The Journal of Mind and Behavior
Autumn 1997, Volume 18, Number 4
Pages 465–472
ISSN 0271–0137

The Wing of Madness: The Life and Work of R.D. Laing. Daniel Burston. Cambridge/London: Harvard University Press, 1996, 275 pages, $35.00 hardcover.

Reviewed by Duff Waring, Toronto, Canada

By the time of his death in 1989, R.D. Laing was already history. His status as a countercultural legend remained intact, but he had gone from icon to relic. His intellectual and political credibility reached a peak in the late 1960s that he never regained. For many, the publication of *The Politics of Experience and the Bird of Paradise* in 1967 presaged his critical demise into bad poetry and bellicose shamanism. Laing himself was keenly aware of his fall from popular grace.

Laing's mystique in the anti-psychiatry movement grew from the heyday of those psychedelic times. The visionary thrust of *The Divided Self* (1960), *Sanity, Madness and the Family* (1964) and *The Politics of Experience* (1967) had come to epitomize the foundational tenets of a radical critique of psychiatry. This critique was assimilated into a grassroots movement for the legal reform of psychiatric patients' rights that was renewed in the 1970s. Laing's perspective grew from a number of sources which he was adept at synthesizing in his own inimitable way. His theoretical amalgam of existential phenomenology and social constructivism came to embrace a transcendental, primarily Eastern mysticism that eventually alienated him from the Left. On a personal level, Laing epitomized the search for transcendence as an intrepid explorer of inner space and time. His fondness for LSD was notorious and he was seriously committed to Buddhist meditation in his spiritual pursuits.

Laing's last round of sympathetic appraisal came and went with the encomiums and obituary notices that followed his death. The past three years have witnessed a revival of interest in Laing's work with the publication of two biographies (Clay, 1996; A. Laing, 1994) and two critical studies which provide thematic overviews of his *oeuvre* (Burston, 1996; Kotowicz, 1997). There is also a book of revealing interviews conducted shortly before Laing's death in which he offers a personal, if self-serving account of his intellectual and spiritual development (Mullan, 1995).

Daniel Burston's book is the more comprehensive and thought provoking critical study. It combines intellectual and personal biography with a fair but trenchant critique of Laing's thought. Burston's sense of critical balance is both exemplary and inspiring. His book is a challenging reminder that Laing's work is not dismissed easily and may still have much to offer.

Requests for reprints should be sent to Duff Waring, LL.B., 195 St. Patrick St., Suite 301B, Toronto, Ontario, M5T 2Y8.

The first seven chapters of the book put Laing's thought in the context of his personal life. We follow Laing from his early aspirations to notoriety as a young psychiatrist to his rise to fame as a maverick therapist and philosopher in London. Laing's journey to the East in 1971 has been covered in greater detail elsewhere (Clay, 1996) but the two chapters on the creative impasse of Laing's later years are revelatory. Burston's account reveals the frustrated brilliance of a man who craved fame but was unable to handle it. He presents Laing with his faults intact and a keen appreciation of his complexity: we learn that Laing was a highly competitive man whose unique capacity for empathy was offset by his arrogance. Although Burston explores Laing's personality with compassion, the image of Laing that emerges is disturbing. The line Laing drew between shaman and showman was thin indeed. He played the role of a tribal trickster and indulged in "lurid theatrics" Burston feels he should have avoided (pp. 120; 129–131). Burston concludes that Laing felt marginalized when the countercultural tide rolled out and made himself the perfect scapegoat for the psychiatric establishment: a drunken has-been who fell apart in public. He also claims that the anti-Langian reaction of mainstream psychiatry was a well-organized and militant response to his once powerful hold on the public imagination (pp. 96; 102; 149).

