

Violence, Care, Cure

Self/perceptions within the Medical Encounter

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Introduction

This chapter is concerned with the development of R.D. Laing’s (1927–1989) psychotherapeutic practice as departing from his critical engagement with British psychoanalysis. Laing was a Scottish neurologist and psychoanalyst whose clinical practice centred on the family, for he noted that his patients were enmeshed in troubled relationships with their immediate familial network. In his first book, *The Divided Self* (1960), he already proposed that the development of schizophrenia was closely linked to disjunctive experiences in family life. In the preface to his second book, *Self and Others* (1961), Laing cited Confucius to ask: ‘The way out is via the door. Why is it that no one will use this method?’ Thereupon, he theorised a connection between fantasy, family, guilt, and madness, proposing that schizophrenia could arise from the fantasy of quitting the confining kinship group and a subsequent imagination of what consequences this step might impose, ranging from being perceived as ungrateful to being guilty of attempting to destroy both oneself and the family. The temporal scope of investigation are the years 1956–c. 1967, when Laing was employed as a consultant psychiatrist by the Tavistock Clinic and pursued training in psychoanalysis at the Institute of Psychoanalysis in London. The argument is that his involvement as well as his disagreements with British psychoanalysis, specifically object relations, crucially informed both the development of his social-phenomenological research into schizophrenia and his systemic therapeutic approach.

A recent acknowledgment¹ of Laing’s significance for the history of human sciences appears in opposition to the still-dominant historiography that seeks to relativise what are perceived to be overly embellished self-declarations of his own achievements.² Those accounts focus on Laing as an ‘anti-psychiatrist’, a label that, according to him, has been misunderstood as a statement of the general rejection of psychiatric practices. In this chapter, I argue that Laing developed his therapeutic programme not merely in reaction to institutional psychiatric practice (in which he participated and which he helped to shape as a young doctor in Scotland) but mainly through his critical engagement with clinical psychoanalytic work. In his autobiography, he states that his colleague David Cooper (1931–1986) coined the term ‘antipsychiatry’ ‘because he felt that psychiatry as the theory and practice

of medical psychiatry was and is predominantly repressive, anti-psychiatric in the sense of the science and art of mental healing' (Laing 1985a, 2). This self-perception must be taken seriously in order to trace what counter-strategies Laing proposed to deal with severe mental illnesses. At present, the hegemony of bio-chemical treatments of psychiatric diseases (Moncrieff 2013; Harrington 2019; Scull 2022) and the credibility of the Freudian talking cure (Borch-Jacobsen and Shamdasani 2011; Borch-Jacobsen 2021) are once again under scrutiny, and calls to revive and improve 1960s-style community psychiatric approaches (Editorial Board 2022), as well as calls for early intervention for anxiety, depression, and psychosis,³ are springing up again. Also, in light of these developments, Laing's contributions deserve fresh evaluation.

Laing never published a cohesive method that would demarcate his therapy from that of other schools or set out teachable principles. In one of his last interviews, Laing reflected on his reluctance to lay out his method, explaining that it would 'immediately be subject to unbearable corruption and misunderstanding' (Mullan 1995, 316) and be used and transformed in embarrassing ways. Yet, he still considered formalising what he had done in theory and practice 'by the time I [...] re-enter things' (Mullan 1995, 316), a project he would not get around to before his sudden death in 1989. To approach the question of Laing's therapeutic contributions to the cure of psychosis, I begin by sketching out his professional development up until his psychoanalytic training and employment in London, as well the origins of his frictions with Tavistock and British psychoanalysis and his transition to largely independent research and work. By considering his studies of families with a schizophrenic member, in particular the case of the Abbott family, this chapter illuminates Laing's methodological deviations vis-à-vis psychoanalysis and the development of his social-phenomenological approach coupled with an existential analysis of action. A second case, centred around David Clark, a boy considered to be schizophrenic by his psychiatrist, traces the limits of Laing's systemic therapy and his departure from clinical psychotherapy to adopt a religious notion of camaraderie as therapy.

Laing and psychoanalysis

Laing completed his medical degree at the University of Glasgow in 1951, specialising in neurology and psychiatry (Laing 1985a, 117). After his army service in the psychoneurotic unit at an English military hospital, he returned to Glasgow in 1953 and held subsequent placements at psychiatric and neurosurgical in-patient hospital units. During these placements, he deployed and experimented with a broad range of therapeutic interventions. He was involved in setting up an experimental group therapeutic space known as the 'rumpus room', while also using an orthodox Freudian approach to better understand the experiences of long-term psychotic patients. Occasionally he would recommend the use of electroconvulsive therapies for patients, which stands in stark contrast to his later involvement with force- and medication-free therapeutic communities, such as Kingsley Hall in East London. In 1956, he accepted a full-time position at the Tavistock Clinic

