

LAING AND THE EXPERIENTIAL VIEW OF MADNESS

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Several years ago a psychiatrist working in a community orientated mental hospital, Roffley Park in Sussex, was looking beyond the cautiously progressive approach employed there. His patients were selected carefully, mostly neurotics who might otherwise have ended up with the then traditional forms of treatment, or with total neglect. The hospital was small, ideally suited to the theories it sought to apply. But it was conspicuously the odd one out among the mass of large mental hospitals, one of the few regarded as experimental. However the patients sent there might have had years of previous treatment in conventional institutions, conditioning them, if nothing else, in their role as patients.

Another problem was that in spite of the self-selection implied in going to work there, the doctors were not particularly homogeneous. Like others, Dr. Ronald Laing had come through the progressive school of the army, but many traditional patterns of doctor-behaviour persisted: favorite patients, infatuation with some esoteric theory or other, and sheer laziness - all of which vitiated the group-discussion approach to treatment. For doctors, their earliest medical training underlay their present progressive roles, so that their aims, though couched in the language of psychiatric rehabilitation, were all too often identical with those in 'non-progressive' hospitals.

All too often, they could not see the whole situation of the patient. Indeed, beyond his short stay, the patient did not exist for them as a continuous entity. By training, by role, above all by their self-conceptions, they deliberately restricted what they saw. The patient's family concerned chiefly the social worker, who would be concerned with 'briefing' the doctor with social reports. On discharge the patient would return to a world that was not in any sense progressive, where few follow-up doctors shared the same ideas even if they had heard about them.

Leaving the success or otherwise of this method aside, might it not be possible that this 'progressive' hospital existed more for the benefit of doctors and social workers than patients? It was after all, a superior working environment for them. The thinking motivating the hospital surely reflected a 'hygienic' conception of the world, and a wish to ameliorate society by means of fair treatment for the mentally ill instead of the coarse violence of large institutions. Was the progressive hospital anything but a typically middle class concept, well-meant but totally at odds with the lives of most of its patients? The therapeutic work was not 'real', not comparable with conditions 'outside'; the warmth and friendliness cultivated in the hospital were not universal outside. Anyway the 'outside', the world out there, still persisted as a sign of segregation. The doctors were still doctors trying to act on patients. Incarcerated in this ideology even more than the patients, how could the doctors understand or empathize with the lives many patients lived? For were they not a new kind of monk, who acted on the world with hope, but avoided real contact with it themselves?

One way round this might be to look at the other side, the patients' side. We know very little about what is psychiatry, what is treatment, what really goes on. Medicine has become a vast, unapproachable edifice of knowledge, the monopoly of the initiated elite, aiming to move ever larger masses of people smoothly along the road from illness either to recovery or to incurability. The very impersonality of this approach was bound to create a profound reaction, distrust at least, among some who experienced it. The vast army of the mad might have been expected to leave their own imprint on the institutions that housed them, some effort to have a say in their own destiny, at the least by writing subjectively of their experiences of illness and treatment. Such accounts would have been of unique interest and value. However, few such accounts have ever appeared.

What are the difficulties to be overcome? First there is the problem of inertia, from the outside and from writing. To write in an institution, or outside it, of one's illness, life and treatment it is essential that one be oneself. But shambling down corridors or sitting in a ward or cell are more acceptable institutional roles. In writing, the writer may go beyond his present situation and that is both immensely difficult and probably not welcomed. The choice of a form of self-activity that is essentially concerned with *being* must be seen as an attack on those whose activity is a function of the institution. There are also the formidable legal difficulties, less nowadays, which faced someone needing paper, secrecy for work, and so on. However, the asylums of the nineteenth century before being brought under state control, imposed no such stranglehold. There is a considerable output from that time, the result of friendly warders or nurses being able to bend the rules.

The paucity of this kind of writing in England since the war, which might possibly have developed into a new kind of literature, suggests a genuine defeat of the spirit, and this increases the interest of '*Two Accounts of a Journey Through Madness*'. The book was a lifetime in the making, but owes its existence to a large number of people who helped Mary Barnes to a position where she could write, to the co-author, and to Kingsley Hall, where she lived. Although covering a lifetime, it is not in any sense an autobiography: there is no attempt to tell a fully rounded story. It is always of the present moment, a story of an illness. In order to live, where the alternative was to be stuck with an existence that did not belong to her, Mary Barnes wanted to follow through her despair, her madness in herself, to become mad in order finally to become well. En route she began painting and writing, and this book is one of the results. Although Kingsley Hall is very present and names in the Laingian network flip in and out of the text, it remains a personal account, not a justification or explanation of a method. No one but the patient can relate these events, for the feeling is inseparable from the content and the events are their own justification. Given the conditions needed for the book to appear, as well as a great deal of luck, the future for this field of literature does not seem bright.

