# R. D. Laing revisited*

*Allan Beveridge*

In Scotland's National Portrait Gallery, there hangs the only portrait of a 20th century Scottish psychiatrist to have been commissioned by this pantheon to the country's great and good. The subject of the painting is, of course, R. D. Laing, who was not only Scotland's most famous psychiatrist, but, for a brief period in the 1960s and early 1970s, the most famous psychiatrist in the world. He was the world's first media psychiatrist, and his books sold in millions and were translated into more than 20 languages.

As we approach Laing in the 1990s, there are still deeply divided opinions as to his worth. One view, mainly held by psychiatrists, is that he enjoyed a fashionable notoriety in the 1960s when peddling anti-establishment opinions, but that his views on schizophrenia were dangerous nonsense, which encouraged patients to stop their medication, and which created the impression that the family was somehow to blame for the condition.

The recent triumphal march of biological psychiatry, with its emphasis on genetics and physical treatment, is seen as rendering his writing largely irrelevant. In tandem, the spectacular alcohol and drug-fuelled decline of his later years is taken as confirmation that his work was the product of an unstable charlatan.

The alternative view, mainly held by non-psychiatrists, is that Laing championed the cause of the mentally ill. In opposition to the impersonal empire of orthodox psychiatry, with its drugs and electroconvulsive therapy, its large and forbidding mental hospitals, and its belief that the 'mad' were incomprehensible and inaccessible, Laing brought humanity to the subject. He demonstrated that the mad were people too, and that their utterances could be understood. His subsequent demonisation by traditional psychiatry is taken, according to this view, as evidence that psychiatry is irredeemably wedded to a biological model of mental illness.

What sense can we make of these conflicting views? Should we, as psychiatrists, even bother to make sense of them. There are two reasons, I think, why we should reconsider R. D. Laing. First, there has recently been a resurgence of interest in him. In the past three years there have been no less than six books about him. These include: three biographies (Laing, 1994, Burston, 1996, Clay, 1996); a critique of his theories (Kotowicz, 1996); a compilation of personal reminiscences by his many acquaintances and colleagues (Mullan, 1997); and the transcripts of a series of wide-ranging interviews he gave in his final years (Mullan, 1995).

Second, since he died, one of his most trenchant critics, Anthony Clare (1980), who debunked many of Laing's theories in his *Psychiatry in Dissent*, has, in a number of articles, adopted a more sympathetic line. While recognising Laing's failings, both as a person and as a thinker, Clare (1997) writes:

> "Yet the fact remains that this complicated, contradictory, agonised and spiritually tortured man exacted a formidable effect on British and on world psychiatry. He dragged psychiatric illness and those who suffered from it right on to the front cover of newspapers and magazines where they have remained ever since and he gave the most powerful and eloquent voice to those who until then had been mute in their isolation."

I would like to reconsider the life and work of R. D. Laing. Before doing so, it is worth identifying the key ideas associated with his name. These are:

(a) The experience of psychosis is understandable. Existential philosophy enables us to enter the world of the sufferer, (Laing, 1960: *The Divided Self*).
(b) Psychosis makes sense if one considers it in the context of disturbed family communication (Laing & Esterson, 1964: *Sanity, Madness and the Family*).
(c) Insanity is a legitimate response to so-called 'sane' society. In effect, society is sick (Laing, 1967: *The Politics of Experience and the Bird of Paradise*).
(d) Madness is a journey of self discovery, which can bring spiritual enlightenment (Laing, 1967: *The Politics of Experience and the Bird of Paradise*).

## Biography

Ronald David Laing was born on the 7 October 1927, at 21 Ardbeg Street in Glasgow. He was an

*Based on a paper delivered to the Royal College of Psychiatrists, Scottish Division, Winter Meeting, Edinburgh, 5 December 1997.



*Psychiatric Bulletin* (1998), **22**, 452–456

only child, born some 10 years after his parents married, and, so they very curiously claimed, long after they had stopped having sexual intercourse. His mother, Amelia, managed to conceal her pregnancy until the very day of delivery, suggesting prudery, shame or a perverse need to keep others in the dark (Burston, 1996).

Ronald had a troubled relationship with his mother, who seems to have lacked affection for him. She made up stories to provoke discord in the family, and was prone to extravagant suspicions and bouts of jealousy. When Ronald was five, he became very fond of a little wooden horse. His mother had the toy burned, saying the boy was getting too attached to it.