Burston's critique shifts into high gear in the last three chapters. This is the most demanding part of the book but it is also the most rewarding. Burston's analysis has an incisive critical edge that favours Occam's razor over a detractor's axe. He begins by examining Laing's critical response to the medical, behaviorist and cognitive models of human nature. Laing's revisionist attitude toward psychoanalysis is presented with the reminder that Laing was not only a critic of Freud's biological scientism but was also an insightful analytic theorist in his own right (p. 205). Laing's synthesis of existential phenomenology and social constructivism is given a penetrating review. Burston also traces the development of Laing's thought through the 1970s and 1980s and gives it careful consideration. Finally, Burston assesses Laing's "ambiguous" influence on contemporary psychiatry (p. 238).

Burston sees Laing's thought as reflecting two tendencies. The first tendency is toward a passionate philosophical scepticism which enabled him to criticize Freud for lacking a genuinely scientific method as easily as he criticized the misapplication of scientism to the exploration of human experience. The second tendency is spiritual and leans toward a visionary, romantic humanism with strong Gnostic influences. Burston argues persuasively that these tendencies were balanced during the first half of Laing's career and resulted in a creative tension that gave his earlier writings their unique voice (pp. 225; 233).

This balance was lost during the second half of Laing's career, which explains why many of his post 1960s writings are regarded as portentous and trendy. As Burston puts it, Laing the shaman eclipsed Laing the rigorous intellectual (pp. 95–96; 233). Burston states that Laing's later writings lacked a solid theoretical foundation and signalled a creative decline which ruined his bid for enduring recognition (pp. 233; 105).

Two questions about Laing's legacy become especially poignant after reading Burston. First, how do we evaluate Laing as a theoretician? It is not clear whether Laing's books are the start of something new or attempts to finish what he had already begun. Laing's earlier work was about opening the doors of perception and expanding our ability to empathically understand realms of "madness" previously thought to be impenetrable. There was something revelatory about Laing's elucidation of psychotic experience. Where biological psychiatry depersonalized mad

people, Laing personalized them on terms which respected their lived experience. He saw self and other as dialogically entwined in twisted patterns of mutual self-deception and his primary concern was to describe the way people's experience is mediated by their interactions (Laing, 1987, p. 417). Madness could make sense if looked at in an interpersonal, social context and might even have its own healing potential. He held out for the possibility of authentic human relatedness.

But Laing left most of his early work and audience behind him in the 1970s when he took the politics of experience into the womb. He claimed that a mother's ambivalent feelings about her pregnancy could become the zygote's experience of a conflicted intrauterine environment. This experience could reverberate through postnatal life. Laing's therapeutic focus during these years was on the mimetic value of a positive rebirth experience by which prenatal trauma was exorcised. These rebirthing sessions were often conducted in a group setting for a considerable fee and became Laing's idea of doing psychotherapy *en masse*. Although Laing's distaste for scientific reductionism remained intact, he was running out of ideas and losing his audience. Burston points out that many of Laing's former colleagues reacted to his rebirthing phase with hostility (pp. 125–130). What does all of this add up to? Has Laing provided us with a cohesive philosophical alternative to biological psychiatry? If not, then what has Laing really left us with?

Second, how do we evaluate Laing as a therapist? He has left us with very little to go on since he was deliberately intransigent about defining his approach to psychotherapy. But by his own admission he did quite a lot of it and often with people he considered to be very disturbed. One thing is certain: Laing did not believe that every psychosis was a successful healing journey toward personal transformation (p. 241). The anecdotal evidence shows that he was quite prepared to challenge his patients' conceptual presuppositions and personal behaviors. Nor was he adverse to patients choosing freely to take psychotropic drugs (p. 235; Mullan, 1995, chapter 12). We might learn much from Laing about how to describe psychotic experience, but what has he taught us about how to deal with it (cf. Kotowicz, 1997, p. 74)?

While admitting his tenuous hold on posterity, Burston suggests that Laing's "profound" contribution to psychology and psychiatry is "possibly" on par with that of Freud and Jung (p. 8). Burston's equivocation here is deliberate. Theoretical conflicts are an important reason why the enduring relevance of Laing's work is so contentious.