in London and began a four-year training in psychoanalysis with Charles Rycroft, supervised by Donald Winnicott and Marion Milner. Laing described his analysis as 'undramatic' and Rycroft as 'an urbane, intelligent man who had no major scenario that [...] he was laying on me' (Mullan 1995, 150). Rycroft, as well as Winnicott and Milner, belonged to the 'Middle Group', an independent group of analysts in the British Psychoanalytical Society that sided with neither of the two dominant and competing camps, representing Melanie Klein's object relations and Anna Freud's child and ego psychoanalysis. With certain variations and emphases, the independents pursued both directions (Thompson 2000, 485). Laing's decision to train with the eclectic 'Middle Group' reflected his lack of ideological subscription to any specific psychoanalytic school. More than anything, the decision to train as a psychoanalyst was a strategic choice, for he thought at the time that pursuing a career in neurology would take him too far afield from his interest in understanding mental illness through the prism of relationships. To Laing, psychoanalysis appeared to represent an 'intermediary position between philosophy and phenomenology and clinical studies' (Mullan 1995, 146), the three fields that he attended to most. However, he soon began to experience frictions with the therapeutic methods taught and employed at Tavistock. In his former positions, Laing had stretched the boundaries of what was usually perceived to be an appropriate therapeutic intervention, for instance, sitting in a padded cell together with a patient and listening to him through the night, or giving a patient refuge in his family home for three months (Laing 1985a, 95, 141). The Tavistock analysts, however, had no tolerance for modifications in the makeup of the consulting room or the technical setting of the therapeutic encounter, and Laing noticed a lack of camaraderie and rapport with patients among his Tavistock colleagues (Mullan 1995, 151, 164, 346).

The completion of Laing's training analysis in 1960 coincided with the publication of *The Divided Self*, followed by *Self and Others*, and alongside his continuous employment at Tavistock, he opened a private psychotherapeutic practice in London. Undeterred by his professional successes in the UK, his gaze was directed towards France, Germany, and Switzerland, where he found phenomenological and existentialist thinkers whose work had fascinated and influenced him since his formative years in Glasgow, such as Maurice Merleau-Ponty, Jean-Paul Sartre, Martin Heidegger, Carl Gustav Jung, and Karl Jaspers (Mullan 1995, 160). Despite his psychoanalytic training, Laing had positioned himself as an interpersonal social phenomenologist. He believed that truth was best approached through detailed observations of relationship ensembles and analysis of their interpersonal communication (Feldmar et al. 2021).⁴ His early acquired experience with therapeutic groups in Scotland – which he further developed at Tavistock – had contributed to drive his interest towards social relations. For this reason, Laing came to reject the epistemology of object relations theory, which he was exposed to during his training at the Institute of Psychoanalysis. Finding that it did not serve him beyond an analysis of how individuals project their internalised libidinal relations between ego and 'good' or 'bad' objects onto others, he instead sought to investigate relationship dynamics between people to gain an understanding about how reality is negotiated in the realm of the social.

In 1958, after years of immersion in group psychoanalysis following Wilfred Bion's (1897–1979) approach, Laing and his colleague Aaron Esterson (1923–1999) published their first article challenging psychoanalysis' explanatory power regarding relational experiences in therapeutic groups. They responded to Bion's observation that when two people enter into a relationship during group therapy, the basic assumption of both the group and the pair was that their connection was of a sexual nature. Laing and Esterson objected, noting that there were numerous other reasons why people might come together, and that assuming pairing was necessarily sexual was 'a defence against what is not specifically sexual at all' (Laing and Esterson 1958, 118). Ultimately, they argued, Bion's claim was reductive and the result of psychoanalysis' insufficient recognition of the structural advantages that therapeutic groups have over individual therapy. The dyadic constellation of the latter would limit psychoanalysts when it came to pointing out to the analysand when they believe he or she projects a fantasy figure onto them. The group analyst, by contrast, could observe 'the spontaneous *response* of one person to being seen by another not as he is, but as a figure in that other person's phantasy system' (Laing and Esterson 1958, 119, my emphasis). Paying attention to this process of interpersonal perception would reveal that relationships were subject to negotiations between the fantasy of oneself and the other's fantasy projection. For example, Laing and Esterson recorded that reactions to being perceived differently than how one perceives oneself can lead some, depending on their level of self-confidence, to 'quarrel in anger or [...] break off the relationship under pressure of anxiety' (Laing and Esterson 1958, 120). A common motive for pairing, for example, was a mutual testing of reality that Laing termed 'collusion'. Describing a social dimension of self-deception, he argued that collusive relationships were animated by striving to find in another a complement that helps sustain one's fantasy of self. According to Laing, the psychoanalytic notion of 'projection' failed to acknowledge precisely the demand on another to embody an object in one's fantasy: 'one person does not use the other merely as a hook to hang projections on' (Laing 1969, 111). The two major reasons Laing gave as to why individuals succumb to becoming the embodiment of another's fantasy were either guilt or the prospect of reciprocation (i.e., the other returning one's concession by embodying the fantasy one desires). In summary, Laing's point was that paying attention to the relation between perception and response helps to uncover how reality is socially negotiated. His experience with therapeutic groups gave him an impetus to argue that relationships can function to complement a fantasy of self that otherwise would not be socially maintainable.

Laing and Esterson further developed this position through an independent research project they started in the late 1950s, funded by the American Institution Foundations' Fund for Research in Psychiatry. The project evolved around the families of 25 hospitalised female schizophrenic patients, yet only 11 studies were published as *Sanity, Madness, and the Family* in 1964. Their research addressed the question whether schizophrenia is more socially intelligible than had been previously assumed. The meaning of 'social' in their research did not depart from the family context. The premise of the project was to maintain total epistemological

openness towards what schizophrenia is: they supposed neither bio-chemical nor psychological explanations. The study design implied that if what are usually interpreted as schizophrenic symptoms turn out to be intelligible responses to relational patterns in the patient's social environment, schizophrenic nosology would lose its relevance and therapeutic intervention would need to shift to the group level. The research was also founded on a rejection of the psychoanalytic method of inquiry. Heavily building on their objections to psychoanalytic interpretation in group therapy, Laing and Esterson criticised the status quo of the psychoanalysis of psychosis. They alleged that psychoanalysts claimed interpretative authority to give meaning to seemingly nonsensical schizophrenic language while neglecting interactions of the schizophrenic patients in their familiar environment. In the introduction to their study, they stated

Our findings are presented with very few interpretations, whether existential or psychoanalytic. [...] The psychoanalyst frequently makes attributions about the analysand's motives, experiences, actions, intentions, that the analysand himself disavows or is unaware of.