Those with experience seem barely able to overcome the problems of re-living their experience in words. Therefore, another means must be found by-passing the external view of the patient and the illness. Such means must involve the doctors with their patients more directly than hitherto, but how?

At this point, one arrives at Sartre. It is scarcely possible to understand much of the school of Laing without understanding Sartre, but is it possible to understand Sartre?

No single work expresses his philosophy; indeed he says he is not a philosopher. Is it necessary then, to read back, to read Husserl and Heidegger, to read about phenomenology, and ontology to understand Sartre to understand Laing? Perhaps the fact that very few English people pay attention to Sartre may have attracted Laing? At any rate, the vast scope of Sartre's studies, all burning with fevered discontent, are crucial to the books by Laing, Esterson and Cooper.

Sartre found the world unsatisfactory, and those who tried to improve it even more so, for they were merely the agents of the status quo. Everything about a person was important, a person could not be understood as bits and pieces, schematized no matter how well, but understood only in toto, chaotically as in life. During the 1950's Sartre elaborated these ideas in three books. Unreadable because of his over-dense use of language, almost strangling meaning with words, his books reached only a tiny public even in France. So Laing, with David Cooper, took these books and compressed them for the English reader in the book '*Reason and Revolution*' published in 1963. Part of a note by Sartre reads: 'Like you, I think one cannot understand mental illness from the outside. I also believe one cannot understand or help without a true respect for the patient.'

Esterson and Cooper were both connected with the Laing 'network' and their books reflect the development of their ideas since '*Reason and Revolution*'. That development looked for a way of treating the patient as subject, not object. The closure of the ward in Shenley run by Cooper made that impossible inside the NHS. On the other hand, the effort was intellectual, beginning with the research on families in the early 1960's. The two strands came together finally when a nucleus of patients, many of whom had contacted Laing because of his books, and some doctors such as Joseph Berke set up house together in the East End, in Kingsley Hall.

Early research had tried to take as evidence and to draw conclusion from what went on in the family. However, it became clear that 'what went on' was not enough. A methodology was needed to make the material more 'potent' for battles are fought with method. As well as a justification of a point of view usually eliminated in orthodox psychiatry, a new element crept in the self-justification of the medical heretics. Original differences were widened by the mutual hostility between the world of medical orthodoxy and those who had excluded themselves. The natural audience for a doctor is not the public at large, still less his patients. As a professional person, he naturally addresses his fellow professionals, and if there is real disagreement, as there often is, this is still kept inside the family by its complexity or its technical language. The audience might include social workers and others on the periphery of medicine, but only as observers. Unfortunately Laing is more lucid than most doctors. When his books were no longer reviewed or discussed inside the profession, they found a wide market outside. Patients read Laing and sometimes recognized their own experience. In time the audience grew large and diffuse. Two disparate elements emerged. On the one hand Laing left behind no clear definition of what he was trying to do, and sought in describing what went on, a justification for doing nothing in particular. It seems that for a time a spirit of abdication dominated at Kingsley Hall; things were left to drift and a kind of religiosity crept in over the lucidity of earlier shapes. This religiosity may or may not have been Laing's subtle attempt to play a sort of messianic role himself. When Mary Barnes describes Ronnie lying on the floor saying over and over again 'The Resurrection, the Resurrection' such ideas may arise. Now this

religiosity or mysticism mingled with other elements certainly had appeal for its natural audience. By this time, Laing was a cult figure among some. Side by side with this the continued effort to develop ways of looking at the family carried on. On the evidence of these books, it seems the research effort petered out probably long before the end of Kingsley Hall. But all three books (Laing's, Esterson's and Cooper's) draw heavily on their shared contact in the past and they all, for an appearance of order, rationality and justification, rely very heavily on a Sartrean methodology.