Years later, Laing recalled, his mother was scandalised by seeing the word 'fuck' in one of his books and started the practice of sticking pins into an effigy of her son, called a "Ronald doll", with the express aim of inducing a heart attack (Burston, 1996). Was Laing's mother 'mad'? The answer would seem to be yes. Two of Laing's medical friends told the biographer Daniel Burston that they considered that she had a psychotic illness.

Laing's relationship with his father was more positive. David Laing was an electrical engineer with Glasgow Corporation, and he and Ronald shared a passion for music. When Laing entered medical school, his father suffered a depressive breakdown, brought on by religious doubts. Laing provided psychological support to his father during this time, and he was later to comment that his father was his first patient. In old age, David Laing developed a dementing illness and spent the last years of his life in Leverndale Hospital.

Laing was a clever child, and his parents were ambitious that he do well. He was enrolled at Hutcheson's Boys Grammar school, where he excelled in the humanities, and where he was a model pupil. A precocious youth, he extended his knowledge by voraciously reading his way through the collection of the local Govanhill public library. By the age of 15, he had read Voltaire, Marx, Nietzsche, Kierkegaard and Freud. It was not all intellectual enquiry, however. The psychoanalyst, Dr James Templeton, who was at school with Laing recalls:

> "At an early age we both became involved in the Scripture Union . . . When we were about 15 and beginning to have our doubts about all this evangelical stuff, we received a circular from the Scripture Union which pointed out that during the past year there had been something like 345 indecent portrayals of women in the cinema. Ronnie and I decided that we were missing out on the really important things in life and we resigned from the Scripture Union (Quoted in Burston, 1996)".

Laing left Hutcheson's in 1945 to study medicine at Glasgow University. During this period he had a wide circle of friends and, alongside his medical studies, he continued his exploration of philosophy, literature and music, as well as drinking and meeting women. Laing however failed all his final examinations, which he later attributed to upsetting the medical establishment. As he wrote:

> "I've often wondered whether my failure might have had something to do with our Final Year Dinner, when, sitting with the professors at the top of the table, as an after dinner speaker, I drank too much whiskey, claret and port, and expressed far too candidly what I felt about a few things in medicine" (Laing, 1985).

However, the reason for his failure seems to have been more prosaic. As a result of all his extra-curricular activities, he simply did not devote enough time to his studies.

Laing graduated six months later in 1951 at the age of 24. He began work at the Glasgow and West of Scotland neurosurgical unit at Killearn, near Loch Lomond, where he met Joe Schorstein, a leading neurosurgeon, whom Laing (1985) was later to describe as 'my spiritual father'. Schorstein, the son of a Viennese rabbi, was immersed in European philosophy and helped to further Laing's knowledge of continental thinkers. Schorstein and Laing were part of a philosophical discussion group which met regularly in Glasgow.

In fact Laing's time in Glasgow was crucial to his later intellectual development, but this has usually been ignored by commentators, who have been surprised that the early Laing was so well versed in Continental philosophy, coming as he did from that provincial outpost of civilisation, the West of Scotland. In their book, *The Eclipse of Scottish Culture*, Beveridge & Turnbull (1989) have pointed out that, during this period, there was, in fact, a thriving philosophical tradition at Glasgow, to which Laing had been exposed.

This tradition concerned itself with European existentialist thought, and with the related Scottish school known as the 'personalists'. In fact Laing's (1960) first book, *The Divided Self*, makes specific mention of one of the leading Scottish personalist philosophers, John MacMurray, who argued that the techniques of natural science were inappropriate to the study of people.

Laing next planned to study with Karl Jaspers, the author of the monumental *General Psychopathology*, and with whom he had corresponded, but army service was then compulsory. The authorities decreed that he should work in a British Army psychiatric unit in England, which is where he served until 1953. He recalls that staff were under strict instructions not to talk to psychotic patients:

"You must not let a schizophrenic talk to you. It aggravates the psychotic process. It is like promoting a haemorrhage in a haemophiliac or giving a laxative to someone with diarrhoea. It inflames the brain and fans the psychosis" (Laing, 1985).

