

Unarmed Descent: The Achievement of R. D. Laing

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The response to R. D. Laing's innovative psychiatry has been varied. One American colleague of Laing sees him as a "brilliant and sensitive paranoid schizophrenic." Another psychoanalyst who is close to Laing, and familiar with his theoretical and clinical work, believes him to be "perhaps the most original and creative psychiatric thinker since Freud."¹ The intention of this essay is, with special reference to Laing's first book, *The Divided Self*, to shed light on what is original and creative in his work. In particular, I would like to explore the importance of his achievement for three related concerns—psychiatric theory and practice, intellectual history, and literary criticism.

Psychiatric Theory and Practice

A distinction that Michel Foucault makes in *Madness and Civilization* between two characteristic ways of looking at madness can help us understand Laing's contribution to psychiatric thought. The first interprets the experience of the madman as a form of unreason that, precisely because it *is* unreason, can be meaningful to other members of society. Thus, during the European Middle Ages the madman could be seen as a sign of the Beyond, as a bearer of truth from another world, or as one who pointed in an acceptable way to social and personal folly. What is important in this conception is that the madman was integrated into society at a time when reason and nonreason were coherently related. They existed "for each other, in relation to each other, in the exchange which separate[d] them." The second way of looking at madness emerged in Western culture during the seventeenth and eighteenth centuries when the dialogue between reason and irrationality was cut off. In contrast to the Middle Ages, the Age of Reason interpreted madness as

1. James S. Gordon, "Who is Mad? Who is Sane?" *The Atlantic* 227 (January 1971): 57. In the second quotation, Gordon paraphrases his unnamed source.

unreason that was without positive or meaningful content. In Foucault's words, madness was seen as a "manifestation of non-being." A crucial step in the rejection of the madman as wholly other, as radically distinct from "normal" individuals, was the categorization of madness as mental illness at the end of the eighteenth century. For Foucault the effect of this view of madness as disease has been to deny the voice of unreason, to silence it invidiously from the perspective of a narrowly conceived rationality, to thrust "into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made."² James Gordon offers convincing testimony that the interpretation of insanity as a sickness which manifests itself in recognizable "symptoms" is predominant among psychiatrists today.³

Laing's originality is rooted in his fresh view of madness. He wrote in the preface to *The Divided Self* that the overall purpose of his book was to reopen the dialogue between reason and unreason, and in so doing to "make madness, and the process of going mad, comprehensible. . . . I wanted to convey above all that it was far more possible than is generally supposed to understand people diagnosed as psychotic."⁴ Instead of seeing madness in terms of symptoms or as completely other, Laing believes schizophrenia (perhaps the most common form of madness in modern society) to be an extreme, uncontrolled version of an "inward migration" familiar to us all in its milder forms. Faced with a danger situation from which no physical escape is possible—one that might occur, say, in a concentration camp—the normal person might experience something akin to a temporary schizophrenia in his attempt to withdraw into an inner realm that seems safe and at a distance from what threatens him. But in the case of people who are perpetually unsure of themselves as real, alive, whole, or autonomous beings, this dissociation of self is not a temporary, easily reversed reaction to a specific and limited moment of danger. Rather it is an ongoing, too often irreversible way of approaching all situations, because all or nearly all situations are seen as threatening to the very existence and being of such ontologically insecure individuals.

2. Michel Foucault, *Madness and Civilization*, trans. Richard Howard (New York: New American Library, 1967), pp. x, 100.

3. Gordon, "Who Is Mad?" pp. 50–56. Cf. Jean-Paul Sartre, *Between Existentialism and Marxism*, trans. John Mathews (New York: Pantheon Books, 1974), p. 204.