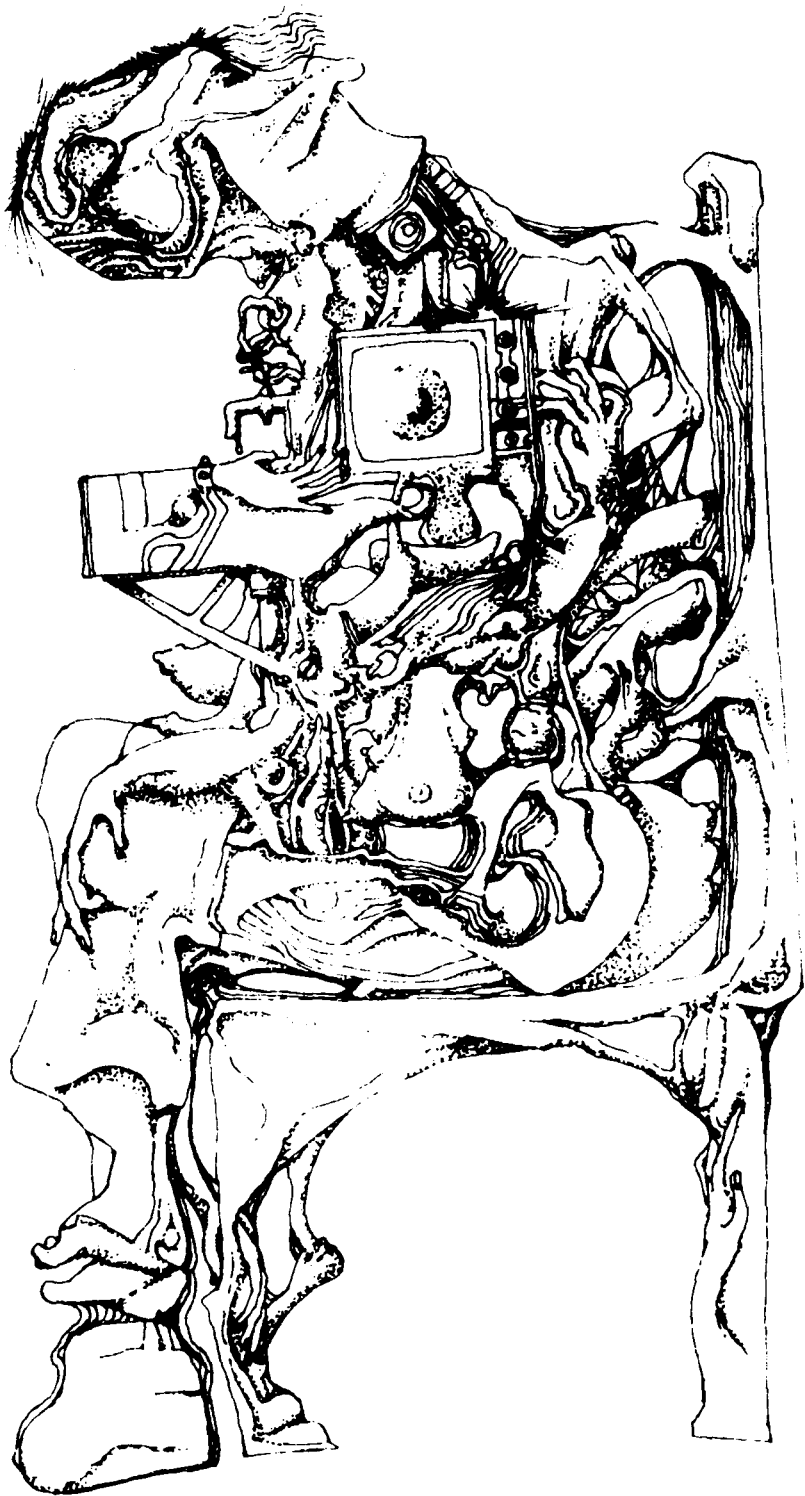
Esterson describes the workings, and where relevant the past, of a family, one of whose children is treated by him in a hospital. There is no account, not even a note on the patient's progress, if any, or if this approach helped. The book is openly sympathetic to Sarah, the patient whose illness is an expression of a family sickness, which the other members have resisted better by being less sensitive. The patient as Sarah scarcely appears. She speaks only to protest about some misinterpretation or distortion of fact by her family. Really, Dr. Esterson says, she does not exist. As a patient, in essence the prototype patient, she is very much present. Her family appear in detail, as mystifying and deceitful persecutors. The patient appears as object. Not merely an object of her family, each of whom was merely an object in a strange and terrifying world, but also in this book, an object for a particular analysis. Although like Sarah, they co-operated with Dr. Esterson, their co-operation was itself an expression of their self-deception. What did they think this, or any other doctor could do that they could not themselves do? The doctor listens and records. To them, he was an object, someone they visited only because of his external status, role etc. Would it not have been better to undeceive the patients? Dr. Esterson says his purpose was to make a first methodological study. Did the patients know there could be no other conceivable outcome? It is doubtful.

We have seen all this before. Did Genet know that in talking to Sartre he was talking so that Sartre could write a book about him? Did he know he would feel drained and empty after the book was written? Does Dr. Esterson know that one study needs another, that as Sartre went from excavating Genet from himself to Flaubert, so one case, or a hundred, merely makes a mass of words. It seems to me that neither Esterson, nor Cooper, nor Laing have considered that Sartre's project is really quite different from theirs.

The need to write continuously, to become familiar with one's own obsessions through others - and in doing so to adopt the status of an 'intellectual', of a friend of the workers, yet a complete and total stranger to them - a super-monk in fact - what has this got to do with patients, with mental illness, with being as Dr. Esterson is in spite of everything - a doctor?