(Laing and Esterson 1971, 25)

But several remarks in *Sanity, Madness, and the Family* reveal that Laing and Esterson were still writing in conversation with psychoanalysis and with clear knowledge of appealing to a psychoanalytic readership. This is evident, for example, in a footnote to a passage outlining the reaction of one of the parents to their daughter's confessions about her sexual life:

We are limiting ourselves very largely to the transactional phenomenology of these family situations. Clearly [...] the material we present is full of evidence of the struggle of each of the family members against their own sexuality. Maya without doubt acts on her own sexual experience [...] by way of splitting, projection, denial, and so on. Although it is beyond the self-imposed limitation of our particular focus [...] the reader should not suppose that we wish to deny or to minimize the person's *action on himself* (what psychoanalysts usually call defence mechanisms)...

(Laing and Esterson 1971, 42,
emphasis in original)

The focus on the family represents Laing's greatest interface with the questions posed by psychoanalysis, and it was maintained in his research collaborations with Esterson, the earliest dating back to the period from 1954 to 1959.⁵ By deliberately contrasting their inquiry into family interactions with psychoanalytic models of presupposition and interpretation, Laing and Esterson aimed to establish a social-phenomenological method whose premises went beyond those of psychoanalysis. They therefore introduced spatial and methodological shifts in the therapeutic setting, which constitute conceptual deviations from psychoanalytic orthodoxies: the clinical consulting room was replaced by the private environment of the

family nexus, and individual therapy gave way to phenomenological observation of communication between family members in teamwork. Their research method was to simultaneously document the interactions within the family as a relationship ensemble and to grasp each of the member's perspectives on this shared situation. To sketch a complete picture of these multi-dimensional scenarios in retrospect, Laing and Esterson tape-recorded the interviews they conducted with individual family members and with the family unit. The minutes of these tapes were transcribed by Laing and subsequently subjected to an 'existential analysis of action', the results of which were published as case studies condensed into book form.

Laing's existential analysis of the Abbott family

Through his experience with therapeutic group work, Laing had discovered that a disjunction between how one perceives oneself and how one is being perceived by another can yield dyadic collusions of mutual self-deception – an unstable and mostly short-lived formation, in part due to hatred that is felt towards the other. But he observed that even though such '[crises] of the inter-experience' (Laing 1969, 41) occur in families, the family nexus often promises stability. Laing (1969, 40–41) hypothesised that in order to remain stable, families are bound together by a 'social fantasy system' that fulfils their need 'to find a pseudo-real experience [which only works] through the modality of phantasy', while a 'crisis in the behaviour of the nexus' can be triggered by a family member attempting to opt out of the shared reality. While this might be tolerated and treated as harmless by a lot of families, some other families will punish or label mad those who challenge the nexus' sense of reality. Consequently, the 'way out via the door' might be blocked for those who find themselves in an untenable position because of group demands that are irreconcilable with their experience. The untenable position is defined by Laing as a state of in-between, where it becomes impossible to either stay in a relationship or leave one's acquired fantasy of self and others. Concerned with the ways in which 'the agent is disclosed, wittingly or unwittingly, intentionally or unintentionally, in and through his actions' (Laing 1960, 18), Laing's existential analysis of action ultimately aims at delivering explanations for how individuals come to find themselves in untenable positions. Informed by the idea that psychosis might be a social event that is best understood 'by seeing what sort of world the family has [...] fleshed out for itself, both as a whole and differentially for each of its members' (Laing and Esterson 1971, 21), Laing and Esterson rejected the notion that schizophrenic behaviour patterns could be rendered intelligible through psychoanalytic interpretation. Instead, they proposed that what was usually seen as signs and symptoms of schizophrenia might be intelligible in relation to the social environment of the individual. Their approach can well be illustrated by the example of Esterson's patient Maya Abbott⁶ and her family, representing one of the case studies published in *Sanity, Madness and the Family* (see Laing and Esterson 1971, 31–50). The evaluation of this study established that the factuality of her clinical

diagnosis indeed dissolved through its remarkable intelligibility in relation to the social reality in which she lived.