Indeed, British psychiatry at this time was characterised by a strongly somaticist approach to mental illness, and there was widespread use of insulin coma therapy, electroconvulsive therapy and lobotomies. Laing's first civilian posting was at Gartnavel Royal Hospital, whose superintendent was the humane if eccentric Angus MacNiven. MacNiven took a sceptical view of the newly-emerging physical treatments, and staff at Gartnavel during this period were open to alternative social models of therapy.

It was here that Laing, along with his colleagues, McGhie and Cameron, conducted what has come to be known as the Rumpus Room experiment (Cameron *et al*, 1955). The back wards of Gartnavel were overcrowded and understaffed, and Laing and his colleagues wondered to what extent the behaviour of the patients, most of whom suffered from schizophrenia, was the product of their environment.

Laing and his colleagues persuaded Dr MacNiven to let them have a large comfortably-furnished room, and to allow 12 of the most intractable patients to stay there for an extended period. The nurse-to-patient ratio was increased, and the atmosphere was generally more relaxed. After 18 months in this new environment, all 12 patients were so improved that they were discharged.

One year later, however, they were all back. Some of Laing's colleagues argued that this demonstrated that schizophrenia was a lifelong condition, only partially ameliorated by environmental manipulation. Laing, in contrast, maintained that there was something wrong with the social environment outside the hospital.

Laing's clinical experiences at Gartnavel formed the basis of his first book, *The Divided Self*, which he was writing while still a registrar. Laing's avowed aim was "to make madness, and the process of going mad comprehensible". This he attempted to do by drawing on the work of existentialist philosophers, such as Kierkegaard, Sartre and Buber, and writers, such as Franz Kafka and William Blake. Laing maintained that the medical model, with its notion that the patient was a faulty biological mechanism, served to dehumanise the patient.

A key passage from the book highlights Laing's approach. He quotes an extract from Kraepelin, in which the German professor describes presenting a patient, suffering from schizophrenia, to a medical class. Kraepelin gives a detailed account of the patient's speech and behaviour, and concludes that the patient's interactions are incomprehensible. In other words, he demonstrates the signs and symptoms of schizophrenia.

In contrast, Laing sought to make sense of the patient's presentation. He suggests that the patient was objecting to being exhibited in a lecture hall by Kraepelin, and that his responses could be understood if this was taken into account. As Laing (1960) writes:

"Now it seems clear that this patient's behaviour can be seen in at least two ways . . . One may see his behaviour as 'signs' of a 'disease'; one may see his behaviour as expressive of his existence".

*The Divided Self* appeared in 1960 after Laing had moved to London to take up analytic training at the Tavistock Clinic. It remains his most popular book and ushered in his media career, which soared in the 1960s. During this period he was at his most prolific. In 1961, *Self and Others* (Laing, 1961) appeared, which examined the interpersonal aspects of madness.

His 1964 book, *Sanity, Madness and the Family* (Laing & Esterson, 1964) sought to understand the speech and behaviour of patients suffering from schizophrenia in the context of disturbed family communications. Although he later denied that he had ever said that the family caused schizophrenia, this book and his subsequent pronouncements, created a climate, that still lingers on today, in which relatives were seen as responsible for the patient's breakdown. In addition the book was viewed poorly by academic psychiatrists, who complained that there was no control group, and that the author and his colleague had relied on their subjective impressions of the families they interviewed, rather than using standardised rating procedures.

Laing's estrangement from mainstream psychiatry was completed in 1967 with the publication of the apocalyptic *The Politics of Experience and The Bird of Paradise* (Laing, 1967). In a stirring and grandiloquent polemic, Laing wrote:

"From the moment of birth, when the stone-age baby confronts the twentieth-century mother, the baby is subjected to these 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" (Laing, 1967).

It was clear that, by this stage, Laing was playing to the counter-culture gallery of the 1960s. He was, by now, on what Peter Sedgwick (1982) has dubbed "the Radical Trip". Laing's views struck a chord with the post-war student generation, especially in America, where the book was a campus bestseller. Laing himself was an enormous draw at lectures and conferences

throughout the latter half of the 1960s. In his talks, he grouped the psychotic patient with the criminal and the political dissident in a coalition of oppressed bearers of an authentic statement about the human condition (Clare, 1990).

