

Comprehending Madness: The Contextualization of Psychopathology in the Work of R.D. Laing

Brent Potter
Pacifica Graduate Institute

The essential project of R.D. Laing's *The Divided Self* (1960/1990) is to make "insane" experience intelligible in terms of the patient's agency and the context in which s/he is situated. Its purpose is "to make madness and the process of going mad comprehensible" (p. 9). In contrast to the approaches of formal clinical psychiatry and psychopathology, Laing seeks an existential-phenomenological account of schizoid and schizophrenic people. Laing utilized the existential-phenomenological method to characterize the nature of the schizoid's and schizophrenic's experience of him/her self and his/her world. He wanted to describe the individual so as to set all of his/her experience in the context of his/her total being-in-the-world. Issues pertaining to the schizoid and schizophrenic require the existential-phenomenological perspective to uncover their true *human* significance.

Like others (e.g. Szasz, 1970, 1974) Laing rejected the disease model of mental illness and expressed open hostility to exclusively genetic or organic explanations of mental disorder:

It seems extraordinary that whereas the physical and biological sciences of it-processes have generally won the day . . . an authentic science of persons has hardly got started by reason of the inveterate tendency to depersonalize or reify persons. People who experience themselves as automata . . . are rightly regarded as crazy. Yet why do we not regard a theory that seeks to transmute persons into automata or animals as equally crazy? (Laing, 1960/1990, p. 23)

Laing did not argue that schizoidness and schizophrenia were in no way biological. He disputed the assumed meaninglessness behind behaviors characteristic of these disorders. When examined phenomenologically, these apparently meaningless behaviors could be understood as the individual's attempts to contend with his/her frightening existential condition. These behaviors were not symptoms of a medical disease; they were defenses to ontological insecurity. Laing's work with people who had been labeled "schizophrenic" led him to believe that their symptomatic behavior may be understood as a defensive "strategy that a person invents in order to live in an unlivable situation" (1964/1970, p. 186).

Laing asserted that the anxiety his patients defended against could be explained in terms of ontological insecurity, an insecurity about the individual's very being. Ontologically insecure individuals experience a split that extends into two relational dimensions: there is a disruption in his/her relation with his/her world and there is a

split within him/her self. On one level, the individual experiences a split between him/her self and others who become viewed as being potentially dangerous to self-autonomy. On another level, the split reflects an internal fragmentation such that a rent is experienced between aspects of the self, which have been accepted, and others that appear to be alien. Laing used the term schizoid to refer to an individual whose totality of experience is split in these two ways. The term schizoid was not restricted only to extreme forms of psychosis because most everyone experiences some degree of schizoid splitness at times in their lives. The defensive behavior of "normal"—that is ontologically secure—individuals differs only in degree, not kind, from that of ontologically insecure people.

The ontologically secure individual has temporal continuity and a sense of being with others who are equally real, continuous, and alive. The ontologically insecure individual is "pre-occupied with preserving rather than gratifying himself: the ordinary circumstances of living threaten his *low threshold* of security" (Laing, 1960/1990, p. 42). The ontologically insecure person feels dead, unreal, and is hardly able to differentiate him/herself from the rest of the world. His/her identity and autonomy are always in question. S/he also lacks temporal continuity, cohesiveness, and tends to experience him/herself as partially divorced from his/her body. The ontologically insecure person becomes closed off from the world and begins to whither. He "is developing a microcosmos within himself; but of course, this autistic, private, intra-individual 'world' is not a feasible substitute for the only world, the shared world" (Laing, 1960/1990, pp. 74-75). "Normal" people dissociate from their bodies under extreme stress yet return once their crisis has passed. In contrast, the schizoid person experiences him/herself as unembodied and under threat on a day-to-day basis thus never fully inhabiting his/her body (Burston, 1986).

The unembodied self becomes the onlooker to the actions of the body. Existing as separate from his/her shared world, the schizoid person "becomes more and more empty and volatized. The 'self' whose relatedness to reality is already tenuous becomes more and more engaged in phantastic relationships with its own phantom imagos" (ibid., p. 85). The ontologically insecure individual, having a fragmentary sense of self, questions his/her being on three levels: his/her existence (that one is), essence (what one is) and identity (who one is). With such insecurities, interpersonal and intrapersonal relations may be interpreted as threatening and to be avoided in order to preserve one's being (Spinelli, 1989).

The schizoid individual makes it his aim to make the split between his self, who only he knows, and what others can see of him. One can live his/her life in a seemingly "normal" way but may be schizoid. Laing (1960/1990) presented the case of a man whose original complaint was that he could never have intercourse with his wife but only with his own image of her. This man's body had sexual relations with his wife's

body but, during these acts, his mental self only served as an observer to what his body was doing. His wife was unaware that he was never fully present during these acts. A schizoid's actions may seem from another person's point of view "normal" while the schizoid feels he is not "really" participating. The schizoid's self, being disembodied, is free to engage in any fantasy s/he wishes yet this "freedom" becomes tortured by a sense of self-duplicity.