At the time of investigation, Maya was 25 years old and had spent the last decade in a psychiatric hospital. Clinically diagnosed as paranoid schizophrenic, she experienced auditory hallucinations and exhibited signs of depersonalisation, catatonia, affective impoverishment, autistic withdrawal, and impulsive behaviour. The parents reported that by the age of 14, Maya began to pursue autonomous studies, wanted to take on tasks independently, and no longer sought physical closeness to them. According to Laing, Maya's developing autonomy and independence of thought and action were interpreted by her parents as alarming signs of illness. Maya's maturing sense of self led to a crisis in the family's sense of reality in which Maya had usually just '[accepted] everything' (Laing and Esterson 1971, 34–35) the parents had said and asked from her. As further conversations revealed, the parents therefore felt emotionally disregarded and rejected by Maya, and in response to the disjunction they convinced themselves that Maya could read their minds, though she possessed neither control nor knowledge of her ability. In the interviews, the parents eventually confessed that they began secret experimentations, such as mutely sitting next to Maya and concentrating on her, to test how she 'reacted' to their thoughts; however, they scoffed at Maya's developing suspicion that they were trying to influence her. Moreover, what Maya knew to report about her own life experience was outright denied or contradicted by her parents, even '*in the presence of the interviewer*' (Laing and Esterson 1971, 42, emphasis in original), based on the premise that because of her illness she did not know her own memory and experience anymore

They spoke and acted as though they knew better than Maya what she remembered, what she did, what she imagined, what she wanted, what she felt, whether she was enjoying herself or whether she was tired...

(Laing and Esterson 1971, 42)

Laing's report (Laing and Esterson 1971, 32, 34) shows that the parents' view of Maya was so estranged from how Maya experienced herself that she came to reject her own experience of herself, claiming that what she remembered was not 'true memory' and that "'voices" often did her thinking'.⁷ But especially in light of the fact that the parents *did* try to influence her in experiments and believed that she read their thoughts without any intention or doing of her own, her clinically diagnosed 'auditory hallucinations' and 'ideas of influence' appear intelligible. In terms of an untenable position, it became impossible for Maya to either remain in or leave the fantasy of not thinking her own thoughts, because not only did her parents deny that Maya could trust her experience of herself but they also denied that they were *actually* doing what Maya noticed them doing, such as conducting secret experimentations or communicating through winks and gestures with each other in her presence. Her resulting difficulty of not knowing 'when to trust or mistrust her own perceptions and memory or her mother and father' (Laing and Esterson 1971, 43)

could not be resolved and, in social-phenomenological language, this caused her to remain in an untenable in-between, atrophying her sense of being a person (depersonalisation), her language (autistic withdrawal), her emotions (affective impoverishment), and her movements (catatonia).

Laing and Esterson's study not only suggested that Maya's clinical symptoms were socially intelligible in the context of her family's interactions, but it also put pressure on bio-chemical explanations of psychosis. Indeed, in Laing's account, Maya's symptoms appear as understandable reactions to the confusing and manipulative behaviour in her immediate environment. Although it is not clear from the documentation whether the interviews themselves disentangled the obvious mystifications that were going on in the families and thus helped the patients in the long term, an application drafted by Laing and Esterson in 1964 asking for further funds to continue their investigation with a control group is supported by the claim that their study indeed entailed therapeutic effects:

[Our] method of investigation is itself therapeutic, and demands further development in this direction. All our patients were able to leave hospital as a result of our investigation, of whom seventeen per cent had relapsed after one year, compared with a relapse rate of eighty per cent for similar patients treated by standard methods.

(Laing and Esterson 1964, 1)

Obviously, the authors did not count psychoanalysis as a standard method for the treatment of psychosis; they refer to the clinical use of electroshocks and psychopharmaceuticals to ease psychotic symptoms. They likewise disputed the effectiveness of these methods, for their research had produced 'compelling evidence that schizophrenia is much less of an organic illness (if it is at all) than a reaction to social stress of a peculiar kind' (Laing and Esterson 1964, 1). Laing accused biological psychiatrists of failing to pay attention to the 'patient's *experience* from the patient's point of view' (Laing 1964, 190, emphasis in original) but ultimately blamed psychoanalysis for adopting a strategy with similarly poor outcomes:

One might have hoped that psychoanalysis would step in here. But there is an abiding tendency in psychoanalysis to suppose that the schizophrenic's experiences are somehow unreal or invalid; one can make sense of them only by interpreting them; without truth-giving interpretations the patient is enmeshed in a world of delusion and self-deception.

(Laing 1964, 191)

Here, psychoanalysis is portrayed by Laing as a patronising and neglectful practice that ultimately displays remarkable parallels to the recorded behaviour of Maya's parents, who, likewise, claimed knowledge of Maya's condition without having awareness of their own complicity in its construction. Laing left Tavistock in 1967 after his external funding was not renewed. His professional exit from clinical psychoanalysis allowed him to sharpen his critique of the psychoanalysis of

schizophrenia. In a lecture titled 'Introduction to Phenomenology' that he delivered in 1975, he strongly criticised Wilfred Bion's documentation of a therapeutic session with his schizophrenic patient, in which he employed the analytic framework of object relations theory. Nearly in a tantrum, Laing warned against 'this type of construction [...] currently spreading like wildfire in Latin America and Japan and I don't know [...] where else' (Laing 1975, 10). Laing's opposition to the further dissemination of the psychoanalysis of schizophrenia raises the question of what he considered to be a suitable therapeutic intervention to help individuals in untenable situations.

Therapy and camaraderie

Despite regularly seeing patients in private practice,⁸ Laing's main interest was the possibility of therapeutic intervention on a social level. As noted above, his previous research on families of schizophrenics prompted him and Esterson to call for further development of the family therapy of schizophrenia. However, the follow-up funding they were granted only covered further research with a control group, stalling the desired development of new group therapeutic methods through research. It is still possible to infer from Laing's practice what he imagined a systemic therapeutic intervention to look like. The example from his practice selected for the present purpose provides information both about Laing's approach and the mental health orthodoxy within which he practised, namely, a clinic that strongly focused on child guidance, youth delinquency, and early intervention for mental illness. Via the clinical case that Laing recalled at the occasion of the Association of Family Caseworkers' Study Day in 1968, he repeated the position that derived from his past family research. Instead of an individual crisis, a social crisis could be the root cause of a call for psychiatric help, which remained unaddressed by the psychiatric standard approach, which at the time relied mostly on individual diagnoses and subsequent medical treatment. Psychiatrists would therefore be required to redefine their task to investigating what happens on a systemic level (Laing 1999, 25).