4. R. D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (Baltimore: Penguin Books, 1965), pp. 9, 11.

As the ontologically insecure person withdraws into his inner fantasy world, a world that promises to be a realm of transcendence and freedom, the “unembodied” self establishes itself as an abstracted, non-involved observer and repudiates the actions of the outer, false-self system. The inner self comes to regard these actions as a purely mechanical, alien attempt to conform to the demands of the exterior world. But unnourished by outer reality, alone and isolated in an inner nothingness, the unembodied self becomes increasingly infused with fear, hostility, despair, and a sense of its own nonbeing. As a result of the individual’s confused need to “come out,” to emerge undisguised in the world, and his simultaneous terror of doing so, multiple splits may occur in the already divided self. Ultimately this posture of self-defense proves impossible to maintain. The longer the inner self remains aloof and abstracted in its effort to escape annihilation, the more empty, “phantasticized,” and chaotic it becomes. According to Laing, the passage from the sane or schizoid condition, in which the individual has made a temporarily successful adjustment to reality on the basis of this split between inner and outer experience, to the psychotic or schizophrenic state may occur gradually, even imperceptibly. But the transition may also be sudden, dramatic, and shocking. Should the unembodied self begin to want overwhelmingly to “escape from its shut-upness, to end the pretense, to be honest, to reveal and declare and let itself be known without provocation, one may be witness to the onset of an acute psychosis.” Though outwardly sane, such a person “has been becoming progressively insane inside.”⁵

One of the remarkable features of Laing’s phenomenology of madness is the lucidity with which it shows how psychopathology is related to normal, everyday life. As Foucault has reminded us, Freud was a pioneer in his conscious attempt to demonstrate the passage from mental health to psychosis to be a gradual one. He temporarily “restored, in medical thought, the possibility of a dialogue with unreason.”⁶ But we shall see that Laing lets unreason speak for itself even more clearly and convincingly than Freud did. Beginning with an existential condition (ontological insecurity) and a typical response to it (schizoid withdrawal and playacting) that cannot be completely foreign (and may be all too familiar) to his readers, Laing leads them into the chaotic, anguished world of the schizophrenic. He exposes them to a view of

5. Laing, *Divided Self*, p. 147.

6. Foucault, *Madness and Civilization*, p. 162.

this world, allows them to feel its texture, glimpse its meaning. He lets them grasp the unfamiliar in terms of the familiar and thereby sense the links between ordinary, “sane” experience and madness—this in spite of the fact that, as Laing is careful to point out, the heart of the schizophrenic’s experience must remain inexplicable to the normal person.⁷ *The Divided Self* thus becomes a mirror in which many readers can hardly avoid seeing themselves. The mingled feelings of illumination and uneasiness we are left with after reading Laing’s book attest to the effectiveness of his language, categories, and overall approach.

Laing succeeds in reestablishing existential as well as conceptual ties with the madman. In the introductory pages of *The Divided Self*, Laing insists that psychotherapy must be genuinely compassionate. He argues that to view schizophrenics either as configurations of biological “it-processes” or as automata made up of functional parts is fundamentally mistaken. Seeing people as animals or things instead of persons is a reifying approach to psychotherapy which reflects the same contradictory, inhumane conditions, the lack of acceptance, from which the schizophrenic is trying to escape. At best such an approach may prevent the psychiatrist from understanding or helping his patients; at worst it may intensify the patients’ fears and frustrations. Psychiatry then becomes *self-contradictory* and *self-defeating* in a very full and destructive sense. Finally this kind of psychiatry reveals itself for what it is—namely, a means of self-protection in the face of perceptions and behavior the analyst is afraid to admit as human and therefore potentially his own. Freud, for Laing “the greatest psychopathologist,” used theoretical structures in this self-protective manner. Freud was a “hero” who “descended to the ‘Underworld’” and there encountered “stark terrors.” But he “carried with him his theory as a Medusa’s head which turned these terrors to stone.” Laing wants to understand the schizophrenic’s universe “without using a theory that is in some measure an instrument of defense.” According to Laing, the therapist must learn to see his patients as agents instead of objects—i.e., in terms of their own unique perspective on reality, their fears, hopes, desires, abilities, and limitations. He must try to enter into the world of the schizophrenic and see that world in its unity and richness. Therapy for Laing is a manifestation of love rather than a bludgeon or a set of barriers—a form of empathy in the presence of which the schizophrenic, because he is to a significant degree understood, ceases to be merely a schizophrenic and becomes a special *person*.