In *The Politics of Experience and the Bird of Paradise*, Laing also portrayed madness as a voyage of self-discovery, that could lead to spiritual enlightenment for the traveller. This chimed with the ethos of the counter-culture, and had literary antecedents in the Romantics. However it did not play well with mainstream psychiatry, who saw it as dangerously glamourising mental disorder. Although *The Politics of Experience and The Bird of Paradise* enjoyed a great vogue at the time, it ultimately served to greatly weaken Laing's reputation as a serious commentator on mental illness.

During this period, Laing also set up Kingsley Hall, in London, as a refuge for the mentally distressed who did not wish drugs or hospitalisation. It was underpinned by the philosophy that madness was a potentially self-healing voyage, and that if sufferers were provided with a supportive enough environment, free from coercion or medical intervention, they would emerge recovered.

Clancy Sigal (1976), an American writer, who spent time at Kingsley hall, wrote a fictitious and humorous account of his experience there in a novel entitled, *Zone of the Interior*. Laing appears as Dr Willie Last, a pun on whether Laing's reputation would survive. Although exaggerated, this extract captures something of the way mental illness was idealised at Kingsley Hall, which Sigal renamed 'the Manor':

> "Originally, Last had taught me that madness was a comprehensible, but definitely psychotic response to invalidation. By subtler stages it had become something else, a kind of supersanity implicitly superior to the alienation that normals called normality. Indeed, anyone at the Manor who wasn't totally off his chump was treated as a second class citizen. So the competition was to go as crazy as possible the way some kids will try to appear brighter than others for a teacher who gives gold stars for the right kind of answers. Last not only encouraged this worshipful attitude to insanity but also personified it . . . Insisting on the oracular powers of schizophrenics, who were 'foreign correspondents back fr' uther wurlds wi' battlefield reports we haven't th' wit tae unscramble', he said that the only way to decode such reports was to climb into the schizophrenic's soul—*be* one" (Sigal, 1976).

During the 1960s, Kingsley Hall attracted visitors from all around the world, as well as celebrities, poets, rock stars, misfits and former psychiatric patients. It disintegrated into chaos by the end of the decade, and even Laing admitted that it had not been a great success. For many, its failure illustrated the limits of a non-interventionist approach to mental illness. In its defence, it did inspire subsequent attempts to treat the mentally ill outside the institution, culminating in the community psychiatry projects of today.

The end of the 1960s saw Laing retreating to Ceylon (since 1972, Sri Lanka) to spend time with the country's holy men, before returning to Britain two years later. From then until his death in 1989, there is a sad picture of decline and dissipation. His writing dried up, and his few books during this period were, for the most part, slight and insubstantial, containing eccentric musings about the psychological trauma of the foetus, and short poems about the devious nature of human communication. His public appearances were increasingly the occasion for drunken and outrageous behaviour, while his private life became ever more chaotic. Laing not only had problems when fame was thrust upon him in the 1960s, he had even greater problems when it was taken away.

In 1985, Laing was interviewed by Anthony Clare (1992) for the programme *In the Psychiatrist's Chair*. Typically he arrived at the studio drunk, but, as he sobered up, he spoke movingly about his childhood, and his fears that he was suffering from mid-life melancholia, like his father and his father before him, or in his words "the typical Scottish Calvinist involutional melancholic type of religious nihilistic ruminations" (Clare, 1992).

The same year also saw the publication of one of Laing's (1985) best books, his account of his early years, entitled *Wisdom, Madness and Folly*, a book which has been described as mandatory reading for anyone who is or intends to be a doctor (Clare, 1990).

In it Laing also back-tracked on some of his earlier, radical pronouncements. With Laing there was the curious mixture of the rebel, delighting in *épater le bourgeois*, and the conformist, who craved respectability and recognition from the establishment. In his last years he made negotiations to be appointed to the Chair of Psychiatry at Glasgow and was disappointed when he was unsuccessful (Mullan, 1995).

R. D. Laing died in 1989. Somewhat against expections, he dropped dead while playing tennis, rather than as the result of alcoholic misadventure. He had in fact stopped drinking in the last year of his life. Characteristically, his last words were that he did not want a doctor to be called.

## Conclusion

The legacy of R. D. Laing is a mixed bequest. His work on schizophrenia has not held up, and he

was at least indirectly responsible for the trend to scapegoat the patient's relatives. However, Daniel Burston, whose biography of Laing is the best currently available, has contended that Laing's often disgraceful and inebriated behaviour in later years, and his polemical excesses at the height of his guru-hood in the 1960s, have served to detract from what he sees as his important intellectual contribution to psychiatry.