Laing was consulted for an opinion about nine-year-old David Clark, who had been visiting a child guidance clinic for three months without any improvement in his condition. The psychiatrist in charge began to suspect that David might be schizophrenic and considered recommending hospitalisation. Laing remarked that David and his mother had exclusively attended clinical appointments, a situation that occasioned him to visit their home, where he met all members of the nuclear family and derived a picture of David's living situation. He was told by David's mother that her son's problems included not listening to her, not being interested in reading and writing, and not worrying about this state of things. A subsequent private 'man-to-man chat' (Laing 1999, 27) with David confirmed his lack of interest in reading and writing, and also that he loved to draw and work with things, and often went to construction sites to help the builders. Furthermore, Laing learned from David's mother that, in her view, David took after her and ultimately his grandfather – for just like her father, *she* was often out of the house and reckless. In

the opinion of her mother (David's grandmother), this was unacceptable behaviour. David's grandmother was resentful of her husband, punished her daughter with beatings, and now counselled her to '[beat] it out of David' (Laing 1999, 28) as well. In Laing's assessment, the problem causing David's poor school performance and disobedience towards his mother was not untreated schizophrenia, but that he violated the brutally enforced family-imaginary system by following his own interests and, quite literally, choosing the 'way out via the door'. Laing's conclusion was that individual therapy away from the family context could structurally deliver no results, for it failed to grasp the *a priori* (i.e., without reflection) generationally enforced phantasma of control and penalty that had now turned against David; instead of beatings, the punishment was then psychiatric consultation and diagnosis. For David, Laing instead recommended therapy sessions for David's mother and grandmother. This result requires further reflection for although Laing shifted the question of therapeutic intervention to a systemic, generational level, in practice it was simply two different family members who required therapy. As a conclusion it appears unsatisfying, especially considering the mother-blaming discourse, yet it importantly reflects the fundamental premise of Laing's psychiatric approach, which shifted the therapeutic inquiry from *How can the individual be cured from its symptom?* to *Is the calling of an individual's symptom itself a symptom of a social crisis, whose core is bypassed in attributing mental illness to the individual?* This epistemological project led Laing, at a point, to theorise that 'schizophrenia (in this sense: being tied in a knot of non-compossible intersecting sets of relations) takes at least three generations to produce. And is really inconceivable without a 3, 4, or even 5 generational model' (Laing n.d., 15).

His reading of Sartre's late work *Critique of Dialectical Reason* (1960) – culminating in the book *Reason and Violence* (1964) co-authored with Cooper – ultimately caused Laing to pose the question of the social intelligibility of schizophrenia in relation to society as a whole. Inspired by Sartre, he increasingly employed the neo-Marxist notion of 'totalisation', probing the intellectual possibility to understand the interconnectedness of all things. It was also for this reason that he co-organised an international congress titled *Dialectics of Liberation* in 1967 in London, with the aim to create a transnational network of scholars and activists to exchange ideas about the possibility of individual and social liberation. In his talk at the congress, Laing (2015) contemplated how his findings from family research could contribute to the demystification of both human and international relations in society. While his therapeutic practice so purposefully transcended the question of the individual, it had previously focused on a domestic unit that was practically still manageable. The shift of attention to the societal level can be explained by an impasse Laing encountered in his systemic intervention approach: although he found that an individual's display of schizophrenic symptoms was intelligible within the dysfunctionality of its immediate social environment, this very familial dysfunction could not be adequately explained without recourse to a macro-structure.

When faced with the absence of a more or less defined unit allowing for a practical intervention, Laing carved out the possibility for camaraderie as therapy, a

form of relationship that is therapeutic but eludes any technical micro-management of the individual and cannot be systematically learned, taught, or scientifically approached. Laing believed that if a symptom of schizophrenia was a breakdown of communication, a communal experience that fostered shared joy provided a new basis for communication. Communication – that is, a lack of separateness from others – arose from the experience of communion, which to Laing bore a decidedly religious notion of sharing an experience or a meal in a celebratory fashion (Laing 1985a, 116, 1985b, 14). In a speech he gave in 1983 under the auspices of Wellspring, a religious charity in Scotland, Laing stated that the meaning he attributed to therapy went back to its early Christian roots and described ‘a dedication to skilful attentiveness to others’ (Laing 1985b, 13). As Miller (2012) has demonstrated elsewhere, religion and psychiatry had already been imbricated for Laing in his early professional context and continued to do so throughout his career. From around the 1950s onwards, Laing made repeat visits to the spiritual Christian community of Iona, founded by the Church of Scotland minister George MacLeod in 1938 (Miller 2012, 147). Laing also visited (at least once) and gave a talk titled ‘Birth and Death’ (presumably in the early 1960s)⁹ at the Withymead house in Essex, a quasi-familial therapeutic community that housed severely disturbed patients and offered a range of art therapies in the Jungian tradition.¹⁰ Through his clinical work, his regular visits to therapeutic communities, and a broader British ‘communion paradigm’ (Miller 2012, 148) dissolving religious life in the community since the 1950s, Laing had adopted the view that the experience of communion via a shared sense of belonging could restore relational life to individuals who had previously been considered hopeless psychiatric cases. In his autobiography, he recalls that while working in the psychiatric wards of Gartnavel Royal Hospital in Glasgow during New Year’s Eve – which used to be Scotland’s biggest celebration of the year – he witnessed drastic behavioural changes in even the most catatonic and mute schizophrenic patients, such as smiles, laughs, handshaking, or wishing others a happy New Year.