7. Laing, *Divided Self*, p. 179.

Often the task of the therapist is simply to try to “make contact with the original ‘self’ of the individual” and nurse it back to life.⁸ Thus, Laing’s primary goal as a psychoanalyst is to insure that the “voyage of discovery into self” will be a healing process “through which the person may be guided and during which he is guarded.”⁹ In actual practice Laing’s methods have led to a relatively small but significant number of what he calls “microrevolutions” (deep-structure personality changes) in mental hospitals, in individual therapy, and in communal experiments like Kingsley Hall near London.¹⁰

On the levels of description and analysis, then, as well as on the level of therapy, Laing has tried to be consistent with what might be termed a first-person (as opposed to a third-person or reifying) view of schizophrenia—a view that focuses on the schizophrenic’s own experience of himself and the world, and attempts to understand him in terms of his fears, hopes, desires, abilities, and limitations rather than by means of elaborate theoretical models. One result of this first-person approach is a conceptual framework (Laing refuses to call the ideas elaborated in *The Divided Self* a theory) that has greater explanatory power in some respects than Freud’s model. The case-study examples in *The Divided Self* show Laing able to come to grips with most if not all classes of psychic phenomena that Freud successfully explained—with neurotic anxiety, dreams, parapraxes, and phobias, for example, as well as with acute psychosis. On the other hand, for Freud (and for contemporary Freudians as well) narcissism always remained problematical and not fully worked into his theory.¹¹ Toward the end of his life Freud noted that one limitation on the success of his methods was “the form of the

8. *Ibid.*, pp. 158–59, 25. Cf. this passage from *The Divided Self*: “The personalities of doctor and psychotic, no less than the personalities of expositor [of a text] and [its] author, do not stand opposed to each other as two external facts that do not meet and cannot be compared. Like the expositor, the therapist must have the plasticity to transpose himself into another strange and even alien view of the world. In this act, he draws on his own psychotic possibilities, without forgoing his sanity. Only thus can he arrive at an understanding of the patient’s *existential position*. . . . By ‘understanding’ I do not mean a purely intellectual process. For understanding one might say love. . . . What is necessary, though not enough, is a capacity to know how the patient is experiencing himself and the world, including oneself” (p. 34).

9. Quoted in Gordon, “Who Is Mad?” p. 56.

10. *Ibid.*, pp. 62–66. See especially the case of Mary Barnes on pp. 62–64.

11. Charles Brenner, *An Elementary Textbook of Psychoanalysis* (Garden City, New York: Anchor Press/Doubleday, 1974), pp. 98–99.

illness.” He added that narcissism was “unsuitable to a greater or lesser extent” and did not readily lend itself to effective treatment by psychoanalysis.¹² Laing, however, argues that excessive self-consciousness grows out of the ontologically insecure person’s paradoxical need both to assure himself that he exists by “seeing” himself in the consciousness of another person, and to be aware of himself as always exposed to danger just by virtue of his being looked at by others. Narcissism is often, in Laing’s conceptual scheme, a tactic adopted by the schizoid individual to save himself from annihilation.¹³ It is interesting that Freud, who tended to analyze patients from afar and from the point of view of symptoms, libido flow, and mechanistic analogies, was unable to give a satisfactory account of this experience of self-absorption that can be shown to be comprehensible in terms of Laing’s first-person perspective on madness.

A further result of his first-person approach is what it reveals about the ideological function of conventional psychoanalysis. (I am using “ideology” here in the sense given the concept by Marx and Engels in *The German Ideology*, where they define it as a rationalization or series of rationalizations which represent the *dominant* interests in society as the *common* interests. According to Marx and Engels, the prevailing class will “give its ideas the form of universality and represent them as the only rational, universally valid ones.”¹⁴ In particular, ideas or lifestyles that threaten established society by exposing its weaknesses are not recognized as either rational or meaningful by dominant groups.) For Laing most contemporary psychiatry fills an ideological role. It isolates individuals who cannot adjust to the existing social order in mental hospitals where conditions are often intolerable, and reintegrates mental patients into society by imposing on them accepted social values. “Psychiatry,” says Laing, “could be, and some psychiatrists are, on the side of transcendence, of genuine freedom, and of true human growth.” But, he continues,

12. Sigmund Freud, *New Introductory Lectures on Psychoanalysis*, trans. James Strachey (New York: W. W. Norton, 1933), p. 155.