Burston feels that the conflicts in Laing's work are more likely to surface for inspection if seen from an historical perspective. He does an admirable job of delineating these conflicts and he draws some significant conclusions about the directions this research should take. A close reading reveals some crucial suggestions for the refinement of the phenomenological approach which Laing helped to pioneer. There is little doubt that this was the most productive and insightful phase of his career. Laing saw his contribution to understanding the mind as operating mainly in the field of "empirical interpersonal phenomenology which is a branch of social phenomenology" (Laing, 1987, p. 417). After reading Burston, I feel that the best way to evaluate Laing as a theoretician is to see whether the conflicts in his social phenomenology can be resolved. This project requires us to confront questions of method and focus which Laing left unanswered. I will emphasize the conflicts and questions which I regard as essential to this project.

Burston's discussion of existential madness leads to questions about Laing's phenomenological method. Existential madness reveals a pervasive anxiety about one's being-in-the-world which Laing calls ontological insecurity. Such people evince a

fragmentary sense of self and cannot sustain satisfying relationships with others. The world is experienced as menacing and hostile. By contrast, ontologically secure people evince a sense of effective personal agency, embodiment and confident relatedness to others (Burston, p. 186; 188). Existential sanity involves the courage to be one's authentic, embodied self in open relation to others.

Laing saw madness as resulting from an experiential rupture between being-for-oneself and being-for-others. The schizophrenic is both victimized by others and an active agent in the creation of his or her misery. Psychosis is a flight into the refuge of disembodied fantasy and the deliberate cultivation of a rupture between a "real self" which is disengaged from the consensual validation of others and a "false self" which serves their expectations. A person learns various behavioral strategies to use the false self to further the ends of the real self. The person's real self retreats into fantasy and becomes detached from all bodily activity that is observable by another. A "mental breakdown" occurs when these strategies cease to be effective. The person eventually becomes estranged from the false self as the flight into fantasy intensifies. This leads to schizoid isolation and the collapse of the divided personality. There is often an attempt to heal this collapse by a regression to the age before the split between the true and false selves became unbearable (pp. 185–188).

Psychotic regression can be an abortive attempt at self-cure and the rejection of a socially adapted false self, an inner voyage of recovery which Laing termed *metanoia*. A new personality may emerge which is oriented to external reality but anchored in the real self (pp. 40–42; 65). This healing potential can only be realized in a supportive environment if it is realized at all (p. 241). In order to regain existential sanity, the person must eventually choose to abandon her schizoid isolation and become reimbodied. She can then relate authentically to others (p. 58).

Burston feels that Laing's stress on the embodiment of the integrated self is at odds with his acceptance of a "transcendental impulse" toward disincarnate spirituality (p. 187). The Gnostic and certain Eastern traditions see the body as the material prison of the divine soul which can be liberated through meditation. Laing himself engaged in this pursuit and the search for spiritual transcendence motivated much of his later life and work (p. 109). Consequently, Burston feels that Laing must either view the Gnostic pursuit as a flight into madness or revise his conception of embodiment as an aspect of existential sanity. Laing did admit that we cannot gauge existential sanity solely by the person's degree of embodiment but Burston interprets this qualification as Laing's failure to persuade us that his concept of existential sanity is coherent. Either it is possible to live in existential sanity while striving for spiritual disembodiment or it is not. Burston tries to resolve this conflict by noting that embodiment and relatedness to others are mutually constitutive and that we should not fetishize Laing's concept of ontological security (p. 188).