The change, however fleeting, in some of the most chronically withdrawn, ‘backward’ patients is amazing. If any drug had this effect, for a few hours, even a few minutes, it would be world famous, and would deserve to be celebrated as much as the Scottish New Year. The intoxicant here however is not a drug, not even alcoholic spirits, but the celebration of a spirit of fellowship.
(Laing 1985a, 29)

In the Wellspring talk he gave two years before publishing his autobiography, Laing specified that

Communing with other people [...] is nothing to do with technique [...] it is a trans-personal field – a sort of force field that is not to be discovered within the investigative competence of physics or science. So I will have to call it “spiritual”.

(Laing 1985b, 14)

As Miller (2012) has shown, Laing's investment in the therapeutic spirit that 'exists in us and between us and that is the only healing power that exists' (Laing 1985b, 15) can be traced back to a 'theological hinterland' that affected his psychiatric practice, in the sense that Laing employed an 'incarnational, corporate Christian theology which demanded social inclusion and political justice in the name of a "Great Feast" to which all – including the mentally ill – were invited' (Miller 2012, 139). The 'abyss of difference' between schizophrenics and non-schizophrenics theorised by the phenomenologist Karl Jaspers is countered by Laing precisely through this recourse to a corporate Christian theology that insists on an unshakable spiritual bond 'throughout the whole creation' (Laing 1985b, 15). This, of course, leaves little doubt that his own therapeutic community experiment Kingsley Hall, that opened its doors in 1965, can be attributed to Laing's confluence of psychiatric practice and religious belief.¹¹ Kingsley Hall was fundamentally rooted in Laing's idea of companionship: while the use of force or medications was forbidden (which often led to conflicts, as some residents harmed themselves and sometimes others as well) and residents could engage in talking therapies with the resident psychiatrists if they so wished, the leading principle was that people experiencing turmoil or a breakdown could trust that they would be attended and safeguarded by companions who were in a more stable state of mind than them. Rarely, and mostly when alluding to the Kingsley Hall resident Mary Barnes or his friend Jesse Watkins (both of whom went through psychosis without seeking medical attention at a hospital and fully recovered), Laing called these experiences a 'journey' or 'voyage'. Amplified through Barnes's (1971) own account of her life at Kingsley Hall, *Two Accounts of a Journey Through Madness*, these terms – rather than, for example, camaraderie or friendship – became dominantly associated with what Kingsley Hall was like.¹²

Ultimately, Laing's insistence on the therapeutic dimension of companionship marked his refusal to depend on therapeutic techniques operating exclusively within the confines of his empirical findings in group settings. Both the social fantasy system of the family and the collusion of a toxic relationship rely on a relational model, defined by perception-action-reaction, which Laing observed in his group therapeutic work and phenomenological family research, and which he sought to break up through systemic interventions. Laing's Christian-inspired idea of camaraderie as therapy, however, aims to reach beyond the limits of family therapy, for it no longer takes the analysis of the vicissitudes of perception as a starting point. Instead of therapeutic techniques, the focus is on recovering the schizophrenic's lost experience of fellowship.

Conclusion

This chapter traced the development of Laing's therapeutic practice and its conflictual relationship with post-war British clinical psychoanalysis. While Laing's focus on the family signified a continuity with psychoanalytic practice, he turned away from the psychoanalytic claim to interpretation and neglected the

central place of the unconscious for the therapy of schizophrenia. In its absence, a new ensemble of therapies was proposed by Laing, which I have identified as existential analysis of action, systemic intervention, and a return to commonality. The former two are rooted in Laing's observation that mutual deception (collusion) and social fantasy are the dominant relational modes through which reality is negotiated in group interactions. Laing theorised that schizophrenic expression would find its rationality when seen in the context of relational dysfunctionality, which he ultimately reduced to a collective insistence on the truthfulness of a shared fantasy. Despite finding its expression in the individual, Laing therefore proposed that schizophrenia was better grasped in terms of a crisis within the social fantasy of the family nexus that impacted its interrelations. Following his research on families of schizophrenic patients, Laing called for structural intervention into family life to prevent children especially from being initiated into a 'schizophrenic career', and he warned medical practitioners from treating an individual scapegoat of what was in fact a social crisis. As we have seen, from the early 1960s onwards, Laing began to increasingly link the question of the family nexus' dysfunctionality to broader society. Beyond his role as therapist, he found a new vocation as a public intellectual, spreading his ideas to audiences worldwide. In response, Marxist theorists like Peter Sedgwick and Russell Jacoby critiqued the tendency in Laing's work to ignore non-immediate factors in its implicit assumption that the study of group dynamics is exhausted by an empirical analysis of a situation in its immediate display of perception-action-reaction, and that the 'game' of collusion Laing describes – which seeks constant confirmation from another to sustain the self – is one practised not by all human beings but human beings who are already 'mesmerized and mutilated' (Jacoby 1997, 144). In this chapter, however, I stressed a practical turn in Laing's therapy that coincided with his theoretical turn to society. Although his lecture activity might partially suggest otherwise, the whole of society did not practically become Laing's new patients. The practice he pursued since c. 1965 was no longer exclusively based on his phenomenological findings but increasingly owed to a Christian imperative of a human community and lived social justice. At least until 1970 – when his therapeutic community Kingsley Hall dissolved – Laing belonged to a psychiatric avant-garde in Britain: his sanctuary gave refuge and offered therapies to anyone experiencing severe forms of mental distress. A comparable willingness to take in the most seriously ill schizophrenics was not present in the therapeutic communities that followed Kingsley Hall, and in which Laing no longer assumed a central role.¹³ To conclude, Laing's therapy aimed at providing his patients and clients with a 'way out' of their untenable situations, while his therapeutic community was open to those alienated from social life who had nowhere else to go. Laing's work, as demonstrated through his theoretical writings and practical interventions of this period, resists reductive categorisation, combining novel analytical frameworks with eclectic therapeutic innovations. His readiness to experiment, to engage with different approaches, and to establish alternative therapeutic spaces can enrich contemporary mental health practice – showing that theoretical and practical engagement need not be mutually exclusive.