Some indication of where Esterson might have gone astray might be found in the discussions on Che Guevara, Man, the effects of the industrial revolution, Those who know more about one or two of these might feel offended at his way of tagging events with meaning, like a gardener with his rose bushes. These forays outside the family are likewise vital to Cooper but his fascination with simplistic explanations, may, just may, have a bearing on his book as a whole.

The thesis of David Cooper's book, is that the family is an organised effort of suppression, an agent of a repressive society, which sacrifices its members either by



making them totally alienated from their 'real' selves or by making them mad. There is one difference however, in that he tries to go beyond the limited field of the prototype family, to the family in the world as a maker of men, for a certain kind of his society bears a few similarities to Laing's book, though trying to chart a different course. The Sartrean analysis is again evident. In all three books, the same examples, notably the famous bus queue, are taken from Sartre. As much space is given to explaining why things are like this, as to showing how they are. The effect is that those who already believe will have their faith strengthened, but those who don't are unlikely to be convinced. The book has structure-chapters, paragraphs, but is still rather rambling. The fevered incisiveness of Sartre as well as his capacity are missing. It seems that at the end, the family is left untouched, with most of the human race incarcerated and none the wiser.

One point of interest is the lack of people. Laing mentions Hitler, Jesus, Jack and Jill as situational examples. Cooper mentions a patient or two, but his books are far from being dense with life. He is preoccupied with method, a method more securely understood by Laing than by Cooper (though Cooper's writing was lucid and intelligent in *'Reason and Revolution'* there has been a deterioration) and with the process of life, family life and interior life.

Laing's book is uneven. Some parts recall the cool lucidity of *'The Self and Others'*, as for instance the paper called 'Intervention in Social Situations'. Elsewhere, lucidity comes and goes. Before one can think about the rightness of an idea, Laing has slipped away. In Laing and Cooper there is a depressing tendency to resort to diagrams, and even to quasi-algebra.

Is there a Laingian 'approach'? With the members of the clan separated, it would seem not. All their present writings seem based on the work of three or four years ago. It seems like living on capital, and perhaps on reputation.

It is hard to see where their approach can go from here. It is possible that society has forced Laing into an impasse, a 'knot' from which there is no practical way out. It might seem a matter for sadness, even a tragedy. But this is a self-chosen course and it is important to evaluate it now.

First it was an error to absorb from sociology, or to take from Sartre, a tendency to think in absolutes. Whatever mental hospitals are, they may also be other things. The formal structure (oppressive or absurd) merely reflects a human effort to understand, to act on in an ordered way. Now the reality of the worst hospitals, however bad, remains a human reality, and in Laing's original escape from this world - even in progressive disguise - there was an element of fantasy, also perhaps of cowardice. There are doctors - and patients too - who live inside a distorting framework, trying not to do harm. To try 'not to do' is a sympathetic element in the Laingian approach, but muddled with the activism the desperately impractical activism of Sartre - and the pseudo religiosity. There is an inherited and tragic confusion. The Sartrean analysis is not a prescription for the individual. It can be dangerously misleading in that sense. There is always the possibility that we may just have to accept suffering and pain, and rejoice in it, for they are inseparable from life. The long tradition of activism has had success in the past in helping the passive, the inert, to movement again. But failures have been even more common. Success seems to come through having a clear goal and,

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however radical, a limited goal, one which even beneath revolutionary rhetoric is really conservative.

But the person is not a revolution, nor a call to one. He seeks a justification, a place, inside himself as well as in the outside world. We kill the Eichmanns because of their crimes, but we know, as we do it, that it is both necessary and pointless.

Justice is a feeble flame. It is nowhere Strong enough to wage war, even a good war. It is more than possible that the source of much evil is the belief that one knows all the answers, the total solution. It is this harsh, despairing, violent truth, stripped now of people and living only for itself, that is offered us, possibly in spite of himself, by Laing. And mixed up with it are bits and pieces of other ways out - 'death and re-birth', the communal family, God, Christ. All these might, or might not, have offered a way out had the writer not gone so far into nothingness.

One can build a house to a plan. It will look like the plan envisaged, but the plan cannot ensure that we live in it in the way intended. We have built cells, but those inside them are not always prisoners. We order the world, we think, but *it* orders *us*.

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ENCOUNTERS

Peggy Thornborough

I came all glowing with anticipation, with eagerness to participate in the encounter of person to person. But I brought with me that other self who is afraid, and there was a consciousness of the other roles I knew: the analysed social worker, the woman with a life's experience, the leader to those who need help, and the self that finds it hard to be the helped, and so shows a tough exterior.

My companions were all young except one. He had just come from a week's encounter experience and was bubbling over with it, and even he was years younger than me. We were invited to make statements to one