The critical question is whether the conflict really belongs to Laing. There is no reason to fetishize Laing's concept of the transcendental impulse to apply to every instance of disembodiment. We are not likely to be as disturbed by a Gnostic's disembodiment as by a schizophrenic's. A phenomenological exploration may reveal that their respective reasons for pursuing disembodiment are quite different. Presumably, a genuine mystic would not be driven to renounce the distractions of the flesh by a fear of exposure to others and the need to construct a false self. Instead, the mystic aspires to the realization of her spiritual nature. This makes the mystic significantly different from the schizophrenic whose dark night of the soul requires the disembodied protection of a hidden self. Clearly, Gnostic and Eastern mystics can be different exceptions to the existential norm. It is hard to equate the

Buddhist monks and Hindu yogis Laing meditated with in the East (pp. 118–120) with the frightened patients he describes so well in *The Divided Self*. Even if Gnostic disembodiment and a spiritual detachment from others is in some sense a flight from existential sanity, it need not be the same wing of madness which transports the schizophrenic. It is easy to make too much of the fine line that can be drawn between mystics and mad people. The fact is, a line can be drawn and while Laing could have done a better job of drawing it for us, it is still discernible. Laing does not require us to view every religious mystic as a schizophrenic or vice versa (cf. Kotowicz, 1997, p. 115). Nor do I see how the transcendental impulse makes Laing's notion of existential sanity any less coherent for those who are not mystically inclined.

I see the more important issue as being the vagueness of Laing's phenomenological method. Burston notes that a phenomenological understanding of experience must "preclude" clinical value judgements about whether that experience is abnormal. The psychiatrist must empathically reorient herself to the other's frame of reference without prejudging its meaning. Phenomenology is about description first. The description is not only about the content of the person's experience. It is also about how the person lives that experience and what it means to the person in the context of his situated being-in-the-world. Despite an obvious debt, Laing later expressed reservations about Husserl's methodology (Mullan, 1995, p. 309). We need a better sense of Laing's phenomenological method and how he proceeds from grasping the person's experience to the interpretation of existential madness. Laing does not tell us how he derives the existential concepts he employs from his phenomenological descriptions. Nor does Laing explain how he brackets clinical preconceptions to grasp the person's perspective. It would also be interesting to know how Laing reflects the person's experience in the development of a therapeutic perspective. Burston sees Laing's work as suggesting that philosophy and psychotherapy can be linked in a rigorous and systematic fashion (p. 189). One challenge for future research into Laing's social phenomenology would be to show how this could be done.

Burston notes two other conflicts which require further discussion. The first conflict concerns Laing's distinction between individual and social fantasy systems (pp. 190–223). Laing's work from *Self and Others* (1961) to *The Politics of the Family* (1969) places the fractured experience of the schizophrenic in an in-group or communal context. He sees examples of family cohesion and communal solidarity as largely destructive and based on social fantasy systems. He focused on the family as a fertile context for psychological disturbance and restricted growth. He also claimed that the dynamics of national, racial or ideological groups estrange us from reality by denying our mutual humanity and fomenting conflict between "us" and "them." Social mystification leads to racism and war. By contrast, individual fantasy that is rooted in personal experience allows us to remain in touch with our inner lives. Without it, we are alienated from ourselves. But how do we retain even a modicum of authentic individual fantasy when we are socialized from infancy? What happens to our private inner lives once we acquire public language? How does one prevent engulfment by social fantasy systems? Burston concludes that Laing's ideas should be reformulated into a less dichotomous and more dialectical discussion of individual and social fantasy systems (p. 222).

These questions point to a second conflict which involves the concept of existential sanity. Laing sees the "normal" immersion in social fantasy systems as a form of socially contrived pseudo-sanity. He distinguishes this from his notion of authentic existential sanity. Laing apparently thought that these two views of normality

were compatible: people can be both ontologically secure in their embodiment and relations with others and yet immersed in social fantasy systems which cause them no anxiety. But again, how does existential sanity survive the permeating influence of social mystification? How do we distinguish existential sanity from pseudo-sanity in phenomenological descriptions of lived experience? Burston notes rightly that Laing views the socialization process as a mass exercise in alienation, or a secular version of the Fall. Is this grim picture necessarily the case, or are Laing's preconceptions (pp. 219–223) clouding the issue?