Notes

- 1 See Scott and Thorpe (2006); McGeachan (2012, 2014); Miller (2004, 2009); Wall (2017); Chapman (2020, 2021); Bradshaw and Brown (2018).
- 2 See Ingleby (1981); Andrews (1998); Freeman (2005); Abrahamson (2007); Beveridge (2011).
- 3 Wellcome Trust: Mental Health Strategy. <https://wellcome.org/what-we-do/mental-health>.
- 4 See the contribution of Andrew Feldmar during the panel discussion “Psychoanalysis and Psychedelics: The Inaugural Event” hosted by the Maudsley Psychedelic Society (mins. 1:00–1:02).
- 5 See Esterson and Laing’s *An Existential Analysis of a Schizophrenic Woman (1954–1959)*.
- 6 The patients’ names were pseudonymised by Laing and Esterson.
- 7 For a discussion of the implications of schizophrenia as existential action on the self that produces madness, see Miller (2008).
- 8 For a discussion of the range of methods Laing employed in individual therapy, see Schneider (2000).
- 9 Laing’s personal notebook gives evidence of this visit. See MS Laing A672, 2.
- 10 For a detailed account of the Withymead therapeutic model, see Hogan (2001).
- 11 This connection has also been suggested by Laing’s son, Adrian Laing. See Laing (1997, 102).
- 12 For instances of this, see Guattari (1984) and Sophia Rohwetter’s chapter in this volume for Franco Basaglia’s perspective on Kingsley Hall.
- 13 I owe this reference to Sonu Shamdasani.

References

Archival sources

- Laing, Ronald David. n.d. *Draft Notes Concerning Family Relationships*. Unpublished. MS Laing A663. Special Collections, Glasgow University Library.
- Laing, Ronald David. n.d. *Notes/Drafts*. Unpublished. MS Laing A672. Special Collections, Glasgow University Library.
- Laing, Ronald David. 1960. *The Development of Existential Analysis*. Unpublished. MS Laing A116. Special Collections, University of Glasgow Library.
- Laing, Ronald David. 1975. *Lecture: Introduction to Phenomenology*. Typescript. Unpublished. MS Laing A77. Special Collections, Glasgow University Library.
- Laing, Ronald David, and Aaron Esterson. 1959. *An Existential Analysis of a Schizophrenic Woman (1954–1959)*. Unpublished. MS Laing A273–275. Special Collections, Glasgow University Library.
- Laing, Ronald David, and Aaron Esterson. 1964. *Application for Funds by Drs A. Esterson and R.D. Laing*. Unpublished. MS Laing A627. Special Collections, Glasgow University Library.

Secondary Sources

- Abrahamson, David. 2007. “R.D. Laing and Long-Stay Patients: Discrepant Accounts of the Refractory Ward and ‘Rumpus Room’ at Gartnavel Royal Hospital.” *History of Psychiatry* 18(2): 203–215.
- Andrews, Jonathan. 1998. “R.D. Laing in Scotland: Facts and Fictions of the ‘Rumpus Room’ and Interpersonal Psychiatry.” In *Cultures of Psychiatry and Mental Health Care*