Anthony Clare (1990) has stated that Laing's major contribution was to identify the dehumanising consequences of treating people as malfunctioning mechanisms, and he argues that Laing's message has important implications not just for psychiatry, but for the whole of medicine.

In the 1990s there is a growing disquiet in medicine generally that the focus on biotechnology has led to a state where doctors are increasingly poor at relating to their patients. In an influential leader in *The British Medical Journal*, Professor Weatherall (1994) has asked, "Are doctors inhumane?", and has examined with dismay the mounting evidence of doctors' unfeeling treatment of their patients.

In a new book, entitled *The Lost Art of Healing*, the American cardiologist and Nobel prize winner, Dr Bernard Lown (1997), has claimed that the overemphasis on medical science and technology has created a climate in which doctors no longer have the time or the ability to listen to their patients, and have thereby lost the art of healing. The social historian, Professor Roy Porter (1995) has recently observed:

> "The rise of diagnostic technology, the religion of statistics, numbers and objectivity, the increasingly scientific self-image of the medical profession, and a powerful commitment to drug therapies . . . have all midwived the 'medical model', and its subsequent extension from general medicine to psychiatry . . . the patient as a person has been tending to 'disappear' ".

I think that, for all his many failings and polemical excesses, the best of Laing's work addresses these concerns, and has helped, in the words of one of his colleagues, "to put the person back in the patient" (Mullan, 1997).

## References


BEVERIDGE, C. & TURNBULL, R. (1989) *The Eclipse of Scottish Culture*. Edinburgh: Polygon.

BURSTON, D. (1996) *The Wing of Madness. The Life and Work of R. D. Laing*. Cambridge, MA: Harvard University Press.

CAMERON, J. L., LAING, R. D. & MCGHIE, A. (1955) Effects of environmental changes in the care of chronic schizophrenics. *Lancet, ii*, 1384–1386.

CLARE, A. (1980) *Psychiatry in Dissent* (2nd edn). London: Tavistock.

— (1990) Ronald David Laing 1927–1989: an appreciation. *Psychiatric Bulletin*, **14**, 87–88.

— (1992) *In the Psychiatrist's Chair*. London: Heinemann.

— (1997) Anthony Clare. In *R. D. Laing. Creative Destroyer* (ed. B. Mullan), pp. 1–3. London: Cassell.

CLAY, J. (1996) *R. D. Laing. A Divided Self*. London: Hodder and Stoughton.

KOTOWICZ, Z. (1996) *R. D. Laing and the Paths of Anti-Psychiatry*. London: Routledge.

LAING, A. (1994) *R. D. Laing. A Biography*. London: Peter Owen.

LAING, R. D. (1960) *The Divided Self*. London: Tavistock.

— (1961) *Self and Others*. London: Tavistock.

— (1967) *The Politics of Experience and the Bird of Paradise*. Harmondsworth: Penguin.

— (1985) *Wisdom, Madness and Folly*. London: Macmillan.

— & ESTERSON (1964) *Sanity, Madness and the Family*. London: Tavistock.

LOWN, B. (1997) *The Lost Art of Healing*. Boston, MA: Houghton Mifflin.

MULLAN, B. (1995) *Mad to be Normal. Conversations with R. D. Laing*. London. Free Association Books.

— (ed.) (1997) *R. D. Laing: Creative Destroyer*. London: Cassell.

PORTER, R. (1995) Parkinson's Disease (Paralysis Agitans). In *A History of Clinical Psychiatry* (eds G. Berrios & R. Porter), pp. 113–122. London: Athlone.

SEDGWICK, P. (1982) *Psycho Politics*. London: Pluto Press.

SIGAL, C. (1976) *Zone of the Interior*. New York: Thomas Crowell.

WEATHERALL, D. J. (1994) The inhumanity of medicine. *British Medical Journal*, **309**, 1671–1672.


Allan Beveridge, *Consultant Psychiatrist, Queen Margaret Hospital, Dunfermline, Fife KY12 0SU*

# R. D. Laing revisited

Allan Beveridge

*Psychiatric Bulletin* 1998, 22:452-456.
Access the most recent version at DOI: 10.1192/pb.22.7.452