If Laing can delineate schemes of social fantasy, then some of us must also be capable of seeing through them. How do we pierce this veil of illusion? How could Laing make what is obvious to him obvious to others? How can we unlearn what we have been taught to believe? Madness might be one way to pierce the veil, but political scepticism is surely an option (cf. Kotowicz, 1997, pp. 116–117). What is the relationship between social phenomenology and political insight? Laing acknowledged that people might recognize their common humanity and avoid mutual self-destruction but he never clarified how this insight could be achieved (Burston, pp. 195–196).

Burston observes that the existential aspects of Laing's phenomenology are most evident when he focuses on the schizophrenic's inner world in *The Divided Self*. The focus on the interpersonal and larger social fantasy systems which accompany madness emerged in *Self and Others* (1961) and eventually embraced social constructivism. Social constructivism was emphasized increasingly in Laing's subsequent work while existentialism was only mentioned in passing. In existential terms, the schizophrenic is an active agent in the creation of his madness (pp. 58; 239–240). In social constructivist terms, the schizophrenic is on the losing end of a power struggle in a profound experiential disjuncture. Schizophrenia is a label applied to victims of collective duplicity and aggression which is sanctioned through the psychiatrist's power. According to Burston, Laing's social constructivist thesis fails to recognize that psychiatrized people can be as duplicitous and self-deceptive as anyone else. If relied upon as the exclusive explanation of madness, social constructivism can be reductive. The tension between Laing's existentialism and his social constructivism may well be insurmountable (pp. 245–247). How would a social phenomenology of madness accommodate existential agency?

Toward the end of his life, Laing felt that methodological problems in social phenomenology were as vexing as they were unresolved (1987). They still are. Consequently, Laing's work does not yet add up to a philosophically cohesive alternative to biological psychiatry. Still, he has left us with an intriguing start at a social phenomenology.

Evaluating Laing's legacy as a therapist may be as much a matter of invention as discovery. Laing refused to clarify what kind of therapist he was and left no systematic account of how he addressed his patients' problems. We do know that he could relate to them with perspicacious empathy. Burston claims that Laing took a "complex" view of cognitivism. While he was not an old-fashioned rationalist who endorsed the efficacy of thought over feeling, he did accord more causal efficacy to "conscious cognition" in a social context than most analytically trained psychiatrists (pp. 167–168). He also stressed a sense of effective personal agency that is achieved through free choice and relatedness to others. Burston raises the possibility that Laing's delineation of dyadic perspectives and communication schemes in *Interpersonal Perception* (Laing, Phillipson, and Lee, 1966) might be combined with a variation of cognitivism which places the individual in a social context (p. 168).

Burston does not pursue this idea but concludes that Laing's description of how people's cognitions are shaped by their place in the scheme of social relations bears closer scrutiny (p. 168).

Indeed it does. Perhaps people can reshape their cognitions by assuming responsibility for changing the scheme of relations. If Laing can delineate patterns of communication which tie us in knots, then perhaps a cognitive psychotherapy can afford us a means of cutting through them. If people can be brought to see the schemes and games which ensnare them, then perhaps they can be challenged to change their perspective and reorient their position in a different frame of reference. There is some evidence that Laing used this approach to startling effect (Kotowicz, 1997, 74–75). Laing's ideas could be instructive in devising a therapeutic means of inspiring the empowerment a person might need to cut the knot. Laing hoped that his reflections in *Interpersonal Perception* would foster greater understanding and respect among couples and offer a way out of conflicted communication patterns (Burston, pp. 112–113). An option for experimental study would be to determine how well Laing's research into dyadic perspectives could be applied in psychotherapy.

We are on firmer ground when we remember that Laing was a pioneer in humanizing the therapeutic *milieu*. Laing realized that many psychiatric symptoms can originate with the hospital environment. Psychiatric hospitals reinforce the social alienation of "patients" through the suppression of spontaneous communication and the tendency to see its occurrence as a sign of mental illness. He observed that hospital staff usually treated the patients "like lepers," as if their madness was contagious on contact. This manner of relating often reinforced the staff's expectations of the roles the patients were supposed to play. Laing saw this as a breakdown in human solidarity. The patients were ostracized by the overworked staff who were supposed to care for them. Furthermore, the staff held the power, which could be backed up with ECT and forcibly induced insulin comas. Combined with the fear and anxiety that Laing felt would beset any sensitive person in this environment, the patients' autistic self-absorption and occasionally bizarre behavior made a certain sense to him (pp. 35–43).

