old teacher, and fellow-psychiatrist and Scot, Morris Carstairs, observed in a review in the *Times Literary Supplement* in 1976, "a guru of our time". Now that he is no longer with us, how will time remember him?

It is 30 years since the appearance of his first and in the view of some, his greatest book, *The Divided Self*. In the preface to the first edition, Laing acknowledged his debt to the phenomenologists Jaspers and Binswanger and the existentialists Kierkegaard, Heidegger and Sartre. He declared that the purpose of the book was "to give in plain English an account, in existential terms, of some forms of madness". He had completed his basic psychiatric training in Glasgow and was working at the Tavistock Clinic. He was still sufficiently close to British psychiatric orthodoxy to express thanks in the preface to several psychiatric colleagues for their "constructive" criticisms and gratitude for "the facilities they provided for the clinical basis for this study and the encouragement they gave me". Two subsequent books, *Self and Others* (1961) and *Sanity, Madness and the Family* (1964) developed his ideas concerning the impact of interpersonal misunderstandings, misattributions and misperceptions on human relationships. In contrast to the work of others at that time, such as Lidz and Wynne in the United States, and Brown and Wing in the UK, Laing and his colleagues were content to root their analyses in subjective observations and clinical anecdotes, and eschewed such attempts at objectivity as the coding of transcripts, the checking of rater reliability and the standardisation of

rating procedures. However, it is evident from reviews of Laing's work at that time that his penchant for the personal, the interpretative and the intuitive did not distance him from the psychiatric establishment. The early 1960s were a time when the social and familial aspects of major psychiatric disorder were coming under intense scrutiny. Laing's contribution, while idiosyncratic and unusually philosophically-grounded, was, in the main, welcomed.

But the seeds of a breach were already identifiable and they related to the issue of cause. Whereas Wynne, for example, was prepared to admit that

"theoretically the links we have found between parental patterns and the offspring's illness could alternatively come about through either hereditary transmission or learning experience, either parental learning or learning on the part of the child."

Laing was moving towards the position which construed the family and distorted family communications and power politics as the prime causal agent of disorders such as schizophrenia. With the publication in 1967 of the apocalyptic *The Politics of Experience* and *The Bird of Paradise*, the gulf had become unbridgeable. Laing's vision encompassed a world in which we were all "victims burning at the stake, signalling through the flames" and in which the family had become crucially identified as the prime agent of repression.

"From the moment of birth, when the stone age baby confronts the twentieth-century mother, the baby is subjected to those forces of violence called love, as its mother and father have been, and their parents and their parents before them. These forces are mainly concerned with destroying most of its potentialities. The enterprise is on the whole successful. By the time the new human being is fifteen or so, we are left with a being like ourselves. A half-crazed creature more or less adjusted to a mad world. This is normality in our present world."

Not surprisingly, such views endeared him to the post-war student generation, increasingly cynical of power, technology, paternalism and convention. They were even more gripped by the powerful polemic, passionately delivered by Laing at conferences and workshops throughout the latter half of the 1960s in which he grouped the psychotic patient

with the criminal, the racial outcast and the political dissident in a coalition of oppressed bearers of an authentic statement concerning the human condition. While he was subsequently to insist with vigour that he had never espoused an anti-family nor an anti-psychiatric stance, his portrayal of psychosis was as a state through which individuals could voyage to self-discovery. This view which under-pinned much of his work relating to the Kingsley Hall and Philadelphia Association community developments at that time, endeared him to those who vehemently opposed physical treatments in psychiatry and regarded psychiatric hospitals as instruments of oppression. His name became bracketed with Thomas Szasz despite their diametrically opposed ideological and philosophical conceptions of mental illness.

As the frenetic '60s gave way to the more sober '70s, Laing became more introspective. Following periods in Ceylon and India, he published *The Facts of Life* (1976) in which he explored the notion that in adult life we are haunted by, and struggle to re-enact, our conception, foetal life, birth and the loss of the placenta and the cord and he made a fiercely polemical film attacking obstetrical practice of the time. His work had become a philosophical and personal meditation on the issues of identity, truth and love. He was no longer talking about the people who came to him in trouble. He was talking about himself.

It was, therefore, inevitable that he should set to work on his autobiography, the first (and now sadly the only) volume of which was published in 1985 under the title, *Wisdom, Madness and Folly*. It is a book, like so many of the books he wrote, that is personal, polemical, maddening, sweeping, passionate, disturbing and mandatory reading for anyone who is or intends to be a doctor. At its conclusion Laing restated a credo which links his last published opus with his first, his belief that there is a terrible split at the very heart of medicine, a division between the subjective and the objective, the intuitive and the rational, the involved and the detached, the human and the mechanical. Psychiatry, he wrote,

"tries to be as scientific, impersonal and objective as possible towards what is most personal and subjective. The disordered suffering treated by psychiatrists has to do

with what are our most personal and private thoughts and desires. No other branch of medicine has to contend with this domain so much. Nothing whatever in Western medical training exists to adapt students and young doctors to integrate the personal aspect into clinical theory and practice. The result is that when doctors are faced with this inner suffering, they are disoriented, insofar as they refer themselves back to their conventional training for orientation."

It is for this sense of outrage at the heartlessness he identified in much of the practice of medicine, the disavowal of human emotions and the seeming desire to reduce the complexity and the subjectivity of human suffering to a collection of malfunctioning organs and systems that R. D. Laing will be remembered as much as for his demystification of madness, his demolition of the barrier between the mad and the sane and his imaginative interpretations of psychotic communication and behaviour. He came to psychiatry, as he said himself, because it was the one area of medicine in which an attempt was still being made to keep body and mind together, and through the compelling and persuasive nature of his writings, he brought many other future psychiatrists to the field.

That, on occasion, he exaggerated, simplified, distorted, moralised and even misrepresented should not be denied. Some, particularly relatives of the mentally ill, may find it hard to forgive him for contributing to a climate in which they felt stigmatised as the creators of the psychological afflictions that sometimes only they were prepared to manage. Some psychiatrists remain contemptuous of his writings and bitter over his tendency to portray them as thought police and agents of repression and conformity. He was certainly not without flaw but, to his enduring credit, never for one moment pretended to be.

Whatever his ultimate legacy, I feel confident that, for some time to come, when people reach for a book which will help them understand what being in the throes of a severe mental illness might be like they will not reach for one of the many weighty, researched and solid texts currently available, but for one of Laing's personal, passionately written and polemical books. He did what no other succeeded in doing in this era of mass communication. He gave a voice to madness. For that he shall be remembered.