13. Laing, *Divided Self*, pp. 108–12. Although Laing denies that schizoid self-scrutiny is narcissistic, autoeroticism is a prominent feature of self-scrutiny in the clinical examples he discusses. See especially the cases of Mrs. R., David, and Peter in *Divided Self*, pp. 111, 57, 72–73, 123.

14. Karl Marx and Frederick Engels, From *The German Ideology*, in *Writings of the Young Marx on Philosophy and Society*, ed. and trans. Loyd D. Easton and Kurt H. Guddat (New York: Anchor Books, 1967), p. 439.

psychiatry can so easily be a technique of brainwashing, of inducing behavior that is adjusted, by (preferably) non-injurious torture. . . . I would wish to emphasize that our “normal” “adjusted” state is too often the abdication of ecstasy, the betrayal of our true potentialities, that many of us are only too successful in acquiring a false-self system to adapt to false realities.¹⁵

What he is saying here is that psychiatry, by denying the truth of the schizophrenic’s inner experience and requiring outward compliance with existing conditions, merely reinforces or reinstates the original schizoid split. Psychiatric rehabilitation is a means of orienting people to and maintaining the status quo in a nightmarish manner. This is a judgment in which Edmund Leach, for one, concurs:

We claim, of course, that our mental hospitals and our approved schools are intended to cure the sick and delinquent, but “cure” in this context simply means compelling the unorthodox to conform to conventional notions of normality. Cure is the imposition of discipline by force; it is the maintenance of the values of the existing order against threats which arise from its own internal contradictions.¹⁶

Understood this way, the wisdom of psychiatry turns into a form of unwisdom. Indeed, Laing’s thought leads to a reversal of old values in which “mad” implies something more sane and real than “normal”—more sane because the schizoid experience is at least initially true to human needs and hopes in its instinctive withdrawal from what is perceived as a hostile outer reality; and more real because madness grants special value to a private, inner world too often either neglected in psychiatric treatment and/or forced into artificial compliance with exterior requirements.

Here I would like to offer a criticism of this aspect of Laing’s argument. For Laing as for Foucault, conventional psychiatry is an ideological means of categorizing certain individuals and experiences as “sick,” “insane,” or “unreal,” and thereby rejecting them without having understood them. But Laing’s thought, to the degree that it lacks conceptual tools for adequately analyzing contemporary society, is like the ideology he opposes in at least one important sense. In *The Divided Self* and *The Politics of Experience*, he is willing to say that in many respects

15. Laing, *Divided Self*, p. 12.

16. Edmund Leach, *A Runaway World?* (New York: Oxford University Press, 1968), pp. 35–36.

modern society is itself sick, mad, and grotesquely untrue to human needs: "We are born into a world where alienation awaits us. We are potentially men but are in an alienated state, and this state is not simply a natural system. Alienation as our present destiny is achieved only by outrageous violence perpetuated by human beings on human beings."¹⁷ Yet although he tries in other books to document the sources of schizophrenia in the family and in interpersonal relations (*Sanity, Madness and the Family*, *Self and Others*, and *Knots*), his interpretive framework is sociologically weak. It is not up to a theoretically satisfying or conceptually interesting critique of social institutions and their relationship to madness. What he does seem to be able to say in this area is that there are "schizophrenogenic" families and interpersonal situations in which confused, conflicting, and hostile expectations threaten some persons drastically and ultimately bring about radical dissociations of self.¹⁸ But beyond this Laing gives us no idea of what might be the exact nature and source of social pathology in today's world, or of structural changes that could be made to overcome modern man's alienation. Instead we are left with variations on a theme—the accusation that society has somehow gone mad.