The experiment at Kingsley Hall was intended to provide people with a noncoercive, supportive environment in which they could pursue recovery without diagnostic stigma and involuntary treatment (pp. 77–92). Regrettably, even Laing admitted that the anarchic atmosphere of Kingsley Hall was not conducive to recovery (p. 244). But this initiative influenced the development of other therapeutic households in Britain and the United States in which psychosis is managed effectively with minimal reliance on psychiatrists or psychotropic drugs (pp. 244–245). These experiments indicate that the demand for psychiatrists and psychotropics would drop sharply if these households proliferated, which is likely why they are "studiously ignored by the psychiatric community" (p. 245). They also indicate Laing's influence and confirm the initial promise of Kingsley Hall. The "conspiracy of silence" that surrounds the published research into the successful therapeutic households is one reason why Laing's influence on the contemporary mental health scene is avoidably "marginal" (p. 245; p. 149; cf. Kotowicz, 1997, pp. 110–112). Simply put, Laing's humanized approach does not translate into profits for the pharmaceutical industry. Nor does it entail enhanced prestige for the physicians who seek the Holy Grail of biological psychiatry: a somatic "cure" that works.

Laing had too much scientific acumen to eschew the possibility that "mental illness" has a biochemical or genetic component. He saw nothing wrong with enter-

taining biological or genetic *hypotheses*. He saw something very wrong with a propaganda campaign which misrepresented hypotheses as established fact. Laing insisted rightly that medical science was nowhere near to proving the biochemical and genetic hypotheses and that in the absence of empirical verification, mental illness should not be understood in a biologically reductive way (pp. 68; 166–167). He also cautioned that the limited efficacy of psychotropic drugs does not determine etiology — the salutary effects of drugs do not prove biochemical causality. Social and environmental influences on our neurophysiology cannot be ruled out (p. 167). Ignoring the existential and social dimensions of mental illness is to clinically depersonalize the lived experience of those who are diagnosed as having it.

The communication oriented research into schizophrenia which Laing popularized in the 1960s still evokes a hostile reaction from the psychiatric establishment (p. 149). Burston concludes that Laing will not receive his due "until the current enthusiasm for biological psychiatry has run its course, and its inherent limitations are palpably felt once again" (p. 241). It is hard to ignore the fact that after four decades of intensive research, biological psychiatry has not verified genetic or biochemical causes of any mental illness. We have yet to determine the full promise of Laing's initiative, but thanks to Burston, we have a better idea of how to begin. Laing's time may come again.

References

Clay, J. (1996). *R.D. Laing: A divided self*. London: Hodder and Stoughton.

Kotowicz, Z. (1997). *R.D. Laing and the paths of anti-psychiatry*. London: Routledge.

Laing, A. (1994). *R.D. Laing: A biography*. London: Peter Owen Publishers.

Laing, R.D. (1960). *The divided self: An existential study in sanity and madness*. London: Tavistock Publications.

Laing, R.D. (1961). *Self and others*. London: Tavistock Publications.

Laing, R.D. (1964). *Sanity, madness and the family*. London: Tavistock Publications.

Laing, R.D. (1967). *The politics of experience and the bird of paradise*. Harmondsworth: Penguin Books.

Laing, R.D. (1969). *The politics of the family*. Toronto: CBC Publications.

Laing, R.D. (1987). Laing's understanding of interpersonal experience. In R.L. Gregory (Ed.), *Oxford companion to the mind*. Oxford: Oxford University Press.

Laing, R.D., Phillipson, H., and Lee, R. (1966). *Interpersonal perception: A theory of method and research*. London: Tavistock Publications.

Mullan, B. (1995). *Mad to be normal: Conversations with R.D. Laing*. London: Free Association Books.