- in *Postwar Britain and The Netherlands*, edited by Marijke Gijswijt-Hofstra and Roy Porter, 121–150. Leiden: Brill.
- Barnes, Mary, and Joseph Berke. 1971. *Two Accounts of a Journey through Madness*. London: MacGibbon and Kee.
- Beveridge, Allan. 2011. *Portrait of the Psychiatrist as a Young Man: The Early Writing and Work of R.D. Laing, 1927–1960*. Oxford: Oxford University Press.
- Borch-Jacobsen, Mikkel. 2021. *Freud's Patients: A Book of Lives*. London: Reaktion Books.
- Borch-Jacobsen, Mikkel, and Sonu Shamdasani. 2011. *The Freud Files: An Inquiry into the History of Psychoanalysis*. Cambridge: Cambridge University Press.
- Bradshaw, Alan, and Stephen Brown. 2018. "Up Rising: Rehabilitating J.G. Ballard's High-Rise with R.D. Laing and Lauren Berlant." *Environment and Planning D: Society and Space* 36(2): 331–349.
- Chapman, Adrian. 2020. "'May All Be Shattered Into God': Mary Barnes and Her Journey through Madness in Kingsley Hall." *Journal of Medical Humanities* 41(2): 207–228.
- Chapman, Adrian. 2021. "Dwelling in Strangeness: Accounts of the Kingsley Hall Community, London (1965–1970), Established by R.D. Laing." *The Journal of Medical Humanities* 42(3): 471–494.
- Editorial Board. 2022. "The Solution to America's Mental Health Crisis Already Exists." In *The New York Times*, 4 October. <https://www.nytimes.com/2022/10/04/opinion/us-mental-health-community-centers.html>.
- Feldmar, Andrew, Paul Zeal, Nathan Gorelick, and Timmy Davis. 2021. "Psychoanalysis and Psychedelics: The Inaugural Event." Panel discussion hosted by the Maudsley Psychedelic Society, 2 March. <https://www.youtube.com/watch?v=HsDnRkZSBII>.
- Freeman, Hugh. 2005. "Psychiatry and the State in Britain." In *Psychiatric Cultures Compared, Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, edited by Marijke Gijswijt-Hofstra, Harry Oosterhuis, Joost Vijsselaar, and Hugh Freeman, 116–140. Amsterdam: Amsterdam University Press.
- Guattari, Félix. 1984. *Molecular Revolution: Psychiatry and Politics*, 51–59. Harmondsworth: Penguin.
- Harrington, Anne. 2019. *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness*. New York: W. W. Norton & Company.
- Hogan, Susan. 2001. "Withymead. Britain's First Therapeutic Community Dedicated to Art Therapy." In *Healing Arts: The History of Art Therapy*, edited by Susan Hogan, 220–289. London: Jessica Kingsley Publishers.
- Ingleby, David. 1981. *Critical Psychiatry: The Politics of Mental Health*. Harmondsworth: Penguin.
- Jacoby, Russell. 1997. *Social Amnesia. A Critique of Contemporary Psychology*. New York: Routledge.
- Laing, Adrian. 1997. *R.D. Laing: A Biography*. London: HarperCollins.
- Laing, Ronald David. 1964. "Is Schizophrenia a Disease?" *International Journal of Social Psychiatry* 10(3): 184–193.
- Laing, Ronald David. 1967. *The Politics of Experience and the Bird of Paradise*. Harmondsworth: Penguin Books.
- Laing, Ronald David. 1969. *Self and Others*. Harmondsworth: Penguin Books.
- Laing, Ronald David. 1985a. *Wisdom, Madness and Folly: The Making of a Psychiatrist 1927–1957*. London: Macmillan.
- Laing, Ronald David. 1985b. "Psychotherapy as Celebration." *Metamorphosis: The Journal of the Metamorphic Association* 6: 13–15.

- Laing, Ronald David. 1999. *The Politics of the Family and Other Essays*. London and New York: Routledge.
- Laing, Ronald David. 2015. "The Obvious." In *The Dialectics of Liberation*, edited by David Cooper, 13–33. London and New York: Verso.
- Laing, Ronald David, and Aaron Esterson. 1958. "The Collusive Function of Pairing in Analytic Groups." *British Journal of Medical Psychology* 31(2): 117–123.
- Laing, Ronald David, and Aaron Esterson. 1971. *Sanity, Madness, and the Family. Families of Schizophrenics*. Harmondsworth: Penguin Books.
- McGeachan, Cheryl. 2012. "(Re)Remembering and Narrating the Childhood City of R.D. Laing." *Cultural Geographies* 20(3): 269–284.
- McGeachan, Cheryl. 2014. "'The World Is Full of Big Bad Wolves': Investigating the Experimental Therapeutic Spaces of R.D. Laing and Aaron Esterson." *History of Psychiatry* 25(3): 283–298.
- Miller, Gavin. 2004. *R.D. Laing*. Edinburgh: Edinburgh University Press.
- Miller, Gavin. 2008. "Psychiatry as Hermeneutics: Laing's Argument with Natural Science." *Journal of Humanistic Psychology* 48(1): 42–60.
- Miller, Gavin. 2009. "How Scottish was R.D. Laing?" *History of Psychiatry* 20(2): 226–232.
- Miller, Gavin. 2012. "R.D. Laing's Theological Hinterland: The Contrast between Mysticism and Communion." *History of Psychiatry* 23(2): 139–155.
- Moncrieff, Joanna. 2013. *The Bitterest Pills: The Troubling Story of Antipsychotic Drugs*. Basingstoke: Palgrave Macmillan.
- Mullan, Bob. 1995. *Mad to Be Normal: Conversations with R.D. Laing*. London: Free Association Books.
- Schneider, Kirk. 2000. "R.D. Laing's Existential-Humanistic Practice: What Was He Actually 'Doing'?" *Psychoanalytic Review* 87(4): 591–600.
- Scott, Susie, and Charles Thorpe. 2006. "The Sociological Imagination of R.D. Laing." *Sociological Theory* 24(4): 331–352.
- Scull, Andrew. 2022. *Desperate Remedies: Psychiatry and the Mysteries of Mental Illness*. London: Penguin Books.
- Thompson, M. Guy. 2000. "The Heart of the Matter: R.D. Laing's Enigmatic Relationship with Psychoanalysis." *Psychoanalytic Review* 87(4): 483–509.
- Wall, Oisín. 2017. *The British Anti-Psychiatrists: From Institutional Psychiatry to the Counter-Culture, 1960–1971*. London: Routledge.