Intellectual History

But we have seen that Laing succeeds brilliantly in other dimensions of his project. I would like to conclude by briefly discussing some implications of his work for intellectual history and literary analysis. What then are some of the uses of *The Divided Self* in the study of other thinkers? Many of Laing's ideas are similar to those of major thinkers who are at times less immediately clear than Laing. He thus provides us with tools for understanding their thought. Jean-Paul Sartre's conceptual universe, in *Being and Nothingness* for example, is far more abstract, his argument more dense than Laing's. But Sartre, like Laing, describes a world of alienation in which the consciousness of the Other is experienced as a paralyzing death ray, a world in which there is a dichotomy between an external viscous reality (for Sartre the *en soi*) and an inward realm of negative freedom and transcendence (the *pour soi*). In my experience

17. R. D. Laing, *The Politics of Experience* (New York: Ballantine Books, 1967), p. 13.

18. Laing, *Divided Self*, p. 190.

with *Being and Nothingness*, Sartre's universe was more comprehensible after I had read *The Divided Self* than before.¹⁹

Another thinker whose ideas Laing can help clarify is Emile Durkheim. Durkheim is convincing in his treatment of the structural causes of pathology in modern society; as we might expect, he is more sketchy in his discussion of the psychological manifestations of social breakdown. We have seen that Laing's strength is his ability to map the abnormal personality in depth. But Durkheim devotes several pages of *Suicide* to his model of the psychology of egoistic suicide. What is interesting is that this model is strikingly similar to Laing's description of the schizoid split between inner and outer experience, as the following passage from *Suicide* shows:

In revulsion from its surroundings consciousness becomes self-preoccupied . . . and undertakes as its main task self-observation. . . . If it [consciousness] individualizes beyond a certain point, if it separates itself too radically from other beings, men or things, it finds itself unable to communicate with the very essence of its normal nourishment and no longer has anything to which it can apply itself. . . . Its only remaining object of thought is its inner nothingness and the resulting melancholy.²⁰

Here *The Divided Self* can help us grasp certain of Durkheim's ideas that are important to his argument but which he does not develop extensively.

Laing may also prove useful to intellectual historians in the same way Freud has. For example, *The Divided Self* might serve as the basis for a psychobiographical study of a key thinker, in this case Søren Kierkegaard. Walter Lowrie has shown that Kierkegaard was driven further and

19. As the following passage from *Between Existentialism and Marxism* illustrates, Sartre seems aware of the affinity between his philosophy and Laing's psychiatry: "Psychoanalysis can explain the motivation of someone who 'acts out' his drama, but the acting itself, which interiorises, surpasses and preserves the morbid motivations within the unity of a tactic, the act which gives a meaning to the meaning conferred on us—hitherto psychoanalysts have not bothered to take account of this. Why not? Because it would mean reintroducing the notion of the subject. [But in England and Italy] a new generation of psychiatrists are seeking to establish a bond of reciprocity between themselves and those they are treating. Without abandoning anything of the immense gains of psychoanalytic knowledge, they respect above all, in each patient, their mislaid freedom to act—as subjects and as agents" (pp. 204–05).

20. Emile Durkheim, *Suicide*, trans. John A. Spaulding and George Simpson (New York: The Free Press, 1951), P. 279.

further into inwardness by the demands of a severe Protestant upbringing and by repeated rebuffs from other people. At one point Lowrie argues that Kierkegaard's various pseudonyms might be the expression of a fragmented self that developed in response to overwhelming tensions and frustrations.²¹ But Lowrie's analysis is incomplete; at best it suggests questions that might be profitably answered from Laing's point of view. What, for example, were the dynamics of Kierkegaard's attempt at inner transcendence? In what ways did his inwardness develop in response to perceived threats from without? Could "schizophrenogenic" childhood experience be found partially to explain this process? What, as precisely as possible, was the relationship between Kierkegaard's inward retreat and his broken love affair with Regina or the attack on him in the comic newspaper *Corsair*? To what extent was his thought an attempt to regain a lost immediacy? Kierkegaard rejected the Danish church, for example, because he believed it to be the institutionalized essence of falseness and externality. In what sense were crises in his life expressions of a need to escape an inner nothingness? The primary reason why Laing seems so well suited for use in a psychobiographical study focusing on these and similar questions is that his main categories—ontological insecurity, inwardness, the repudiation of a false external reality, and despair—closely resemble many of the major themes of Kierkegaard's own life and thought.