Laing presents three fears experienced by the ontologically insecure individual. These fears are not separate but ultimately linked in that they reflect anxieties about living. The first fear, *engulfment*, is characterized by anxiety related to feelings of being taken over by some alien external force. Engulfment is the "extreme distress of the person who finds himself under a compulsion to take on the characteristics of a personality . . . alien to his own" (Laing, 1960/1990, p. 58). The second fear, *implosion*, is similar to that of engulfment in that it too is a fear of being taken over. The difference is that one experiencing the fear of implosion feels the terror of his emptiness. S/he experiences "the world as liable at any moment may crash in and obliterate all identity as a gas will rush in and obliterate a vacuum" (ibid., p. 45). People experiencing the third fear, *petrification*, are afraid of being depersonalized by others: "The people in focus here both feel themselves as depersonalized and tend to depersonalize others. By destroying, in his own eyes, the other person as a person, he robs the other of his power to crush him" (ibid., p. 46-48). In the schizoid's attempts at self-defense we see the beginnings of what could evolve into schizophrenia. In defending against these fears, the schizoid may act in strange yet meaningful ways. Few mental health professionals who seek to help schizoids or schizophrenics view any of their actions as meaningful. Interpreting their behaviors as symptoms of illness, they succeed in further alienating the ontologically insecure person from his/her shared world.

Laing viewed his goal as that of discovering the hidden meanings behind the behavior of the psychologically disturbed individual. He noted that the term therapist is derived from *theraps*, a Greek word meaning "attendant" (c.i. Evans, 1976, p. 80). "Rather than intervene, dispute the individual's claims or numb the fears with medication, Laing observed and provided . . . empathy so that he could eventually reconstruct the individual's situation and understand the fears being defended against" (ibid., p. 141). No matter how meaningless, odd, or even destructive the schizophrenic's behaviors may be, their aim is to save what is left of his/her being. Although often misguided, they are attempts at self-survival.

What is the aetiology of the schizoid split? In a speech given at the Rochester International Conference on Schizophrenia, Laing (1967) said "Everyone who has made a close study of the families of schizophrenics appears to agree that much, if not all, the apparent irrationality of the individual finds its rationality in the family

context" (c.i. Kirsner, 1976, p. 120). In *The Divided Self*, Laing posits that the loss of the mother, at an early age, threatens the child with the loss of his/her self. The mother is more than a thing the child can see; she is also a person who sees the child. Thus, a necessary part in the development of the self is the experience of being viewed in the eyes of the mother. The emergence of the self, or a "being-for-itself," is largely a function of the child's growing awareness of being an object for the mother's intentional activities—feeding, bathing, holding, etc. Laing implied that being-for-oneself and being-for-another are intertwined and if the two become confused disturbance may result (Burston, 1996, pp. 73-82).

Laing emphasized early infancy as an important period for establishing later schizoid and schizophrenic personalities. Physical birth and existential birth do not necessarily occur at the same moment. For normal development, it is important that the child and mother recognize one another as individual persons at a relatively early stage. "It is out of the earliest loving bonds with the mother that the infant develops the beginnings of a being-for-itself" (Laing, 1960/1990, p. 190). The mothers of schizophrenics often do not allow for this development and the baby comes to experience the world as not feasible to be in. Laing suggests that although the first years of life with the mother are important, the relationships with father and siblings should not be ignored with regard to schizophrenogenesis.

In a family the growing child learns what actions are acceptable and unacceptable based upon the reactions of his/her family members. For Laing, the term "good" tends to be tantamount with compliance to the family's wishes and the term "bad" refers to acts that defy the family's code of conduct. The family reinforces "good" acts and punishes the child for "bad" acts. A problem arises when the family fails to distinguish between the child's actions and the child's being. Once a child's self is directly linked to his/her actions, parents' attempts to punish or deny the child's actions become translated as threats to his/her being. Under the terms of this equation, schizoid fragmentation is almost always inevitable. In order to maintain his/her self, the child adopts a variety of fragmentary defenses. The child learns that others will value or threaten him/her according to his/her actions. The family serves not only as the source of positive dimensions of the self but also serves in defining "bad" aspects of the self which must not be allowed expression in thought or behavior. To express them, the child believes, would threaten family relationships and his/her being.

It has been suggested (Kirsner, 1976) that Laing made full use of Gregory Bateson's double-bind communications theory of the origins of schizophrenia. Bateson et al. (1956) described schizophrenia as a state of mind that's origins lie in impossible demands placed by parents, primarily the mother, on children. A double-bind communication sends two mutually incompatible messages and despite how the child responds, s/he is wrong:

A young man who had fairly well recovered from an acute schizophrenic episode was visited in the hospital by his mother. He was glad to see her and impulsively put his arm around her shoulder whereupon she stiffened. He withdrew his arm and she asked, "Don't you love me anymore?" He then blushed and she said, "Dear, you must not be so easily embarrassed and afraid of your feelings." The patient was able to stay with her only a few minutes more and following her departure he assaulted an aide. (Bateson et al., 1956, p. 251)

In extremely schizogenic homes, anything the child does in accordance with the wishes of one parent simultaneously displeases the other. Struggles between spouses are covert, so the child cannot even experience relief from admitting to him/herself that he knows this. The child becomes caught up in an impossible task in which there is no chance of success. Only in temporary decreases of anxiety does s/he learn to behave in such a manner as to challenge the processes his/her parents place on him/her and on each other. The eleven families Laing and Esterson describe in *Sanity, Madness and the Family* (1964/1970) fit this pattern. In each family, the parents viewed raising children as an insult that challenged their opportunity to make demands upon the child that expressed the uneasy truce of their marriage. "These patterns . . . become very complicated networks of slow and tormented human strangulation" (Friedenberg, 1977, p. 18).

Laing believed that the basis for severely schizoid individuals rested in their lack of any continuing development towards an autonomous identity. Schizoid people experience thwarted development due to their inability to incorporate the "bad" self into their identity. In childhood, the "bad" self comes to be perceived as an overwhelming threat to the self so they try to be "good" all the time in an attempt to seek approval from their families. The power to prescribe what is "good" lies entirely in the hands of the family members and the family's love is removed when the child is "bad." The child in this situation then draws the conclusion that s/he must never act "bad"; yet such a goal is impossible since the "bad" self cannot simply dissipate. The "bad" self may assert its presence verbally and behaviorally in outbursts that the "good" self can neither explain nor control. These outbursts tend to be interpreted by the family as symptoms of constitutional insanity. Laing's examination of the family structure of schizoid individuals revealed some common elements. One common feature of these families was a particular intolerance of "bad" behavior in their children. The families might act as if the individual simply did not exist when the "bad" self emerged, as was the case with Peter in *The Divided Self*.

Laing's analysis of the schizoid split examines the existential conditions of the ontologically insecure individual. These dimensions tend to be ignored in psychiatric theories since they are mostly concerned with organic explanations of mental disorder.

Laing did not summarily dismiss organic factors in "insanity" but was primarily concerned with utilizing the appropriate context to elucidate such phenomena. Laing (1976) said:

If I am disturbed, I may be disturbed spiritually, intellectually, emotionally, and physically. Many neurologists, once they find something, as they say "organic," they think that's it . . . Until chemists and geneticists see the focus within the *context*, and realize there is an interplay between chemistry and social interaction, we can't develop the theoretical speculation at a pure science level we must have. (c.i. Spinelli, 1989, p. 146)

An organic perspective is not the appropriate context to examine schizoidness and schizophrenia due to the fact that who is deemed "insane" is socially determined. In *The Divided Self* reality is presented as a shared world of a common sense. Reality is what sane people take it to be and sanity is defined in terms of common consent. By common consent, the "real" world of sane individuals is taken as preferable to the private world of the schizoid. In cases where there is a radical scission between who I think I am and who you think I am, one of us will be labeled as insane. This a principle of interpersonal phenomenology, that insanity is a function of an "experiential disjuncture of some kind, of a rupture between one's being 'for oneself' and being 'for another.'" Laing believed that one who attempts to construct an identity that is detached from communal meanings and the experience of the other is truly, existentially mad and not merely a victim of collective fear (Burston, 1986, p. 69).

Laing argued that schizoids and schizophrenics need guidance and support to help them resolve, among other things, their split between being-for-oneself and being-for-another to encourage a more authentic identity. It is interesting to note that Laing's assertion that schizophrenia reflects family pressures and stress has received some support from empirical research of family factors in schizophrenia (Nevid, Rathus, & Greene, 1994). Laing believed that in exploring the created meanings of experience and exposing the existential anxieties that provide the context for the mental disorder, the apparently "meaningless" behavior may be better understood, alleviated, and possibly even eliminated.

References

Burston, D. (1986). Laing's existentialism. *Journal of the Society for Existential Analysis*.

Burston, D. (1996). Conflict and sociability in Hegel, Freud, and their followers. *New Literary History* 27(1). [On-line]. Available:

<http://128.220.50.88/demo/nlh/27.lburston.html>

- Evans, R. (1976). *Dialogue with R.D. Laing*. New York: Praeger.
- Friedenberg, E. (1977). *R.D. Laing*. New York: The Viking Press.
- Kirsner, D. (1976). *The schizoid world of Jean-Paul Sartre and R.D. Laing*. Queensland, St. Lucia: University of Queensland Press.
- Laing, R.D. (1990). *The divided self*. New York: Penguin Books. (Original work published 1960)
- Laing, R.D. & Esterson, A. (1970). *Sanity, madness and the family*. New York: Penguin Books. (Original work published 1964)
- Nevid, J.S., & Rathus, S.A., & Greene, B. (1994). *Abnormal psychology in a changing world*. New Jersey: Prentice-Hall Inc.
- Spinelli, E. (1989). *The interpreted world*. New York: Sage Publications.
- Szasz, T. (1970). *Ideology and insanity*. Harmondsworth: Penguin Books.
- Szasz, T. (1974). *The myth of mental illness*. New York: Harper & Row.