Literary Criticism

But the area in which I find Laing most suggestive is literary criticism. On the one hand, I find that he helps me articulate my intuitions about the modern literature I read in terms of a unified, adequately-nuanced conceptual scheme. On the other hand, he sharpens my awareness of key aspects of character and situation I might otherwise have neglected or overlooked. One instance of a work to which a Laingian analysis could profitably be applied is Sartre's short story "The Wall"; a more obvious and difficult example is Fyodor Dostoevsky's *Notes from Underground*.

In the first, faced with what Karl Jaspers has called a *Grenzsituation* (here execution by a firing squad), the three main characters react to the threat of death by attempting to "lose" themselves in an inner transcendence. They become abstracted, hyperconscious, preoccupied

21. Walter Lowrie, *Kierkegaard*, 2 vols. (New York: Harper and Brothers, 1962), 1:286–90, 212, 218, 19–27.

with watching from a distance. They watch themselves, each other, and the stupid Belgian doctor who comes to observe them in the hours just before they are to be executed. In the words of the first-person narrator Pablo Ibbieta, the condemned men become “three bloodless shadows,” drained of life and substance, disoriented, and alienated from everything outside themselves. From this inner perspective, their own bodies seem strange, unreal to them: “Tom . . . put out his hand and touched the wood [bench] cautiously as if he were afraid of something, then drew back his hand quickly and shuddered. . . . I too found that objects had a funny look . . . my body, I saw with its eyes, I heard with its ears, but it was no longer me. . . .”²²

In the second, Dostoevsky’s underground man is, more pathologically, unable to establish any meaningful relationship with himself or other people. His experience is split between his daydreams in which he is a hero “on a white horse . . . wearing a laurel wreath,” and his slavish efforts to conform outwardly to social conventions: “I merged fervently with the common pattern, and with all my heart I feared any eccentricity in myself.” What he presents to the world is not his “true” self but a series of deliberate disguises. As his hypocritical rejection of the prostitute, Lisa, reveals, his inner isolation is tragic and final. His melodramatic, cliché-ridden attempt to shame her into respectability (“Love! Why, don’t you see that it’s everything, it’s a jewel, a maiden’s treasure, that’s what love is!”) turns into a vicious repudiation of this posture of concern (“. . . I want you to know that I was laughing at you. . . . And I’m laughing at you now.”). According to the underground man, this incident shows “how I ruined my life because of moral decay in a corner, lack of proper surroundings, estrangement from living things, and self-centered nastiness in the underground. . . .” Like many of the people described in *The Divided Self*, he is completely and finally unable to real-ize himself, to trust others enough to “come out” and create a consistent, honest identity: “I not only did not manage to become nasty, but I did not manage to become anything at all, not nasty, not nice, not crooked, not honest, not a hero, not an insect.”²³

22. Jean-Paul Sartre, “The Wall,” in *Existentialism from Dostoevsky to Sartre*, ed. Walter Kaufmann (Cleveland: The World Publishing Company, 1956), p. 235.

23. Fyodor Dostoevsky, *Notes from Underground*, trans. Serge Shishkoff and ed. Robert G. Dery (New York: Thomas Y. Crowell Co., 1969), pp. 5, 124, 116, 42, 54. For Laing’s incisive analysis of the psychology of dream, fantasy, imagination, and memory in Dostoevsky’s *Crime and Punishment*, see R. D. Laing, *Self and Others* (New York: Pantheon Books, 1969), pp. 46–52, 145–53.

In conclusion, I have argued that the key to Laing's contribution is his consistent first-person approach to the problem of schizophrenia. Insisting that schizophrenics be accepted as persons to be listened to and understood instead of seen as objects to be manipulated, Laing has illuminated the subterranean depths of madness in ways that have resulted in concrete gains for psychiatry as well as other disciplines. He himself has likened this confrontation with madness to an unarmed descent into an Underworld filled with terrors that must be faced to be comprehended. Seen in this light, *The Divided Self* is more than a contribution to thought; it is something of an heroic achievement as well.

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